Memorandum of Understanding

Medicaid-funded long term services and supports (LTSS) services are legislatively excluded from Coordinated Care Organization (CCO) budgets and will continue to be paid for directly by the Department of Human Services (DHS). Medicare covers limited post-hospital acute care, but Medicaid is the primary payer for LTSS services. In order to reduce costs in both systems and ensure shared responsibility for delivering high quality, person-centered care, CCOs and the LTSS system will need to coordinate care and share accountability for individuals receiving Medicaid-funded long term care services.

This is a non-binding agreement between Intercommunity Health Network Coordinated Care Organization (IHN-CCO) and Oregon Cascades West Council of Governments (OCWCOG). The mutual goal of the proposed agreement is to improve person-centered care, align care and service delivery and provide the right amount of care at the right time for beneficiaries across the LTSS system.

Based on the good faith description of the roles and responsibilities of the entities participating in the proposed agreement to coordinate care and share accountability for Medicaid funded long term care, Intercommunity Health Network CCO and Oregon Cascades West Council of Governments agree to participate in the following activities:

1. Prioritization of high needs members in LTSS			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
• CCOs will define universal screening process that assesses individuals for critical risk factors that trigger intensive care coordination for high needs members receiving Medicaid funded LTSS services. ○ CCO will factor in relevant referral, risk	• AAA will provide CCOs with access to information needed to identify members with high health care needs. • AAA will define how it will integrate key health-related information, including risk assessments generated by LTSS providers and local Medicaid AAA offices into	Identify key information from the LTSS risk assessment tool to assist in identify high risk members by September 2014. Develop a shared definition of high needs members by September 2014. Develop a reporting mechanism to share high needs members between IHN and OCWCOG by	IHN and OCWCOG will narrow the high needs focus to those members that have been diagnosed with diabetes. Shared lists will be filtered to identify members who have visited the ED 3 or more times in a 3 month period. The list will be further narrowed to the in-home population diagnosed with diabetes.

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assessment and screening information from local AAA offices and LTSS providers. ○ CCOs will define how it will communicate and coordinate with AAA when assessing members receiving Medicaid-funded LTSS services.	CCOs' individualized care plans for members with intensive care coordination needs.	January 2015. IHN and OCWCOG will hold each other accountable in the following ways: • Representatives from each organization will continue to meet at least quarterly until 06/30/2015. • By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information.	IHN-CCO will share with OCWCOG the primary care provider/primary care home these members are assigned to IHN and OCWCOG will hold each other accountable in the following ways: • Representatives from each organization will continue to meet at least quarterly until 06/30/2016. Minutes will be taken and any identified trends will be delivered to the CCO's Quality Management Committee and OCWCOG's Internal Operations Committee at least annually. • By January 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities,

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		• By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information.	informal/anecdotal outcomes, and revise the project tracker to adjust for this new information. • By June 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information.

2. Development of individualized care plans			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
• CCOs' individualized person-centered care plans will include information about the supportive and therapeutic needs of	• AAA will define how it will integrate key health-related information, including risk assessments generated by LTSS providers and	Document the current interdisciplinary care team process by September 2014.	Interdisciplinary Care Team meetings will be scheduled on a monthly basis to discuss individualized care plans for the members identified in domain #1.

2. Development of individualized care plans			
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each member, including LTSS services and supports needs. ○ Plans will reflect member or family/caregiver preferences and goals captured in AAA service plans as appropriate. ○ Individualized person-centered care plans will be jointly shared and coordinated with relevant staff from AAA and with LTSS providers.	local Medicaid AAA offices into CCOs' individualized care plans for members with intensive care coordination needs.	Establish common set of expectations and guidelines for interdisciplinary care teams by December 2015. Develop a mechanism to quantify the interdisciplinary care team meetings by February 2015. Develop shared domains and components of an interdisciplinary care plan by June 2015. IHN and OCWCOG will hold each other accountable in the following ways: • Representatives from each organization will continue to meet at least quarterly until 06/30/2015. • By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify	IHN-CCO will develop the care plans, involving the Physician/PCP Care Manager and share the ICP with OCWCOG. IHN-CCO will coordinate and facilitate regular ICT meetings and will invite the PCP Care Manager to participate in person or via phone. IHN and OCWCOG will hold each other accountable in the following ways: • Representatives from each organization will continue to meet at least quarterly until 06/30/2016. Minutes will be taken and any identified trends will be delivered to the CCO's Quality Management Committee and OCWCOG's Internal Operations Committee at least annually. • By January 1st, 2016, meet to review the processes that have been defined in this

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		strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information. • By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information.	domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information. • By June 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information.

3. Transitional care practices			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
• CCO will demonstrate how it will coordinate and communicate with AAA to incent and monitor improved transitions in care for members receiving LTSS services and supports, so that these members receive comprehensive transitional care, as required by HB 3650.	• AAA will demonstrate how it will coordinate and communicate with CCO to incent and monitor improved transitions in care for members receiving LTSS services and supports, so that these members receive comprehensive transitional care, as required by HB 3650.	Share definitions of "care transitions" by September 2014. IHN and OCWCOG staff will meet to educate on each other's policies and processes related to care transitions by February 2015. Assess gaps in transitional care process by June 2015. IHN and OCWCOG will hold each other accountable in the following ways: • Representatives from each organization will continue to meet at least quarterly until 06/30/2015. • By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify	OCWCOG will share with IHN-CCO all members being discharged from the hospital and entering into long term services and supports for the *first time*. OCWCOG Transition Care Manager will contact the IHN-CCO Case Manager, who will then contact the PCP Care Manager to connect all care coordinators. Care Coordinators will work together to assess gaps and help facilitate care with covered services throughout the transition. IHN and OCWCOG will hold each other accountable in the following ways: • Representatives from each organization will continue to meet at least quarterly until 06/30/2016. Minutes will be taken and any identified trends will be delivered to the CCO's Quality Management Committee and OCWCOG's

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		strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information. • By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information.	Internal Operations Committee at least annually. • By January 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information. • By June 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information.

4. Member engagement and preferences			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
• CCO will actively engage members in the design and, where applicable, implementation of their treatment and care plans, in coordination with AAA where relevant to LTSS service planning.	• AAA will actively engage individuals in the design, and where applicable, implementation of their LTSS service plan, in coordination with CCO where relevant to health care treatment and care planning.	Member participation will be included as an expectation and guideline for interdisciplinary care team meetings by December 2014. Member preference will be included as a component of interdisciplinary care plans by June 2015. IHN and OCWCOG will hold each other accountable in the following ways: • Representatives from each organization will continue to meet at least quarterly until 06/30/2015. • By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting	When appropriate, members will be invited to participate in the Interdisciplinary Care Team Meeting. If it is not appropriate for the member to participate, information will be shared with the member. IHN-CCO or OCWCOG will discuss the care plan with the member depending on which organization is most connected with the case. The purpose is to provide the member with options related to their care. IHN and OCWCOG will hold each other accountable in the following ways: • Representatives from each organization will continue to meet at least quarterly until 06/30/2016. Minutes will be taken and any identified trends will be delivered to the CCO's Quality Management Committee and OCWCOG's Internal Operations Committee at least annually.

4. Member engagement and preferences			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
		agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information. • By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information.	• By January 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information. • By June 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information.

5. Establishing member care teams			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016

• CCO will support the flow of information to AAA.
• The CCO-appointed lead provider or care team will confer with all providers responsible for a member's care, including LTSS providers and AAA.
• To support care teams, CCO will
  ○ Work with AAA to ensure that it identifies members receiving LTSS services.
  ○ Include LTSS providers and AAA case managers as part of the team based care approach.
• Adapt team-based care approaches and the use of the lead coordinator to accommodate the unique needs of individuals receiving LTSS services.
	• AAA will define roles, responsibilities and process for assignment of and participation in the CCO care team, including coordination with CCO lead care coordinator, for members needing routine and intensive care coordination.
	• AAA will ensure that CCO providers/care teams are notified of which CCO members are receiving LTSS, the relevant local AAA office contact, and contact for relevant LTSS provider.
	• AAA will have knowledge of and actively participate in CCO team based care processes when appropriate.
	• DHS will provide minimum standards to ensure participation by LTSS providers in CCO
		Document the current interdisciplinary care team process by September 2014.
		
		Establish common set of expectations and guidelines for interdisciplinary care teams by December 2015.
		
		Develop a mechanism to quantify the interdisciplinary care team meetings by February 2015.
		
		Develop shared domains and components of an interdisciplinary care plan by June 2015.
		
		IHN and OCWCOG will hold each other accountable in the following ways:
		• Representatives from each organization will continue to meet at least quarterly until 06/30/2015.
		• By January 1st, 2015, meet to review the processes that
			The OCWCOG Case Manager, IHN-CCO Case Manager and PCP Care Manager will hold monthly ICT meetings for the members identified in domain #1. IHN-CCO will facilitate inviting the PCP Care Manager and other service providers to participate in person or via phone.
			
			The ICT will review up to 2 members each month. The list of members to be discussed will be shared via email prior to the ICT meeting.
			
			IHN and OCWCOG will hold each other accountable in the following ways:
			• Representatives from each organization will continue to meet at least quarterly until 06/30/2016. Minutes will be taken and any identified trends will be delivered to the CCO's Quality Management Committee and OCWCOG's Internal Operations

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CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
	care teams.	have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information. • By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information.	Committee at least annually. • By January 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information. • By June 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information.

6. Use of best practice			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
• CCO will describe capacity and plans for ensuring that best practices are applied to individuals in LTSS settings, including best practices related to care coordination and care transitions.	• AAA will support CCO efforts to implement best practices, and will share promising and best practices including care coordination; care transitions and evidence based healthy aging programs related to serving individuals in LTSS settings with CCOs.	Optional domain – no activities planned for 2014-2015.	Optional domain – no activities planned for 2015-2016.

7. Use of health information			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
• As part of the HIT improvement plan, CCO will identify a strategy to partner with the LTSS system to improve upon any existing efforts to share information electronically.	• AAA will partner with CCO in developing electronic information sharing strategy. • DHS/APD will develop mechanisms to improve the sharing of relevant DHS Information with CCO.	Identify priorities for health information exchange by January 2015. Develop a strategy for health information exchange by June 2015. IHN and OCWCOG staff will meet at least quarterly to review progress made toward MOU	Identify priorities for health information exchange by January 2016. Develop a strategy for health information exchange by June 2016. IHN-CCO will explore the possibility of OCWCOG staff obtaining access to Epic Care Link

7. Use of health information			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
		goals.	and the Regional Healthcare Information Collaborative. IHN and OCWCOG staff will meet at least quarterly to review progress made toward MOU goals.

8. Member Access and Provider Responsibilities			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
• CCO describes: ○ How it will work with their providers to develop the partnerships necessary to allow for access to and coordination with social and support services, including long-term care services and crisis management services. ○ How it will develop a tool for provider use to assist in the education of	• AAA will provide education materials to Medicaid Consumers, contracted providers, family caregivers and Consumer-employed providers on member access to services through the CCO.	IHN and OCWCOG staff will meet to educate on each other's policies and processes related to enrollment and accessing services. IHN and OCWCOG staff will meet at least quarterly to review progress made toward MOU goals.	Optional domain – no activities planned for 2015-2016.

8. Member Access and Provider Responsibilities			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
members about care coordination and the responsibilities of both parties in the process of communication. ○ How members will be informed about access to nontraditional providers, if available through the CCO, including personal health navigators, peer wellness specialists where appropriate, and community health workers. • Tools developed for members should be accessible to individuals receiving LTSS services and supports and/or their family or representative.			

9. Outcome and quality measures			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
• CCO will demonstrate an acceptable level of performance related to shared accountability for individuals receiving LTSS services and supports.	• AAA will demonstrate an acceptable level of performance related to shared accountability for individuals served by the CCO and receiving LTSS services and supports.	Optional domain – no activities planned for 2014-2015.	As part of the 2015-2016 accountability goals, Representatives from each organization will continue to meet at least quarterly until 06/30/2016. Minutes will be taken and any identified trends will be delivered to the CCO's Quality Management Committee and OCWCOG's Internal Operations Committee at least annually.

10. Governance Structure			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
• How CCO governance structure will reflect the needs of members receiving LTSS services and supports through representation on the governing board or community advisory council.	• AAA will participate at the community level in the board / Advisory panel for LTSS perspective as needed. • AAA will articulate how the membership of the local governing boards, Advisory Councils, or governing structures will	Optional domain – no activities planned for 2014-2015.	Optional domain – no activities planned for 2015-2016.

10. Governance Structure			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
	reflect the needs of Consumers served by the regional CCO(s). • DHS will articulate how APD will include CCO participation in their policy development structures.		

11. Learning Collaborative			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
• Each CCO participates in the learning collaborative described in ORS 442.210.	• AAA will participate in learning collaborative on relevant topics such as care coordination, LTSS, best practices.	Optional domain – no activities planned for 2014-2015.	Optional domain – no activities planned for 2015-2016.

12. Role of person centered primary care home (PCPCH)			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
• CCO will partner with the local AAA office to develop a method for coordinating services with PCPCH providers for members receiving LTSS services.	• AAA will develop methods and protocols for supporting and coordinating with PCPCH providers.	Optional domain – no activities planned for 2014-2015.	Optional domain – no activities planned for 2015-2016.

13. Safeguards for members			
CCO Expectation	AAA Expectation	IHN-CCO/OCWCOG agreements 2014-2015	IHN-CCO/OCWCOG agreements 2015-2016
• CCO will coordinate safeguards, including access to peer wellness specialists, personal health navigators, and community health workers where appropriate and develop processes ensuring these services are coordinated with LTSS services to maximize efficiencies. • CCO will describe how planned or established mechanisms for managing member complaints and grievances will be linked to, coordinated with, and inform team-based care practices for members in LTSS.	• AAA will ensure that choice counseling materials and processes reflect member rights, responsibilities, and understanding of benefits. • AAA will ensure that staff understand and communicate safeguards, including use of peer wellness specialists, personal health navigators, and community health workers and ensure that these services are coordinated with LTSS services to maximize efficiencies. • AAA will coordinate with CCOs to manage complaints and grievances for CCO members.	Optional domain – no activities planned for 2014-2015.	Develop a strategy for coordinating a channel of communication regarding member grievances. IHN and OCWCOG staff will meet at least quarterly to review progress made toward MOU goals.

14. Administrative Expectations

IHN-CCO and OCWCOG will meet at least once a quarter. The parties will draft a report of progress based on the agreement to report to the IHN-CCO Regional Planning Council twice a year. The parties will provide an update on the development of the working relationships between the CCO and LTSS.

15. EFFECTIVE DATE AND SIGNATURE

This MOU shall be effective upon the signature of Intercommunity Health Network CCO and Oregon Cascades West Council of Governments authorized officials. It shall be in force from July 1, 2015 to June 30, 2016.

For: Intercommunity Health Network CCO

Kim Whitley	kwhitley@samhealth.org
Name	Email
Authorizing Signature	6/25/15
	Date

For: Oregon Cascades West Council of Governments

Fred Abousleman	fabousle@ocwcog.org
Name	Email
Authorizing Signature	6/19/15
	Date

For: DHS, Aging and People with Disabilities Division, Central Office

Donald M. Erickson	donald.a.erickson@state.or.us
Name	Email
Authorizing Signature	6/30/15
	Date