Memorandum of Understanding

Medicaid-funded long term care (LTC) 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 LTC services. In order to reduce costs in both systems and ensure shared responsibility for delivering high quality, person-centered care, CCOs and the LTC system will need to coordinate care and share accountability for individuals receiving Medicaid-funded long term care services.

This is a non-binding agreement ("Agreement") between Jackson Care Connect (CCO) and the Rogue Valley Council of Governments (AAA or DHS-APD district office). "Entities" represented by Jackson Care Connect may include the Community Mental Health Program (CMHP), Primary Care Provider Clinics, and others providing care or services to Jackson Care Connect members. The mutual goal of the 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 LTC system. In order to achieve these goals, the parties to this Agreement desire to set forth their respective roles and responsibilities to coordinate care and share accountability for Medicaid funded long term care. This MOU will be reviewed by the entities on an annual basis and will be updated as necessary based on process development and evolution. Any updates to this document will be mutually agreed upon by the entities.

Any disputes related to the terms of this MOU will be resolved to the mutual satisfaction of both parties.
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, Jackson Care Connect (CCO) and Rogue Valley Council of Governments (AAA or DHS-APD district office) agree to participate in the following activities:

1. Prioritization of high needs members in LTC		
CCO Expectation	AAA/APD Expectation	CCO/AAA/APD agreements:
• 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 LTC services. o CCO will factor in relevant referral, risk assessment and screening information from local AAA/APD offices and LTC providers. o CCOs will define how it will communicate and coordinate with AAA/APD when assessing members receiving Medicaid-	• AAA/APD will provide CCOs with access to information needed to identify members with high health care needs. • AAA/APD will define how it will integrate key health-related information, including risk assessments generated by LTC providers and local Medicaid AAA/APD offices into CCOs' individualized care plans for members with intensive care coordination needs.	CCO and AAA/APD will use information available, including data provided by OHA/DHS central office, to identify a list of individuals each has in common. • AAA/APD agrees to provide CCO with relevant data on all CCO members who are receiving Medicaid-funded long-term care services. • AAA/APD agrees to continue to explore ways to improve or refine the data provided to CCO. • AAA/APD agrees to share key information on individuals receiving Medicaid-funded long-term care services at scheduled meetings as well as on an as needed/requested basis. • CCO agrees to factor in relevant risk assessment and screening information from AAA/APD in its case management of high needs

1. Prioritization of high needs members in LTC		
CCO Expectation	AAA/APD Expectation	CCO/AAA/APD agreements:
funded LTC services.		members who are receiving Medicaid-funded long-term care services. Methods of information sharing: • AAA/APD agrees to provide CCO with a report (currently, the "CCO report") containing data on all CCO members who are receiving Medicaid-funded long-term care services. This report will be provided monthly in an electronic format via secure email to CCO contact below. • AAA/APD agrees to continue to explore ways to improve or refine the data provided to CCO. • CCO will share information about is members at care team meetings to take place at least monthly. • By September 30, 2014, CCO agrees to review a referral protocol and form developed by another local CCO to determine if the process could become a community-wide tool for sharing information. Designated contact staff: CCO: • Peggy Loveless, Care Management Team Supervisor, lovelessp@careoregon.org, 503-416-5734 Rogue Valley Council of Governments: • Liz Bardon, LTSS Innovator Agent, lbardon@rvcog.org, 541-423-1379 CCO and AAA/APD will hold each other accountable in the following ways: • Beginning in October 2014, meet quarterly to assess whether these MOU agreements have been carried out, identify strengths of the MOU, any challenges or barriers to meeting MOU agreements, unexpected opportunities, informal/anecdotal outcomes, and revise MOU to adjust for this new information, and
• MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations.		

1. Prioritization of high needs members in LTC		
CCO Expectation	AAA/APD Expectation	CCO/AAA/APD agreements:
		• To determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts.

2. Development of individualized care plans		
CCO Expectation	AAA/APD Expectation	MOU activities
• CCOs' individualized person-centered care plans will include information about the supportive and therapeutic needs of each member, including LTC services and supports needs. o Plans will reflect member or family/caregiver preferences and goals captured in AAA/APD service plans as appropriate. o Individualized person-centered care plans will be jointly shared and coordinated with relevant staff from AAA/APD and with LTC providers.	• AAA/APD will define how it will integrate key health-related information, including risk assessments generated by LTC providers and local Medicaid AAA/APD offices into CCOs' individualized care plans for members with intensive care coordination needs.	CCO agrees to share individual care plans for members who are being cared for jointly in staffings or transition planning by the two entities. AAA/APD will share key information with CCO for members for whom CCO has developed an individual care plan. AAA/APD will share this information with CCO as needed or as requested. Key client information will include: • Member choice of living situation and preferences and most cost effective option to meet member care needs • APD case manager contact information • LTC provider contact information The goal of both entities is member involvement in care planning. Acceptance of the care plan will be sought from the member or their representative.
• MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations.		CCO and AAA/APD will hold each other accountable in the following ways: • Beginning in October 2014 , meet quarterly to review the processes that have been defined in this MOU to assess whether these MOU agreements have been carried out, identify strengths of the MOU, any challenges or barriers to meeting MOU agreements, unexpected opportunities, informal/anecdotal outcomes, and revise MOU to adjust for this new information. • The quarterly meeting will be held in conjunction with the bi-monthly care team meetings rather than scheduling an additional meeting.

3. Transitional care practices		
CCO Expectation	AAA/APD Expectation	MOU activities
• CCO will demonstrate how it will coordinate and communicate with AAA/APD to incent and monitor improved transitions in care for members receiving LTC services and supports, so that these members receive comprehensive transitional care, as required by HB 3650.	• AAA/APD will demonstrate how it will coordinate and communicate with CCO to incent and monitor improved transitions in care for members receiving LTC services and supports, so that these members receive comprehensive transitional care, as required by HB 3650.	CCO agrees to share information about members in transition between hospital, skilled nursing and home with AAA/APD. • To establish the scope of member transitions and to identify if parties are duplicating efforts, CCO will contact APD/AAA twice weekly for one month to share information regarding members who are discharging from hospitals. • Once scope is established, CCO and AAA/APD agree to develop a process for coordination in discharge planning by October 31, 2014, with a goal of creating a team-based approach to discharge and transition planning. AAA/APD agrees to share information with CCO regarding member transitions from skilled nursing to Medicaid home and community-based services. • AAA/APD will collaborate with CCO to ensure that wrap-around services are utilized based on availability. • Diversion/Transition staff will coordinate with CCO regarding post-placement needs supporting the member's health needs, care preferences, goals and most cost effective option to meet member care needs. • If coordination with CCO is not needed during a transition, AAA/APD will provide information-only notification to CCO. • Diversion/Transition team will coordinate with post-placement (in-home care or LTC facility) and other supports including family, guardian and non-CCO partners regarding member health needs, care preferences and goals and most cost effective option to meet member care needs. • AAA/APD agrees to share information regarding changes in caregivers for CCO members receiving Medicaid-funded long term care. Caregiver information will be reflected on the monthly report of CCO members receiving long term care services. • AAA/APD can provide Coleman Care Transitions interventions to CCO members upon referral.
• MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations.		

	CCO and AAA/APD agree to coordinate all transitions into or out of the CCO service area for members receiving long term care services to ensure continuity of services between the old and new LTC and medical providers and CCOs. CCO and AAA/APD will hold each other accountable in the following ways: • Beginning in October 2014, meet quarterly to assess whether these MOU agreements have been carried out, identify strengths of the MOU, any challenges or barriers to meeting MOU agreements, unexpected opportunities, informal/anecdotal outcomes, and revise MOU to adjust for this new information, and • To determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts.

4. Member engagement and preferences		
CCO Expectation	AAA/APD Expectation	MOU activities
• CCO will actively engage members in the design and, where applicable, implementation of their treatment and care plans, in coordination with AAA/APD where relevant to LTC service planning.	• AAA/APD will actively engage individuals in the design, and where applicable, implementation of their LTC service plan, in coordination with CCO where relevant to health care treatment and care planning.	AAA/APD service delivery model is based on member care preference and individual choice. AAA/APD agrees to: o Actively engage member and their supports in LTC service planning o Choice counsel potential LTC member regarding LTC service criteria and options o Collaborate with member, their supports and CCO for LTC planning purposes. o Continue to offer evidence-based practices that engage CCO members in their own care. o Share care plans with CCO to assist CCO in creating health care plans for members. When creating a care plan for a member who is receiving long term care services, CCO agrees to: • Work with AAA/APD and the member to develop a person centered care plan taking into consideration the member and
• MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations.		

	care giver goals, preferences, desires, and cultural needs. Everyone's role, including the members, will be defined in the care plan to ensure maximum success. Jackson Care Connect and AAA/APD agree to explore ways to proactively identify individuals who would benefit from services offered by RVCOG designed to improve self-management skills and reduce the need for medical interventions. Parties will decide whether to create a formal referral process by September 30, 2014. AAA/APD agrees to assist CCO in recruiting consumers to serve on the CCO Consumer Advisory Council upon request.

5. Establishing member care teams

CCO Expectation	AAA/APD Expectation	MOU activities

• CCO will support the flow of information to AAA/APD.
• The CCO-appointed lead provider or care team will confer with all providers responsible for a member's care, including LTC providers and AAA/APD.
• To support care teams, CCO will
  o Work with AAA/APD to ensure that it identifies members receiving LTC services.
  o Include LTC providers and AAA/APD 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 LTC services.
	• AAA/APD 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/APD will ensure that CCO providers/care teams are notified of which CCO members are receiving LTC, the relevant local AAA/APD office contact, and contact for relevant LTC provider.
	• AAA/APD will have knowledge of and actively participate in CCO team based care processes when appropriate.
	• DHS will provide minimum standards to ensure participation by LTC providers in CCO care teams.
		CCO agrees to hold regularly scheduled multi-disciplinary team meetings at least twice a month.
		• CCO will schedule the meetings and provide a conference line.
		• Meetings will begin July 23, 2014.
		• CCO will bring forward cases both reactively and proactively focusing on members with care plans who are receiving long term care services.
		• Members who are not receiving long term care may also be brought forward for consultation.
		• Care conferences will also be used to educate AAA/APD on CCO processes particularly around case management process, plan benefits, prior authorizations and other items as required.
		
		AAA/APD agrees to attend regularly scheduled multi-disciplinary team meetings on at least a monthly basis.
		• AAA/APD will bring forward cases both reactively and proactively.
		• Cases will focus on long term care clients who are at risk of a failed placement and on clients in transition to a new long term care setting.
		• AAA/APD will share detailed risk assessment information and care plan notes upon request

5. Establishing member care teams		
CCO Expectation	AAA/APD Expectation	MOU activities
• MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations.		• AAA/APD will provide consultation on CCO members who are not receiving long term care to the extent possible • Care conferences will also be used to educate CCO on APD/AAA processes particularly around case management process, diversion/transition program and service eligibility.

Signatures and Contacts

For Jackson Care Connect (CCO)
The designated contact person is:

Jennifer	Lind
First name	**Last name**
lindj@careoregon.org	503-416-3683
Email	**Phone**
Authorizing Signature	18 July 2014 **Date**

For Rogue Valley Council of Governments (AAA/APD District Office)
The designated contact person is:

Dave	**Toler**
First name	**Last name**
dtoler@rvcog.org	**541-423-1364**

Email	Phone
Authorizing Signature	7.1.14 Date

Additional contact person:

Kathie	Young
First name	Last name
kathie.a.young@state.or.us	541-423-1382
Email	Phone
Authorizing Signature	7-1-14 Date

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

The designated contact person is:

Patricia	Baxter
First name	Last name
patricia.e.baxter@state.or.us	503-945-5858
Email	Phone
Authorizing Signature	7/23/14 Date