

Memorandum of Understanding

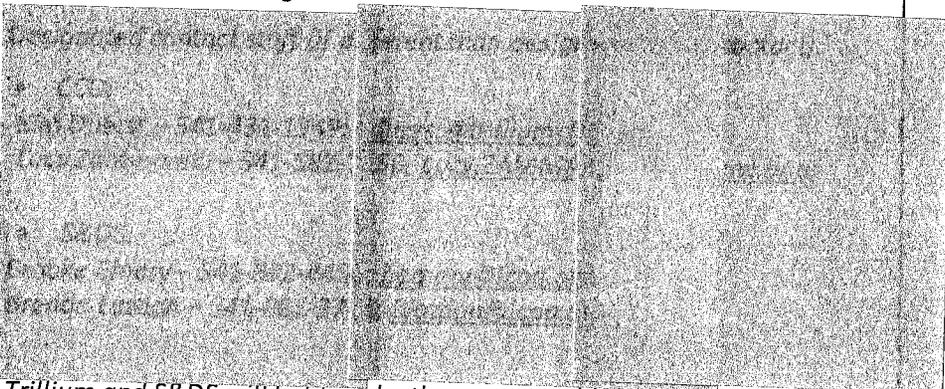
Medicaid-funded long term care (LTC) services are legislatively excluded from Coordinated Care Organization (CCO) budgets and will continue to be paid for directly by the Department of Human Services (DHS). Medicare covers limited post-hospital acute care, but Medicaid is the primary payer for LTC services. 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 between Trillium Community Health Plan (CCO) and Senior & Disabled Services of Lane Council of Governments (AAA). 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 LTC 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, Trillium Community Health Plan (CCO) and Senior & Disabled Services of Lane Council of Governments (AAA) agree to participate in the following activities:

1. Prioritization of high needs members in LTC		
CCO Expectation	AAA/APD Expectation	CCO/AAA/APD agreements:
<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ CCO will factor in relevant referral, risk assessment and screening information from local AAA/APD offices and LTC providers. ○ CCOs will define how it will communicate and coordinate with AAA/APD when assessing members receiving Medicaid-funded LTC services. 	<ul style="list-style-type: none"> • 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 	<p><i>Trillium and S&DS:</i></p> <ul style="list-style-type: none"> • Will use information available, including data provided by OHA/DHS central office, to identify a list of individuals each has in common. • Commit to working jointly to identify and share information pertinent to each entity's risk assessment. • Will research the feasibility of sharing the following information on common clients: <ul style="list-style-type: none"> ○ a list of Medicaid clients eligible for long term care services, their living situation, service priority level, cognition level, and those clients that are cost of care. • Will share initial information (as outlined above) about potentially high risk members, and will evaluate whether these agreements are feasible and have been effective in identifying high risk members by June 1, 2013.

Memorandum of Understanding for LTC services between Trillium and S&DS

1. Prioritization of high needs members in LTC		
CCO Expectation	AAA/APD Expectation	CCO/AAA/APD agreements:
	coordination needs.	<p><i>Methods of information sharing will include:</i></p> <ul style="list-style-type: none"> <i>An agreed upon the frequency of information sharing, giving consideration to cost, staffing impact, and return on investment.</i> <i>Information to be shared electronically if available, by fax or email to the designated contact person or back-up.</i> <i>As CCO and APD data systems are improved to provide more consumer information, new data sources will be incorporated into information sharing.</i>  <p><i>Trillium and S&DS will hold each other accountable in the following ways:</i></p> <ul style="list-style-type: none"> <i>Representatives from each will meet monthly until 03/01/2013 and then reevaluate the frequency of the meetings.</i> <i>By March 1st, 2013, meet 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, and</i>
<ul style="list-style-type: none"> MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations. 		

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1. Prioritization of high needs members in LTC		
CCO Expectation	AAA/APD Expectation	CCO/AAA/APD agreements:
		<ul style="list-style-type: none"> By March 1st 2013, meet 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
<ul style="list-style-type: none"> CCOs' individualized person-centered care plans will include information about the supportive and therapeutic needs of each member, including LTC services and supports needs. <ul style="list-style-type: none"> Plans will reflect member or family/caregiver preferences and goals captured in AAA/APD service plans as appropriate. Individualized person-centered care plans will be jointly shared and coordinated with relevant staff from AAA/APD and with LTC providers. 	<ul style="list-style-type: none"> 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. 	<p>By March 1st, 2013, S&DS will establish a procedure in which the Oregon ACCESS CAPS Service Care Plan form #001 and the Client Details Care Plan form #003 are sent to Trillium for Trillium clients receiving Medicaid waived services. On request, a signed copy of the Service Care Plan will be provided to Trillium. These forms will provide the following information:</p> <ul style="list-style-type: none"> Evidence of an individualized care plan Client choice of living situation and preferences APD/AAA case manager contact information LTC provider contact information <p>Trillium and S&DS will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> By March 1st, 2013, meet 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, and By March 1st, 2013, meet to determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability
<ul style="list-style-type: none"> MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations. 		

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2. Development of individualized care plans	
	<i>efforts.</i>

3. Transitional care practices		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<p><i>By March 1st, 2013, Trillium will establish a procedure to communicate transitions reported via hospital admit, and ED visit notifications. This communication will be used to:</i></p> <ul style="list-style-type: none"> <i>Increase awareness of unplanned transfers to all involved stakeholders.</i> <i>Develop a more proactive response to member's new, increased or unmet needs.</i> <p><i>On a monthly basis, S&DS will share a list of Trillium clients currently being assessed for transition and diversion from nursing facility level care.</i></p>
<ul style="list-style-type: none"> MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations. 		<p><i>Trillium and S&DS staff agree to hold multi-disciplinary care planning meetings as needed to address care transition needs of common clients, coordinate services and problem solve potential barriers to successful transition.</i></p>

4. Member engagement and preferences		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 	<p><i>By March 1st, 2013, S&DS will establish a procedure in which the Oregon ACCESS CAPS Service Care Plan form #001 and the Client Details Care Plan form #003 are sent to Trillium for Trillium clients receiving Medicaid waived services. A signed copy of the Service Care Plan will be kept in the client file at LCOG (S&DS). These forms will provide the following information:</i></p>

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	<p>planning.</p>	<ul style="list-style-type: none"> • Evidence of an individualized care plan • Client choice of living situation and preferences • APD/AAA case manager contact information • LTC provider contact information
<ul style="list-style-type: none"> • MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations. 		<p><i>Trillium will work closely with S&DS to determine data available to the plan that may be relevant to person-centered care planning and transition intervention.</i></p> <p><i>Types of data may include:</i></p> <ul style="list-style-type: none"> • Refill data for medications and supplies • Reported falls from claims data • Access to care (PCP fires member)

<p>5. Establishing member care teams</p>		
<p>CCO Expectation</p>	<p>AAA/APD Expectation</p>	<p>MOU activities</p>
<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ Work with AAA/APD to ensure that it identifies members receiving LTC services. ○ Include LTC providers and AAA/APD case managers as part of the team based care approach. • Adapt team-based care 	<ul style="list-style-type: none"> • 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 	<p><i>Trillium will develop electronic health information technologies to ensure open and real time communication between S&DS and LTC providers. Until those are developed, use of telephone, fax and secure email will provide virtual Care Team communication.</i></p> <p><i>Elements of information to be shared include contact information for Trillium and S&DS staff members working on the Care Teams, as well as contact information for the community LTC provider.</i></p> <p><i>Trillium and S&DS will hold each other accountable in the following ways:</i></p> <p><i>Meet monthly until March 1st, 2013 and then quarterly thereafter. Meetings will include a broad spectrum of community and governmental LTC providers in Lane County to understand Care Team elements and to refine care coordination systems.</i></p>

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5. Establishing member care teams		
CCO Expectation	AAA/APD Expectation	MOU activities
<p>approaches and the use of the lead coordinator to accommodate the unique needs of individuals receiving LTC services.</p>	<p>CCO team based care processes when appropriate.</p> <ul style="list-style-type: none"> DHS will provide minimum standards to ensure participation by LTC providers in CCO care teams. 	
<ul style="list-style-type: none"> MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations. 		

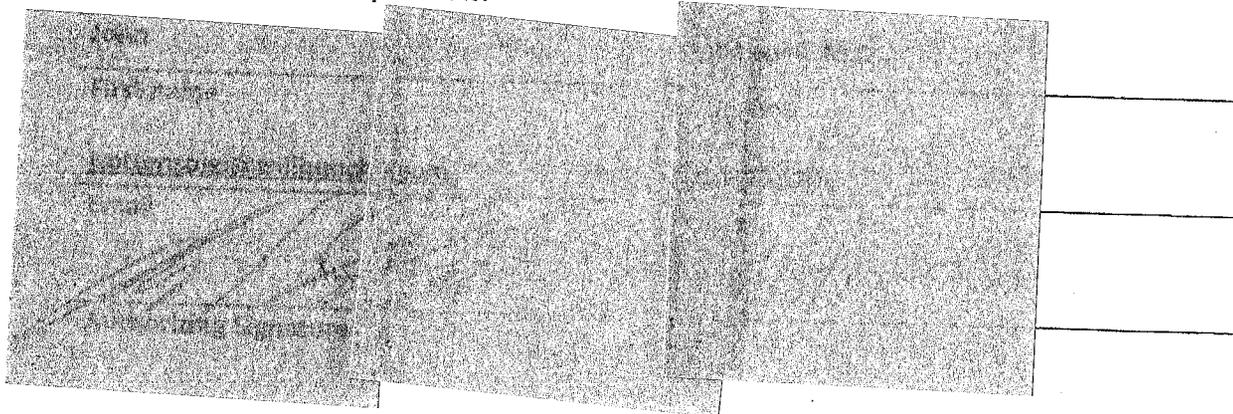
6. Governance Structure		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> How CCO governance structure will reflect the needs of members receiving LTC services and supports through representation on the governing board or community advisory council. 	<ul style="list-style-type: none"> AAA/APD will participate at the community level in the board / Advisory panel for LTC perspective as needed. AAA will articulate how the membership of the local governing boards, Advisory Councils, or governing structures will reflect the needs of clients served by the regional CCO(s). DHS/APD will articulate how APD will include CCO participation in their policy development structures. 	<p><i>Trillium's Governing Board membership has representation for Long Term Care.</i></p> <p><i>The involvement of a long term care representative will ensure that the Governing Board is providing leadership and oversight to the LTC perspective.</i></p> <p><i>This representative will have access to community advisory boards that serve members of this identified population.</i></p>

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Signatures and Contacts

For: Trillium Community Health Plan CCO

The designated contact person is:



For Senior & Disabled Services of Lane Council of Governments (AAA/APD District Office)

The designated contact person is:

Kay

Metzger

First name

Last name

kmetzger@lcog.org

541-682-4432

Email

Phone



Authorizing Signature

June 14, 2012

Date

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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

Patricia Baxter 7/2/12
Authorizing Signature Date

- Signed as to form

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Optional Domains for MOU CCO/LTC

Below are additional domains of coordination and alignment found in the Strategic Framework for Coordination and Alignment between CCOs and Long Term Care.¹ These elements are included for consideration because of the potential for improved coordination and alignment of LTC and CCO activities, but are not required to be addressed.

A. Use of best practice		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • CCO will describe capacity and plans for ensuring that best practices are applied to individuals in LTC settings, including best practices related to care coordination and care transitions. 	<ul style="list-style-type: none"> • AAA/APD will support CCO efforts to implement best practices approaches, and will share promising and best practices including care coordination; care transitions and evidence based healthy aging programs related to serving individuals in LTC settings with CCOs. 	

B. Use of health information		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • As part of the HIT improvement plan, CCO will identify a strategy to partner with the LTC system to improve upon any existing efforts to share information electronically. 	<ul style="list-style-type: none"> • AAA/APD will partner with CCO in developing electronic information sharing strategy. • DHS/APD will develop mechanisms to improve the sharing of relevant DHS Information with CCOs. 	

¹ <http://www.oregon.gov/OHA/OHPB/meetings/2012/2012-0214-cco-strategic-framework.pdf>

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C. Member Access and Provider Responsibilities		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • CCO describes: <ul style="list-style-type: none"> ○ 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 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 LTC services and supports and/or their family or representative. 	<ul style="list-style-type: none"> • AAA/APD will provide education materials to Medicaid clients, contracted providers, family caregivers and client-employed providers on member access to services through the CCO. 	

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D. Outcome and quality measures		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • CCO will demonstrate an acceptable level of performance related to shared accountability for individuals receiving LTC services and supports. 	<ul style="list-style-type: none"> • AAA/APD will demonstrate an acceptable level of performance related to shared accountability for individuals served by the CCO and receiving LTC services and supports. 	

F. Learning Collaborative		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • Each CCO participates in the learning collaborative described in ORS 442.210. 	<ul style="list-style-type: none"> • AAA/APD will participate in learning collaborative on relevant topics such as care coordination, LTC, best practices. 	

G. Role of person centered primary care home (PCPCH)		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • CCO will partner with the local AAA/APD office to develop a method for coordinating services with PCPCH providers for members receiving LTC services. 	<ul style="list-style-type: none"> • AAA/APD will develop methods and protocols for supporting and coordinating with PCPCH providers. • AAA/APD will support coordination between LTC providers and PCPCH providers. 	

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H. Safeguards for members		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • 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 LTC 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 LTC. 	<ul style="list-style-type: none"> • AAA/APD will ensure that choice counseling materials and processes reflect member rights, responsibilities, and understanding of benefits. • AAA/APD 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 LTC services to maximize efficiencies. • AAA/APD will coordinate with CCOs to manage member complaints and grievances for CCO members. 	