Health Share of Oregon First Amendment to Care Coordination and Long-Term Care Services & Supports Memorandum of Understanding

This First Amendment to the Care Coordination and Long-Term Care Services & Supports Memorandum of Understanding ("1st Amendment") is made and entered into by and between Health Share of Oregon (Health Share) and the Multnomah County Aging, Disability and Veterans Services Division (ADVSD) and the ODHS offices for Aging and People with Disabilities (APD) in Clackamas and Washington counties, collectively referred to herein as "LTSS agencies" effective January 1, 2022.

RECITALS

A. The parties entered into a Care Coordination and Long-Term Care Services & Supports Memorandum of Understanding Agreement dated January 1, 2021 (the "**Agreement**").

B. The parties desire to amend the Agreement, as described below.

AGREEMENT

1. **Amendment(s).** The Agreement is amended as follows, with deleted language ~~struck through~~ and new language in double underline:

Purpose of Memorandum of Understanding

Medicaid-funded long-term services and supports (LTSS) are legislatively excluded from Coordinated Care Organization (CCO) budgets and will continue to be paid for directly by the Oregon Department of Human Services (ODHS).

~~In order to~~ To share responsibility for delivering high quality, person-centered care, improve health, and reduce costs, the parties to this MOU ~~will~~ work together to:

- Coordinate care across the healthcare continuum
- Share accountability for individuals receiving Medicaid-funded ~~long-term care services and supports (~~LTSS~~)~~
- ~~Work to i~~Improve health outcomes
- Deliver high quality, person-centered care
- Reduce costs in healthcare delivery and long-term care systems
- Improve care experience and quality of life
- Address social determinants of health
- Reduce health disparities
- Prevent or delay need for ~~long-term care services and supports (~~LTSS~~)~~

Core Memorandum of Understanding Elements

1. Governance Structure and Accountability
    a. The Health Share Medicaid LTSS Steering Committee ~~(Steering Committee), will~~ meets at least quarterly to review and discuss the activities included in this MOU as well as other topics of mutual interest, including any issues or barriers which may be impacting the LTSS population.
    b. Membership on the LTSS Steering Committee ~~will~~ includes at least one representative from each of the following:
        i. Health Share of Oregon
        ii. Multnomah County Aging, Disability and Veterans Services Division (ADVSD)
        iii. Clackamas County ODHS-APD District 15
        iv. Washington County ODHS-APD District 16
        v. Older Adult Behavioral Health Initiative
        vi. Clackamas County Social Services (CCSS)
        vii. Washington County Disability, Aging and Veterans Services (DAVS)
        viii. CareOregon, Inc
        ix. Kaiser Permanente
        x. Legacy Health – PacificSource
        xi. OHSU Health Services
        xii. Providence Health Assurance
    c. Additional stakeholders identified by the LTSS Steering Committee may also be invited to attend quarterly meetings, as needed.
    ~~d. Members of the Steering Committee will be invited to attend the Health Share sponsored Care Integration Workgroup meetings, as appropriate.~~
    ~~e.~~ d. Health Share ~~will~~ designates staff to support the work of the LTSS Steering Committee, including, but not limited to ~~such as~~: ~~schedule~~ scheduling and planning meetings, ~~prepare~~ preparing agendas and supporting documentation for meetings ~~topics~~, and documenting and ~~disseminate~~ disseminating meeting notes.

Exhibit A
Required Domains Details

MOU Service Area: Clackamas, Multnomah, and Washington Counties				
DOMAIN 1: PRIORTIZATION OF HIGH NEEDS MEMBERS				
Shared Accountability Goals	**CCO Agreed to Processes & Activities**	**LTSS Agency Agreed to Processes & Activities**	**Process Monitoring & Measurement: Specific Local Measures of Success**	**Annual Report on Specific Statewide Measures of Success**
DOMAIN 1: Prioritization of high needs members	Health Share and its Subcontractors ~~will~~ work with APD/AAA staff to update and improve processes to identify high needs members and ~~will~~ share prioritization data with APD/AAA. These processes will be reviewed by the LTSS Steering Committee quarterly to ensure appropriate prioritization of member needs. Health Share ~~will~~ provides Subcontractors with a list of their LTSS members monthly, based on the LTSS flag in the 834 file from OHA. (Attachment A) Subcontractors communicate with APD/AAA regarding high needs members using the process created in collaboration with Health Share, its Subcontractors, and the APD/AAA~~s~~ as outlined in Desk Procedures entitled Interdisciplinary Care Coordination Conference (IC3) Process – Subcontractors	APD/AAA staff ~~will~~ shares prioritization data with Health Share Subcontractors. Health Share provides APD/AAA with a list of their LTSS members monthly, based on the LTSS flag in the 834 file from OHA. APD/AAA staff follow the process outlined in Desk Procedure entitled Interdisciplinary Care Coordination Conference (IC3) Process – APD/AAA (Attachment D) Health Share Bridge ~~will~~ houses contact information for pertinent APD/AAA staff. APD/AAA staff ~~will~~ review the contact information at least monthly and will notify Health Share of any corrections or updates as soon as they	Track usage of Bridge by Health Share Subcontractors and APD/AAA per month.	# of members with LTSS that prioritization data was shared during each month/year Annual Average monthly # of members with LTSS for whom prioritization data was shared [monthly #/total in year]— calculated by OHA from data submitted # of CCO referrals to APD/AAA for new LTSS service assessments (for persons with unmet needs) # of APD/AAA referrals to CCO for ICC review # of completed referrals for ICC review [Monthly/Year Total]

	(Attachments C). To facilitate communication and coordination across systems, Health Share Bridge ~~will~~ houses contact information for pertinent Subcontractor LTSS and/or care coordination staff. Subcontractors ~~will~~ review the contact information at least monthly and will notify Health Share of any corrections or updates as soon as they are known. Referral process documents for Health Share Subcontractors and APD/AAA ~~will be~~ are housed on Bridge. Health Share Subcontractors ~~will~~ notify Health Share of any referral process updates as needed.	are known. (Attachment B) APD/AAA staff ~~will~~ notify Health Share of any referral process updates as needed.		

DOMAIN 2: INTERDISCIPLINARY CARE TEAMS				
Shared Accountability Goals	**CCO Agreed to Processes & Activities**	**LTSS Agency Agreed to Processes & Activities**	**Process Monitoring & Measurement: Specific Local Measures of Success**	**Annual Report on Specific Statewide Measures of Success**
DOMAIN 2: Interdisciplinary care teams	Health Share Subcontractors ~~will~~ shall work with APD/AAA to schedule and hold at least two (2) Interdisciplinary Team (IDT) meetings per month to coordinate care for mutual members receiving LTSS. Members or their representatives ~~will be~~ are invited to attend their IDT meeting. Health Share Subcontractors will continue to use and refine the Interdisciplinary Care Coordination Conference (IC3) process. Purpose of IC3s: To gather all care team members from all disciplines (healthcare, long term services and supports, mental/ behavioral health, other social service, and community partners) that are currently involved with a member receiving LTSS to: • Understand the member's health and welfare related needs, including the member's goals, preferences, and any concerns about access to needed services; • Understand each care team	APD/AAA ~~will~~ staff work with Health Share Subcontractors to schedule and hold at least two (2) Interdisciplinary Team (IDT) meetings per month to coordinate care for mutual members receiving LTSS. Members or their representatives ~~will be~~ are invited to attend their IDT meeting. APD/AAA staff will continue to use and refine the Interdisciplinary Care Coordination Conference (IC3) process (Attachment D).		# of members with LTSS that are addressed/staffed via IDT meetings monthly % of months where IDT care conference meetings with CCO and APD/AAA occurred at least twice per month total annual IDT meetings completed by CCO-APD/AAA teams % of times consumers participate/attend the care conference by month/year % of consumers that are care conferenced/total number of CCO members with LTSS (percentage of LTSS recipients served by CCO)

	member's scope and role in assisting and supporting the member; • Communicate consistently with the member about what they can expect from their care team; and • Work collaboratively to address gaps and unmet needs of the member while respecting the member's right to self-determination and the least restrictive intervention.			

DOMAIN 3: DEVELOPMENT AND SHARING OF INDIVIDUALIZED CARE PLANS				
Shared Accountability Goals	**CCO Agreed to Processes & Activities**	**LTSS Agency Agreed to Processes & Activities**	**Process Monitoring & Measurement: Specific Local Measures of Success**	**Annual Report on Specific Statewide Measures of Success**
DOMAIN 3: Development and sharing of individualized care plans	~~Health Share hosts a Care Integration Workgroup every other month which brings together care coordination staff from across the continuum to share best practices and processes on all aspects of care coordination and to support a culture of integration. Representatives from each Health Share Subcontractor will participate in these meetings.~~ Health Share and Health Share Subcontractors maintain policies, procedures, and/or processes regarding the following: • Development of individual, integrated treatment and person-centered care plans with member and/or member representative input; • Development and implementation of processes for sharing information, coordinating care, and monitoring results, and creating the	~~APD/AAA staff will participate in the Care Integration Workgroup.~~ APD/AAA staff maintain policies, procedures, and/or processes regarding the following: • Development of individual, integrated treatment and person-centered care plans with member and/or member representative input; • Development and implementation of processes for sharing information, coordinating care, and monitoring results, and creating the most comprehensive care plan to address member		% of CCO individualized person-centered care coordination plans for CCO members with LTSS that incorporate/document member preferences and goals % of CCO person-centered care plans for members with LTSS that are updated at least every 90 days/quarterly and shared with all relevant parties

	most comprehensive care plan to address member needs and how often care plans are reviewed and updated; • Support of the appropriate flow of relevant information and a standardized approach to effectively plan, communicate, and implement care planning and follow-up; and • Processes for coordination with social and support services and resources to address social determinants of health that support care plans and ensure access to language and disability services to ensure access. Health Share Subcontractors have strategies to reduce all-cause readmissions and avoidable ED utilization, and to improve depression screening and follow-up plans for members with LTSS.	needs and how often care plans are reviewed and updated; • Support of the appropriate flow of relevant information and a standardized approach to effectively plan, communicate, and implement care planning and follow-up; and • Processes for coordination with social and support services and resources to address social determinants of health that support care plans and ensure access to language and disability services to ensure access. APD/AAA <u>staff develop and use</u> ~~has~~ strategies to reduce all-cause readmissions and avoidable ED utilization, and will work with Subcontractors to improve depression screening and follow-up plans for members with LTSS.		

DOMAIN 4: TRANSITIONAL CARE PRACTICES				
Shared Accountability Goals	**CCO Agreed to Processes & Activities**	**LTSS Agency Agreed to Processes & Activities**	**Process Monitoring & Measurement: Specific Local Measures of Success**	**Annual Report on Specific Statewide Measures of Success**
DOMAIN 4: Transitional care practices	Health Share and Health Share Subcontractors maintain policies, procedures, and/or processes regarding how transitions and transition resources are coordinated for members receiving LTSS, and to support the appropriate flow of relevant information within Health Share and with APD/AAA, including: • Processes to coordinate appropriate discharge planning and ensure that services are in place prior to discharge per OAR 410-141-~~1860~~3860. • Scheduling for key follow-up appointments, planning for transportation needs, medication reconciliations and durable medical equipment needs before transition happens. • Communication strategies and expectations. • Appropriate use of cross system resources during transitions.	APD/AAA staff maintain policies, procedures, and/or processes regarding how transitions and transition resources are coordinated for members receiving LTSS, and to support the appropriate flow of relevant information within APD/AAA and with Health Share and Health Share Subcontractors, including: • Processes to coordinate appropriate discharge planning and ensure that services are in place prior to discharge per OAR 410-141-~~1860~~3860. • Assisting Health Share Subcontractors with follow-up for key appointments, planning for transportation needs, and durable medical equipment needs before transition happens. • Communication strategies and expectations. • Appropriate use of cross system resources during transitions.		% transitions where CCO communicated about discharge planning with APD/AAA office prior to discharge/transition? % transitions where discharge orders (DME, medications, transportation) were arranged prior to discharge/did not delay discharge? % CCO region to CCO region transfers that communication was made to appropriate APD/AAA office(s)? # of Debrief meetings held quarterly to post-conference transitions where transitions wasn't smooth (improvement process approach)? [Q1, Q2, Q3, Q4]

	Health Share Subcontractors support appropriate planning for different types of transitions including transitions to and from hospitals from in-home, community-based facility, long term nursing facilities and post-acute settings (skilled nursing facility care) as well as transitions between these settings. These processes are maintained by and specific to each Health Share Subcontractor. Examples of planning supports may include: • Identify current long term and post-acute Medicaid residents that have potential for transition. • Monitor individuals that are either Post Hospital Extended Care (PHEC) or Medicare Skilled for transition potential prior to potential LTSS application. • Support the individual's choice of placement options. • Identify and address barriers to placement. • Verify supports and additional need to create a safe transition/placement Health Share and its Subcontractors ~~will~~work with	APD/AAA staff supports~~~~ appropriate planning for different types of transitions including transitions to and from hospitals from in-home, community-based facility, long term nursing facilities and post-acute settings (skilled nursing facility care) as well as transitions between these settings. Examples of planning supports may include: • Identify current long term and post-acute Medicaid residents that have potential for transition. • Monitor individuals that are either Post Hospital Extended Care (PHEC) or Medicare Skilled for transition potential prior to potential LTSS application. • Support the individual's choice of placement options. • Identify and address barriers to placement. • Verify supports and additional need to create a safe transition/placement APD/AAA staff work with Health Share and its Subcontractors to define a quality improvement		

	APD/AAA to define a quality improvement process approach for transitions that are not smooth. Health Share and its Subcontractors meet at least quarterly with APD/AAA in the LTSS Steering Committee to review current processes, identify, and resolve service or process gaps, and address any issues.	process approach for transitions that are not smooth. APD/AAA staff meet at least quarterly with Health Share and its Subcontractors in the LTSS Steering Committee to review current processes, identify, and resolve service or process gaps, and address any issues.		

DOMAIN 5: COLLABORATIVE COMMUNICATION TOOLS AND PROCESSES				
Shared Accountability Goals	**CCO Agreed to Processes & Activities**	**LTSS Agency Agreed to Processes & Activities**	**Process Monitoring & Measurement: Specific Local Measures of Success**	**Annual Report on Specific Statewide Measures of Success**
DOMAIN 5: Collaborative Communication tools and processes	Health Share Subcontractors ~~will~~ share process documents for communication and will maintain key contacts for receiving communications on Bridge. Health Share Subcontractors use Collective Platform information to track current LTSS members receiving care coordination services. Collective Platform information is also used to determine if LTSS members may require more assistance with care coordination, such as ICC or IC3. Health Share and its Subcontractors ~~will~~work with APD/AAA to continue to ~~find~~ identify ways to use Collective Platform to improve communication and care coordination. Health Share hosts a workgroup every other month which brings together care coordination staff from across the continuum to	APD/AAA staff ~~will~~ share process documents for communication and will maintain key contacts for receiving communications on Bridge. APD/AAA staff ~~currently uses~~ use Collective Platform information to track current LTSS members receiving care coordination services. Collective Platform information is also used to determine if LTSS members may require more assistance with care coordination, such as ICC or IC3. Health Share hosts a workgroup every other month which brings together care coordination staff from across the continuum to share best practices and processes on all aspects of care coordination and to support a culture of integration. APD/AAA staff participate in these meetings.		# of CCO Collective Platform HEN notifications monthly result in follow-up or consultation with APD/AAA teams for members with LTSS or new in-need of LTSS assessments # of CCO Collective Platform SNF notifications monthly that result in follow-up or consultation with APD/AAA teams for members with LTSS or new in-need of LTSS assessments Written process documents (prioritization, IDT, care planning, transitions) that clearly designate leads from each agency for ensuring communication for roles and responsibilities for key activities are shared via Health Share Bridge and updated as needed

	share best practices and processes on all aspects of care coordination and to support a culture of integration. Representatives from each Health Share Subcontractor participate in these meetings.			(such as when lead contacts change).

2. **Other Provisions**. Except as modified hereby, the Agreement shall remain in full force and effect.

3. **Signatures.** This Agreement may be signed in counterparts. Delivery of an executed signature page of this Agreement by fax or by electronic transmission of a PDF file will be effective as delivery of a manually executed counterpart of this Agreement. At the request of a party, each other party will confirm a fax or PDF transmitted signature page by delivering an original signature page to the requested party.

[***signature page follows***]

Health Share of Oregon

By: DocuSigned by: James Schroeder D38B5E4D3DDB439... Date: 4/25/2022

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Clackamas County Department of Human Services, Aging and People with Disabilities

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Designated Contact Person

Name: Anna Kozubenko Title: PEMD – APD Deputy District Manager

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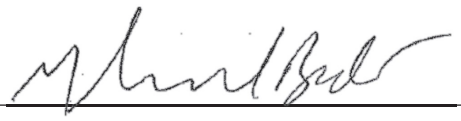
Multnomah County Aging, Disability, and Veterans Services Division

By:  Date: 4/22/2022

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Washington County Department of Human Services, Aging and People with Disabilities

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Certificate Of Completion

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Initials: 0

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Christina Dewey christina.l.dewey@dhsoha.state.or.us PEM E - Interim DM for D 1/16 Security Level: Email, Account Authentication (None)	DocuSigned by: Christina Dewey B33FA5275F8C426... Signature Adoption: Pre-selected Style Signed by link sent to christina.l.dewey@dhsoha.state.or.us Using IP Address: 159.121.202.141	Sent: 3/30/2022 | 03:11 PM Viewed: 4/4/2022 | 03:34 PM Signed: 4/4/2022 | 03:35 PM

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Editor Delivery Events	Status	Timestamp

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Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

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Signing Complete	Security Checked	4/4/2022 | 03:35 PM
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Signatures: 1
Initials: 0

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Signer Events	Signature	Timestamp
James Schroeder schroederj@healthshareoregon.org CEO Health Share of Oregon Security Level: Email, Account Authentication (None)	DocuSigned by: James Schroeder D38B5E4D3DDB439... Signature Adoption: Pre-selected Style Signed by link sent to schroederj@healthshareoregon.org Using IP Address: 131.150.93.18	Sent: 4/25/2022 | 07:14 AM Viewed: 4/25/2022 | 08:29 AM Signed: 4/25/2022 | 08:29 AM

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Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

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Notary Events	Signature	Timestamp

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Completed	Security Checked	4/25/2022 | 08:29 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure