



**MULTNOMAH COUNTY  
AGENDA PLACEMENT REQUEST  
NOTICE OF INTENT**

(Revised: 8/18/11)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # 2-4 DATE 4/5/12  
MARINA BAKER, ASST BOARD CLERK

**Board Clerk Use Only**

**Meeting Date:** 4/5/12  
**Agenda Item #:** R.4  
**Est. Start Time:** 10:25 am  
**Date Submitted:** 3/21/12

**Agenda NOTICE OF INTENT: Request to apply to the Center for Medicare and Medicaid Services to provide Medicare care transitions services.**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.*

<b>Requested Meeting Date:</b>	<u>April 5, 2012</u>	<b>Time Needed:</b>	<u>10 minutes</u>
<b>Department:</b>	<u>DCHS</u>	<b>Division:</b>	<u>ADSD</u>
<b>Contact(s):</b>	<u>Lee Girard</u>		
<b>Phone:</b>	<u>988-3768</u>	<b>Ext.</b>	<u>83768</u>
<b>Presenter Name(s) &amp; Title(s):</b>	<u>Lee Girard, Community Services Manager</u>		
<b>I/O Address:</b>	<u>167/1/510</u>		

**General Information**

**1. What action are you requesting from the Board?**

The Department of County Human Services, Aging and Disability Services Division (ADSD), is requesting approval to apply as the lead agency of a 4-county consortium to become a provider of Medicare Care Transitions Services through the Center for Medicare and Medicaid Services (CMS).

**2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**

The Metro Aging & Disability Resource Connection (ADRC) Consortium, comprising the community-based organizations in Multnomah, Clackamas, Columbia and Washington Counties, are pursuing an "enterprise" funding opportunity through the Center for Medicare and Medicaid Services (CMS). Through this funding opportunity the Metro ADRC Consortium is proposing to partner with six (6) hospitals in the metropolitan area to provide evidence-based transitions support to individuals who receive Medicare fee-for-service coverage and are transitioning from hospital to home or community. The hospitals to be included in the project are: Adventist Medical Center, Legacy Good Samaritan

Hospital, Legacy Meridian Park Hospital, Legacy Mt. Hood Medical Center, Oregon Health Science University and Tuality Hospital. The goal of this program is to reduce the rate of unnecessary hospital and emergency department readmissions. CMS will reimburse on per member/per incident basis for care transitions services. The model of transitions services will include use of a nationally recognized evidence-based model along with “wrap-around” services to support individuals to successfully transition from hospital discharge to home or community. Wrap-around services will include transportation for follow up medical appointment, home delivered meals, health promotion/chronic disease management support and short-term care coordination. The Metro ADRC Consortium is aligning this project with the developing CCO structures in the metro tri-county area. This project will fund services to individuals who would not be served through the CCO.

**3. Explain the fiscal impact (current year and ongoing).**

ADSD is currently in the process of coordinating with partners and the state Quality Improvement Organization for CMS to establish a per member per incident reimbursement rate and calculate the level of demand for this service. ADSD is considering the following cost factors in calculation of the rate – direct service package, supervision of direct service staff, and lead agency administration of the program for 4 counties.

**4. Explain any legal and/or policy issues involved.**

ADSD will be the lead fiscal agency for the project and will be lead agency for the contract with CMS. ADSD will be required to establish formal contractual agreements with partner agencies who will receive “pass through” funding.

**5. Explain any citizen and/or other government participation that has or will take place.**

This project requires a steering committee comprised of: representatives from each medical system, representatives from each Area Agency on Aging, representatives from other health system providers (nursing facilities, home health, etc.), and consumers.

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Grant Application/Notice of Intent

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If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**  
The Center for Medicare and Medicaid Services (CMS)
- **Specify grant (matching, reporting and other) requirements and goals.**  
There are no match requirements for this project as reimbursed on a unit rate. ADSD and partners will be required to meet Medicare reporting and financial management requirements. The overall goal of the program is to reduce current hospital readmission rates for targeted diagnosis by 20% within the first 2 years.
- **Explain grant funding detail – is this a one time only or long term commitment?**  
This is an opportunity to become a provider of Medicare-fee-for-service care transitions and is a long-term commitment. A per member/per incident all-inclusive rate is being developed to cover all related costs for the services, including direct services and program oversight.
- **What are the estimated filing timelines?**  
April 5, 2012
- **If a grant, what period does the grant cover?**  
This funding opportunity is not a grant, but an opportunity to become a provider for CMS. The initial funding period will be for 2 years, with renewal for up to 5 years if consortium partners meet performance outcome goals.
- **When the grant expires, what are funding plans?**  
n/a – this funding source is not a grant. ADSD is applying to be the lead agency and provider for Medicare care transition services. If the provider agreement with the Center for Medicare and Medicaid services is discontinued services will be discontinued.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**  
Yes

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Required Signatures

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Elected Official or Department/ Agency Director:		03/21/12
	(signature)	Date:
Name/Title:	Christian Elkin /s/	3/21/12
Budget Analyst:	_____	Date: _____
	(signature)	
Name/Title:		