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**April 13, 2012**

**RFA 3402**

**Addendum #9**

1. This is Addendum # 9 to Request for Application (RFA) 3402, Coordinated Care Organizations (CCOs).
2. RFA #3402 is hereby amended as follows:
  - a. A sample Memorandum of Understanding (MOU), referred to in Appendix A “CCO Criteria Questions” Section A.1.4, is hereby provided through this addendum as Appendix 1.
3. All other terms, provisions, and conditions of this RFA remain unchanged.

## Appendix 1

*SAMPLE ONLY FOR TECHNICAL ASSISTANCE PURPOSES. This document may be modified to meet local needs and resources.*

### Memorandum of Understanding

#### Purpose

This Memorandum of Understanding (“Agreement”) is to facilitate advantageous use of the system of public mental health care and services available through local community mental health programs and to insure access to public mental health care. The local mental health authority has a responsibility, under ORS 430.620, to operate a community mental health program. ORS 414.153 directs that there be a written agreement between each coordinated care organization (“CCO”) and the local mental health authority (“LMHA”) in the area served by the coordinated care organization.

This is a non-binding agreement between \_\_\_\_\_ (CCO) and \_\_\_\_\_ (LMHA). The mutual goal is to coordinate services and efforts to meet the mental health needs of CCO members and the community, maintain the mental health safety net, and achieve improved mental health outcomes. 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.

Now therefore, \_\_\_\_\_ (CCO) and \_\_\_\_\_ (LMHA) agree to the following activities with respect to the service needs of members of the CCO:

#### Agreement

**1. Describe an authorization and payment method to maintain mental health safety net with respect to CCO members.**

A mental health safety net may include but is not limited to:  
Maintenance of 24/7 crisis line, crisis respite services, mobile crisis services, liaison with local law enforcement, sub-acute services, crisis services to the jail, coordination of acute care services, alcohol and drug detoxification, and sobering station.

**2. Describe an authorization and payment methodology to maintain effective management of each of the following responsibilities of the LMHAs with respect to CCO members. The description should address the respective roles and responsibilities of the parties for each of the following activities:**

<b>Responsibilities</b>	<b>May include but is not limited to:</b>
Management of children and adults at risk of entering or transitioning from Oregon State Hospital (OSH) or residential care.	Enhanced care management, community-based supports, referrals to lower level residential services, utilization review of individuals on the state hospital waitlist.
Management of care coordination of residential services and supports for adults and children.	Utilization review, identifying and referral to community-based supports, intensive case management, peer delivered services.
Management of community-based specialized services including but not limited to supported employment and education, early psychosis programs, assertive community treatment or other types of intensive case management programs and home-based services for children.	Support of employment specialists, educational supports, peer delivered services, care coordination services, family supports family navigators.
Management of specialized services to reduce recidivism of individuals with mental illness in the criminal justice system.	Jail diversion services, mental health courts, coordination activities with community justice, juvenile justice, courts and law enforcement.

**3. Identify joint performance outcomes for the mental health and addictions system.**

Nothing in this Agreement limits the ability of the CCO to contract with other public or private providers for mental health or chemical dependency services.

**Other Considerations for creating a strong MOU:**

- Describe process for resolution of disagreements or conflicts under the Agreement
- Identify term of the agreement
- Define conditions for terminating the Agreement
- Define data sharing arrangements
- Identify lead contact for each organization for day-to-day operations of the Agreement.

**Signatures and Contacts:**

**CCO:**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Title**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

**The designated contact person is:**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**Phone**

**LMHA:**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Title**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

**The designated contact person is:**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**Phone**