

**State Demonstrations to Integrate Care for Dual Eligible Individuals  
Design Contracts  
Summary of State's Initial Design Concepts  
May 2011**

**State: Oregon**

<b>Overview of Proposed Approach</b>	<ul style="list-style-type: none"> <li>• Oregon proposes blending Medicare and Medicaid funding streams to contract with regional plans to provide coordinated acute and behavioral health services for dual eligible individuals.</li> <li>• The State proposes a global budget for providing care and coordination would be set at levels appropriate to achieve best practices and to address unsustainable increases in the cost of care and services.</li> <li>• Contracts would require person-centered plans for those with most acute needs and would phase in health homes for all beneficiaries as soon as possible.</li> <li>• Contracts would require plans to coordinate with long-term care services and supports for this population. Contracts with Area Agencies on Aging would require coordination with the plans.</li> <li>• The program for dual eligibles would be part of a broader effort to provide integrated care for all Medicaid and CHIP enrollees.</li> </ul>
<b>Target Population</b> (All duals/full duals/subset/etc.)	Dual eligible persons entitled to the full Medicaid benefit. It would not include dually eligible persons who receive only premium or cost-sharing assistance through the Medicaid program.
<b>Estimated Enrollment</b> (in 2012 and at full implementation)	By mid-2012, Oregon proposes to have the basic program fully implemented with an expected enrollment: 59,000.
<b>Planned Geographic Service Area</b> (Statewide or listing of pilot service areas)	Statewide
<b>Planned Stakeholder Process</b>	Oregon's governor appointed a 40-plus stakeholder "Health System Transformation Team," including legislators, members of the Oregon Health Policy Board, client and legal advocates, health care and long-term care providers, existing Medicaid plans, and other health insurers. The group met weekly during February and March 2011 to discuss the concept in Oregon's proposal. As of late Spring 2011, the Legislature is now considering a bill to create the necessary State law framework and an initial meeting with stakeholders was held in April 2011. Once the Legislature completes the framework bill (by the end of June 2011), the State will do broader outreach to clients, providers, plans, county health departments, and the agencies now responsible for long-term care case management. The State will develop specialized groups to react to ideas as they are developed, including both broad stakeholder groups and client groups, and will conduct town hall style meetings. The State expects to work particularly intensely with stakeholders to develop a strong model for coordinating long-term care with health care.
<b>Proposed Implementation Date and Related Milestones</b>	Oregon's proposed implementation timeframe is as follows: <ul style="list-style-type: none"> <li>• Stakeholder Meeting. April 2011</li> </ul>

<p>(Any implementation milestones are pending CMS Approval)</p>	<ul style="list-style-type: none"><li>• Necessary legislative changes in place. July 2011.</li><li>• Initial proposal for the all-Medicaid approach submitted to CMS. July 2011.</li><li>• Demonstration proposal submitted to CMS. Fall 2011.</li><li>• Procurement process defined and requirements announced for the all-Medicaid integrated care program. November 2011.</li><li>• Necessary administrative rules in place. December 2011.</li><li>• Preliminary contractor selection completed. February 2012.</li><li>• Contractor selection finalized and contracts issued. April 2012.</li><li>• Beneficiaries enrolled in new entities and changeover complete. No later than July 2012.</li></ul>
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