



**Contract Number 171534**

**REINSTATEMENT AND AMENDMENT TO  
STATE OF OREGON  
PERSONAL/PROFESSIONAL SERVICES CONTRACT**

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This reinstatement of and amendment number **3** to Contract Number **171534** is made and entered into as of the date of the last required signature below, by and between the State of Oregon, acting by and through its Oregon Department of Human Services, hereinafter referred to as “ODHS,” and

**YSA Group Operating Company, LLC  
dba Kellyville RCF  
Mailing Address: 13695 SE Ellen Drive, Clackamas, OR 97015  
Service Address: 12221 SE Kelly Street, Portland, OR 97236  
Attention: Sonny Asa  
Telephone: 503-954-2561  
E-mail address: [sonnyvasa@hotmail.com](mailto:sonnyvasa@hotmail.com)**

hereinafter referred to as “Contractor.”

**RECITALS**

WHEREAS, ODHS and Contractor entered into that certain Contract number **171534** effective on September 1, 2021, incorporated herein by this reference (the Contract);

WHEREAS, ODHS and Contractor intended to amend the Contract to extend its effectiveness through August 31, 2025;

WHEREAS, the proposed amendment number **3** to extend the effectiveness of the Contract and otherwise modify it was not executed by the parties prior to the Contract’s expiration date;

WHEREAS, the Contract expired on August 31, 2023 in accordance with its terms; and

WHEREAS, ODHS and Contractor desire to reinstate the Contract in its entirety as of August 31, 2023, and to amend the Contract (once reinstated) to extend its effectiveness through August 31, 2025, as set forth herein.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree to the following:

### REINSTATEMENT

1. **Reinstatement.** ODHS and Contractor hereby reinstate the Contract in its entirety as of **August 31, 2023**, and agree that the Contract was and is in full force and effect from its effective date through the date of this Reinstatement and Amendment. ODHS and Contractor further agree that, upon the amendment of **Section 1., “Effective Date and Duration”** of the Contract pursuant to Section 2. below, the Contract was, is and will be in full force and effect from the effective date through the expiration date set forth in **Section 1., “Effective Date and Duration”**, as amended, subject to the termination provisions otherwise set forth in the Contract.

### AMENDMENT

2. **Amendment.** ODHS and Contractor hereby amend the Contract as follows. Language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.
  - a. **Section 1., “Effective Date and Duration.”** to read as follows:
    1. **Effective Date and Duration.** This Contract, when fully executed by every party, shall become effective on the date this Contract has been approved by the Department of Justice or on September 1, 2021, whichever date is later, regardless of the date of execution by every party. Unless extended or terminated earlier in accordance with its terms, this Contract shall expire on August 31, **2025**~~2023~~. Contract termination shall not extinguish or prejudice ODHS' right to enforce this Contract with respect to any default by Contractor that has not been cured.
  - b. **Section 3., “Consideration.”, Subsection a. only** to read as follows:
    - a. The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is **\$12,777,548.00** ~~\$5,805,608.00~~. ODHS will not pay Contractor any amount in excess of the not-to-exceed compensation of this Contract for completing the Work and will not pay for Work performed before the date this Contract becomes effective or after the termination or expiration of this Contract. If the maximum compensation is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment.
  - c. **Exhibit A, Part 2, “Payment and Financial Reporting”, Subsection 1.a. only**, to read as follows:
    - a. Considering all approved COVID-19 temporary rate increases to date, including the approved wage add-on increase, Contractor shall be paid as follows:

- (1) As consideration for the services provided by the Contractor for the time period of October 1, 2021, through June 30, 2022, unless otherwise amended, ODHS will pay to the Contractor:

\$13,918.00 prorated per month per Individual for up to 18 Individuals at any one time during the term of the Contract.

- (2) As consideration for the services provided by the Contractor for the time period of July 01, 2022, through the June 30, ~~2024~~2023, unless otherwise amended, ODHS will pay to the Contractor:

\$15,310.00 prorated per month per Individual for up to 18 Individuals at any one time during the term of the Contract.

- (3) As consideration for the services provided by the Contractor for the time period of July 1, ~~2024~~2023, through the **expiration of this Contract** ~~August 31, 2023~~, unless otherwise amended, ODHS will pay to the Contractor:

~~\$10,511.00~~ **\$16,075.00** prorated per month per Individual for up to 18 Individuals at any one time during the term of the Contract.

To provide a buffer for potential future rate increases, the maximum payable to Contractor under this Contract, shown in Section 3.a “Consideration”, is calculated using the highest monthly rate shown in Section 1.a. above. Regardless, any changes to the monthly rates listed in Section 1. “Payment Provisions” above, must be done through a Contract Amendment.

- d. **Exhibit B, “Standard Terms and Conditions”, Section 21., “Notice” ODHS address only** to read as follows:

**ODHS:** Office of Contracts & Procurement  
~~635 Capitol Street NE, Suite 350~~ **500 Summer Street NE, E-03**  
Salem, OR 97301  
Telephone: 503-945-5818  
Fax: 503-378-4324

3. Contractor shall comply with all federal, state and local laws, regulations, executive orders and ordinances applicable to Contractor and the Contract. ODHS’ performance under the Contract is conditioned upon Contractor's compliance with the obligations of contractors under ORS 279B.220, 279B.230 and 279B.235, which are incorporated by reference herein.
4. Except as expressly amended above, all other terms and conditions of the original Contract and any previous amendments are still in full force and effect. Contractor certifies that the representations, warranties and certifications contained in the original Contract are true and correct as of the effective date of this amendment and with the same effect as though made at the time of this amendment.

**EXHIBIT A**  
Part 1  
**Statement of Work**

**Contract Type:** Residential Care Facility Specific Needs Contract

**Contract Capacity:** Not to exceed capacity of 18 residents.

**Governing Administrative Rules:** Residential Care and Assisted Living Facilities Oregon Administrative Rules Chapter 411, Division 054; Medicaid Long-Term Care Service Administrative Rules Chapter 411 Division 015; Specific Needs Services Oregon Administrative Rules Chapter 411, Division 027; and all other applicable state and federal laws.

**Kellyville, RCF**  
**12221 SE Kelly St.**  
**Portland, OR 97236**

**1. Definitions**

- a. **“Activities of Daily Living” or “ADL”** means those personal, functional, activities required by an Individual for continued well-being, health, and safety. Activities consist of eating, dressing, grooming, bathing, personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel, and bladder management), cognition and behavior.
- b. **“Activity Plan”** means the plan that is developed for each Individual based on their activity assessment. The plan should include strategies for how these activities can become part of the Individual’s daily routines.
- c. **“Area Agency on Aging” or “AAA”** means the ODHS designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to older adults or Individuals with disabilities in a planning and service area. For purposes of these rules, the term Area Agency on Aging is inclusive of both Type A and Type B Area Agencies on Aging as defined in ORS 410.040 and described in ORS 410.210 to 410.300.
- d. **“Available”** means being physically present to meet the needs of an Individual.
- e. **“Behavior Plan”** means the written document that describes individualized proactive support strategies designed to make the Individual’s challenging behaviors irrelevant, inefficient or ineffective while reinforcing alternative behavior that achieves and satisfies the same need as the challenging behavior. The Behavior Plan shall identify caregiver interventions to help caregivers deescalate, reduce, or tolerate the challenging behavior when it occurs. The strategies focus on environmental, social, and physical factors that affect the behavior, while including supports for communication, personal choice, and specific preferences.
- f. **“Case Manager” and “Diversion/Transition Coordinator”** means an employee of ODHS or AAA who is responsible for service eligibility, assessment of need, offering services choices to eligible Individuals, service planning, services authorization and implementation, and evaluation of the effectiveness of Medicaid

home and community-based services. This position serves as the ODHS Designee (see definition below.)

- g. **“Contract Administrator”** means the ODHS staff person accountable for monitoring and ensuring compliance with the terms and conditions of the Contract and ensuring that all requirements are met.
- h. **“Individual”** means the ODHS consumer who meets the Target Group definition and receives Services under this Contract. “Individual”, “Client”, “Resident”, and “Consumer” are all interchangeable terms in this Contract.
- i. **“Instrumental Activities of Daily Living” or “IADL”** means tasks consisting of housekeeping, laundry, shopping, transportation, medication management and meal preparation.
- j. **“Nursing Plan”** means the plan that is developed by the registered nurse based on an Individual’s initial nursing assessment, reassessment, or updates made to a nursing assessment as a result of monitoring visits. The Nursing Plan must describe all licensed nursing services the Individual shall receive and be pursuant to the Individual’s Service Plan.
- k. **“ODHS Designee”** refers to the Department or AAA Case Manager or Diversion/ Transition Coordinator primarily responsible for coordinating the Individual’s services.
- l. **“On-Call”** means available to participate in discussion or for inquires, even when not present at the service location.
- m. **“On-Site”** means on or at the specific service location.
- n. **“Oregon Department of Human Services”** means “ODHS” or “Department” unless otherwise specified.
- o. **“Rehabilitation Plan”** means a plan developed and reviewed annually by a licensed therapist to assist an Individual with increasing, maintaining or developing occupational, speech, respiratory, cognitive, or physical skills.
- p. **“RN”** means Registered Nurse.
- q. **“Service Plan”** means the written, individualized plan for services, developed by the Service Planning Team, that reflects the Individual’s capabilities, choices, and if applicable, measurable goals, and managed risk issues. The Service Plan defines the division of responsibility in the implementation of the services, as well as when and how often care and services shall be provided.
- r. **“Service Planning Team” or “SPT”** means a team who includes the Individual and/or the Individual’s identified support network, a licensed nurse, Resident Care Coordinator, Activity and Social Services Coordinator, Administrator or designee and ODHS Designee. The team is responsible for overseeing the Individual’s Service Plan and all other associated plans or services in this Contract
- s. **“Specific Needs Services”** refers to the specific needs’ settings Contracts identified in OAR 411-027-0075(4). A specific needs setting Contract pays a rate in excess of

the rate schedule to providers who care for a group of individuals whose service needs exceed the service needs encompassed in the base payment and add-on's.

- t. **“Target Group”** for purposes of this Contract, means the population of Individuals who meet the following documented criteria upon admission:
- (1) Eligible for Medicaid Long-Term Care Service pursuant to OAR Chapter 411, division 015 rules; and
  - (2) Currently residing in a nursing facility or is at risk for a nursing facility placement;
  - (3) Requires one of the following:
    - (a) 2-person full assist with mobility or transfers; or
    - (b) Physician's diagnosis of obesity with a body mass index calculation of 40 or greater on the date of admission.
  - (4) Requires one or more of the following:
    - (a) Rehabilitation Plan developed by a licensed therapist including but not limited to a Physical Therapist, Occupational Therapist, Speech/Language Therapist, Recreation Therapist;
    - (b) Clinical Treatment Plan developed by a licensed medical professional, requiring RN assessment more than one day per week or has ongoing tasks of nursing that cannot be delegated;
    - (c) Enrollment in Palliative or Hospice Care.
- u. **“Transition Planning”** for purposes of this Contract, means the documented assessment and planning activities, coordinated and developed by Contractor prior to admission, to discuss all elements of the Individual's care, resulting in a sound admission and transition plan.

## 2. Contractor's Services

- a. Contractor shall perform all Work in accordance with the Department Residential Care and Assisted Living Facilities Administrative Rules, OAR Chapter 411, division 054 rules and all applicable county, state, and federal laws.
- b. Contractor shall notify the Contract Administrator and ODHS Designee within 10 days of any vacancy of Contractor's Administrator or Program Manager. Contractor shall provide the Contract Administrator with a plan of how the vacancy will be covered and process for filling the position.
- c. Contractor shall ensure that all Individuals served under this Contract meet the Target Group requirements.
- d. Contractor shall notify the ODHS Designee of an unexpected and immediate absence of the Individual from the residential program. Examples include but are not limited to:
  - (1) Involuntary Exit

- (2) Hospitalization
- (3) Arrest

**3. Eligibility**

ODHS shall have no financial responsibility for Services provided to an Individual until such time as the subject Individual's eligibility has been determined, the placement and payment have been authorized by ODHS, and the Transition Planning Meeting has occurred. The service payment shall become effective on the date of placement or effective date of eligibility pursuant to this Contract.

**4. Referral and Admission Process**

- a. ODHS has sole and final approval authority over all Contract admissions.
- b. All Medicaid admissions under this Contract must be approved by ODHS Central Office prior to admission.
- c. Contractor shall screen all Individuals being considered for placement under this Contract and review screening results and all related service planning information with relevant Service Planning Team members, including the ODHS Designee, prior to establishing a targeted admission date.
- d. Contractor and the ODHS Designee shall mutually determine the targeted admission date and mutually confirm the actual admission date after receiving confirmation of ODHS Central Office final approval.
- e. Contractor shall engage in assessment and planning activities prior to Individual's placement with Contractor, resulting in sound admission and transition development and coordination. Contractor shall ensure there is documentation supporting the completion of these activities in the Individual's service record to include all subsequent Service Plans.
- f. Contractor shall coordinate and participate in a minimum of one Transition Planning meeting prior to the targeted admission date with Individual and/or the Individual's identified support network, both the referring and receiving ODHS Designee and a representative of the provider(s) currently providing Services to the Individual (as applicable). The purpose of the Transition Planning meeting is to ensure timely and sound transition planning. Transition Planning participants shall:
  - (1) Identify ODHS Designee and Contractor Transition Planning roles and responsibilities;
  - (2) Identify guardian, representative payee, and designated representative assignments;
  - (3) Identify primary care physician and other health care provider(s);
  - (4) Identify Individual's transition needs to include but not limited to: DME, medications, transportation, supplies, ancillary services, etc.;

- (5) Review medical needs with a plan to ensure coordination of medical benefits and services; and
- (6) Review existing Service or Plans and identification of staffing needs.

**5. Discharge Process**

- a. Contractor shall comply with all involuntary move-out criteria set forth in OAR 411-054-0080;
- b. Contractor shall notify the Contract Administrator and ODHS Designee in writing of their intent to issue an Involuntary move-out notice;
- c. Contractor shall provide the Contract Administrator and ODHS Designee with a copy of the approved move-out notice; and
- d. Contractor shall engage in discharge and transition planning with the Individual and their identified support network, as well as the Contract Administrator and ODHS Designee.

**6. Service Planning Team**

Contractor shall designate an administrative employee whose position description includes scheduling, facilitating, coordinating, overseeing and documenting the monthly Service Planning Team (SPT) meetings. Health care providers shall be invited to participate in the SPT as needed.

The Service Planning Team shall:

- a. Review each Individual's Service Plan and attached component plans monthly, or more frequently if the Individual's physical or behavioral health deteriorates, with subsequent updates to the Service Plan and all attached component plans as needed.
- b. Document participation and attendance in the Service Plan meetings. Virtual participation is acceptable but must be documented. Team members who are unable to attend the meeting must receive copies of the updated Service Plans
- c. Oversee communication and implementation of any changes to the Service Plan and all attached component plans to Contractor's direct care staff in a timely manner.
- d. Designate a SPT member to review the Service Plan with the Individual in a manner which encourages the Individual's fullest participation possible in the planning process, assures the Individual's preferences, goals and ability to self-direct are maximized and that the Individual is given opportunity to choose IADL, ADL and activities on a daily basis. The Individual's response to this review must be documented.
- e. Review changes in behavioral status and critical incidents, and modify Behavior Plans as necessary, to promote resident safety and stability.



- f. Engage Contract Administrator and ODHS Designee within 72 hours of a change of condition which results in an immediate revision to the Service Plan or a Less-Than-30-Day notice.

## **7. Staffing Levels**

Staffing levels must comply with the licensing rules of the facility, OAR Chapter 411, division 054 rules and be sufficient to meet the scheduled and unscheduled needs of Individuals. If Contractor is unable to meet staffing requirements as a result of extenuating circumstances, the Contractor will notify the Contract Administrator. Contractor shall ensure:

- a. Hiring of qualified staff and assure coverage to meet the needs of each Individual;
- b. All staff hired or who work with Individuals are experienced, qualified, well-trained persons who have an approved criminal history check;
- c. Current position descriptions are maintained and are available to Contract Administrator upon request; and
- d. Emergency backup and On-Call information for the facility Administrator and Registered Nurse, as defined in OAR Chapter 411, division 054 rules, are posted and available to direct care staff on all shifts to provide crisis management.

## **8. Direct Care**

Contractor's direct care staff must assist Individuals with activities in Contractor's facility as well as activities and medical appointments in the community and must be trained in accordance with Section 14 of this contract. For purposes of this Contract, Contractor shall provide 4.5 FTE on day and evening shifts, and 4 FTE on night shift. These direct care staff shall be designated for individuals served under this Contract.

## **9. Program Manager**

Contractor shall provide 1 FTE Program Manager position for residential program coordination. Contractor's Program Manager must have experience with operational aspects of running a residential program for Individuals in the Target Group, supervising Contractor's direct care staff and quality assurance procedures.

Contractor's Program Manager's responsibilities include:

- a. Screening of referrals and other activities related to admission;
- b. Developing and providing Individual-specific training and monthly review of Individual Service Plans with Contractor's direct care staff;
- c. Liaising with ODHS Contract Administrator and local ODHS/AAA office of new referrals and discharges;

- d. Coordinating Individual admissions and discharges with the Service Planning Team;
- e. Partners with the Service Planning Team on behavioral education, and individualized interventions which shall then be communicated through Individual Service Plans to direct care staff;
- f. Respond to Individuals needs and issues while On-site;
- g. Conduct, record, review, and perform quality assurance checks on Behavioral Plans and offer suggestions as needed;
- h. Schedule and facilitate monthly Service Planning Team meeting; and

Ensure that all staff and residential program have all the supplies necessary to carry out daily function for the residential program as well as emergency needs.

- i. **Behavioral Services (BSS) coordination**, initially provided by a Behavior Consultant, and ensuring all BSS activity for Individuals meets the requirements of services in OAR Chapter 411 division 046 rules. Contractor's Healthcare Coordinator responsibilities for BSS include:
  - (1) Development of a Behavior Plan based on the evaluation and completed within 15 days of admission. The Behavior Plan must:
    - i. Address at a minimum the behaviors noted as referenced in the definition for Target Group;
    - ii. Identify, as needed, a crisis stabilization and emergency plan to prevent or minimize injuries, property damage, placement failure and emergency hospitalizations;
    - iii. Identify Individual-specific intervention and strategies that caregivers can implement, and are incorporated into the activity plans;
    - iv. Be reviewed at least monthly and modified as needed, based on feedback from direct caregivers, SPT and the Individual's responses; and
    - v. Ensure all documentation related to Behavior Support Services meets OAR Chapter 411 division 046 rules.
  - (2) Partner with the Service Planning Team on behavioral education, and interventions, which shall then be communicated through individualized Behavior Plans to direct care staff;
  - (3) Assures appropriate documentation in resident record for behavioral observations/interactions related to successful progress in behavior management. Documents in resident chart significant issues for smooth transition between shifts;
  - (4) Development of and implementation of Individualized Behavioral

training and monthly review of Individual Behavioral Plans with Contractor's direct care staff.

- (5) Be On-Call and Available, as specified in the Behavior Plan, for Individuals at risk of or needing crisis interventions; and
- (6) Oversee implementation of Managed Risk Agreements as defined in OAR 411-054-0036 (6).

## **10. Activity Coordinator**

Contractor must provide 1 FTE position Activity Coordinator to develop, oversee and implement activities as described in this contract. Contractor's Activity Coordinator must be on-site and available to direct care staff and Individuals 5 days per week.

Responsibilities include ensuring direct care staff are trained on Individualized Activity Plans, and that Individuals can participate in activities seven days a week, even if Activity Coordinator is not On-Site or Available. Contractor's Activity Coordinator shall:

- a. Conduct a written assessment for each Individual that addresses, at a minimum, the following:
  - (1) Past and current interests;
  - (2) Current abilities, skills and interests;
  - (3) Emotional and social needs and patterns;
  - (4) Adaptations necessary for the Individual to participate; and
  - (5) Identification of activities needs to supplement the Individual's Behavior Plan.
- b. Develop of an Activity Plan for each Individual within 15 business days of admission, based on the Activity assessment. The resulting Activity Plan must meet the preferences of each Individual and be available on day and evening shifts, seven days per week. Activities shall include scheduled or planned as well as spontaneous activities, and which are collaborative and support the Behavior Plan. Activities may include, but are not limited to:
  - (1) One-to-one activities that encourage positive relationships between Individuals and Contractor's staff (e.g. life story, reminiscing, music);
  - (2) Spiritual, creative, and intellectual activities;
  - (3) Sensory stimulation activities;
  - (4) Physical activities that enhance or maintain an Individual's ability to ambulate or move; and
  - (5) Outdoor activities

- c. Be reviewed each month, and as needed by Contractor's Activity Coordinator, and modified as needed based on feedback from direct caregivers, SPT and the Individual's responses; and
- d. Provide training needed to Contractor's direct care staff to implement current Activity Plans.

## **11. Nursing**

Contractor shall, in addition to nursing requirements of OAR Chapter 411, division 054:

- a. Provide 1 FTE Registered Nurse, with current unencumbered Oregon licensure, dedicated to Individuals served under this contract. Contractor shall ensure an adequate number of nursing hours are provided relevant to the census and acuity. Nursing staff shall be available On-Call 24/7.
- b. Ensure the following tasks are performed by Contractor's licensed nurses, within the scope of their license:
  - (1) Assist with the screening of prospective Individual to determine if their needs can be met under this Contract;
  - (2) Provide focused assessments per OAR Chapter 851 division 045 rules to assist with development of initial Service Plan, admissions, discharges, MARS, TARS and implementation of Individual Nursing Service Plans;
  - (3) Ensure that each Individual receives a Nursing Service Plan that is pursuant to the Service Plan;
  - (4) Review each Nursing Service Plan monthly or more frequently if the Individual experiences a significant change of condition and update quarterly;
  - (5) Provide or ensure that each direct care staff has the training needed to support Individuals' Nursing Service Plans;
  - (6) Ensure delegation, teaching and documentation of nursing care as regulated by OAR Chapter 851 division 047 rules;
  - (7) Provide a review of Contractor's pharmacy and medication system and ensure OAR Chapter 851 division 047 rules compliance regarding the teaching of medication administration; and
  - (8) Coordinate with Home Health, Hospice or a licensed health care provider for tasks that fall outside the scope of the facility and/or Contractor's nursing staff license.

## **12. Dietary Services**

Contractor shall provide .5 FTE for a Dietician position, dedicated to Individuals served under this contract. Person in this position will provide the following services:

- a. Assess Individual nutritional needs;
- b. Coordinate pre-admission person centered evaluation related to the Individual's dietary habits, goals and preferences;
- c. Work with facility RN or other involved medical professionals to evaluate

- appropriate diet concerns in relation to Individual health care needs;
- d. Develop and implement Individual nutrition plans;
- e. Nutritional plans should address health related concerns such as weight loss, strength-building, cholesterol, or diabetes management; and
- f. Monitor dietary intake and results and adjust nutrition plans accordingly.

### **13. General Health Service**

Contractor shall ensure:

- a. Policy and protocols exist and are followed to ensure that an Individual's change of condition, and any required interventions are communicated to caregivers on each shift;
- b. Individuals are assisted in accessing the health care services needed or to which Individuals are entitled from outside providers;
- c. Direct Care staff are trained to implement Rehabilitation plans developed by licensed specialists (RD, OT, PT, RT, etc.)
- d. Transportation for local non-emergent transports are arranged or provided for by Contractor's facility as needed to meet health care needs, activity needs or to support interventions identified in the Service Plan; and
- e. Community Attendants are arranged or provided during all local community activities (as outlined in the Individual's Activity or Behavioral Plan) and health related appointments to ensure the Individual's safety and that information needed for the Individual's Service Plan is exchanged.

### **14. Training**

Contractor shall ensure:

- a. All staff assigned to work with Individuals receive training on the Contractor's general policies and procedures, residential program operating policies and procedures, and all service plans and protocols specific to the Individual prior to placement of the Individual in the Contractor's residential program and on-going as policies, procedures, protocols, and plans are updated.
- b. All staff members providing services under this contract must receive a minimum of twelve (12) hours annually on clinical and care giving practices that are relevant to the Individuals served and are above the training standards and hours required by OAR Chapter 411, division 054 rules for Contractor's licensure. Training must be focused on topics and/or issues that pertain to the Target Group. In-service training events shall have an identified trainer, clear objectives and learning goals for participants and not be simply discussion based. At least 50% of the training shall be completed in a classroom setting or interactive web-based curriculum such as live webinars.

- c. Contractor shall ensure all required training activities are documented and verifiable to include dates, topics, attendees and presenters.

**15. Contract Review**

- a. Contractor shall participate in a contract review initiated by ODHS 90 days post-contract execution and again annually thereafter.
- b. Contractor shall provide ODHS with all requested service documentation and financial statements needed to evaluate Contractor's performance during the term of this Contract.
- c. Based on internal audits, Contractor will provide management of the program's quality assurance and staff training programs. Contractor will develop quality assurance and training reports and make available to the Contract Administrator upon request.