



Contract Number 182301

**STATE OF OREGON
PERSONAL/PROFESSIONAL SERVICES CONTRACT**

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This Contract is between the State of Oregon, acting by and through its Oregon Department of Human Services, hereinafter referred to as “ODHS,” and

**RN Villa OPCO LLC
dba RN Villa Senior Care
Mailing: 4949 Westgrove Dr. Ste. 200, Dallas, TX 75248
Service: 401 NE 139th Avenue, Portland, OR 97230
Attention: Sandra Frey
Telephone: 949-477-5800
E-mail address: SFrey@mcallc.com**

hereinafter referred to as “Contractor.”

Work to be performed under this Contract relates principally to ODHS’

**Aging and People with Disabilities
Central Delivery Supports Unit
500 Summer St. NE
Salem, OR 97301
Contract Administrator: Melissa Taber or delegate
Telephone: 503-269-4565
E-mail address: Melissa.G.Taber@odhs.oregon.gov**

- 1. Effective Date and Duration.** This Contract shall become effective on January 1, 2024, provided it is (i) approved in writing by the Oregon Department of Justice, and (ii) when required, approved in writing by the Oregon Department of Administrative Services, and (iii) is signed by all parties, regardless of the date of the parties’ signatures. Unless extended or terminated earlier in accordance with its terms, this Contract shall expire on December 31, 2025. 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.

2. Contract Documents.

a. This Contract consists of this document and includes the following listed exhibits which are incorporated into this Contract:

- (1) Exhibit A, Part 1: Statement of Work
- (2) Exhibit A, Part 2: Payment and Financial Reporting
- (3) Exhibit A, Part 3: Special Provisions
- (4) Exhibit B: Standard Terms and Conditions
- (5) Exhibit C: Insurance Requirements
- (6) Exhibit D: Federal Terms and Conditions

There are no other contract documents unless specifically referenced and incorporated into this Contract.

b. This Contract and the documents listed in Section 2., “Contract Documents”, Subsection a. above, shall be in the following descending order of precedence: this Contract less all exhibits, Exhibits D, B, A, and C.

3. Consideration.

a. The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is **\$8,007,120.00**. 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.

b. Payments to Contractor shall be subject to ORS 293.462, and shall be made in accordance with the payment schedule and requirements in Exhibit A, Part 2., “Payment and Financial Reporting.”

c. ODHS will only pay for completed Work under this Contract. For purposes of this Contract, “Work” means the tasks or services and deliverables accepted by ODHS as described in Exhibit A, Part 1, “Statement of Work.”

4. Contractor or Subrecipient Determination. In accordance with the State Controller’s Oregon Accounting Manual, policy 30.40.00.104, ODHS’ determination is that:

Contractor is a subrecipient Contractor is a contractor Not applicable

Catalog of Federal Domestic Assistance (CFDA) #(s) of federal funds to be paid through this Contract: 93.778

EXHIBIT A

Part 1 Statement of Work

Contract Type: Residential Care Facility Specific Needs Contract

Contract Capacity: Not to exceed 15 Residents (Individuals) at any one time during the term of this Contract.

Governing Administrative Rules: Contractor must adhere to the following governing rules, as applicable, while performing work under this Contract: 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.

**RN Villa Senior Care
401 NE 139th Avenue
Portland, OR 97230**

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 this Contract, 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. **“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 Contractor’s staff interventions to help these staff 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.

- e. **“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.
- f. **“Individual”** means the ODHS Consumer or Resident who meets the Target Group definition and receives Services under this Contract. For purposes of this Contract, “Individual” and “Resident” are both interchangeable terms.
- g. **“Instrumental Activities of Daily Living” or “IADL”** means tasks consisting of housekeeping, laundry, shopping, transportation, medication management and meal preparation.
- h. **“Nursing Service 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 Service Plan must describe all licensed nursing services the Individual shall receive and be pursuant to the Individual’s Service Plan.
- i. **“ODHS”** means Oregon Department of Human Services.
- j. **“ODHS Designee”** means the ODHS or AAA Case Manager or Diversion/Transition Coordinator primarily responsible for coordinating the Individual’s services.
- k. **“On-Call”** means available to participate in discussion or for inquiries, even when not present at the service location.
- l. **“On-Site”** means at the specific service location.
- m. **“RN”** means Registered Nurse.
- n. **“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.
- o. **“Service Planning Team” or “SPT”** means a team who includes the Individual and/or the Individual’s identified support network, Contractor’s lead administrative staff supporting medical, behavioral and activity oversight called out in this Contract, Contractor’s 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.

- p.** “**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.
- q.** “**Target Group**” means any group of Individuals who meet **all** of the following documented criteria prior to admission and have received approval for admission:
- (1) Eligible for Medicaid Long-Term Care Services pursuant to Oregon Administrative Rules Chapter 411 Division 015 rules. Individuals that are on Extended Waiver Eligibility as defined in OAR 411-015-0005 do not qualify for this Contract;
 - (2) History of unsuccessful placements or service needs that make it difficult to secure a standard placement. This requirement may be waived by Contract Administrator for Individuals currently residing at Contractor’s facility;
 - (3) 2- person full assist with transfers regularly or after a regularly scheduled treatment OR has a documented BMI of 40 or greater; and
 - (4) Requires at least one of the following:
 - (a) Has a treatment need or medication regimen which requires delegation or monthly assessment by a Registered Nurse, or requires a Physician specialist for oversight of chronic disease management;
 - (b) Requires interventions or implementation of a Behavior Plan multiple times per week to keep self or others safe. Staff conducting these interventions must be trained by the Contractor’s Behavior Coordinator; or
 - (c) Enrollment in Palliative or Hospice Care.
- r.** “**Transition Planning**” means documented assessment and planning activities resulting in sound admission and transition plans, coordinated and developed by Contractor prior to Individual’s placement with Contractor.

2. Contractor's Services

- a.** Contractor will perform all Services in accordance with Residential Care and Assisted Living Facilities Oregon Administrative Rules Chapter 411 Division 054 and all applicable state and federal laws.
- b.** Contract Administrator will act as ODHS liaison for all Contract oversight and technical assistance activities.
- c.** Contractor will notify the Contract Administrator and ODHS Designee within 10 days of any vacancy of Contractor's licensed nurse, Behavior Coordinator or Program Director. Contractor will provide the Contract Administrator with a plan of how the vacancy will be covered and process for filling the position.
- d.** Contractor will ensure that all Individuals served under this Contract meet the Target Group requirements.
- e.** Contractor will notify the ODHS Designee of an unexpected and immediate absence of the Individual from the program. Examples of an unexpected and immediate absence include but not limited to:
 - (1) Involuntary Exit
 - (2) Hospitalization
 - (3) Arrest

3. Eligibility

- a.** ODHS will 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 will become effective on the date of placement or effective date of eligibility pursuant to this Contract. ODHS reserves the right to reduce the Contracted Service payment if an Individual is determined to no longer meet the Target Group criteria. ODHS will not fund Individuals under this Contract who are not eligible for Medicaid Long - Term Care Services as defined in Oregon Administrative Rules Chapter 411 Division 015 and who do not meet the Target Group.

4. Referral and Admission Process

- a.** ODHS will have no financial responsibility until Individual's eligibility has been approved, the placement and payment have been authorized by ODHS and the

Transition Planning Meeting has occurred. The Service payment will become effective on the date of placement pursuant to a fully executed Contract.

- b.** ODHS has sole and final approval authority over all Contract admissions.
- c.** All Medicaid admissions under this Contract must be approved by ODHS prior to admission.
- d.** Contractor will reserve 15 beds for Individuals eligible for Medicaid Long-Term Care Services pursuant to Oregon Administrative Rules Chapter 411 Division 015 rules. The Contract Administrator shall approve admission for Individuals eligible for Services under other programs or funding sources, including private pay Individuals. This decision is at the discretion of ODHS and the Contract Administrator and will not obligate ODHS to fund these admissions.
- e.** Contractor will 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.
- f.** Contractor will engage in assessment and planning activities prior to Individual's admission, resulting in sound admission and transition development and coordination. Contractor will ensure there is documentation supporting the completion of these activities in the Individual's service record to include all subsequent Service Plans.
- g.** Contractor will 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). Transition Planning participants will:
 - (1) Identify ODHS Designee and Contractor's roles and responsibilities around Transition Planning;
 - (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 Services or plans and identification of staffing needs.

5. Discharge Process

- a.** Contractor will comply with all Involuntary Move-Out criteria set forth in OAR 411-054-0080;
- b.** Contractor will consult with the Contract Administrator and ODHS Designee prior to the issuance of an Involuntary Move-Out notice. In the absence of the Contract Administrator, it is appropriate for the Contractor to consult solely with the ODHS Designee;
- c.** Contractor will provide the Contract Administrator and ODHS Designee with a copy of the approved Involuntary Move-Out notice; and
- d.** Contractor will 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 will designate an administrative employee whose position description includes scheduling, facilitating, coordinating, overseeing and documenting monthly Service Planning Team meetings. Health care providers will be invited to participate in the SPT meetings as needed.

The Service Planning Team will:

- 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 Individual safety and stability; and
- f. Engage Contract Administrator and ODHS Designee within 72 hours of a change of condition which results in a Less-Than-30-Day Move-Out notice.
- g. Follow Home and Community-Based Services and Setting and Person-Centered Service Planning as outlined in OAR 411-004-0000 through 411-004-0040 and ensure the Individual's rights are not limited without informed written consent from the Individual or their representative and approved by the ODHS Designee.

7. Staffing Levels

Staffing levels must comply with the licensing rules of the facility, Oregon Administrative Rules Chapter 411, Division 054 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 and outline how the Resident care needs will be met until full Contract compliance is achieved. Contractor will 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 well-trained persons who have an approved criminal history check;
- c. Current position descriptions are maintained and are available to Contract Administrator or designee upon request; and
- d. Emergency backup and On-Call information for Contractor's licensed nurses and Administrator 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 15 of this Exhibit A, Part 1 Statement of Work. For purposes of this Contract, direct care staffing is outlined below:

- a. Contractor shall provide a minimum of Full-time equivalent (FTE) direct care staffing ratio of .5 FTE per Individual served under the Contract during day and evening shifts. During night shift, Contractor shall provide a minimum of 2 FTE

direct care staff for up to and including 8 Individuals served under the Contract; when the census reaches 9, direct care staffing shall increase to 3 FTE direct care staff during night shift. When census reaches 12 Individuals served under the Contract, direct care staffing shall increase to 4 FTE during night shift. There shall be no less than 2 staff at any time, during all shifts, specific to Individuals served under this Contract; and

- b.** Contractor shall increase staffing when it is warranted by Individual acuity and shall maintain an on-call pool of direct care staff to cover staff absences and position vacancies.

9. Program Director

In addition to the requirements of OAR Chapter 411 Division 054 rules, Contractor shall provide 1 FTE Program Director position, who is On-Site a minimum of 5 days per week. Staff in this position will oversee training requirements noted in Section 15 of this Contract.

Program Director must have experience with operational aspects of running a residential program for Individuals in the target population supervising direct care staff and understand quality assurance procedures. Contractor's Program Director responsibilities include:

- a.** Screening of referrals and other activities related to admission;
- b.** Facilitate, assist and provide support with client services and activities as needed, including but not limited to Individual admissions/discharges, orientations to Individual services, group facilitation and safety checks;
- c.** Schedule and facilitate quarterly Service Planning Team meetings;
- d.** Communicate with SPT and other team meetings regarding interactions with Individuals, observations, and changes in status of Individuals;
- e.** Develop and provide Individual-specific training and monthly review of Individual Service Plans with Contractor's direct care staff;
- f.** Provide or ensure availability of 24/7 supervision, as well as, direction and access to emergency backup is available for direct care staff;
- g.** Manage staffing decisions such as hires and training, performing staff screening, staff scheduling, conducting initial staff on-site training, and scheduling on-call coverage for all Contractor's staff;

- h.** Coordination and management of all direct care staff training and implementation of Behavior Support Services in collaboration with Behavior Support Coordinator as noted in section 11 below.
- i.** Management and provision of Activity services in coordination with Activity Coordinator as noted in section 10 below.
- j.** Conduct record reviews and quality assurance checks of staff documentation;
- k.** Liaison with ODHS Contract Administrator and local ODHS/AAA office of new referrals and discharges;
- l.** Develop and implement policies and procedures necessary to implement Services in this contract.

10. Activity Coordinator

Contractor shall provide 1.3 FTE Activity Coordinator positions for activity development, implementation, training, oversight, and support. Responsibilities include ensuring direct care staff are trained on the Activity Plan, and that Individuals can participate in activities 7 days per week, even if an Activity Coordinator is not On-Site or available. 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 needed to supplement the Individual’s Behavior Plan.
- b.** Develop 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, 7 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. Review Activity Plan at least quarterly or as needed with by the Service Planning process by Contractor's Activity Coordinator and modified, as needed, based on feedback from direct care staff, SPT and the Individual's responses; and
 - d. Provide training needed to Contractor's direct care staff to implement current Activity Plans.

11. Behavior Support Coordinator

Contractor shall provide a minimum of 0.5 hours per Individual per week of a Behavior Support Coordinator position, with a total of 7.5 hours per week at full Contract capacity, for behavior consultation, support, coordination of Mental Health and other Rehabilitation services. Contractor's Behavior Support Coordinator must be available to provide on-call services, and are responsible for evaluating, developing, documenting, training, and providing Behavior Support Services including but not limited to:

- a. A person-centered evaluation which is started at screening and completed 10 business days after admission;
- b. A Behavior Plan dedicated for each Individual within 15 days of admission. The Behavior Plan must:
 - (1) Address at a minimum the behaviors noted as referenced in the definition for Target Group;
 - (2) Identify, as needed, a crisis stabilization and emergency plan to prevent or minimize injuries, property damage, placement failure and emergency hospitalizations;
 - (3) Identify Individual-specific intervention and strategies that caregivers can implement; and
 - (4) Be reviewed each week by Contractor's Behavior Support Coordinator and modified as needed based on feedback from the direct caregivers, SPT and the Individual's responses.

- c. Individual counseling to address mental health needs, such as for anxiety, depression or other diagnoses, as well as to support functional stability and overall well-being;
- d. Contractor's Behavior Support Coordinator is responsible for overseeing Behavior Plans and must:
 - (1) Be a member of the Service Planning Team;
 - (2) Assist in the screening of all admissions with behavioral support needs to the facility; and
 - (3) Provide Individual-specific coaching and group teaching for Contractor's direct care staff to ensure that direct care staff can implement the strategies defined in each Individual's Behavior Plan.

12. Nursing Services

- a. Contractor shall, in addition to nursing requirements of OAR Chapter 411 Division 054 rules, provide a minimum of 1.6 hours per Individual per week of a Registered Nurse (RN), with a total of 24 hours per week at full Contract capacity, and 1.6 hours per Individual per week of Licensed Practical Nurse (LPN), with a total of 24 hours per week at full Contract capacity, dedicated to Individuals served under this Contract. All nursing staff shall maintain unencumbered Oregon licensure. Contractor shall ensure an adequate number of nursing hours are provided relevant to the census and acuity and are available and On-Call 7 days per week.
- b. Contractor shall 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(s).

13. Dietary Consultant and Dietary Aide Services

Contractor shall provide .5 hour per Individual per week of Dietary Consultant services, with a total of 7.5 hours per week at full Contract capacity, and 1.75 FTE of Dietary Aide services. All Dietary Consultant and Dietary Aide services must be dedicated to the Individuals served by this Contract, and must include the following responsibilities:

- 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 licensed nursing staff 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;
- f. Accommodate individual preferences that may include special preparation of non-menu alternatives;
- g. Monitor dietary intake and results, adjusting nutrition plans accordingly; and
- h. Work with the Individuals and Contractor's Activities Coordinator and Behavior Support Coordinator to form support network.

14. General Health Service

Contractor shall, through its Program Director or licensed nursing staff, 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 direct care staff on each shift;
- b.** Individuals are assisted in accessing the health care services needed or to which Individuals are entitled from outside providers;
- c.** Transportation for local non-emergent transports is 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
- d.** Community Attendants are arranged or provided during all local community activities (as outlined in the Individual's Activity or Behavior Plan) and health related appointments to ensure the Individual's safety and that information needed for the Individual's Service Plan is exchanged.

15. 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 assigned to work with Individuals receive on-going behavioral and mental health training and education.
- c.** Direct care staff receive a minimum of 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.
- d.** Contractor shall ensure all required training activities are documented and verifiable to include dates, topics, attendees, and presenters.

16. 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 residential 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.

Exhibit A, Part 2

Payment and Financial Reporting

1. Payment Provisions

- a. As Consideration for the services provided by the Contractor during the period specified Section 1., **Effective Date and Duration**, of this Contract, DHS will pay to the Contractor, a maximum not-to-exceed amount as specified in Section 3., **Consideration** of this Contract, to be paid as follows for a maximum of 15 Individuals:
 - (1) As consideration for the services provided by the Contractor for the time period of January 1, 2024, through June 30, 2024, unless otherwise amended, ODHS will pay to the Contractor:

\$21,183.00 prorated per month per individual.
 - (2) As consideration for the services provided by Contractor for the time period of July 1, 2024, through contract end, ODHS will pay to the Contractor:

\$22,242.00 per month per individual.
- b. 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.(2) above. Regardless, any changes to the monthly rates listed in Section 1. “Payment Provisions” above must be done through a Contract Amendment.
- c. ODHS will pay only for completed Work under this Contract.
- d. Contractor will neither accept nor solicit additional consideration from any source for services purchased under this Contract for eligible ODHS or Area Agency on Aging (AAA) Individuals.
- e. Maintenance costs include rent, utilities and food (room and board). Payment for maintenance costs and any other authorized special needs are the responsibility of each Individual and are not a part of the purchases under this Contract. Individuals, whose monthly income exceeds the maintenance total, as published by ODHS, plus standard persona incidental allowance, must apply any balance to the cost of the authorized service payment. The service rate for ODHS Individuals may not be more than rates charged private paying Individuals with the same service needs.
- f. Regardless of facility location, no payment to buyer or lessee of the facility will be made until the buyer or lessee has received a license and a contract from

ODHS. ODHS will continue payment for Contractor's services no more than 30 day following termination of a licensure.

2. **Travel and Other Expenses.** ODHS will not reimburse Contractor for any travel or other expenses under this Contract.