

EXHIBIT A

Part 1

Statement of Work

Contractor shall provide **5 beds** for Complex ADL services for Medicaid eligible Clients who are authorized to receive services at the Contractor's owned and operated licensed Adult Foster Home located at:

(Type Facility Address Here)

1. Definitions.

In addition to all terms defined in the Contract, the definitions in OAR 411-049 apply to and are incorporated into this Contract. If a conflict exists between any terms defined in OAR 411-049, the terms defined in OAR 411-049 shall take precedence. For Adult Foster Homes located in Multnomah County, the terms defined in MCAR 023-010-100 through MCAR 023-180-120 shall take precedence.

- a. "Activities of Daily Living" or "ADL" means those personal, functional activities required by a Client 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 a person-centered evaluation. The plan should include strategies for how these activities can become part of the individual's daily routines. The plan should be separate from the Care Plan, accessible to all caregivers and be updated monthly based on the individuals needs and responses to the activities provided. For purposes of this Contract the plan is developed by the staff designated as Activity Coordinator.
- 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 services 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 available and responsible to meet Activities of Daily Living of a Client that are required during a specified period of time.
- e. “Awake” means to be active and alert.
- f. “Behavior Consultant” means the ‘external’ qualified person who provides Behavior Support Services under a separate contract with ODHS. This person is not an employee of the Adult Foster Home Contractor. The Behavior Consultant must provide Behavior Support Services in accordance with OAR 411-046 to any Client receiving services under this Contract who has been identified as needing Behavior Support Services by his or her Care Planning Team.
- g. “Behavior Coordination” means the functions provided by the Activity Coordinator to oversee the implementation of Behavior Support Plans developed by an ‘external’ Behavior Consultant per OAR 411-046. For purposes of this Contract a Client must receive a Behavior Support Service (BSS) referral if they have any behaviors that require staff intervention. All BSS related activities must meet requirements of Behavior Support Services OAR 411-046. Behavior Coordination must be part of the Position Description of the Activity Coordinator.
- h. “Behavior Support Plan” means a written document developed by the external Behavior Consultant that describes person-centered strategies which are designed to replace challenging behaviors with functional, positive behaviors. The strategies address environmental, social, and physical factors that affect the behavior(s). The Behavior Support Plan must include interventions for caregivers to help them de-escalate, reduce, or tolerate the challenging behavior(s). The Behavior Support Plan must be separate from but in alignment with the Client’s Care Plan required under licensing or Medicaid program rules.
- i. “Behavior Support Services (BSS)” means a set of services that meet requirements of OAR 411-046 and which are provided by an external Behavior Consultant. Any Clients who need behavioral intervention must receive a referral for this service thru their Care Planning Team and case manager per the process noted in OAR 411-046.
- j. “Care Plan” means the document required by OAR 411-051. For purposes of this Contract each Client must have a Care Plan that is in alignment with the Client’s Nursing Plan and a separate Activity Plan. These plans must

be updated by the Care Planning Team on a quarterly basis, or more frequently if a Client is being considered for eviction; a crisis plan is needed or has been activated; or the Client has experienced medical, behavioral deterioration, an ER visit or hospitalization.

- k. “Care Planning Team” (CPT) refers to a team made up of the following persons: Resident Care Manager, Contractor, the Activity Coordinator, Registered Nurse, the Client and the Client’s designated representative. ODHS Designee and medical and rehabilitation professionals providing healthcare or rehabilitation services to the Client must be invited or receive a copy of updated plans to review. The team must meet quarterly to review each Client admitted for services under this Contract. The team is responsible for overseeing the Clients Care Plan and all other services in this Contract. Attendance may be done in person or by phone and must be documented.
- l. “Client” means an individual being served under this Contract, in a licensed Adult Foster Home, who meets the Target Group criteria.
- m. “Community Attendants” means the caregivers or other employees who escort and assist a Client with their medical appointments, activity plans, ADL, Instrumental Activities of Daily Living (IADL), communication, health and safety needs while they are engaging in activities outside of the residence. Family or natural supports can provide this function on behalf of the Contractor if they have necessary legal authority or the individual’s permission.
- n. “Community Based Care” means licensed facilities settings which include assisted living facilities, residential care facilities, memory care communities and Adult Foster Homes.
- o. “Designated Staff” means the employees required to provide specific number of service hours defined in this Contract that exceed services required by OAR 411-050. Designated staff must have these functions noted in their Position Description or related hiring document.
- p. “Diversion” means persons who are eligible due to their risk for admission to a long-term care nursing facility or persons who cannot be placed in any other home or community-based care setting.
- q. “Intermittent Nursing Service” means that nursing services that a Client requires which cannot be delegated by Contractor’s staff and may be provided by the Contractor’s nurse on a temporary basis.

- r. "Nursing Service Plan" means the plan that is developed by the registered nurse based on the Client's initial nursing assessment and subsequent reassessments. The Nursing Service Plan must describe all licensed nursing services the Client will receive and be in alignment with the Client's Care Plan and as applicable their Behavior and Rehabilitation plan(s).
- s. "ODHS Designee" means the ODHS or Area Agency on Aging employee usually a Case Manager, or the Diversion/Transition Coordinator who is responsible for overseeing referrals, authorization admissions, authorizing the Client's benefits and participating on the Client's care planning team.
- t. "On-Call" means available to participate in Client specific consultation even when not present at the service location.
- u. "On-Site" means on or at the specific service location of the Adult Foster Home.
- v. "Person-Centered Care" means the process based on a set of principles of supporting a Client to direct their own care through developing a plan rooted in what is important to the Client while taking into account all the factors that impact the Client's life. Person-Centered Care promotes a positive relationship between the Client and staff which is accomplished by staff being knowledgeable about the Client's life story, routines, and habits, and incorporating that information into the Client's daily care and activities. All services provided under this Contract must adhere to this process and principle.
- w. "Referring Agency" means either the Oregon Department of Human Services (ODHS) or the ODHS Designee who assists the Contractor in identifying persons who meet eligibility requirements and can be screened for admission. This agency/person must complete Form 494 before the person can be admitted to the foster home.
- x. "Rehabilitation Plan" means a plan created and reviewed quarterly by a licensed therapist to assist the Client with increasing, maintaining or developing swallowing, respiratory, or physical skills.
- y. "Rehabilitation Services" refers to adjunct or ancillary health services or therapies defined for the Client in a written plan and which are provided under direction of the licensed therapist(s). Services include but not limited to physical, respiratory, occupational, or other services.

- z. “Resident Care Manager” (RCM) means an employee of the licensee, approved by the local licensing authority, who lives in the Adult Foster Home and is directly responsible for the care of the residents.
- aa. “Specific Needs Services” refers to the payment process and standards identified in OAR 411-027-0075(4). Programs with Specific Needs Services contracts provide specialized services designed to meet the needs of Clients in a specific Target Group which exist as the result of a condition or dysfunction resulting from a physical disability or behavior disorder which requires more than the minimum scope of services of this Contractor.
- bb. “Target Group” (for purposes of this Contract) means a person who meets the following admission criteria:
 - 1. Currently is residing in a nursing facility or is being diverted from nursing facility placement; and
 - 2. Eligible for Medicaid Long-Term Care Services per OAR 411-015; and
 - 3. Requires full assistance in one or more of the following ADL tasks: mobility, transfer, toileting or eating; and
 - 4. Requires multi-person “hands on” ADL care or 2 person transfers on a daily basis; and
 - 5. Requires weekly onsite monitoring or assessment by an RN; and
 - 6. One or more of the following:
 - i. Has a Rehabilitation Plan which requires daily interventions by trained caregivers or
 - ii. Requires weekly contact with primary care provider for an unstable medical condition or
 - iii. Is enrolled in Palliative or Hospice Care with a terminal diagnosis
- cc. “Transition Care Conference” means a conference arranged by the Contractor prior to placement. The following persons must attend or participate by phone: Contractor or RCM, Diversion/Transition Coordinator, Registered Nurse (RN), the Client and/or Client’s designated representative.

2. Services to be provided.

- a. Contractor shall perform all Work and operate the Adult Foster Home in accordance with the ODHS Adult Foster Homes Administrative Rules, OAR 411-049 through 411-052, and all applicable federal laws.
 - b. Contractor shall designate a staff person as Contractor's primary contact for communications between Contractor and ODHS. Contractor shall provide the staff information and any changes to the staff designee to ODHS within 10 business days of Contract execution.
 - c. Under this Contract, all licensed beds must be filled with a Medicaid Eligible Client who meets Target Population criteria. Exceptions may be made by the Contract Administrator if there are no Medicaid eligible referrals provided to the Contractor to fill a vacancy within 10 days of notification to ODHS via the Form 492.
 - d. Contractor shall notify the ODHS Designee of all issues, including any absence of any Client from the Adult Foster Home, which may affect Contractor's Work or payment for Contractor's Work.
 - e. Contractor agrees to participate in ODHS or ODHS Designee review of the facility within 90 days of Contract execution and prior to the renewal of Contract period and provide ODHS with any business records requested for evaluation of Contractor's performance.
- In addition to the services described in the ODHS Adult Foster Homes Administrative Rules OAR 411-049 through 411-052, and all applicable counties, state and federal laws, Contractor shall perform the following services:

3. Eligibility:

All Clients eligible for Specific Needs Services must meet the Target Group definition at admission for Complex Medical services and be eligible for ODHS services under the currently funded service priority levels in Long-Term Care Service Priorities for Clients served under OAR 411-015-0000 through 411-015-0100.

- 1) Priority for vacant beds are for Clients who meet eligibility requirements and who are living in nursing facilities.
- 2) Contractor shall notify ODHS Designee of all queries, referrals or potential placements necessary for ODHS approval of the admission. Face to face screenings should not be initiated until

ODHS or ODHS Designee verifies with Contractor that the identified person meets eligibility criteria.

4. Admission:

1. The Contractor shall conduct face to face screenings of all potential placements to determine appropriateness of placement.
2. The Registered Nurse (RN) shall either be part of the face to face screening or conduct a documented review of the Client's medical, nursing and rehabilitation needs prior to referral acceptance.
3. The RN, Contractor, and RCM must participate in a minimum of one preplacement/transition conference to verify the appropriateness of the placement and to coordinate transition planning. Purpose of this conference is to verify the appropriateness of placement, review current services, physician orders and to define an individual specific transition plan including physician assignment and whenever possible a visit to the home.
4. All Medicaid placements must be prior approved by ODHS or ODHS designee. Placements not prior approved will not be reimbursed under this Contract.

5. Discharge Process:

- 1) No Client served under this Contract may be discharged from the home without prior review and approval by the ODHS Designee and the Client's Care Planning Team.
- 2) Contractor shall ensure that the Care Planning Team has been convened in a timely manner to conduct discharge reviews.
- 3) The team must document all attempts to provide supports needed to maintain the Client's placement in the home.
- 4) The team must develop a discharge or transition plan to support the Client regardless of whether the discharge is voluntary or involuntary.
- 5) Documentation of 1) and 2) above must be implemented prior to and attached to any move out notice(s) required under licensing rules.
- 6) Involuntary moves, transfers, and discharges must be in accordance with the ODHS Adult Foster Homes Administrative Rules OAR 411-050.

- 7) Contractor shall compete a Form 492 located at <https://apps.state.or.us/cfl/DHSforms/Forms/Served/se0492.pdf?CFGRIDKEY=SDS%200492,,APD%20Resident%20Discharge%20Report%20Special%20Need%20Contract%20-%20To%20be%20completed%20by%20provider,se0492.doc,se0492.pdf,,,,,> <https://apps.state.or.us/cfl/DHSforms/Forms/Served/>-, <https://apps.state.or.us/cfl/DHSforms/Forms/Served/>-

6. Care Planning Team (CPT):

- 1) Contractor shall provide in addition to requirements under 411-050 the following:
 - (a) Designated person to support scheduling, facilitating, coordinating, overseeing and documenting Care Planning Team (CPT) meetings on a quarterly basis.
 - (b) Team members may participate by conference call and their participation and/or review must be documented.
 - (c) ODHS designee, rehabilitation, and health care providers shall be invited to participate in the CPT and must receive copies of the updated service plans.
- 2) Develop and implement policies and procedures for communicating Care Plan changes to caregivers in a timely manner. At a minimum:
 - (a) Client Care Plans will be reviewed by RCM and RN monthly.
 - (b) All changes to the Care Plan will be documented.
 - (c) Staff will be alerted to changes and will document their review of these changes.
 - (d) All Staff will engage in a documented review of the quarterly care plan.
- 3) Care Plans must be in alignment with Nursing, Activity and as needed the Client's Behavior and Rehabilitation plans. These plans can be incorporated into one document as long as

staffing interventions and professional reviews are clearly documented and accessible to caregivers. All plans and related assessments must be individualized and person-centered.

- 4) The Care Planning Team shall:
 - (a) Review all services the Client receives under this Contract including interventions in the above-mentioned plans and carried out by Contractor's staff.
 - (b) Review each Client's Care Plan on a quarterly basis or more frequently if the Client's health or behavior deteriorates or if they are at risk for discharge.
 - (c) Develop an initial Care Plan based on a person-centered individual assessment, in accordance with the individual's licensure. The initial Care Plan must include a Nursing Plan and an Activity Plan. Positive Behavior Support Plan and Rehabilitation Plans must be attached to and aligned with the Service Plan if the Client is receiving these services.
 - (d) Oversee implementation of the Client centered Activity Plan developed by the Activity Coordinator.
 - (e) Oversee implementation of the person-centered Nursing Plan developed by the RN.
 - (f) Oversee implementation of the person-centered Positive Behavior Support plans for Clients who require them.
 - (g) Oversee implementation of the person-centered Rehabilitation Plan for Clients who require them.
 - (h) Identify changes that are needed to the Care Plan or any attached plans and oversee communication and implementation of these changes.
 - (i) Designate a CPT member to review the Care Plan and goals with the Client in a manner that allows the Client to

maximize the services provided by the CPT. The Client's response to this review must be documented.

7. Staffing:

- 1) **GENERAL:** All staff hired or who work with Clients must be experienced, qualified, well-trained individuals per OAR 411-049.
- 2) All staff and employees must complete and pass a criminal history check. Copies of completed criminal history checks must be made available to the ODHS Designee or Contract Administrator upon request.
- 3) Supervisory and emergency staff must be identified and available to caregivers on a 24-hour basis. This must include emergency backup and on-call information for the RCM or Contractor, RN and if indicated by Clients behavior plan(s), the Activity Coordinator. This information must be posted and available to caregivers on all shifts to minimize avoidable emergency placements and provide crisis management.
- 4) Contractor shall document and provide upon request to Contract Administrator all staff schedules, qualifications and job descriptions.

8. **Direct Care:** Contractor must assure that staffing levels comply with the licensing rules of the facility, OAR 411-050 and assure coverage to meet the scheduled and unscheduled needs of each Client.

At a minimum the following 'Designated' staffing levels must be maintained:

- 1) **Day shift:** There must be a minimum of 2 qualified caregivers who have been trained in accordance with Section (14), "Staff Training" of this Contract providing direct care services for Clients being served under this Contract.
- 2) **Evening Shift:** There must be a minimum of 2 qualified caregivers who have been trained in accordance with Section (14), "Staff Training" of this Contract providing direct care services for Clients being served under this Contract.

- 3) Night shift, which is limited to no longer than 8 hours within a 24-hour period of time, must have a minimum of 2 qualified caregivers On-Site who have been trained in accordance with Section (14)., “Staff Training” of this Contract. Staffing levels during nighttime hours shall be based on the sleep patterns and needs of the Clients. One qualified caregivers must be Awake. The RCM, Licensee, Contractor, or Owner may be scheduled as the second ‘Available’ night staff if they live On-site.
- 4) Contractor is responsible for assuring that there are enough direct caregivers to ensure that 2 hours of documented activity is available to Clients on a daily basis.

At least one direct caregiver on each shift must receive documented training from the Activity Coordinator on how to implement each Client’s current Activity Plan.
- 5) At least one direct caregiver on each shift must receive documented training from the RN on how to implement the Client’s current nursing and as necessary Rehabilitation Plan(s).

9. **Administrative:** The Contractor must meet requirements in OAR 411-050 regarding a fulltime Resident Care Manager.

In addition to the fulltime RCM, Contractor must designate a person to provide a minimum of 32 hours a month documented time overseeing or providing the following administrative tasks. Owner, licensee, or Contractor may be the designated person to fulfill this requirement.

This person must have experience with operational aspects of running a residential program for people in the Target Group, supervising caregivers and understand quality assurance procedures.

Job descriptions for the Administrative Lead and the RCM must delineate which person has lead responsibilities for the following tasks.

1. Oversee all services in this Contract;
2. Provide liaison for Contractor;
3. Provide leadership and oversight of the Care Planning Team;
4. Screening of referrals and other activities related to admission;

5. Providing or ensuring availability of 24/7 supervision, as well as, direction and access to emergency backup is available for caregivers;
6. Development of monthly schedule that identifies hours to be worked by Administrative staff, caregivers, activity aide, RCM, Activity Coordinator, and the RN. If based on the anticipated Client needs, duties for any of the above staff can be merged or changed on a month by month basis with written or email request to Contract Administrator and attached copy of the proposed schedule;
7. Development of and provision of Client specific training and review of Client service plans with caregivers;
8. Manage staffing decisions such as hires and training, performing staff screening, staff scheduling, designating a Behavior Coordinator when needed, conducting initial staff on-site training, and scheduling on-call coverage for all Contractor staff;
9. Respond to Clients needs and issues while on site;
10. Conduct record reviews and quality assurance checks of staff documentation;
11. Schedule and provide facilitation of monthly Care Planning Team;
12. Review of each Client's Care Plan with direct care workers at least quarterly and as changes are made;
13. Ensure that the staff have all supplies necessary for daily life as well as emergency events.

10. Nursing: In addition to nursing requirements of OAR 411-051 the Contractor shall:

- (1) Provide a minimum of 12 hours of "Dedicated" nursing per Client per month using a Registered Nurse (RN) with current Oregon licensure.
- (2) Contractor shall assure an adequate number of nursing hours are provided relevant to the census and acuity of the Client population.
- (3) The following items are tasks that must be performed by the RN who is On-site at least two days a week and who is available 24/7 On-call:
 - (a) RN shall screen with the Contractor or RCM prospective Clients to determine if their medical, rehabilitation or nursing

needs can be met by the staff and services and assist in the development of the initial Care Plan.

(b) Ensure that each Client receives a Nursing Service Plan that is aligned with the required Care Plan. The Nursing Plan must address any health conditions, rehabilitation services, delegated or non-delegated nursing tasks, medical treatments, PRN medication and ADL needs which require caregiver training.

(c) The RN is responsible for ensuring that the Nursing Plan identifies all coordination necessary with the Client's health and rehabilitation service providers and the specific medical, rehabilitation, mental health or other health care services and equipment they need or to which they are entitled from outside providers.

Each Client must be reviewed weekly by the RN and the Nursing Service Plan updated monthly or more frequently if the Client experiences a change of condition.

(d) RN is responsible for providing or ensuring that each caregivers has the training they need to support each Client's Nursing Service Plan.

(e) A designated caregiver on each shift shall receive training from the RN on a monthly basis to review each Clients Nursing Service Plan and receive teaching or delegation as needed.

(f) RN is responsible for delegation, teaching and documentation of tasks of nursing care as regulated by OAR Chapter 851, Division 047.

(g) RN shall provide a review of the Contractor's pharmacy and medication system and ensure OAR 851-047-0000 is followed regarding the teaching of medication administration.

(h) RN shall provide 'intermittent direct' nursing services within the scope of their licensure to Clients who require nursing services; the task cannot be delegated to caregivers. Contractor is

not expected to provide this type of nursing service on an ongoing basis.

- (i) RN is responsible for coordinating with health care providers to ensure that Clients with an ongoing need for direct nursing service that cannot be delegated, receives these services from either Home Health or Hospice nurse.
- (j) RN shall assist RCM and Contractor with all unplanned transitions to hospital emergency rooms as well as scheduling appointments and proving ongoing communication with medical and rehabilitation providers.

11.Activity Coordinator: Contractor must provide a minimum of 60 hours per month by a designated employee who is the Activity Coordinator. This position must ensure that caregivers are trained on and are implementing person-centered activity plans so that Clients can participate in ‘on and off site’ activities 7 days a week as indicated on their individual activity plan. This position will provide services and tasks defined under OAR 411-050 and as described in this Contract. Activity Coordinator is responsible for:

- (1) Conducting a person-centered activity evaluation completed at admission for each Client that addresses the following:
 - (a) Past and current interests;
 - (b) Current abilities and skills;
 - (c) Emotional and social needs and patterns;
 - (d) Physical abilities and limitations; and
 - (e) Adaptions necessary for the Client to participate.
- (2) Development of a person-centered Activity Plan as part of the initial Care Plan. The Activity Plan must include structured and non-structured activities which meet the preferences of each Client which can be provided on day and evening shifts, seven days per week. Activities may include but are not limited to:
 - (a) Occupation or chore related tasks;
 - (b) Scheduled and planned events (e.g. entertainment, outings);

- (c) Spontaneous activities for enjoyment or those that may help diffuse a behavior;
 - (d) One to one activity that encourage positive relationships between Clients and staff (e.g.) life story, reminiscing, music
 - (e) Spiritual, creative, and intellectual activities;
 - (f) Sensory stimulation activities;
 - (g) Physical activities that enhance or maintain a Client's ability to ambulate or move; and
 - (h) Outdoor activities.
- (3) Reviewing and updating each Client's plan on a monthly basis or more frequently if Clients refuse participation, their condition changes and/or they are referred for Behavior Support Services. Monthly reviews must be documented.
- (4) Providing training to caregivers and Activity Aide(s) on a quarterly basis on how to implement current Activity Plans.
- (5) Staff designated to implement Activity Plans shall document time spent, type of activity and Client response on a daily activity log that is monitored weekly by the Activity Director.

12.Behavior Supports: When a Client receives Behavior Support Services, the Contractor must designate the Activities Coordinator as the employee responsible for coordination and oversees all caregiver training and implementation of Behavior Support Services per OAR 411-046.

The Activity Coordinator/Behavior Consultant shall:

- (1) Coordinator schedules with Behavior Consultant to ensure that person-centered evaluation is started within 10 business days of the Care Planning Team referral.
- (2) Review and ensure that the Behavior Support Plan addresses the behaviors of concern;
 - (a) Identifies changes to the Client's Activity Plan that will support the Behavior Plan

- (b) Identifies if needed a crisis stabilization and emergency plan to prevent or minimize injuries, property damage, placement failure and emergency hospitalizations;
 - (c) Identifies Client specific intervention and strategies that caregivers can implement.
 - (d) Schedules activities for the caregivers.
- (3) Provide documented monitoring calls to the external Behavior Consultant to review Client response and provide the Behavior Consultant with caregiver input on the Behavior Support Plan.
 - (4) Ensure that caregivers and Care Plan Team members receive updates on all changes to the Client's Behavior Support Plan.
 - (5) Ensure that training is provided to caregivers to ensure that Behavior Support Plan is implemented.
 - (6) If noted in a Client's Behavior Plan the staff must provide On-call services for Clients at risk of or needing crisis interventions.

13. General Health Services: Contractor shall ensure:

- (1) Policy and protocols are documented and followed to ensure that a Client's change of condition, and any required Care Plan interventions are communicated to caregivers on each shift;
- (2) Clients are assisted in accessing the medical, rehabilitation, mental health, or other health care services and equipment they need or to which they are entitled from outside providers;
- (3) Transportation for local non-emergent transports are arranged or provided for by the facility as needed to meet health care needs, activity needs, or to support intervention identified in the Care Plan; and
- (4) Community Attendants are arranged or provided for on all health-related appointments or community outings to ensure the Client's safety and that information needed for the Client's Care Plan is exchanged.

14. Staff Training: In addition to the requirements in OAR 411-049, Contractor shall ensure that the following training requirements are met:

- (a) Any home operating without a Residential Care Manager must meet the requirements related to shift caregivers pursuant to OAR 411-049;

- (b) In addition to the annual training requirements pursuant to OAR 411-049, the Contractor shall ensure that any regularly scheduled caregiver receives 12 additional hours of training each year, based on their hiring date. Activity Director must participate in 8 hours of these trainings.
- (c) Training documentation must be maintained and made available upon request to ODHS. Documentation must include the trainer and their qualifications, the date, hours and the employee's name.
- (d) ODHS reserves the right to require Contractor to provide access to pre-approved training on specific topics; and
- (e) Additional training hours must meet the following requirements:
 - i. Are not part of Client Specific training needed to implement Nursing, Activity, Rehabilitation or Behavior Support Plans;
 - ii. Are not part of training required to meet basic licensure requirements;
 - iii. 50% of the training hours must be provided by persons other than the Contractor, licensee, or RCM and who are qualified to teach the subject;
 - iv. Topic of training must be relevant to the diagnoses and needs of the Target Group and Clients served or the skills caregivers need to meet these needs; and
 - vi. May include various methods of instruction including but not limited to classroom, web based training or video. At least 50% of the training hours must be provided by a live presenter or interactive video capacity.
- (f) Contractor, RCM and Activity Director must receive 8 hours a year training in Positive Behavior Support or Person-Centered Care.
- (g) Activity Coordinator must receive 8 hours of training per year on activity, recreation therapy, occupation therapy or related information in addition to the 8 hours noted in Section 11(4) above and 8 hours of Person-Centered Care or positive behavior support for a total of 24 hours of training a year.

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 in Section **1. Effective Date and Duration**, of this Contract, ODHS will pay to the Contractor, a maximum not-to-exceed amount as specified in Section **3. Consideration** of this Contract, to be paid per the following rate schedule.

<http://www.DHS.state.or.us/spd/tools/program/osip/rateschedule.pdf>

- b. ODHS will not pay Contractor for Work performed prior to the effective date or after the expiration or termination date of the Contract, nor will ODHS pay Contractor for Work performed after the expiration or termination of any license Contractor is required to maintain for purposes of performing Work.
- c. Contractor shall provide all information to the Case Manager that may be necessary to assist ODHS in determining and providing accurate payment to Contractor for Work.
- d. Contractor shall accept payment from ODHS as payment in full for Work.

- 2. Travel and Other Expenses.** ODHS shall not reimburse Contractor for any travel or additional expenses under this Contract.