Exhibit A
Part 1
Statement of Work

Contractor shall provide 'Basic' services as described herein to Medicaid eligible Clients who are authorized to receive services at the Contractor's owned and operated licensed Adult Foster Home located at:

Facility Name
Address
City, State Zip

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 this Contract and the terms defined in OAR 411-049, the terms defined in OAR 411-049 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, mobility (ambulation and transfer), elimination (toileting, bowel, and bladder management), cognition, including behaviors.

b. "**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.

c. **"Activity Plan"** means a person centered list of specific private, group and community activities that is developed for each Client based on their activity evaluation. The plan must identify meaningful activities that promote or help sustain the physical and emotional well-being of each Client and which reflects the Client's activity preferences and needs.

d. **"Available"** means being responsible to meet Activities of Daily Living of a Client as well as all other services described in the service plan that are required during a specified period of time.

e. **"Awake**" means to be active and alert.

f. **"Behavior Support Plan"** means a written document 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 plan must include interventions for caregivers to help them de- escalate, reduce, or tolerate the challenging behavior(s). The plan will be created and taught by a qualified Behavior Consultant.

g. **"Behavior Support Services" (OAR 411-046)** mean a set of Medicaid funded services provided by a qualified Behavior Consultant that include:
   (1) Person-centered evaluation;
   (2) A Behavior Support Plan;
   (3) Coaching for designated caregivers on plan implementation;
   (4) Monitoring to evaluate the plan's impact;
   (5) Revision of the plan;
   (6) Updating coaching and activities; and
   (7) May include consultation with the caregiver on mitigating behaviors that place an individual's health and safety at risk and to prevent institutionalization.

h. **"CAPS Assessment"** means an assessment completed in a single entry data system, currently denoted as Client Assessment and Planning System (CAPS), used for completing a comprehensive and holistic assessment, surveying the Client's physical, mental, and social functioning, and identifying risk factors, Client choices and preferences, and the status of service needs.

i. **"Care Plan"** means the Contractor's written description of a Client's needs, preferences, and capabilities, including by whom, when, and how often care and services shall be provided.

j. **"Care Planning Team"** refers to a team made up of the following persons: Diversion/Transition Coordinator, Contractor's Registered Nurse (RN), the Client and/or the Client's designated representative, and the Contractor. The Care Planning Team may expand the list of invitees as deemed necessary to include other parties; however, these additional parties are not mandated to attend under this Contract. Attendance may be done in person or by phone.

k. **"Case Manager** (CM) and **Transition Coordinator** (TC)" the State or AAA worker who is responsible for authorizing the Client's benefits, participating on the Client's service planning team and submitting rate adjustment requests. This person is the ODHS liaison between the Client, their family, legal representative, nursing facility social worker and Contractor for all screening, admission and eligibility functions under this Contract.

l. **"Client"** means an individual being served under this Contract, in a licensed Adult Foster Home, who meets the Target Group definition.

m. **"Community"** means the county where the Client is currently residing, and any other county the Client or their representative identifies as being a community in which they have lived in or wish to relocate to.

n. **"Community Attendants"** means the direct care staff or other employees who escort and assist a Client with their ADL, 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 the necessary legal authority or Client's permission.

o. **"Community Based Care"** means licensed facilities settings which include assisted living facilities, residential care facilities, memory care communities, and adult foster homes.

p. **"ODHS Designee"** refers to the staff person identified and authorized by the Referring Agency as the employee primarily responsible for coordinating the Client's care with the Contractor, Case Manager, or the Diversion/Transition Coordinator.

q. **"Institutional Setting"** means a facility that is licensed and certified by ODHS as a nursing facility, acute hospitals and psychiatric hospitals.

r. **"Instrumental Activities of Daily Living" or "IADL"** mean those activities, other than activities of daily living, required to continue independent living.

s. **"Majority"** means fifty percent or above of the licensed capacity of the service location.

t. **"Nursing Service Plan"** means the plan that is developed by the registered nurse based on a Client's initial nursing assessment, reassessment, or up-dates made to a nursing assessment as a result of monitoring visits.

u. **"On-Call"** means Available to participate in discussion or for inquires, even when not present at the service location.

v. **"On-Site"** means on or at the specific service location of the Adult Foster Home.

w. **"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.

x. **"Referring Agency"** means either the Oregon Department of Human Services (ODHS) or an Area Agency on Aging (AAA).

y. **"Rehabilitation Plan"** means a plan created by a licensed therapist to assist a Client with increasing, maintaining, or developing mobility, cognitive or physical abilities or skills.

z. **"Specific Needs Services"** refers to the payment process and standards identified in OAR 411-027. Programs with Specific Needs Services contracts provide specialized services designed to meet the needs of Individuals in a specific Target Group which exist as the result of a condition or dysfunction resulting from a physical disability or a behavioral disorder which requires more than the minimum scope of services of this Contractor.

aa. **"Target Group"** (for purposes of this Contract) is the population of Individuals who meet the following documented criteria, upon admission:

(1) Eligible for Medicaid Long-Term Care Services per OAR 411-015.

(2) Currently residing a nursing facility or is being diverted from nursing facility placement.

(3) Documentation verifying that there is no access to a home or community care located in the community or unsuccessful placement in standard APD Community Based Care (CBC) settings.

(4) Requires full assist in mobility, toileting, eating, or cognition; and

(5) On a daily basis, requires more than one direct staff for mobility, transfer, toileting or other ADL care; or

(6) Behavioral management requiring daily staff interventions, redirection or cuing and establishment of Behavior Support Services (BSS).

2. Services to be Provided.

a. Contractor shall perform all Work and operate its 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 this staff information and any changes to this staff designee to ODHS within 10 days of Contract execution or change in staff designee by Contractor.

c. Under this Contract, all Clients will meet the Target Group and will constitute a Majority of the Clients served within the home. In addition, Contractor shall not designate specific areas of its Adult Foster Home for Clients served under this Contract. Contractor shall provide all private rooms but may have up to one shared room.

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 prior to the renewal of Contract period.

f. In addition to the services described in the ODHS Adult Foster Homes Administrative Rules, OAR 411-049 through 411-052, and all applicable federal laws, Contractor shall perform the following services:

(1) Eligibility & Admission Process:

(a) Contractor shall notify the ODHS designee of all inquiries or referrals of potential placements and provide the ODHS designee with sufficient time for assessment and determination of approval for admission.

(b) Contractor shall screen all potential placements and obtain nursing consultation, as needed, to determine appropriateness of placement.

(c) All persons eligible for Specific Needs Services must meet the Target Group definition 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.

(d) All Medicaid placements must be prior approved by ODHS, through the 494 process. Placements not prior approved will not be reimbursed under this Contract.

(2) Discharge Process:

(a) No Client served under this Contract may be discharged from the home without the prior review and approval by the ODHS Designee and the Client's Care Planning Team.

(b) Contractor shall ensure that the Care Planning Team has been convened in a timely manner and has documented attempts to provide supports needed to maintain the Client's placement in the home. If the Client's needs cannot be addressed or if the Client wants to move voluntarily then the Care Planning Team must develop a discharge or transition plan to support the Client. Documentation of Care Planning Team efforts must be completed prior to and attached to any move out notice(s) required under licensing rules.

(c) Clients approved for admission under this Contract do not have to be discharged if they no longer meet Target Group criteria, as long as they continue to receive comparable services they may remain in the home at the specific needs contracted rate under this Contract.

(d) Involuntary moves, transfers and discharges must be in accordance with the ODHS Adult Foster Homes Administrative Rules OAR 411-050.

(e) Contractor shall complete a Form 492, Resident Discharge Report Specific Need Contract documenting all discharges.

(3) Staffing: Staffing levels must comply with the licensing rules of the facility, OAR 411-049 and be sufficient to meet the scheduled and unscheduled needs of the Clients. Staffing levels during nighttime hours shall be based on the sleep patterns and needs of the Clients and at a minimum provide the following:

(a) Direct Care Staffing:

i. Day Shift: There must be a minimum of 2 qualified direct care staff who have been trained in accordance with Section (10)., "Staff Training" of this Contract, providing direct care services for Clients being served under this Contract.

ii. Evening Shift: There must be a minimum of 2

qualified direct care staff who have been trained in accordance with Section (10)., "Staff Training" of this Contract, providing direct care services for Clients being served under this Contract.

iii. Night shift, which is limited to no longer than 8 hours within a 24-hour period of time, must have a minimum of 1 qualified direct care staff On-Site who has been trained in accordance with Section (10)., "Staff Training" of this Contract, who is Available to assist Clients during this shift if needed.

(b) Beyond the direct care staffing listed in (3)(a) above, there must be additional designated staff, at least 60 hours per month, who are primarily responsible for assisting with unscheduled and fluctuating needs of Clients and maintaining and implementing Activity, Restorative and as needed Behavior Support Plans. Contractor shall document and provide upon request this staff's schedule, qualifications and responsibilities.

(c) The Contractor or resident manager must be On-Call and Available 24/7.

(4) **Nursing:** A licensed Registered Nurse (RN), with current Oregon licensure verified through the Oregon State Board of Nursing, must be employed by the Contractor and Available to perform services and consultation as defined in this Contract. In addition to nursing requirements of OAR 411-051 the Contractor shall:

(a) Assure an adequate number of nursing hours are provided relevant to the census and acuity of the Client population and the individuals nursing needs.

(b) RN shall assist the contractor with screening prospective Clients.

(c) RN shall assist with the development of the initial Care Plans for each Client within the first 14 days of move-in;

(d) Each Client must receive a Nursing Service Plan that is attached to and aligned with the required Care Plan. The RN shall participate in or document their review of the quarterly Care Plan and its alignment with the Nursing Service Plan within 48 hours of the Care Plan meeting. The Nursing Service Plan must address the expected frequency of nursing supervision, consultation, and direct service intervention;

(e) The Nursing Service Plan must be reviewed quarterly by the RN or more frequently if the Client experiences a change of condition;

(f) The RN has sole discretion to determine at the quarterly review if a Client does not require a Nursing Service Plan and can document that the Client will not receive nursing services until the next quarterly review or change of condition;

(g) RN is responsible for providing or ensuring that each direct care staff has the training they need to support each Client's Nursing Service Plan;

(h) RN may provide 'intermittent direct' nursing services to Clients who require nursing services and the task cannot be delegated to caregivers until the Contractor can arrange to have the nursing need provided by hospice, home health, a licensed health care provider or until the Client is moved to placement that can provide the required service;

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

(j) RN shall provide a review of the Contractor's medication system and ensure OAR 851-047-0000 is followed regarding the teaching of medication administration. Contractor shall document that the RN has reviewed the medication system.

(5) Care Plans: Contractor is responsible to develop and update Care Plans based on the needs of each Client, and in accordance with the home's licensure rules. In addition the Contractor shall:

(a) Facilitate and schedule quarterly Care Plan meetings so that Clients, Case Managers, health providers, family and legal representative can participate as needed;

(b) Review each Client's Care Plan with direct care staff at least once per month. Documentation of the review must list the participants and any changes made to the Care Plan;

(c) Review the Care Plan and treatment goals with the Client. The Client's response to the Care Plan must be documented;

(d) Document circumstances if the Client refuses participation in the review of their Care Plan, or if Client's presence is contraindicated; and

(e) Develop and document a daily meal program for nutrition and hydration, which must include snacks that are available and provided throughout each Client's unique 24/7 sleep and activity routines.

(6) Rehabilitation Plan.

(a) The Care Planning Team is responsible for evaluating if a Client needs a Rehabilitation Plan. Rehabilitation Plans may be needed by

Clients who receive therapy provided under direction of licensed therapists and the therapy plan requires regularly scheduled interventions by direct care staff such as but not limited to:

i. Speech therapy, to assist Clients with speaking, reading, writing or swallowing;

ii. Bowel and bladder retraining;

iii. Activities to promote mobility (movement), muscle control, gait and balance;

iv. Exercise programs to improve movement, prevent or decrease weakness caused by lack of use, manage spasticity and pain, and maintain range of motion;

v. Nutritional counseling; and

vi. Activities to improve cognitive impairments, such as problems with concentration, attention, memory and poor judgment.

(b) Rehabilitation Plans must be developed and approved annually by a licensed therapist. The Rehabilitation Plan must define at a minimum Client specific interventions, the frequency of the intervention, the skill set needed to provide the interventions and outcomes that must be documented or reported to a nurse or licensed therapist. Rehabilitation Plans must be reviewed, documented and updated on a quarterly basis by the Care Planning Team.

(c) Contractor is responsible for coordinating or designating staff to provide regular communication with the licensed therapist on each Client's response to the Rehabilitation Plan.

(d) Direct care staff shall receive training as needed to implement current Rehabilitation Plans.

(e) Staff designated to assist with Rehabilitation Plans shall document time spent on Rehabilitation Plan implementation in the Client's file and have this documentation available to ODHS upon request.

(7) Behavior Support Plans.

The Care Planning Team is responsible for evaluating if a Client needs a Behavior Support Plan. Indicators include but are not limited to: Clients who are receiving psychoactive drugs for behavior; Clients who have behavior interventions provided by direct care staff; Clients who have behaviors which risk their continued placement or cause disruption to other Clients or staff.

(a) Behavior Support Plans must be developed by a qualified behavior consultant as defined in OAR 411-046-0100 through 411-046-0220;

(b) Behavior Support Plans must be reviewed, documented and updated on a quarterly basis by the Care Planning Team;

(c) Direct care staff shall receive training as needed to implement current Behavior Support Plans; and

(d) Staff designated to implement Behavior Support Plans shall document time spent on Behavior Support Plan implementation in the Client's file and have this documentation available to ODHS upon request.

(8) Activities.

(a) Each Client must be evaluated for activities according to the licensing rules of the facility. Evaluations must address the following:

i. Past and current interests;

ii. Current abilities and skills;

iii. Emotional and social needs and patterns;

iv. Physical abilities and limitations;

v. Adaptations necessary for the Client to participate; and

vi. If needed, identification of activities needs to supplement the Client's Behavior Support Plan.

(b) The Contractor or a qualified member of the Care Planning Team shall develop an individualized Activity Plan based on the evaluation for each Client. The Activity Plan must include structured and non-structured activities which meet the preferences of each Client and are available on day and evening shifts, seven days per week. Activities may include but are not limited to:

i. Occupation or chore related tasks;

ii. Scheduled and planned events (e.g. entertainment, outings);

iii. Spontaneous activities for enjoyment or those that may help diffuse a behavior;

iv. One to one activities that encourage positive relationships between Clients and staff (e.g. life story, reminiscing, music);

v. Spiritual, creative, and intellectual activities;

vi. Sensory stimulation activities;

vii. Physical activities that enhance or maintain a Client's ability to ambulate or move; and

viii. Outdoor activities.

(c) Activity Plans must be reviewed, documented and updated on a quarterly basis.

(d) Direct care staff must receive training as needed to implement current Activity Plans.

(e) Staff designated to develop or implement Activity Plans shall document time spent on activities under this Contract with each Client in the Client's file and have this documentation available to ODHS upon request.

(9) General Health Service: Contactor shall ensure:

(a) Policy and protocols exist and are followed to ensure that a Client's change of condition, and any required interventions are communicated to caregivers on each shift;

(b) Clients are assisted in accessing the health care services they need or to which they are entitled from outside providers;

(c) 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 interventions identified in the Care Plan; and

(d) Community Attendants are arranged or provided for on all local community and health related appointments to ensure the Client's safety and that information needed for the Client's Care Plan is exchanged.

(10) Staff Training: In addition to the requirements in OAR 411-049, Contractor shall ensure that all care staff has the following training:

(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 10 additional hours of training each year, based on the individual caregiver's hiring date;

(c) Verification of additional hours of training provided to each caregiver must be maintained and made available upon request of ODHS. Documentation must include topic, the trainer and qualifications, the date, hours and attendees 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 training or coaching required to carry out a Client specific intervention in the Rehabilitation, Nursing, Activity, or Behavior Support Plan;

ii. Are not part of training required to meet basic licensure requirements;

iii. Must be provided by persons other than the Contractor 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

v. 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.

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.