



Contract Number 171501

**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

**Juniper Canyon Living, LLC
dba Juniper Canyon Living
Attn: Mark Kinkade
Mailing Address: P.O. Box 1410, Bend, OR 97709
Service Address: 2855 NW 7th, Redmond, OR 97756
Telephone: 541.688.8500
Email: mkinkade@gatewayliving.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 Street NE
Salem, Oregon 97301
Contract Administrator: Melissa Taber or delegate
Telephone: 503.269.4565
Email address: melissa.g.taber@dhs.oha.state.or.us**

- 1. Effective Date and Duration.** This Contract, when fully executed by every party, shall become effective on the date this Contract has been approved by the Department of Justice or on **September 1, 2021**, whichever date is later, regardless of the date of execution by every party. Unless extended or terminated earlier in accordance with its terms, this Contract shall expire on **August 31, 2023**. Contract termination shall not extinguish or prejudice ODHS' right to enforce this Contract with respect to any default by Contractor that has not been cured.

EXHIBIT A
Part 1
Statement of Work

Contract Type: Residential Care Facility Specific Needs Contract

Contract Capacity: 108 Contract Beds

Governing Administrative Rules: Residential Care and Assisted Living Facilities Oregon Administrative Rules Chapter 411, Division 054; Medicaid Long-Term Care Service Administrative Rules Chapter 411 Division 015; Specific Needs Services Oregon Administrative Rules Chapter 411, Division 027; Behavior Support Services Administrative Rules Chapter 411, Division 046 and all other applicable state and federal laws.

Juniper Canyon Living
2855 NW 7th
Redmond, OR 97756

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 Department designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to older adults or Individuals with disabilities in a planning and service area. For purposes of these rules, the term Area Agency on Aging is inclusive of both Type A and Type B Area Agencies on Aging as defined in ORS 410.040 and described in ORS 410.210 to 410.300.
- d. **“Available”** means being physically present to meet the needs of an Individual.
- e. **“Behavior Support 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 Support Plan shall identify caregiver interventions to help caregivers deescalate, reduce, or tolerate the challenging behavior when it occurs. The strategies focus on environmental, social, and physical factors that affect the behavior, while including supports for communication, personal choice, and specific preferences.

- f. **“Behavior Support Services (BSS)”** per OAR 411-046-0100 through 0220 means a set of Medicaid funded services 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) Updated 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.
- g. **“Case Manager” and “Diversion/ Transition Coordinator”** means an employee of the Department or AAA who is responsible for service eligibility, assessment of need, offering services choices to eligible Individuals, service planning, services authorization and implementation, and evaluation of the effectiveness of Medicaid home and community-based services. This position serves as the ODHS Designee (see definition below.)
- h. **“Contract Administrator”** means the Department staff person accountable for monitoring and ensuring compliance with the terms and conditions of the Contract and ensuring that all requirements are met.
- i. **“Individual”** means the ODHS consumer who meets the Target Group definition and receives Services under this Contract. “Individual”, “Client”, “Resident”, and “Consumer” are all interchangeable terms.
- j. **“Instrumental Activities of Daily Living” or “IADL”** means tasks consisting of housekeeping, laundry, shopping, transportation, medication management and meal preparation.
- k. **“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.
- l. **“ODHS Designee”** refers to the Department or AAA Case Manager or Diversion/ Transition Coordinator primarily responsible for coordinating the Individual’s services.
- m. **“On-Call”** means available to participate in discussion or for inquires, even when not present at the service location.
- n. **“On-Site”** means on or at the specific service location.
- o. **“Oregon Department of Human Services” or “Department”** means ODHS unless otherwise specified.
- p. **“Rehabilitation Plan”** means a plan developed and reviewed annually by a licensed therapist to assist an Individual with increasing, maintaining or developing occupational, speech, respiratory, cognitive or physical skills.

- q. **“RN”** means Registered Nurse.
- r. **“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.
- s. **“Service Planning Team” or “SPT”** means a team who includes the Individual and/or the Individual’s identified support network, a licensed nurse, Resident Care Coordinator, Activity and Social Services Coordinator, Administrator or designee and ODHS Designee. The team is responsible for overseeing the Individual’s Service Plan and all other associated plans or services in this Contract
- t. **“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.
- u. **“Target Group”** for purposes of this Contract, means the population of Individuals who meet the following documented criteria prior to admission:
 - (1) Eligible for Medicaid Long-Term Care Service pursuant to OAR Chapter 411 Division 015; and
 - (2) Currently residing in a nursing facility or is at risk for a nursing facility placement; and
 - (3) History of unsuccessful placements or service needs that make it difficult to secure a standard placement; and
 - (4) The Individual has a history or is currently exhibiting or is at risk for of one of the following:
 - (a) Dangerous or criminal behavior resulting in hospitalization, criminal charges; injury to self or others;
 - (b) Physical or sexual aggression towards others;
 - (c) Disruptive or agitated behaviors with the potential to cause harm to self or others;
 - (d) Abusive behavior towards others;
 - (e) Refusal of medications or health care services which may result in legal or healthcare risks to self or others;
 - (f) Complex psychiatric medication regimen requiring On-Site RN review of medications at least weekly;
 - (g) Addiction to prescription narcotics, alcohol or substances which are illegal at federal and/or state levels and require additional care planning and staff training; or
 - (h) Depressive symptoms which may include but are not limited to social isolation, lack of self-care; decreased level of functioning.

And require one or more:

- (i) Rehabilitation Plan developed by a licensed therapist including but not limited to a Physical Therapist, Occupational Therapist, Speech/Language Therapist or Recreation Therapist;
 - (j) Clinical Treatment Plan developed by a licensed medical professional for chronic disease management, including but not limited to a Primary or Specialty Physician, Psychologist, Psychiatrist, Licensed Clinical Social Worker or Certified Alcohol and Drug Counselor;
 - (k) Behavior Support Plan; or
 - (l) 2-person full assist with mobility or transfers.
- v. **“Transition Planning”** for purposes of this contract, means the documented assessment and planning activities, coordinated and developed by Contractor prior to admission, to discuss all elements of the Individual’s care, resulting in a sound admission and transition plan.

2. Contractor’s Services

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

3. Eligibility

ODHS shall have no financial responsibility for services provided to an Individual until such time as the subject Individual’s eligibility has been determined, the placement and payment have been authorized by ODHS, and the Transition Planning Meeting has

occurred. The Service payment shall become effective on the date of placement or effective date of eligibility pursuant to this Contract.

4. Referral and Admission Process

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

5. Discharge Process

- a. Contractor shall comply with all involuntary move-out criteria set forth in OAR 411-054-0080;

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

6. Service Planning Team

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

The Service Planning Team shall:

- a. Review each Individual's Service Plan and attached component plans monthly, or more frequently if the Individual's physical or behavioral health deteriorates, with subsequent updates to the Service Plan and all attached component plans as needed.
- b. Document participation and attendance in the Service Plan meetings. Virtual participation is acceptable but must be documented. Team members who are unable to attend the meeting must receive copies of the updated Service Plans
- c. Oversee communication and implementation of any changes to the Service Plan and all attached component plans to Contractor's direct care staff in a timely manner.
- d. Designate a SPT member to review the Service Plan with the Individual in a manner which encourages the Individual's fullest participation possible in the planning process, assures the Individual's preferences, goals and ability to self-direct are maximized and that the Individual is given opportunity to choose IADL, ADL and activities on a daily basis. The Individual's response to this review must be documented.
- e. Review changes in behavioral status and critical incidents, and modify Behavior Plans as necessary, to promote resident safety and stability.
- f. Engage Contract Administrator and ODHS Designee within 72 hours of a change of condition which results in an immediate revision to the Service Plan or a Less-Than-30-Day notice.

7. Staffing Levels

Staffing levels must comply with the licensing rules of the facility, OAR Chapter 411 Divisoin 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. Contractor shall ensure:

- a. Hiring of qualified staff and assure coverage to meet the needs of each Individual;
- b. All staff hired or who work with Individuals are experienced, qualified, well-trained persons who have an approved criminal history check;
- c. Current position descriptions are maintained and are available to Contract Administrator upon request; and
- d. Emergency backup and On-call information for the Behavior Consultant, licensed nurses and facility Administrator, as defined in OAR Chapter 411 Division 054, 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 21 of this Exhibit A, Part 1. For purposes of this Contract, direct care staffing shall increase pursuant to Individual census as outlined below:

- a. Contractor shall provide a minimum ratio of 1 staff for every 5 residents, with a total of 27 direct care staff at full capacity during day and evening shifts. Contractor shall provide a minimum ratio of 1 staff for every 7 residents, with a total of 14 direct care staff at full capacity, during night shift. Contractor shall increase staffing when it is warranted by Individual acuity. There shall always be no less than 2 direct care staff in each building
- b. Regardless of census, each shift will include in the above direct care staffing a designated medication aide and/or behavior aide, who has the skills and training necessary to carry administration of medications to Individuals exhibiting challenging behaviors.
- c. In addition to the above staffing, Contractor shall provide a designated Shift Supervisor on each shift to oversee general management duties.

9. Administrative Assistant

Contractor shall provide the program 1 FTE Administrative Assistant position to support the Program Director. Administrative Assistant must have experience with operational aspects of running a residential program.

10. Certified Drug and Alcohol Counselor

Contractor shall provide the program one (1) FTE Certified Alcohol and Drug Counselor, credentialed as a CADC II. Staff in this position shall provide services to Individuals identified with substance use disorders and addictions. Responsibilities include development, coordination and implementation of counseling, education and treatment of substance use disorders for Individuals and their identified support network, as well as ensuring direct care staff training. Addiction treatment shall be collaborative and support the Behavior Support Plan. Contractor's Certified Alcohol and Drug Counselor shall ensure:

- a. Partnerships with local law enforcement regarding reporting and disposal of illegal substances;
- b. Development and management of plans for safe drug use, in order to continue residency with Contractor;
- c. Identification and documentation of addiction triggers and coordination of any necessary treatment;
- d. Implementation of individual and group addiction treatment for Individuals who would benefit and have consented to such treatment, either on-site or in coordination with community agencies; and
- e. Provision of staff education on substances and addiction.

11. Resident Care Managers

Contractor shall provide 2 FTE staff designated as Resident Care Managers (RCM). Persons in these positions will have responsibilities to include:

- a. Screening of referrals and other activities related to admission;
- b. Development of and implementation of Individualized Behavioral Support training and review of Individual Behavioral Support Plans with Contractor's direct care staff;
- c. Schedule and provide facilitation of monthly Service Planning Team meetings;
- d. Review each Individual's Behavior Support Plan with direct care workers monthly;
- e. Attend, participate, and communicate with SPT and other team meetings regarding resident interactions, observations, and changes in resident status;
- f. Facilitate, assist and provide support with client services and activities as needed, including but not limited to resident admissions/discharges, resident orientations and group facilitation;
- g. Assures appropriate documentation in resident record for behavioral observations/interactions related to successful progress in behavior management. Documents in resident chart significant issues for smooth transition between shifts;
- h. Tracks individual behavior plan progress;
- i. Oversee implementation of Managed Risk Agreements as defined in OAR 411-054-0036 (6);

12. Activity Staff

Contractor must provide 5 FTE Activity staff, one of which shall be designated the Activity Director. This team will develop, oversee and implement activities as described in this contract. At least one team member must be On-Site and Available to direct care staff and Individuals 7 days per week. Responsibilities include ensuring direct care staff are trained on Individualized Activity Plans, and that Individuals can participate in activities seven days a week, even if Activity staff are not On-Site or Available.

Contractor's Activity Director shall:

- a. Conduct a written assessment for each Individual that addresses, at a minimum, the following:
 - (1) Past and current interests;
 - (2) Current abilities, skills and interests;
 - (3) Emotional and social needs and patterns;
 - (4) Adaptations necessary for the Individual to participate; and
 - (5) Identification of activities needs to supplement the Individual's Behavior Support 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 Support 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
 - a. Be reviewed each month, and as needed by Contractor's Activity Coordinator, and modified as needed based on feedback from direct caregivers, SPT and the Individual's responses; and
 - b. Provide training needed to Contractor's direct care staff to implement current Activity Plans.

13. Resident Outing Coordinator

Contractor shall provide one (1) FTE Resident Outing Coordinator position who will provide the following services:

- a. Coordination of scheduling and transportation for medical appointments;
- b. Act as Community Attendant for Individuals during local community and health related appointments, ensuring the Individual's safety and that information needed for the Individual's Service Plan is exchanged;
- c. Coordination of individualized opportunities for peer and community involvement;
- d. Coordination and access to community resources and services, including but not limited to religious, vocational or education opportunities, volunteer groups, support or substance abuse recovery groups; and
- e. Assisting Individuals in accessing necessary health care services or services to which Individuals are entitled.

14. Social Services

Contractor shall provide 1 FTE, with one designated as Social Services Director who will provide the following:

- a. Assist in developing admission and transition plans to ensure Individuals have needed medical supports at admission;
- b. Assist with legal and financial issues including but not limited to court issues, representative payee services, assistance with paying bills, managing money and, if needed, providing application for guardianship;
- c. Advocacy to assist Individuals in need of legal identification, immigration problems, hearings and starting or retaining benefits;
- d. Access to needed community services such as vocational or education opportunities, volunteer groups, support groups, support or substance abuse recovery groups or mental health treatment;
- e. Assistance with family interactions, support and outreach; and
- f. Assistance in developing transition plans to support discharge goals and planning.

15. Qualified Mental Health Associates

Contractor shall 2 FTE Qualified Mental Health Associate positions for behavior consultation, support, coordination of Mental Health and other Rehabilitation services. Contractor's Qualified Mental Health Associate(s) 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 behavior assessment which is started at screening and completed 10 business days after admission;
- b. A Behavior Support Plan dedicated for each Individual within 15 days of admission. The Behavior Support 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 Qualified Mental Health Associates and modified as needed based on feedback from the direct caregivers, SPT and the Individual's responses.
- c. Contractor's Qualified Mental Health Associate(s) are responsible for overseeing Behavior Support Plans and must:
- (1) Be a member of the Service Planning Team;
 - (2) Assist in the screening of all admissions to the home; 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 Individuals Behavior Support Plan.
- d. Qualified Mental Health Professional shall be responsible for coordination of crisis services.

16. Nursing

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

- a. Provide 1 FTE Director of Nursing who is a Registered Nurse and available On-Call and accessible 24 hours per day; 7 days per week. Contractor's Director of Nursing shall provide oversight of Contractor's nursing staff and nursing services pursuant to OAR Chapter 411 Division 054 and this Contract;
- b. Provide 2 FTE Registered Nurses and 2 FTE Licensed Practical Nursing staff with current unencumbered Oregon licensure. Contractor shall ensure an adequate number of nursing hours are provided relevant to the census and acuity. Nursing staff shall be available on-site 7 days per week on all shifts.
- c. 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 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;

- (7) Provide a review of Contractor's pharmacy and medication system and ensure OAR Chapter 851 Division 047 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).

17. Dietary Manager

Contractor shall provide a minimum of 1 FTE for a Dietary Manager position. Person in this position will provide the following services:

- a. Assess Individual nutritional needs;
- b. Coordinate pre-admission person centered evaluation related to the Individual's dietary habits, goals and preferences;
- c. Work with facility RN or other involved medical professionals to evaluate appropriate diet concerns in relation to Individual health care needs;
- d. Develop and implement Individual nutrition plans;
- e. Nutritional plans should address health related concerns such as weight loss, strength-building, cholesterol, or diabetes management; and
- f. Monitor dietary intake and results and adjust nutrition plans accordingly.

18. Psychiatry

Contractor shall provide .6 FTE services from a licensed Psychiatrist for consultation, complex medication regime and On-Site provision of medical or psychiatric oversight.

19. QA & Training Specialist:

Contractor will provide the program with 20 hours per month Quality Assurance and Training Specialist, responsible for managing the residential program's quality assurance and staff training programs. Duties include program audits to ensure adherence to state licensing and regulatory requirements, involvement in implementation of policy revisions. Program audits may be done onsite or remote by telephone during scheduled meetings and through electronic record reviews. Contractor will make quarterly quality assurance and training reports available to the Contract Administrator.

20. General Health Service

Contractor shall, through its Program Director, licensed nursing staff, or Resident Care Coordinator, ensure:

- a. Policy and protocols exist and are followed to ensure that an Individual's change of condition, and any required interventions are communicated to caregivers on each shift;

- b. Individuals are assisted in accessing the health care services needed or to which Individuals are entitled from outside providers;
- c. Transportation for local non-emergent transports are arranged or provided for by Contractor's facility as needed to meet health care needs, activity needs or to support interventions identified in the Service Plan; and
- d. Community Attendants are arranged or provided during all local community activities (as outlined in the individual's Activity or Behavioral Support Plan) and health related appointments, as necessary or as accepted by the Individual, to ensure the Individual's safety and that information needed for the Individual's Service Plan is exchanged.

21. Training

Contractor shall ensure:

- a. All staff assigned to work with Individuals receive training on the Contractor's general policies and procedures, 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 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 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. Behavior Support Coordinators must meet the continuing education requirements outlined in OAR 411-046-0210.
- e. Contractor shall ensure all required training activities are documented and verifiable to include dates, topics, attendees, and presenters.

22. Contract Review

- a. Contractor shall participate in a Contract review initiated by ODHS 90 days post-Contract execution and again annually thereafter.
- b. Contractor shall provide ODHS with all requested service documentation and financial statements needed to evaluate Contractor's performance during the term of this Contract.

- c. Based on internal audits, Contractor will provide management of the program's quality assurance and staff training programs. Contractor will develop quality assurance and training reports and make available to the Contract Administrator upon request.