



Contract Number 173063

**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

**Cascade AIDS Project
dba Cascade AIDS Project/Our House of Portland
Attn: Dr. Tyler TerMeer and Peter Parisot
Mailing Address: 520 NW Davis Street, Ste 215, Portland, OR 97209
Service Address: 2727 SE Alder Street, Portland, OR 97214
Telephone: 503.278.3810
E-mail address: ttermeer@capnw.org and pparisot@capnw.org**

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@dhsoha.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 **January 1, 2022**, 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 **November 30, 2023**. Contract termination shall not extinguish or

EXHIBIT A
Part 1
Statement of Work

Contract Type: Residential Care Facility Specific Needs Contract

Contract Capacity: Not to exceed Contractor's licensed Residential Care Facility approved capacity of 14 Residents (aka Individuals) at any one time during the term of this Contract.

Governing Administrative Rules: Contractor must adhere to the following governing rules, as applicable, while performing work under this Contract: Residential Care and Assisted Living Facilities Oregon Administrative Rules Chapter 411, Division 054; Medicaid Long-Term Care Service Administrative Rules Chapter 411 Division 015; Specific Needs Services Oregon Administrative Rules Chapter 411, Division 027; Behavior Support Services Administrative Rules Chapter 411, Division 046 and all other applicable state and federal laws.

Our House of Portland
2727 SE Alder St
Portland, OR 97214

1. Definitions

- a. **“Activities of Daily Living” or “ADL”** means those personal and functional activities required by an Individual for continued well-being, health, and safety. Activities consist of eating, dressing, grooming, bathing, personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel, and bladder management), cognition, and behavior.
- b. **“Activity Plan”** means the plan that is developed for each Individual based on their activity assessment. The plan should include strategies for how these activities can become part of the Individual's daily routines.
- c. **“Area Agency on Aging” or “AAA”** means the ODHS designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to older adults or Individuals with disabilities in a planning and service area. For purposes of this Contract, the term Area Agency on Aging is inclusive of both Type A and Type B Area Agencies on Aging as defined in ORS 410.040 and described in ORS 410.210 to 410.300.
- d. **“Available”** means being physically present to meet the needs of an Individual.
- e. **“Behavior Plan”** means the written document that describes individualized proactive support strategies designed to make the Individual's challenging behaviors irrelevant, inefficient, or ineffective while reinforcing alternative behavior that achieves and satisfies the same need as the challenging behavior. The Behavior Plan shall identify interventions for Contractor's staff to help 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 direct care staff on Behavior Support Plan implementation;
 - (4) Monitoring to evaluate the Behavior Support Plan's impact;
 - (5) Revision of the Behavior Support Plan;
 - (6) Updated coaching and activities; and
 - (7) May include consultation with the direct care staff on mitigating behaviors that place an Individual's health and safety at risk and to prevent institutionalization.
- g. **“Contract Administrator”** means the ODHS staff person accountable for monitoring and ensuring compliance with the terms and conditions of the Contract and ensuring that all requirements are met.
- h. **“Individual”** means the ODHS Consumer or Resident who meets the Target Group definition and receives Services under this Contract. For purposes of this Contract, Client, Resident, and Individual are interchangeable terms.
- i. **“Instrumental Activities of Daily Living” or “IADL”** means tasks consisting of housekeeping, laundry, shopping, transportation, medication management and meal preparation.
- j. **“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.
- k. **“ODHS”** means Oregon Department of Human Services.
- l. **“ODHS Designee”** means the ODHS 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 inquiries, even when not present at the service location.
- n. **“On-Site”** means at the specific service location.
- o. **“Rehabilitation Plan”** means a plan developed and reviewed annually by a licensed therapist to assist an Individual with increasing, maintaining or developing occupational, speech, respiratory, cognitive or physical skills.
- p. **“RN”** means Registered Nurse.
- q. **“Service Plan”** means the written, individualized plan for services developed by the Service Planning Team, reflecting the Individual's capabilities, choices and, if applicable, measurable goals and managed risk issues. The Service Plan defines the division of responsibility in the implementation of the services, as well as when and how often care and Services shall be provided.

- r. **“Service Planning Team” or “SPT”** means a team who includes the Individual and/or the Individual’s identified support network, Contractor’s lead administrative staff supporting medical, behavioral, and activity oversight called out in this Contract, Contractor’s Administrator or designee, and ODHS Designee. The team is responsible for overseeing the Individual’s Service Plan and all other associated plans or services in this Contract.
- s. **“Specific Needs Services”** refers to the specific needs’ settings Contracts identified in OAR 411-027-0075(4). A specific needs setting Contract pays a rate in excess of the rate schedule to providers who care for a group of individuals whose service needs exceed the service needs encompassed in the base payment and add-on’s.
- t. **“Target Group”** means any group of Individuals who meet all of the following documented criteria prior to admission and have received approval for admission:
 - (1) Eligible for Medicaid Long-Term Care Services pursuant to Oregon Administrative Rules Chapter 411, Division 015;
 - (2) Has a medical diagnosis of HIV/AIDS, or is at risk for contracting HIV/AIDS;
 - (3) Currently residing in a nursing facility, at risk for nursing facility placement or houseless; and
 - (4) Requires one of the following:
 - (a) Rehabilitation Plan developed by a licensed therapist including but not limited to a Physical Therapist, Occupational Therapist, Speech/Language Therapist or Recreation Therapist;
 - (b) 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; or
 - (c) Behavior Support Plan.
- u. **“Transition Planning”** means documented assessment and planning activities resulting in sound admission and transition plans, coordinated and developed by Contractor prior to Individual’s placement with Contractor.

2. Contractor’s Services

- a. Contractor shall perform all Services in accordance with Residential Care and Assisted Living Facilities Oregon Administrative Rules Chapter 411, Division 054 and all applicable state and federal laws.
- b. ODHS Contract Administrator will act as ODHS liaison for all Contract oversight and technical assistance activities.
- 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 of an unexpected and immediate absence include but not limited to:
 - (1) Involuntary Exit
 - (2) Hospitalization
 - (3) Arrest

3. Eligibility

ODHS shall have no financial responsibility until Individual's eligibility has been approved, the placement and payment have been authorized by ODHS, and the Transition Planning Meeting has occurred. The Service payment shall become effective on the date of placement pursuant to a fully executed 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 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 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.) 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 services 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 consult with the Contract Administrator and ODHS Designee prior to the issuance of an Involuntary Move-Out notice. In the absence of the Contract Administrator, it is appropriate for the Contractor to consult solely with the ODHS Designee;
- c. Contractor shall provide the Contract Administrator and ODHS Designee with a copy of the approved Involuntary Move-Out notice; and
- d. Contractor shall engage in transition planning with the Individual and their current support network outside of the program to facilitate a safe and sound transition.

6. Service Planning Team

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

The Service Planning Team shall:

- a. Review each Individual's Service Plan and attached component plans on a quarterly basis, 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, Oregon Administrative Rules Chapter 411, Division 054 and be sufficient to meet the scheduled and unscheduled needs of Individuals. If Contractor is unable to meet staffing requirements as a result of extenuating circumstances, the Contractor will notify the Contract Administrator. 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 Contractor's licensed nurses and facility Administrator are posted and available to direct care staff on all shifts to provide crisis management.

8. Direct Care

Contractor's direct care staff must assist Individuals with activities in Contractor's facility and must be trained in accordance with Section 16 of this Exhibit A, Part 1 Statement of Work. For purposes of this Contract, direct care staffing is outlined below:

- a. Contractor shall provide a minimum of 1 direct care staff for each shift. Staffing shall be increased when it is warranted by Individual acuity.
- b. Contractor shall provide a minimum of 1 Medication Aide or Medication Technician on day and evening shifts.
- c. Contractor shall maintain an On-Call pool of direct care staff to cover staff absences, position vacancies and assist with coverage during mandatory meetings and trainings.

9. Nursing Services Manager

In addition to the Administrator required by OAR Chapter 411, Division 054 rules, for purposes of this Contract, known as the Executive Director, Contractor shall provide the residential program 1 FTE Nursing Services Manager position to support the Executive Director. Nursing Services Manager must have experience with operational aspects of running a residential program for Individuals in the target population.

Contractor's Director of Business Services responsibilities, along with the Executive Director, include:

- a. Screening of referrals and other activities related to admission;
- b. Developing and providing Individual-specific training and monthly review of Individual Service Plans with Contractor's direct care staff;
- c. Liaising with ODHS Contract Administrator and local ODHS/AAA office of new referrals and discharges;
- d. Coordinating Individual admissions and discharges with the Service Planning Team;
- e. Partners with the Service Planning Team on behavioral education, and individualized interventions which shall then be communicated through Individual Service Plans to direct care staff;
- f. Respond to Individuals needs and issues while On-site;
- g. Conduct, record, review, and perform quality assurance checks on Behavior Support Plans and offer suggestions as needed; and
- h. Ensure that all staff and residential program have all the supplies necessary to carry out daily function for the residential program as well as emergency needs.

10. Social Services Director

Contractor shall provide 1 FTE for provision of Social Services Director. This position will provide counseling, behavior support services, family support services, referrals to community groups, in-house peer support groups, grief counseling and end of life planning. In addition, responsibilities shall include implementation of Behavior Support Services, per OAR Chapter 411 Division 046, which are initially provided by a qualified Behavior Consultant. Based on direction from the Service Planning Team, the Social Services Director shall:

- a. Assist in development of admission and transition plans to ensure Individuals have needed medical supports;
- b. Assistance with legal and financial issues, including but not limited to, court issues, representative payee services, assistance with paying bills, money management 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 transportation, religious, vocational or education opportunities, volunteer groups, support or substance abuse recovery groups;
- e. Assistance with family interactions, support and outreach;
- f. Assistance in developing transition plans to support discharge goals and planning;
- g. Schedule and facilitate monthly Service Planning Team meeting;
- i. Behavioral Support Services (BSS) coordination with responsibilities to include:
 - (1) Development of a Behavior Support Plan based on the evaluation and completed within 15 days of admission. The Behavior Support Plan must:
 - i. Address at a minimum the behaviors noted as referenced in the definition for Target Group;
 - ii. Identify, as needed, a crisis stabilization and emergency plan to prevent or minimize injuries, property damage, placement failure and emergency hospitalizations;
 - ii. Identify Individual-specific intervention and strategies that caregivers can implement, and are incorporated into the activity plans; and
 - iii. Be reviewed at least monthly and modified as needed, based on feedback from direct caregivers, SPT and the Individual's responses;
 - (2) Partner with the Service Planning Team on behavioral education, and interventions, which shall then be communicated through individualized Behavior Support Plans to direct care staff;
 - (3) Assures appropriate documentation in resident record for behavioral observations/interactions related to successful progress in behavior management. Documents in resident chart significant issues for smooth transition between shifts;
 - (4) Development of and implementation of Individualized Behavioral Support training and monthly review of Individual Behavioral Support Plans with Contractor's direct care staff.
 - (5) Be On-Call and Available, as specified in the Behavior Support Plan, for Individuals at risk of or needing crisis interventions; and
 - (6) Oversee implementation of Managed Risk Agreements as defined in OAR 411-054-0036 (6).

11. Life Enrichment Coordinator

Contractor shall provide 1 FTE Life Enrichment Coordinator position for activity development, implementation, training, oversight and support. Responsibilities include ensuring direct care staff are trained on individualized Activity Plans, and that Individuals can participate in activities 7 days per week, even if Life Enrichment Coordinator is not On-Site or Available. Life Enrichment Coordinator shall:

- a. Conduct a written assessment for each Individual that addresses, at a minimum, the following:
 - (1) Past and current interests;
 - (2) Current abilities, skills and interests;
 - (3) Emotional and social needs and patterns;
 - (4) Adaptations necessary for the Individual to participate; and
 - (5) Identification of activities needed to supplement the Individual's Behavior Support Plan, when applicable.
- b. Development of an Activity Plan for each Individual within 15 business days of admission, based on the Activity assessment. The resulting Activity Plan must meet the preferences of each Individual and be available on day and evening shifts, seven days per week. Activities shall include scheduled or planned as well as spontaneous activities, and which are collaborative and support the Behavior 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
- c. Review Activity Plan each month by Contractor's Activity Coordinator and modified, as needed, based on feedback from direct care staff, SPT and the Individual's responses; and
- d. Provide training needed to Contractor's direct care staff to implement current Activity Plans.

12. Peer Recovery Mentor

Contractor shall provide 0.25 FTE Alcohol and Drug Outreach and Engagement Coordinator position. Staff in this position must have experience with addictions counseling and 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 Alcohol and Drug Outreach and Engagement Coordinator shall ensure:

- a. Participate in the monthly SPT meetings;
- b. Partnership with local law enforcement regarding reporting and disposal of illegal substances;
- 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.

13. Nursing Services

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

- a. Provide one (1) FTE Director of Nursing Services who is a Registered Nurse, On-Call and Available 24/7. Contractor's Director of Nursing Services 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 1 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 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 rules to assist with development of initial Service Plan, admissions, discharges, MARS, TARS, and implementation of Individual Nursing Service Plans;
 - (3) Ensure that each Individual receives a Nursing Service Plan that is pursuant to the Service Plan;
 - (4) Review each Nursing Service Plan monthly or more frequently if the Individual experiences a significant change of condition and update quarterly;
 - (5) Provide or ensure that each direct care staff has the training needed to support Individual's Nursing Service Plans;

- (6) Ensure delegation, teaching, and documentation of nursing care as regulated by OAR Chapter 851 Division 047 rules;
- (7) Provide a review of Contractor's pharmacy and medication system and ensure compliance with OAR Chapter 851 Division 047 rules 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).

14. Dietary Service

Contractor shall provide .5 FTE dietary aide staff, available to engage and educate residents around food choices and accommodate any special dietary needs of the residents, including serving meals in rooms as requested.

15. General Health Service

Contractor shall, through its Director of Nursing Services or licensed nursing staff ensure:

- a. Policy and protocols exist and are followed to ensure that an Individual's change of condition, and any required interventions are communicated to direct care staff on each shift;
- b. Individuals are assisted in accessing the health care services needed or to which Individuals are entitled from outside providers;
- c. All medical and Rehabilitation Plans are in alignment with the Individual's Service Plan. Contractor's staff must be trained to implement Rehabilitation Plans developed by licensed specialists, such as Occupational Therapist, Physical Therapist, Speech Therapist, etc.;
- d. Transportation for local non-emergent transports are arranged or provided for by Contractor's facility as needed to meet health care needs, activity needs or to support interventions identified in the Service Plan and that information needed for the Individual's Service Plan is exchanged.

16. Training

Contractor shall ensure:

- a. All staff assigned to work with Individuals receive training on the Contractor's general policies and procedures, residential program operating policies and procedures, and all Service Plans and protocols specific to the Individual prior to placement of the Individual in the Contractor's residential program and on-going as policies, procedures, protocols, and plans are updated.
- b. All staff assigned to work with Individuals receive on-going behavioral and mental

health training and education.

- c. Direct care staff receive a minimum of 12 hours annual training on clinical and care giving practices that are relevant to the Individuals served and are above the training standards and hours required by Oregon Administrative Rules 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. Social Services Director and Peer Recovery Mentor 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.

17. Contract Review

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