



Contract Number 173067

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

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This is amendment number **3** to Contract Number **173067** between the State of Oregon, acting by and through its Oregon Department of Human Services, hereinafter referred to as “**ODHS,**” and

**McKenzie Living Incorporated
dba McKenzie Living, Eugene
Mailing Address: 245 E. 4th Street, Eugene, OR 97401
Service Address: 2625 Lone Oak Way, Eugene, OR 97404
Attention: Mark Kinkade
Telephone: 541-744-9817
E-mail address: MKinkade@gatewayliving.com**

hereinafter referred to as “**Contractor.**”

1. This amendment shall become effective on the date it is approved in writing by the Oregon Department of Justice, provided it is (i) when required, approved in writing by the Oregon Department of Administrative Services, and (ii) is signed by all parties, regardless of the date of the parties’ signatures.
2. The Contract is hereby amended as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold.**
 - a. **Section 1., “Effective Date and Duration.”** to read as follows:
 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 December 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 November 30, **2025**~~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.

- b. Section 3., “Consideration.”, subsection a. only**, to read as follows:
- a.** The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is ~~\$18,146,679.00~~ **\$36,820,185.00**. ODHS will not pay Contractor any amount in excess of the not-to-exceed compensation of this Contract for completing the Work and will not pay for Work performed before the date this Contract becomes effective or after the termination or expiration of this Contract. If the maximum compensation is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment.
- c. Exhibit A, Part 2, “Payment and Financial Reporting”, Subsection 1.a. only**, to read as follows:
- a.** Considering all approved COVID-19 temporary rate increases to date, including the approved wage add-on increase, Contractor shall be paid as follows:
- (1) As consideration for the services provided by the Contractor for the time period of December 1, 2021, through June 30, 2022, unless otherwise amended, ODHS will pay to the Contractor:

\$11,501.00 prorated per month per Individual for up to 58 Individuals at any one time during the term of the Contract.
 - (2) As consideration for the services provided by the Contractor for the time period of July 01, 2022, through the June 30, ~~2024~~**2023**, unless otherwise amended, ODHS will pay to the Contractor:

\$12,650.00 prorated per month per Individual for up to 58 Individuals at any one time during the term of the Contract.
 - (3) As consideration for the services provided by the Contractor for the time period of July 1, ~~2024~~**2023**, through the **expiration of this Contract**~~November 30, 2023~~, unless otherwise amended, ODHS will pay to the Contractor:

\$13,283.00~~\$10,953.00~~ prorated per month per Individual for up to 58 Individuals at any one time during the term of the Contract.

To provide a buffer for potential future rate increases, the maximum payable to Contractor under this Contract, shown in Section 3.a “Consideration”, is calculated using the highest monthly rate shown in Section 1.a. above. Regardless, any changes to the monthly rates listed in Section 1. “Payment Provisions” above, must be done through a Contract Amendment.

- d. **Exhibit B, “Standard Terms and Conditions”, Section 21., “Notice” ODHS address only** to read as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

ODHS: Office of Contracts & Procurement
635 ~~Capitol Street NE, Suite 350~~ **500 Summer Street NE, E-03**
Salem, OR 97301
Telephone: 503-945-5818
Fax: 503-378-4324


3. Contractor shall comply with all federal, state and local laws, regulations, executive orders and ordinances applicable to Contractor and the Contract. ODHS’ performance under the Contract is conditioned upon Contractor's compliance with the obligations of contractors under ORS 279B.220, 279B.230 and 279B.235, which are incorporated by reference herein.
4. Except as expressly amended above, all other terms and conditions of the original Contract and any previous amendments are still in full force and effect. Contractor certifies that the representations, warranties and certifications contained in the original Contract are true and correct as of the effective date of this amendment and with the same effect as though made at the time of this amendment.
5. **Certification.** Without limiting the generality of the foregoing, by signature on this Contract amendment, the undersigned hereby certifies under penalty of perjury that:
- a. Contractor is in compliance with all insurance requirements in Exhibit C of the original Contract as amended and, notwithstanding any provision to the contrary, Contractor shall deliver to the ODHS Contract Administrator (see page one of the original Contract, as amended) the required Certificate(s) of Insurance for any extension of the insurance coverage required by Exhibit C of the original Contract, as amended, within 30 days of execution of this Contract amendment. By certifying compliance with all insurance as required by this Contract, Contractor acknowledges it may be found in breach of the Contract for failure to obtain required insurance. Contractor may also be in breach of the Contract for failure to provide Certificate(s) of Insurance as required and to maintain required coverage for the duration of the Contract;
- b. Contractor acknowledges that the Oregon False Claims Act, ORS 180.750 to 180.785, applies to any “claim” (as defined by ORS 180.750) that is made by (or caused by) the Contractor and that pertains to this Contract or to the project for which the Contract work is being performed. Contractor certifies that no claim described in the previous sentence is or will be a “false claim” (as defined by ORS 180.750) or an act prohibited by ORS 180.755. Contractor further acknowledges that in addition to the remedies under this Contract, if it makes (or causes to be made) a false claim or performs (or causes to be performed) an act prohibited under the Oregon False Claims Act, the Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the Contractor;

7. Signatures.

CONTRACTOR: YOU WILL NOT BE PAID FOR SERVICES RENDERED BEFORE THE EFFECTIVE DATE OF THIS AMENDMENT.

**McKenzie Living Incorporated
Db a McKenzie Living, Eugene**

By:



Authorized Signature

Mark Kinkade

Printed Name

Vice President

Title

10/03/2023

Date

State of Oregon, acting by and through its Oregon Department of Human Services

By:



Authorized Signature

Trevin Butler

Printed Name

ODHS/APD - Central Delivery Supports Manager

Title

10/05/2023

Date

Approved by the Oregon Department of Administrative Services:

Exempt per OAR 125-246-0170(2)

Authorized Signature Title Date

Approved for Legal Sufficiency:

Approved via e-mail by Jeffrey J. Wahl, Assistant Attorney General September 29, 2023
Oregon Department of Justice Date

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 47 Individuals.

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.

McKenzie Living, Eugene
2625 Lone Oak Way
Eugene, OR 97404

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. **“Case Manager”** and **“Diversion/Transition Coordinator”** means an employee of ODHS 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.)
- 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 who meets the Target Group definition and receives Services under this Contract.
- i. **“Instrumental Activities of Daily Living”** or **“IADL”** means tasks consisting of housekeeping, laundry, shopping, transportation, medication management, and meal preparation.
- j. **“LPN”** means Licensed Practical Nurse.
- 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”** means Oregon Department of Human Services.
- m. **“ODHS Designee”** refers to the ODHS or AAA Case Manager or Diversion/Transition Coordinator primarily responsible for coordinating the Individual’s Services.
- n. **“On-Call”** means available to participate in discussion or for inquiries, even when not present at the service location.
- o. **“On-Site”** means at the specific service location.
- 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.
- s. **“Service Planning Team”** or **“SPT”** means a team who includes the Individual and/or the Individual’s identified support network, a licensed nurse, Behavior and Activity 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 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 Services per OAR Chapter 411 Division 015 rules; 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) Requires assistance with at least one of the following Activities of Daily Living: mobility, eating, elimination, cognition; and
 - (5) History of, 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, or decreased level of functioning.
 - (i) Require one or more of the following:
 - i. Rehabilitation Plan developed by a licensed therapist, including but not limited to a Physical Therapist, Occupational Therapist, Speech/Language Therapist, Recreation Therapist;

- ii. Clinical Treatment Plan developed by a licensed medical professional, including but not limited to a Psychologist, Psychiatrist, Licensed Clinical Social Worker or Certified Alcohol and Drug Counselor; or
 - iii. Behavior Support Plan.
- v. **“Transition Care Conference”** means the documented assessment and planning activities, coordinated and developed by Contractor prior to admission, with the purpose of discussing all elements of the Individual’s care, resulting in a sound admission and transition plan.

2. Contractor’s Services

- a. Contractor shall perform all Services in accordance with the State of Oregon Residential Care and Assisted Living Facilities Administrative Rules, OAR Chapter 411 Division 054 rules 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, RN or Behavior Support Coordinator. 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 residential program. Examples include but not limited to:
 - (1) Involuntary Exit
 - (2) Hospitalization
 - (3) Arrest

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 and included in all subsequent Service plans.
- f. The 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 quarterly Service Planning Team (SPT) meetings. Health care providers shall be invited to participate in the SPT meeting.

The Service Planning Team shall:

- a. Review each Individuals' Service Plan and attached component plans on a quarterly basis, or more frequently if the Individual's physical or behavior 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 Support 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

Staffing levels must comply with the licensing rules of the facility, OAR Chapter 411 Division 054 rules and be sufficient to meet the scheduled and unscheduled needs of Individuals. If Contractor is unable to meet direct care 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 Support Coordinator, licensed nurses, and facility Administrator as defined in OAR Chapter 411 Division 054 rules, 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 16. Training of this Contract. 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 direct care staff for every 4 Individuals during day and swing shifts. Contractor shall provide a minimum ratio of 1 direct care staff for every 6 Individuals during night shift. Contractor shall increase staffing when it is warranted by Individual acuity. Contractor may authorize a caregiver to accompany an Individual outside the facility in an emergent situation; and
- b. Contractor shall maintain an On-Call pool of direct care staff to cover staff absences and position vacancies.

9. Administrator

Contractor shall provide 1 FTE Administrator position, as required in OAR Chapter 411 Division 054 rules, for residential program coordination. Contractor's Administrator must have experience with operational aspects of running a residential program for Individuals in the Target Group, supervising Contractor's direct care staff and understand quality assurance procedures.

Contractor's Administrator responsibilities 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 Behavioral Support Plans and offer suggestions as needed;
- h. Schedule and facilitate monthly Service Planning Team meeting;
- i. Conduct, record, review, and perform quality assurance checks of direct care staff documentation; and
- j. 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. Assistant Administrator

Contractor shall provide the residential program 1.4 FTE Assistant Administrator positions to support the Program Director. Assistant Administrators must have experience with operational aspects of running a residential program for Individuals in the Target Group. The Assistant Administrators shall:

- a. Assist with receiving and processing resident admissions, readmits, and discharges;
- b. Compile new resident medical charts, facilitate chart restructure and dismantling of discharged resident medical records;
- c. Assist with legal and financial issues, including but not limited to court issues, representative payee services, assistance with paying bills and money management;
- d. Review each Individual's Service Plan with direct care staff at least quarterly;
- e. Participate in staff hiring, training, education, disciplinary action, and evaluations;
- f. Assist Administrator with scheduling and facilitating Service Plan meetings;
- g. Ensure all Service Plan changes are communicated to Individuals, caregivers, families, Administrator, RN, and ODHS Designee;
- h. Communicate/coordinate with physicians, outside providers, families, and other appropriate parties concerning Individual status or change in status; and
- i. Assist with staff scheduling as needed.

11. Activity Coordinator

Contractor shall provide 2.5 FTE Activity Coordinator positions for activity development, implementation, training, oversight and support. Responsibilities include ensuring direct care staff are trained on the Activity Plan, and that Individuals can participate in activities seven days per week, even if the Activity Coordinators are not On-Site or available. Activity Coordinators shall:

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

12. Behavioral Supports

Contractor shall provide 2 FTE Behavior Support Coordinator positions for Behavior Support Plan development, implementation, training, oversight and support. Contractor's Behavior Support Coordinators shall:

- a. Complete a person-centered evaluation, which is started at screening and completed 10 business days after admission;
- b. Complete a Behavior Support Plan for each Individual within 15 days of admission. The Behavior Support Plan must:
 - (a) Address at a minimum the behaviors noted as referenced in the definition for Target Group;
 - (b) Identify, as needed, a crisis stabilization and emergency plan to prevent or minimize injuries, property damage, placement failure and emergency hospitalizations;
 - (c) Identify Individual-specific intervention and strategies that caregivers can implement and are incorporated into the activity plans; and
 - (d) Be reviewed each month by Contractor's Behavior Support Coordinator, and modified as needed based on feedback from the direct caregivers, SPT and the Individual's responses.
- c. Contractor's Behavior Support Coordinators are responsible for overseeing Behavior Support Plans and must:
 - (a) Be a member of the Service Planning Team;

- (b) Assist in the screening of all admissions to the facility;
- (c) 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; and
- (d) Assist in coordination with mental health, alcohol and drug treatment services, if an Individual receives these services.

13. Nursing

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

- a. Provide one (1) FTE Registered Nurse (RN) and one (1) FTE Licensed Practical Nurse (LPN) with current unencumbered Oregon licensure. Contractor shall ensure an adequate number of nursing hours are provided relevant to the census and acuity, On-Site at least 5 days per week and are available and On-Call seven days per week;
- b. Ensure the following tasks are performed by Contractor's licensed nurses, within the scope of their license:
 - (1) Assist with screening of prospective Individuals 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 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 OAR Chapter 851 Division 047 rules compliance regarding the teaching of medication administration; and
 - (8) Contractor may 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. Psychiatry

Contractor shall provide up to 47 hours per month of consultation from a licensed Psychiatrist, for consultation, complex medication oversight and on-site provision of medical or psychiatric oversight.

15. General Health Services

Contractor shall, through its Administrator, Assistant Administrator 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 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 Plan) and health related appointments to ensure the Individual's safety and that information needed for the Individual's Service Plan is exchanged.

16. Training

- 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 twelve (12) hours annually on clinical and care giving practices that are relevant to the Individuals served and are above the training standards and hours required by OAR Chapter 411 Division 054 rules for Contractor's licensure. Training must be focused on topics and/or issues that pertain to the Target Group. In-service training events shall have an identified trainer, clear objectives and learning goals for participants and not be simply discussion based. At least 50% of the training shall be completed in a classroom setting or interactive web-based curriculum such as live webinars.
- d. Behavior Support Coordinators must receive an additional 16 hours annually on behavioral health and substance use disorders.
- 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.