



**Contract Number 180207**

**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

**Ohana Garden City Operations, LLC  
dba Kelly Gardens Residential Care  
Mailing: 352 NW 2<sup>nd</sup> Avenue, Canby, OR 97013  
Service: 813 NE Kelly Avenue, Gresham, OR 97030  
Attention: Matthew Hilty  
Telephone: 503.250.3825  
E-mail address: [mhilty@ohana-ventures.com](mailto:mhilty@ohana-ventures.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  
E-mail address: [melissa.g.taber@odhs.oregon.gov](mailto:melissa.g.taber@odhs.oregon.gov)**

- 1. Effective Date and Duration.** This Contract shall become effective on the later of: (I) **June 1, 2023** provided it is (i) approved in writing by the Oregon Department of Justice on or before such date, and (ii) when required, approved in writing by the Oregon Department of Administrative Services, and (iii) is signed by all parties, regardless of the date of the parties’ signatures; or (II) the date this Contract 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. Unless extended or terminated earlier in accordance with its terms, this Contract shall expire on **May 31, 2025**. 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.
- 2. Contract Documents.**

  - a.** This Contract consists of this document and includes the following listed exhibits which are incorporated into this Contract:

    - (1) Exhibit A, Part 1: Statement of Work
    - (2) Exhibit A, Part 2: Payment and Financial Reporting
    - (3) Exhibit A, Part 3: Special Provisions
    - (4) Exhibit B: Standard Terms and Conditions
    - (5) Exhibit C: Insurance Requirements
    - (6) Exhibit D: Federal Terms and Conditions

There are no other contract documents unless specifically referenced and incorporated into this Contract.
  - b.** This Contract and the documents listed in Section 2., “Contract Documents”, Subsection a. above, shall be in the following descending order of precedence: this Contract less all exhibits, Exhibits D, B, A, and C.
- 3. Consideration.**

  - a.** The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is **\$9,369,600.00**. 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.
  - b.** Payments to Contractor shall be subject to ORS 293.462, and shall be made in accordance with the payment schedule and requirements in Exhibit A, Part 2., “Payment and Financial Reporting.”
  - c.** ODHS will only pay for completed Work under this Contract. For purposes of this Contract, “Work” means the tasks or services and deliverables accepted by ODHS as described in Exhibit A, Part 1, “Statement of Work.”
- 4. Contractor or Subrecipient Determination.** In accordance with the State Controller’s Oregon Accounting Manual, policy 30.40.00.104, ODHS’ determination is that:

## EXHIBIT A

### Part 1 Statement of Work

**Contract Type:** Residential Care Facility Specific Needs Contract

**Contract Capacity:** Not to exceed 20 Residents (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 and all other applicable state and federal laws.

**Kelly Gardens RCF  
813 NE Kelly Ave  
Gresham, OR 97030**

#### 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. **“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.

- e. **“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.
- f. **“Individual”** means the ODHS Consumer or Resident who meets the Target Group definition and receives Services under this Contract. “Individual”, “Client”, “Resident”, and “Consumer” are all interchangeable terms.
- g. **“Instrumental Activities of Daily Living” or “IADL”** means tasks consisting of housekeeping, laundry, shopping, transportation, medication management and meal preparation.
- h. **“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.
- i. **“ODHS”** means Oregon Department of Human Services.
- j. **“ODHS Designee”** means the ODHS or AAA Case Manager or Diversion/Transition Coordinator primarily responsible for coordinating the Individual’s services.
- k. **“On-Call”** means available to participate in discussion or for inquiries, even when not present at the service location.
- l. **“On-Site”** means at the specific service location.
- m. **“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.
- n. **“RN”** means Registered Nurse.
- o. **“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.
- p. **“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.
- q. **“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.

- r. **“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) History of unsuccessful placements or service needs that make it difficult to secure a standard placement;
  - (3) History of or currently exhibiting or 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.
  - (4) Requires a Behavior Support Plan with oversight and review of interventions required at least weekly by the Contractor’s Behavioral Specialist; and
  - (5) Requires at least one of the following:
    - (a) 2- person full assist with mobility or transfers or physician’s diagnosis of obesity with a body mass index calculation of 40 or greater; or
    - (b) A long-term 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) Nursing Assessment more than one day per week or has ongoing tasks of nursing that cannot be delegated or Hospice Care.
- s. **“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 notify the Contract Administrator and ODHS Designee within 10 days of any vacancy of Contractor's licensed nurses or facility Administrator. Contractor shall provide the Contract Administrator with a plan of how the vacancy will be covered and process for filling the position.
- d. Contractor shall ensure that all Individuals served under this Contract meet the Target Group requirements.
- e. 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 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 the Target Group of 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 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 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 monthly Service Planning Team 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 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 Individual safety and stability; and
- f. Engage Contract Administrator and ODHS Designee within 72 hours of a change of condition which results in a Less-Than-30-Day Move-Out 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 Contractor's licensed nurses and 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, as well as activities and medical appointments in the community, and must be

trained in accordance with Section 19 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 ratio of 1 staff for every 3 residents during day and evening shifts. Contractor shall provide a minimum ratio of 1 staff for every 5 residents during night shift. Contractor shall increase staffing when it is warranted by Individual acuity. Upon reaching full capacity under the Contract, Contractor shall provide 7 direct care staff during day and evening shifts and 4 direct care staff during night shift; and
- b. Contractor shall maintain an on-call pool of direct care staff to cover staff absences and position vacancies.

## **9. Administrator**

As specified in OAR Chapter 411 Division 054 rules, Contractor shall provide 1 FTE Administrator, who is On-Site a minimum of 5 days per week. Included in this position, .5 FTE shall be dedicated to this Contract, providing oversight to staff and quality assurance activities intended on ensuring the terms of this Contract and licensing regulations are met.

## **10. Activity Staff**

Contractor shall provide 1 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 per 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) Desire for activities in the community, including any accommodations required to participate in those activities;
  - (5) Adaptations necessary for the Individual to participate; and
  - (6) Identification of activities needed to supplement the Individual's Behavior 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 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. Activity plans must include community engagement, unless the Individual's condition prohibits these activities or the resident does not wish to partake in these activities;
  - d. Review Activity Plan at least quarterly through the Service Planning process and modified, as needed, based on feedback from direct care staff, SPT, and the Individual's responses; and
  - e. Provide training needed to Contractor's direct care staff to implement current Activity Plans.

## **11. Resident Care Coordinator**

Contractor shall provide 1 FTE Resident Care Coordinator positions. Staff in this position shall have the responsibility to ensure the quality care of all Individuals under the Contract, through daily implementation of the established processes, documentation and resident care coordination. This includes oversight of direct care and medication tech tasks, education and training, staffing and hiring, auditing of order processing, incident reports, alert charting and physician and responsible party communication. Contractor's Resident Care Coordinators responsibilities include:

- a. Providing or ensuring availability of 24/7 continuous supervision, as well as ensuring access to emergency backup is available for direct care staff;
- b. Development and provision of any Individual-specific training needed to implement the Individual's Service Plan;
- c. Schedule and provide facilitation of the Service Planning Team meetings;
- d. Provide monthly review of Individual Service Plans with Contractor's direct care staff;
- e. Development of Individual-specific Service and Behavioral Plans, including identification of Individual-specific intervention and strategies that caregivers can implement;

- f. Monitors changes to medical orders daily;
- g. Manage staffing decisions such as hires and training, performing staff screening, staff scheduling, conducting initial staff on-site training, and scheduling on-call coverage for all Contractor's staff;
- h. Ensures documentation in each Individuals' chart for smooth transition between shifts;
- i. Facilitate, assist and provide support with client services and activities as needed, including but not limited to Individual admissions/discharges, orientations to Individual services, group facilitation and safety checks;
- j. Conduct record reviews and quality assurance checks of staff documentation;
- k. Communicate with SPT and other team meetings regarding interactions with Individuals, observations, and changes in status of Individuals; and
- l. Oversee the implementation of all training required by this Contract.

## **12. Social Services**

Contractor shall provide a 1 FTE for provision of Social Services for the purpose of coordination of Behavior Support Services by a qualified Behavioral Consultant, Mental Health Specialist or other Rehabilitation services. Contractor's Social Services must be available to provide on-call services, and are responsible for documenting, implementing and training staff on Behavior Plans. Responsibilities include but are not limited to:

- a. Screening of referrals and other activities related to admission;
- b. Providing or ensuring availability of 24/7 continuous supervision around implementation of Behavior Support Plans, as well as ensuring access to emergency backup is available for direct care staff;
- c. Communication with qualified Behavioral Consultants, to ensure all Behavior Support Services are provided for Individuals as needed;
- d. Identify appropriate referrals for request of Behavioral Support Services.
- e. Development of Individual-specific Service and Behavioral Plans, including identification of Individual-specific intervention and strategies that caregivers can implement;
- f. Ensure Behavior Support Plans are incorporated into the Activity Plans, through collaboration with the Activity Coordinators;
- g. Ensure appropriate documentation in Individual's records for any needed behavioral observations/interactions related to successful progress in behavior management;
- h. Review each Individual's Behavior Plan at least monthly; and
- i. Coordination and management of all direct care staff training and implementation of Behavior Support Services in collaboration with qualified Behavioral Consultants.

### 13. Nursing Services

Contractor shall, in addition to nursing requirements of Oregon Administrative Rules Chapter 411, Division 054:

- a. Provide 1 FTE Registered Nurse (RN) with a current unencumbered Oregon license. Responsibilities include audits of each Individual's medications at least monthly and oversight of all nursing tasks. Contractor shall ensure an adequate number of nursing hours are provided relevant to the census and acuity, nursing staff are On-Site, available and On-Call 7 days per week;
- b. Provide 2 FTE Licensed Practical Nursing staff with current unencumbered Oregon licensure, and be On-Site 7 days per week; and
- 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 Oregon Administrative Rules Chapter 851, Division 045 to assist with development of initial Service Plan, admissions, discharges, MARS, TARS, and implementation of individualized 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 each Individual's Nursing Service Plans;
  - (6) Ensure delegation, teaching and documentation of nursing care as regulated by Oregon Administrative Rules Chapter 851, Division 047;
  - (7) Provide a review of Contractor's pharmacy and medication system and ensure Oregon Administrative Rules 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).

**14. Dietary Director**

Contractor shall provide .5 FTE Dietary Services Director for the purpose of menu planning, cooking, coordination of dietary services staffing and training. Dietary Services Director shall address Individual concerns around food choices and preferences, while incorporating nutritional plans developed by the Dietary Consultant.

**15. Dietary Services/ Hospitality Aide**

Contractor shall provide 1 staff to every 7 Individuals of dietary service staff on day and evening shifts, available 7 days per week to accommodate any special dietary needs of the residents, including serving meals in rooms as requested.

**16. Dietary Consultant**

Contractor shall obtain 40 hours per month Dietary Consultant services. All Dietary Consultant services must be dedicated to the Individuals served by this Contract, and must include the following responsibilities:

- 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;
- f. Monitor dietary intake and results and adjust nutrition plans accordingly; and
- g. Work with the Individuals and Contractor's Health Care Coordinator to form support network.

**17. Medical Director**

Contractor shall provide 16 hours per month Medical Director services from a licensed medical provider for healthcare services, including consultation, complex or psychiatric medication regime supervision, and on-site provision of medical oversight. In addition, Contractor's Medical Director will provide quality assurance of medical services, medication audits and treatments. Medical Director will coordinate with the Contractor's regional nursing services for crisis intervention training of staff.

**18. General Health Service**

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

## **19. 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. Contractor shall ensure all required training activities are documented and verifiable to include dates, topics, attendees, and presenters.

## **20. 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.

**Exhibit A**  
**Part 2**  
**Payment and Financial Reporting**

**1. Payment Provisions.**

a. Contractor to be paid as follows:

(1) As consideration for the services provided by the Contractor for the time period of **June 1, 2023 through June 30, 2023**, unless otherwise amended, ODHS will pay to the Contractor:

**\$19,520.00** prorated per month per Individual for up to 20 Individuals at any one time during the term of this Contract.

(2) As consideration for the services provided by the Contractor for the time period of **July 1, 2023 through the end of the Contract**, unless otherwise amended, ODHS will pay to the Contractor:

**\$16,900.00** prorated per month per Individual for up to 20 Individuals at any one time during the term of this Contract.

b. 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.

c. Subject to the conditions of this paragraph 1.c., ODHS guarantees a minimum payment to the Contractor of one day at the rate described in ODHS’ Policy Transmittal for the acceptance of referrals made by ODHS or its designee. Contractor agrees to provide services to at least one Individual eligible to receive services referred by ODHS to Contractor during the term of this Contract. Contractor shall be entitled to payment of the guaranteed minimum amount as follows:

- (1) If ODHS fails to make any referrals to Contractor during the term of this Contract; or
- (2) If, through the provision of services to any Individual referred to Contractor under this Contract, Contractor is not due an amount equal to at least the guaranteed minimum payment amount, then

Contractor may, within 30 days of the expiration or termination date of this Contract, submit an invoice to ODHS for payment which totals the guaranteed

minimum amount, taking into account any moneys previously paid by ODHS or due to the Contractor for services provided by Contractor to an Individual. However, if Contractor fails to submit an invoice to ODHS within the required time, or Contractor has not fulfilled Contractor's obligation to provide services to at least one Individual referred to Contractor under this Contract, ODHS shall have no further obligation to Contractor for payment of the guaranteed minimum amount.

- d. Contractor will neither accept nor solicit additional consideration from any source for services purchased under this Contract for eligible ODHS or Area Agency on Aging (AAA) Individuals.
- e. Maintenance costs include rent, utilities and food (room and board). Payment for maintenance costs and any other authorized special needs are the responsibility of each Individual and are not a part of the purchases under this Contract. Individuals, whose monthly income exceeds the maintenance total, as published by ODHS, plus standard personal incidental allowance, must apply any balance to the cost of the authorized service payment. The service rate for ODHS Individuals may not be more than rates charged private paying Individuals with the same service needs.
- f. Regardless of facility location, no payment to buyer or lessee of the facility will be made until buyer or lessee has received a license and a contract from ODHS. ODHS will continue payment for Contractor's services no more than 30 days following termination of licensure.

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