

## EXHIBIT A

### Part 1 Statement of Work

1. Contractor shall provide Complex Behavioral services as described herein to **not more than 10** Medicaid-eligible Individuals **at any one time** who are authorized to receive services at the Contractor's owned and operated licensed Residential Care Facility located at:

#### Adara Oaks

2. **Definitions.**

In addition to all terms defined in the Contract, the definitions in OAR 411-54-0005 apply to this Contract. If a conflict exists between any terms defined in this Contract and the terms defined in OAR 411-54-0005, the conflicting term with the greater level of expectation or delivery shall take precedence.

- 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 evaluation. The plan should include strategies for how these activities can become part of the Individual's daily routines. For purposes of this Contract the plan is developed by the Activities Coordinator.
- c. **“Area Agency on Aging” or “AAA”** means the DHS 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. **“Behavior Support Coordinator (BC)”** is the designated employee who meets the qualifications and continuing educations requirements of a Behavior Consultant as defined on <http://www.otac.org/?s=Behavior+Support+Consultant&search=Search>
- e. **“Behavior Support Plan”** means the written document that describes individualized proactive support strategies which are designed to replace challenging behaviors with functional, positive behaviors and which identifies caregivers interventions to help them deescalate, reduce or tolerate the challenging behavior. The strategies must focus on environmental, social, and physical factors that affect the behavior(s). All Behavior Support Plans must be aligned with the Individual's Service Plan required under licensing or Medicaid program rules and with the Activity Plan.

- f. **“Behavior Support Services (BSS)”** means a set of services that include assessment activities; the development of a Positive Behavior Support plan and Activity plan; teaching activities for designated caregivers on how to implement the plan; monitoring to evaluate the plans impact and as needed; reassessment and revision of the plan and updated teaching and coaching activities. BSS must be provided at the residence where the eligible person lives.
- g. **“Case Manager” or “CM”** and **“Diversion/Transition Coordinator” or “D/T”** means the State or AAA worker who is responsible for authorizing the Individual’s benefits, participating on the Individual’s Service Planning Team and submitting rate adjustment requests. This person is the DHS liaison between the Individual, their family, legal representative, nursing facility social worker and Contractor for all screening, admission and eligibility functions under this Contract.
- h. **“Individual”** means a DHS client being served under this Contract, in a licensed Residential Care Facility, who meets the Target Group.
- i. **“Community Attendants”** means the direct care staff or other employees who escort and assist an Individual with their ADL, communication, health and safety needs while they are engaging in activities outside of the residence. Family or natural supports can provide this function on behalf of the Contractor if they have necessary legal authority or Individual’s permission.
- j. **“Community Based Care”** means licensed facilities settings which include assisted living facilities, residential care facilities, memory care communities, and adult foster homes.
- k. **“Complex Behavioral Needs”** means the individual:
  - (1) Requires a behavior support plan that describes daily interventions and which is monitored on a weekly basis; and
  - (2) Has either Level 1 or 2 Behaviors:
    - (a) Level 1- Currently exhibits or has exhibited in past year one of the following high risk behaviors:
      - i. Dangerous or criminal behavior which has resulted in hospitalization, criminal charges or which has caused injury to self or others.
      - ii. Physical or sexual aggression to staff or individuals.
    - (b) Level 2- Currently exhibits or has exhibited in past 90 days two or more of the following behaviors:
      - i. Disruptive or agitated behaviors which occur on a daily basis.
      - ii. Verbally abusive behaviors to staff or individuals which occur on daily basis.

- iii. Refuses medications or health care services creating legal or healthcare risks to themselves or other individuals.
  - iv. Uses PRN psychiatric medications for specific behaviors.
  - v. Requires monitored exits to prevent eloping into community without staff supervision.
  - vi. Addiction to cigarettes, food, prescription narcotics, alcohol, medical marijuana or illegal substances requiring special care planning or staff training.
  - vii. Actual or threats of self-harm behaviors which require staff monitoring on a daily basis
- l. **“DHS Designee”** refers to the staff person identified and authorized by the Referring Agency as the employee primarily responsible for coordinating the Individual’s care with the Contractor, Case Manager, or the Diversion/Transition Coordinator.
- m. **“Diversion”** means services are appropriate when individuals are at high risk for admitting in to long term care nursing facility and case management involves finding appropriate community alternatives. A person could be residing in the community or be receiving skilled services (prior to Medicaid covering the cost of care) in a nursing facility.
- n. **“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. Nursing Service Plan must be in alignment with the individual's service plan.
- o. **“On-Call”** means available to participate in discussion or for inquires, even when not present at the service location.
- p. **“On-Site”** means on or at the specific service location of the Adult Foster Home.
- q. **"Person-Centered Care Training"** means a process, either formal or informal, for gathering and organizing information that helps an individual:
- (1) Determine and describe choices about personal goals, activities, and lifestyle preferences;
  - (2) Design strategies and networks of support to achieve goals and a preferred lifestyle using individual strengths, relationships, and resources; and
  - (3) Identify, use, and strengthen naturally occurring opportunities for support at home and in the community.
- r. **"Positive Behavioral Support"** means the theories and practices describing a proactive approach to behavior and behavior interventions that:
- (1) Emphasize the development of functional alternative behavior and positive behavior intervention;

- (2) Uses the least intrusive or restrictive intervention possible;
  - (3) Ensures that abusive or demeaning interventions are never used; and
  - (4) Evaluates the effectiveness of behavior interventions based on objective data.
- s. **“PRN”** means according to necessity, when needed.
  - t. **“Program Director”** means Contractor’s full-time position responsible for program coordination
  - u. **“Referring Agency”** means either the Department of Human Services (DHS) or an Area Agency on Aging (AAA).
  - v. **“RN”** means Contractor’s Registered Nurse
  - w. **“Residential Care Facility”** means a building, complex, or distinct part thereof, consisting of shared or individual living units in a homelike surrounding where six or more seniors and adult individuals with disabilities may reside. The residential care facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living, health, and social needs of the residents as described in these rules. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, individuality, and independence.
  - x. **“Service Planning Team” (SPT)** means a team of members who meet weekly and who include at a minimum, the individual and/or the Individual’s legal representative, RN, Behavior and Activity Coordinators, Administrator and DHS Designee. The team is responsible for overseeing the Individual’s Service Plan and all other services in this Contract.
  - y. **“Service Plan”** is the document required by OAR 411-054-0036. For purposes of this Contract each Individual must have a Service Plan that is in alignment with a separate Positive Behavior Support Plan and a separate Activity Plan. Each person must have these plans reviewed by the Service Planning Team weekly or more frequently if an Individual is being considered for eviction; a crisis plan is needed or has been activated; or the Individual has experienced an ER visit or hospitalization.
  - z. **“Specific Needs Services”** refers to the payment process and standards identified in OAR 411-027-0075(1) (4). Programs with Specific Needs Services contracts provide specialized services designed to meet the needs of Individuals in a specific Target Group which exist as the result of a condition or dysfunction resulting from a physical disability or a behavioral disorder which requires more than the minimum scope of services of this Contractor.
  - aa. **“Target Group”** Target Group for the purposes of this Contract means an individual who meets all five of the following requirements.
    - (1) Be eligible for Medicaid Long-Term Care Services per OAR 411-15;
    - (2) Currently residing in a nursing facility or being diverted from nursing facility placement;

- (3) Require two or more direct care staff at all times;
  - (4) Has a history of failed placements in other home and Community Based Care settings;
  - (5) Has 'Complex Behavioral Needs' as defined in this Contract.
- bb. **“Transition Care Conference”** means a conference arranged by the Contractor prior to placement. The following persons must attend or participate by phone: Diversion/Transition Coordinator, Contractors Registered Nurse (RN), Behavior Coordinator, the Individual and/or Individual’s designated representative, and the Contractor or their designated representative.

### **3. Services.**

- a. Contractor shall perform all Work and operate its Residential Care Facility in accordance with the DHS Residential Care and Assisted Living Facilities Administrative Rules, OAR 411-54-0000 through OAR 411-54-0300, and all applicable federal laws.
- b. Contractor shall designate a staff person as Contractor’s primary contact for communications between Contractor and DHS. Contractor shall provide this staff information and any changes to this staff designee to DHS within ten days of Contract execution or change in staff designee by Contractor.
- c. Under this Contract, all Medicaid-Eligible individuals will meet the Target Group.
- d. Contractor shall notify DHS Designee of all issues, including any absence of any Medicaid-Eligible Individual from the Residential Care Facility which may affect Contractor’s Work or payment for Contractor’s Work.
- e. Contractor shall participate with DHS or DHS Designee review of the facility within 90 days of Contract execution and prior to the renewal of Contract period and provide DHS with any business records requested for evaluation of Contractors performance.

In addition to the services described in the DHS Residential Care and Assisted Living Facilities Administrative Rules, OAR 411-54-0000 through OAR 411-54-0300, and all applicable federal laws, Contractor shall perform the following services:

### **4. Eligibility & Admission Process.**

- a. All persons eligible for Specific Needs Services must meet the Target Group definition and be eligible for DHS services under the currently funded service priority levels in Long Term Care Service Priorities for Individuals Served under OAR 411-015-0000 through 411-015-0100.

- b. Contractor shall notify the DHS Designee of all queries, referrals or potential placements and provide DHS Designee at least ten (10) business days in advance of an admission date all information necessary for DHS approval of the admission.
- c. Contractor shall screen all potential placements and assure that Contractor's Behavior Support Coordinator and RN participates in a minimum of one pre- placement or Transition Care Conference to determine the appropriateness of placement and to coordinate transition planning.
- d. All Medicaid placements must be prior approved by the DHS. Placements not prior approved will not be reimbursed under this Contract.

**5. Discharge Process.**

- a. No Individual served under this Contract may be discharged from the facility without the prior review and approval by DHS Designee and the Individual's Service Planning Team.
- b. Program Director shall ensure that the Service Planning Team is convened in a timely manner to conduct discharge reviews.
  - (1) The Service Planning Team must document all attempts to provide supports needed to maintain the Individual's placement in the home.
  - (2) The Service Planning Team must develop a discharge or transition plan to support the Individual, regardless of whether the discharge is voluntary or involuntary.
  - (3) Documentation of (1) and (2) above, must be implemented prior to and attached to any move out notice(s) required under licensing rules.
- c. Involuntary moves, transfers and discharges must be in accordance with the OAR 411-054-0080.
- d. Contractor shall complete a Form 492 – Specific Needs Contract Resident Termination, attached hereto as Exhibit E, documenting all discharges.

**6. Service Planning Team (SPT).**

- a. Contractor shall ensure:
  - (1) Designation of a Program Director who is responsible for scheduling, facilitating, coordinating, overseeing and documenting monthly Service Planning Team (SPT) meetings.
  - (2) Diversion/Transition Coordinators, APD or AAA Case Managers, health care providers are invited to participate in the SPT meeting as needed. Those team members who are unable to attend the meeting must receive copies of the updated Service Plans for review.

- (3) All changes to the Service Plan are documented and a system for communicating the changes to direct care staff must be identified and documented.
  - (4) The SPT reviews each Individual's Service Plan on a weekly basis or more frequently if the Individual's health or behavior deteriorates.
- b. Contractor shall ensure that Contractor's SPT must:
- (1) Develop an initial Service plan based on the Individual's assessment, in accordance with the facility's licensure. Within 15 calendar days of admission, a Positive Behavior Support plan, an individualized Activity Plan and a Nursing Plan must be attached to and aligned with the Service Plan.
  - (2) Develop and oversee implementation of an individualized Positive Behavior Support plan which is reviewed monthly by the Behavior Coordinator and updated as needed.
  - (3) Develop and oversee implementation of the individualized Activity Plan that identifies activities the Individual finds meaningful and which can be provided onsite as well as in the community.
  - (4) Develop and oversee implementation of a Nursing Service Plan addressing any health conditions, delegated or non-delegated nursing tasks, medical treatments, PRN medications, ADL needs which require caregiver teaching. The Nursing Service Plan must also identify all coordination necessary with the Individual's health providers.
  - (5) Designate a SPT member to review the Service Plan and treatment goals with the Individual in a manner that allows the Individual to maximize the services provided by the SPT. The Individual's response to the Service Plan must be documented.

## **7. Staffing.**

Contractor shall ensure:

- a. Staffing levels comply with the licensing rules of the facility, OAR 411-054-0070 and are sufficient to meet the scheduled and unscheduled needs of Individuals:
  - (1) Contractor hires qualified staff and assure coverage to meet the needs of each Individual.
  - (2) All staff hired or who work with Individuals are experienced, qualified, well-trained persons who have completed, submitted and passed a criminal history check.
  - (3) Copies of completed criminal history checks are made available to the state or AAA Case Manager or DHS Contract Administrator upon request.
  - (4) Job descriptions are kept and are available to DHS Contract Administrator upon request.

- (5) Supervisory and emergency staff are identified and available to direct care staff on a 24 hour basis.
- (6) Emergency backup and on-call information for the RN, Behavior Coordinator either the Program Director or Facility Administrator as defined in RCF rule are posted and available to direct care staff on all shifts to minimize avoidable emergency placements and to provide crisis management.

**b. Direct Care Staffing.**

- (1) There shall be no less than 2 direct care staff at all times in the building. If more than 5 residents have admitted into the facility, Contractor shall provide four (4) direct care staff on days, three (3) on evenings and two (2) at night. In addition, there will be one (1) designated Medication Aide on each shift to dispense medications; all staff designated as a Medication Aide shall meet the criteria for a Certified Nursing Assistant. Contractor shall add staffing when it is warranted by Individual acuity.
- (2) Contractor shall carry out the services described in this Contract and in the Individual's Service Plan. Contractor's direct care staff must assist Individuals with activities in Contractor's facility as well as in the community and must be trained in accordance with Section 9. Training, below.

**c. Program Director.**

Contractor shall provide .5 FTE Program Director position for program coordination. Contractor's Program Director 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 Program Director responsibilities include:

- (1) Screening of referrals and other activities related to admission;
- (2) Providing or ensuring availability of continuous supervision, as well as, direction and access to emergency backup for Contractor's direct care staff;
- (3) Development of and provision of Individual-specific training and review of Individual Service Plans with Contractor's direct care staff;
- (4) 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;
- (5) Respond to Individuals needs and issues while on site;
- (6) Conduct, record, review, and perform quality assurance checks of staff documentation;



- (7) Schedule and provide facilitation of monthly Service Planning Team meeting;
- (8) Review each Individual's Service Plan with direct care workers at least quarterly;
- (9) Ensure that Contractor's staff and program has all supplies necessary for daily life as well as emergency events; and
- (10) Liaison to DHS Contract Administrator.

d. **Activity Coordinator.**

Contractor shall provide one (1) full-time position for activity development, training, and support called the Activity Coordinator. Contractor shall ensure its direct care staff are trained on the Activity Plan, and that Individuals can participate in activities seven days a week, even if the Activity Coordinator is not on site or available. Contractor's Activity Coordinator must provide services and tasks defined under OAR 411-054 and as described in this Contract. Services must include:

- (1) An activity evaluation for each Individual that addresses the following:
  - (a) Past and current interests;
  - (b) Current abilities and skills;
  - (c) Emotional and social needs and patterns;
  - (d) Physical abilities and limitations;
  - (e) Adaptations necessary for the Individual to participate; and
  - (f) Identification of activities needs to supplement the Individual's Behavior Support Plan.
- (2) Development of an individualized Activity Plan within 15 days of admission based on the Activity Plan evaluation for each Individual. The resulting Activity Plan must include structured and non-structured activities which meet the preferences of each Individual and are available on day and evening shifts, seven days per week. Activities may include, but are not limited to,:
  - (a) Occupation or chore related tasks;
  - (b) Scheduled and planned events (e.g. entertainment, outings);
  - (c) Spontaneous activities for enjoyment or those that may help diffuse a behavior;
  - (d) One-to-one activities that encourage positive relationships between Individuals and Contractor's staff (e.g. life story, reminiscing, music);
  - (e) Spiritual, creative, and intellectual activities;
  - (f) Sensory stimulation activities;

- (g) Physical activities that enhance or maintain a Individual's ability to ambulate or move; and
  - (h) Outdoor activities.
- (3) Activity Plans must be reviewed, documented and updated on a monthly basis.
  - (4) Contractor's direct care staff must receive training as needed to implement current Activity Plans.

e. **Behavior Coordinator.**

Contractor shall provide one (1) full-time Behavior Support Coordinator position for behavior consultation and support. Contractor's Behavior Support Coordinator must provide on call services and be on-site at a minimum of four days per week. Contractor's Behavior Support Coordinator is responsible for evaluating, developing, documenting, training, and providing Behavior Support Services including but not limited to:

- (1) A behavior assessment which is started at screening and completed 10 business days after admission.
- (2) A Behavior Support Plan dedicated 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
  - (d) Be reviewed each week by Contractor's Behavior Support Coordinator and modified as needed based on feedback from the direct caregivers, SPT and the Individual's responses.
- (3) Contractor's Behavior Support Coordinator is 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 home;
  - (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;
  - (d) Assist in coordination with mental health, alcohol and drug treatment services if an Individual receives these services; and
  - (e) Complete mandatory Behavior Support Plan forms including:

- i. Progress Notes: SDS 0311; and
- ii. Behavior Support Plan: SDS 0310

f. **Dietary Services**

The Contractor shall have a.5 FTE per week Registered Dietitian to perform the following duties:

- 1) Assess individual nutritional needs;
- 2) Coordinate pre admission person centered evaluation related to the Individual's dietary habits, goals and preferences;
- 3) Work with facility RN or other involved medical professionals to evaluate appropriate diet concerns in relation to Individual health care needs.
- 4) Develop and implement Individual nutrition plans.
- 5) Nutritional plans should address health related concerns such as weight loss, strength-building, cholesterol, or diabetes management.
- 6) Monitor dietary intake and results and adjust nutrition plans accordingly.
- 7) Work with the Individuals and Health Care Coordinator to form support network.

g. **Nursing**

In addition to nursing requirements of OAR 411-054-0447(4) the Contractor shall:

- (1) Provide a minimum of .5 FTE Registered Nurse (RN), with current Oregon licensure. Contractor shall ensure an adequate number of nursing hours are provided relevant to the census and acuity of the Individual population.
- (2) Ensure the following tasks are performed by Contractor's RN who is available continuously on call:
  - (a) Assist with screening prospective Individuals to determine if their needs can be met by the direct care staff and services, and assist in the development of the initial Service Plans.
  - (b) Ensure that each Individual receives a Nursing Service Plan that is aligned with the required Service Plan;
  - (c) Review each Nursing Service Plan monthly or more frequently if the Individual experiences a change of condition;

- (d) Provide or ensure that each direct care staff has the training needed to support each Individual's Nursing Service Plan;
  - (e) Ensure delegation, teaching and documentation of tasks of nursing care as regulated by OAR Chapter 851, Division 047;
  - (f) Provide a review of Contractor's pharmacy and medication system and ensure OAR 851-047-0000 compliance regarding the teaching of medication administration; and
- (3) Ensure Contractor's RN provides focused assessments per 851-045-0030(f) to assist with development of initial Service Plan, admits, discharge, MARS, TARS and implementation of Individual Nursing Service Plans.
  - (4) Ensure Contractor's RN provides 'intermittent direct' nursing services within the scope of their license(s) to Individuals who require nursing services and the task cannot be delegated to caregivers until the Contractor can arrange to have the nursing need provided by hospice, home health, a licensed health care provider or until the Individual is moved to a placement that can provide the required service.

**8. General Health Service.**

- a. Contractor shall, through its Program Director, RN, or LPN, ensure:
  - (1) 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;
  - (2) Individuals are assisted in accessing the health care services needed or to which Individuals are entitled from outside providers;
  - (3) 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
  - (4) Community Attendants are arranged or provided during all local community and health related appointments to ensure the Individual's safety and that information needed for the Individual's Service Plan is exchanged.

**9. Training.**

In addition to facility licensing requirements OAR 411-054 for training, Contractor shall provide:

- a. Individual-specific orientation to direct care staff, SPT members and other Contractor's staff to ensure that such staff are oriented to the Individuals service needs prior to an Individuals first day of placement.

- b. Person-centered training necessary to provide ADL care, medication administration, delegated nursing tasks, implement Behavior Support Plans, assist with activities and act as community attendants.
- c. A minimum of four hours new employee orientation to all new Contractor's staff before such staff provide services.
- d. Line of sight supervision and orientation to new Contractor's staff for the first seven days of on-site work with Individuals.
- e. Sixteen hours total per year of in-service training on clinical and care giving practices that are relevant to the Individuals served and are above the training standards and hours required for Contractor's licensed service facility location. Hours spent on Individual-specific teaching needed for Service Plan implementation or training on regulatory, administrative or general safety issues such as infection control, or fire safety must not count towards the annual training hours required.
- f. Contractor's administrator, RN, activity coordinator, and Behavior Support Coordinator must receive a minimum of 16 hours Positive Behavior Support or Person Centered Care Training within 60 days of hire by a DHS-approved training provider.
- g. Contractor's Behavior Coordinator must meet qualifications noted at <http://www.otac.org/?s=Behavior+Support+Consultant&search=Search> and receive 12 Continuing Education training hours each calendar year from a DHS-approved training provider.

Contractor shall submit verification of completion of staff training with topics and presenters noted to the DHS Contract Administrator annually, or more frequently, as requested by DHS.

#### **10. Coordination with Other Agencies.**

Contractor shall ensure that Services are provided in compliance with pertinent regulations of other agencies which include but are not limited to OAR 411-054 and OAR 411-027.

#### **11. Confidentiality.**

Contractor shall ensure that a HIPAA-compliant release of information is signed by each Individual or their legal representative to ensure all members of the Service Planning Team have access to the information necessary to provide appropriate treatment Services.

#### **12. Administrative Requirements.**

- a. Contractor shall prepare and submit written notification to the DHS at least 90 days prior to a voluntary termination of this Contract to assure a smooth, safe transition of Individuals to another care setting.
- b. Contractor shall participate in DHS or DHS Designee review of Contractor's facility as requested by DHS.

- c. In addition to “Exhibit B. 13. Records Maintenance, Access”, Contractor shall ensure that all records are available for DHS review upon request.

**13. 90 Day Review.**

Contractor shall participate in an initial program review 90 days after either Contract execution, an individual specific rate adjustment, or Contract amendment which may result in modifications to the rates, staffing and services described in this Contract.