



Contract Number 169422

**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

**Chancellor Health Care of California XI, Inc.
dba Fircrest Assisted Living
Attn: Michel Augsburger
213 NE Fircrest Drive
McMinnville, Oregon 97128
Telephone: 707.687.1919
Email address: Michel.A@Chancellorhealthcare.com**

hereinafter referred to as “Contractor.”

Work to be performed under this Contract relates principally to ODHS’

**Aging and People with Disabilities
Central Delivery Supports Unit
500 Summer Street NE
Salem, Oregon 97301
Contract Administrator: Melissa Taber or delegate
Telephone: 503.269.4565
Email address: melissa.g.taber@dhs.oha.state.or.us**

- 1. Effective Date and Duration.** This Contract shall become effective on the date this Contract has been fully executed by every party and, when required, approved by Department of Administrative Services and Department of Justice, or on **May 1, 2021**, whichever date is later. Unless extended or terminated earlier in accordance with its terms, this Contract shall expire on **April 30, 2023**. Contract termination shall not extinguish or prejudice ODHS' right to enforce this Contract with respect to any default by Contractor that has not been cured.

EXHIBIT A

Part 1 Statement of Work

Contract Type: Assisted Living Facility Specific Needs Contract

Contract Capacity: Not to exceed capacity of 4 Contracted residents (aka Individuals.)

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

Fircrest Assisted Living
213 NE Fircrest Drive
McMinnville, OR 97128

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 Activity Plan that is developed for each Individual based on their activity assessment. The Activity 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 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 direct care staff interventions to help staff deescalate, reduce, or tolerate the challenging behavior when it occurs. The strategies focus on environmental, social, and physical factors that affect the behavior, while including supports for communication, personal choice, and specific preferences.

- f. **“Behavior Support Services (BSS)”** per OAR 411-046-0100 through 0220 means a set of Medicaid funded Services that include:
- (1) Person-centered evaluation;
 - (2) A Behavior Support Plan;
 - (3) Coaching for designated direct care staff on Behavior Support Plan implementation;
 - (4) Monitoring to evaluate the Behavior Support Plan’s impact;
 - (5) Revision of the Behavior Support Plan;
 - (6) Updated coaching and activities; and
 - (7) May include consultation with the direct care staff on mitigating behaviors that place an Individual's health and safety at risk and to prevent institutionalization.
- g. **“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. For purposes of this Contract, this position serves as the ODHS Designee.
- h. **“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.
- i. **“Individual”** means the ODHS consumer who meets the Target Group definition and receives Services under this Contract.
- j. **“Instrumental Activities of Daily Living”** or **“IADL”** means tasks consisting of housekeeping, laundry, shopping, transportation, medication management, and meal preparation.
- k. **“LPN”** means Licensed Practical Nurse.
- l. **“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.
- m. **“ODHS”** means Oregon Department of Human Services.
- n. **“ODHS Designee”** refers to the ODHS or AAA Case Manager or Diversion/Transition Coordinator primarily responsible for coordinating the Individual’s Services.
- o. **“On-Call”** means available to participate in discussion or for inquiries, even when not present at the service location.
- p. **“On-Site”** means on or at the specific service location.

- q. **“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.
- r. **“RN”** means Registered Nurse.
- s. **“Service Plan”** means the written, individualized plan for Services, developed by the Service Planning Team, that reflects the Individual’s capabilities, choices, and if applicable, measurable goals and managed risk issues. The Service Plan defines the division of responsibility in the implementation of the Services, as well as when and how often care and Services shall be provided.
- t. **“Service Planning Team” or “SPT”** means a team who includes the Individual and/or the Individual’s identified support network, Contractor’s Healthcare Director, RN, Activity Coordinator, Social Services, Program Coordinator 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.
- u. **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.
- v. **“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 pursuant to OAR 411-015;
 - (2) Currently residing in a nursing facility or is at risk for a nursing facility placement;
 - (3) History of unsuccessful placements or service needs that make it difficult to secure a standard placement;
 - (4) Require one or more of the following:
 - (a) 2-person full assist with mobility or transfers;
 - (b) Rehabilitation Plan developed by a licensed therapist including but not limited to a Physical Therapist, Occupational Therapist, Speech/Language Therapist, Recreation Therapist;
 - (c) Clinical Treatment Plan developed by a licensed medical professional, requiring RN assessment mor than one day per week or has ongoing tasks of nursing that cannot be delegated; or
 - (d) Enrollment in Palliative or Hospice Care.
- w. **“Transition Planning”** for purposes of this Contract, means the documented assessment and planning activities, coordinated and developed by Contractor prior to admission, to discuss all elements of the Individual’s care, resulting in 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 411-054 and all applicable county, state and federal laws.
- b.** Contractor shall notify the Contract Administrator and ODHS Designee within 10 days of any vacancy of Contractor's Program 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 to include all subsequent Service Plans.
- f.** Contractor shall coordinate and participate in a minimum of one Transition Planning meeting prior to the targeted admission date with Individual and/or the

Individual's identified support network, both the referring and receiving ODHS Designee and a representative of the provider(s) currently providing Services to the Individual (as applicable). The purpose of the Transition Planning 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 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 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 as needed.

The Service Planning Team shall:

- a.** Review each Individual's Service Plan and attached component plans on a quarterly basis, or more frequently if the Individual's physical or behavioral health deteriorates, with subsequent updates to the Service Plan and all attached component plans as needed.
- b.** Document participation and attendance in the Service Plan meetings. Virtual participation is acceptable but must be documented. Team members who are unable to attend the meeting must receive copies of the updated Service Plans.
- c.** Oversee communication and implementation of any changes to the Service Plan and all attached component plans to Contractor's direct care staff in a timely manner.

- d. Designate a SPT member to review the Service Plan with the Individual in a manner which encourages the Individual's fullest participation possible in the planning process, assures the Individual's preferences, goals and ability to self-direct are maximized and that the Individual is given opportunity to choose IADL, ADL and activities on a daily basis. The Individual's response to this review must be documented.
- e. Review changes in behavioral status and critical incidents, and modify Behavior Plans as necessary, to promote resident safety and stability.
- f. Engage Contract Administrator and ODHS Designee within 72 hours of a change of condition which results in an immediate revision to the Service Plan or a Less-Than-30-Day notice.

7. **Staffing Levels**

Staffing levels must comply with the licensing rules of the facility, OAR 411-054 and be sufficient to meet the scheduled and unscheduled needs of Individuals. If Contractor is unable to meet staffing requirements as a result of extenuating circumstances, the Contractor will notify the Contract Administrator. Contractor shall ensure:

- a. Hiring of qualified staff and assure coverage to meet the needs of each Individual;
- b. All staff hired or who work with Individuals are experienced, qualified, well-trained persons who have an approved criminal history check;
- c. Current position descriptions are maintained and are available to Contract Administrator upon request; and
- d. Emergency backup and On-Call information for the licensed nurse, Program Coordinator or facility Administrator are posted and available to direct care staff on all shifts to provide crisis management.

8. **Direct Care**

Contractor's direct care staff must assist Individuals with activities in Contractor's facility as well as activities and medical appointments in the community and must be trained in accordance with Section 13. 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 of 2 direct care staff on all shifts for all Individuals admitted under this Contract. Contractor shall increase staffing when it is warranted by Individual acuity.
- b. In addition to the above direct care staffing, regardless of census, Contractor shall provide .5 FTE on day and evening shifts, designated Medication Aide.
- c. Contractor shall maintain an on-call pool of direct care staff to cover staff absences and position vacancies.

9. Program Coordinator

Contractor shall provide 0.5 FTE staff designated Program Coordinator, dedicated to this Contract. The person in this position must have experience with operational aspects of running a residential program for people in the target population, supervising direct care staff and understand quality assurance procedures. Job description must designate responsibility for the following:

- a. Screening of referrals and other activities related to admission.
- b. Providing or ensuring availability of 24/7 continuous supervision, as well as ensuring access to emergency backup is available for direct care staff.
- c. Development of Individual-specific Service and Behavior Plans.
- d. Development and provision of any Individual-specific training needed to implement the Individual's Service Plan.
- e. Schedule and provide facilitation of the Service Planning Team.
- f. Review each Individual's Service Plan with direct care staff at least quarterly.
- g. Manage staffing decisions including hires and training, performing staff screening, staff scheduling, conducting initial staff on-site training, and scheduling on-call coverage for all Contractor staff.
- h. Oversee the implementation of all training required by this Contract.
- i. Respond to Individual needs and issues while on site.
- j. Conduct record reviews and quality assurance checks of staff documentation.
- k. Ensure that Contractor's staff has all supplies necessary for daily life as well as emergency events.
- l. Liaison with DHS Contract Administrator and DHS Designee.
- m. Develop and implement policies and procedures necessary to implement services in this Contract.

10. Activity Coordinator

Contractor shall provide a minimum of 10 hours per week Activity Coordinator position for activity development, implementation, training, oversight and support. Responsibilities include ensuring direct care staff are trained on individualized Activity Plans, and that Individuals can participate in activities 7 days per week, even if Activity Coordinator is not On-Site or Available. Contractor's Activity Coordinator shall:

- a. Conduct a written assessment for each Individual that addresses, at a minimum, the following:
 - (1) Past and current interests;
 - (2) Current abilities, skills and interests;
 - (3) Emotional and social needs and patterns;
 - (4) Adaptations necessary for the Individual to participate; and

- (5) Identification of activities needed to supplement the Individual's Behavior Support Plan, when applicable.
- b. Development of an Activity Plan for each Individual within 15 business days of admission, based on the Activity assessment. The resulting Activity Plan must meet the preferences of each Individual and be available on day and evening shifts, seven days per week. Activities shall include scheduled or planned as well as spontaneous activities, and which are collaborative and support the Behavior Support Plan. Activities may include, but are not limited to:
 - (1) One-to-one activities that encourage positive relationships between Individuals and Contractor's staff (e.g. life story, reminiscing, music);
 - (2) Spiritual, creative, and intellectual activities;
 - (3) Sensory stimulation activities;
 - (4) Physical activities that enhance or maintain an Individual's ability to ambulate or move; and
 - (5) Outdoor activities.
- c. Review Activity Plan each month by Contractor's Activity Coordinator and modified as needed, based on feedback from direct care staff, SPT and the Individual's responses; and
- d. Provide training needed to Contractor's direct care staff to implement current Activity Plans.

11. Nursing Services

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

- a. Provide a minimum of 8 hours per week Registered Nurse (RN) with current unencumbered Oregon licensure. Contractor shall ensure an adequate number of nursing hours are provided relevant to the census and acuity. Licensed nursing shall be On-Call and Available 24/7; and
- b. Ensure the following tasks are performed by Contractor's licensed nurses, within the scope of their license:
 - (1) Assist with the screening of prospective Individual to determine if their needs can be met under this Contract;
 - (2) Provide focused assessments per OAR 851-045 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 851-047;
- (7) Provide a review of Contractor's pharmacy and medication system and ensure OAR 851-047 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).

12. General Health Service.

Contractor shall, through its Program Coordinator and Registered Nurse, ensure:

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

13. 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 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 411-054 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.

14. 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.