

## Exhibit A

### Part 1 Statement of Work

Contractor shall provide Advanced Neurological services as described herein to Medicaid eligible Clients who are authorized to receive services at the Contractor's owned and operated licensed Adult Foster Home located at:

*Facility Name*

*Address*

*City, State Zip*

#### 1. Definitions.

In addition to all terms defined in the Contract, the definitions in OAR 411-050-0602 apply to and are incorporated into this Contract. If a conflict exists between any terms defined in this Contract and the terms defined in OAR 411-050-0602, the terms defined in OAR 411-050-0602 shall take precedence.

- a. **“Activities of Daily Living” or “ADL”** means those personal, functional, activities required by a Client 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. **“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.
- c. **“Case Manager” or “CM”** and **“Diversion/Transition Coordinator” or “D/T”** means the State or AAA worker who is responsible for authorizing the Client's benefits, participating on the Client's service planning team and submitting rate adjustment requests. This person is the DHS liaison between the Client, their family, legal representative, nursing facility social worker and Contractor for all screening, admission and eligibility functions under this Contract.
- d. **“Activity Plan”** means a person centered list of specific private, group and community activities that is developed for each Client based on their activity evaluation. The plan must identify meaningful activities that promote or help sustain the physical and emotional well-being of each Client and which reflects the Client's activity preferences and needs.
- e. **“Available”** means being available and responsible to meet Activities of Daily Living of a Client that are required during a specified period of time.

- f. **“Awake”** means to be active and alert.
- g. **“Behavior Support Plan”** means a written document that describes person centered strategies which are designed to replace challenging behaviors with functional, positive behaviors. The strategies address environmental, social, and physical factors that affect the behavior(s). The plan must include interventions for caregivers to help them de-escalate, reduce, or tolerate the challenging behavior(s).
- h. **“CAPS Assessment”** means an assessment completed in a single entry data system, currently denoted as Client Assessment and Planning System (CAPS), used for completing a comprehensive and holistic assessment, surveying the Client’s physical, mental, and social functioning, and identifying risk factors, Client choices and preferences, and the status of service needs.
- i. **“Care Plan”** means the Contractor’s written description of a Client’s needs, preferences, and capabilities, including by whom, when, and how often care and services shall be provided.
- j. **“Care Planning Team”** refers to a team made up of the following persons: Diversion/Transition Coordinator, Contractors Registered Nurse (RN), the Client and/or the Client’s designated representative, and the Contractor. The Diversion/Transition Coordinator, the Client and/or the Client’s designated representative, or the Contractor, may expand the list of invitees as deemed necessary to include other parties; however, these additional parties are not mandated to attend under this Contract. Attendance may be done in person or by phone.
- k. **“Client”** means an individual being served under this Contract, in a licensed Adult Foster Home, who meets the Target Group.
- l. **“Community Attendants”** means the direct care staff or other employees who escort and assist a Client with their ADL, IADL, 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 are have necessary legal authority or Client’s permission.
- m. **“Community Based Care”** means licensed facilities settings which include assisted living facilities, residential care facilities, memory care communities, and adult foster homes.
- n. **“DHS Designee”** refers to the staff person identified and authorized by the Referring Agency as the employee primarily responsible for coordinating the Client’s care with the Contractor, Case Manager, or the Diversion/Transition Coordinator.
- o. **“Immediate Community”** means the county where the Client is currently residing, and any other county the Client or their representative identifies as being a community in which they have lived in or wish to relocate to.

- p. **“Institutional Setting”** means a facility that is licensed and certified by DHS as a nursing facility.
- q. **“Instrumental Activities of Daily Living” or “IADL”** mean those activities, other than activities of daily living, required to continue independent living.
- r. **“Majority”** means fifty percent or above of the licensed capacity of the service location.
- s. **“Neurological”** (for purposes of this Contract) means a person with a diagnosis of a neurological disease or disorder. Neurological diseases can affect the brain, spinal cord and nervous systems, causing impairments with movement, speaking, swallowing, breathing, or cognition. Neurological diseases include but are not limited to Parkinson’s Disease and other movement disorders, Neuromuscular Disorders, Neuro-immunology (including Multiple Sclerosis), Neuro-oncology, Cerebrovascular Disease, Creutzfeldt-Jakob Disease, Huntington’s Disease and Traumatic Brain Injury.
- t. **“Nursing Service Plan”** means the plan that is developed by the registered nurse based on a Client’s initial nursing assessment, reassessment, or updates made to a nursing assessment as a result of monitoring visits.
- u. **“On-Call”** means Available to participate in discussion or for inquires, even when not present at the service location.
- v. **“On-Site”** means on or at the specific service location of the Adult Foster Home.
- w. **“Person Centered Care”** means the process based on a set of principles of supporting a Client to direct their own care through developing a plan rooted in what is important to the Client while taking into account all the factors that impact the Client’s life. Person Centered Care promotes a positive relationship between the Client and staff which is accomplished by staff being knowledgeable about the Client’s life story, routines, and habits, and incorporating that information into the Client’s daily care and activities.
- x. **“Referring Agency”** means either the Department of Human Services (DHS) or an Area Agency on Aging (AAA).
- y. **“Rehabilitation Plan”** means a plan created by a licensed therapist to assist a Client with increasing, maintaining, or developing mobility, cognitive or physical abilities or skills.
- 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 Clients 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”** (for purposes of this Contract) means a person who meets the following admission criteria.

- (1) A physician's diagnosis of a Neurological disease, brain or spinal cord injuries;
- (2) Has failed a placement in a basic neurological home or other home and community based care settings;
- (3) Currently be residing in a nursing facility or being diverted from nursing facility placement;
- (4) Eligible for Medicaid Long-Term Care Services per OAR 411-015, at the time of admission;
- (5) Be full assist in mobility, toileting, eating or cognition;
- (6) Has an ADL, health or behavioral need requiring an available, On-Site second staff 24/7; and
- (7) Meet at least one of the following:
  - (a) Dangerous behavior which has resulted in hospitalization, criminal charges or caused injuries to self or others;
  - (b) Physical or sexual aggression to staff or individuals;
  - (c) Disruptive or agitated behaviors which occur on a weekly basis;
  - (d) Verbally abusive behaviors to staff or individuals which occur on daily/weekly basis;
  - (e) Refuses medications or health care services creating legal or healthcare risks to themselves or other individuals;
  - (f) Addiction to cigarettes, food, prescription narcotics, alcohol, medical marijuana or illegal substances requiring special care planning or staff training;
  - (g) Has a Rehabilitation Plan developed and reviewed on a twice a year basis by licensed therapists and which requires daily interventions by trained caregivers; or
  - (h) Has complex medical, rehabilitation or psycho pharmacy regime requiring On-Site RN services more than once a week.

**2. Services to be Provided.**

- a. Contractor shall perform all Work and operate its Adult Foster Home in accordance with the DHS Adult Foster Homes Administrative Rules, OAR 411-050-0600 through 411-050-0690, 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 10 days of Contract execution or change in staff designee by Contractor.

- c. Under this Contract, all Clients will meet the Target Group and will constitute a Majority of the Clients served within the home. In addition, Contractor shall not designate specific areas of its Adult Foster Home for Clients served under this Contract.
- d. Contractor shall notify the DHS Designee of all issues, including any absence of any Client from the Adult Foster Home, which may affect Contractor's Work or payment for Contractor's Work.
- e. Contractor agrees to participate in DHS or DHS Designee review of the facility prior to the renewal of Contract period.
- f. In addition to the services described in the DHS Adult Foster Homes Administrative Rules, OAR 411-050-0600 through 411-050-0690, and all applicable federal laws, Contractor shall perform the following services:

**(1) Eligibility & Admission Process:**

- (a) Contractor shall notify the DHS Designee of all queries, referrals or potential placements and provide the DHS Designee at least 10 business days in advance of an admission date, all information necessary for DHS approval of the admission.
- (b) Contractor shall screen all potential placements and obtain nursing consultation, as needed, to determine appropriateness of placement.
- (c) 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 Clients served under OAR 411-015-0000 through 411-015-0100.
- (d) All Medicaid placements must be prior approved by DHS. Placements not prior approved will not be reimbursed under this Contract.

**(2) Discharge Process:**

- (a) No Client served under this Contract may be discharged from the home without the prior review and approval by the DHS Designee and the Client's Care Planning Team.
- (b) Contractor shall ensure that the Care Planning Team has been convened in a timely manner and has documented attempts to provide supports needed to maintain the Client's placement in the

home. If the Client's needs cannot be addressed or if the Client wants to move voluntarily then the Care Planning Team must develop a discharge or transition plan to support the Client.

Documentation of Care Planning Team efforts must be completed prior to and attached to any move out notice(s) required under licensing rules.

- (c) Clients approved for admission under this Contract do not have to be discharged if they no longer meet Target Group criteria, as long as they continue to receive comparable services they may remain in the home at the specific needs contracted rate under this Contract.
  - (d) Involuntary moves, transfers and discharges must be in accordance with the DHS Adult Foster Homes Administrative Rules OAR 411-050-0645.
  - (e) Contractor shall complete a Form 492 (Attachment 1) documenting all discharges.
- (3) **Staffing:** Staffing levels must comply with the licensing rules of the facility, OAR 411-050-0645 and be sufficient to meet the scheduled and unscheduled needs of the Clients. Staffing levels during nighttime hours shall be based on the sleep patterns and needs of the Clients and at a minimum provide the following:
- (a) Direct Care Staffing:
    - i. Day Shift: There must be a minimum of 2 qualified direct care staff who have been trained in accordance with Section (9)., "Staff Training" of this Contract, providing direct care services for Clients being served under this Contract.
    - ii. Evening Shift: There must be a minimum of 2 qualified direct care staff who have been trained in accordance with Section (9)., "Staff Training" of this Contract, providing direct care services for Clients being served under this Contract.
    - iii. Night shift, which is limited to no longer than 8 hours within a 24-hour period of time, must have a minimum of 2 qualified direct care staff On-Site who has been trained in accordance with Section (9)., "Staff Training" of this Contract. One qualified direct care staff must be Awake.
  - (b) Beyond the direct care staffing listed in (3)(a) above, there must be additional designated staff, at least 60 hours per month, who are primarily responsible for developing activities, coordinating, and implementing activities as defined in Sections 6 and 7 (Behavior

and Activity Plans) of this Contract. Contractor shall document and provide upon request the staff's schedule, qualifications and responsibilities.

- (c) The Contractor or resident manager must be on-call and available 24/7 and ensure access 24/7 to the facility to person(s) needed to implement and support emergency & crisis plans as identified in Care and Behavior Plans.

**(4) Nursing:** A licensed Registered Nurse (RN), with current Oregon licensure verified through the Oregon State Board of Nursing, must be employed by the Contractor and Available to perform services and consultation as defined in this Contract. In addition to nursing requirements of OAR 411-050-0650(4) the Contractor shall:

- (a) Assure an adequate number of nursing hours are provided relevant to the census and acuity of the Client population;
- (b) RN shall assist with screening prospective Clients to determine if their needs can be met by the staff and services and the development of the initial Care Plans for each Client within the first 14 days of move-in;
- (c) Each Client must receive a Nursing Service Plan that is attached to and aligned with the required Care Plan. The RN shall participate in or document their review of the quarterly Care Plan and its alignment with the Nursing Service Plan within 48 hours of the Care Plan meeting. The Nursing Service Plan must address the expected frequency of nursing supervision, consultation, and direct service intervention;
- (d) The Nursing Service Plan must be reviewed quarterly by the RN or more frequently if the Client experiences a change of condition;
- (e) The RN has sole discretion to determine at the quarterly review if a Client does not require a Nursing Service Plan and can document that the Client will not receive nursing services until the next quarterly review or change of condition;
- (f) RN is responsible for providing or ensuring that each direct care staff has the training they need to support each Client's Nursing Service Plan;
- (g) RN may provide 'intermittent direct' nursing services to Clients 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 Client is moved to placement that can provide the required service;

- (h) RN is responsible for delegation, teaching and documentation of tasks of nursing care as regulated by OAR Chapter 851, Division 047; and
- (i) RN shall provide a review of the Contractor's medication system and ensure OAR 851-047-0000 is followed regarding the teaching of medication administration.

**(5) Care Plans:** Contractor is responsible to develop and update Care Plans based on the needs of each Client, and in accordance with the home's licensure rules. In addition the Contractor shall:

- (a) Facilitate and schedule quarterly Care Plan meetings so that Clients, Case Managers, health providers, family and legal representative can participate as needed;
- (b) Review each Client's Care Plan with direct care staff at least quarterly. Documentation of the review must list the participants and any changes made to the Care Plan;
- (c) Review the Care Plan and treatment goals with the Client. The Client's response to the Care Plan must be documented;
- (d) Document circumstances if the Client refuses participation in the review of their Care Plan, or if Client's presence is contraindicated; and
- (e) Develop and document a daily meal program for nutrition and hydration, which must include snacks that are available and provided throughout each Client's unique 24/7 sleep and activity routines.

**(6) Behavior Support Plans:**

- (a) Contractor shall develop a Behavior Support Plan for each Client within 14 days of admission. Contractor may coordinate with a qualified behavior consultant to develop the Behavior Support Plan. The Behavior Support Plan must:
  - i. Address at a minimum the behaviors noted as referenced in the definition for Target Group section (7);
  - ii. Identify as needed Client crisis stabilization and emergency plans to prevent or minimize injuries, property damage,



- placement failure and emergency hospitalizations; and
  - iii. Client specific intervention and strategies that caregivers can implement.
- (b) The Contractor staff responsible for overseeing Behavior Plans must:
- i. Be a member of the Care Planning Team;
  - ii. Assist in the screening of all admissions to the home;
  - iii. Provide Client specific individual and group coaching for direct care staff to implement the strategies defined in each Client's Behavior Support Plans;
  - iv. Assist in coordination with mental health, alcohol and drug treatment services if a Client receives these services; and
  - v. Receive training they need to perform these tasks.
- (c) Behavior Support Plans must be reviewed, documented and updated on a quarterly basis by the Care Planning Team;
- (d) Direct care staff shall receive training as needed to implement current Behavior Support plans; and
- (e) Staff designated to develop or implement Behavior Support Plans shall document time spent on Behavior Support Plan implementation in the Client's file and have this documentation available to DHS upon request.

**(7) Activities:**

- (a) Each Client must be evaluated for activities according to the licensing rules of the facility. Evaluations must address the following:
- (i) Past and current interests;
  - (ii) Current abilities and skills;
  - (iii) Emotional and social needs and patterns;
  - (iv) Physical abilities and limitations;
  - (v) Adaptations necessary for the Client to participate; and

- (vi) If needed, identification of activities needs to supplement the Client's Behavior Support Plan.
- (b) The Contractor or a qualified member of the Care Planning Team shall develop an individualized Activity Plan based on the evaluation for each Client. The Activity Plan must include structured and non-structured activities which meet the preferences of each Client and are available on day and evening shifts, seven days per week. Activities may include but are not limited to:
- (i) Occupation or chore related tasks;
  - (ii) Scheduled and planned events (e.g. entertainment, outings);
  - (iii) Spontaneous activities for enjoyment or those that may help diffuse a behavior;
  - (iv) One to one activities that encourage positive relationships between Clients and staff (e.g. life story, reminiscing, music);
  - (v) Spiritual, creative, and intellectual activities;
  - (vi) Sensory stimulation activities;
  - (vii) Physical activities that enhance or maintain a Client's ability to ambulate or move; and
  - (viii) Outdoor activities.
- (c) Activity Plans must be reviewed, documented and updated on a quarterly basis.
- (d) Direct care staff must receive training as needed to implement current Activity Plans.
- (e) Staff designated to develop or implement Activity Plans shall document time spent on activities under this Contract with each Client in the Client's file and have this documentation available to DHS upon request.
- (8) General Health Service:** Contactor shall ensure:
- (a) Policy and protocols exist and are followed to ensure that a Client's change of condition, and any required interventions are communicated to caregivers on each shift;
  - (b) Clients are assisted in accessing the health care services they need or to which they are entitled from outside providers;
  - (c) Transportation for local non-emergent transports are arranged or provided for by the facility as needed to meet health care needs,

activity needs or to support interventions identified in the Care Plan; and

- (d) Community Attendants are arranged or provided for on all local community and health related appointments to ensure the Client's safety and that information needed for the Client's Care Plan is exchanged.

**(9) Staff Training:** In addition to the requirements in OAR 411-050-0625, Contractor shall ensure that all care staff has the following training:

- (a) Any home operating without a residential care manager must meet the requirements related to shift caregivers pursuant to OAR 411-050-0625(4);
- (b) In addition to the annual training requirements pursuant to OAR 411-050-0625(10) the Contractor shall ensure that any regularly scheduled caregiver receives 10 additional hours of training each year, based on their hiring date;
- (c) Verification of additional hours of training provided to each caregiver must be maintained and made available upon request of DHS. Documentation must include topic, the trainer and qualifications, the date, hours and attendees name;
- (d) DHS reserves the right to require Contractor to provide access to pre-approved training on specific topics; and
- (e) Additional training hours must meet the following requirements:
  - i. Are not part of training or coaching required to carry out a Client specific intervention in the Nursing, Activity, or Behavior Support Plan;
  - ii. Are not part of training required to meet basic licensure requirements;
  - iii. Must be provided by persons other than the Contractor who are qualified to teach the subject;
  - iv. Contractor and designated staff who are responsible for developing and implementing Behavior Support Plans must receive training in Positive Behavior Support.
  - v. Topic of training must be relevant to the diagnoses and needs of the Target Group and Clients served or the skills caregivers need to meet these needs; and

- vi. May include various methods of instruction including but not limited to classroom, web based training or video. At least 50% of the training hours must be provided by a live presenter or interactive video capacity.

## Exhibit A

### Part 2

#### Payment and Financial Reporting

##### 1. Payment Provisions.

- a. As consideration for the services provided by the Contractor during the period specified in Section 1., **Effective Date and Duration**, of this Contract, DHS will pay to the Contractor, a maximum not-to-exceed amount as specified in Section 3., **Consideration** of this Contract, to be paid as follows:
  - (1) From effective date of this Contract through June 30, 2014 a rate of \$XXXX per month; and
  - (2) From July 1, 2014 through June 30, 2015 a rate of \$XXXX per month
- b. DHS shall pay Contractor for Work provided under this Contract that is authorized for payment under the provisions of OAR Chapter 411, Division 27 that are applicable to Adult Foster Home (“Payment Rules”). DHS’ and Contractor’s obligations with respect to DHS’ payment to Contractor are set forth in the Payment Rules.
- c. DHS will not pay Contractor for Work performed prior to the effective date or after the expiration or termination date of the Contract, nor will DHS pay Contractor for Work performed after the expiration or termination of any license Contractor is required to maintain for purposes of performing Work.
- d. Contractor shall provide all information to the Case Manager that may be necessary to assist DHS in determining and providing accurate payment to Contractor for Work.
- e. Contractor shall accept payment from DHS, as determined in accordance with the Payment Rules, as payment in full for Work.
- f. Contractor shall not accept or solicit any additional compensation from any source for Work provided under this Contract except for the amounts payable to Contractor from other sources that Contractor is entitled to receive under the Payment Rules.

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

