

EXHIBIT A
Part 1
Statement of Work #2

1. Purpose

The purpose of providing Services to Consumers under this Contract is to assist the Consumers toward more independent living. Contractor shall provide in-home support services for Consumers living in Contractor's apartment settings. In home Support is provided through the Specialized Living Program (SLP). These Specialized Living Services shall be provided through a coordinated effort toward meeting each Consumer's needs based upon their Medicaid person-centered service plan. Contractor shall provide the required services in accordance with this Contract and the In-Home Service Program described in Oregon Administrative Rules (OAR) Chapter 411, Division 030 rules.

2. Locations for Contractor services:

Contractor shall provide SLP services to Oregon Department of Human Services (ODHS)-referred Consumers. ODHS makes no guarantee as to the number of Consumers referred to Contractor. Contractor shall provide services at the following locations:

240 SE 160th Ave, Portland, OR 97233

777 NE 8th, Gresham, OR 97030

2600 N. Williams Ave, Portland, OR 97227

2206 SE 44th Ave, Portland, OR 97213

304 SE 162nd Ave, Portland, OR 97233

3. Eligibility and Admission

Eligibility Criteria for the SLP. Specialized Living Services are described in this section in conjunction with Title XIX OSIP Home and Community Based Waivered Services.

a. Contractor shall provide Specialized Living Services provided only for those individual Adults, herein after referred to as "Consumers". Admission to these services require all the following admission criteria to be met:

- (1) Current recipients of Title XIX OSIP Home and Community Based Waivered Services;
- (2) Consumers who require full assistance in one of the following activities of daily living (ADL): Mobility, Eating, or Toileting;
- (3) Consumers who are stabilized in their physical and emotional adjustment to disability and must not require continuous licensed or skilled nursing care. For example, the person must not be in the initial states of medical treatment following trauma;
- (4) Consumers who are severely physically disabled and who are primarily reliant on a wheelchair for mobility due to an accident, illness, or disease resulting in the inability to perform ADLs without the assistance of an attendant;
- (5) Consumers who are at risk of institutionalization because of physical condition;
- (6) Consumers who require immediate availability of assistance due to their inability to perform self-care or meet unscheduled needs;
- (7) Consumers who are cognitively able and desire to live independently in their homes and to accept responsibility for their personal health and well-being;
- (8) Consumers who are able to direct attendants in their own care and manage this care through their Medicaid person centered service plan.

b. ODHS will have no financial responsibility for Consumers who are receiving specialized living services until such time as ODHS has completed a Medicaid person centered service plan, eligibility for placement has been determined, and the placement and payment have been authorized by ODHS. ODHS' Medicaid person centered service plan will, for each Consumer, include the maximum number of Client Assessment and Planning System (CAPS) assessment tool allowed hours of SLP services.

4. Referrals:

Referrals shall be issued and follow the following processes:

a. The Area Agency on Aging (AAA) or Aging and People with Disabilities (APD) office hereinafter referred as “Referring Agency” will assign a Medicaid case manager as a liaison to this SLP, hereinafter referred to as the “Liaison Case Manager”.

b. The Liaison Case Manager will evaluate Consumer’s Medicaid service eligibility and establish the Medicaid person centered service plan prior to admission.

c. Referring Agency will refer a Consumer to Contractor for services only when it has been determined that:

- (1) The Consumer meets all the requirements of eligibility and admission criteria; and
- (2) The appropriate service supports, and planning can be carried out through this service setting.

d. The Liaison Case Manager and Contractor will, within 10 working days of receiving the Consumer’s admission application, complete a screening of the application. The purpose of this screening is to determine appropriateness of the move into the SLP and to assure the Consumer has the necessary information to make informed decisions regarding their move, their ability to manage their Medicaid person centered service plan, and their ability to direct their own care. The Liaison Case Manager will provide a copy of the consumers most recent assessment results (SDS 002N) to the Contractor to be used in the screening process.

e. Based on this screening, a joint decision between the Liaison Case Manager and Contractor to accept or refuse the referral shall be made based on this screening, within 10 business days of the screening. The Liaison Case Manager will contact the Consumer with the decision. If the Consumer has been accepted into the SLP, the Liaison Case Manager will complete the referral.

f. The Liaison Case Manager will complete the referral if the Consumer has been accepted into the SLP.

5. Planning Conference and Medicaid Person Center Service Plan Review

a. A conference held in person will be arranged by the Contractor if service for an eligible ODHS Consumer is to occur. Participants of this conference must include the Liaison Case Manager, Contractor, the Consumer and Consumer's designated representative.

b. The purpose of the planning conference is to:

- (1) Establish Contractor's roles and responsibilities regarding the Consumer;
- (2) Agree upon the Consumer's roles and responsibilities, including the responsibility to apply financial resources towards the cost of care;
- (3) Establish the Liaison Case Manager's roles and responsibilities;
- (4) Discuss the formal complaint process;
- (5) Develop the Medicaid person-centered service plan, which is driven by the Consumer, means the written details of the supports, desired outcomes, activities, and resources required for the consumer to achieve and maintain personal goals, health, and safety. The plan, which is formalized in writing by the Contractor, is written with input from all parties and approved by the Consumer. The Contractor must provide copies to the Consumer, Liaison Case Manager and any other party identified by the Consumer to be a representative;
- (6) Identify community services which may be important within the person-centered services plan such as medical, vocational, educational, and social services;
- (7) Discuss the services delivery model, as well as alternatives to the services provided by this Contractor;
- (8) Identify Consumer's ability to perform ADL and self-management tasks, ability to address health and safety concerns, and ability to direct Contractor's staff in meeting the Consumer's care needs.

c. Long Term Care Community Nursing Services, as defined in OAR Chapter 411, Division 48 rules and OAR 411-030-0050, may be authorized by the Liaison Case Manager and may become part of the Medicaid person centered service plan.

- d. Behavior Support Services, as defined in OAR Chapter 411, Division 46 rules, may be authorized by the Liaison Case Manager and may become part of the Medicaid person centered service plan.
- e. Quarterly conferences between the Contractor and the Liaison Case Manager will be held for each service location to discuss the status of the Medicaid person center service plan along with any concerns associated with meeting the Consumers need through the SLP. Collaboration between the Contractor and Liaison Case Manager is the goal of these conferences, with an emphasis towards addressing gaps in the Consumer’s Medicaid person centered service plan and to identify ways the two parties can work to further support the Consumer.
- f. Medicaid person center service plan review shall be conducted by Contractor, with the Liaison Case Manager, and Consumer, assuring the service plan continues to be appropriate. This review of the service plan must be completed at least annually or as requested by this “team”.

6. Contractor Services to be Performed

Contractor shall provide a wide array of services described in this section including specific service requirements as follows:

- a. Provide trained staff, facilities, and equipment sufficient to perform the services described herein;
- b. Contractor staff shall be available and responsible to meet the needs of the Consumers twenty-four hours a day.
- c. Consumer services are based on the Medicaid person-centered service plan for all In-home services provided to the Consumer and shall include the following:
 - (1) Guidance and assistance to understand and successfully use the Medicaid person centered service plan;
 - (2) Assistance with bladder and bowel requirements, including assisting to and from bathroom, on and off toilet, external cleansing of perinea area, set up for persons trained to catheterize themselves, and changing colostomy and ileostomy bag;

- (3) Assistance with prescribed medications ordered by the Consumer's physician, including injections and oxygen equipment;
- (4) Assistance with assistive devices and equipment;
- (5) Assistance with food, nutrition, and diet, including preparation of meals as well as feeding and fluid intake;
- (6) Assistance with non-skilled activities related to occupational, physical, and speech therapy;
- (7) Assistance with transfer, turning, and positioning by Contractor's trained staff;
- (8) Assistance with personal hygiene, oral hygiene, hair care, and nail care;
- (9) Assistance with range of motion exercises;
- (10) Assistance with palliative skin care and simple dressing changes;
- (11) Assistance with bathing based on Consumer's choice of time and frequency;
- (12) Assistance with housekeeping tasks including laundry; and
- (13) Social and emotional support;

d. Contractor shall comply with regulations required by other agencies such as Housing and Urban Development, City of Portland, Multnomah County, Washington County, and City of Hillsboro.

7. Termination of Services

a. Contractor shall discuss and document termination procedures with the Liaison Case Manager, Contractor's SLP staff, the Consumer, and Contractor's care attendants.

b. The goals established for these termination discussions with all parties involved are specific, to seek consultation from all parties that the services are no longer appropriate, cannot meet the needs of the Consumer, and to identify alternative resources in the community.

c. Consumer will be terminated from the SLP when:

- (1) Consumer's condition changes to the degree that service or medical needs can no longer be met by Contractor;
- (2) Consumer does not contribute their share of costs;
- (3) Consumer requests to leave the SLP;
- (4) Consumer has observable behavior which is deemed to be detrimental to self or other Consumers and is beyond the Contractor's staff's ability to be safely managed; or
- (5) Consumer, after due notice and consistent intervening efforts by staff, fails to consistently comply with Contractor's resident attendant care guideline, service agreement, house rules, or lease requirements.

d. Contractor shall ensure that written termination notices confirming the date of termination are reviewed and approved by the Medicaid person centered service plan team and sent to the Consumer and that a copy is sent to the Liaison Case Manager upon determination that the specialized living services are no longer appropriate. The date of termination, reason for termination, and recommendations for alternative community resources must be included in the notice.

e. Consumer's temporary absence, including periods of hospitalization or visits, are not considered termination if the intent is for Consumer to return to the specialized living services from this Contractor. Absence longer than seven days must be prior approved by the Liaison Case Manager.

8. Contract Administration and reporting

Contractor shall follow requirements for administration and reporting as described in this section.

- a. Notify the Liaison Case Manager of pending discharge from the SLP or move from one SLP property to another and anticipated date of discharge or move;
- b. Provide name(s) and phone numbers of Contractor's administrative staff to the local ODHS office;
- c. Provide space and opportunity for the Liaison Case Manager to meet with Consumer in privacy;

d. Invite the Liaison Case Manager to participate in all meetings scheduled regarding the Medicaid person-centered service plan. Contractor shall provide notice of such meetings at least 3 business days prior to a scheduled meeting.

9. Contractor Staffing Requirements

Contractor shall maintain qualified staff to provide services as described in this section.

a. Ensure employees have completed and submitted a Criminal History Release Authorization form (ODHS 0301AD) to the Referring Agency. All employees and volunteers must comply with the criminal history check rules in OAR 407-007-0200 through 407-007-0380. Contractor shall conduct criminal history rechecks at least every two years from the date of employment.

b. Ensure in home services provided are rendered by qualified and trained employees under the supervision of Contractor's designee. Contractor shall provide in-home services as requested by the Consumer in accordance with this Contract, and the Liaison Case Manager's Medicaid person centered service plan.

c. Ensure that there are a sufficient number of qualified and trained employees to meet the needs of Consumers receiving services. ODHS reserves the right to require additional employees if needed.

d. Ensure that Contractor's employees are at least 18 years of age and have sufficient communication and language skills to enable them to perform their duties and interact effectively with Consumers who are receiving in-home services and other Contractor staff, including trauma informed care.

e. Ensure that Contractor's employees have completed an SLP-specific orientation, conducted by the SLP administrator or designee, before independently providing in-home services to Consumers. This orientation must include, but is not limited to, the following subject areas:

(1) duties and responsibilities;

(2) Consumer's rights;

(3) professional conduct, appropriate boundaries between Contractor's employees and Consumers, appropriate language and confidentiality of Consumer information;

- (4) description of the in-home services provided by Contractor's SLP;
- (5) appropriate subject matter based on the needs of the special populations served by Contractor, including understanding, providing for, and meeting Consumer in-home service needs;
- (6) assisting Consumers to be successful within the framework of the Medicaid person-centered service plan.

f. Annual training for staff must occur including, but not limited to;

- (1) trauma informed training and care;
- (2) durable medical equipment use and safety;
- (3) medication management and documentation;
- (4) Consumer's rights;
- (5) Consumer complaint process and follow-up;
- (6) review of emergency response and evacuation plans.