

**MAIDS Statement of Work  
(Hospice Contract)**

**1. Purpose:**

Services provided for Medicaid service recipients (hereinafter referred to as “Consumers”), referred by Area Agency on Aging (AAA) or Aging and People with Disabilities (APD) hereinafter referred to as DHS, are those covered in the In-Home Services Program (OAR 411-030), and Specialized Living Contract rules (OAR 411-065).

The specialized service is to assist Consumers who have been physician certified as terminally ill, with a six-month or less life expectancy if the disease takes its normal course, by providing in-home support services for Consumers living in Contractor’s residential settings. These specialized living services must be a coordinated effort toward meeting the Consumer's person-centered service plan.

**2. Locations:**

Contractor shall provide specialized living (“SLP”) services to DHS referred Consumers. DHS makes no guarantee as to the number of Consumers referred to Contractor. Services shall be provided at the following location:

Rock of Ages/Valley View Retirement Development Campus  
15600 SW Rock of Ages Road  
McMinnville, OR 97128

**3. Eligibility and Admission:**

a. Contractor shall provide SLP services to DHS referred Consumers who are:

- (1) Current recipients of Title XIX OSIP Home and Community Based Waivered Services;
- (2) Adults who meet APD service eligibility;
- (3) Adults who require assistance with activity of daily living (ADL) upon discharge from acute or long-term care facilities;
- (4) Adults who are at risk of institutionalization because of physical or cognitive condition;
- (5) Physician- certified as terminally ill, with a six-month or less life expectancy if the disease takes its normal course, and meets criteria for a Hospice Program.
- (6) Able to direct their care or have a “representative” who will direct the care through the consumer’s person-centered service plan.

- b. DHS will have no financial responsibility for Consumers who are receiving specialized living services until such time as DHS has completed a Medicaid service plan, eligibility for placement has been determined, and the placement and payment have been authorized by DHS.

**4. Referrals:**

- a. The Area Agency on Aging or APD office, hereinafter referred to as “Referring Agency” shall assign a Medicaid case manager to this specialized living program.
- b. The ODHS Case Manager will evaluate the individual’s Medicaid service eligibility and establish the Medicaid service plan through the completion of the Consumer Assessment and Planning System (CAPS) prior to admission.
- c. The ODHS Case Manager will refer a Consumer to the Contractor for services only when it has been determined that:
  - (1) The Consumer meets 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 ODHS Case Manager will and Contractor shall complete a screening of the referral within 10 working days of receiving the referral. The purpose of this screening is to determine appropriateness of the move into the specialized living program and to assure the Consumer has the necessary information to make informed decisions regarding the move, Consumer’s ability to manage their Medicaid service plan, and Consumer’s ability to direct their own care.

Contractor shall and ODHS case manager will make a joint decision to accept or refuse the referral based on the referral screening, within 10 business days of the referral screening. The ODHS case manager will contact the Consumer with the decision. The ODHS case manager will complete the referral if the Consumer has been accepted into the specialized living program.

**5. Planning conference:**

- a. ODHS Case Manager will arrange an in-person conference with Consumer if service for and eligible ODHS Consumer is accepted into the Specialized Living Program. Participants in the planning conference include the ODHS Case Manager, Contractor, the Consumer and Consumer’s designated representative.
- b. The purpose of the 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 case manager's roles and responsibilities;
  - (4) Discuss the formal complaint process;
  - (5) Develop the person-centered service plan. This person-centered service plan, which is driven by the Consumer, will be formalized in writing by the specialized living service program with copies provided to the attending members;
  - (6) Identify community services which may be important within the person-centered services plan such as medical service as directed by a hospice provider and
  - (7) Identify Consumer's ability to perform ADL and self-management tasks, ability to address health and safety concerns, and ability to direct staff in meeting care needs.
- c. Long Term Care Community Nursing Services, as defined in OAR 411-48 and OAR 411-030-0050, may be authorized by the Case Manager and may become part of the Medicaid service plan.
  - d. Contractor shall and ODHS Case Manager will review the person-centered service plan annually at the Consumer's place of residence to determine how the SLP will meet the needs identified in the Medicaid service plan, as well as review incident reports, APS complaint reports, review potential referrals and review Consumer-specific placement issues.

**6. Services to be performed:**

**Contractor shall:**

- a. Provide services based on the Consumer's individual person-centered service plan through the arranging or coordinating activities which promote or help sustain the physical and emotional well-being of the consumer.
- b. Also provide for the consumer personal activities of daily living(ADLS) and instrumental activities of daily living (IADLS) supports such as
  - (1) Toileting/bowel and bladder care - assisting to and from bathroom, on and off toilet/commode; incontinence care; external cleansing of perianal area; external cleansing of Foley catheter; emptying catheter drainage bag; changing colostomy or ileostomy bag in stabilized situations; maintenance bowel care;
  - (2) Bathing/personal hygiene - assisting with bathing (tub, bed-bath or shower); assisting with shampooing of hair; assisting with mouth care;
  - (3) Dressing/grooming – assisting with dressing and undressing; assisting with hair grooming, nail care, foot care, and skin care;

- (4) Cognition - assisting with identification of activities for behavioral interventions, cognitive deficiencies, and emotional support as needed;
- (6) Medication/oxygen use - Assisting with administration of medications, assuring medication is administered as ordered physician, observing for reactions; maintain clean oxygen equipment; assuring adequate oxygen supply;
- (7) Providing on-site registered nurse consultation, teaching as supervision of care givers, including delegation of nursing tasks, as appropriate
- (8) Transportation - assisting in arranging or providing transportation to and from stores, medical facilities, etc;
- (9) Housekeeping - maintaining a healthy and safe environment including but not limited to cleaning, laundry, shopping; and
- (10) Twenty-four hour availability- maintaining availability and responsible to meet the needs of the Consumers over a twenty-four-hour period.

## **7. Termination of Services**

- a. Contractor shall discuss and document termination procedures with the case manager, specialized living program staff, Consumer, and care attendants.

The goal of the discussion is to seek consultation from all parties that the service is no longer appropriate, cannot meet the needs of the Consumer, and/or to identify alternative resources in the community.

A Consumer will be terminated from the SLP when:

- (1) Consumer's condition changes to the degree that service/medical needs can no longer be met;
  - (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 staff's ability to be safely managed; or
  - (6) 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.
- b. Written termination notices confirming the date of termination will be reviewed and approved by the Consumer's planning team. This notice will be sent by the Contractor to the Consumer with a copy to the case manager. The date of termination, reason for termination, and recommendations for alternative community resources shall be included in the notice.

- c. Temporary absence, including periods of hospitalization or visits, are not considered termination if the intent is to return to the facility. Contractor shall notify the case manager of any absences lasting more than 24 hours.

**8. Contract Administration and Reporting:**

Contractor shall:

- a. Notify the ODHS 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 local ODHS office;
- c. Provide space and opportunity for the case manager to meet with Consumers in privacy; and
- d. Invite the ODHS Case Manager to participate in all meetings scheduled regarding the Consumer's person-centered service plan. Contractor shall provide notice of meeting at least 3 business days prior to scheduled meeting.

**9. Staffing Requirements:**

a.. Contractor shall:

- 1. Ensure employees have completed and submitted a Criminal History Release Authorization form (DHS 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. Criminal history rechecks will be conducted at least every other year from the date of employment;
- 2. Ensure personal services provided will be rendered by qualified and trained employees under the supervision of the director or designee. The services will be provided as requested by the Consumer in accordance with this Contract, the case manager's Medicaid service plan and the person-centered service plan;
- 3. Ensure that there are a sufficient number of qualified and trained employees to meet the needs of the Consumers receiving services;
- 4. Ensure the employees are be 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 services as well as other agency staff; and

5. Ensure the employees have completed an SPL program-specific orientation, conducted by the SPL program administrator or designee, before independently providing services. The orientation shall include, but no limited to, the following subject areas:
  - (1) duties and responsibilities;
  - (2) Consumer's rights;
  - (3) professional conduct, appropriate boundaries between Program employees and Consumers, and confidentiality of Consumer information;
  - (4) description of the services provided by the specialized living program; and
  - (5) appropriate subject matter based on the needs of the special populations served by this Program, including end of life, hospice palliative care and providing for and meeting Consumer care needs.

**10. Confidentiality:** A HIPAA compliant release of information must be signed by the resident or legal representative to ensure all members of the care planning team have access to the information necessary to provide appropriate treatment.

**11. Specifications or Performance Standards:** Contractor shall meet the highest standards prevalent in the industry or business most closely involved in providing the appropriate goods or services to ODHS satisfaction.