

Receipting
119842
OCT 03 2024

Public Health Division

Health Facility Licensing and Certification Program



Tina Kotek, Governor

Home Health Agency License Application

Type of Action	
New agency:	<input type="radio"/>
License renewal: (Due 12/1)	<input checked="" type="radio"/> License #: 13-1363 <i>Renewal application must be submitted at least 30 days prior to license expiration date (OAR 333-027-0020).</i>
	Is HHA accredited? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Accrediting agency: <small>The Joint Center</small> Most recent accreditation date: 2-15-2023
Change Request:	<input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Ownership* <input type="checkbox"/> Service Area** <input checked="" type="checkbox"/> Administrator** <input type="checkbox"/> Add/remove services** <input type="checkbox"/> Add/Remove branch** <input type="checkbox"/> Other (specify):
	Effective Date of Change: 11/30/2024 Prior Information:

* Fee Payment Required (See back of this form for amount)

**Requires Public Health Division pre-approval

Agency Information		
Agency legal name: Providence Health & Services - Oregon		
Agency DBA Name (if applicable): Providence Benedictine Home Health		
Agency physical address, city, state & ZIP: 570 S. Main Street, Mt. Angel OR 97362		
Phone: 503-845-9226	Fax: 503-845-9880	County: Marion
Agency Mailing Address (if different from above): Same as above		
Name of Administrator: Michelle Partridge		Phone: 503-845-9226
Administrator e-mail: Michelle.Partridge@providence.org		Agency email: Same
As an employee of the home health agency, Administrators may have contact with patients or access to personal information about patients as defined in OAR 333-027-0064(1)(c). Please complete and attach <u>Home Health Agency Background Check Request</u> to this application.		
Name of Owner(s): Providence Health & Services - Oregon		
Address, City, State & ZIP of Owner(s) – attach additional pages if necessary. 1801 Lind Ave SW, Suite 9016, Renton, WA 98067		
Phone: 425-525-3355	Fax: 855-360-5471	County: King
Does any owner have contact with patients or access to personal information about patients as defined in OAR 333-027-0064(1)(c)? (If yes, attach completed <u>Home Health Agency Background Check Request form</u> .)		Yes <input type="radio"/> No <input checked="" type="radio"/>
Emergency Contact Name: Michelle Partridge		Tax ID#: 911943495
Emergency Contact Phone: 503-845-9226		Emergency Contact E-mail: Michelle.Partridge@providence.org

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556

All relay calls accepted | www.healthoregon.org/hflc

Geographic Service Area: Geographic service area is limited to within a 60-mile radius of the parent location unless a waiver is obtained.	Does your agency operate within the 60-mile radius? Yes <input checked="" type="radio"/> No* <input type="radio"/>
	**If no, does your agency have a waiver? Yes <input type="radio"/> No <input type="radio"/>

Services and Staffing - Indicate 'A' if adding, 'R' if removing, or 'N' if no change						
Services	Check if providing	A, R, or N	Staffing	Employees provide	Provided by contract or under arrangement	Combination of employee and contract
Skilled Nursing (SN)	<input checked="" type="checkbox"/>		Registered Nurses (RNs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		Licensed Practical Nurses (LPNs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Aide	<input checked="" type="checkbox"/>		Home Health Aides (HHAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy (PT)	<input checked="" type="checkbox"/>		Licensed Physical Therapists (LPTs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		Licensed Physical Therapy Assistants (LPTAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy (OT)	<input checked="" type="checkbox"/>		Licensed Occupational Therapists (OTs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>		Licensed Occupational Therapist Assistants (COTAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>		Licensed Speech Pathologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Social Services	<input checked="" type="checkbox"/>		Licensed Master of Social Work (LMSW)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		Licensed Clinical Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		Clinical SW Associate (CSWA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In home care services provided under HHA license	<input checked="" type="checkbox"/>		(If provided under HHA license, attach attestation form: 'Home Health Agency (HHA) attestation for provision of In-Home Care (IHC) Services')			
Number of unduplicated admissions for the prior 12 months				2,171		

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556

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Branch Operations

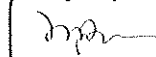
List all required information for each branch. List additional locations on a separate page.
Please check 'A' if adding, 'R' if removing, or check nothing if there is no change

Please note: CMS must approve the change of location prior to providing services at the new location. Claims at the new location prior to the CMS approval date are not reimbursable by CMS.

	Address	Phone	Distance from parent agency
<input type="radio"/> A <input type="radio"/> R	570 S. Main Street, Mt. Angel OR 97362	503-845-9226	0 miles
<input type="radio"/> A <input type="radio"/> R	2520 Pringle Road SE, Salem OR 97302-1532	503-845-9226	15 miles
<input type="radio"/> A <input type="radio"/> R			
<input type="radio"/> A <input type="radio"/> R			

I declare, under penalties of perjury, that I have examined this application and all attachments and that to the best of my knowledge and belief, this information is true, correct and complete. I will notify the Health Care Regulation and Quality Improvement Section, in writing, of any changes in this information as required.

Signed by:



Michelle Partridge

Administrator's Signature

Print Name

9/19/2024 | 17:46 PDT

Director

Print Title

Date (mm/dd/yyyy)

The HHA Oregon Administrative Rules, forms, and other related information may be found on the HCRQI website at: www.healthoregon.org/hflc

Questions about this application?
Email: mailbox.hclc@odhsoha.oregon.gov
Phone: 971-673-0540

FEE SCHEDULE	
ALL APPLICATION FEES ARE NON-REFUNDABLE per OAR 333-027-0010(7)	
New	\$4,000
Annual renewal	\$2,125
Change of ownership	\$1,250

Make check payable to: Oregon Health Authority
Mail payment to: HFLC
PO Box 14260
Portland, OR 97293

HCRQI Office Use Only
 Effective date of initial licensure: _____ Initials: _____ Date: _____
 Renewal Licensure/Change: Approved: _____ Denied: _____ Withdrawn: _____ Initials: _____ Date: _____
 CASH OFFICE: QC 409 initial/QC 405 renewal

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556

All relay calls accepted | www.healthoregon.org/hflc

NEW AGENCIES APPLYING FOR INITIAL LICENSURE MUST COMPLETE REMAINDER OF PAGE AND SUBMIT WITH APPLICATION PACKET

Initial (new agency) Licensure Application Checklist

- Complete the Home Health Agency License Application form
- Complete the 'Owner/Administrator Background Check Request' form(s) if applicable
- If IHC services provided under HHA license, complete the 'Home Health Agency (HHA) attestation for provision of In-Home Care (IHC) Services' form
- Include a check or money order for \$4,000.00 payable to the Oregon Health Authority
- Include a resume for your administrator: Please ensure that your administrator resume meets the following requirements:
 - Must be current
 - Must include employer names and locations, dates of employment including month and year, title of positions held, and duties performed
 - Must reflect that the administrator is a physician or registered nurse, currently licensed in Oregon, who has education, experience, and knowledge in community health service systems appropriate to the fulfillment of his/her responsibilities; or
 - Is an individual who has education, experience, and knowledge in a related community health service system, and at least one year overall administrative experience in home health care or related community health program appropriate to the fulfillment of his/her responsibilities.
- Develop agency specific policies and procedures, forms, curriculums to address and ensure compliance with the HHA OARs, Division 27. Include a sampling of those policies and procedures that demonstrate compliance with the following requirements:
 - OAR 333-027-0001 Compliance with Federal Law
 - OAR 333-027-0060 Administration of Home Health Agency
 - OAR 333-027-0080 Advance Directives to cover Patients' Rights of Treatment
- Send documents listed above to: HCRQI, PO Box 14260, Portland, OR 97293 to attention of the HHA Program. Partial applications or incomplete documentation cannot be accepted.

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556

All relay calls accepted | www.healthoregon.org/hflc

**In-Home Care (IHC) services provided under the
Home Health Agency (HHA) license**

Oregon Revised Statute (ORS) 443.090 allows a HHA to provide personal care services that are necessary to assist an individual in meeting their daily needs and that are not curative or rehabilitative, without a separate IHC agency license. The ORS requires that the HHA comply with all laws and rules concerning IHC services.

If your HHA provides, or will provide, IHC services under its HHA license please complete the attached form titled "Home Health Agency attestation for provision of In-Home Care Services." Return the attestation form with the HHA license application form.

The HHA's provision of IHC services may be evaluated in conjunction with evaluation of all other services the HHA is licensed for during unannounced, onsite HHA surveys or complaint investigations.

The IHC agency OARs and more information about the IHC agency program, including how to obtain a separate IHC agency license, may be found on the HCRQI website at: www.healthoregon.org/hcrqi

Questions may be emailed to the attention of the HHA/IHC agency program teams at: mailbox.hclc@state.or.us

Health Care Regulation & Quality Improvement
800 NE Oregon Street, Suite 305
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

PUBLIC HEALTH DIVISION
Health Care Regulation & Quality Improvement



**Home Health Agency (HHA) attestation for provision
of In-Home Care (IHC) services**

HHA name Providence Benedictine Home Health **Date** 9/19/2024 | 17:46 PDT

HHA administrator Michelle Partridge

Address 570 South Main Street, Mt. Angel, OR 97362

Phone 503-845-9226 **Email** Michelle.Partridge@providence.org

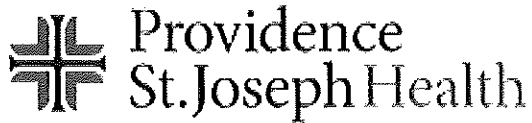
1. I have read and understand the IHC requirements set forth in Oregon Revised Statute (ORS) 443.305 to 443.350 and Oregon Administrative Rules (OARs) Chapter 333, Division 536.
2. Written policies and procedures, including applicable forms and curriculums to direct all administrative, personnel, and client care IHC operations, have been developed and implemented. The policies and procedures are complete, clear, and assure compliance with the IHC OARs.
3. Personnel records contain evidence that employees who provide IHC services meet all screening, qualification, orientation, and applicable training required by the IHC OARs.

I attest, under penalties of perjury, that this information is true, correct and complete.

Print name Michelle Partridge **Title** Director

Signature  **Date** 9/19/2024 | 17:46 PDT

PRINT FORM



Oregon Health Authority
HFLC
PO Box 14260
Portland, OR 97293

September 30, 2024

Re: Providence Benedictine Home Health License #13-1363 – Change in Administrator

Greetings,

Enclosed is the renewal application and the supporting documents for change of Administrator for Providence Benedictine Home Health located at 570 South Main St., Mount Angel OR 97362

Please feel free to contact me directly should you have any questions or concerns as I will be the direct contact regarding these changes.

Sincerely,

Megan A. Kincaid

Megan A. Kincaid – Risk & Compliance, HCC
Providence Home and Community Care
Megan.Kincaid@providence.org
(P) 971-358-9417

Public Health Division

Health Facility Licensing and Certification Program

Tina Kotek, Governor



Home Health Agency License Application

Type of Action	
New agency:	<input type="radio"/>
License renewal: (Due 12/1)	<input checked="" type="radio"/> License #: 13-1363 <i>Renewal application must be submitted at least 30 days prior to license expiration date (OAR 333-027-0020).</i> Is HHA accredited? <input type="radio"/> Yes <input checked="" type="radio"/> No Accrediting agency: _____ Most recent accreditation date: _____
Change Request:	<input checked="" type="checkbox"/> Name <input type="checkbox"/> Address <input checked="" type="checkbox"/> Ownership* <input type="checkbox"/> Service Area** <input type="checkbox"/> Administrator** <input type="checkbox"/> Add/remove services** <input type="checkbox"/> Add/Remove branch** <input type="checkbox"/> Other (specify): _____
	Effective Date of Change: 12/27/2024 Prior Information: Providence Health & Services - Oregon dba Providence Benedictine Home Health

* Fee Payment Required (See back of this form for amount)

**Requires Public Health Division pre-approval

Agency Information	
Agency legal name: CP Benedictine OR HH, LLC	
Agency DBA Name (if applicable): Providence at Home with Compassus Home Health, Mid-Willamette Valley	
Agency physical address, city, state & ZIP: 570 S. Main Street, Mt. Angel, OR 97362	
Phone: 503-845-9226	Fax: 855-809-4954
County: Marion	
Agency Mailing Address (if different from above): Same as above	
Name of Administrator: Stephanie Ortiz-Grabe	Phone: 503-845-9226
Administrator e-mail: stephanie.ortiz-grabe@providence.org	Agency email: PHSRegulatoryEnrollment@providence.org
As an employee of the home health agency, Administrators may have contact with patients or access to personal information about patients as defined in OAR 333-027-0064(1)(c) . Please complete and attach Home Health Agency Background Check Request to this application. Valid until 10/28/26	
Name of Owner(s): Please see attached Ownership Memorandum	
Address, City, State & ZIP of Owner(s) – attach additional pages if necessary.	
Phone:	Fax:
County:	
Does any owner have contact with patients or access to personal information about patients as defined in OAR 333-027-0064(1)(c) ? (If yes, attach completed Home Health Agency Background Check Request form .)	
Yes <input type="radio"/> No <input checked="" type="radio"/>	
Emergency Contact Name: Stephanie Ortiz-Grabe	Tax ID#: 33-1641850
Emergency Contact Phone: 503-845-9226	Emergency Contact E-mail: stephanie.ortiz-grabe@providence.org

Geographic Service Area: Geographic service area is limited to within a 60-mile radius of the parent location unless a waiver is obtained.	Does your agency operate within the 60-mile radius? Yes <input checked="" type="radio"/> No* <input type="radio"/>
	**If no, does your agency have a waiver? Yes <input type="radio"/> No <input type="radio"/>

Services and Staffing - Indicate 'A' if adding, 'R' if removing, or 'N' if no change

Services	Check if providing	A, R, or N	Staffing	Employees provide	Provided by contract or under arrangement	Combination of employee and contract
Skilled Nursing (SN)	<input checked="" type="checkbox"/>	N	Registered Nurses (RNs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Licensed Practical Nurses (LPNs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Aide	<input checked="" type="checkbox"/>	N	Home Health Aides (HHAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy (PT)	<input checked="" type="checkbox"/>	N	Licensed Physical Therapists (LPTs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Licensed Physical Therapy Assistants (LPTAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy (OT)	<input checked="" type="checkbox"/>	N	Licensed Occupational Therapists (OTs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	R	Licensed Occupational Therapist Assistants (COTAs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	N	Licensed Speech Pathologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Social Services	<input type="checkbox"/>	R	Licensed Master of Social Work (LMSW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	A	Licensed Clinical Social Worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		Clinical SW Associate (CSWA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In home care services provided under HHA license	<input checked="" type="checkbox"/>	N	(If provided under HHA license, attach attestation form: 'Home Health Agency (HHA) attestation for provision of In-Home Care (IHC) Services')			
Number of unduplicated admissions for the prior 12 months				2,171		

Branch Operations				
List all required information for each branch. List additional locations on a separate page. Please check 'A' if <u>adding</u> , 'R' if <u>removing</u> , or check nothing if there is <u>no change</u>				
Please note: CMS must approve the change of location prior to providing services at the new location. Claims at the new location prior to the CMS approval date are not reimbursable by CMS.				
		Address	Phone	Distance from parent agency
<input type="radio"/> A	<input type="radio"/> R	2520 Pringle Road SE, Salem OR 97302	503-845-9226	15 miles
<input type="radio"/> A	<input type="radio"/> R			
<input type="radio"/> A	<input type="radio"/> R			
<input type="radio"/> A	<input type="radio"/> R			

I declare, under penalties of perjury, that I have examined this application and all attachments and that to the best of my knowledge and belief, this information is true, correct and complete. I will notify the Health Care Regulation and Quality Improvement Section, in writing, of any changes in this information as required.

Signed by:  Stephanie Ortiz-Grabe
2284AS07E21143A

Administrator's Signature Executive Director Home Health Oregon
Print Name Stephanie Ortiz-Grabe
Date 11/7/2024

Print Title
Date (mm/dd/yyyy)
The HHA Oregon Administrative Rules, forms, and other related information may be found on the HCRQI website at: www.healthoregon.org/hflc

Questions about this application?
Email: mailbox.hclc@odhsoha.oregon.gov
Phone: 971-673-0540

FEE SCHEDULE	
ALL APPLICATION FEES ARE NON-REFUNDABLE per OAR 333-027-0010(7)	
New	\$4,000
Annual renewal	\$2,125
Change of ownership	\$1,250

Make check payable to: Oregon Health Authority
Mail payment to: HFLC
PO Box 14260
Portland, OR 97293

<p>HCRQI Office Use Only Effective date of initial licensure: _____ Initials: _____ Date: _____ Renewal Licensure/Change: Approved: _____ Denied: _____ Withdrawn: _____ Initials: _____ Date: _____ CASH OFFICE: QC 409 initial/QC 405 renewal</p>



November 6, 2024

Oregon Health Authority
Health Facility Licensing & Certification
P.O. Box 14260
Portland, OR 97293

Re: Oregon Home Health and Hospice Agencies – Notice of Change of Ownership

To Whom it May Concern,

This letter is to provide notice of the proposed internal restructuring transaction related to certain home health agencies and hospice agencies of subsidiaries of Providence St. Joseph Health, a Washington nonprofit corporation (collectively, “Providence”). The transaction will consist of the home health agencies and hospices currently owned by Providence being moved into wholly owned and newly created legal entities (the “Internal CHOW”).

Please note that following the Internal CHOW, there will be subsequent changes to the indirect ownership structure for the Home Health and Hospice Agencies, which will add certain new indirect owners to the structure (the “Upper Tier Change”). The Upper Tier Change will occur approximately two (2) days following the Internal CHOW. Please find attached, at Attachment A, the current licensee, DBA name, license number, proposed licensee and proposed DBA name for each Home Health and Hospice Agency.

Please let us know if you need any additional information or if you have any questions regarding the change of licensee for the Internal CHOW or subsequent Upper Tier Change.

Sincerely,

Signed by:
A handwritten signature in black ink that reads "James D. Watson".
7878F02AEBB4432

James D. Watson, Assistant Secretary, on
behalf of Providence for the Current Licensees
identified in Attachment A

AND



DocuSigned by:

Terri Warren

DDFC7136A86A488...

Terri Warren, CEO, on behalf of Providence for
the Proposed Licensees identified in
Attachment A

Attachment A

Agency Type	License No.	Current Licensee and DBA Name	Proposed Licensee and DBA Name
Home Health	13-1392	Providence Health & Services – Oregon d/b/a Providence Home Health	CP Portland OR HH, LLC d/b/a Providence at Home with Compassus Home Health
Home Health	13-140734	Providence Health & Services – Oregon d/b/a Providence Medford Home Care	CP Medford OR HH, LLC d/b/a Providence at Home with Compassus Home Health, Southern Oregon
Home Health	13-1363	Providence Health & Services – Oregon d/b/a Providence Benedictine Home Health	CP Benedictine OR HH, LLC d/b/a Providence at Home with Compassus Home Health, Mid-Willamette Valley
Home Health	13-0051	Providence Health & Services – Washington d/b/a Providence St. Mary Home Health	CP St. Mary WA HH, LLC d/b/a Providence at Home with Compassus Home Health, Walla Walla
Hospice	16-1033	Providence Health & Services – Oregon d/b/a Providence Hospice	CP Portland OR Hospice, LLC d/b/a Providence at Home with Compassus Hospice Care
Hospice	16-1043	Providence Health & Services – Oregon d/b/a Providence Medford Hospice	CP Medford OR Hospice, LLC d/b/a Providence at Home with Compassus Hospice Care, Southern Oregon

CP Benedictine OR HH, LLC
5% Ownership Memorandum (CHOW)

CP Benedictine OR HH, LLC

EIN: 33-1641850
1801 Lind Ave. SW
Renton, WA 98057

Officers

Terri Warren (Chief Executive Officer)

Ownership

CP Benedictine OR HH Holdings, LLC (100%) (100% direct ownership of Operator)

CP Benedictine OR HH Holdings, LLC

EIN: Pending
1801 Lind Ave. SW
Renton, WA 98057

Ownership

CP OR Holdings, LLC (100%) (100% indirect ownership of Operator)

CP OR Holdings, LLC

EIN: 33-1774795
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Compassus Providence Holdings, LLC (100%) (100% indirect ownership of Operator)

Compassus Providence Holdings, LLC

EIN: 33-1528670
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence Health & Services-Washington (95.2%) (95.2% indirect ownership of Operator)
Other owner with less than 5% indirect ownership of Operator (4.8%) (4.8% indirect ownership of Operator)

Providence Health & Services-Washington (Not-for-Profit Corporation)

EIN: 51-0216586
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence Health & Services (100%) (100% indirect ownership of Operator)¹

¹ Providence Health & Services holds an aggregate of 100% indirect ownership interest of Operator through its ownership of Providence Health & Services-Washington (95.2%) and an owner holding 4.8% ownership interest.

CP Benedictine OR HH, LLC
5% Ownership Memorandum (CHOW)

Providence Health & Services (Not-for-Profit Corporation)

EIN: 91-1549796
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence St Joseph Health (100%) (100% indirect ownership of Operator)

Providence St. Joseph Health (Not-for-Profit Corporation)

EIN: 81-1244422
1801 Lind Ave. SW
Renton, WA 98057

*The information included in this memorandum supersedes all
previously submitted ownership information for the Operator.*

* * * * *

CP Benedictine OR HH, LLC
5% Ownership Memorandum (JV)

CP Benedictine OR HH, LLC

EIN: 33-1641850
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Officers

Michael Asselta (Chief Executive Officer)
John Cullen (Chief Financial Officer)
Russell Adkins (Secretary)
Catherine Sloan (Assistant Secretary)

Ownership

CP Benedictine OR HH Holdings, LLC (100%) (100% direct ownership of Operator)

CP Benedictine OR HH Holdings, LLC

EIN: Pending
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

CP OR Holdings, LLC (100%) (100% indirect ownership of Operator)

CP OR Holdings, LLC

EIN: 33-1774795
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

Compassus Providence Holdings, LLC (100%) (100% indirect ownership of Operator)

Compassus Providence Holdings, LLC

EIN: 33-1528670
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

FC Compassus, LLC (50%) (50% indirect ownership of Operator)
Providence Health & Services-Washington (47.6%) (47.6% indirect ownership of Operator)
Other owner with less than 5% indirect ownership of Operator (2.4%) (2.4% indirect ownership of Operator)

CP Benedictine OR HH, LLC
5% Ownership Memorandum (JV)

FC Compassus, LLC

EIN: 47-2468370
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

Compassus Intermediate, Inc. (100%) (50% indirect ownership of Operator)

Compassus Intermediate, Inc.

EIN: 84-3139096
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Compassus Parent, Inc. (100%) (50% indirect ownership of Operator)

Compassus Parent, Inc.

EIN: 84-3123714
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Compassus Holdings, L.P. (100%) (50% indirect ownership of Operator)

Compassus Holdings, L.P.

EIN: 84-3145435
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

TI V ASC Compassus Investment Aggregator, L.P. (97.50%) (48.75% indirect ownership of Operator)
Other owners, each with less than 5% indirect ownership of Operator

TI V ASC Compassus Investment Aggregator, L.P.

EIN: 84-3162118
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Ascension TowerBrook Healthcare Opportunities, L.P. (48.88%) (23.829% indirect ownership of Operator)
TI V Compassus Investment Aggregator, L.P. (51.12%) (24.921% indirect ownership of Operator)

CP Benedictine OR HH, LLC
5% Ownership Memorandum (JV)

Ascension TowerBrook Healthcare Opportunities, L.P.

EIN: 98-1500387
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Ascension Capital, LLC (99.95%) (23.817% indirect ownership of Operator)
Other owner with less than 5% indirect ownership of Operator

Ascension Capital, LLC

EIN: 84-2408142
101 S. Hanley Road
Suite 450
Clayton, MO 63105

Ownership

Ascension Health Alliance (100%) (23.817% indirect ownership of Operator)

Ascension Health Alliance (not-for-profit Catholic health system)

EIN: 45-3358926
101 S. Hanley Road
Suite 450
Clayton, MO 63105

Ownership

Owners, each with less than 5% indirect ownership of Operator

TIV Compassus Investment Aggregator, L.P.

EIN: 84-3185658
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

TowerBrook Investors V (Onshore), L.P. (60.11%) (14.98% indirect ownership of Operator)
TowerBrook Investors V (892), L.P. (28.55%) (7.1149% indirect ownership of Operator)
Other owners, each with less than 5% indirect ownership of Operator

TowerBrook Investors V (Onshore), L.P.

EIN: 98-1414550
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Owners, each with less than 5% indirect ownership of Operator

CP Benedictine OR HH, LLC
5% Ownership Memorandum (JV)

TowerBrook Investors V (892), L.P.

EIN: 98-1415128
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Owners, each with less than 5% indirect ownership of Operator

Providence Health & Services-Washington (Not-for-Profit Corporation)

EIN: 51-0216586
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence Health & Services (100%) (50% indirect ownership of Operator)¹

Providence Health & Services (Not-for-Profit Corporation)

EIN: 91-1549796
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence St Joseph Health (100%) (50% indirect ownership of Operator)

Providence St. Joseph Health (Not-for-Profit Corporation)

EIN: 81-1244422
1801 Lind Ave. SW
Renton, WA 98057

*The information included in this memorandum supersedes all
previously submitted ownership information for the Operator.*

* * * * *

¹ Providence Health & Services holds an aggregate 50% indirect ownership interest of Operator through its ownership of Providence Health & Services-Washington (47.6%) and an owner holding 2.4% ownership interest.



Origination: 01/2018
Effective: 12/2023
Last Approved: 12/2023
Last Revised: 12/2023
Next Review: 12/2026
Owner: *Christi Birmingham: Executive Assistant*
Area: *Home Health*
Ministries: *All Home Health Ministries, Providence Home Care*
Applicability: *PHCC - Home Health*

HH Responsibilities/Supervision of Clinical Services 400-5

Purpose

To ensure a process is in place for the selection of a qualified individual for overseeing all clinical care and services.

Policy

Supervision of clinical care and services will be available 24 hours a day, seven (7) days a week. (Administrator on-call)

Supervisor-to-patient-care personnel ratios will depend on the acuity level of the patients and case-mix, and will be in compliance with applicable law or regulation.

The Clinical Director will be responsible for the clinical direction of the organization and will take reasonable steps to ensure that:

1. Services are continuously available.
2. Care and services provided by organization personnel and contracted organization personnel are coordinated and integrated.
3. Policies and procedures, which guide and support the provision of care and services, are developed and implemented.
4. Recommendations for required resources are made in a timely and effective manner.

The Clinical Director will be qualified and possess appropriate clinical training and experience, as verified by:

1. Education, training, and previous work experience.
2. Current professional licensure.
3. Interview assessing understanding of care and service being provided as well as population being served.
4. Management experience and clinical knowledge.

Procedure

1. The Clinical Director will oversee the day-to-day clinical operations.

2. On a daily basis, staffing will be reviewed in combination with the patient census, acuity, etc.
 - A. If staffing is problematic, the Clinical Director, in coordination with the Clinical Managers, will review options, such as:
 1. Use of outside contracted personnel.
 2. Use of overtime by organization personnel.
 3. Use of office nursing personnel (i.e., Clinical Manager, intake, QA/I nurses, etc.)
 - B. Any issue not resolved will be brought to the attention of the Executive Director/Administrator.
3. The Clinical Director will monitor the care and service provided by organization personnel and contract personnel. Monitoring includes the review of performance improvement results, incident reports, infection reports, clinical record review results, etc. Any noted trends of individual performance will be used during the evaluation process.
4. The Clinical Director will participate as a member on the following administrative teams:
 - A. Executive Management Team.
 - B. QAPI (Quality Assessment Performance Improvement).
 - C. Clinical Operations Committee.
 - D. Performance Improvement Committee.
5. Recommendations regarding resources (personnel and other) and services will be made to the Executive Director/Administrator, as well as to the appropriate committee.
6. The Clinical Director will have access to qualified clinical consultation for services outside their expertise, through the use of the Medical Director (if agency contracts or employs one) and other resources, as appropriate.
7. The Clinical Director will ensure that the following supervision is maintained within the organization:
 - A. Home health Aides (HHA):
 1. Home health aide supervisory visits will be conducted on-site at least every fourteen (14) days by skilled personnel. Supervisory visits can be made in conjunction with the home health aide or in their absence. A direct observation supervisory visit will be made at least every six (6) months.
 - B. Physical Therapy Assistants (PTA):
 1. Physical therapy assistants will be supervised by a registered physical therapist at least every month. At the discretion of the physical therapist, supervisory visits may be made in conjunction with the physical therapy assistant. A direct observation supervisory visit will be made at least every six (6) months, or as directed by the state Practice Act, whichever is more frequent.
 - C. Certified Occupational Therapy Assistants (COTA):
 1. Occupational therapy assistants will be supervised by a licensed occupational therapist at least every month. At the discretion of the occupational therapist, supervisory visits may be made in conjunction with the occupational therapy assistant. A direct observation supervisory visit will be made at least every six (6) months, or as directed by the State Practice Act, whichever is more frequent.
 - D. Licensed practical/vocational nurse (LVN):

1. LPN/LVN will be supervised by a registered nurse as directed by the State Practice Act, whichever is more frequent.

E. Social Services Assistant (SSA):

1. Social services assistant must be supervised by a Medical Social Worker who has a master's degree or doctoral degree.

F. Supervisory visits will be made more often if indicated by the patient's and/or organization personnel's need.

COPY

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Steering Committee	Christi Birmingham: Executive Assistant	12/2023
Policy Committee	Christi Birmingham: Executive Assistant	12/2023
Clinical Excellence	Allan Komarek: Executive Director Clinical Excellence	12/2023

Applicability

PHCC - Home Health

COPY



Origination:	02/2018
Effective:	11/2023
Last Approved:	11/2023
Last Revised:	11/2023
Next Review:	11/2026
Owner:	Christi Birmingham: Executive Assistant
Area:	Home Health
Ministries:	All Home Health Ministries, Providence Home Care
Applicability:	PHCC - Home Health

HH Care Planning Process 203-1

Purpose

To provide care planning direction to clinicians delivering patient care.

Policy

A written individualized plan of care will be initiated within five (5) days of start of care and updated at least every 60 days, or as patient's condition warrants. The patient plan of care will be developed or revised within five (5) working days of initiation of each service or of the reassessment of the patient.

All clinicians including the provider (or other licensed practitioner) involved in the patient's care, either directly or indirectly, will contribute to the plan of care. The plan of care shall be signed by a doctor of medicine, osteopathy, or podiatric medicine, or an allowed practitioner acting within the scope of a state license, certification or registration.

The patient and/or family/caregiver/representative will participate in decisions regarding the plan of care whenever possible. The care planning process will be individualized discipline-specific (if applicable), and will be documented on the plan of care in clinical notes, medication profiles, care conference/summary forms, and discharge/clinical summaries.

Definitions

- Individualized Plan of Care:** The patient-specific clinical plan of care includes all pertinent diagnoses, mental status, types of services/equipment, frequency of visits, goals and interventions appropriate to each discipline, prognosis, rehabilitation potential, functional limitations, precautions, activities, nutritional requirements, food/drug allergies, medications, treatments, safety measures, instructions, discharge plan. Documents include plan of treatment (485) and plans of care (all disciplines).
- Clinician:** Any nurse, PT, OT, ST, MSW or paraprofessional involved in the care of a patient, either directly or indirectly, including administrative, management, and supervisory personnel.

Procedure

- At the time of the initial assessment, the clinician, along with the provider (or other licensed practitioner) and other involved disciplines, will develop the individualized patient plan of care based upon the patient's identified needs and will review it with the patient and/or family/caregiver/representative.

2. All clinicians will consider the conclusions of initial, comprehensive, and ongoing assessments in their care planning process, including, but not limited to:
 - A. Individualized patient needs related to care, functional status, and family/caregiver support systems.
 - B. Changes in patient's condition.
 - C. Clinical drug monitoring, as appropriate.
 - D. Pain and symptom management, as appropriate.
 - E. Psychosocial and spiritual needs of patient and family/caregiver, as appropriate.
 - F. Patient treatment choices.
 - G. Patient and caregiver education and training that the organization will provide specific to the patient's care needs.
3. Based on the assessment, the plan of care will include, but not be limited to:
 - A. Patient specific interventions and education.
 - B. All patient care orders from all providers involved in the plan of care, including verbal orders.
 - C. Identified patient problems and needs, including functional limitations, activities permitted, nutritional requirements.
 - D. Reasonable, measurable, and individualized goals and outcomes identified by the organization with the patient, anticipated to occur as a result of implementing and coordinating the plan of care.
 - E. Specific services and treatments to be provided, including services furnished via telecommunication systems (if appropriate).
 - F. Actions to be taken to meet the patient goals.
 - G. Type, including identifying the responsible discipline(s), frequency, and duration of above actions.
 - H. Equipment and supplies.
 - I. Information related to any advanced directives.
 - J. All pertinent diagnoses.
 - K. The patient's mental, psychosocial, and cognitive status.
 - L. All medications.
 - M. Safety measures.
 - N. The patient's risks for emergency department, and/or hospital re-admission, and interventions to address these risk factors.
 - O. Patient and caregiver education and training to facilitate timely discharge.
 - P. Prognosis.
 - Q. Rehabilitation potential.
 - R. Other appropriate items such as precautions and contraindications, additions, revisions and deletions to the care plan and any additional items the organization or provider (or other licensed practitioner) may choose to include.
4. In addition to care, if a patient is accepted into the organization's telehealth program (if applicable), and the plan of care will include elements of the telehealth program.

- A. The telehealth plan of care will be developed based on specific telehealth interventions, included but not limited to:
 1. Disease management.
 2. Remote vital signs.
 3. Interactive home telehealth.
- B. The telehealth plan of care will include the telehealth encounter frequency and how the patient will be monitored should there be a discontinuation of the telehealth program.
5. Care planning decisions reflect the specific services that are provided, as well as the associated actions planned and implemented to meet individualized patient goals.
6. The plan of care will be based upon the provider's (or other licensed practitioner's) orders and will include the equipment, supplies, and services required to meet the patient's needs.
7. Patients receiving physical therapy or speech therapy only will have a plan of care initiated by the primary physical therapist or speech therapist within 48 hours of completion of the initial assessment.
8. The plan of care will be revised no less than every sixty (60) days or as frequently as deemed necessary by the clinician, based on the ongoing assessments of the patient. Revision dates will be noted on the plan of care.
9. Clinicians will be responsible to revise the plan of care or update the plan at least every 60 days. (See "Reassessments/Recertification 202-3" Policy). The frequency of plan of care review may be more often based on changes in the patient's health status, needs, and the environmental factors affecting care.
10. Changes in the plan of care will be noted with the following documentation:
 - A. Assessment.
 - B. Plan of care with clinical outcome goals.
 - C. Care plan with specific services/actions to be taken.
 - D. Clinical notes.
 - E. Verbal orders.
11. Clinicians will inform the patient's provider (or other licensed practitioner) of any changes needed to alter the plan of care. Changes must be written, dated, and signed by the professional making the changes.
12. The Case Manager or admitting clinician will sign the plan of care.
13. Problems and/or needs related to patient's condition, desires, abilities, family/caregiver support systems, and relevant medication monitoring will be included in the plan of care.
14. Services provided will be based on the prioritized needs of the patient. Patients will be monitored for their response to care or services provided against established patient goals and patient outcomes to determine if goals have been achieved.
15. Care decisions and services to be provided will be made as a result of the care planning process, analysis of initial and ongoing assessments, and analysis of patient response to care against goals and outcomes.
16. The Clinical Manager or designee will review the plan of care for all patients.
17. The organization shall provide the patient and caregiver with a copy of written instructions outlining:
 - A. Visit schedule, including frequency of visits by personnel and personnel acting on behalf of the

organization.

- B. Patient medication schedule/instructions, including medication name, dosage and frequency and which medications will be administered by the organization's personnel and personnel acting on behalf of the organization.
- C. Education on the safe use, storage and disposal of opioid medications.
- D. Any treatments to be administered by the organization's personnel and personnel acting on behalf of the organization, including therapy services.
- E. Any other pertinent instruction related to the patient's care and treatments that the organization will provide, specific to the patient's care needs.
- F. Name and contact information of the organization's clinical manager.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Steering Committee	Christi Birmingham: Executive Assistant	11/2023
Policy Committee	Christi Birmingham: Executive Assistant	11/2023
Clinical Excellence	Allan Komarek: Executive Director Clinical Excellence	11/2023

Applicability

PHCC - Home Health



Origination:	05/2018
Effective:	12/2023
Last Approved:	12/2023
Last Revised:	12/2023
Next Review:	12/2026
Owner:	<i>Christi Birmingham: Executive Assistant</i>
Area:	<i>Home Health</i>
Ministries:	<i>All Home Health Ministries, Providence Home Care</i>
Applicability:	<i>PHCC - Home Health</i>

HH Rights/Responsibilities 100-1

Purpose

To encourage awareness of patient rights and responsibilities, to provide guidelines to assist patients making decisions regarding care, and to support active participation in care planning.

Policy

Each patient will be an active, informed participant in their plan of care. To ensure this process, the patient will be empowered with certain rights and responsibilities as described. If a state court has not adjudged a patient to lack legal capacity to make health care decisions as defined by state law, the patient may designate someone to act as their representative (surrogate decision-maker) to exercise the patient's rights. This representative, on behalf of the patient, may exercise any of the rights provided by the policies and procedures established by the organization.

If the patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction:

1. The rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf OR
2. The patient may exercise his or her rights to the extent allowed by court order.

To assist with fully understanding patient rights and responsibilities, all policies are available to organization personnel, the patient, and their representatives as well as other organizations and the interested public.

Procedure

1. The patient will be informed verbally and in writing during the initial evaluation visit, in advance of furnishing care to the patient, of the following:
 - A. The ownership or control of the organization.
 - B. The organization's mission and care/services provided directly or through contractual arrangements.
 - C. The goals of care, the interventions that support those goals and the identification of the staff providing service.
 - D. The hours of care/service and how to obtain care/service after hours.

- E. The right to be informed of his/her condition, participate in all aspects of care, and the right to refuse all or part of their care to the extent permitted by law.
- F. The right to formulate Advance Directives and the organization's policy on the withholding of resuscitative services and the withdrawal of life-sustaining treatment and to lodge complaints concerning the implementation of the advance directive requirements.
- G. The value or purpose of any technical procedure that will be performed, including the benefits, risks, and who will perform the task or procedure.
- H. The cost of services that will be billed to their insurance(s) and/or self (verbally and in writing).
- I. The completion of all assessments and care to be furnished, based on the comprehensive assessment. The organization shall ensure that the patient receives all services outlined in the plan of care.
- J. The establishment and revision of the plan of care, including the disciplines that will furnish the care and the frequency of visits as well as any changes in the care to be furnished.
- K. The expected outcomes of care, including patient-identified goals, and anticipated risks (e.g. an incident or an unexpected outcome) and benefits; as well as any factors that could impact treatment effectiveness and/or current or future health care decision-making.
- L. The right to pain assessment and management.
- M. The right to privacy, security, and respect of property and person.
- N. The right to be free from mental, physical, sexual and/or verbal abuse, including injuries of unknown source, neglect, misappropriation of property, or exploitation.
- O. The right to voice a complaint or concern regarding care, treatment or services (or fail to be) provided or are provided inconsistently or inappropriately without fear of reprisal for exercising this right. The right to voice grievances regarding lack of respect for property. The availability of other sources to receive questions and complaints and assist in resolution
- P. Organization policy regarding confidentiality and disclosure of medical information; including, patient privacy rights related to the collection of the Outcome and Assessment Information Set (OASIS):
 - 1. The right to be informed that OASIS information will be collected and the purpose of the collection.
 - 2. The right to have the information kept confidential.
 - 3. The right to be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Federal Privacy Act.
 - 4. The right to be informed that the collected OASIS data, OASIS Outcome-Based Quality Improvement (OBQI), OASIS Outcome-Based Quality Monitoring (OBQM), and/or publicly reported Quality Measure reports will be shared with accreditation surveyors as appropriate and this data may be used to identify and prioritize performance improvement activities.
 - 5. The right to refuse to answer questions.
 - 6. The right to see, review, and request changes on their assessment.
- Q. The right to have communication needs met. (See "PHCC Interpreter Services" Policy).
 - 1. The organization shall provide verbal notice of the patient's rights and responsibilities in the patient's primary or preferred language and in a manner the individual understands, free of

charge, with the use of a competent interpreter if necessary, no later than the completion of the second (2nd) visit from a skilled professional (RN, PT, SLP, OT).

- R. The right to choose whether or not to participate in research, investigations or experimental studies or clinical trials.
- S. The right to have cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- T. The availability of the applicable toll-free home health agency hotline and other sources to receive questions or complaints and assist in resolution including implementation of the advance directive requirements.
- U. The organization's transfer and discharge policies.
- V. The contact information for the agency administrator, including the administrator's name, business address, and business phone number in order to receive complaints.
- W. The names, addresses, and telephone numbers of the following federally-funded and state-funded entities that serve the area where the patient resides:
 - 1. Agency on Aging.
 - 2. Center for Independent Living.
 - 3. Protection and Advocacy Agency.
 - 4. Aging and Disability Resource Center.
 - 5. Quality Improvement Organizations.
- 2. Within four (4) business days of the initial evaluation visit, the organization shall provide written notice of the transfer and discharge policies, provide contact information of the administrator, provide verbal notice of the rights and responsibilities, and obtain signature from the patient or legal representative to confirm that they have received a copy of the notice of rights and responsibilities.
- 3. Patient and family/caregiver responsibilities will be explained upon admission and as needed. The patient and family/caregiver are responsible for:
 - A. Providing accurate and complete information about the present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health.
 - B. Reporting unexpected changes in the patient's condition.
 - C. Providing feedback regarding services, needs and expectations.
 - D. Asking questions regarding care or services.
 - E. Following instructions.
 - F. Understanding and accepting the consequences for outcomes if the care, services, and/or treatment plan are not followed.
 - G. Following the organization's policies and procedures concerning patient care and conduct.
 - H. Showing respect and consideration for the organization's personnel and property.
 - I. Meeting financial commitments by promptly meeting any financial obligation agreed to with the organization.
 - J. Distinguishing a legally authorized representative from a patient selected representative and provide the organization with the documentation that supports the appointment of any legally authorized

representative.

4. The admitting clinician will provide each patient or their representative with a written copy of the Patient Rights and Responsibilities on admission.
5. The Patient Rights and Responsibilities statement will be explained (verbal) and distributed to the patient prior to the initiation of organization services. This verbal explanation will be in conversational language and tone and/or communication method they can reasonably be expected to understand.
6. The patient or legal representative will be requested to sign the Patient Rights and Responsibilities form. The original form will be kept in the patient's clinical record. A copy will be maintained by the patient. The patient's refusal to sign will be documented in the clinical record, including the reason for refusal.
7. The admitting clinician will document that the patient has received a copy of the Patient Rights and Responsibilities.
 - A. If the patient is unable to understand their rights and responsibilities, documentation in the clinical note will be made.
 - B. In the event a communication barrier exists, if possible, special devices or interpreters will be made available.
 - C. Written information will be provided to patients in English and the predominant non-English languages of the population served.
8. When the patient's representative signs the Patient Rights and Responsibilities form, an explanation of that relationship must be documented and kept on file in the clinical record.
9. The family or guardian may exercise the patient's rights when a patient is incompetent or a minor.
10. Supervisory visits with clinical disciplines will be conducted to ensure these rights are honored and protected according to organization policy.
11. All organization personnel, both clinical and non-clinical, will be oriented to the patient's rights and responsibilities prior to the end of their orientation program, as well as annually.

(See "Patient Privacy Rights" Policy)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Steering Committee	Christi Birmingham: Executive Assistant	12/2023
Policy Committee	Christi Birmingham: Executive Assistant	12/2023
Clinical Excellence	Allan Komarek: Executive Director Clinical Excellence	12/2023

Applicability

PHCC - Home Health

COPY



Home Health Agency License Application

Type of Action	
New agency:	<input type="radio"/>
License renewal: (Due 12/1)	<input checked="" type="radio"/> License #: 13-1392 <i>Renewal application must be submitted at least 30 days prior to license expiration date (OAR 333-027-0020).</i>
	Is HHA accredited? <input checked="" type="radio"/> Yes <input type="radio"/> No
	Accrediting agency: JC Most recent accreditation date: 02/15/2023
Change Request:	<input checked="" type="checkbox"/> Name <input type="checkbox"/> Address <input checked="" type="checkbox"/> Ownership* <input type="checkbox"/> Service Area** <input type="checkbox"/> Administrator** <input type="checkbox"/> Add/remove services** <input type="checkbox"/> Add/Remove branch** <input type="checkbox"/> Other (specify):
	Effective Date of Change: 12/27/2024 Prior Information: Providence Health & Services - Oregon dba Providence Home Health

* Fee Payment Required (See back of this form for amount)

**Requires Public Health Division pre-approval

Agency Information		
Agency legal name: CP Portland OR HH, LLC		
Agency DBA Name (if applicable): Providence at Home with Compassus Home Health		
Agency physical address, city, state & ZIP: 6410 NE Halsey St., Suite 200, Portland, OR 97213		
Phone: 503-215-4646	Fax: 503-215-4671	County: Multnomah
Agency Mailing Address (if different from above): N/A		
Name of Administrator: Stephanie Ortiz-Grabe		Phone: 303-565-0526
Administrator e-mail: stephanie.ortiz-grabe@providence.org		Agency email: orreghomeservices@providence.org
As an employee of the home health agency, Administrators may have contact with patients or access to personal information about patients as defined in OAR 333-027-0064(1)(c). Please complete and attach Home Health Agency Background Check Request to this application.		
		Valid until 10/28/2026
Name of Owner(s): Please see attached Ownership Memorandum		
Address, City, State & ZIP of Owner(s) – attach additional pages if necessary.		
Phone:	Fax:	County:
Does any owner have contact with patients or access to personal information about patients as defined in OAR 333-027-0064(1)(c)? (If yes, attach completed Home Health Agency Background Check Request form.)		Yes <input type="radio"/> No <input checked="" type="radio"/>
Emergency Contact Name: Stephanie Ortiz-Grabe		Tax ID#: 33-1567236
Emergency Contact Phone: 303-565-0526		Emergency Contact E-mail: stephanie.ortiz-grabe@providence.org

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556

All relay calls accepted | www.healthoregon.org/hflc

Geographic Service Area: Geographic service area is limited to within a 60-mile radius of the parent location unless a waiver is obtained.

Does your agency operate within the 60-mile radius? Yes No*

**If no, does your agency have a waiver? Yes No

Services and Staffing - Indicate 'A' if adding, 'R' if removing, or 'N' if no change						
Services	Check if providing	A, R, or N	Staffing	Employees provide	Provided by contract or under arrangement	Combination of employee and contract
Skilled Nursing (SN)	<input checked="" type="checkbox"/>	N	Registered Nurses (RNs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Licensed Practical Nurses (LPNs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Aide	<input checked="" type="checkbox"/>	N	Home Health Aides (HHAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy (PT)	<input checked="" type="checkbox"/>	N	Licensed Physical Therapists (LPTs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Licensed Physical Therapy Assistants (LPTAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy (OT)	<input checked="" type="checkbox"/>	N	Licensed Occupational Therapists (OTs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Licensed Occupational Therapist Assistants (COTAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	N	Licensed Speech Pathologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Social Services	<input checked="" type="checkbox"/>	N	Licensed Master of Social Work (LMSW)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		Licensed Clinical Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		Clinical SW Associate (CSWA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In home care services provided under HHA license	<input type="checkbox"/>		(If provided under HHA license, attach attestation form: 'Home Health Agency (HHA) attestation for provision of In-Home Care (IHC) Services')			
Number of unduplicated admissions for the prior 12 months				12,261		

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556

All relay calls accepted | www.healthoregon.org/hflc

Branch Operations

List all required information for each branch. List additional locations on a separate page.
Please check 'A' if adding, 'R' if removing, or check nothing if there is no change

Please note: CMS must approve the change of location prior to providing services at the new location. Claims at the new location prior to the CMS approval date are not reimbursable by CMS.

		Address Please see attached for additional MLO	Phone	Distance from parent agency
<input type="radio"/> A	<input type="radio"/> R	3601 SW Murray Blvd, Suite 130, Beaverton, OR 97005	503-215-4646	16 Miles
<input type="radio"/> A	<input type="radio"/> R	4400 NE Halsey Street, Bldg 1, Suite 160, Portland, OR 97213	503-215-4646	1 mile
<input type="radio"/> A	<input type="radio"/> R	310 N Villa Rd, Ste 103, Newberg, Oregon 97132	503-215-4646	28 miles
<input type="radio"/> A	<input type="radio"/> R	1510 Division Street, Medical Plaza 1, Ste 20, Oregon City, OR 97045	503-215-4646	12 miles

I declare, under penalties of perjury, that I have examined this application and all attachments and that to the best of my knowledge and belief, this information is true, correct and complete. I will notify the Health Care Regulation and Quality Improvement Section, in writing, of any changes in this information as required.

Signed by:
Stephanie Ortiz-Grabe
2204AS07624143A

Stephanie Ortiz-Grabe

Administrator's Signature

Executive Director Home Health Oregon

Print Name

11/7/2024

Print Title

Date (mm/dd/yyyy)

The HHA Oregon Administrative Rules, forms, and other related information may be found on the HCRQI website at: www.healthoregon.org/hflc

Questions about this application?
Email: mailbox.hclc@odhsoha.oregon.gov
Phone: 971-673-0540

FEE SCHEDULE	
ALL APPLICATION FEES ARE NON-REFUNDABLE per OAR 333-027-0010(7)	
New	\$4,000
Annual renewal	\$2,125
Change of ownership	\$1,250

Make check payable to: Oregon Health Authority
Mail payment to: HFLC
PO Box 14260
Portland, OR 97293

HCRQI Office Use Only
Effective date of initial licensure: _____ Initials: _____ Date: _____
Renewal Licensure/Change: Approved: _____ Denied: _____ Withdrawn: _____ Initials: _____ Date: _____
CASH OFFICE: QC 409 initial/QC 405 renewal

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556

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November 8, 2024

Oregon Health Authority
Health Facility Licensing & Certification
P.O. Box 14260
Portland, OR 97293

Re: Change of Ownership – Oregon Hospice and Home Health Agency License Applications

To Whom it May Concern,

This letter is to provide notice of the proposed internal restructuring transaction related to certain home health agencies and hospice agencies of subsidiaries of Providence St. Joseph Health, a Washington nonprofit corporation (collectively, "Providence"). The transaction will consist of the home health agencies and hospices currently owned by Providence being moved into wholly owned and newly created legal entities (the "Internal CHOW"). The Internal CHOW is scheduled to occur on or about December 27, 2024.

Please note that following the Internal CHOW, there will be subsequent changes to the indirect ownership structure for the Home Health and Hospice Agencies, which will add certain new indirect owners to the structure (the "Upper Tier Change"). The Upper Tier Change will occur approximately two (2) days following the Internal CHOW. We have enclosed ownership memoranda that identify the ownership structure currently and both following the Internal CHOW and following the Upper Tier Change.

Please find enclosed change of ownership applications for the Home Health and Hospice Agencies identified in Attachment A. Note that in addition to including information related to the Internal CHOW, we have indicated where information will change as a result of the Upper Tier Changes.

Please let us know if you need any additional information or if you have any questions regarding the enclosed applications for change of licensee for the Internal CHOW or subsequent Upper Tier Change.

Please feel free to contact me directly should you have any questions or concerns.

Contact: Kadeja Watts at Kadeja.Watts@agg.com or 404-873-8774

Alternate Contact Information: Jessica Grozine at Jessica.Grozine.@agg.com or 404-873-8526

Sincerely,

Arnall Golden Gregory LLP



Kadeja A. Watts

Attachment A

Agency Type	License No.	Current Licensee and DBA Name	Proposed Licensee and DBA Name
Home Health	13-1392	Providence Health & Services – Oregon d/b/a Providence Home Health	CP Portland OR HH, LLC d/b/a Providence at Home with Compassus Home Health
Home Health	13-140734	Providence Health & Services – Oregon d/b/a Providence Medford Home Care	CP Medford OR HH, LLC d/b/a Providence at Home with Compassus Home Health, Southern Oregon
Home Health	13-1363	Providence Health & Services – Oregon d/b/a Providence Benedictine Home Health	CP Benedictine OR HH, LLC d/b/a Providence at Home with Compassus Home Health, Mid-Willamette Valley
Home Health	13-0051	Providence Health & Services – Washington d/b/a Providence St. Mary Home Health	CP St. Mary WA HH, LLC d/b/a Providence at Home with Compassus Home Health, Walla Walla
Hospice	16-1033	Providence Health & Services – Oregon d/b/a Providence Hospice	CP Portland OR Hospice, LLC d/b/a Providence at Home with Compassus Hospice Care
Hospice	16-1043	Providence Health & Services – Oregon d/b/a Providence Medford Hospice	CP Medford OR Hospice, LLC d/b/a Providence at Home with Compassus Hospice Care, Southern Oregon



November 6, 2024

Oregon Health Authority
Health Facility Licensing & Certification
P.O. Box 14260
Portland, OR 97293

Re: Oregon Home Health and Hospice Agencies – Notice of Change of Ownership

To Whom it May Concern,

This letter is to provide notice of the proposed internal restructuring transaction related to certain home health agencies and hospice agencies of subsidiaries of Providence St. Joseph Health, a Washington nonprofit corporation (collectively, "Providence"). The transaction will consist of the home health agencies and hospices currently owned by Providence being moved into wholly owned and newly created legal entities (the "Internal CHOW").

Please note that following the Internal CHOW, there will be subsequent changes to the indirect ownership structure for the Home Health and Hospice Agencies, which will add certain new indirect owners to the structure (the "Upper Tier Change"). The Upper Tier Change will occur approximately two (2) days following the Internal CHOW. Please find attached, at Attachment A, the current licensee, DBA name, license number, proposed licensee and proposed DBA name for each Home Health and Hospice Agency.

Please let us know if you need any additional information or if you have any questions regarding the change of licensee for the Internal CHOW or subsequent Upper Tier Change.

Sincerely,

Signed by:
A blue ink signature of James D. Watson in a cursive script.
7878F02AE8B4432

James D. Watson, Assistant Secretary, on
behalf of Providence for the Current Licensees
identified in Attachment A

AND



DocuSigned by:

Terri Warren

DDFC7136A86A488 ..

Terri Warren, CEO, on behalf of Providence for
the Proposed Licensees identified in
Attachment A

Attachment A

Agency Type	License No.	Current Licensee and DBA Name	Proposed Licensee and DBA Name
Home Health	13-1392	Providence Health & Services – Oregon d/b/a Providence Home Health	CP Portland OR HH, LLC d/b/a Providence at Home with Compassus Home Health
Home Health	13-140734	Providence Health & Services – Oregon d/b/a Providence Medford Home Care	CP Medford OR HH, LLC d/b/a Providence at Home with Compassus Home Health, Southern Oregon
Home Health	13-1363	Providence Health & Services – Oregon d/b/a Providence Benedictine Home Health	CP Benedictine OR HH, LLC d/b/a Providence at Home with Compassus Home Health, Mid-Willamette Valley
Home Health	13-0051	Providence Health & Services – Washington d/b/a Providence St. Mary Home Health	CP St. Mary WA HH, LLC d/b/a Providence at Home with Compassus Home Health, Walla Walla
Hospice	16-1033	Providence Health & Services – Oregon d/b/a Providence Hospice	CP Portland OR Hospice, LLC d/b/a Providence at Home with Compassus Hospice Care
Hospice	16-1043	Providence Health & Services – Oregon d/b/a Providence Medford Hospice	CP Medford OR Hospice, LLC d/b/a Providence at Home with Compassus Hospice Care, Southern Oregon

CP Portland OR HH, LLC
5% Ownership Memorandum (CHOW)

CP Portland OR HH, LLC

EIN: 33-1567236
1801 Lind Ave. SW
Renton, WA 98057

Officers

Terri Warren (Chief Executive Officer)

Ownership

CP Portland OR HH Holdings, LLC (100%) (100% direct ownership of Operator)

CP Portland OR HH Holdings, LLC

EIN: 33-1711622
1801 Lind Ave. SW
Renton, WA 98057

Ownership

CP OR Holdings, LLC (100%) (100% indirect ownership of Operator)

CP OR Holdings, LLC

EIN: 33-1774795
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Compassus Providence Holdings, LLC (100%) (100% indirect ownership of Operator)

Compassus Providence Holdings, LLC

EIN: 33-1528670
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence Health & Services-Washington (95.2%) (95.2% indirect ownership of Operator)
Other owner with less than 5% indirect ownership of Operator (4.8%) (4.8% indirect ownership of Operator)

Providence Health & Services-Washington (Not-for-Profit Corporation)

EIN: 51-0216586
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence Health & Services (100%) (100% indirect ownership of Operator)¹

¹ Providence Health & Services holds an aggregate of 100% indirect ownership interest of Operator through its ownership of Providence Health & Services-Washington (95.2%) and an owner holding 4.8% ownership interest.

CP Portland OR HH, LLC
5% Ownership Memorandum (CHOW)

Providence Health & Services (Not-for-Profit Corporation)
EIN: 91-1549796
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence St Joseph Health (100%) (100% indirect ownership of Operator)

Providence St. Joseph Health (Not-for-Profit Corporation)
EIN: 81-1244422
1801 Lind Ave. SW
Renton, WA 98057

*The information included in this memorandum supersedes all
previously submitted ownership information for the Operator.*

* * * * *

CP Portland OR HH, LLC
5% Ownership Memorandum (JV)

CP Portland OR HH, LLC

EIN: 33-1567236
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Officers

Michael Asselta (Chief Executive Officer)
John Cullen (Chief Financial Officer)
Russell Adkins (Secretary)
Catherine Sloan (Assistant Secretary)

Ownership

CP Portland OR HH Holdings, LLC (100%) (100% direct ownership of Operator)

CP Portland OR HH Holdings, LLC

EIN: 33-1711622
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

CP OR Holdings, LLC (100%) (100% indirect ownership of Operator)

CP OR Holdings, LLC

EIN: 33-1774795
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

Compassus Providence Holdings, LLC (100%) (100% indirect ownership of Operator)

Compassus Providence Holdings, LLC

EIN: 33-1528670
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

FC Compassus, LLC (50%) (50% indirect ownership of Operator)
Providence Health & Services-Washington (47.6%) (47.6% indirect ownership of Operator)
Other owner with less than 5% indirect ownership of Operator (2.4%) (2.4% indirect ownership of Operator)

CP Portland OR HH, LLC
5% Ownership Memorandum (JV)

FC Compassus, LLC

EIN: 47-2468370
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

Compassus Intermediate, Inc. (100%) (50% indirect ownership of Operator)

Compassus Intermediate, Inc.

EIN: 84-3139096
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Compassus Parent, Inc. (100%) (50% indirect ownership of Operator)

Compassus Parent, Inc.

EIN: 84-3123714
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Compassus Holdings, L.P. (100%) (50% indirect ownership of Operator)

Compassus Holdings, L.P.

EIN: 84-3145435
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

TI V ASC Compassus Investment Aggregator, L.P. (97.50%) (48.75% indirect ownership of Operator)
Other owners, each with less than 5% indirect ownership of Operator

TI V ASC Compassus Investment Aggregator, L.P.

EIN: 84-3162118
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Ascension TowerBrook Healthcare Opportunities, L.P. (48.88%) (23.829% indirect ownership of Operator)
TI V Compassus Investment Aggregator, L.P. (51.12%) (24.921% indirect ownership of Operator)

CP Portland OR HH, LLC
5% Ownership Memorandum (JV)

Ascension TowerBrook Healthcare Opportunities, L.P.

EIN: 98-1500387
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Ascension Capital, LLC (99.95%) (23.817% indirect ownership of Operator)
Other owner with less than 5% indirect ownership of Operator

Ascension Capital, LLC

EIN: 84-2408142
101 S. Hanley Road
Suite 450
Clayton, MO 63105

Ownership

Ascension Health Alliance (100%) (23.817% indirect ownership of Operator)

Ascension Health Alliance (not-for-profit Catholic health system)

EIN: 45-3358926
101 S. Hanley Road
Suite 450
Clayton, MO 63105

Ownership

Owners, each with less than 5% indirect ownership of Operator

TI V Compassus Investment Aggregator, L.P.

EIN: 84-3185658
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

TowerBrook Investors V (Onshore), L.P. (60.11%) (14.98% indirect ownership of Operator)
TowerBrook Investors V (892), L.P. (28.55%) (7.1149% indirect ownership of Operator)
Other owners, each with less than 5% indirect ownership of Operator

TowerBrook Investors V (Onshore), L.P.

EIN: 98-1414550
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Owners, each with less than 5% indirect ownership of Operator

CP Portland OR HH, LLC
5% Ownership Memorandum (JV)

TowerBrook Investors V (892), L.P.

EIN: 98-1415128
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Owners, each with less than 5% indirect ownership of Operator

Providence Health & Services-Washington (Not-for-Profit Corporation)

EIN: 51-0216586
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence Health & Services (100%) (50% indirect ownership of Operator)¹

Providence Health & Services (Not-for-Profit Corporation)

EIN: 91-1549796
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence St Joseph Health (100%) (50% indirect ownership of Operator)

Providence St. Joseph Health (Not-for-Profit Corporation)

EIN: 81-1244422
1801 Lind Ave. SW
Renton, WA 98057

*The information included in this memorandum supersedes all
previously submitted ownership information for the Operator.*

* * * * *

¹ Providence Health & Services holds an aggregate 50% indirect ownership interest of Operator through its ownership of Providence Health & Services-Washington (47.6%) and an owner holding 2.4% ownership interest.

Additional Multiple Location Office (MLO)

Address	Phone Number	Distance from Primary Hospice
1630 Woods Court Hood River, OR 97031	541-387-6339	60 miles
3605 Highway 101 N Gearhart, Oregon 97138	503-717-7788	81 miles



Origination: 01/2018
Effective: 12/2023
Last Approved: 12/2023
Last Revised: 12/2023
Next Review: 12/2026
Owner: *Christi Birmingham: Executive Assistant*
Area: *Home Health*
Ministries: *All Home Health Ministries, Providence Home Care*
Applicability: *PHCC - Home Health*

HH Responsibilities/Supervision of Clinical Services 400-5

Purpose

To ensure a process is in place for the selection of a qualified individual for overseeing all clinical care and services.

Policy

Supervision of clinical care and services will be available 24 hours a day, seven (7) days a week. (Administrator on-call)

Supervisor-to-patient-care personnel ratios will depend on the acuity level of the patients and case-mix, and will be in compliance with applicable law or regulation.

The Clinical Director will be responsible for the clinical direction of the organization and will take reasonable steps to ensure that:

1. Services are continuously available.
2. Care and services provided by organization personnel and contracted organization personnel are coordinated and integrated.
3. Policies and procedures, which guide and support the provision of care and services, are developed and implemented.
4. Recommendations for required resources are made in a timely and effective manner.

The Clinical Director will be qualified and possess appropriate clinical training and experience, as verified by:

1. Education, training, and previous work experience.
2. Current professional licensure.
3. Interview assessing understanding of care and service being provided as well as population being served.
4. Management experience and clinical knowledge.

Procedure

1. The Clinical Director will oversee the day-to-day clinical operations.

2. On a daily basis, staffing will be reviewed in combination with the patient census, acuity, etc.
 - A. If staffing is problematic, the Clinical Director, in coordination with the Clinical Managers, will review options, such as:
 1. Use of outside contracted personnel.
 2. Use of overtime by organization personnel.
 3. Use of office nursing personnel (i.e., Clinical Manager, intake, QA/I nurses, etc.)
 - B. Any issue not resolved will be brought to the attention of the Executive Director/Administrator.
3. The Clinical Director will monitor the care and service provided by organization personnel and contract personnel. Monitoring includes the review of performance improvement results, incident reports, infection reports, clinical record review results, etc. Any noted trends of individual performance will be used during the evaluation process.
4. The Clinical Director will participate as a member on the following administrative teams:
 - A. Executive Management Team.
 - B. QAPI (Quality Assessment Performance Improvement).
 - C. Clinical Operations Committee.
 - D. Performance Improvement Committee.
5. Recommendations regarding resources (personnel and other) and services will be made to the Executive Director/Administrator, as well as to the appropriate committee.
6. The Clinical Director will have access to qualified clinical consultation for services outside their expertise, through the use of the Medical Director (if agency contracts or employs one) and other resources, as appropriate.
7. The Clinical Director will ensure that the following supervision is maintained within the organization:
 - A. Home health Aides (HHA):
 1. Home health aide supervisory visits will be conducted on-site at least every fourteen (14) days by skilled personnel. Supervisory visits can be made in conjunction with the home health aide or in their absence. A direct observation supervisory visit will be made at least every six (6) months.
 - B. Physical Therapy Assistants (PTA):
 1. Physical therapy assistants will be supervised by a registered physical therapist at least every month. At the discretion of the physical therapist, supervisory visits may be made in conjunction with the physical therapy assistant. A direct observation supervisory visit will be made at least every six (6) months, or as directed by the state Practice Act, whichever is more frequent.
 - C. Certified Occupational Therapy Assistants (COTA):
 1. Occupational therapy assistants will be supervised by a licensed occupational therapist at least every month. At the discretion of the occupational therapist, supervisory visits may be made in conjunction with the occupational therapy assistant. A direct observation supervisory visit will be made at least every six (6) months, or as directed by the State Practice Act, whichever is more frequent.
 - D. Licensed practical/vocational nurse (LVN):

1. LPN/LVN will be supervised by a registered nurse as directed by the State Practice Act, whichever is more frequent.

E. Social Services Assistant (SSA):

1. Social services assistant must be supervised by a Medical Social Worker who has a master's degree or doctoral degree.

F. Supervisory visits will be made more often if indicated by the patient's and/or organization personnel's need.

COPY

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Steering Committee	Christi Birmingham: Executive Assistant	12/2023
Policy Committee	Christi Birmingham: Executive Assistant	12/2023
Clinical Excellence	Allan Komarek: Executive Director Clinical Excellence	12/2023

Applicability

PHCC - Home Health

COPY



Origination: 02/2018
Effective: 11/2023
Last Approved: 11/2023
Last Revised: 11/2023
Next Review: 11/2026
Owner: Christi Birmingham: Executive Assistant
Area: Home Health
Ministries: All Home Health Ministries, Providence Home Care
Applicability: PHCC - Home Health

HH Care Planning Process 203-1

Purpose

To provide care planning direction to clinicians delivering patient care.

Policy

A written individualized plan of care will be initiated within five (5) days of start of care and updated at least every 60 days, or as patient's condition warrants. The patient plan of care will be developed or revised within five (5) working days of initiation of each service or of the reassessment of the patient.

All clinicians including the provider (or other licensed practitioner) involved in the patient's care, either directly or indirectly, will contribute to the plan of care. The plan of care shall be signed by a doctor of medicine, osteopathy, or podiatric medicine, or an allowed practitioner acting within the scope of a state license, certification or registration.

The patient and/or family/caregiver/representative will participate in decisions regarding the plan of care whenever possible. The care planning process will be individualized discipline-specific (if applicable), and will be documented on the plan of care in clinical notes, medication profiles, care conference/summary forms, and discharge/clinical summaries.

Definitions

- Individualized Plan of Care:** The patient-specific clinical plan of care includes all pertinent diagnoses, mental status, types of services/equipment, frequency of visits, goals and interventions appropriate to each discipline, prognosis, rehabilitation potential, functional limitations, precautions, activities, nutritional requirements, food/drug allergies, medications, treatments, safety measures, instructions, discharge plan. Documents include plan of treatment (485) and plans of care (all disciplines).
- Clinician:** Any nurse, PT, OT, ST, MSW or paraprofessional involved in the care of a patient, either directly or indirectly, including administrative, management, and supervisory personnel.

Procedure

- At the time of the initial assessment, the clinician, along with the provider (or other licensed practitioner) and other involved disciplines, will develop the individualized patient plan of care based upon the patient's identified needs and will review it with the patient and/or family/caregiver/representative.

2. All clinicians will consider the conclusions of initial, comprehensive, and ongoing assessments in their care planning process, including, but not limited to:
 - A. Individualized patient needs related to care, functional status, and family/caregiver support systems.
 - B. Changes in patient's condition.
 - C. Clinical drug monitoring, as appropriate.
 - D. Pain and symptom management, as appropriate.
 - E. Psychosocial and spiritual needs of patient and family/caregiver, as appropriate.
 - F. Patient treatment choices.
 - G. Patient and caregiver education and training that the organization will provide specific to the patient's care needs.
3. Based on the assessment, the plan of care will include, but not be limited to:
 - A. Patient specific interventions and education.
 - B. All patient care orders from all providers involved in the plan of care, including verbal orders.
 - C. Identified patient problems and needs, including functional limitations, activities permitted, nutritional requirements.
 - D. Reasonable, measurable, and individualized goals and outcomes identified by the organization with the patient, anticipated to occur as a result of implementing and coordinating the plan of care.
 - E. Specific services and treatments to be provided, including services furnished via telecommunication systems (if appropriate).
 - F. Actions to be taken to meet the patient goals.
 - G. Type, including identifying the responsible discipline(s), frequency, and duration of above actions.
 - H. Equipment and supplies.
 - I. Information related to any advanced directives.
 - J. All pertinent diagnoses.
 - K. The patient's mental, psychosocial, and cognitive status.
 - L. All medications.
 - M. Safety measures.
 - N. The patient's risks for emergency department, and/or hospital re-admission, and interventions to address these risk factors.
 - O. Patient and caregiver education and training to facilitate timely discharge.
 - P. Prognosis.
 - Q. Rehabilitation potential.
 - R. Other appropriate items such as precautions and contraindications, additions, revisions and deletions to the care plan and any additional items the organization or provider (or other licensed practitioner) may choose to include.
4. In addition to care, if a patient is accepted into the organization's telehealth program (if applicable), and the plan of care will include elements of the telehealth program.

- A. The telehealth plan of care will be developed based on specific telehealth interventions, included but not limited to:
 1. Disease management.
 2. Remote vital signs.
 3. Interactive home telehealth.
- B. The telehealth plan of care will include the telehealth encounter frequency and how the patient will be monitored should there be a discontinuation of the telehealth program.
5. Care planning decisions reflect the specific services that are provided, as well as the associated actions planned and implemented to meet individualized patient goals.
6. The plan of care will be based upon the provider's (or other licensed practitioner's) orders and will include the equipment, supplies, and services required to meet the patient's needs.
7. Patients receiving physical therapy or speech therapy only will have a plan of care initiated by the primary physical therapist or speech therapist within 48 hours of completion of the initial assessment.
8. The plan of care will be revised no less than every sixty (60) days or as frequently as deemed necessary by the clinician, based on the ongoing assessments of the patient. Revision dates will be noted on the plan of care.
9. Clinicians will be responsible to revise the plan of care or update the plan at least every 60 days. (See "Reassessments/Recertification 202-3" Policy). The frequency of plan of care review may be more often based on changes in the patient's health status, needs, and the environmental factors affecting care.
10. Changes in the plan of care will be noted with the following documentation:
 - A. Assessment.
 - B. Plan of care with clinical outcome goals.
 - C. Care plan with specific services/actions to be taken.
 - D. Clinical notes.
 - E. Verbal orders.
11. Clinicians will inform the patient's provider (or other licensed practitioner) of any changes needed to alter the plan of care. Changes must be written, dated, and signed by the professional making the changes.
12. The Case Manager or admitting clinician will sign the plan of care.
13. Problems and/or needs related to patient's condition, desires, abilities, family/caregiver support systems, and relevant medication monitoring will be included in the plan of care.
14. Services provided will be based on the prioritized needs of the patient. Patients will be monitored for their response to care or services provided against established patient goals and patient outcomes to determine if goals have been achieved.
15. Care decisions and services to be provided will be made as a result of the care planning process, analysis of initial and ongoing assessments, and analysis of patient response to care against goals and outcomes.
16. The Clinical Manager or designee will review the plan of care for all patients.
17. The organization shall provide the patient and caregiver with a copy of written instructions outlining:
 - A. Visit schedule, including frequency of visits by personnel and personnel acting on behalf of the

organization.

- B. Patient medication schedule/instructions, including medication name, dosage and frequency and which medications will be administered by the organization's personnel and personnel acting on behalf of the organization.
- C. Education on the safe use, storage and disposal of opioid medications.
- D. Any treatments to be administered by the organization's personnel and personnel acting on behalf of the organization, including therapy services.
- E. Any other pertinent instruction related to the patient's care and treatments that the organization will provide, specific to the patient's care needs.
- F. Name and contact information of the organization's clinical manager.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Steering Committee	Christi Birmingham: Executive Assistant	11/2023
Policy Committee	Christi Birmingham: Executive Assistant	11/2023
Clinical Excellence	Allan Komarek: Executive Director Clinical Excellence	11/2023

Applicability

PHCC - Home Health



Origination: 05/2018
Effective: 12/2023
Last Approved: 12/2023
Last Revised: 12/2023
Next Review: 12/2026
Owner: *Christi Birmingham: Executive Assistant*
Area: *Home Health*
Ministries: *All Home Health Ministries, Providence Home Care*
Applicability: *PHCC - Home Health*

HH Rights/Responsibilities 100-1

Purpose

To encourage awareness of patient rights and responsibilities, to provide guidelines to assist patients making decisions regarding care, and to support active participation in care planning.

Policy

Each patient will be an active, informed participant in their plan of care. To ensure this process, the patient will be empowered with certain rights and responsibilities as described. If a state court has not adjudged a patient to lack legal capacity to make health care decisions as defined by state law, the patient may designate someone to act as their representative (surrogate decision-maker) to exercise the patient's rights. This representative, on behalf of the patient, may exercise any of the rights provided by the policies and procedures established by the organization.

If the patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction:

1. The rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf OR
2. The patient may exercise his or her rights to the extent allowed by court order.

To assist with fully understanding patient rights and responsibilities, all policies are available to organization personnel, the patient, and their representatives as well as other organizations and the interested public.

Procedure

1. The patient will be informed verbally and in writing during the initial evaluation visit, in advance of furnishing care to the patient, of the following:
 - A. The ownership or control of the organization.
 - B. The organization's mission and care/services provided directly or through contractual arrangements.
 - C. The goals of care, the interventions that support those goals and the identification of the staff providing service.
 - D. The hours of care/service and how to obtain care/service after hours.

- E. The right to be informed of his/her condition, participate in all aspects of care, and the right to refuse all or part of their care to the extent permitted by law.
- F. The right to formulate Advance Directives and the organization's policy on the withholding of resuscitative services and the withdrawal of life-sustaining treatment and to lodge complaints concerning the implementation of the advance directive requirements.
- G. The value or purpose of any technical procedure that will be performed, including the benefits, risks, and who will perform the task or procedure.
- H. The cost of services that will be billed to their insurance(s) and/or self (verbally and in writing).
- I. The completion of all assessments and care to be furnished, based on the comprehensive assessment. The organization shall ensure that the patient receives all services outlined in the plan of care.
- J. The establishment and revision of the plan of care, including the disciplines that will furnish the care and the frequency of visits as well as any changes in the care to be furnished.
- K. The expected outcomes of care, including patient-identified goals, and anticipated risks (e.g. an incident or an unexpected outcome) and benefits; as well as any factors that could impact treatment effectiveness and/or current or future health care decision-making.
- L. The right to pain assessment and management.
- M. The right to privacy, security, and respect of property and person.
- N. The right to be free from mental, physical, sexual and/or verbal abuse, including injuries of unknown source, neglect, misappropriation of property, or exploitation.
- O. The right to voice a complaint or concern regarding care, treatment or services (or fail to be) provided or are provided inconsistently or inappropriately without fear of reprisal for exercising this right. The right to voice grievances regarding lack of respect for property. The availability of other sources to receive questions and complaints and assist in resolution
- P. Organization policy regarding confidentiality and disclosure of medical information; including, patient privacy rights related to the collection of the Outcome and Assessment Information Set (OASIS):
 - 1. The right to be informed that OASIS information will be collected and the purpose of the collection.
 - 2. The right to have the information kept confidential.
 - 3. The right to be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Federal Privacy Act.
 - 4. The right to be informed that the collected OASIS data, OASIS Outcome-Based Quality Improvement (OBQI), OASIS Outcome-Based Quality Monitoring (OBQM), and/or publicly reported Quality Measure reports will be shared with accreditation surveyors as appropriate and this data may be used to identify and prioritize performance improvement activities.
 - 5. The right to refuse to answer questions.
 - 6. The right to see, review, and request changes on their assessment.
- Q. The right to have communication needs met. (See "PHCC Interpreter Services" Policy).
 - 1. The organization shall provide verbal notice of the patient's rights and responsibilities in the patient's primary or preferred language and in a manner the individual understands, free of

charge, with the use of a competent interpreter if necessary, no later than the completion of the second (2nd) visit from a skilled professional (RN, PT, SLP, OT).

- R. The right to choose whether or not to participate in research, investigations or experimental studies or clinical trials.
- S. The right to have cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- T. The availability of the applicable toll-free home health agency hotline and other sources to receive questions or complaints and assist in resolution including implementation of the advance directive requirements.
- U. The organization's transfer and discharge policies.
- V. The contact information for the agency administrator, including the administrator's name, business address, and business phone number in order to receive complaints.
- W. The names, addresses, and telephone numbers of the following federally-funded and state-funded entities that serve the area where the patient resides:
 - 1. Agency on Aging.
 - 2. Center for Independent Living.
 - 3. Protection and Advocacy Agency.
 - 4. Aging and Disability Resource Center.
 - 5. Quality Improvement Organizations.
- 2. Within four (4) business days of the initial evaluation visit, the organization shall provide written notice of the transfer and discharge policies, provide contact information of the administrator, provide verbal notice of the rights and responsibilities, and obtain signature from the patient or legal representative to confirm that they have received a copy of the notice of rights and responsibilities.
- 3. Patient and family/caregiver responsibilities will be explained upon admission and as needed. The patient and family/caregiver are responsible for:
 - A. Providing accurate and complete information about the present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health.
 - B. Reporting unexpected changes in the patient's condition.
 - C. Providing feedback regarding services, needs and expectations.
 - D. Asking questions regarding care or services.
 - E. Following instructions.
 - F. Understanding and accepting the consequences for outcomes if the care, services, and/or treatment plan are not followed.
 - G. Following the organization's policies and procedures concerning patient care and conduct.
 - H. Showing respect and consideration for the organization's personnel and property.
 - I. Meeting financial commitments by promptly meeting any financial obligation agreed to with the organization.
 - J. Distinguishing a legally authorized representative from a patient selected representative and provide the organization with the documentation that supports the appointment of any legally authorized

representative.

4. The admitting clinician will provide each patient or their representative with a written copy of the Patient Rights and Responsibilities on admission.
5. The Patient Rights and Responsibilities statement will be explained (verbal) and distributed to the patient **prior** to the initiation of organization services. This verbal explanation will be in conversational language and tone and/or communication method they can reasonably be expected to understand.
6. The patient or legal representative will be requested to sign the Patient Rights and Responsibilities form. The original form will be kept in the patient's clinical record. A copy will be maintained by the patient. The patient's refusal to sign will be documented in the clinical record, including the reason for refusal.
7. The admitting clinician will document that the patient has received a copy of the Patient Rights and Responsibilities.
 - A. If the patient is unable to understand their rights and responsibilities, documentation in the clinical note will be made.
 - B. In the event a communication barrier exists, if possible, special devices or interpreters will be made available.
 - C. Written information will be provided to patients in English and the predominant non-English languages of the population served.
8. When the patient's representative signs the Patient Rights and Responsibilities form, an explanation of that relationship must be documented and kept on file in the clinical record.
9. The family or guardian may exercise the patient's rights when a patient is incompetent or a minor.
10. Supervisory visits with clinical disciplines will be conducted to ensure these rights are honored and protected according to organization policy.
11. All organization personnel, both clinical and non-clinical, will be oriented to the patient's rights and responsibilities prior to the end of their orientation program, as well as annually.

(See "Patient Privacy Rights" Policy)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Steering Committee	Christi Birmingham: Executive Assistant	12/2023
Policy Committee	Christi Birmingham: Executive Assistant	12/2023
Clinical Excellence	Allan Komarek: Executive Director Clinical Excellence	12/2023

Applicability

PHCC - Home Health

COPY



Home Health Agency License Application

Type of Action			
New agency:	<input type="radio"/>		
License renewal: (Due 12/1)	<input checked="" type="radio"/> License #: 13-140734 <i>Renewal application must be submitted at least 30 days prior to license expiration date (OAR 333-027-0020).</i> Is HHA accredited? <input checked="" type="radio"/> Yes <input type="radio"/> No Accrediting agency: JC Most recent accreditation date: 1/27/2023		
Change Request:	<table border="0"> <tr> <td> <input checked="" type="checkbox"/> Name <input type="checkbox"/> Address <input checked="" type="checkbox"/> Ownership* <input type="checkbox"/> Service Area** <input type="checkbox"/> Administrator** <input type="checkbox"/> Add/remove services** <input type="checkbox"/> Add/Remove branch** <input type="checkbox"/> Other (specify): </td> <td> Effective Date of Change: 12/27/2024 Prior Information: Providence Health & Services - Oregon dba Providence Medford Home Care </td> </tr> </table>	<input checked="" type="checkbox"/> Name <input type="checkbox"/> Address <input checked="" type="checkbox"/> Ownership* <input type="checkbox"/> Service Area** <input type="checkbox"/> Administrator** <input type="checkbox"/> Add/remove services** <input type="checkbox"/> Add/Remove branch** <input type="checkbox"/> Other (specify):	Effective Date of Change: 12/27/2024 Prior Information: Providence Health & Services - Oregon dba Providence Medford Home Care
<input checked="" type="checkbox"/> Name <input type="checkbox"/> Address <input checked="" type="checkbox"/> Ownership* <input type="checkbox"/> Service Area** <input type="checkbox"/> Administrator** <input type="checkbox"/> Add/remove services** <input type="checkbox"/> Add/Remove branch** <input type="checkbox"/> Other (specify):	Effective Date of Change: 12/27/2024 Prior Information: Providence Health & Services - Oregon dba Providence Medford Home Care		

* Fee Payment Required (See back of this form for amount)

**Requires Public Health Division pre-approval

Agency Information		
Agency legal name: CP Medford OR HH, LLC		
Agency DBA Name (if applicable): Providence at Home with Compassus Home Health, Southern Oregon		
Agency physical address, city, state & ZIP: 2033 Commerce Drive, Medford, OR 97504		
Phone: 541-732-6500	Fax: 541-732-7800	County: Jackson
Agency Mailing Address (if different from above): Same as above		
Name of Administrator: Lorraine Boone		Phone: 541-732-6500
Administrator e-mail: lorraine.boone@providence.org		Agency email: orreghomeservices@providence.org
As an employee of the home health agency, Administrators may have contact with patients or access to personal information about patients as defined in OAR 333-027-0064(1)(c). Please complete and attach Home Health Agency Background Check Request to this application.		
Valid until 11/26/2026		
Name of Owner(s): Please see attached Ownership Memorandum		
Address, City, State & ZIP of Owner(s) – attach additional pages if necessary.		
Phone:	Fax:	County:
Does any owner have contact with patients or access to personal information about patients as defined in OAR 333-027-0064(1)(c)? (If yes, attach completed Home Health Agency Background Check Request form.)		Yes <input checked="" type="radio"/> No <input type="radio"/>
Emergency Contact Name: Lorraine Boone		Tax ID#: 33-1641739
Emergency Contact Phone: 541-732-6500		Emergency Contact E-mail: lorraine.boone@providence.org

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556
All relay calls accepted | www.healthoregon.org/hflc

Geographic Service Area: Geographic service area is limited to within a 60-mile radius of the parent location unless a waiver is obtained.	Does your agency operate within the 60-mile radius? Yes <input checked="" type="radio"/> No* <input type="radio"/>
	**If no, does your agency have a waiver? Yes <input type="radio"/> No <input type="radio"/>

Services and Staffing - Indicate 'A' if adding, 'R' if removing, or 'N' if no change						
Services	Check if providing	A, R, or N	Staffing	Employees provide	Provided by contract or under arrangement	Combination of employee and contract
Skilled Nursing (SN)	<input checked="" type="checkbox"/>	N	Registered Nurses (RNs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Licensed Practical Nurses (LPNs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Aide	<input checked="" type="checkbox"/>	N	Home Health Aides (HHAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy (PT)	<input checked="" type="checkbox"/>	N	Licensed Physical Therapists (LPTs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Licensed Physical Therapy Assistants (LPTAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy (OT)	<input checked="" type="checkbox"/>	N	Licensed Occupational Therapists (OTs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Licensed Occupational Therapist Assistants (COTAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	N	Licensed Speech Pathologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Social Services	<input checked="" type="checkbox"/>	N	Licensed Master of Social Work (LMSW)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		Licensed Clinical Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		Clinical SW Associate (CSWA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In home care services provided under HHA license	<input checked="" type="checkbox"/>	N	(If provided under HHA license, attach attestation form: 'Home Health Agency (HHA) attestation for provision of In-Home Care (IHC) Services')			
Number of unduplicated admissions for the prior 12 months				1,610		

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556
 All relay calls accepted | www.healthoregon.org/hflc

Branch Operations

List all required information for each branch. List additional locations on a separate page.
Please check 'A' if adding, 'R' if removing, or check nothing if there is no change

Please note: CMS must approve the change of location prior to providing services at the new location. Claims at the new location prior to the CMS approval date are not reimbursable by CMS.

	Address	Phone	Distance from parent agency
<input type="radio"/> A <input type="radio"/> R			
<input type="radio"/> A <input type="radio"/> R			
<input type="radio"/> A <input type="radio"/> R			
<input type="radio"/> A <input type="radio"/> R			

I declare, under penalties of perjury, that I have examined this application and all attachments and that to the best of my knowledge and belief, this information is true, correct and complete. I will notify the Health Care Regulation and Quality Improvement Section, in writing, of any changes in this information as required.

Signed by:
Lorraine Boone
54C6321A3E77A97

Lorraine Boone

Administrator's Signature

Print Name

Director

11/7/2024

Print Title

Date (mm/dd/yyyy)

The HHA Oregon Administrative Rules, forms, and other related information may be found on the HCRQI website at: www.healthoregon.org/hflc

Questions about this application?
Email: mailbox.hclc@odhsoha.oregon.gov
Phone: 971-673-0540

FEE SCHEDULE	
ALL APPLICATION FEES ARE NON-REFUNDABLE per OAR 333-027-0010(7)	
New	\$4,000
Annual renewal	\$2,125
Change of ownership	\$1,250

Make check payable to: Oregon Health Authority
Mail payment to: HFLC
PO Box 14260
Portland, OR 97293

HCRQI Office Use Only
Effective date of initial licensure: _____ Initials: _____ Date: _____
Renewal Licensure/Change: Approved: _____ Denied: _____ Withdrawn: _____ Initials: _____ Date: _____
CASH OFFICE: QC 409 initial/QC 405 renewal

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556
All relay calls accepted | www.healthoregon.org/hflc



November 6, 2024

Oregon Health Authority
Health Facility Licensing & Certification
P.O. Box 14260
Portland, OR 97293

Re: Oregon Home Health and Hospice Agencies – Notice of Change of Ownership

To Whom it May Concern,

This letter is to provide notice of the proposed internal restructuring transaction related to certain home health agencies and hospice agencies of subsidiaries of Providence St. Joseph Health, a Washington nonprofit corporation (collectively, "Providence"). The transaction will consist of the home health agencies and hospices currently owned by Providence being moved into wholly owned and newly created legal entities (the "Internal CHOW").

Please note that following the Internal CHOW, there will be subsequent changes to the indirect ownership structure for the Home Health and Hospice Agencies, which will add certain new indirect owners to the structure (the "Upper Tier Change"). The Upper Tier Change will occur approximately two (2) days following the Internal CHOW. Please find attached, at Attachment A, the current licensee, DBA name, license number, proposed licensee and proposed DBA name for each Home Health and Hospice Agency.

Please let us know if you need any additional information or if you have any questions regarding the change of licensee for the Internal CHOW or subsequent Upper Tier Change.

Sincerely,

Signed by:
A handwritten signature in blue ink that reads "James D. Watson".
7878F02AEBB4432...

James D. Watson, Assistant Secretary, on
behalf of Providence for the Current Licensees
identified in Attachment A

AND



DocuSigned by:

Terri Warren

DDFC7136A86A488

Terri Warren, CEO, on behalf of Providence for
the Proposed Licensees identified in
Attachment A

Attachment A

Agency Type	License No.	Current Licensee and DBA Name	Proposed Licensee and DBA Name
Home Health	13-1392	Providence Health & Services – Oregon d/b/a Providence Home Health	CP Portland OR HH, LLC d/b/a Providence at Home with Compassus Home Health
Home Health	13-140734	Providence Health & Services – Oregon d/b/a Providence Medford Home Care	CP Medford OR HH, LLC d/b/a Providence at Home with Compassus Home Health, Southern Oregon
Home Health	13-1363	Providence Health & Services – Oregon d/b/a Providence Benedictine Home Health	CP Benedictine OR HH, LLC d/b/a Providence at Home with Compassus Home Health, Mid-Willamette Valley
Home Health	13-0051	Providence Health & Services – Washington d/b/a Providence St. Mary Home Health	CP St. Mary WA HH, LLC d/b/a Providence at Home with Compassus Home Health, Walla Walla
Hospice	16-1033	Providence Health & Services – Oregon d/b/a Providence Hospice	CP Portland OR Hospice, LLC d/b/a Providence at Home with Compassus Hospice Care
Hospice	16-1043	Providence Health & Services – Oregon d/b/a Providence Medford Hospice	CP Medford OR Hospice, LLC d/b/a Providence at Home with Compassus Hospice Care, Southern Oregon

CP Medford OR HH, LLC
5% Ownership Memorandum (CHOW)

CP Medford OR HH, LLC

EIN: 33-1641739
1801 Lind Ave. SW
Renton, WA 98057

Officers

Terri Warren (Chief Executive Officer)

Ownership

CP Medford OR HH Holdings, LLC (100%) (100% direct ownership of Operator)

CP Medford OR HH Holdings, LLC

EIN: 33-1711815
1801 Lind Ave. SW
Renton, WA 98057

Ownership

CP OR Holdings, LLC (100%) (100% indirect ownership of Operator)

CP OR Holdings, LLC

EIN: 33-1774795
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Compassus Providence Holdings, LLC (100%) (100% indirect ownership of Operator)

Compassus Providence Holdings, LLC

EIN: 33-1528670
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence Health & Services-Washington (95.2%) (95.2% indirect ownership of Operator)
Other owner with less than 5% indirect ownership of Operator (4.8%) (4.8% indirect ownership of Operator)

Providence Health & Services-Washington (Not-for-Profit Corporation)

EIN: 51-0216586
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence Health & Services (100%) (100% indirect ownership of Operator)¹

¹ Providence Health & Services holds an aggregate of 100% indirect ownership interest of Operator through its ownership of Providence Health & Services-Washington (95.2%) and an owner holding 4.8% ownership interest.

CP Medford OR HH, LLC
5% Ownership Memorandum (CHOW)

Providence Health & Services (Not-for-Profit Corporation)

EIN: 91-1549796
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence St Joseph Health (100%) (100% indirect ownership of Operator)

Providence St. Joseph Health (Not-for-Profit Corporation)

EIN: 81-1244422
1801 Lind Ave. SW
Renton, WA 98057

*The information included in this memorandum supersedes all
previously submitted ownership information for the Operator.*

* * * * *

CP Medford OR HH, LLC
5% Ownership Memorandum (JV)

CP Medford OR HH, LLC

EIN: 33-1641739
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Officers

Michael Asselta (Chief Executive Officer)
John Cullen (Chief Financial Officer)
Russell Adkins (Secretary)
Catherine Sloan (Assistant Secretary)

Ownership

CP Medford OR HH Holdings, LLC (100%) (100% direct ownership of Operator)

CP Medford OR HH Holdings, LLC

EIN: 33-1711815
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

CP OR Holdings, LLC (100%) (100% indirect ownership of Operator)

CP OR Holdings, LLC

EIN: 33-1774795
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

Compassus Providence Holdings, LLC (100%) (100% indirect ownership of Operator)

Compassus Providence Holdings, LLC

EIN: 33-1528670
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

FC Compassus, LLC (50%) (50% indirect ownership of Operator)
Providence Health & Services-Washington (47.6%) (47.6% indirect ownership of Operator)
Other owner with less than 5% indirect ownership of Operator (2.4%) (2.4% indirect ownership of Operator)

CP Medford OR HH, LLC
5% Ownership Memorandum (JV)

FC Compassus, LLC

EIN: 47-2468370
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

Compassus Intermediate, Inc. (100%) (50% indirect ownership of Operator)

Compassus Intermediate, Inc.

EIN: 84-3139096
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Compassus Parent, Inc. (100%) (50% indirect ownership of Operator)

Compassus Parent, Inc.

EIN: 84-3123714
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Compassus Holdings, L.P. (100%) (50% indirect ownership of Operator)

Compassus Holdings, L.P.

EIN: 84-3145435
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

TI V ASC Compassus Investment Aggregator, L.P. (97.50%) (48.75% indirect ownership of Operator)

Other owners, each with less than 5% indirect ownership of Operator

TI V ASC Compassus Investment Aggregator, L.P.

EIN: 84-3162118
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Ascension TowerBrook Healthcare Opportunities, L.P. (48.88%) (23.829% indirect ownership of Operator)

TI V Compassus Investment Aggregator, L.P. (51.12%) (24.921% indirect ownership of Operator)

CP Medford OR HH, LLC
5% Ownership Memorandum (JV)

Ascension TowerBrook Healthcare Opportunities, L.P.

EIN: 98-1500387
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Ascension Capital, LLC (99.95%) (23.817% indirect ownership of Operator)
Other owner with less than 5% indirect ownership of Operator

Ascension Capital, LLC

EIN: 84-2408142
101 S. Hanley Road
Suite 450
Clayton, MO 63105

Ownership

Ascension Health Alliance (100%) (23.817% indirect ownership of Operator)

Ascension Health Alliance (not-for-profit Catholic health system)

EIN: 45-3358926
101 S. Hanley Road
Suite 450
Clayton, MO 63105

Ownership

Owners, each with less than 5% indirect ownership of Operator

TIV Compassus Investment Aggregator, L.P.

EIN: 84-3185658
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

TowerBrook Investors V (Onshore), L.P. (60.11%) (14.98% indirect ownership of Operator)
TowerBrook Investors V (892), L.P. (28.55%) (7.1149% indirect ownership of Operator)
Other owners, each with less than 5% indirect ownership of Operator

TowerBrook Investors V (Onshore), L.P.

EIN: 98-1414550
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Owners, each with less than 5% indirect ownership of Operator

CP Medford OR HH, LLC
5% Ownership Memorandum (JV)

TowerBrook Investors V (892), L.P.

EIN: 98-1415128
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Owners, each with less than 5% indirect ownership of Operator

Providence Health & Services-Washington (Not-for-Profit Corporation)

EIN: 51-0216586
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence Health & Services (100%) (50% indirect ownership of Operator)¹

Providence Health & Services (Not-for-Profit Corporation)

EIN: 91-1549796
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence St Joseph Health (100%) (50% indirect ownership of Operator)

Providence St. Joseph Health (Not-for-Profit Corporation)

EIN: 81-1244422
1801 Lind Ave. SW
Renton, WA 98057

*The information included in this memorandum supersedes all
previously submitted ownership information for the Operator.*

* * * * *

¹ Providence Health & Services holds an aggregate 50% indirect ownership interest of Operator through its ownership of Providence Health & Services-Washington (47.6%) and an owner holding 2.4% ownership interest.

Current Status: *Active*

PolicyStat ID: 14779770



Origination: 01/2018
Effective: 12/2023
Last Approved: 12/2023
Last Revised: 12/2023
Next Review: 12/2026
Owner: *Christi Birmingham: Executive Assistant*
Area: *Home Health*
Ministries: *All Home Health Ministries, Providence Home Care*
Applicability: *PHCC - Home Health*

HH Responsibilities/Supervision of Clinical Services 400-5

Purpose

To ensure a process is in place for the selection of a qualified individual for overseeing all clinical care and services.

Policy

Supervision of clinical care and services will be available 24 hours a day, seven (7) days a week. (Administrator on-call)

Supervisor-to-patient-care personnel ratios will depend on the acuity level of the patients and case-mix, and will be in compliance with applicable law or regulation.

The Clinical Director will be responsible for the clinical direction of the organization and will take reasonable steps to ensure that:

1. Services are continuously available.
2. Care and services provided by organization personnel and contracted organization personnel are coordinated and integrated.
3. Policies and procedures, which guide and support the provision of care and services, are developed and implemented.
4. Recommendations for required resources are made in a timely and effective manner.

The Clinical Director will be qualified and possess appropriate clinical training and experience, as verified by:

1. Education, training, and previous work experience.
2. Current professional licensure.
3. Interview assessing understanding of care and service being provided as well as population being served.
4. Management experience and clinical knowledge.

Procedure

1. The Clinical Director will oversee the day-to-day clinical operations.

2. On a daily basis, staffing will be reviewed in combination with the patient census, acuity, etc.
 - A. If staffing is problematic, the Clinical Director, in coordination with the Clinical Managers, will review options, such as:
 1. Use of outside contracted personnel.
 2. Use of overtime by organization personnel.
 3. Use of office nursing personnel (i.e., Clinical Manager, intake, QA/I nurses, etc.)
 - B. Any issue not resolved will be brought to the attention of the Executive Director/Administrator.
3. The Clinical Director will monitor the care and service provided by organization personnel and contract personnel. Monitoring includes the review of performance improvement results, incident reports, infection reports, clinical record review results, etc. Any noted trends of individual performance will be used during the evaluation process.
4. The Clinical Director will participate as a member on the following administrative teams:
 - A. Executive Management Team.
 - B. QAPI (Quality Assessment Performance Improvement).
 - C. Clinical Operations Committee.
 - D. Performance Improvement Committee.
5. Recommendations regarding resources (personnel and other) and services will be made to the Executive Director/Administrator, as well as to the appropriate committee.
6. The Clinical Director will have access to qualified clinical consultation for services outside their expertise, through the use of the Medical Director (if agency contracts or employs one) and other resources, as appropriate.
7. The Clinical Director will ensure that the following supervision is maintained within the organization:
 - A. Home health Aides (HHA):
 1. Home health aide supervisory visits will be conducted on-site at least every fourteen (14) days by skilled personnel. Supervisory visits can be made in conjunction with the home health aide or in their absence. A direct observation supervisory visit will be made at least every six (6) months.
 - B. Physical Therapy Assistants (PTA):
 1. Physical therapy assistants will be supervised by a registered physical therapist at least every month. At the discretion of the physical therapist, supervisory visits may be made in conjunction with the physical therapy assistant. A direct observation supervisory visit will be made at least every six (6) months, or as directed by the state Practice Act, whichever is more frequent.
 - C. Certified Occupational Therapy Assistants (COTA):
 1. Occupational therapy assistants will be supervised by a licensed occupational therapist at least every month. At the discretion of the occupational therapist, supervisory visits may be made in conjunction with the occupational therapy assistant. A direct observation supervisory visit will be made at least every six (6) months, or as directed by the State Practice Act, whichever is more frequent.
 - D. Licensed practical/vocational nurse (LVN):

1. LPN/LVN will be supervised by a registered nurse as directed by the State Practice Act, whichever is more frequent.

E. Social Services Assistant (SSA):

1. Social services assistant must be supervised by a Medical Social Worker who has a master's degree or doctoral degree.

F. Supervisory visits will be made more often if indicated by the patient's and/or organization personnel's need.

COPY

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Steering Committee	Christi Birmingham: Executive Assistant	12/2023
Policy Committee	Christi Birmingham: Executive Assistant	12/2023
Clinical Excellence	Allan Komarek: Executive Director Clinical Excellence	12/2023

Applicability

PHCC - Home Health

COPY



Origination: 02/2018
Effective: 11/2023
Last Approved: 11/2023
Last Revised: 11/2023
Next Review: 11/2026
Owner: Christi Birmingham: Executive Assistant
Area: Home Health
Ministries: All Home Health Ministries, Providence Home Care
Applicability: PHCC - Home Health

HH Care Planning Process 203-1

Purpose

To provide care planning direction to clinicians delivering patient care.

Policy

A written individualized plan of care will be initiated within five (5) days of start of care and updated at least every 60 days, or as patient's condition warrants. The patient plan of care will be developed or revised within five (5) working days of initiation of each service or of the reassessment of the patient.

All clinicians including the provider (or other licensed practitioner) involved in the patient's care, either directly or indirectly, will contribute to the plan of care. The plan of care shall be signed by a doctor of medicine, osteopathy, or podiatric medicine, or an allowed practitioner acting within the scope of a state license, certification or registration.

The patient and/or family/caregiver/representative will participate in decisions regarding the plan of care whenever possible. The care planning process will be individualized discipline-specific (if applicable), and will be documented on the plan of care in clinical notes, medication profiles, care conference/summary forms, and discharge/clinical summaries.

Definitions

- Individualized Plan of Care:** The patient-specific clinical plan of care includes all pertinent diagnoses, mental status, types of services/equipment, frequency of visits, goals and interventions appropriate to each discipline, prognosis, rehabilitation potential, functional limitations, precautions, activities, nutritional requirements, food/drug allergies, medications, treatments, safety measures, instructions, discharge plan. Documents include plan of treatment (485) and plans of care (all disciplines).
- Clinician:** Any nurse, PT, OT, ST, MSW or paraprofessional involved in the care of a patient, either directly or indirectly, including administrative, management, and supervisory personnel.

Procedure

- At the time of the initial assessment, the clinician, along with the provider (or other licensed practitioner) and other involved disciplines, will develop the individualized patient plan of care based upon the patient's identified needs and will review it with the patient and/or family/caregiver/representative.

2. All clinicians will consider the conclusions of initial, comprehensive, and ongoing assessments in their care planning process, including, but not limited to:
 - A. Individualized patient needs related to care, functional status, and family/caregiver support systems.
 - B. Changes in patient's condition.
 - C. Clinical drug monitoring, as appropriate.
 - D. Pain and symptom management, as appropriate.
 - E. Psychosocial and spiritual needs of patient and family/caregiver, as appropriate.
 - F. Patient treatment choices.
 - G. Patient and caregiver education and training that the organization will provide specific to the patient's care needs.
3. Based on the assessment, the plan of care will include, but not be limited to:
 - A. Patient specific interventions and education.
 - B. All patient care orders from all providers involved in the plan of care, including verbal orders.
 - C. Identified patient problems and needs, including functional limitations, activities permitted, nutritional requirements.
 - D. Reasonable, measurable, and individualized goals and outcomes identified by the organization with the patient, anticipated to occur as a result of implementing and coordinating the plan of care.
 - E. Specific services and treatments to be provided, including services furnished via telecommunication systems (if appropriate).
 - F. Actions to be taken to meet the patient goals.
 - G. Type, including identifying the responsible discipline(s), frequency, and duration of above actions.
 - H. Equipment and supplies.
 - I. Information related to any advanced directives.
 - J. All pertinent diagnoses.
 - K. The patient's mental, psychosocial, and cognitive status.
 - L. All medications.
 - M. Safety measures.
 - N. The patient's risks for emergency department, and/or hospital re-admission, and interventions to address these risk factors.
 - O. Patient and caregiver education and training to facilitate timely discharge.
 - P. Prognosis.
 - Q. Rehabilitation potential.
 - R. Other appropriate items such as precautions and contraindications, additions, revisions and deletions to the care plan and any additional items the organization or provider (or other licensed practitioner) may choose to include.
4. In addition to care, if a patient is accepted into the organization's telehealth program (if applicable), and the plan of care will include elements of the telehealth program.

- A. The telehealth plan of care will be developed based on specific telehealth interventions, included but not limited to:
 1. Disease management.
 2. Remote vital signs.
 3. Interactive home telehealth.
- B. The telehealth plan of care will include the telehealth encounter frequency and how the patient will be monitored should there be a discontinuation of the telehealth program.
5. Care planning decisions reflect the specific services that are provided, as well as the associated actions planned and implemented to meet individualized patient goals.
6. The plan of care will be based upon the provider's (or other licensed practitioner's) orders and will include the equipment, supplies, and services required to meet the patient's needs.
7. Patients receiving physical therapy or speech therapy only will have a plan of care initiated by the primary physical therapist or speech therapist within 48 hours of completion of the initial assessment.
8. The plan of care will be revised no less than every sixty (60) days or as frequently as deemed necessary by the clinician, based on the ongoing assessments of the patient. Revision dates will be noted on the plan of care.
9. Clinicians will be responsible to revise the plan of care or update the plan at least every 60 days. (See "Reassessments/Recertification 202-3" Policy). The frequency of plan of care review may be more often based on changes in the patient's health status, needs, and the environmental factors affecting care.
10. Changes in the plan of care will be noted with the following documentation:
 - A. Assessment.
 - B. Plan of care with clinical outcome goals.
 - C. Care plan with specific services/actions to be taken.
 - D. Clinical notes.
 - E. Verbal orders.
11. Clinicians will inform the patient's provider (or other licensed practitioner) of any changes needed to alter the plan of care. Changes must be written, dated, and signed by the professional making the changes.
12. The Case Manager or admitting clinician will sign the plan of care.
13. Problems and/or needs related to patient's condition, desires, abilities, family/caregiver support systems, and relevant medication monitoring will be included in the plan of care.
14. Services provided will be based on the prioritized needs of the patient. Patients will be monitored for their response to care or services provided against established patient goals and patient outcomes to determine if goals have been achieved.
15. Care decisions and services to be provided will be made as a result of the care planning process, analysis of initial and ongoing assessments, and analysis of patient response to care against goals and outcomes.
16. The Clinical Manager or designee will review the plan of care for all patients.
17. The organization shall provide the patient and caregiver with a copy of written instructions outlining:
 - A. Visit schedule, including frequency of visits by personnel and personnel acting on behalf of the

organization.

- B. Patient medication schedule/instructions, including medication name, dosage and frequency and which medications will be administered by the organization's personnel and personnel acting on behalf of the organization.
- C. Education on the safe use, storage and disposal of opioid medications.
- D. Any treatments to be administered by the organization's personnel and personnel acting on behalf of the organization, including therapy services.
- E. Any other pertinent instruction related to the patient's care and treatments that the organization will provide, specific to the patient's care needs.
- F. Name and contact information of the organization's clinical manager.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Steering Committee	Christi Birmingham: Executive Assistant	11/2023
Policy Committee	Christi Birmingham: Executive Assistant	11/2023
Clinical Excellence	Allan Komarek: Executive Director Clinical Excellence	11/2023

Applicability

PHCC - Home Health



Origination: 05/2018
Effective: 12/2023
Last Approved: 12/2023
Last Revised: 12/2023
Next Review: 12/2026
Owner: *Christi Birmingham: Executive Assistant*
Area: *Home Health*
Ministries: *All Home Health Ministries, Providence Home Care*
Applicability: *PHCC - Home Health*

HH Rights/Responsibilities 100-1

Purpose

To encourage awareness of patient rights and responsibilities, to provide guidelines to assist patients making decisions regarding care, and to support active participation in care planning.

Policy

Each patient will be an active, informed participant in their plan of care. To ensure this process, the patient will be empowered with certain rights and responsibilities as described. If a state court has not adjudged a patient to lack legal capacity to make health care decisions as defined by state law, the patient may designate someone to act as their representative (surrogate decision-maker) to exercise the patient's rights. This representative, on behalf of the patient, may exercise any of the rights provided by the policies and procedures established by the organization.

If the patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction:

1. The rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf OR
2. The patient may exercise his or her rights to the extent allowed by court order.

To assist with fully understanding patient rights and responsibilities, all policies are available to organization personnel, the patient, and their representatives as well as other organizations and the interested public.

Procedure

1. The patient will be informed verbally and in writing during the initial evaluation visit, in advance of furnishing care to the patient, of the following:
 - A. The ownership or control of the organization.
 - B. The organization's mission and care/services provided directly or through contractual arrangements.
 - C. The goals of care, the interventions that support those goals and the identification of the staff providing service.
 - D. The hours of care/service and how to obtain care/service after hours.

- E. The right to be informed of his/her condition, participate in all aspects of care, and the right to refuse all or part of their care to the extent permitted by law.
- F. The right to formulate Advance Directives and the organization's policy on the withholding of resuscitative services and the withdrawal of life-sustaining treatment and to lodge complaints concerning the implementation of the advance directive requirements.
- G. The value or purpose of any technical procedure that will be performed, including the benefits, risks, and who will perform the task or procedure.
- H. The cost of services that will be billed to their insurance(s) and/or self (verbally and in writing).
- I. The completion of all assessments and care to be furnished, based on the comprehensive assessment. The organization shall ensure that the patient receives all services outlined in the plan of care.
- J. The establishment and revision of the plan of care, including the disciplines that will furnish the care and the frequency of visits as well as any changes in the care to be furnished.
- K. The expected outcomes of care, including patient-identified goals, and anticipated risks (e.g. an incident or an unexpected outcome) and benefits; as well as any factors that could impact treatment effectiveness and/or current or future health care decision-making.
- L. The right to pain assessment and management.
- M. The right to privacy, security, and respect of property and person.
- N. The right to be free from mental, physical, sexual and/or verbal abuse, including injuries of unknown source, neglect, misappropriation of property, or exploitation.
- O. The right to voice a complaint or concern regarding care, treatment or services (or fail to be) provided or are provided inconsistently or inappropriately without fear of reprisal for exercising this right. The right to voice grievances regarding lack of respect for property. The availability of other sources to receive questions and complaints and assist in resolution
- P. Organization policy regarding confidentiality and disclosure of medical information; including, patient privacy rights related to the collection of the Outcome and Assessment Information Set (OASIS):
 - 1. The right to be informed that OASIS information will be collected and the purpose of the collection.
 - 2. The right to have the information kept confidential.
 - 3. The right to be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Federal Privacy Act.
 - 4. The right to be informed that the collected OASIS data, OASIS Outcome-Based Quality Improvement (OBQI), OASIS Outcome-Based Quality Monitoring (OBQM), and/or publicly reported Quality Measure reports will be shared with accreditation surveyors as appropriate and this data may be used to identify and prioritize performance improvement activities.
 - 5. The right to refuse to answer questions.
 - 6. The right to see, review, and request changes on their assessment.
- Q. The right to have communication needs met. (See "PHCC Interpreter Services" Policy).
 - 1. The organization shall provide verbal notice of the patient's rights and responsibilities in the patient's primary or preferred language and in a manner the individual understands, free of

charge, with the use of a competent interpreter if necessary, no later than the completion of the second (2nd) visit from a skilled professional (RN, PT, SLP, OT).

- R. The right to choose whether or not to participate in research, investigations or experimental studies or clinical trials.
- S. The right to have cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- T. The availability of the applicable toll-free home health agency hotline and other sources to receive questions or complaints and assist in resolution including implementation of the advance directive requirements.
- U. The organization's transfer and discharge policies.
- V. The contact information for the agency administrator, including the administrator's name, business address, and business phone number in order to receive complaints.
- W. The names, addresses, and telephone numbers of the following federally-funded and state-funded entities that serve the area where the patient resides:
 - 1. Agency on Aging.
 - 2. Center for Independent Living.
 - 3. Protection and Advocacy Agency.
 - 4. Aging and Disability Resource Center.
 - 5. Quality Improvement Organizations.
- 2. Within four (4) business days of the initial evaluation visit, the organization shall provide written notice of the transfer and discharge policies, provide contact information of the administrator, provide verbal notice of the rights and responsibilities, and obtain signature from the patient or legal representative to confirm that they have received a copy of the notice of rights and responsibilities.
- 3. Patient and family/caregiver responsibilities will be explained upon admission and as needed. The patient and family/caregiver are responsible for:
 - A. Providing accurate and complete information about the present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health.
 - B. Reporting unexpected changes in the patient's condition.
 - C. Providing feedback regarding services, needs and expectations.
 - D. Asking questions regarding care or services.
 - E. Following instructions.
 - F. Understanding and accepting the consequences for outcomes if the care, services, and/or treatment plan are not followed.
 - G. Following the organization's policies and procedures concerning patient care and conduct.
 - H. Showing respect and consideration for the organization's personnel and property.
 - I. Meeting financial commitments by promptly meeting any financial obligation agreed to with the organization.
 - J. Distinguishing a legally authorized representative from a patient selected representative and provide the organization with the documentation that supports the appointment of any legally authorized

representative.

4. The admitting clinician will provide each patient or their representative with a written copy of the Patient Rights and Responsibilities on admission.
5. The Patient Rights and Responsibilities statement will be explained (verbal) and distributed to the patient **prior** to the initiation of organization services. This verbal explanation will be in conversational language and tone and/or communication method they can reasonably be expected to understand.
6. The patient or legal representative will be requested to sign the Patient Rights and Responsibilities form. The original form will be kept in the patient's clinical record. A copy will be maintained by the patient. The patient's refusal to sign will be documented in the clinical record, including the reason for refusal.
7. The admitting clinician will document that the patient has received a copy of the Patient Rights and Responsibilities.
 - A. If the patient is unable to understand their rights and responsibilities, documentation in the clinical note will be made.
 - B. In the event a communication barrier exists, if possible, special devices or interpreters will be made available.
 - C. Written information will be provided to patients in English and the predominant non-English languages of the population served.
8. When the patient's representative signs the Patient Rights and Responsibilities form, an explanation of that relationship must be documented and kept on file in the clinical record.
9. The family or guardian may exercise the patient's rights when a patient is incompetent or a minor.
10. Supervisory visits with clinical disciplines will be conducted to ensure these rights are honored and protected according to organization policy.
11. All organization personnel, both clinical and non-clinical, will be oriented to the patient's rights and responsibilities prior to the end of their orientation program, as well as annually.

(See "Patient Privacy Rights" Policy)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Steering Committee	Christi Birmingham: Executive Assistant	12/2023
Policy Committee	Christi Birmingham: Executive Assistant	12/2023
Clinical Excellence	Allan Komarek: Executive Director Clinical Excellence	12/2023

Applicability

PHCC - Home Health

COPY



Home Health Agency License Application

Type of Action	
New agency:	<input type="radio"/>
License renewal: (Due 12/1)	<input checked="" type="radio"/> License #: 13-0051 <i>Renewal application must be submitted at least 30 days prior to license expiration date (OAR 333-027-0020).</i> Is HHA accredited? <input checked="" type="radio"/> Yes <input type="radio"/> No Accrediting agency: JC Most recent accreditation date: 11/30/2020
Change Request:	<input checked="" type="checkbox"/> Name <input type="checkbox"/> Address <input checked="" type="checkbox"/> Ownership* <input type="checkbox"/> Service Area** <input type="checkbox"/> Administrator** <input type="checkbox"/> Add/remove services** <input type="checkbox"/> Add/Remove branch** <input type="checkbox"/> Other (specify):
	Effective Date of Change: 12/27/2024 Prior Information: Providence Health & Services - Washington dba Providence St. Mary Home Health

* Fee Payment Required (See back of this form for amount)

**Requires Public Health Division pre-approval

Agency Information		
Agency legal name: CP St. Mary WA HH, LLC		
Agency DBA Name (if applicable): Providence at Home with Compassus Home Health, Walla Walla		
Agency physical address, city, state & ZIP: 380 Chase Ave., Walla Walla, WA 99362		
Phone: 509-897-8600	Fax: 509-897-8587	County: Walla Walla WA / Umatilla OR
Agency Mailing Address (if different from above): Same as above		
Name of Administrator: Ann Halstrom		Phone: 509-897-8604
Administrator e-mail: ann.halstrom@providence.org		Agency email: ann.halstrom@providence.org
As an employee of the home health agency, Administrators may have contact with patients or access to personal information about patients as defined in OAR 333-027-0064(1)(c) . Please complete and attach Home Health Agency Background Check Request to this application.		
Name of Owner(s): Please see attached Ownership Memorandum		
Address, City, State & ZIP of Owner(s) – attach additional pages if necessary.		
Phone:	Fax:	County:
Does any owner have contact with patients or access to personal information about patients as defined in OAR 333-027-0064(1)(c) ? (If yes, attach completed Home Health Agency Background Check Request form .)		Yes <input type="radio"/> No <input checked="" type="radio"/>
Emergency Contact Name: Ann Halstrom, Director EWA		Tax ID#: 33-1567734
Emergency Contact Phone: 509-897-8604		Emergency Contact E-mail: ann.halstrom@providence.org

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556

All relay calls accepted | www.healthoregon.org/hflc

Geographic Service Area: Geographic service area is limited to within a 60-mile radius of the parent location unless a waiver is obtained.	Does your agency operate within the 60-mile radius? Yes <input checked="" type="radio"/> No* <input type="radio"/>
	**If no, does your agency have a waiver? Yes <input type="radio"/> No <input type="radio"/>

Services and Staffing - Indicate 'A' if adding, 'R' if removing, or 'N' if no change						
Services	Check if providing	A, R, or N	Staffing	Employees provide	Provided by contract or under arrangement	Combination of employee and contract
Skilled Nursing (SN)	<input checked="" type="checkbox"/>	N	Registered Nurses (RNs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Licensed Practical Nurses (LPNs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Aide	<input checked="" type="checkbox"/>	N	Home Health Aides (HHAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy (PT)	<input checked="" type="checkbox"/>	N	Licensed Physical Therapists (LPTs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Licensed Physical Therapy Assistants (LPTAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy (OT)	<input checked="" type="checkbox"/>	N	Licensed Occupational Therapists (OTs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Licensed Occupational Therapist Assistants (COTAs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	N	Licensed Speech Pathologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Social Services	<input checked="" type="checkbox"/>	N	Licensed Master of Social Work (LMSW)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Licensed Clinical Social Worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	N	Clinical SW Associate (CSWA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In home care services provided under HHA license	<input type="checkbox"/>		(If provided under HHA license, attach attestation form: 'Home Health Agency (HHA) attestation for provision of In-Home Care (IHC) Services')			
Number of unduplicated admissions for the prior 12 months				1,116		

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556
 All relay calls accepted | www.healthoregon.org/hflc

Branch Operations

List all required information for each branch. List additional locations on a separate page.
Please check 'A' if adding, 'R' if removing, or check nothing if there is no change

Please note: CMS must approve the change of location prior to providing services at the new location. Claims at the new location prior to the CMS approval date are not reimbursable by CMS.

		Address	Phone	Distance from parent agency
<input type="radio"/> A	<input type="radio"/> R			
<input type="radio"/> A	<input type="radio"/> R			
<input type="radio"/> A	<input type="radio"/> R			
<input type="radio"/> A	<input type="radio"/> R			

I declare, under penalties of perjury, that I have examined this application and all attachments and that to the best of my knowledge and belief, this information is true, correct and complete. I will notify the Health Care Regulation and Quality Improvement Section, in writing, of any changes in this information as required.

DocuSigned by:
Ann Halstrom
3167019E6B0348E

Ann Halstrom

Administrator's Signature

Print Name

Ann Halstrom

11/6/2024

Print Title

Date (mm/dd/yyyy)

The HHA Oregon Administrative Rules, forms, and other related information may be found on the HCRQI website at: www.healthoregon.org/hflc

Questions about this application?
Email: mailbox.hclc@odhsoha.oregon.gov
Phone: 971-673-0540

FEE SCHEDULE	
ALL APPLICATION FEES ARE NON-REFUNDABLE per OAR 333-027-0010(7)	
New	\$4,000
Annual renewal	\$2,125
Change of ownership	\$1,250

Make check payable to: Oregon Health Authority
Mail payment to: HFLC
PO Box 14260
Portland, OR 97293

HCRQI Office Use Only
Effective date of initial licensure: _____ Initials: _____ Date: _____
Renewal Licensure/Change: Approved: _____ Denied: _____ Withdrawn: _____ Initials: _____ Date: _____
CASH OFFICE: QC 409 initial/QC 405 renewal

PO Box 14260, Portland, OR 97293 | Voice: 971-673-0540 (option 5) | Fax: 971-673-0556
All relay calls accepted | www.healthoregon.org/hflc



November 6, 2024

Oregon Health Authority
Health Facility Licensing & Certification
P.O. Box 14260
Portland, OR 97293

Re: Oregon Home Health and Hospice Agencies – Notice of Change of Ownership

To Whom it May Concern,

This letter is to provide notice of the proposed internal restructuring transaction related to certain home health agencies and hospice agencies of subsidiaries of Providence St. Joseph Health, a Washington nonprofit corporation (collectively, "Providence"). The transaction will consist of the home health agencies and hospices currently owned by Providence being moved into wholly owned and newly created legal entities (the "Internal CHOW").

Please note that following the Internal CHOW, there will be subsequent changes to the indirect ownership structure for the Home Health and Hospice Agencies, which will add certain new indirect owners to the structure (the "Upper Tier Change"). The Upper Tier Change will occur approximately two (2) days following the Internal CHOW. Please find attached, at Attachment A, the current licensee, DBA name, license number, proposed licensee and proposed DBA name for each Home Health and Hospice Agency.

Please let us know if you need any additional information or if you have any questions regarding the change of licensee for the Internal CHOW or subsequent Upper Tier Change.

Sincerely,

Signed by:
A handwritten signature in blue ink that reads "James D. Watson".
7878F02AE8B4432...

James D. Watson, Assistant Secretary, on
behalf of Providence for the Current Licensees
identified in Attachment A

AND



DocuSigned by:

Terri Warren

DDFC7136A86A488

Terri Warren, CEO, on behalf of Providence for
the Proposed Licensees identified in
Attachment A

Attachment A

Agency Type	License No.	Current Licensee and DBA Name	Proposed Licensee and DBA Name
Home Health	13-1392	Providence Health & Services – Oregon d/b/a Providence Home Health	CP Portland OR HH, LLC d/b/a Providence at Home with Compassus Home Health
Home Health	13-140734	Providence Health & Services – Oregon d/b/a Providence Medford Home Care	CP Medford OR HH, LLC d/b/a Providence at Home with Compassus Home Health, Southern Oregon
Home Health	13-1363	Providence Health & Services – Oregon d/b/a Providence Benedictine Home Health	CP Benedictine OR HH, LLC d/b/a Providence at Home with Compassus Home Health, Mid-Willamette Valley
Home Health	13-0051	Providence Health & Services – Washington d/b/a Providence St. Mary Home Health	CP St. Mary WA HH, LLC d/b/a Providence at Home with Compassus Home Health, Walla Walla
Hospice	16-1033	Providence Health & Services – Oregon d/b/a Providence Hospice	CP Portland OR Hospice, LLC d/b/a Providence at Home with Compassus Hospice Care
Hospice	16-1043	Providence Health & Services – Oregon d/b/a Providence Medford Hospice	CP Medford OR Hospice, LLC d/b/a Providence at Home with Compassus Hospice Care, Southern Oregon

CP St. Mary WA HH, LLC
5% Ownership Memorandum (CHOW)

CP St. Mary WA HH, LLC

EIN: 33-1567734
1801 Lind Ave. SW
Renton, WA 98057

Officers

Terri Warren (Chief Executive Officer)

Ownership

CP St. Mary WA HH Holdings, LLC (100%) (100% direct ownership of Operator)

CP St. Mary WA HH Holdings, LLC

EIN: 33-1764858
1801 Lind Ave. SW
Renton, WA 98057

Ownership

CP WA Holdings, LLC (100%) (100% indirect ownership of Operator)

CP WA Holdings, LLC

EIN: 33-1774545
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Compassus Providence Holdings, LLC (100%) (100% indirect ownership of Operator)

Compassus Providence Holdings, LLC

EIN: 33-1528670
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence Health & Services-Washington (95.2%) (95.2% indirect ownership of Operator)
Other owner with less than 5% indirect ownership of Operator (4.8%) (4.8% indirect ownership of Operator)

Providence Health & Services-Washington (Not-for-Profit Corporation)

EIN: 51-0216586
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence Health & Services (100%) (100% indirect ownership of Operator)¹

¹ Providence Health & Services holds an aggregate of 100% indirect ownership interest of Operator through its ownership of Providence Health & Services-Washington (95.2%) and an owner holding 4.8% ownership interest.

CP St. Mary WA HH, LLC
5% Ownership Memorandum (CHOW)

Providence Health & Services (Not-for-Profit Corporation)

EIN: 91-1549796
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence St Joseph Health (100%) (100% indirect ownership of Operator)

Providence St. Joseph Health (Not-for-Profit Corporation)

EIN: 81-1244422
1801 Lind Ave. SW
Renton, WA 98057

*The information included in this memorandum supersedes all
previously submitted ownership information for the Operator.*

* * * * *

CP St. Mary WA HH, LLC
5% Ownership Memorandum (JV)

CP St. Mary WA HH, LLC

EIN: 33-1567734
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Officers

Michael Asselta (Chief Executive Officer)
John Cullen (Chief Financial Officer)
Russell Adkins (Secretary)
Catherine Sloan (Assistant Secretary)

Ownership

CP St. Mary WA HH Holdings, LLC (100%) (100% direct ownership of Operator)

CP St. Mary WA HH Holdings, LLC

EIN: 33-1764858
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

CP WA Holdings, LLC (100%) (100% indirect ownership of Operator)

CP WA Holdings, LLC

EIN: 33-1774545
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

Compassus Providence Holdings, LLC (100%) (100% indirect ownership of Operator)

Compassus Providence Holdings, LLC

EIN: 33-1528670
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

FC Compassus, LLC (50%) (50% indirect ownership of Operator)
Providence Health & Services-Washington (47.6%) (47.6% indirect ownership of Operator)
Other owner with less than 5% indirect ownership of Operator (2.4%) (2.4% indirect ownership of Operator)

CP St. Mary WA HH, LLC
5% Ownership Memorandum (JV)

FC Compassus, LLC

EIN: 47-2468370
10 Cadillac Drive
Suite 400
Brentwood, TN 37027

Ownership

Compassus Intermediate, Inc. (100%) (50% indirect ownership of Operator)

Compassus Intermediate, Inc.

EIN: 84-3139096
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Compassus Parent, Inc. (100%) (50% indirect ownership of Operator)

Compassus Parent, Inc.

EIN: 84-3123714
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Compassus Holdings, L.P. (100%) (50% indirect ownership of Operator)

Compassus Holdings, L.P.

EIN: 84-3145435
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

TI V ASC Compassus Investment Aggregator, L.P. (97.50%) (48.75% indirect ownership of Operator)
Other owners, each with less than 5% indirect ownership of Operator

TI V ASC Compassus Investment Aggregator, L.P.

EIN: 84-3162118
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Ascension TowerBrook Healthcare Opportunities, L.P. (48.88%) (23.829% indirect ownership of Operator)
TI V Compassus Investment Aggregator, L.P. (51.12%) (24.921% indirect ownership of Operator)

CP St. Mary WA HH, LLC
5% Ownership Memorandum (JV)

Ascension TowerBrook Healthcare Opportunities, L.P.

EIN: 98-1500387
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Ascension Capital, LLC (99.95%) (23.817% indirect ownership of Operator)
Other owner with less than 5% indirect ownership of Operator

Ascension Capital, LLC

EIN: 84-2408142
101 S. Hanley Road
Suite 450
Clayton, MO 63105

Ownership

Ascension Health Alliance (100%) (23.817% indirect ownership of Operator)

Ascension Health Alliance (not-for-profit Catholic health system)

EIN: 45-3358926
101 S. Hanley Road
Suite 450
Clayton, MO 63105

Ownership

Owners, each with less than 5% indirect ownership of Operator

TIV Compassus Investment Aggregator, L.P.

EIN: 84-3185658
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

TowerBrook Investors V (Onshore), L.P. (60.11%) (14.98% indirect ownership of Operator)
TowerBrook Investors V (892), L.P. (28.55%) (7.1149% indirect ownership of Operator)
Other owners, each with less than 5% indirect ownership of Operator

TowerBrook Investors V (Onshore), L.P.

EIN: 98-1414550
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Owners, each with less than 5% indirect ownership of Operator

CP St. Mary WA HH, LLC
5% Ownership Memorandum (JV)

TowerBrook Investors V (892), L.P.

EIN: 98-1415128
65 East 55th Street, 19th Floor
New York, NY 10022

Ownership

Owners, each with less than 5% indirect ownership of Operator

Providence Health & Services-Washington (Not-for-Profit Corporation)

EIN: 51-0216586
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence Health & Services (100%) (50% indirect ownership of Operator)¹

Providence Health & Services (Not-for-Profit Corporation)

EIN: 91-1549796
1801 Lind Ave. SW
Renton, WA 98057

Ownership

Providence St Joseph Health (100%) (50% indirect ownership of Operator)

Providence St. Joseph Health (Not-for-Profit Corporation)

EIN: 81-1244422
1801 Lind Ave. SW
Renton, WA 98057

*The information included in this memorandum supersedes all
previously submitted ownership information for the Operator.*

* * * * *

¹ Providence Health & Services holds an aggregate 50% indirect ownership interest of Operator through its ownership of Providence Health & Services-Washington (47.6%) and an owner holding 2.4% ownership interest.



Origination:	01/2018
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Next Review:	12/2026
Owner:	<i>Christi Birmingham: Executive Assistant</i>
Area:	<i>Home Health</i>
Ministries:	<i>All Home Health Ministries, Providence Home Care</i>
Applicability:	<i>PHCC - Home Health</i>

HH Responsibilities/Supervision of Clinical Services 400-5

Purpose

To ensure a process is in place for the selection of a qualified individual for overseeing all clinical care and services.

Policy

Supervision of clinical care and services will be available 24 hours a day, seven (7) days a week. (Administrator on-call)

Supervisor-to-patient-care personnel ratios will depend on the acuity level of the patients and case-mix, and will be in compliance with applicable law or regulation.

The Clinical Director will be responsible for the clinical direction of the organization and will take reasonable steps to ensure that:

1. Services are continuously available.
2. Care and services provided by organization personnel and contracted organization personnel are coordinated and integrated.
3. Policies and procedures, which guide and support the provision of care and services, are developed and implemented.
4. Recommendations for required resources are made in a timely and effective manner.

The Clinical Director will be qualified and possess appropriate clinical training and experience, as verified by:

1. Education, training, and previous work experience.
2. Current professional licensure.
3. Interview assessing understanding of care and service being provided as well as population being served.
4. Management experience and clinical knowledge.

Procedure

1. The Clinical Director will oversee the day-to-day clinical operations.

2. On a daily basis, staffing will be reviewed in combination with the patient census, acuity, etc.
 - A. If staffing is problematic, the Clinical Director, in coordination with the Clinical Managers, will review options, such as:
 1. Use of outside contracted personnel.
 2. Use of overtime by organization personnel.
 3. Use of office nursing personnel (i.e., Clinical Manager, intake, QA/I nurses, etc.)
 - B. Any issue not resolved will be brought to the attention of the Executive Director/Administrator.
3. The Clinical Director will monitor the care and service provided by organization personnel and contract personnel. Monitoring includes the review of performance improvement results, incident reports, infection reports, clinical record review results, etc. Any noted trends of individual performance will be used during the evaluation process.
4. The Clinical Director will participate as a member on the following administrative teams:
 - A. Executive Management Team.
 - B. QAPI (Quality Assessment Performance Improvement).
 - C. Clinical Operations Committee.
 - D. Performance Improvement Committee.
5. Recommendations regarding resources (personnel and other) and services will be made to the Executive Director/Administrator, as well as to the appropriate committee.
6. The Clinical Director will have access to qualified clinical consultation for services outside their expertise, through the use of the Medical Director (if agency contracts or employs one) and other resources, as appropriate.
7. The Clinical Director will ensure that the following supervision is maintained within the organization:
 - A. Home health Aides (HHA):
 1. Home health aide supervisory visits will be conducted on-site at least every fourteen (14) days by skilled personnel. Supervisory visits can be made in conjunction with the home health aide or in their absence. A direct observation supervisory visit will be made at least every six (6) months.
 - B. Physical Therapy Assistants (PTA):
 1. Physical therapy assistants will be supervised by a registered physical therapist at least every month. At the discretion of the physical therapist, supervisory visits may be made in conjunction with the physical therapy assistant. A direct observation supervisory visit will be made at least every six (6) months, or as directed by the state Practice Act, whichever is more frequent.
 - C. Certified Occupational Therapy Assistants (COTA):
 1. Occupational therapy assistants will be supervised by a licensed occupational therapist at least every month. At the discretion of the occupational therapist, supervisory visits may be made in conjunction with the occupational therapy assistant. A direct observation supervisory visit will be made at least every six (6) months, or as directed by the State Practice Act, whichever is more frequent.
 - D. Licensed practical/vocational nurse (LVN):

1. LPN/LVN will be supervised by a registered nurse as directed by the State Practice Act, whichever is more frequent.

E. Social Services Assistant (SSA):

1. Social services assistant must be supervised by a Medical Social Worker who has a master's degree or doctoral degree.

F. Supervisory visits will be made more often if indicated by the patient's and/or organization personnel's need.

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Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Steering Committee	Christi Birmingham: Executive Assistant	12/2023
Policy Committee	Christi Birmingham: Executive Assistant	12/2023
Clinical Excellence	Allan Komarek: Executive Director Clinical Excellence	12/2023

Applicability

PHCC - Home Health

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Area:	Home Health
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Applicability:	PHCC - Home Health

HH Care Planning Process 203-1

Purpose

To provide care planning direction to clinicians delivering patient care.

Policy

A written individualized plan of care will be initiated within five (5) days of start of care and updated at least every 60 days, or as patient's condition warrants. The patient plan of care will be developed or revised within five (5) working days of initiation of each service or of the reassessment of the patient.

All clinicians including the provider (or other licensed practitioner) involved in the patient's care, either directly or indirectly, will contribute to the plan of care. The plan of care shall be signed by a doctor of medicine, osteopathy, or podiatric medicine, or an allowed practitioner acting within the scope of a state license, certification or registration.

The patient and/or family/caregiver/representative will participate in decisions regarding the plan of care whenever possible. The care planning process will be individualized discipline-specific (if applicable), and will be documented on the plan of care in clinical notes, medication profiles, care conference/summary forms, and discharge/clinical summaries.

Definitions

- Individualized Plan of Care:** The patient-specific clinical plan of care includes all pertinent diagnoses, mental status, types of services/equipment, frequency of visits, goals and interventions appropriate to each discipline, prognosis, rehabilitation potential, functional limitations, precautions, activities, nutritional requirements, food/drug allergies, medications, treatments, safety measures, instructions, discharge plan. Documents include plan of treatment (485) and plans of care (all disciplines).
- Clinician:** Any nurse, PT, OT, ST, MSW or paraprofessional involved in the care of a patient, either directly or indirectly, including administrative, management, and supervisory personnel.

Procedure

- At the time of the initial assessment, the clinician, along with the provider (or other licensed practitioner) and other involved disciplines, will develop the individualized patient plan of care based upon the patient's identified needs and will review it with the patient and/or family/caregiver/representative.

2. All clinicians will consider the conclusions of initial, comprehensive, and ongoing assessments in their care planning process, including, but not limited to:
 - A. Individualized patient needs related to care, functional status, and family/caregiver support systems.
 - B. Changes in patient's condition.
 - C. Clinical drug monitoring, as appropriate.
 - D. Pain and symptom management, as appropriate.
 - E. Psychosocial and spiritual needs of patient and family/caregiver, as appropriate.
 - F. Patient treatment choices.
 - G. Patient and caregiver education and training that the organization will provide specific to the patient's care needs.
3. Based on the assessment, the plan of care will include, but not be limited to:
 - A. Patient specific interventions and education.
 - B. All patient care orders from all providers involved in the plan of care, including verbal orders.
 - C. Identified patient problems and needs, including functional limitations, activities permitted, nutritional requirements.
 - D. Reasonable, measurable, and individualized goals and outcomes identified by the organization with the patient, anticipated to occur as a result of implementing and coordinating the plan of care.
 - E. Specific services and treatments to be provided, including services furnished via telecommunication systems (if appropriate).
 - F. Actions to be taken to meet the patient goals.
 - G. Type, including identifying the responsible discipline(s), frequency, and duration of above actions.
 - H. Equipment and supplies.
 - I. Information related to any advanced directives.
 - J. All pertinent diagnoses.
 - K. The patient's mental, psychosocial, and cognitive status.
 - L. All medications.
 - M. Safety measures.
 - N. The patient's risks for emergency department, and/or hospital re-admission, and interventions to address these risk factors.
 - O. Patient and caregiver education and training to facilitate timely discharge.
 - P. Prognosis.
 - Q. Rehabilitation potential.
 - R. Other appropriate items such as precautions and contraindications, additions, revisions and deletions to the care plan and any additional items the organization or provider (or other licensed practitioner) may choose to include.
4. In addition to care, if a patient is accepted into the organization's telehealth program (if applicable), and the plan of care will include elements of the telehealth program.

- A. The telehealth plan of care will be developed based on specific telehealth interventions, included but not limited to:
 1. Disease management.
 2. Remote vital signs.
 3. Interactive home telehealth.
- B. The telehealth plan of care will include the telehealth encounter frequency and how the patient will be monitored should there be a discontinuation of the telehealth program.
5. Care planning decisions reflect the specific services that are provided, as well as the associated actions planned and implemented to meet individualized patient goals.
6. The plan of care will be based upon the provider's (or other licensed practitioner's) orders and will include the equipment, supplies, and services required to meet the patient's needs.
7. Patients receiving physical therapy or speech therapy only will have a plan of care initiated by the primary physical therapist or speech therapist within 48 hours of completion of the initial assessment.
8. The plan of care will be revised no less than every sixty (60) days or as frequently as deemed necessary by the clinician, based on the ongoing assessments of the patient. Revision dates will be noted on the plan of care.
9. Clinicians will be responsible to revise the plan of care or update the plan at least every 60 days. (See "Reassessments/Recertification 202-3" Policy). The frequency of plan of care review may be more often based on changes in the patient's health status, needs, and the environmental factors affecting care.
10. Changes in the plan of care will be noted with the following documentation:
 - A. Assessment.
 - B. Plan of care with clinical outcome goals.
 - C. Care plan with specific services/actions to be taken.
 - D. Clinical notes.
 - E. Verbal orders.
11. Clinicians will inform the patient's provider (or other licensed practitioner) of any changes needed to alter the plan of care. Changes must be written, dated, and signed by the professional making the changes.
12. The Case Manager or admitting clinician will sign the plan of care.
13. Problems and/or needs related to patient's condition, desires, abilities, family/caregiver support systems, and relevant medication monitoring will be included in the plan of care.
14. Services provided will be based on the prioritized needs of the patient. Patients will be monitored for their response to care or services provided against established patient goals and patient outcomes to determine if goals have been achieved.
15. Care decisions and services to be provided will be made as a result of the care planning process, analysis of initial and ongoing assessments, and analysis of patient response to care against goals and outcomes.
16. The Clinical Manager or designee will review the plan of care for all patients.
17. The organization shall provide the patient and caregiver with a copy of written instructions outlining:
 - A. Visit schedule, including frequency of visits by personnel and personnel acting on behalf of the

organization.

- B. Patient medication schedule/instructions, including medication name, dosage and frequency and which medications will be administered by the organization's personnel and personnel acting on behalf of the organization.
- C. Education on the safe use, storage and disposal of opioid medications.
- D. Any treatments to be administered by the organization's personnel and personnel acting on behalf of the organization, including therapy services.
- E. Any other pertinent instruction related to the patient's care and treatments that the organization will provide, specific to the patient's care needs.
- F. Name and contact information of the organization's clinical manager.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Steering Committee	Christi Birmingham: Executive Assistant	11/2023
Policy Committee	Christi Birmingham: Executive Assistant	11/2023
Clinical Excellence	Allan Komarek: Executive Director Clinical Excellence	11/2023

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Area: *Home Health*
Ministries: *All Home Health Ministries, Providence Home Care*
Applicability: *PHCC - Home Health*

HH Rights/Responsibilities 100-1

Purpose

To encourage awareness of patient rights and responsibilities, to provide guidelines to assist patients making decisions regarding care, and to support active participation in care planning.

Policy

Each patient will be an active, informed participant in their plan of care. To ensure this process, the patient will be empowered with certain rights and responsibilities as described. If a state court has not adjudged a patient to lack legal capacity to make health care decisions as defined by state law, the patient may designate someone to act as their representative (surrogate decision-maker) to exercise the patient's rights. This representative, on behalf of the patient, may exercise any of the rights provided by the policies and procedures established by the organization.

If the patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction:

1. The rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf OR
2. The patient may exercise his or her rights to the extent allowed by court order.

To assist with fully understanding patient rights and responsibilities, all policies are available to organization personnel, the patient, and their representatives as well as other organizations and the interested public.

Procedure

1. The patient will be informed verbally and in writing during the initial evaluation visit, in advance of furnishing care to the patient, of the following:
 - A. The ownership or control of the organization.
 - B. The organization's mission and care/services provided directly or through contractual arrangements.
 - C. The goals of care, the interventions that support those goals and the identification of the staff providing service.
 - D. The hours of care/service and how to obtain care/service after hours.

- E. The right to be informed of his/her condition, participate in all aspects of care, and the right to refuse all or part of their care to the extent permitted by law.
- F. The right to formulate Advance Directives and the organization's policy on the withholding of resuscitative services and the withdrawal of life-sustaining treatment and to lodge complaints concerning the implementation of the advance directive requirements.
- G. The value or purpose of any technical procedure that will be performed, including the benefits, risks, and who will perform the task or procedure.
- H. The cost of services that will be billed to their insurance(s) and/or self (verbally and in writing).
- I. The completion of all assessments and care to be furnished, based on the comprehensive assessment. The organization shall ensure that the patient receives all services outlined in the plan of care.
- J. The establishment and revision of the plan of care, including the disciplines that will furnish the care and the frequency of visits as well as any changes in the care to be furnished.
- K. The expected outcomes of care, including patient-identified goals, and anticipated risks (e.g. an incident or an unexpected outcome) and benefits; as well as any factors that could impact treatment effectiveness and/or current or future health care decision-making.
- L. The right to pain assessment and management.
- M. The right to privacy, security, and respect of property and person.
- N. The right to be free from mental, physical, sexual and/or verbal abuse, including injuries of unknown source, neglect, misappropriation of property, or exploitation.
- O. The right to voice a complaint or concern regarding care, treatment or services (or fail to be) provided or are provided inconsistently or inappropriately without fear of reprisal for exercising this right. The right to voice grievances regarding lack of respect for property. The availability of other sources to receive questions and complaints and assist in resolution
- P. Organization policy regarding confidentiality and disclosure of medical information; including, patient privacy rights related to the collection of the Outcome and Assessment Information Set (OASIS):
 - 1. The right to be informed that OASIS information will be collected and the purpose of the collection.
 - 2. The right to have the information kept confidential.
 - 3. The right to be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Federal Privacy Act.
 - 4. The right to be informed that the collected OASIS data, OASIS Outcome-Based Quality Improvement (OBQI), OASIS Outcome-Based Quality Monitoring (OBQM), and/or publicly reported Quality Measure reports will be shared with accreditation surveyors as appropriate and this data may be used to identify and prioritize performance improvement activities.
 - 5. The right to refuse to answer questions.
 - 6. The right to see, review, and request changes on their assessment.
- Q. The right to have communication needs met. (See "PHCC Interpreter Services" Policy).
 - 1. The organization shall provide verbal notice of the patient's rights and responsibilities in the patient's primary or preferred language and in a manner the individual understands, free of

charge, with the use of a competent interpreter if necessary, no later than the completion of the second (2nd) visit from a skilled professional (RN, PT, SLP, OT).

- R. The right to choose whether or not to participate in research, investigations or experimental studies or clinical trials.
- S. The right to have cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- T. The availability of the applicable toll-free home health agency hotline and other sources to receive questions or complaints and assist in resolution including implementation of the advance directive requirements.
- U. The organization's transfer and discharge policies.
- V. The contact information for the agency administrator, including the administrator's name, business address, and business phone number in order to receive complaints.
- W. The names, addresses, and telephone numbers of the following federally-funded and state-funded entities that serve the area where the patient resides:
 - 1. Agency on Aging.
 - 2. Center for Independent Living.
 - 3. Protection and Advocacy Agency.
 - 4. Aging and Disability Resource Center.
 - 5. Quality Improvement Organizations.
- 2. Within four (4) business days of the initial evaluation visit, the organization shall provide written notice of the transfer and discharge policies, provide contact information of the administrator, provide verbal notice of the rights and responsibilities, and obtain signature from the patient or legal representative to confirm that they have received a copy of the notice of rights and responsibilities.
- 3. Patient and family/caregiver responsibilities will be explained upon admission and as needed. The patient and family/caregiver are responsible for:
 - A. Providing accurate and complete information about the present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health.
 - B. Reporting unexpected changes in the patient's condition.
 - C. Providing feedback regarding services, needs and expectations.
 - D. Asking questions regarding care or services.
 - E. Following instructions.
 - F. Understanding and accepting the consequences for outcomes if the care, services, and/or treatment plan are not followed.
 - G. Following the organization's policies and procedures concerning patient care and conduct.
 - H. Showing respect and consideration for the organization's personnel and property.
 - I. Meeting financial commitments by promptly meeting any financial obligation agreed to with the organization.
 - J. Distinguishing a legally authorized representative from a patient selected representative and provide the organization with the documentation that supports the appointment of any legally authorized

representative.

4. The admitting clinician will provide each patient or their representative with a written copy of the Patient Rights and Responsibilities on admission.
5. The Patient Rights and Responsibilities statement will be explained (verbal) and distributed to the patient **prior** to the initiation of organization services. This verbal explanation will be in conversational language and tone and/or communication method they can reasonably be expected to understand.
6. The patient or legal representative will be requested to sign the Patient Rights and Responsibilities form. The original form will be kept in the patient's clinical record. A copy will be maintained by the patient. The patient's refusal to sign will be documented in the clinical record, including the reason for refusal.
7. The admitting clinician will document that the patient has received a copy of the Patient Rights and Responsibilities.
 - A. If the patient is unable to understand their rights and responsibilities, documentation in the clinical note will be made.
 - B. In the event a communication barrier exists, if possible, special devices or interpreters will be made available.
 - C. Written information will be provided to patients in English and the predominant non-English languages of the population served.
8. When the patient's representative signs the Patient Rights and Responsibilities form, an explanation of that relationship must be documented and kept on file in the clinical record.
9. The family or guardian may exercise the patient's rights when a patient is incompetent or a minor.
10. Supervisory visits with clinical disciplines will be conducted to ensure these rights are honored and protected according to organization policy.
11. All organization personnel, both clinical and non-clinical, will be oriented to the patient's rights and responsibilities prior to the end of their orientation program, as well as annually.

(See "Patient Privacy Rights" Policy)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Steering Committee	Christi Birmingham: Executive Assistant	12/2023
Policy Committee	Christi Birmingham: Executive Assistant	12/2023
Clinical Excellence	Allan Komarek: Executive Director Clinical Excellence	12/2023

Applicability

PHCC - Home Health

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