

Attached to standard contract is boiler plate language

EXHIBIT A-2

RATE SCHEDULE AND SERVICE DESCRIPTION

Central City Concern dba Recuperative Care Services

1. Reimbursement.

important if you are FQHC

Rate Ad since 2007

Auth good  
For 30  
day stay,  
then U.R.

CareOregon, Inc. will pay an incentive up to a case rate of a 30 day stay of \$2,844 per member for Recuperative Services. If the CareOregon Member drops out prior to the 30 days, the case rate will be prorated for each week of participation. This means that if a CareOregon Member stays any part of a week, that CareOregon will pay for the full week service. If the member stays beyond 30 days, an additional week will be paid and the prorated weekly rate will renew again, but for this to apply, the additional services must be prior authorized by CareOregon.

CCC will bill CareOregon for recuperative services at the completion of the CareOregon Member's stay.

G-9006 - Coordinated Care Fee, Home Monitoring

CCC will continue to bill CareOregon separately for other approved services, such as primary care visits and addiction treatment for CareOregon members as is customary.

2. Notification on Admission and Discharge:

Services must be prior authorized and a discharge summary must be provided within two business days of the date of discharge. Lengths of stay of more than 30 days require a new authorization.

## PROGRAM DESCRIPTION for Recuperative Care Services

### Overview of Program

The overall goal of the Program is to develop a service systems approach to facilitate the reduction of clinically unnecessary, preventable and costly hospital use by homeless and dually diagnosed individuals.

To achieve this goal, in addition to establishing recuperative services, the Program requires the creation of a systems approach for serving post acute care homeless patients who indicate a willingness to participate. Program funds support CCC's recuperation care program staff to develop a seamless, well-coordinated referral process that links four diverse types of community services. The services connected by the referral process include CareOregon, Inc., hospitals, CCC's primary health and recuperation care services and supportive community programs. These community based programs are crucial in providing services that seek to address addiction recovery and homelessness. Services will be linked via a direct referral process. As a result, ill and injured post-acute care homeless patients that are willing to participate in the Program will enter a system that helps them to recover from physical injury and disease and potentially to recover from addictions and homelessness.

This multi-tiered service system approach contributes to CareOregon's and CCC's joint efforts to prevent homeless clients from returning to the streets, improve access to timely and appropriate care and improve health outcomes.

Where appropriate, the CCC's Program Coordinator will be charged with the task to facilitate a direct referral procedure between CareOregon, Inc. and the Program. CCC's recuperation care staff together with designated CareOregon, Inc.'s staff will organize a referral process within which selected, qualifying and willing Program Participants will be referred, screened and admitted to the Program. CareOregon will prior authorize the service.

While in the Program, a CCC primary care physician will see the participating Program Participants and CCC will take all necessary steps to establish a medical home for said Participants at Old Town Clinic for on-going health care services. CareOregon will assign participating members to Old Town Clinic for primary care.

Adhering to CCC's overall mission, the Program staff will establish links to supportive community-based service. The Program staff will engage with additional community programs as needed. Participating Program Participants will (as necessary and appropriate) be referred to and linked with agencies especially skilled in delivering evidence-based services model. Services in this category will be paid separately by CO only if Covered Services (benefits) or if prior authorized by CO staff.

### FACILITIES

The Program requires a set of services to maximize participating Program Participant safety, hygiene, nutritional intake, and food safety, compliance with ADA regulations, bed, and patient monitoring. CCC will triage participating Program Participants and seek facilities that are appropriate to their acuity. Generally, CCC shall ensure that facilities will provide daily 24 hour, 365 day year front desk coverage, elevators, ADA compliance; bath with access to a shower in close proximity of room, daily patient visitation and monitoring by program staff. Beds will be designated by CCC for the exclusive use of 5 CareOregon members participating in the pilot project.

#### RECUOPERATION SERVICES

CCC shall ensure that its staff facilitates implementation of the CareOregon, Inc.'s and/or Hospital's discharge plans and coordinates necessary services (e.g., nursing service, infusion therapy, and home health visits appointment and visits to a primary health care provider) for each participating Program Participant. For its part, CareOregon will pre-authorize necessary services as identified by program staff in coordination with CareOregon staff. Other services delivered by the Program include: assistance with program registration/enrollment paperwork; primary allopathic health care, medication management; three meals provided daily; laundry services and linen change; light housekeeping; short-term accommodations; transport to and from primary care physician visits; medication pickup; mental health/other assessments to identify conditions for further treatment; and, arrangements for screenings to secure appropriate benefits.

#### CRISIS MANAGEMENT SERVICES

CCC shall ensure the participating Program Participants obtain any necessary crisis management services (listed immediately below) through CBP or directly from CCC.

- 24 hour crisis service - RCP staff carry a crisis pager 24/7 365 days a year
- A physician on call 24/7 365 days a year

#### STAFF ROLES AND RESPONSIBILITIES

*- staffing Δ'd since 2007*

CCC staff for the Program includes 2 FTE BMT/case managers, 0.1 FTE medical assistant, and .0.1 FTE physician's assistant (PA).

#### A. DEVELOP COMMUNITY LINKS/PROGRAM OPERATIONS/DIRECT REFERRAL SYSTEM

The Program case manager will develop relationships, liaison and consult with CareOregon, Inc.'s staff. A CareOregon, Inc. staff member will be designated as a primary contact for the Program to facilitate timely and appropriate communication between the parties. The Program case manager will facilitate the creation of a referral process between CareOregon, Inc. and the Program. Other duties will include:

- Develop relationships with the CareOregon, Inc. case managers
- Screen patients at CareOregon, Inc. Hospitals to identify appropriate and qualifying Program Participants for the Program
- Review CareOregon, Inc. Hospitals' charts and obtain releases to gather all collateral information
- Discuss Program with qualifying Program Participants and if applicable obtain consent for participation in the Program from said individuals
- Write recuperation care service plan
- Create patient Program chart
- Notify Physician on call about Program Participant admission to the Program; alert other Old Town Clinic staff about Program Participant's admission and special needs, if any.

#### B. COORDINATE AND IMPLEMENT RECUOPERATION CARE PLAN

The Program case manager arranges for and coordinates the recuperation care services for the Program; attend weekly case consult meetings the CCC operations manager and the medical director. Other duties include:

- Arrange for home health services in coordination with CareOregon, using CareOregon-contracted providers
- Make appointments for enrollment into CCC's health services (if necessary)
- Accompany participating Program Participants to primary health care appointments
- Monitor the timeliness of Program meal delivery; quality of housekeeping services
- Develop incentives to engage participating Program Participants to contact CCC's primary care physician when medical care is needed (unless there is an emergency in which case the participating Program Participant shall be encouraged to contact emergency services and/or seek care at a hospital's emergency room).

#### C. DISCHARGE FROM THE RECUPERATION CARE PROGRAM AND TRANSITION PLAN

A critical component of the Program is the discharge, transition and appropriate placement of participating Program Participants into the supportive community-based programs. The Program coordinator will initiate discharge/transition planning within 1 week of the Program Participant's admission into the Program. The discharge/transition process includes a set of complex, pro-active, and often time-consuming activities. CCC staff activities will include (subject to Program Participants' consent):

Activate screening procedures for food stamps, benefits (SSI), and employment assistance; identify and arrange referral and placement in appropriate community-based housing programs; coordinate and transport Participants to appointments for community-based housing placement interviews/appointments; transfer necessary paper work to community housing program prior to Participant placement; arrange for transfer of Participant out of Program to community-based housing and assist with moving details; and close Program chart.

#### D. PATIENT FOLLOW-UP

Should a Participant terminate the Program early, CCC staff will promptly contact community resources such as Project Respond to make every effort to locate the Participant. Staff will notify the CareOregon, Inc. designated contact, alert the Emergency Department(s), and the Hooper Detox Center, etc. Client data and documentation of patient progress and AMA event be reported in a written document and placed in the Participant's chart at CCC. If Participant is located and they are willing to continue with the Program, they will be re-admitted into Program.

#### CONFIDENTIALITY

No Protected Health Information (PHI) regarding Program Participants will be exchanged between CCC and CareOregon, Inc. without the express consent and permission of the Program Participant.