

**STATE OF LOUISIANA
COOPERATIVE ENDEAVOR AGREEMENT**

THIS COOPERATIVE ENDEAVOR made and entered into this ___ day of _____ by and between the Department of Health and Hospitals, hereinafter referred to as the “Department” or “DHH”, the Office for Citizens with Developmental Disabilities of the State of Louisiana, hereinafter referred to as “OCDD”, and _____ officially domiciled in _____, hereinafter referred to as “Contracting Party”.

ARTICLE I

WITNESSETH:

- 1.1 WHEREAS, Article VII, Section 14(C) of the Constitution of the State of Louisiana provides that “for a public purpose, the state and its political subdivisions...may engage in cooperative endeavors with each other, with the United States or its agencies, or with any public or private association, corporation, or individual;” and
- 1.2 WHEREAS, OCDD desires to cooperate with the Contracting Party in the implementation of the Project as hereinafter provided;
- 1.3 WHEREAS, Act 11 of the 2010 Regular Session of the legislature provided for the privatization of the Acadiana Region Supports and Services Center (ARSSC) and whereas services to persons living in the ARSSC can be provided cost-effectively through private Intermediate Care Facilities for Persons with Developmental disabilities (ICF/DD) providers than through the existing state-operated facility and whereas the movement towards increased privately-operated residential living options is consistent with OCDD’s Strategic Plan, the public purpose is described as:

To provide a privately-operated ICF/DD living opportunity to former residents of the ARSSC through a partnership between the OCDD and a qualified private provider using a Request for Information (RFI) process, specialized selection criteria and an objective determination based on the needs of the residents to be served. The OCDD will authorize the use of seventy (70) of its existing licensed funded beds to the private provider selected (while retaining the ownership of these beds) through a Cooperative Endeavor Agreement (CEA) for the establishment of a privately-operated large ICF/DD on the site of the Acadiana Region Supports and Services Center in Iota, Louisiana. The OCDD partnership will allow for ongoing oversight, data collection and technical assistance to promote continued health, safety, quality of life and desired outcomes for former residents of the state-operated ARSSC.

NOW THEREFORE, in consideration of the mutual covenants herein contained, the parties hereto agree as follows:

ARTICLE II
GUIDING PRINCIPLES

- 2.1 This Cooperative Endeavor Agreement for operation of a private ICF/DD in Iota, Louisiana shall be consistent with the following principles agreed upon by the Office and the ARSSC Family Association.
- a. The facility will neither close nor reduce its licensed beds for the term of the CEA.
 - b. The Contracting Party will remain committed to the large ICF/DD model for the facility for the term of the CEA.
 - c. Services, quality, safety, and stability will continue at no less than the current level for the term of the CEA.
 - 1. The OCDD Quality Review Framework will be used to assess and guide quality improvement.
 - 2. The Office will retain at least one on-site employee to act as liaison with the Contracting Party and act as contract monitor for the CEA.
 - d. The facility will be operated at the current address of the Acadiana Region Supports and Services Center.
 - e. The provisions of the CEA and Contracting Party responsibilities will be consistent with the June, 18, 2010 Memorandum of Understanding between the Department and the ARSSC Family Association.

ARTICLE III
SCOPE OF SERVICES

- 3.1 The Contracting Party shall: Establish, operate and maintain a seventy (70) funded bed ICF/DD at 224 Gremillion Circle, Iota, Louisiana which will do business and be known as the _____.
- a. The site to be used is described below.

A certain tract of land located approximately 3.0 miles West of
the Town of Iota in the Northwest one-fourth (NW1/4) of

Section 26, Township 8 South, Range 2 West, Acadia Parish, Louisiana, West of Bayou des Cannes, containing 100.56 acres, more or less, and more particularly described as follows:

COMMENCING at the Southwest corner of Section 26, Township 8 South, Range 2 West, Acadia Parish, Louisiana, thence North 00 degrees 28 minutes 15 seconds East along the Western line of Section 26 a distance of 2,653.48 feet to the Southwest (SW) corner of the Northwest one-fourth (NW1/4) of Section 26, Township 8 South, Range 2 West, the point of beginning;

THENCE continue North 00 degrees 28 minutes 15 seconds East along the Western line of Section 26, Township 8 South, Range 2 West, a distance of 2,614.31 feet to a point on the Southern rights-of-way limit of Louisiana Highway No. 98, said point being located South 00 degrees 28 minutes 15 seconds West a distance of 39.17 feet from the Northwest (NW) corner of Section 26, Township 8 South, Range 2 West;

THENCE in an Easterly direction along the Southern rights-of-way limit of said highway as follows:

South 89 degrees 16 minutes 08 seconds East a distance of 1,071.89 feet to a point;

South 86 degrees 36 minutes 58 seconds East a distance of 99.95 feet to a point;

South 86 degrees 36 minutes 58 seconds East a distance of 99.95 feet to a point;

South 89 degrees 17 minutes 46 seconds East a distance of 229.57 feet to a point
located 45.00 feet opposite centerline State P.C. 121 +
28.50 of Louisiana Highway No.
98;

THENCE in a Southeasterly direction along the Southern rights-of-way limit of said highway on the arc of a curve to the right having a central angle of 34 degrees 7 minutes, degree of curve of 6 degrees 00 minutes and radius of 909.93 feet to a point located South 80 degrees 21 minutes 15 seconds East a distance of 282.83 feet from preceding point;

THENCE South 00 degrees 28 minutes 15 seconds West a distance of 2,558.33 feet along the Eastern side of tract to the Southeast corner;

THENCE North 89 degrees 31 minutes 45 seconds West a distance of 1,680.48 feet along the Southern side of tract to the point of beginning, shown on drawing File No. I-303-1, dated May, 1967, as prepared by the State of Louisiana, Department of Public Works, a copy of which is annexed hereto and made a part hereof.

- b. The people to be supported all have intellectual and developmental disabilities. Approximately half of the current census requires formal behavioral supports for concerns including self-injury, aggression, pica, property destruction, and elopement. A smaller group presents medical concerns including but not limited to, enteral meals, oxygen therapy and tracheotomy care. A significant number require mobility devices such as wheel chairs, walkers, and gait belts. Supporting the existing residents at the current location is required unless the State agrees otherwise. The Department will assign the Medicaid facility need review approval of the beds to the Contracting Party for the duration of the Cooperative Endeavor Agreement. The Medicaid facility need review approval for these beds may not be transferred, assigned, moved, sold, or used for any purpose other than specified in the Agreement. Medicaid facility new review approval of the beds will automatically revert to the Department upon termination of the Agreement for any reason. The Contracting Party must document compliance with all local, state and federal regulatory requirements for establishing and operating an ICF/DD. The Contracting Party will be responsible for: paying fees and securing a license from DHH Health Standards; obtaining all appropriate pre-requisite inspections and approvals and arranging for DHH Health Standards surveys; documenting proof of compliance with all required Life Safety and Sanitation Codes prior to occupancy; obtaining certification for Medicaid funding; and enrolling with the Medicaid Fiscal Intermediary to obtain a vendor number for payment.

3.2 Deliverables:

- a. All residents must be afforded a healthy and safe living environment within a setting that meets all licensing and regulatory requirements, free from deficiencies. Each resident must be afforded person-centered planning so that he/she has opportunities to achieve individual goals and activities which he/she enjoys and meaningful outcomes. Opportunities for community integration and community inclusion with non-handicapped peers must be provided along with vocational opportunities for Supported Employment. The OCDD will support the Contracting Party in achieving these outcomes with technical assistance and support.
- b. The Contracting Party shall adhere to all applicable federal and state regulations for residential and other programs operated. There must be no findings of failure to meet any conditions of participation at any point during the term of the CEA.

- c. The Contracting Party will be properly credentialed to do business in Louisiana and will maintain certification of good standing with the Secretary of State for the term of the CEA.
- d. The Contracting Party must maintain financial resources and financial stability adequate to establish and operate this facility successfully for the term of the Agreement.
- e. The Contracting Party will primarily serve individuals supported by the ARSSC as of the CEA's effective date.
- f. The Contracting Party must document the delivery of quality services (in accordance with Attachment F) to persons with developmental disabilities who live in the facility for the term of Agreement.
- g. The Contracting Party must maintain a relationship with a range of qualified professionals who will serve persons supported in the facility and have the experience to do so for the term of the Agreement. The Contracting Party shall have policies and procedures for professional services.
- h. The Contracting Party must implement and maintain program planning and monitoring which incorporates principles of person-centered planning and quality outcome measures for the term of the Agreement.
- i. The Contracting Party must meet the criteria established in "Attachment F: Procedures for Admission, Discharge & Monitoring For Acadiana Region Supports & Services Cooperative Endeavor Agreement" for all facility admissions and discharges for the term of the Agreement.
- j. The Contracting Party, in making new hires, will provide a preference to hiring former State SSC employees for its private ICF/DD where there are equivalent duties and if the former State employee requests employment with the Contracting Party. This CEA explicitly does not impose any expectations or requirements on the Contracting Party relative to its employees after hire other than those described in Article II above.
- k. The Contracting Party will at all times comply with rules and procedures for the Louisiana Direct Service Workers Registry (LAC 48:I. Chapter 92) or any subsequent rules and procedures promulgated by DHH.
- l. The Contracting Party will have and maintain policies and procedures on Abuse/Neglect and incident management that are equivalent to the policies and procedures used by the ARSSC on the CEA's effective date.
- m. The Contracting Party will assume responsibility for its personnel providing services hereunder and shall make all deductions for social security and withholding taxes, contributions for unemployment compensation funds.
- n. The Contracting Party will provide vehicles of no less than the same number and types allocated exclusively for use by people supported by the ARSSC prior to the start the Agreement.
- o. The Contracting Party shall develop, implement, and maintain for the term of the CEA an Emergency Preparedness and Evacuation Plan equivalent to or better than the one used by the ARSSC prior to the Agreement.
- p. The Contracting Party must document an established and adequate (minimum) or better DSW Registry training program with qualified trainers for training direct support staff for the term of the Agreement.

3.3 Performance Measures: The Contracting Party will develop and implement quality enhancement and assurance activities described below.

- a. The Contracting Party will provide to State written quarterly Progress Reports (Attachment C) outlining the Contracting Party’s resources, initiatives, activities, services and performance consistent with the provisions, goals and objectives of this Agreement. Attachment C Progress Report and Attachment D Cost Report are attached to this Agreement and made a part thereof by reference.
- b. The Contracting Party will develop, implement and maintain a Quality Enhancement plan that incorporates standards from the OCDD Quality Framework used for public Supports and Services Centers for as long during the Agreement period that the standards are in use by OCDD. The OCDD will assist the Contracting party in revisions to incorporate any changes made to the standards subsequent to the start of this Agreement.
- c.) The Contracting Party will work cooperatively with the OCDD to implement the Quality Assurance Process outlined in Attachment F. This process will assure baseline and ongoing data collection (at least quarterly) to monitor: (1) the residents’ health, safety, progress and satisfaction with service delivery and quality of life in the facility; (2) the facility’s quality of service delivery and adherence to each resident’s Individualized Service Plan; (3) the facility’s response to problems or crises which may arise for the resident; (4) the facility’s need for technical assistance, training and ongoing support from the OCDD Transition Support Team; and (5) trends or patterns in critical incidents which may be used by both the facility and the OCDD Transition Support Team in addressing or preventing incidents. The Quality Assurance process will minimally include:
 1. monthly data collection and reporting;
 2. quarterly reviews of trends and patterns;
 3. interventions as appropriate; and
 4. submission of copies of annual Health Standards’ surveys and licensing reviews for these facilities (within 30 days of receipt).

3.4 Budget: There are no funds appropriated for this Agreement.

ARTICLE IV
FACILITY AND EQUIPMENT

- 4.1 Possession and use of Facility: On the date of implementation of this Agreement the State shall grant the Contracting Party exclusive use of the facility, buildings, buildings’ contents and land, hereinafter the “Facility”, subject to the provisions of this Agreement and the Department’s rights to enter and inspect same; and the Department’s rights as owner of the property.
 - a. Nothing in the Agreement shall prevent the Contract Monitor and/or other representatives of the Department and OCDD to enter the Facility, inspect any part of the Facility and operations at any time with or without notice.
 - b. The Contracting Party shall make available at its expense office space for the Contract Monitor, including required furnishings.

- c. The Contracting Party shall make space available upon request for meetings and functions of the ARSSC Family Association. The Contracting Party may require that the request be made a reasonable period of time before the requested date. It is expected that the Contracting Party participate in the ARSSC Family Association meetings when invited and as appropriate.
 - d. Contracting Party will maintain, at its expense, at least one apartment on the grounds of the Facility for use by family members when visiting relatives at the Facility.
 - e. The Contracting Party shall be responsible for regular maintenance and repair of the Facility. Significant modification of buildings or new construction for the purposes of this Agreement shall be at the expense of the Contracting Party and only with prior written approval from the DHH/OCDD and the Division of Administration Office of Facility Planning and Control.
 - f. The Contracting Party shall be responsible for obtaining and payment for all utilities and all other operating costs necessary for the use of the Facility.
- 4.2 Warranties: The State shall assign or make available to the Contracting Party any warranties related to the Facility from the construction Contracting Party or subcontractors or from manufacturers or suppliers of items used in the facility.
- 4.3 Moveable Property: This Agreement may allow the use of OCDD owned furniture, equipment and other items that were in use in the Facility prior to transfer to the Contracting Party under the conditions listed below. All OCDD furniture, equipment and other items that the Contracting Party is authorized to use under this Agreement is listed in “Attachment G.”
- a. The Contracting Party agrees to maintain an accurate updated inventory of all furniture and equipment owned by OCDD and used by the Contracting Party for the duration of the Cooperative Endeavor (CEA) period or whenever the Contracting Party has secured its own furniture, equipment and other items. The Contracting Party’s inventory of OCDD-owned furniture, equipment and other items will be subject to periodic review by the Contract Monitor for its accuracy.
 - b. The Contracting Party agrees to assume full responsibility for care and custody of OCDD-owned furniture, equipment and other items; this includes ensuring that any furniture, equipment and other items remains in good repair and is properly working and is sustained in the quantity originally provided by OCDD.
 - c. The Contracting Party agrees not to discard any furniture, equipment and other items authorized for its use by this Agreement.
 - 1. In the event any furniture, equipment and other items originally provided by OCDD becomes in disrepair, broken beyond repair, misplaced, lost, stolen, or otherwise unusable for its intended purpose, the Contracting Party will immediately notify the Contract Monitor of the situation and request approval to take the action necessary to repair or replace the item to the condition in which the Contracting Party received it.
 - 2. The Contract Monitor will confer with the OCDD Deputy Assistant Secretary 2, or designee, and advise the Contracting Party of the acceptable action.

3. The Contracting Party is responsible for all costs of repair or replacement of state furniture, equipment and other items used pursuant to this Agreement.
- d. In the event any furniture, equipment and other items owned by OCDD and used by the Contracting Party is misplaced, lost or stolen, the Contracting Party agrees to fully cooperate in any investigation to determine the whereabouts of the furniture, equipment and other items or the reason for the loss. The Contracting Party further understands that loss of furniture, equipment and other items used pursuant to this Agreement will be reported by the OCDD to the Louisiana Legislative Auditor's Office, Louisiana Property Assistance OCDD, local law enforcement and the District Attorney's Office.
- e. When the Contracting Party is no longer in need of the furniture, equipment and other items owned by OCDD and used by the Contracting Party, the Contracting Party will notify the Contract Monitor who will coordinate the return of OCDD-owned furniture, equipment and other items to the OCDD.
- f. If this CEA is terminated for any reason OCDD and the Contracting Party shall conduct a joint inventory prior to the termination to determine if the furniture, equipment and other items listed in "Attachment G" and replacement items purchased by the Contracting Party are in place and in a condition suitable for use upon return to OCDD. The Contracting Party shall be liable for any furniture, equipment and other items that are damaged or missing based on the replacement cost of such furniture, equipment and other items.

ARTICLE V

INSURANCE

- 5.1 Contracting Party's Insurance: The Contracting Party shall not commence work under this contract until it has obtained all insurance required herein. Certificates of Insurance, fully executed by officers of the Insurance Company shall be filed with the Department for approval. The Contracting Party shall not allow any subcontractors to commence work on subcontract until all similar insurance required for the subcontractors has been obtained and approved. If so requested, the Contracting Party shall also submit copies of insurance policies for inspection and approval of the Department before work is commenced. Said policies shall not be canceled, permitted to expire, or be changed without thirty (30) days notice in advance to the Department and consented to by the Department in writing and the policies shall so provide.
- 5.2 Minimum Scope and Limits of Insurance: The Contracting Party shall purchase and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property
 - a. Workers Compensation: Workers Compensation insurance shall be in compliance with the Workers Compensation law of the State of the Contracting Party's headquarters. Employers Liability is included with a minimum limit of \$500,000 per accident/per disease/per employee. A.M. Best's Insurance Company rating requirement may be waived for workers compensation coverage only.
 - b. Commercial General Liability: Commercial General Liability insurance shall have a minimum limit per occurrence of \$1,000,000 and a minimum general aggregate of

- \$2,000,000. Insurance Services Office Commercial General Liability occurrence coverage form CG 00 01 (current form approved for use in Louisiana) is to be used in the policy. Claims-made form is unacceptable.
- c. Automobile Liability: Automobile Liability Insurance shall have a minimum limit per occurrence of \$1,000,000. Insurance Services Office form number CA 00 01 (current form approved for use in Louisiana) is to be used in the policy. This insurance shall include third-party bodily injury and property damage liability for owned, hired, and non-owned automobiles.
 - d. Professional Liability (Errors and Omissions) coverage: Professional liability shall have a minimum limit of \$1,000,000 per occurrence. “Claims-made” coverage is acceptable with the date of the inception of the policy no later than the first date of the anticipated work under this contract. The “claims-made” policy shall provide coverage for the duration of this contract and shall have an expiration date no later than 30 days after the anticipated completion of the contract. Furthermore, the policy shall provide for an “extended reporting period” of not less than 24 months, with full reinstatement of limits, from the expiration date of the policy and shall not be cancelled for any reason other than non-payment of premiums.
 - e. Medical malpractice coverage for health care professionals providing services to residents.

5.3 Deductibles: Any deductibles or self-insured retentions must be declared to and accepted by the OCDD. The Contracting Party shall be responsible for all deductibles and self-insured retentions.

5.4 Other Insurance Provisions: The policies are to contain, or be endorsed to contain, the following provisions:

a. General Liability and Automobile Liability Coverages

- 1. The OCDD, its officers, agents, employees and volunteers shall be named as an additional insured as regards negligence by the Contracting Party. ISO Form CG 20 10 (current form approved for use in Louisiana) is to be used. The coverage shall contain no special limitations on the scope of protection afforded to the OCDD.
- 2. The Contracting Party’s insurance shall be primary as respects the OCDD, its officers, agents, employees and volunteers. Any insurance or self-insurance maintained by the OCDD shall be excess and non-contributory of the Contracting Party’s insurance.
- 3. Any failure of the Contracting Party to comply with reporting provisions of the policy shall not affect coverage provided to the OCDD, its officers, agents, employees and volunteers.

4. The Contracting Party's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the policy limits.
 - b. **Workers Compensation and Employers Liability Coverage:** The insurer shall agree to waive all rights of subrogation against the OCDD, its officers, agents, employees and volunteers for losses arising from work performed by the Contracting Party for the OCDD.
- 5.5 **All Coverages:** Each insurance policy shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party (the Contracting Party or the insurer) or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the OCDD.
- 5.6 **Acceptability Of Insurers:** Insurance is to be placed with insurers with a Best's rating of A:VI or higher. This rating requirement may be waived for workers compensation coverage only.
- 5.7 **Verification Of Coverage:** Contracting Party shall furnish the OCDD with certificates of insurance reflecting proof of required coverage. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates are to be received and approved by the OCDD before work commences and upon any contract renewal thereafter. The OCDD reserves the right to request complete certified copies of all required insurance policies at any time.
 - a. Upon failure of the Other Party to furnish, deliver and maintain such insurance as above provided, this contract, at the election of the OCDD, may be suspended, discontinued or terminated. Failure of the Other Party to purchase and/or maintain any required insurance shall not relieve the Other Party from any liability or indemnification under the contract.
- 5.8 **Subcontractors:** Contracting Party shall include all subcontractors as insureds under its policies OR shall be responsible for verifying and maintaining all certificates provided for each subcontractor .

ARTICLE VI

NON-DISCRIMINATION

- 6.1 The Contracting Party agrees to adhere to the requirements of the following as applicable: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and the Americans with Disabilities Act of 1990.

- 6.2 The Contracting Party agrees not to discriminate in its employment practices, and will render services without regard to race, color, religion, sex, sexual orientation, national origin, veteran status, political affiliation, or disabilities. Any act of discrimination committed by the Contracting Party, or failure to comply with these statutory obligations when applicable shall be grounds for termination of this Agreement.

ARTICLE VII
Monitoring and Quality Assurance

- 7.1 The Contract Monitor for this Agreement is _____ or his successor. If the State assigns a new Contract Monitor the Contracting Party will be notified in writing.
- 7.2 Monitoring Plan: During the term of this Agreement, Contracting Party shall discuss with State's Contract Monitor the progress and results of the project, ongoing plans for the continuation of the project, any deficiencies noted, and other matters relating to the project. Contract Monitor shall review and analyze Contracting Party's plan to ensure Contracting Party's compliance with Agreement requirements.
- 7.3 The Contract Monitor shall also review and analyze the Contracting Party's written Progress Reports, results of Partnership in Quality reviews and any work product for compliance with the Scope of Services; and shall
- a. Compare the Reports to Goals/Results and Performance Measures outlined in this Agreement to determine the progress made;
 - b. Contact Contracting Party to secure any missing deliverables;
 - c. Maintain telephone and/or e-mail contact with Contracting Party on contract activity and make visits to the Facility offices, living areas, other program sites for residents, and, as needed, any other areas of the Facility in order to review the progress and completion of the Contracting Party's services, to assure that performance goals are being achieved, and to verify information when needed.
 - d. Expenditures or reimbursements are not applicable to this Cooperative Endeavor Agreement.
- 7.4 Between required performance reporting dates, Contracting Party shall inform Contract Monitor of any problems, delays or adverse conditions which will materially affect the ability to attain program objectives, prevent the meeting of time schedules and goals, or preclude the attainment of project results by established time schedules and goals. Contracting Party's disclosure shall be accompanied by a statement describing the action taken or contemplated by the Contracting Party and any assistance which may be needed to resolve the situation.

ARTICLE VIII
PAYMENT TERMS

- 8.1 There are no payments or exchange of funds between the Department and the Contracting Party as part of the Cooperative Endeavor Agreement.
- 8.2 There will be no reimbursement for travel expenses between the Department and the Contracting Party as part of the Cooperative Endeavor Agreement.
- 8.3 There will be no reimbursements for expenditures occurring between the Department and the Contracting Party as part of the Cooperative Endeavor Agreement.
- 8.4 Monitoring Disbursement: Not Applicable

ARTICLE IX
TERMINATION FOR CAUSE

- 9.1 The Department may terminate this Agreement for cause based upon the failure of Contracting Party to comply with the terms and/or conditions of the Agreement; provided that OCDD shall give Contracting Party written notice specifying Contracting Party's failure. If within thirty (30) days after receipt of such notice, Contracting Party shall not have either corrected such failure or, in the case which cannot be corrected in thirty (30) days, begun in good faith to correct said failure and thereafter proceeded diligently to complete such correction, then OCDD may, at its option, place Contracting Party in default and the Agreement shall terminate on the date specified in such notice. Contracting Party may exercise any rights available to it under Louisiana law to terminate for cause upon the failure of OCDD to comply with the terms and conditions of this Agreement; provided that the Contracting Party shall give OCDD written notice specifying OCDD's failure and a reasonable opportunity for OCDD to cure the defect.

ARTICLE X
TERMINATION FOR CONVENIENCE

- 10.1 OCDD may terminate the Agreement at any time by giving thirty (30) days written notice to Contracting Party. Upon receipt of notice, Contracting Party shall, unless the notice directs otherwise, immediately discontinue the work and placing of orders, for materials, facilities, services and supplies in connection with the performance of this Agreement. The Contracting party may be required to continue operations for more than thirty (30) days to allow the OCDD the time ensure that residents have uninterrupted safe and adequate supports in the period between notice of termination and the termination date of the CEA.

ARTICLE XI
OWNERSHIP

- 11.1 All records, reports, documents and other material delivered or transmitted to Contracting Party by the State shall remain the property of the State, and shall be returned by Contracting Party to the State, at Contracting Party's expense, at termination or expiration of this Agreement. All records, reports, documents, or other material related to this Agreement and/or obtained or prepared by Contracting Party in connection with performance of the services agreed to herein shall become the property of the State, and shall, upon request, be returned by Contracting Party to the State at Contracting Party's expense at termination or expiration of this Agreement.

ARTICLE XII
ASSIGNMENT

- 12.1 Contracting Party shall not assign any interest in this Agreement and shall not transfer any interest in same (whether by assignment or novation), without prior written consent of the State

ARTICLE XIII
AUDITOR'S CLAUSE

- 13.1 It is hereby agreed that the Legislative Auditor of the State of Louisiana, and/or the Office of the Governor, Division of Administration auditors shall have the option of auditing all records and accounts of Contracting Party which relate to this Agreement.
- 13.2 Contracting Party and any subcontractors paid under this Agreement shall maintain all books and records pertaining to this Agreement for a period of three years after the date of termination of the prime Agreement and any subcontract entered into under this Agreement.

ARTICLE XIV
AMENDMENTS IN WRITING

- 14.1 Any alteration, variation, modification, or waiver of provisions of this Agreement shall be valid only when it has been reduced to writing, executed by all parties and approved by the Director of the Office of Contractual Review, Division of Administration.

ARTICLE XV
TERM OF AGREEMENT

- 15.1 This Agreement shall begin on _____ and shall terminate on _____.

THUS DONE AND SIGNED AT _____, Louisiana on the ____ (*day*), of ____
(*Month*), _____(*Year*)

WITNESSES:

**Department of Health & Hospitals/Office for
Citizens with Developmental Disabilities**

Julia Kenny, Assistant Secretary

THUS DONE AND SIGNED AT _____, _____ on the ____ (*day*), of
____ (*month*), _____ (*year*).

WITNESSES:

<p>“ATTACHMENT A” PLAN</p>	<p>NAME OF CONTRACTING PARTY:</p>
	<p>NAME AND BRIEF NARRATIVE OF PROGRAM:</p>
<p>Program Goals, Objectives, Expected Outcomes/Results Activities and Related Performance Measures (Duplicate pages as needed for each goal identified. <u>What are the goals, objective(s), expected outcomes/results for this program:</u> Indicate the goals/objectives for this program. Indicate the expected outcomes/results for each goal. Explain how each goal, objective, outcome/result is measured. Identify activities that will be implemented to achieve expected outcomes, the person(s) responsible for implementing the activity, and the expected completion date.</p>	
<p>1. Program Goal (<i>Goals are the intended broad, long-term results. Goals are clear statements of the general end purposes toward which efforts are directed.</i> <i>(Insert name of Contracting Party)</i> will: establish, operate and maintain one (1), 70-bed facility to serve people with <i>(insert description of people to be served.</i></p>	
<p>2. Program Objective(s) (<i>Objectives are intermediate outcomes--specific, measurable steps towards accomplishing the goal They identify the expected outcomes and results).</i> Establish, operate and maintain one (1) ICF/DD facility for a maximum of 70 adults at <i>(insert address of facility).</i></p>	
<p>3. Relevant Activity (Activities) (<i>An activity is a distinct subset of functions or services within a program.</i>) Arrange all necessary tasks to begin operation of the ICF/DD facility Document compliance with all local, state and federal regulatory requirements for establishing and operating a large residential ICF/DD facility. The Contracting Party will be responsible for: paying fees and securing a license from DHH Health Standards; Obtain all appropriate pre-requisite inspections and approvals (e.g. DHH Architecture and Engineering) and arranging for DHH Health Standards surveys;</p>	

Document proof of compliance with all required Life Safety and Sanitation Codes prior to occupancy; obtaining certification for Medicaid funding; and

Enroll with the Medicaid fiscal intermediary to obtain a vendor number for payment.

During the period of this Cooperative Endeavor Agreement, the Contracting Party must maintain compliance with all local, state and federal laws, rules and regulations governing ICF/DD facilities.

Participate in post-move contract monitoring including the following:

1. Provide documentation from DHH/Health Standards showing appropriate, license, certification, provider enrollment, etc. and compliance with all local, state and federal laws, rules and regulations governing ICF/DD facilities.
2. Forward results of all licensing reviews and surveys to the Contract Monitor as well as any deficiencies noted, plans of corrections, proposed and follow-up outcomes.
3. Provide documentation from the Contracting Party and data collected from the OCDD Transition Support Team to determine adherence to admissions/discharge criteria, adequate and ongoing staff training; adequate and ongoing relationships with qualified professionals, and cooperation with the collaborative quality assurance process.
4. Review and discuss with the Contract Monitor, documentation from the Contracting Party and/or data collected from the OCDD Transition Support Team to determine if appropriate performance measures and outcomes are being met as they relate to the “*Office for Citizens with Developmental Disabilities – Partnership in Quality Services*” process (revised version).

4. Performance Measure(s) (*Measure the amount of products or services provided or number of customers served. Specific quantifiable measures of progress, results actually achieved and assess program impact and effectiveness.*)

Partnership in Quality (Revised Version) for 1 year from begin date of Agreement

Contract Monitoring Form (“Attachment F” of Agreement)

“ATTACHMENT B”

Page 1

NOT APPLICABLE

Project Budget (2009-2010)

Name of Contracting Party

Anticipated Income or Revenue

Sources (list all sources of revenue)

Amounts

\$

Anticipated Expenses

Expense Categories
of Line Item
Appropriation

Total Amount

Amount

Salaries	\$	\$	
Related Benefits	\$	\$	
Travel	\$	\$	
Operating Services		\$	\$
Advertising	\$	\$	
Printing	\$	\$	
Maintenance of Equipment	\$	\$	
Maintenance of Office		\$	\$
Rentals		\$	\$
Dues and Subscriptions	\$	\$	
Telephones	\$	\$	
Postage		\$	\$
Utilities		\$	\$
Other	\$	\$	
Office Supplies	\$	\$	
Professional & Contract Services		\$	\$
Other Charges	\$	\$	
Acquisitions & Major Repairs	\$	\$	
Total Use of the Appropriation	\$	\$	

(Budget categories listed above reflect a typical budget and may be adjusted by the OCDD and recipient to reflect actual categories necessary for each individual program. Salaries and Professional & Other Contract Services shall be detailed using pages 2 and 3 of Attachment B.

“ATTACHMENT B”

Page 2
STAFFING
CHART

Name of
Organization: _____

Name of
Program: _____

Name	Title	Total Salary Amount	Total Salary Paid by Appropriation		Related Benefits	Full time or Part Time # of months
			Amount	Percentage		

“ATTACHMENT B”

Page 3

SCHEDULE OF PROFESSIONAL AND OTHER CONTRACT SERVICES

Name of Organization: _____

Name of Program: _____

Name and Address of Individual and/or Firm	Nature of Work Performed and Justification for Services	Total Contract Amount	Total Paid by Appropriation

--	--	--	--

“ATTACHMENT C”

Progress Report

(To be submitted at least quarterly showing progress achieved. Duplicate pages as needed.)

Organization: _____

Contact Name: _____

Telephone:() _____ *Fax:()* _____

Goal:	% Complete
Objective(s):	

Activity(Activities) Performed:	
Performance Measure(s):	

“ATTACHMENT D”

Cost Report for the Period of _____

Expense Category	Approved Total Amount	(Quarterly) Expenditures (Monthly)*	Total Cumulative Years to Date Expenditures	Balance Remaining
Salaries				
Related Benefits				
Travel				
Operating Services				
Advertising				
Printing				
Maintenance of Equipment				
Maintenance of Office				
Rentals				
Dues/Subscriptions				

ARSSC CEA DRAFT – 02/23/2011

Telephones				
Postage				
Utilities				
Other				
Office Supplies				
Professional Services				
Other Charges				
Acquisitions & Major Repairs				

(Expense categories must reflect budget categories listed in “Attachment B” budget.)

** Should reflect contract payment terms, either quarterly or monthly.*

“ATTACHMENT E”

Disclosure and Certification Statement

Contracting Party’s Name:

Contracting Party’s Mailing Address:

Organization Type: (For example, local government, non-profit, corporation, LLP, etc. Private entities required to register with the Secretary of State’s office must be in good standing with that office.

Names and Addresses of all officers and directors, including Executive Director, Chief Executive Officer or any person responsible for the daily operations of the entity:

Names and Addresses of all key personnel responsible for the program or functions funded through this Agreement:

List any person receiving anything of economic value from this Agreement if that person is a state elected or appointed official or member of the immediate family of a person who is a state elected or appointed official Include the amount of anything of economic value received, the position held within the organization. Identify the official and the public position held.

I hereby certify that this organization has no outstanding audit issues or findings.

I hereby certify that this organization has outstanding audit issues or findings and is currently working with the state to resolve such issues or findings.

I hereby certify that the above information is true and correct, to the best of my knowledge, and I am the duly authorized representative of the organization.

(Name and Title of Contracting Party)

(Authorized Signature of Contracting Party)



“ATTACHMENT F: CEA Admission/Discharge, Monitoring and Transition Support
PROCEDURES FOR ADMISSION, DISCHARGES, & MONITORING
FOR ACADIANA REGION SUPPORTS & SERVICES COOPERATIVE
ENDEAVOR AGREEMENT

#	Activity	Responsibility	Timelines
TRANSITION TO COOPERATIVE ENDEAVOR AGREEMENT (CEA) facility's (ICF/DD)			
I. OPENING OF NEW CEA facility's - Referrals to fill beds in a CEA facility will come from the Contract Monitor assigned to the CEA. Identification of persons who can be accommodated in the facility will be contingent on any criteria for needs that are part of the CEA.			
1	See Pre-referral activities for appropriate guidelines.		
2	See II. A. Referral Activities for All Transitions.		
II. PROCEDURES FOR DISCHARGE OF RESIDENT FROM CEA facility's			
1	CEA Provider will notify the Contract Monitor of any impending planned discharge from the facility, with information regarding future plans for person being discharged.	CEA Provider Administrator or Designee	30 days prior to the anticipated move date.
2	CEA Provider will notify the Contract Monitor of any impending <i>unplanned</i> discharge from the Facility prior to the discharge of a resident using a CEA placement, with information regarding future plan for continued services. The following information will be included; a. Name of the Facility b. Name of the Service Recipient c. The reason for discontinuing service	CEA Provider Administrator or Designee	Within 24 hours of change of health status or the team meeting that determines CEA facility's placement is no longer appropriate
3	Discharges from a CEA will be a collaborative effort of the CEA provider and the Contract Monitor with the input of the appropriate Admissions/Discharge Committee of the SSC		
4	CEA Provider will notify the Contract Monitor of any <i>unplanned</i> discharge from the Facility <u>due to death</u> of a resident using a CEA placement.	CEA Provider Administrator or Designee	Within 24 hours of death of resident.
5	CEA Provider will notify the Contract Monitor of the	CEA Provider	On date of

#	Activity	Responsibility	Timelines
	actual date of discharge.	Administrator or Designee	discharge
III. PROCEDURES FOR ADMISSION OF NEW RESIDENT TO VACATED CEA BED-			
1	The OCDD will maintain a referral list of potential candidates for CEA facility's openings with appropriate referral documents and consents.	Contract Monitor	Ongoing, with updates every quarter
2	The Facility will provide written information needed to select the individuals appropriate for the home at the time of the initial notification of the intended vacancy. This information should include, but is not limited to: Gender, Age range, Skill level, Behavioral and Medical Needs etc. of the possible candidates who could appropriately and successfully fill the vacancy.	CEA	Upon notification by the CEA to the Contract Monitor as per activities in II.1 and II.2
3	When the CEA Provider notifies the Contract Monitor of an opening (see II above) the Contract Monitor will notify TSO's in the OCDD SSCs..	TSO	Within 2 working days of notification.
4	The TSO will provide the name and information of prospective referrals to the Admissions Committee and the Contract Monitor for consideration for admission..		
5	If the Admissions Committee agrees that the admission is appropriate, the CEA provider will notify the Contract Monitor of acceptance or rejection of admission to the program to the program.	CEA Provider	Within 10 working days of notification
6	If no SSC can identify a current SSC resident who wants to move to the CEA facility, or if no potential candidate's needs can be met by that CEA facility's, the Contract Monitor will notify OCDD central office that there is an available vacancy.	Contract Monitor	Within 10 working days of notification.
7	Together the Contract Monitor and the TSO will coordinate, with the CEA Provider, all requests for placement that result from SSCs. This includes communicating with the TSOs at SSCs to have referral packets sent, ensuring that the CEA Provider hosts a site visit for the potential resident, and acting as liaison between the CEA provider and the SSC.	CEA Provider, Contract Monitor and TSOs	Within 30 working days of notification.
8	If there have been no referrals within the 30-day period, the Contract Monitor will notify the CEA Provider in writing that it is free to inform the Regional OCDD office that there is a vacancy. The Contract Monitor will also notify the OCDD Central Office contract	Contract Monitor	Within 30 working days of notification.

#	Activity	Responsibility	Timelines
	monitor.		
9	CEA Provider and Regional OCDD office will coordinate referrals from any other sources to fill the vacancy.	CEA Administrator or Designee OCDD	

Contract Monitoring Forms and Instructions

(Also refer to Article VII for scope of monitoring and quality assurance plan)

Contract Monitoring Form												
Support & Service Center:												
Facility Name:								CEA OCDD:				
								Capacity (#):				
Licensing Survey Dates ↓												
Opening	1st Year	Follow-up	2nd year	Follow-up	3rd year	Follow-up						
Census (end of):												
	January	February	March	April	May	June	July	August	September	October	November	December
<i>Open Year</i>												
<i>1st year</i>												
<i>2nd year</i>												
<i>3rd year</i>												
Confirmation of Insurance (on anniversary of opening):												
<i>1st Anniversary:</i>												
<i>2nd Anniversary:</i>												

3rd Anniversary:

Site Visit Dates (quarterly):

1st year

2nd year

3rd year:

TRANSITION/PARTNERSHIP IN QUALITY

Goal

To ensure the health, safety and well-being of people being supported through the CEA by partnering with Providers in providing transition follow-up services, collecting data about services and satisfaction for those who were transitioned.

Follow-up Timeline

People who are transitioning will be followed for approximately 1 year from the date of discharge from the ARSSC residential facility.

Transition Follow-up and Data Collection Intervals

1. Transition Support Team (TST) member attends Pre-discharge meeting.
2. IDT completes Individualized Support Needs Form and completes Baseline Data Form.
2. TST member initiates a phone contact within 48 hours of move.
3. TST member schedules and conducts a site visit within 2 weeks of move.
4. Site Visits are conducted at least quarterly (more frequent contacts based on needs).
5. Site Visits at the 6 & 12 month interval will include PIQ interview and data collection.

Data Collection Session:

The data collection session for the PIQ component will be a collaborative meeting that provides an opportunity to work together to identify issues that need further analysis or technical assistance. In order to maximize the productivity of these meetings the Support Coordinator/QMRP must be present during these sessions. In the event the Support Coordinator/QMRP cannot be present, the TST member will notify them via phone or email of any issues. The sessions will consist of the following activities:

- Meeting with the person to conduct a satisfaction interview of data elements listed in table attached.
- Verify the accuracy of the data with the person's record on a small subset of data elements.
- Verify the accuracy of the individual's demographic information.
- Review the person's plan of care for the presence of the components and indicators identified as an Individualized Supports Needs Indicator.

Responsibilities of State Central Office:

1. Be available as a resource to the TST for guidance related to project activities/completion.
2. Provide quality oversight of the overall project.

Responsibilities of the ID Team

1. Document baseline data & provide to TST.
 - Health and Safety information
 - Satisfaction Survey
 - Individualized Support Needs Table.

Responsibilities of the SSC TST

1. Compile and maintain demographic data.
2. Obtain and review baseline data forms obtained by the ID Team.

3. Provide transition follow-up activities.
4. Document all contacts in progress note.
5. Review data collected during sessions for completeness and accuracy.
6. Provide technical assistance to providers as needed.
7. Evaluate data to determine appropriate programmatic or technical assistance needs.

Responsibilities of Providers

1. Collect the Health and Safety and Individualized data.
2. Collaborate with TST members to:
 - Determine Individualized Supports for Data Collection
 - Request Technical assistance for supporting the person.
3. Collaborate with the Support Coordinator related to access to indicators and participate in the process as appropriate.
4. Participate in Data Collection Sessions by having the following available:
 - Person Receiving Services
 - Staff Member/Person that knows them best
 - QMRP/Support Coordinator (present for the record review and interview as appropriate)
 - Data and record for appropriate time period.

Discharge from Transition Services

1. Categorize people based on criteria below.
2. Discharge process includes the following:
 - Close out phone call to the Provider.
 - Notification letter to the person, family or guardian, provider, support coordination OCDD, waiver office.
 - Development of Individualized Table of Needs for each person

Categorization Criteria:

Category 1:

- People's needs are being met.
- All supports in place.
- Required typical Support Coordination services.
- Recommendation: Discharge from Transition Services. (Phone call, letter, table of needs form)

Category 2:

- People are identified to have gaps in services.
- Some supports are not in place.
- Person would benefit from better support coordination.
- Recommendation: Discharge from Transition Services. (Phone call, letter, table of needs form) and revision of CPOC to address unresolved issues. TST member to attend CPOC meeting.

Category 3:

- People who needed additional resources and intensive support coordination.
- Recommendation: Discharge from Transition Services. (Phone call, letter, table of needs form), revision of CPOC to address unresolved issues, Provision of increased Support Coordination (follow-up 1 time per month). TST member to attend CPOC meeting.

TRANSITION DATA ELEMENTS

Project Data Elements:

Information/Indicators to be collected at baseline and during data collection sessions/visits include the following components for both the transition and PIQ activities.

DATA ELEMENTS	TST	PIQ
Demographic (Collect initial baseline & update as changes occur)		
• Name	x	x
• Date of Birth	x	x
• Gender	x	x
• Legal Status	x	x
• Support Coordination OCDD Name	x	x
• Service Provider Name	x	x
• Work: None/ Sheltered Employment/Competitive Employment	x	x
• Date of Discharge	x	x
• Initial Living Situation (following discharge)	x	x
• Current Living Situation (chronological order of dates moved)	x	x
• Region (Moved to)	x	x
Health & Safety (Collect initial baseline, 6 month & 12 month intervals)		
• Date of PIQ Assessment		x
• Date of last Physical Exam		x
• Date of last Dental Exam		x
• Critical Incidents: Per date range, frequency, category (Medication Incident, Major Illness, Health Care Admission, Emergency Dept./Room, Major Injuries, Abuse/Neglect, Involvement with Law Enforcement, Major Behavioral Incident, Behavioral Restraint Use, Medical Restraint Use, Injuries during Restraint.		x
• Medication Changes Health: yes/no		x
• Medication Changes Behavioral: yes/no		x
Individualized Support Need Indicator: Problem/Need, Supports In Place YN, Resolved/Unresolved/NA (Collect initial baseline, 6 month & 12 month intervals)		
• Weight Change		x
• Diet		x
• Assistive Technology		x
• Adaptive Equipment		x

• Aspiration		x
• Seizure		x
• Choking		x
• Skin Breakdown		x
• Bowel Management		x
• Physical Support Guidelines/Support Plan		x
• Nutrition/Mealtime Guidelines/Support Plan		x
• Behavior Guidelines/Support Plan		x
• Psychiatry Follow-up		x
• Neurology Follow-up		x
• Chronic Disease Follow-up		x
• Social/Community/Work Life		x
• Other		x
Satisfaction Questionnaire: yes/no (Any dissatisfaction identified noted in problem list.)		
• Like where you live.		x
• Like where you work/school.		x
• Like whom you live with.		x
• Like the staff/worker that work with you.		x
• Get what you need.		x
• Feel Healthy.		x
• Visit with your family.		x
• Visit with your friends.		x
• Go out in the community.		x
• Other.		x
Current Problem/s : # of problems since discharge, # of contacts that were made, date resolved		
• Non-compliance	x	
• Job/Employment	x	
• Medical Complaint	x	
• Elopement	x	
• Hygiene	x	
• Disruptions/Outbursts	x	
• Positioning	x	
• Unfulfilled Wish	x	
• Stimulation	x	
• Property Destruction	x	
• Negative Vocalizations	x	
• Community Supports	x	
• Swallowing	x	
• Placement Stabilization	x	
• Missing Person	x	

• Abuse/Neglect	x	
• Law Enforcement	x	
• Disrobing	x	
• Social Life	x	
• Psychiatric Services	x	
• Legal Issues	x	
• Communication	x	
• Physical Supports	x	
• Weight Control	x	
• Nutrition Support	x	
• Housing	x	
• Physical Aggression	x	
• Adaptive Equipment	x	
• Self Injury	x	
• Financial Benefits	x	
• Stereotypes	x	
• Environment	x	
• Relocation	x	
• Other	x	
CONTACTS		
• site visits (# , date)	x	
• correspondence: phone, emails, fax	x	
CATAGORIZATION (Discharge Criteria)		
• Category 1	x	
• Category 2	x	
• Category 3	x	
• Discharge date	x	

Demographic Information Form

Project Data Elements:

Information/Indicators to be collected at baseline and during data collection sessions include the following components:

Demographic Information, Health and Safety Indicators, Individualized Support Needs Indicators, and Brief Satisfaction Questionnaires.

Demographic Information: Identified by the Transition Support Team and Verified by Data Gatherer during scheduling of data collection session
Birth date
Gender
Support Coordination OCDD (if applicable)
Service Provider Name
OCDD Region Person Lives In
Work: None/Sheltered Employment/Competitive Employment
Legal Status: Competent/Partially Interdicted/Fully Interdicted

Verification of Data Sample Instructions

Sample Size

Minimum of 5 incidents across different categories (if they occur across different categories)

Verification Instructions

1. Ask provider for Incident Data Tracking Form (or their database printouts regarding required incident reporting)
2. Review the form briefly
3. Request the original data forms to review
4. Look for at least 5 of the reported incidents and verify the following:
 - a. Incident type is correct (i.e., major injury)
 - b. Incident date is correct
 - c. Incident time is correct

**OCDD Partnership in Quality Services
Individual Incident Data Tracking Form**

Date of Data Collected/Visit: _____

Person's Name: _____

Pre -Move

Post-Move

Assessor/Trainer: _____

INSTRUCTIONS: Each time an incident type is noted, place the date and time including am/pm in the blank space. If you are unsure if the incident should be counted, refer to (attachment of definitions).

At the end of the month or when there is no more space to record incidents, start an additional form. Total the dates for each row in the far right column. Place the completed form _____ (provider specifies) - _____. Start a new Individual Data Tracking Form.

Date Range: _____

INCIDENT TYPE	INCIDENTS: ENTER DATES AND TIEM	TOTAL
Medication: Major Incident		
Major Illness		
Health Care Admissions		
Emergency Dept/Room		
Major Injuries		
Abuse/Neglect		
Involvement with Law Enforcement		
Major Behavioral Incidents		
Behavioral Restraint Use		
Medical Restraint Use		
Injuries During Restraint		

Satisfaction Questionnaire

Person's Name: _____ Date of Data Collection/Visit: _____ Pre-Move
 Post-Move

Provider: _____ Present? Y N QMRP/Support Coordinator Name/OCDD: _____ Present? Y
 N

Name of Support Person Present: _____

Interviewer: _____

Who supplied answers? (Circle One) Person/ Staff Member/ Other combination of Above

Instructions:

Responses categorized as Yes/No/Don't Know/ N/A, place a (√) in the appropriate column below. The interview on satisfaction should take about 15 minutes

Probes are to be used to assist the person in knowing how to answer the question and help the assessor determine satisfaction. The below probes should always be used. When an issue is identified, record responses to probes in the notes section. See attached additional probes and interview tips and hints.

QUESTIONS	PROBES	YES	NO	DON' T KNO W	NA	NOTES
Do you like where you live?	What do you like or don't like?					
Are you employed competitively (in private enterprise or under contract) or do you work in a sheltered workshop?	What type of work do you do? Where do you work? Do you get paid?					

	Indicate appropriate response in notes.					
Do you like where you work (go to school)?	What do you like or don't like?					
Do you get paid and if so how much?	Indicate appropriate response in notes.					
Do you like who you live with?	Would you prefer to live with someone else?					
So you like the staff that works with you?	What like or don't? Anyone don't like?					
Do you get what you need?	Anything don't have? Transportation, Medical Appointments					
Do you feel healthy?	Take any medications?					
Do you visit with your family and if so how often?	Indicate appropriate response in notes.					
Do you visit with your friends and if so how often?	Indicate appropriate response in notes.					
Other than for work do you go out in the community and if so how often?	Indicate appropriate response in notes.					
Is there anything you would like to change about the above? If yes, what?	Staff, roommates, living arrangements, work setting, more things to do, and more visits from family & friends?					

If it is determined that the information gatherer cannot communicate with the person then the following people should provide the information:

- Waiver services: Person that knows them best (paid or natural) AND the Support Coordinator
- ICF/DD: Person that knows them best (paid or natural) AND the OCDD QMRP
- Other: Person that knows them best (paid or natural) AND the person that coordinates the services
- EFL: Person that knows them best (paid or natural) AND the person whose home they are living

**OCDD Partnership in Quality Services
Individualized Support Needs Tracking Form**

Person's Name: _____

Date: _____

Date of Last **Annual Physical Exam** (MM/DD/YYYY): _____

Date of Last **Dental Exam** (MM/DD/YYYY): _____

Medication Administration (Attach a list of current medications to this sheet):

Nurse CMA Physician Delegation Self Administration

CURRENT NEED?	INDIVIDUALIZED SUPPORT NEED	WHAT/HOW TO MEASURE	NOTES/CONCERNS ESSENTIAL FOR THIS PERSON
Y N	Weight Change		
Y N	Diet		
Y N	Assistive		
Y N	Adaptive Equipment		
Y N	Aspiration		
Y N	Seizures		
Y N	Choking		
Y N	Skin Breakdown		
Y N	Bowel Management		
Y N	Behavior Guideline/Plan		
Y N	Psychiatry Follow-Up		
Y N	Neurology Follow-Up		
Y N	Chronic Disease Follow-Up		
Y N	Social/Community/Work Life (e.g., seeing person X is essential to well-being)		
Y N	Physical Support		

		Guideline/Plan		
Y	N	Nutritional/Mealtime Support Guideline/Plan		
Y	N	Other Problems Identified		

“ATTACHMENT G”

Louisiana State-owned Property Listing

Supports & Services Center _____

Contracting Party _____

Physical Address of Facility _____

Add rows as needed

State ID# <i>If applicable</i>	Item Description	Room Locatio n of Item	Number of Items <i>If applicable</i>	Receiving Condition of Item

This inventory has been done jointly with the Contracting Party and the Contract Monitor (or designee) and represents a true and accurate list of state property authorized for use by the Contracting Party for a period not exceeding the duration of the cooperative Endeavor Agreement. The Contracting Party assumes responsibility for the property under the conditions specified in 2.5 Use of State Property of the Cooperative Endeavor Agreement.

Contracting Party

Date

Contract Monitor or designee

Date