

14 AUG 28 P4:57



ADMINISTRATIVE SERVICES DIVISION
Office of Contracts and Procurement



John A. Kitzhaber, MD, Governor

250 Winter St NE, Room 306
Salem, OR 97301
Voice: (503) 945-5818
FAX: (503) 378-4324

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

**FOURTEENTH AMENDMENT TO
OREGON HEALTH AUTHORITY
2013-2015 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF COMMUNITY ADDICTIONS AND MENTAL HEALTH
SERVICES AGREEMENT #141431**

This Fourteenth Amendment to Oregon Health Authority 2013-2015 Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services dated as of July 1, 2013(as amended, the "Agreement"), is entered into, as of the date of the last signature hereto, by and between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Yamhill County ("County").

RECITALS

WHEREAS, OHA and County wish to modify the Financial Assistance Award set forth in Exhibit D-1 and the OWITS Financial Assistance Award set forth in Exhibit D-2 of the Agreement.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

AGREEMENT

1. The financial and service information in the Financial Assistance Award are hereby amended as described in Exhibit 1 attached hereto and incorporated herein by this reference. Exhibit 1 must be read in conjunction with the portion of Exhibit D-1 of the Agreement that describes the effect of an amendment of the financial and service information.

B.O. 14-447

Volume 115
Page 1377

2. The financial and service information in the OWITS Financial Assistance are hereby amended as described in Exhibit 2 attached hereto and incorporated herein by this reference. Exhibit 2 must be read in conjunction with the portion of Exhibit D-2 of the Agreement that describes the effect of an amendment of the financial and service information;
3. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
4. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit G of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
6. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the dates set forth below their respective signatures.

Yamhill County

By:

Allen Springer Chair, Board of Commissioners 7-31-14
 Authorized Signature Title Date

State of Oregon acting by and through its Oregon Health Authority

By:

Brenda Brown Services Manager 8/7/2014
 Authorized Signature Title Date

Approved As To Form
 by Christian Boenisch
 Christian Boenisch
 County Counsel
 Yamhill County

Accepted by Yamhill County
 Board of Commissioners on
7-31-14 by Board Order
 # B.O. 14-1447

2. The financial and service information in the OWITS Financial Assistance are hereby amended as described in Exhibit 2 attached hereto and incorporated herein by this reference. Exhibit 2 must be read in conjunction with the portion of Exhibit D-2 of the Agreement that describes the effect of an amendment of the financial and service information:
3. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
4. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit G of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
6. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the dates set forth below their respective signatures.

Yamhill County

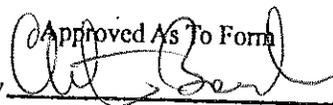
By:

	Chair, Board of Commissioners	7-31-14
Authorized Signature	Title	Date

State of Oregon acting by and through its Oregon Health Authority

By:

_____	_____	_____
Authorized Signature	Title	Date

Approved As To Form
by 
Christian Boenisch
County Counsel
Yamhill County

Accepted by Yamhill County
Board of Commissioners on
7-31-14 by Board Order
B.O. 14-1447



ADMINISTRATIVE SERVICES DIVISION
Office of Contracts and Procurement



John A. Kitzhaber, MD, Governor

250 Winter St NE, Room 306
Salem, OR 97301
Voice: (503) 945-5818
FAX: (503) 378-4324

DOCUMENT RETURN STATEMENT

Re: Amendment #14 to Agreement #141431 hereinafter referred to as "Document."

Please complete the following statement and return it along with the completed signature page and the Contractor Data and Certification page and/or Contractor Tax Identification Information form (if applicable).

Important: If you have any questions or find errors in the above referenced Document, please contact the contract specialist, April D. Barrett at (503) 945-5821.

I Allen Springer, Chair, Board of Commissioners,
(Name) (Title)

received a copy of the above referenced Document, between the State of Oregon, acting by and through its Oregon Health Authority, and **Yamhill County**, by e-mail from Tami Goertzen on July 23, 2014.

On 7-31-14, I signed the electronically transmitted Document without
(Date)

change. I am returning the completed signature page and Contractor Data and Certification page and/or Contractor Tax Identification Information form (if applicable) with this Document Return Statement.

Allen Springer 7-31-14
(Authorizing Signature) (Date)

**Exhibit 1 to the 14th Amendment to
Oregon Health Authority
2013-2015 Intergovernmental Agreement for the
Financing of Community Addictions and Mental Health Services Agreement #141431**

B.O. 14-447

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)
2013-2015

CONTRACTOR: YAMHILL COUNTY
DATE: 07/22/2014

Contract#: 141431
Reference#: 008

MENTAL HEALTH SERVICES

SECTION: 1

SERVICE REQUIREMENTS MEET EXHIBIT B AND, IF INDICATED, EXHIBIT B-2

Part	Start/End Dates	Client Code	Approved Service Funds	Approved Start-up	Serv. Units	Unit Type	EXHIB B2 Codes	Spec Cond#
SE# 28 RESIDENTIAL TREATMENT SERVICES								
A	7/2013-12/2013	N/A	-\$66,547	\$0	-96.	SLT	N/A	M0185 1
A	7/2013- 6/2014	N/A	\$136,289	\$0	192.	SLT	N/A	M0185 3
A	9/2013-12/2013	HOMARY-500609	-\$9,955	\$0	-4.	SLT	N/A	M0185 4
A	9/2013-12/2013	HOMARY-500609	\$10,194	\$0	4.	SLT	N/A	M0185 5
A	1/2014- 6/2014	N/A	-\$66,547	\$0	-96.	SLT	N/A	M0185 2
A	7/2014- 6/2015	N/A	\$136,289	\$0	192.	SLT	N/A	M0185 3
SUBTOTAL SE# 28			\$139,723	\$0				
TOTAL SECTION 1			\$139,723	\$0				

TOTAL AUTHORIZED FOR MENTAL HEALTH SERVICES

\$139,723

TOTAL AUTHORIZED FOR THIS FAAA:

\$139,723

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY
DATE: 07/22/2014

Contract#: 141431
REF#: 008

REASON FOR FAAA (for information only):

The Financial Assistance Award is for Mental Health Services subject to the 2013-2015 Legislatively Adopted Budget for the Oregon Health Authority. This award includes Cost of Living Adjustment (COLA) and the extension of general funds for Fiscal Year 2014-2015, where applicable.

The following special condition(s) apply to funds as indicated by the special condition number in column 9. Each special condition set forth below may be qualified by a full description in the Financial Assistance Award.

- M0185 1 Special Condition M0000-6, in Base Contract, regarding "A) MHS 28 Rate" and "B) Parkside" applies.
- M0185 2 Special Condition M0066-1, in Amendment 6, regarding "A) MHS 28 Rate" and "B) Parkside" applies.
- M0185 3 A) MHS 28 Rate: For services delivered to individuals during a particular month, OHA will provide financial assistance at the rate of \$709.84 per month per individual. B) These funds are for services at Parkside.
- M0185 4 Special Condition M0093-1, in Amendment 7, regarding "A) MHS 28 Rate" and "B) Parkside" applies.
- M0185 5 A) MHS 28 Rate: For services delivered to individuals during a particular month, OHA will provide financial assistance at the rate of \$2,998.22 per month per individual. B) These funds are for services at Parkside.

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)
FAAA Totals
Part A
2013-2015

***** INFORMATION ONLY *****

CONTRACTOR: YAMHILL COUNTY
DATE: 07/22/2014

CONTRACT#: 141431
REF#: 008

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
20	NON-RESIDENTIAL ADULT MH SERV	\$12,784	\$0	\$0	\$12,784
TOTAL SE# 20		\$12,784	\$0	\$0	\$12,784
28	RESIDENTIAL TREATMENT SERVICES	\$143,049	\$0	\$139,722	\$282,771
TOTAL SE# 28		\$143,049	\$0	\$139,722	\$282,771
		\$155,833	\$0	\$139,722	\$295,555

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)
FAAA Totals

Part B
2013-2015

***** INFORMATION ONLY *****

CONTRACTOR: YAMHILL COUNTY
DATE: 07/22/2014

CONTRACT#: 141431
REF#: 008

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
20	NON-RESIDENTIAL ADULT MH SERV	\$268,529	\$0	\$0	\$268,529
20	NON-RESIDENTIAL ADULT MH SERV	\$443,879	\$0	\$0	\$443,879
TOTAL SE# 20		\$712,408	\$0	\$0	\$712,408
22	CHILD & ADOLES MH SERVICES	\$476,674	\$0	\$0	\$476,674
TOTAL SE# 22		\$476,674	\$0	\$0	\$476,674
28	RESIDENTIAL TREATMENT SERVICES	\$535,689	\$0	\$0	\$535,689
TOTAL SE# 28		\$535,689	\$0	\$0	\$535,689
31	ENHANCED CARE SERVICES	\$285,342	\$0	\$0	\$285,342
TOTAL SE# 31		\$285,342	\$0	\$0	\$285,342
34	ADULT FOSTER CARE MHS	\$180,450	\$0	\$0	\$180,450
34	ADULT FOSTER CARE MHS	\$11,299	\$0	\$0	\$11,299
TOTAL SE# 34		\$191,749	\$0	\$0	\$191,749
36	PASARR MHS	\$126,606	\$0	\$0	\$126,606
TOTAL SE# 36		\$126,606	\$0	\$0	\$126,606

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)
FAAA Totals
Part B
2013-2015

***** INFORMATION ONLY *****

CONTRACTOR: YAMHILL COUNTY
DATE: 07/22/2014

CONTRACT#: 141431
REF#: 008

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
		\$2,328,468	\$0	\$0	\$2,328,468

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)
FAAA Totals
Summary
2013-2015

***** INFORMATION ONLY *****

CONTRACTOR: YAMHILL COUNTY
DATE: 07/22/2014

CONTRACT#: 141431
REF#: 008

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
20	NON-RESIDENTIAL ADULT MH SERV	\$281,313	\$0	\$0	\$281,313
20	NON-RESIDENTIAL ADULT MH SERV	\$443,879	\$0	\$0	\$443,879
TOTAL SE# 20		\$725,192	\$0	\$0	\$725,192
22	CHILD & ADOLES MH SERVICES	\$476,674	\$0	\$0	\$476,674
TOTAL SE# 22		\$476,674	\$0	\$0	\$476,674
28	RESIDENTIAL TREATMENT SERVICES	\$678,738	\$0	\$139,722	\$818,460
TOTAL SE# 28		\$678,738	\$0	\$139,722	\$818,460
31	ENHANCED CARE SERVICES	\$285,342	\$0	\$0	\$285,342
TOTAL SE# 31		\$285,342	\$0	\$0	\$285,342
34	ADULT FOSTER CARE MHS	\$180,450	\$0	\$0	\$180,450
34	ADULT FOSTER CARE MHS	\$11,299	\$0	\$0	\$11,299
TOTAL SE# 34		\$191,749	\$0	\$0	\$191,749
36	PASARR MHS	\$126,606	\$0	\$0	\$126,606
TOTAL SE# 36		\$126,606	\$0	\$0	\$126,606

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)
FAAA Totals

Summary
2013-2015

***** INFORMATION ONLY *****

CONTRACTOR: YAMHILL COUNTY
DATE: 07/22/2014

CONTRACT#: 141431
REF#: 008

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
	CONTRACT TOTAL	\$2,484,301	\$0	\$139,722	\$2,624,023

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

**Exhibit 2 to the 14th Amendment to
Oregon Health Authority
2013-2015 Intergovernmental Agreement for the
Financing of Community Addictions and Mental Health Services Agreement #141431**

7/3/2014 11:42:18 AM

OREGON HEALTH AUTHORITY
OWIT'S FINANCIAL ASSISTANCE AWARD
2013-2015

Exhibit D-2

CONTRACT NAME: Yamhill County
EFFECTIVE DATE: 7/1/2013 12:00:00 AM
CONTRACT #: 141431
AMENDMENT#: 14

ADDITIONS AND MENTAL HEALTH SERVICES

SERVICE REQUIREMENTS MEET EXHIBIT B, MHS 37- FLEXIBLE FUNDING

Yamhill County-141431

Fund Source Description	Start Date	End Date	Approved Funding Level	Payment Frequency	Special Condition
0804 MH GENERAL FUND GF VENDOR	07/01/2013	12/31/2013	(\$538,789.92)	Monthly	
0804 MH GENERAL FUND GF VENDOR	07/01/2013	12/31/2013	\$551,720.88	Monthly	
0804 MH GENERAL FUND GF VENDOR	07/01/2013	06/30/2014	(\$99,000.00)	Monthly	
0804 MH GENERAL FUND GF VENDOR	07/01/2013	06/30/2014	\$101,376.00	Monthly	
0804 MH GENERAL FUND GF VENDOR	07/01/2013	06/30/2014	(\$15,880.68)	Monthly	
0804 MH GENERAL FUND GF VENDOR	07/01/2013	06/30/2014	\$16,261.82	Monthly	
0804 MH GENERAL FUND GF VENDOR	07/01/2013	12/31/2013	(\$1,788.00)	Lump Sum	
0804 MH GENERAL FUND GF VENDOR	07/01/2013	12/31/2013	\$1,830.91	Lump Sum	

Yamhill County-141431

Fund Source Description:	Start Date	End Date	Approved Funding Level	Payment Frequency	Special Condition
0804 MH GENERAL FUND GF VENDOR	01/01/2014	06/30/2014	(\$348,664.63)	Monthly	
0804 MH GENERAL FUND GF VENDOR	01/01/2014	06/30/2014	\$357,032.58	Monthly	
0804 MH GENERAL FUND GF VENDOR	01/01/2014	06/30/2014	(\$1,854.00)	Monthly	
0804 MH GENERAL FUND GF VENDOR	01/01/2014	06/30/2014	\$1,898.50	Monthly	
0804 MH GENERAL FUND GF VENDOR	07/01/2014	06/30/2015	(\$697,329.25)	Monthly	
0804 MH GENERAL FUND GF VENDOR	07/01/2014	06/30/2015	\$714,065.15	Monthly	
0804 MH GENERAL FUND GF VENDOR	07/01/2014	06/30/2015	(\$99,000.00)	Monthly	
0804 MH GENERAL FUND GF VENDOR	07/01/2014	06/30/2015	\$101,376.00	Monthly	
Total Authorized Amount of this Amendment			\$43,255.36		

Amendment Reason: The Financial Assistance Award is for MHS 37-Flexible Funding subject to the 2013-2015 Legislatively Adopted Budget for the Oregon Health Authority. This award includes Cost of Living Adjustment (COLA).

B.O. 14-447



ADMINISTRATIVE SERVICES DIVISION
Office of Contracts and Procurement



John A. Kitzhaber, MD, Governor

250 Winter St NE, Room 306
Salem, OR 97301
Voice: (503) 945-5818
FAX: (503) 378-4324

DATE: July 23, 2014

TO: Silas Halloran-Steiner, Director
Yamhill County

RE: **Amendment #14 to the
2013-2015 Intergovernmental Agreement for the Financing
of Community Addictions and Mental Health Services Agreement #141431**

Enclosed is an amendment to the Agreement.

NOTE: Payment for amendments returned to OHA by the 3rd Friday of every month are more likely to be in the following month's allotment or electronic fund transfer.

The instructions for processing this amendment are as follows:

- Open and print the electronic file containing the amendment for signature by the appropriate authorized County Official(s).
- Obtain the authorized signature(s) on the Amendment and the "Document Return Statement".
- E-mail or Fax only the signature page of the amendment and the completed, signed "Document Return Statement" to tami.j.goertzen@state.or.us or **503-373-7365**.

Following receipt by OHA of your signed amendment, OHA will route its copy of amendment to the official(s) who is/are authorized to execute the amendment. Once the amendment is signed OHA will scan the Amendment and transmit to the appropriate County official.

If you have questions regarding this financial assistance award, please contact Carmen Armendariz, Mental Health & Addiction Services, at (503) 945-8995 or April D. Barrett at (503) 945-5821.

Sincerely,

April D. Barrett, OPBC
Contracts Specialist

Attachment(s)