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**NINTH AMENDMENT TO  
OREGON HEALTH AUTHORITY  
2015-2017 INTERGOVERNMENTAL AGREEMENT FOR THE  
FINANCING OF COMMUNITY ADDICTIONS AND MENTAL HEALTH SERVICES  
AGREEMENT #147808**

This Ninth Amendment to Oregon Health Authority 2015-2017 Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services effective as of July 1, 2015 (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 add a new Service Element MHS 36 “Pre-Admission Screening and Resident Review Services”.

WHEREAS, OHA and County wish to correct an error in the original Agreement, therefore, adding a new Specialized Service Element MHS 35A “Gero-Specialist”.

WHEREAS, OHA and County wish to modify the Financial Assistance Award set forth in Exhibit C 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. Exhibit B-1, “Service Descriptions” is hereby amended to add a new Service Element, “MHS 36 Pre-Admission Screening and Resident Review Services” which is attached to this Amendment as Attachment 1 and with this reference incorporated herein.
2. Exhibit B-2, “Specialized Service Requirements” is hereby amended to add a new Specialized Service, “MHS 35A Gero-Specialist” which is attached to this Amendment as Attachment 2 and with this reference incorporated herein.
3. The financial and service information in the Financial Assistance Award are hereby amended as described in Attachment 3 attached hereto and incorporated herein by this reference. Attachment 3 must



## Attachment 1

Service Name: **PRE-ADMISSION SCREENING AND RESIDENT REVIEW SERVICES**

Service ID Code: **MHS 36**

### **1. Service Description**

- a. Pre-admission Screening and Resident Review Services (MHS 36) are evaluation services delivered to individuals:
  - (1) Who meet the criteria for indigent or the Citizen Alien Waived Medical Program and are:
    - (a) Referred for placement in Medicaid-certified long-term care nursing facilities if they are exhibiting symptoms of a serious mental health illness; or
    - (b) Residing in Medicaid-certified long-term care nursing facilities experiencing a significant change in mental health status.
- b. Pre-admission Screening and Resident Review Services must determine if:
  - (1) Individuals have a serious mental health illness, as defined in OAR 309-032-0311; and
  - (2) If those determined to have a serious mental health illness are appropriately placed in a nursing facility or need inpatient psychiatric hospitalization.

### **2. Performance Requirements**

- a. County shall comply with the Nursing Home Reform Act, under the Omnibus Budget Reconciliation Act OBRA 1987, as amended by OBRA 1990, including, but not limited to, 42 U.S.C. 1396r(e) 7, and OAR 411-070-0043 through 411-070-0045, as such laws and rules may be revised from time to time. County shall maintain a Certificate of Approval in accordance with OAR 309-012-0130 through OAR 309-012-0220, as such rules may be revised from time to time.
- b. County shall ensure that all individuals referred for MHS 36 Services by licensed nursing facilities receive MHS 36 review and evaluation services.
- c. All MHS 36 Services paid for through this Agreement must be delivered by a Qualified Mental Health Professional (as defined in OAR 309-016-0605) or a Licensed Medical Practitioner (as defined in OAR 309-032-1505).

### **3. Special Reporting Requirements**

- a. County shall complete and deliver to OHA, within 21 calendar days after a review, form AMH 0438 and form AMH 0440, with respect to that review.
- b. All individuals receiving MHS 36 Services through this Agreement must be enrolled and that individual's record maintained in the Measures and Outcome Tracking System (MOTS) as specified in OHA's MOTS Reference Manual located at: <http://www.oregon.gov/oha/amh/mots/Pages/resource.aspx>, as it may be revised from time to time.

**4. Financial Assistance Calculation and Disbursement Procedures**

OHA provides financial assistance for MHS 36 Services through Part C awards. The award type is set forth in Exhibit C, "Financial Assistance Award", in MHS 36 lines that contain a "C" for Part C award.

**a. Calculation of Financial Assistance:**

At no time will OHA pay above the Medicaid rate in accordance with the OHA Mental Health and Developmental Disability Services Medicaid Payment for Rehabilitative Mental Health Services Rule posted on the AMH PASRR website located at:

<http://www.oregon.gov/oha/amh/Pages/pasrr.aspx>, as it may be revised from time to time.

**b. Disbursement of Financial Assistance:**

Unless a different disbursement method is specified in that line of Exhibit C, "Financial Assistance Award", OHA will disburse the Part C award for MHS 36 Services provided under a particular line of the Financial Assistance Award containing a "C" in column one, to County per receipt and approval of a written combined invoice with required attachments as specified below, in the monthly allotments during the period specified in that line of the Financial Assistance Award.

County shall submit, electronically to [amhcontract.administrator@state.or.us](mailto:amhcontract.administrator@state.or.us), the invoice and required attachments no later than 45 calendar days following the end of the subject month.

**c. County shall attach a copy of the bill or receipt for the item or service to a combined monthly invoice itemized by individual. Part C awards for JPSRB non-medically approved services is for the time period as shown only and does not carry forward into following years payments.**

## Attachment 2

Service Name: **OLDER\DISABLED MENTAL HEALTH SERVICES**

Service Element ID Code: **MHS 35**

Specialized Service: **GERO-SPECIALIST**

Exhibit B-2 Code: **35A**

**1. Service Description** (exceeding Exhibit B-1, MHS 35)

Older/Disabled Adult Mental Health Services (MHS 35) Specialized Service Requirement (MHS 35A) are specialized geriatric mental health services delivered directly or indirectly to older and disabled adults with mental illness.

**2. Performance Requirements** (exceeding Exhibit B-1, MHS 35)

The funds awarded for MHS 35A Services may only be expended on community based direct and indirect care services for older/disabled adults with mental illness who are determined eligible. Such direct services include, but are not limited to, medication management, quarterly interagency staffing, follow-up services after treatment in local or state inpatient psychiatric hospitals, and screenings and referrals. Also included are in-direct services including, but not limited to, consultation, assistance working with multiple systems, case coordination, planning, supporting interagency collaboration, education and training to agencies and caregivers who provide services that may affect older and disabled adults with mental illness.

If indirect services, as described above, are delivered with MHS 35A funds provided through this Agreement, those services must be available to all relevant agencies and caregivers in the geographic area served by the CMHP and must be coordinated to include, but not limited to, APD, DHS' Aging and Disabilities Resource Connection, DHS' Adult Protective Services, CCOs, CMHPs, Acute care hospitals, Oregon State Hospital, caregivers, community partners, family members, and any other appropriate participants in client care.

All MHS 35A Services delivered with funds provided through this Agreement for direct care service must either be supervised by or be delivered by a Qualified Mental Health Professional, as defined in OAR 410-172-0010(41), and in compliance with OAR 309-032-0301 through 309-032-0890 Standards for Adult Mental Health Services, as such rules may be revised from time to time. Qualified Mental Health Professionals and any designated Qualified Mental Health Associates, as defined in OAR 410-172-0010(40), delivering such services must have a background with the older and disabled adult population or be participating in relevant training programs to acquire such knowledge.

Providers of MHS 35 Services delivered with funds provided through this Agreement that are subject to this Specialized Service Requirement shall provide the following:

- a. Regular access to a psychiatrist or nurse practitioner for case and medication review for individuals receiving MHS 35 Services in the case of direct services;
- b. Regular participation in interdisciplinary team meetings with APD staff or contractors serving individuals receiving direct care MHS 35 Services;
- c. Discharge assistance (from in-patient psychiatric hospitals) and provide, or arrange for, short term follow-up services for individuals receiving MHS 35 Services;
- d. Be available to County crisis team and DHS' Adult Protective Services for consultation on geriatric cases;
- e. Regular collaboration with APD, DHS' Aging and Disabilities Resource Connection, , CMHPs, Acute care hospitals, Oregon State Hospital,, living facilities, families and others as appropriate;

- f. Indirect services shall include, but not be limited to, prevention, planning, coordination, education and assistance with urgent placement services;
- g. Oversight, support and inter-agency coordination and collaboration for substance abuse treatment and prevention with older and disabled adults; and
- h. Have the experience, knowledge and authority to effect change, make recommendations and communicate to leadership.

3. **Special Reporting Requirements** (exceeding Exhibit B-1, MHS 35)

None.

4. **Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures** (exceeding Exhibit B-1, MHS 35)

None.

**Attachment 3  
Exhibit C  
Financial Assistance Award**

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)  
2015-2017

CONTRACTOR: YAMHILL COUNTY  
DATE: 03/14/2016

Contract#: 147808  
Reference#: 010

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# 36 PASARR MHS								
C	7/2015- 6/2016	N/A	\$7,500	\$0	0.	NA	N/A	M0236 1
C	7/2016- 6/2017	N/A	\$7,500	\$0	0.	NA	N/A	M0236 1
SUBTOTAL SE# 36			\$15,000	\$0				
TOTAL SECTION 1			\$15,000	\$0				

TOTAL AUTHORIZED FOR MENTAL HEALTH SERVICES \$15,000

TOTAL AUTHORIZED FOR THIS FAAA: \$15,000

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY  
DATE: 03/14/2016

Contract#: 147808  
REF#: 010

REASON FOR FAAA (for information only):

Pre-Admission Screening and Resident Review Services (PASARR) (MHS 36)  
funds are awarded for Pre-Admission Screening and Resident Review Services.

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.

M0236 1 These funds are for MHS 36 Pre-Admission Screening and Resident  
Review Services for Non-Medicaid clients.

OREGON HEALTH AUTHORITY  
 Financial Assistance Award Amendment (FAAA)  
 FAAA Totals  
 Part A  
 2015-2017

\*\*\*\*\* INFORMATION ONLY \*\*\*\*\*

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
28	RESIDENTIAL TREATMENT SERVICES	\$309,512	\$0	\$0	\$309,512
TOTAL SE# 28		\$309,512	\$0	\$0	\$309,512
30	MONITORING, SECURITY, AND SUPE	\$32,524	\$0	\$0	\$32,524
TOTAL SE# 30		\$32,524	\$0	\$0	\$32,524
35	OLDER/DISABLED ADULT MENTAL HE	\$236,690	\$0	\$0	\$236,690
TOTAL SE# 35		\$236,690	\$0	\$0	\$236,690
37	MHS SPECIAL PROJECTS	\$2,676,673	\$0	\$0	\$2,676,673
37	MHS SPECIAL PROJECTS	\$73,695	\$0	\$0	\$73,695
TOTAL SE# 37		\$2,750,368	\$0	\$0	\$2,750,368
		\$3,329,094	\$0	\$0	\$3,329,094

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

2015-2017

\*\*\*\*\* INFORMATION ONLY \*\*\*\*\*

CONTRACTOR: YAMHILL COUNTY  
 DATE: 03/14/2016

CONTRACT#: 147808  
 REF#: 010

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
28	RESIDENTIAL TREATMENT SERVICES	\$16,000	\$0	\$0	\$16,000
28	RESIDENTIAL TREATMENT SERVICES	\$309,512	\$0	\$0	\$309,512
TOTAL SE# 28		\$325,512	\$0	\$0	\$325,512
30	MONITORING, SECURITY, AND SUPE	\$120,200	\$0	\$0	\$120,200
30	MONITORING, SECURITY, AND SUPE	\$32,524	\$0	\$0	\$32,524
TOTAL SE# 30		\$152,724	\$0	\$0	\$152,724
35	OLDER/DISABLED ADULT MENTAL HE	\$236,690	\$0	\$0	\$236,690
TOTAL SE# 35		\$236,690	\$0	\$0	\$236,690
36	PASARR MHS	\$0	\$0	\$15,000	\$15,000
TOTAL SE# 36		\$0	\$0	\$15,000	\$15,000
37	MHS SPECIAL PROJECTS	\$2,676,673	\$0	\$0	\$2,676,673
37	MHS SPECIAL PROJECTS	\$73,695	\$0	\$0	\$73,695
TOTAL SE# 37		\$2,750,368	\$0	\$0	\$2,750,368
CONTRACT TOTAL		\$3,465,294	\$0	\$15,000	\$3,480,294

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.

B.O. 10-15Z



Kate Brown, Governor

250 Winter St NE, Room 306  
Salem, OR 97301  
Voice: (503) 945-5818  
FAX: (503) 373-7365

## DOCUMENT RETURN STATEMENT

March 30, 2016

**Re:** Document #: **147808-9**, 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, Tammy Hurst at (503) 947-5298.

I Mary Starrett, Chair, Board of Commissioners  
(Name) (Title)

received a copy of the above referenced Document, between the State of Oregon, acting by and through the Department of Human Services, the Oregon Health Authority, and Yamhill County, by e-mail from Tami Goertzen on March 30, 2016.

On 4.28.16, 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.

[Signature]  
(Authorizing Signature)

4/28/16  
(Date)

Accepted by Yamhill County  
Board of Commissioners on  
4.28.16 by Board Order  
# 16-152