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**SEVENTH AMENDMENT TO
OREGON HEALTH AUTHORITY
2017-2019 INTERGOVERNMENTAL AGREEMENT FOR THE FINANCING OF
MENTAL HEALTH, SUBSTANCE USE DISORDERS, AND PROBLEM GAMBLING
SERVICES AGREEMENT #153142**

This Seventh Amendment to Oregon Health Authority 2017-19 Intergovernmental Agreement for the Financing of Community Mental Health, Substance Use Disorders, and Problem Gambling Services effective as of July 1, 2017 (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 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. The financial and service information in the Financial Assistance Award are hereby amended as described in Attachment 1 attached hereto and incorporated herein by this reference. Attachment 1 must be read in conjunction with the portion of Exhibit C of the Agreement that describes the effect of an amendment of the financial and service information.
2. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
3. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
5. 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.

6. Signatures.

Yamhill County

By:

Richard Olson RICHARD OLSON COMMISSIONER 2-7-19
Authorized Signature Printed Name Title Date

State of Oregon acting by and through its Oregon Health Authority

By:

Jon C Collins Jon C Collins Interim BH
Dep Director 2/14/19
Authorized Signature Printed Name Title Date

Approved by: Director, OHA Health Systems Division

By:

Mc Stator Mc Stator Director 2-12-19
Authorized Signature Printed Name Title Date

Approved for Legal Sufficiency:

Approved by Steven Marlowe, Senior Assistant Attorney General, Department of Justice, on August 23, 2018; email in Contract file.

OHA Program:

Approved by Carmen Armendariz on January 14, 2019; e-mail in contract file.

Accepted by Yamhill County
Board of Commissioners on
2/7/19 by Board Order
19-44

ATTACHMENT 1
Exhibit C
Financial Assistance Award

MODIFICATION INPUT REVIEW REPORT

MOD#: M0421

CONTRACT#: 153142

CONTRACTOR: YAMHILL COUNTY

INPUT CHECKED BY: C.A.

DATE CHECKED: 01/08/2019

SE#	FUND	PROJ	CPMS	PROVIDER	EFFECTIVE	SLOT	RATE	OPERATING	STARTUP PART	PART	PAAF	CLIENT	SP#
		CODE			DATES	CHANGE/TYPE		DOLLARS	DOLLARS ABC	IV	CD	BASE	CODE

FISCAL YEAR: 2018-2019

SE#	FUND	PROJ	CPMS	PROVIDER	EFFECTIVE	SLOT	RATE	OPERATING	STARTUP PART	PART	PAAF	CLIENT	SP#
		CODE			DATES	CHANGE/TYPE		DOLLARS	DOLLARS ABC	IV	CD	BASE	CODE
28	804	RTF36A			9/16/2018 - 6/30/2019	1 /SLT	\$5,923.82	\$56,276.29	\$0.00	A	1	N	LSOUSS-560308 1
TOTAL FOR SE# 28								\$56,276.29	\$0.00				
TOTAL FOR 2018-2019								\$56,276.29	\$0.00				
TOTAL FOR M0421 153142								\$56,276.29	\$0.00				

B.O. 19-44
 Exhibit "A"

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY
DATE: 01/09/2019

Contract#: 153142
REF#: 007

REASON FOR FAAA (for information only):

Residential Treatment Services (MHS 28) funds are awarded for Service Payment for one client at Parkside RTF, ref# 17-19-1457.

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.

M0421 1A) MHS 28 Rate: For Services delivered to individuals during a particular month, OHA will provide financial assistance at the rate of \$5,923.82 per month per individual. B) These funds are for MHS 28 Service Payment Services at Parkside RTF due to FPL.

B.O. 19-44
Exhibit "A"