



Agreement Number 159289

**AMENDMENT TO
STATE OF OREGON
INTERGOVERNMENTAL AGREEMENT**

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This is amendment number **01** to Agreement Number **159289** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA" and

Yamhill County acting by and through its Adult Mental Health Division

627 NE Evans Street

McMinnville, OR 97128

Attention: ~~Silas Halloran-Steiner, Director~~ Lindsey Manfrin, Director

Terry Malay

Telephone: (503) 434-7523 Ext. 4740

Facsimile: (503) 434-9846

E-mail address: halloras@co.yamhill.or.us

malayt@co.yamhill.or.us

hereinafter referred to as "County."

1. This Amendment, when fully executed by every party, regardless of the date of execution by every party, shall become effective on the date this Amendment has been approved by the Department of Justice or **December 31, 2020**, whichever date is later per the authority under OAR 125-247-0288.
2. The Agreement is hereby amended as follows:
 - a. Section 1 "Effective Date and Duration" is hereby amended to change the expiration date from December 31, 2020 to December 31, 2021.
 - b. Exhibit E, "Financial Pages," is hereby amended as set forth in Attachment 1, attached hereto and incorporated herein by this reference.

B.O. 21-08

3. Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect. County certifies that the representations, warranties and certifications contained in the original Agreement are true and correct as of the effective date of this amendment and with the same effect as though made at the time of this amendment.
4. **Certification.** Without limiting the generality of the foregoing, by signature on this Agreement, the County hereby certifies under penalty of perjury that:
 - a. The County is in compliance with all insurance requirements of Exhibit C of the original Agreement and notwithstanding any provision to the contrary, County shall deliver to the OHA Agreement Administrator (see page 1 of this Agreement) the required Certificate(s) of Insurance for any extension of the insurance coverage required by Exhibit C of the original Agreement, within 30 days of execution of the original Agreement Amendment. By certifying compliance with all insurance as required by this Agreement, County acknowledges it may be found in breach of the Agreement for failure to obtain required insurance. County may also be in breach of the Agreement for failure to provide Certificate(s) of Insurance as required and to maintain required coverage for the duration of the Agreement;
 - b. The County acknowledges that the Oregon False Claims Act, ORS 180.750 to 180.785, applies to any “claim” (as defined by ORS 180.750) that is made by (or caused by) the County and that pertains to this Agreement or to the project for which the Agreement work is being performed. The County certifies that no claim described in the previous sentence is or will be a “false claim” (as defined by ORS 180.750) or an act prohibited by ORS 180.755. County further acknowledges that in addition to the remedies under this Agreement, if it makes (or causes to be made) a false claim or performs (or causes to be performed) an act prohibited under the Oregon False Claims Act, the Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the County;
 - c. The information shown in County Data and Certification, of original Agreement or as amended is County’s true, accurate and correct information;
 - d. To the best of the undersigned’s knowledge, County has not discriminated against and will not discriminate against minority, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subcontracts;
 - e. County and County’s employees and agents are not included on the list titled “Specially Designated Nationals” maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at: <https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>;
 - f. County is not listed on the non-procurement portion of the General Service Administration’s “List of Parties Excluded from Federal procurement or Nonprocurement Programs” found at: <https://www.sam.gov/portal/public/SAM/>;

- g. County is not subject to backup withholding because:
 - (1) County is exempt from backup withholding;
 - (2) County has not been notified by the IRS that County is subject to backup withholding as a result of a failure to report all interest or dividends; or
 - (3) The IRS has notified County that County is no longer subject to backup withholding.
- h. County Federal Identification Number (FEIN) provided to OHA is true and accurate. If this information changes, County is also required to provide OHA with the new FEIN within 10 days.

4. County Data. This information is requested pursuant to ORS 305.385.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

County Name (exactly as filed with the IRS): Yamhill County

Street address: 535 NE Fifth Street

City, state, zip code: McMinnville, OR 97128

Email address: morenom@co.yamhill.or.us

Telephone: (503) 474-4911 **Facsimile:** (503) 434-7553

Proof of Insurance: County shall provide the following information upon submission of the signed Agreement amendment. All insurance listed herein and required by Exhibit C of the original Agreement, must be in effect prior to Agreement execution.

Workers' Compensation Insurance Company: SAIF

Policy #: 871736 **Expiration Date:** 7/01/2021

5. Signatures.

COUNTY: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS

Yamhill County acting by and through its Adult Mental Health Division

By:



Authorized Signature
Chair, Board of Commissioners
Title

Mary Starrett

Printed Name
1/7/2021

Date

State of Oregon acting by and through its Oregon Health Authority

By:

DocuSigned by:


Authorized Signature
BH Operations Director

Title

Kyleen Zimmer

Printed Name
1/13/2021

Date

Approved by: Director, OHA Health Systems Division

By:

DocuSigned by:


Authorized Signature
9652DA932315422
Margie Stanton

Printed Name
HSD Director

Title
1/13/2021

Date

Approved for Legal Sufficiency:

Via e-mail by Jeffrey J. Wahl, Assistant Attorney General on December 18, 2020; email in agreement file.

Department of Justice
Date

OHA Program

Approved via email by Theresa Naegeli on December 17, 2020; email in agreement file.

Accepted by Yamhill County
Board of Commissioners on
1/7/2021 by Board Order
21-08

Attachment 1 Exhibit E Financial Pages

MODIFICATION INPUT REVIEW REPORT

MOD#: M0264

CONTRACT#: 159289

CONTRACTOR: YAMHILL COUNTY ADULT MH-CHOICE

INPUT CHECKED BY:

DATE CHECKED:

PROJ

EFFECTIVE

RATE

OPERATING

DOLLARS

STARTUP PART

DOLLARS ABC

IV

PART

CD

BASE

CLIENT

CODE

SP#

SE# FUND CODE CPMS PROVIDER DATES CHANGE/TYPE SLOT

FISCAL YEAR: 2020-2021

BASE CHOICE MODEL SERVICE

6	804	CHOICE	1/1/2021 - 6/30/2021	0 / NA	\$0.00	\$93,418.23	\$0.00	A	1	N	1
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BASE CHOICE MODEL SERVICE

6	804	CHOICE	1/1/2021 - 6/30/2021	0 / NA	\$0.00	\$4,916.75	\$0.00	C	1	N	2
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TOTAL FOR SE# 6

TOTAL FOR 2020-2021

FISCAL YEAR: 2021-2022

BASE CHOICE MODEL SERVICE

6	804	CHOICE	7/1/2021 - 12/31/2021	0 / NA	\$0.00	\$93,418.22	\$0.00	A	1	N	1
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BASE CHOICE MODEL SERVICE

6	804	CHOICE	7/1/2021 - 12/31/2021	0 / NA	\$0.00	\$4,916.75	\$0.00	C	1	N	2
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TOTAL FOR SE# 6

TOTAL FOR 2021-2022

TOTAL FOR M0264 159289

\$196,669.95

B.O. 21-08
Exhibit "E"

OREGON HEALTH AUTHORITY
Direct Contract

CONTRACTOR: YAMHILL COUNTY ADULT MH-CHOICE
DATE: 12/14/2020

CONTRACT#: 159289
AMENDMENT#: 001

REASON FOR CONTRACT/AMENDMENT:

Choice Model Services (MHS 6), payments are added.

SPECIAL CONDITIONS:

- 1 These payments are for MHS 06 Choice Model Services.
- 2 These payments are for MHS 06 Choice Model Services performance payment.