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**SEVENTH AMENDMENT TO
OREGON HEALTH AUTHORITY
2021 INTERGOVERNMENTAL AGREEMENT FOR THE FINANCING OF MENTAL
HEALTH, ADDICTION TREATMENT, RECOVERY, & PREVENTION, AND
PROBLEM GAMBLING SERVICES AGREEMENT #166061**

This Seventh Amendment to Oregon Health Authority 2021 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services effective as of January 1, 2021 (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.

6. Signatures.

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

Yamhill County

By:

_____	_____
Authorized Signature	Terry Malay
_____	_____
Title	Printed Name
_____	_____
Title	Date

State of Oregon acting by and through its Oregon Health Authority

By:

_____	_____
<small>DocuSigned by:</small> <i>Kyleen Zimber</i>	Kyleen Zimber
_____	_____
Authorized Signature	Printed Name
_____	_____
BH Operations Director	11/3/2021
_____	_____
Title	Date

Approved by: Director, OHA Health Systems Division

By:

_____	_____
<small>DocuSigned by:</small> <i>Margie Stanton</i>	Margie Stanton
_____	_____
Authorized Signature	Printed Name
_____	_____
Director	11/3/2021
_____	_____
Title	Date

Approved for Legal Sufficiency:

Approved by Steven Marlowe, Senior Assistant Attorney General, Department of Justice, Tax and Finance Section, on April 30, 2019; e-mail in contract file.

6. Signatures.

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

Yamhill County

By:

Lindsey Manfrin
Authorized Signature

Digitally signed by Lindsey Manfrin
DN: cn=Lindsey Manfrin, o=Public Health, ou=Yamhill County, ou=HHS,
email=Lindsey.Manfrin@yamhill.or.us
Date: 2021.11.29 16:05:37 -0700

Lindsey Manfrin
Printed Name

HHS Director/Public Health Administrator
Title

Date

State of Oregon acting by and through its Oregon Health Authority

By:

Authorized Signature

Printed Name

Title

Date

Approved by: Director, OHA Health Systems Division

By:

Authorized Signature

Printed Name

Title

Date

Approved for Legal Sufficiency:

Approved by Steven Marlowe, Senior Assistant Attorney General, Department of Justice, Tax and Finance Section, on April 30, 2019; e-mail in contract file.

Accepted by Yamhill County
Board of Commissioners on
10/28/21 by Board Order
21-437

ATTACHMENT 1 EXHIBIT C Financial Pages

MODIFICATION INPUT REVIEW REPORT

LOT#: M0509
 CONTRACT#: 166061
 CONTRIBUTOR: WASHILL COUNTY
 INVT CHECKED BY: _____ DATE CHECKED: _____
 PROJ EFFCTIVE DATE: _____ SLOI CHECK/TIME RATE
 SE# FUND CODE CENS PROVIDER DATE

FISCAL YEAR: 2021-2022

BASE INVOICE SERVICES

01 824 INVOICE 7/1/2021-12/31/2021 0 /N/A
 TOTAL FOR SEE 06
 TOTAL FOR 2021-2022
 TOTAL FOR M0509 166061

OPERATING DOLLARS	STATUS SECT DOLLARS SEC	SECT CD	BASE	CLIENT CODE	SP#
\$5,000.00	\$0.00	0	0		
\$5,000.00	\$0.00				
\$5,000.00	\$0.00				
\$5,000.00	\$0.00				

B.O. 21-437
Exhibit "C"

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY
DATE: 10/11/2021

Contract#: 166061
REF#: 009

REASON FOR FAAA (for information only):

Residential Community Mental Health Treatment Services for Adults (MHS 28)
Funds are awarded for Invoice 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.

M0509 1A) These funds are for MHS 28 for Invoice Services from 7/1/2021 to 12/31/2021 with Part C. B) For Services delivered to individuals, financial assistance awarded to the County shall be disbursed to County and expended by County in accordance with and subject to the residential rate of the date of service delivery based upon the rate schedule found at www.oregon.gov/OHA/HSD/OHP/Pages/Fee-Schedule.aspx and incorporated into this Agreement by reference that is effective as of the effective date of this Agreement unless a new rate schedule is subsequently incorporated by amendment. Any expenditure by County in excess of the authorized rates as set forth in www.oregon.gov/OHA/HSD/OHP/Pages/Fee-Schedule.aspx may be deemed unallowable and subject to recovery by OHA in accordance with the terms of this Agreement.

Certificate Of Completion

Envelope Id: 44E5CEE960C44892B1507318423E9756	Status: Completed
Subject: 166061-7 Yamhill County	
Source Envelope:	
Document Pages: 8	Signatures: 2
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Larry Briggs
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	LARRY.O.BRIGGS@dhsoba.state.or.us
	IP Address: 209.112.106.2

Record Tracking

Status: Original	Holder: Larry Briggs	Location: DocuSign
10/14/2021 4:15:19 PM	LARRY.O.BRIGGS@dhsoba.state.or.us	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Carahsoft OBO Oregon Health Authority - CLM	Location: DocuSign

Signer Events

Terry Malay
malayt@co.yamhill.or.us
Security Level: Email, Account Authentication (None)

Signature

Uploaded paper with hand signature

Timestamp

Sent: 11/3/2021 12:02:18 PM
Viewed: 11/3/2021 12:05:49 PM
Signed: 11/3/2021 12:05:49 PM

Signature Adoption: Signed on Paper
Using IP Address: 71.236.177.111

Electronic Record and Signature Disclosure:

Accepted: 8/30/2021 8:32:19 AM
ID: b9c4e624-a2fe-4367-af62-8bbce8484712

Kyleen Zimmer
KYLEEN.J.ZIMBER@dhsoba.state.or.us
BH Operations Director
Security Level: Email, Account Authentication (None)

DocuSigned by:
Kyleen Zimmer
378168028009460...

Sent: 11/3/2021 12:05:51 PM
Viewed: 11/3/2021 12:18:10 PM
Signed: 11/3/2021 12:18:32 PM

Signature Adoption: Pre-selected Style
Using IP Address: 47.6.247.196

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Margie Stanton
MARGIE.C.STANTON@dhsoba.state.or.us
Director
Security Level: Email, Account Authentication (None)

DocuSigned by:
Margie Stanton
9652DA932315422...

Sent: 11/3/2021 12:18:35 PM
Viewed: 11/3/2021 12:19:24 PM
Signed: 11/3/2021 12:22:27 PM

Signature Adoption: Pre-selected Style
Using IP Address: 67.168.221.57
Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 5/26/2020 8:11:14 AM
ID: 20e5e982-b92b-49ae-b319-83ecdb2ac0b5

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
<p>Lindsey Manfrin manfrinl@co.yamhill.or.us Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 8/20/2021 8:35:30 AM ID: bc101838-4a36-439d-a3b1-db270a4aeaf0</p>	COPIED	Sent: 11/3/2021 12:02:20 PM
<p>amhcontract.administrator@dhsosha.state.or.us amhcontract.administrator@dhsosha.state.or.us Administrator Email Box Oregon Health Authority Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	Sent: 11/3/2021 12:22:29 PM
<p>Shawn Kintner Shawn.Kintner@dhsosha.state.or.us Oregon Health Authority Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	Sent: 11/3/2021 12:22:29 PM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/14/2021 4:18:36 PM
Certified Delivered	Security Checked	11/3/2021 12:19:24 PM
Signing Complete	Security Checked	11/3/2021 12:22:27 PM
Completed	Security Checked	11/3/2021 12:22:29 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Oregon Health Authority - CLM:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: mick.j.mitchell@dhsoha.state.or.us

To advise Carahsoft OBO Oregon Health Authority - CLM of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at mick.j.mitchell@dhsoha.state.or.us and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Carahsoft OBO Oregon Health Authority - CLM

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to mick.j.mitchell@dhsoha.state.or.us and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Oregon Health Authority - CLM

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to mick.j.mitchell@dhsosha.state.or.us and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Carahsoft OBO Oregon Health Authority - CLM as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Carahsoft OBO Oregon Health Authority - CLM during the course of your relationship with Carahsoft OBO Oregon Health Authority - CLM.