

Research Subaward Agreement Amendment Number 3			
Pass-through Entity (PTE)		Subrecipient	
Institution/Organization ("PTE") Entity Name: Oregon Health & Science University Email Address: spasub@ohsu.edu Principal Investigator: Benjamin Hoffman		Institution/Organization ("Subrecipient") Entity Name: Yamhill County Email Address: malayt@co.yamhill.or.us Principal Investigator: Bill Michielsen	
Project Title: Title V: Maternal & Child Services			
PTE Federal Award No. B04MC31511		Federal Awarding Agency: HRSA	
Subaward Period of Performance: Start Date: 10/01/2018 End Date: 09/30/2022		Amount Funded This Action: \$29,022	Subaward No: 1015198_YAMHILL
Effective Date of Amendment: 10/01/2021	Total Amount of Federal Funds Obligated to Date: \$128,958	Subject to FFATA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Automatic Carryover: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Amendment(s) to Original Terms and Conditions

This Amendment revised the above-referenced Research Subaward Agreement as follows:

The Period of Performance is hereby extended through 09/30/2022.

The Current Budget Period is from 10/01/2021 through 09/30/2022.

Funds for the Current Budget Period are hereby awarded in the amount of \$29,022 per Attachment 5.3.

The Statement of Work for the Current Budget Period is hereby included in Attachment 5.3.

Attachment 3A, PTE Contacts, is hereby updated, as follows:

Website: <http://www.ohsu.edu/xd/research/administration/proposal-and-award-management/index.cfm>

Administrative Contact Email: [michauj@ohsu.edu](mailto:michauj@ohsu.edu), cc: [spasub@ohsu.edu](mailto:spasub@ohsu.edu)

COI Contact Email: [coir@ohsu.edu](mailto:coir@ohsu.edu)

The Subrecipient Principal Investigator is hereby updated from Amber G. Miller to Bill Michielsen.

Attachment 3B, Subrecipient Contacts, is hereby updated, as follows:

Principal Investigator: Bill Michielsen

Email: [michielsenw@michielsenw@co.yamhill.or.us](mailto:michielsenw@michielsenw@co.yamhill.or.us)

Phone: 503.434.7525 ext. 4702

All other terms and conditions of this Subaward Agreement remain in full force and effect.

By an Authorized Official of PTE   Date: 01/04/2022 Jeri Michaud Subout Grants & Contracts Administrator	By an Authorized Official of Subrecipient  Lindsey Manfrin <small>Digitally signed by Lindsey Manfrin DN: cn=Lindsey Manfrin, o=HRSA, ou=Contract Management, email=Lindsey.Manfrin@hhs.gov, c=US Date: 2021.12.28 16:27:13 -0800</small> Date: _____ Name: _____ Title: _____
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Accepted by Yamhill County  
Board of Commissioners on  
21-472 by Board Order

# 11/22/21

SUBAWARD 1015198\_YAMHILL, Amendment 3  
ATTACHMENT 5.3 – PAYMENT SCHEDULE & STATEMENT OF WORK (12 pages)

**PAYMENT SCHEDULE:**

PTE shall pay Subrecipient according to the following schedule upon receipt of invoice from Subrecipient. Invoices are to be submitted via email to [spasub@ohsu.edu](mailto:spasub@ohsu.edu). If email of invoices is not possible, they may be mailed to the Financial Contact listed in Attachment 3A.

Payment 1) Upon full execution of this Agreement and receipt of invoice, PTE will issue an advance payment of \$17,413.20.

Payment 2) Upon satisfactory completion of the Statement of Work on or after <sup>9/30/2022</sup>~~9/30/2021~~, receipt of invoice and Certification of Completion per Attachment 4, PTE will issue a payment of \$11,608.80.

The final invoice must be received no later than 45 days after the end of the budget period and must be clearly marked "FINAL."

## STATEMENT OF WORK:

### Attachment A

## Oregon Center for Children and Youth with Special Health Needs

<b>Introduction</b>
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### **2021-2025 Oregon Title V CYSHCN - National and State Priorities:**

- Culturally and Linguistically Appropriate Services (CLAS)
- Social Determinants of Health and Equity
- Toxic Stress, Trauma, ACES, and Resilience

### **Population of Focus – children and youth with special health care needs (CYSHCN):**

*“Children with special health needs are those who have or are at risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.*

*(McPherson, et al., 1998, p. 138).”*

### **Subcontractors are local public health authorities (LPHAs) who agree to:**

- adhere to the scopes of work.
- complete services for CYSHCN and their families described in this contract. (Families eligible effective 5/1/2022.)
- submit all required deliverables, including program reports, annual expenditure report, and invoices. Final invoice template to be provided by OCCYSHN.

## Oregon Center for Children and Youth with Special Health Needs

### SCOPE OF WORK: CaCoon

#### GOALS

- Improve the health and well-being of CYSHCN and their families through public health home visiting.
- Increase families' knowledge, skills and confidence to care for their CYSCHN.
- Partner with families to coordinate care and services for their CYSCHN.

The subcontractor's Principal Investigator (PI) is responsible for compliance with this subcontract. The PI may designate an alternate (CaCoon Lead) to serve as the principal point of contact with OCCYSHN.

#### ELEGIBILITY

- **Child Age Eligibility:** CaCoon serves children and youth age's birth through age 20 (up to their 21st birthday).
- **Child Diagnostic Eligibility:** Diagnostic eligibility is detailed in Targeted Case Management (TCM) [OAR 410-138-0040](#) "Diagnosis" column of Table 2. Public Health Nurses may use their professional judgement if a client has a chronic health condition or disability that is not specifically identified on the list by assigning "Other chronic conditions not listed".
- **Parent/Caregiver Eligibility- Effective 5/1/2022:** CaCoon services may also be offered to a parent (primary caregiver) of the child or youth enrolled in the CaCoon Program. Eligibility is detailed in TCM OAR 410-138-0040 in Table 1("Parent of eligible child"). ([See State Plan Amendment, Parental Eligibility Criteria](#))
- **Financial Eligibility:** CaCoon is open to all regardless of insurance status or family income.

#### RESPONSIBILITIES

Subcontractors adhere to the standards detailed the CaCoon Manual (found in Basecamp) including all specific guidance on:

1. Triage of referrals
2. Response requirements when services are unavailable
3. Initial outreach
4. Assessments
5. Nursing plan of care
6. Data collection
7. Training and education of staff
8. Identified lead and accountability reporting

## Attachment A

All CaCoon services are family-centered, culturally sensitive and responsive, and linguistically appropriate. Youth (age 12-20) and their families are supported in the transition to adult health care, work, and independence.

## Oregon Center for Children and Youth with Special Health Needs

### SCOPE OF WORK: Shared Care Planning

#### GOALS

- Improve the health and well-being of CYSHCN through family-centered shared care plans.
- Improve communication and mutual accountability between families of CYSHCN and health and service providers.
- Increase the effectiveness and efficiency of health systems through cross-sector collaboration for CYSHCN.

The subcontractor's Principal Investigator (PI) is responsible for compliance with this subcontract. The PI may designate an alternate (Shared Care Planning Lead) to serve as the principal point of contact with OCCYSHN.

#### RESPONSIBILITIES

Subcontractors adhere to the values and standards described in the [Shared Care Planning Handbook](#), including:

1. Referrals
2. Convening child health teams
3. Care plan elements
4. Monitoring care plans
5. Training
6. Reporting

All shared care planning efforts are family-centered, culturally sensitive and responsive, and linguistically appropriate. Youth (age 12-20) and their families are supported in the transition to adult health care, work, and independence.

Subcontractors develop and monitor the number and type of shared care plans detailed in Attachment C.

## **Oregon Center for Children and Youth with Special Health Needs**

### **Use of Allotment Funds [Section 504]**

The SUBAWARDEE may use funds for the provision of health services and related activities (including planning, administration, education, and evaluation) consistent with its application. It may also purchase technical assistance if the assistance is required in implementing programs funded by Title V.

Funds may be used for salaries and other related expenses of National Health Services Corps personnel assigned to the State.

Funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment.

Funds may not be provided for research or training to any entity other than a public or non-profit private entity.

Funds may not be used for inpatient services, other than for children with special health care needs or high-risk pregnant women and infants or other inpatient services approved by the Associate Administrator for Maternal and Child Health. Infants are defined as persons less than one year of age.

Funds may not be used to make payments for any item or service (other than an emergency item or service) furnished by an individual or entity excluded under Titles V, XVIII (Medicare), XIX (Medicaid), or XX (Social Services Block Grant) of the Social Security Act.

MCH Block Grant funds may not be transferred to other block grant programs.

All funds must be spent in accordance with Title V guidance, OCCYSHN program guidance and Federal Uniform guidance.

**Oregon Center for Children and Youth with Special Health Needs  
CaCoon (CAre COordinatiON) Program**

**Mission:** The Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) improves the health, development, and well-being of all of Oregon’s children and youth with special health care needs.

**Vision:** All of Oregon’s children and youth with special health care needs (CYSHCN) are supported by a system of care that is family centered, community-based, coordinated, accessible, comprehensive, continuous, and culturally competent.

**Population of Focus – Children and Youth with Special Health Care Needs (CYSHCN):**

The federal Maternal and Child Health Bureau defines children with special health needs as “those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” (McPherson M., Arango P., Fox H., et al. “A new definition of children with special health care needs”, Pediatrics, 1998; 102:137-140.)

**CaCoon Program**

CaCoon is a statewide public health program that provides community-based care coordination through registered nurse home visiting for families with CYSHCN.

**CaCoon Program Eligibility**

- **Child Age Eligibility:** CaCoon serves children and youth age’s birth through age 20 (up to their 21st birthday).
- **Child Diagnostic Eligibility:** Diagnostic eligibility is detailed in Targeted Case Management (TCM) [OAR 410-138-0040](#) “Diagnosis” column of Table 2. Public Health Nurses may use their professional judgement if a client has a chronic health condition or disability that is not specifically identified on the list by assigning “Other chronic conditions not listed”.
- **Parent/Caregiver Eligibility- Effective 5/1/2022:** CaCoon services may also be offered to a parent (primary caregiver) of the child or youth enrolled in the CaCoon Program. Eligibility is detailed in TCM OAR 410-138-0040 in Table 1 (“Parent of eligible child”). ([See State Plan Amendment, Parental Eligibility Criteria](#))
- **Financial Eligibility:** CaCoon is open to all regardless of insurance status or family income.

**CaCoon Standards**

1. Establish and maintain a triage system that prioritizes CaCoon services for the most vulnerable children with special health care needs.
2. In situations where home visiting services are unavailable for a referred individual, at a minimum:
  - Ensure the client/family has access to a primary care medical home.

## Attachment C - OCCYSHN - CaCoon Standards

- Notify the referral source that CaCoon services will not be provided, and provide rationale for denial.
3. Contact with family is initiated within ten (10) business days of receiving the referral.
  4. Collaborate with the client's broader care team\* to assess the following:
    - Client/family's strengths, needs, and goals.
    - Client/family's health literacy status, and related health-related learning needs.
    - Client's functional status and limitations and ability for activities of daily living, and participating in school and recreation.
    - Ensure appropriate screening and referral regarding physical, developmental, mental and behavioral health, and oral health as per [American Academy of Pediatrics Bright Futures guidelines](#), in coordination with primary and subspecialty health care providers.
    - Access to primary and needed subspecialty health care providers, therapies and social supports.
    - Access to supportive medical and/or adaptive equipment and supplies, e.g. suction machine, wheelchair, medications, formula, and feeding tube.
    - Screening regarding Social Determinants of Health as per [American Academy of Pediatrics Bright Futures guidelines](#).
    - Client/family's emergency and disaster preparedness planning.
    - For youth aged 12 years and older, assess youth and family preparedness for transition to adult health care, education, work, and independence.
    - Client/family's satisfaction regarding services they receive.
  5. In partnership with the client/family and the broader care team\*, nurses serving CaCoon clients will develop a nursing plan of care which:
    - Addresses identified needs.
    - Includes goals, progress notes, and plans for discharge from CaCoon services.
    - Addresses access to appropriate care, services and resources.
    - Demonstrates evidence of effective cross-systems care coordination, including:
      - Timely and appropriate referral to needed services and community resources.
      - Identification and problem-solving around barriers to referral follow-up.
      - Identification and elimination of redundancy of services.
      - Timely and informative updates that are shared with appropriate members of the broader care team\*, including the primary care provider and the family.
    - Demonstrates evidence of client/family-centeredness, including:
      - Strategies to increase the client/family's health literacy capacity (e.g. how to obtain, process, and understand health information to facilitate informed decision about health care).
      - Client/family partnership.

## Attachment C - OCCYSHN - CaCoon Standards

- Interventions that increase the client/family's capacity to implement the nursing plan of care, e.g. caregiver support, teaching, and provision of anticipatory guidance.
  - Ensures cultural and linguistic sensitivity and responsiveness.
  - Provides for visits that are sufficient in frequency and length to achieve the goals outlined in the care plan.
  - Anticipates and supports youth transition to adult health care, work, and independence.
  - Is re-evaluated as required with changing circumstances, but at least every six months.
6. Collect required data on client visits and enter it into the state designated data system (either the ORCHIDS database or THEO when it is brought online) within 30 business days of visiting the client and within 45 days of case closure.
7. CaCoon staff and supervisor(s) actively participate in education that improves their CaCoon practice. They are required to:
- Complete the [Introduction to CaCoon](#) PowerPoint prior to commencing CaCoon activity.
  - Participate in annual OCCYSHN Regional or State Meetings.
  - At least one representative of the CaCoon program is required to attend monthly OCCYSHN-hosted web-based learning opportunities (all CaCoon staff are strongly encouraged to attend).
8. Designate a CaCoon Lead. The CaCoon Lead has the skills and authority to lead the CaCoon program, assure accountability for contracted responsibilities, and to be the key point of contact with OCCYSHN. The CaCoon Lead submits the Annual CaCoon Accountability Report and the Shared Care Planning End-of-Year Report, if applicable.

*\*In addition to the primary care provider and the family, the broader health care team for CYSHCN may include:*

- ✓ *Child care and/or respite care*
- ✓ *Community Connections Network (CCN)*
- ✓ *Dentist/Orthodontist*
- ✓ *Department of Human Services – Child welfare*
- ✓ *Developmental Disabilities (DD) Services*
- ✓ *Durable medical equipment agency*
- ✓ *Early Intervention/ Early Childhood Special Education (EI/ECSE)*
- ✓ *Emergency medical services*
- ✓ *Exceptional Needs Care Coordinator (ENCC) at the Coordinated Care Organization (CCO)*
- ✓ *Family to Family (F2F) or other family support organization*
- ✓ *Housing supports*
- ✓ *Medical specialists*
- ✓ *Mental health services*
- ✓ *Occupational therapy*

Attachment C - OCCYSHN - CaCoon Standards

- ✓ *Pharmacy*
- ✓ *Physical therapy*
- ✓ *School systems, including special education*
- ✓ *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*
- ✓ *Speech therapy*
- ✓ *Supplemental Security Income (SSI)*
- ✓ *Transportation supports*

**Yamhill County Public Health Division  
FY22 Activity Breakdown and Payment Schedule**

**Yamhill County Public Health Division** shall complete the following:

CaCoon Activities	SPOC Activities	PACCT Activities	Total Subcontract
\$7,636.00	\$21,386.00	\$ -	\$29,022.00

With your SPOC activities, you agree to complete the following number of SPOC in the following categories. If participating in PACCT, a minimum of 3 the total SPOCs must be completed using Activate Care.

4	Re-evaluation
2	New
6	Total SPOC

Each SPOC developed will serve a unique child or youth and their family.

Of the total SPOC to be completed:

a minimum of	2	must be Complex SPOCs; and
a minimum of	2	must be Transition-Focused SPOCs

Note: The transition-focused and complex requirements are not mutually exclusive. That is, a SPOC may serve a CYSHCN who is both transition-focused AND complex. In this case, the SPOC would count toward both your transition-focused requirements AND your complex requirements.

**This subcontract will be paid in two installments on the following schedule:**

	Direct Costs	Indirect Costs	Total Costs
LHD to invoice OHSU an initial 60% as soon as subcontract is fully executed	\$15,830.18	\$1,583.02	\$17,413.20
LHD to invoice OHSU the FINAL 40% after LHD has submitted all required deliverables	\$10,553.45	\$1,055.35	\$11,608.80
<b>Total Funding</b>	\$26,383.64	\$2,638.36	\$29,022.00

## Local Health Department (LHD) Deliverables Checklist

Done	Due Date(s) / Prompt	Item	Subcontractor Responsibility
	Email received from <a href="mailto:michauj@ohsu.edu">michauj@ohsu.edu</a>	<b>Subcontracts for FY22</b>	Subcontractor signs and returns to Jen Michaud ( <a href="mailto:michauj@ohsu.edu">michauj@ohsu.edu</a> ) for OHSU to fully execute FY22 subcontracts
	After subcontract is fully executed	<b>First Invoice</b>	Subcontractor submits <b>signed</b> invoice to <a href="mailto:spasub@ohsu.edu">spasub@ohsu.edu</a> after contract execution
	By 11/5/22	<b>CaCoon Accountability Report</b> [to meet Att 4*, checked box #1 deliverables]	Unique weblink to be sent to CaCoon Lead in September 2022 who submits via REDCap
	Ongoing, due within 30 days of Shared Care Plan meeting, all due no later than 9/30/22	<b>Shared Care Planning Information Forms (SIF)</b> [to meet Att 4*, checked box #2 deliverables]	Weblink provided to Shared Care Planning Lead via email on a monthly basis
	By 11/5/22	<b>Shared Care Planning Year-End Report</b> [to meet Att 4*, checked box #2 deliverables]	Unique weblink will be sent to Shared Care Planning Lead in September 2022 who submits via REDCap
	9/30/22	<b>FY22 Contract Period ends</b>	
	By 11/15/22	<b>Final Invoice with Certification of Completion</b> [Must contain Certificate of Completion to meet Att 4*, checked box #5 deliverables]	Subcontractor submits <b>signed final</b> invoice to <a href="mailto:spasub@ohsu.edu">spasub@ohsu.edu</a> . Must be labeled <b>FINAL</b>
	By 11/15/22	<b>Annual Expenditure Report</b>	Subcontractor must submit a final accounting of sub award expenditures to <a href="mailto:spasub@ohsu.edu">spasub@ohsu.edu</a>
	By 11/30/22	<b>Final Invention Statement and Certificate Form</b> [Att 4*, checked box #4]	Subcontractor must complete, sign, and submit form to <a href="mailto:spasub@ohsu.edu">spasub@ohsu.edu</a> . Negative report is still due.

\*Att 4 = Attachment 4 of the original subcontract agreement cite reporting requirement.