



**Agreement Number PO-44300-00026116**

**AMENDMENT TO  
STATE OF OREGON  
INTERGOVERNMENTAL AGREEMENT**

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact the Agreement Administrator at the contact information found on page one of the original Agreement, as amended. We accept all relay calls.

This is amendment number **01** to Agreement Number **PO-44300-00026116** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as “**OHA**,” and

**Yamhill County  
627 NE Evans Street  
McMinnville, Oregon 97128-3923  
Attention: Lindsey Manfrin  
Telephone: 503-474-6317  
E-mail address: HHSContracts@yamhillcounty.gov**

hereinafter referred to as “**County**.”

- 1.** This amendment shall become effective on the later of: (I) June 30, 2025 provided it is (i) approved in writing by the Oregon Department of Justice on or before such date, and (ii) when required, approved in writing by the Oregon Department of Administrative Services, and (iii) is signed by all parties, regardless of the date of the parties’ signatures; or (II) the date this amendment is approved in writing by the Oregon Department of Justice, provided it is (i) when required, approved in writing by the Oregon Department of Administrative Services, and (ii) is signed by all parties, regardless of the date of the parties’ signatures.
- 2.** The Agreement is hereby amended as follows:
  - a.** **Section 1. “Effective Date and Duration”** to extend the expiration date from June 30, 2025 to **December 31, 2025**.
  - b.** **Exhibit E, “Financial Pages,”** is hereby amended as set forth in Attachment 1, attached hereto and incorporated herein by this reference.

Board Order No.: 25-228

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 undersigned hereby certifies under penalty of perjury that:
  - a. 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) County and that pertains to this Agreement or to the project for which the Agreement work is being performed. 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. The Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against County, in addition to any remedies that may be available to OHA under the Agreement;
  - b. The information shown in Section 5.a. “County Information” of the original Agreement, as amended is County’s true, accurate and correct information;
  - c. 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;
  - d. 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>;
  - e. County is not listed on the non-procurement portion of the General Service Administration’s “List of Parties Excluded from Federal procurement or Non-procurement Programs” found at: <https://www.sam.gov/SAM>;
  - f. 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; and
  - g. County’s Federal Employer Identification Number (FEIN) or Social Security Number (SSN) provided to OHA is true and accurate. If this information changes, County is required to provide OHA with the new FEIN or SSN within 10 days.

**COUNTY, BY EXECUTION OF THIS AMENDMENT, HEREBY ACKNOWLEDGES THAT COUNTY HAS READ THIS AMENDMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.**

**5. Signatures.**

**Yamhill County**

**By:**

DocuSigned by:  
*Kit Johnston*  
8E58DDAC84AB478...  
\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Kit Johnston  
Printed Name

\_\_\_\_\_  
County Commissioner  
Title

\_\_\_\_\_  
7/22/2025  
Date

**State of Oregon acting by and through its Oregon Health Authority**

**By:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Approved by: Director, OHA Behavioral Health Division**

**By:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Approved for Legal Sufficiency:**

\_\_\_\_\_  
Exempt per OAR 137-045-0050(2)  
Oregon Department of Justice  
\_\_\_\_\_  
Date

Approved by the BOC on: 07/17/2025  
via Board Order No.: 25-228

**COUNTY, BY EXECUTION OF THIS AMENDMENT, HEREBY ACKNOWLEDGES THAT COUNTY HAS READ THIS AMENDMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.**

**5. Signatures.**

**Yamhill County**

**By:**

	Kit Johnston
Authorized Signature	Printed Name
County Commissioner	
Title	Date

**State of Oregon acting by and through its Oregon Health Authority**

**By:**

	Mick Kincaid
Authorized Signature	Printed Name
Director of Business Operations	7/23/2025
Title	Date

**Approved by: Director, OHA Behavioral Health Division**

**By:**

Authorized Signature	Printed Name
BHD Director	7/23/2025
Title	Date

**Approved for Legal Sufficiency:**

Exempt per OAR 137-045-0050(2)	Date
Oregon Department of Justice	

Attachment 1

EXHIBIT E  
Financial Pages

MODIFICATION INPUT REVIEW REPORT

MOD#: M1216  
 CONTRACT#: 026116 CONTRACTOR: WAMHILL COUNTY - CHOICE  
 INPUT CHECKED BY: DATE CHECKED: EFFECTIVE DATE DATE SLOTTED CHANGE/TYPE RATE CLIENT CODE SE#

SE#	FUND CODE	CPMS PROVIDER	EFFECTIVE DATE	DATE	SLOTTED CHANGE/TYPE	RATE	STARTUP PART DOLLARS ABC	PART IV	FAAF CD	BASE	CLIENT CODE	SE#	
6	804	CHOICE	7/1/2025	-12/31/2025	0 /NA	\$0.00	\$0.00	A	1	Y			
6	804	CHOICE	7/1/2025	-12/31/2025	0 /NA	\$0.00	\$5,123.25	C	1	Y		1	
							<u>\$102,464.99</u>						
							<u>\$102,464.99</u>						
							<u>\$102,464.99</u>						
							<u>\$102,464.99</u>						
TOTAL FOR SE# 6													
TOTAL FOR 2025-2026													
TOTAL FOR M1216													

OREGON HEALTH AUTHORITY  
Direct Contract

CONTRACTOR: YAMHILL COUNTY - CHOICE  
DATE: 06/29/2025

CONTRACT#: 026116  
AMENDMENT#: 001

REASON FOR CONTRACT/AMENDMENT:

Choice Model Services (MHS 06) payments have been awarded.

SPECIAL CONDITIONS:

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