



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: November 30, 2016

Department: Health Agenda Planning Date: Nov 24, 2016 Time required: 10

Audio/Visual aids

Contact: Cydney Nestor, Program Supervisor Phone: 503-585-4911

Department Head Signature: Roderick P. Calkins

TITLE: Pelton Project, Inc. Agreement No. 1965, Amendment 1

Issue, Description & Background: Marion County issued formal RFP #032315 soliciting proposals from qualified bidders to provide Personal Care and Habilitative Services beginning July 1, 2015 through June 30, 2017. Pelton Project Inc. was selected based upon proposal submission dated April 2, 2015. Pelton provides personal care and habilitative services for up to 50 Marion County CAPS consumers in accordance with 1915i standards. Amendment 1 adds an additional \$284,000 in funds. The requirement for these additional funds are necessary as follows; to reimburse the contract \$105,000 in funds that were unexpectedly used for one client receiving extensive services whom was not 1915i eligible until recently, and provide additional funds for participating client services that do not meet eligibility requirements for Medicaid reimbursement. The original contract funding amount would have been sufficient, however when the State re-negotiated rates with the adult foster homes, several of AFH's closed, and clients are now living "independently" and require frequently delivered services that support individuals within living independently.

Financial Impacts: Contract For Services #1965 was funded in the amount of \$530,000 for the period of July 1, 2015 through June 30, 2017. Amendment 1 adds \$284,000 in additional funds. The new contract amount is \$814,000

Impacts to Department & External Agencies: Marion County Health department does not anticipate any impacts to other departments.

Options for Consideration: 1. Approve Amendment 1 to Contract for Services #1965 to Pelton Project, Inc. 2. Deny approval of Amendment 1 Contract for Services #1965 to Pelton Project, Inc. 3. Take no action at this time.

Recommendation: Marion County Health Department recommends approval of Amendment 1 to Contract For Services #1965 to Pelton Project, inc.

List of attachments: Amendment 1 to Contract for Services #1965 to Pelton Project, Inc.

Presenter: Roderick P. Calkins, Administrator

Copies of completed paperwork sent to the following: (Include names and e-mail addresses.)



MARION COUNTY BOARD OF COMMISSIONERS

# Board Session Agenda Review Form

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Copies to:

Linda Wilson, [lwilson@co.marion.or.us](mailto:lwilson@co.marion.or.us)



# Contract Review Sheet

Contract #: 1965

Person Sending: Linda Wilson

Department: Health

Contact Phone #: 503-361-2792

Date Sent: 11-15-16

Contract  Amendment # 1  Lease  IGA  MOU  Grant (attach approved grant award transmittal form)

Title: Provide personal care and habilitative services to CAPS consumers

Contractor's Name: Pelton Project Inc.

Term - Date From: July 1, 2015

Expires: June 30, 2017

Contract Total: \$530,000.00

Amendment Amount: \$284,000.00

New Contract Total: \$814,000.00

Source Selection Method: RFP (attach transmittal)

# 032315

### Additional Considerations (check all that apply)

Board Order # \_\_\_\_\_

Feasibility Determination (attach approved form)

Incoming Funds

Federal Funds (attach sub-recipient / contractor analysis)

Independent Contractor (LECS) approval date: \_\_\_\_\_

Reinstatement (attach written justification)

Insurance Waiver (attach)

Retroactive (attach written justification)

### Description of Services or Grant Award:

Marion County Health Department issued RFP#032315 to procure Personal Care and Habilitative Services for the County's Community and Provider Services Program (CAPS). Contractor was selected and provides services for up to 50 consumers in supportive housing sites and individual homes. Amendment 1 adds \$284,000 in additional funds for the continuation of services through the term. \$105,815 of the funds is reimbursement to the contract for a client whom the State has denied 1915i retro-authorization for services. In addition, since the closing of several AFH's, additional PCA client services have been necessary.

### FOR FINANCE USE

Date Finance Received: \_\_\_\_\_

BOC Planning Date: \_\_\_\_\_

Date Legal Received: \_\_\_\_\_

Comments: \_\_\_\_\_

### REQUIRED APPROVALS:

Finance - Contracts

Date \_\_\_\_\_

Risk Manager

Date \_\_\_\_\_

Legal Counsel

Date \_\_\_\_\_

Chief Administrative Officer

Date \_\_\_\_\_

Date \_\_\_\_\_

To be filed

Added to master list

Returned to \_\_\_\_\_ Department for \_\_\_\_\_ signatures

**SAM Search Results**  
**List of records matching your search for :**  
**Functional Area: Entity Management**  
**Record Status: Active**  
**Entity Name: PELTON PROJECT, INC.**

**Location 1 - City: SALEM, State: OREGON**

**No Search Results**



Marion County  
OREGON

AMENDMENT 1 to the  
CONTRACT FOR SERVICES #1965  
between  
MARION COUNTY and PELTON PROJECT, INC.

This Amendment No. 1 to the Contract for Services (as amended from time to time, the "Contract"), dated [date] between Marion County, a political subdivision of the State of Oregon, hereafter called County, and Pelton Project, Inc., hereafter called Contractor.

The Contract is hereby amended as follows (new language is indicated by underlining and deleted language is indicated by brackets [ ]):

4. PAYMENT OF CONTRACT

a. Contract amount

The sum of [~~\$530,000~~] \$814,000 is the maximum payment amount obligated by the County under this contract.

Except as expressly amended above, all other terms and conditions of the original contract are still in full force and effect. Contractor certifies that the representations, warranties and certifications contained in the original Contract 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.

**MARION COUNTY SIGNATURE**

**BOARD OF COMMISSIONERS:**

\_\_\_\_\_  
Chair Date

\_\_\_\_\_  
Commissioner Date

\_\_\_\_\_  
Commissioner Date

Authorized Signature: Roderick P. Calkins 11-15-16  
Roderick P. Calkins, Administrator Date

Authorized Signature: Cary Moller 11/10/16  
Cary Moller, Division Director Date

Authorized Signature: Cyndey Nestor 11/8/16  
Cyndey Nestor, Program Supervisor Date

Authorized Signature: Ryan Matthews 11/15/16  
Ryan Matthews, Sr. Administrative Services Mgr. Date

Authorized Signature: \_\_\_\_\_  
Chief Administrative Officer Date

Reviewed by Signature: \_\_\_\_\_  
Marion County Legal Counsel Date

Reviewed by Signature: \_\_\_\_\_  
Marion County Contracts & Procurement Date

**PELTON PROJECT, INC.**

Authorized Signature:  Date: 11/02/2016

Title: CEO



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Durham Insurance Agency Inc 15 Lockhaven Dr NE P O Box 21390 Durham NC 27703 OR 97307	CONTACT NAME: PHONE (A/C, No, Ext): (503) 390-3318 FAX (A/C, No): (503) 393-1553 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Companies INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

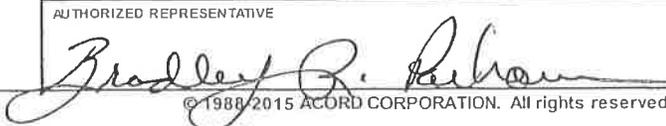
COVERAGE CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK1536661	08/12/2016	08/12/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PHUB552580	08/12/2016	08/12/2017	EACH OCCURRENCE \$ AGGREGATE \$ Occur Per/Prod \$ 1,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
Professional Liability			PHPK1218983	08/12/2016	08/12/2017	PER Occurrence 1,000,000 Aggregate Limit 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location: 3886 Beverly NE, Suite 16, Salem, OR 97305

CERTIFICATE HOLDER  Marion County Oregon 3180 Center St NE Salem, OR 97301	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/25/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Parham Insurance Agency Inc 765 Lockhaven Dr NE PO Box 21390 Keizer OR 97307	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (503) 390-3318 E-MAIL ADDRESS:	FAX (A/C, No): (503) 393-1553
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Pelton Project Inc PO Box 21748 Keizer OR 97307	INSURER A:	Farmers Insurance Co of Oregon
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			60471 01 59	01/23/2016	01/23/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Scheduled Vehicle List: 2001 Dodge Ram Wagon Vin# 2B5WB35Z51K539235  
 2002 Kia Sedona LX Vin# KNDMG4C73C6441586  
 2014 Nissan Versa Vin# 3N1CN7AP3EL828222

<b>CERTIFICATE HOLDER</b>  State of Oregon DHS Marion County, Oregon 3180 Center St. NE Salem, OR 97301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# Oregon Workers' Compensation Certificate of Insurance



**Certificate holder:**

MARION COUNTY HEALTH DEPARTMENT  
3180 CENTER ST NE STE 2100  
SALEM, OR 97301

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by this policy is subject to all the terms, exclusions and conditions of such policy; this policy is subject to change or cancellation at any time.

<b>Insured</b>		<b>Producer/contact</b>	
Pelton Project Inc PO Box 21748 Keizer, OR 97307-1748		Parham Insurance Agency Parham Insurance Agency 503.390.3318 bradparham@myexcel.com	
<b>Issued</b>	12/07/2015	<b>Limits of liability</b>	
<b>Policy</b>	756739	Bodily Injury by Accident	\$500,000 each accident
<b>Period</b>	01/01/2016 to 01/01/2017	Bodily Injury by Disease	\$500,000 each employee
		Body Injury by Disease	\$500,000 policy limit

**Description of operations/locations/special items**

**Important**

This certificate is issued as a matter of information only and confers no rights to the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies above. This certificate does not constitute a contract between the issuing insurer, authorized representative or producer and the certificate holder.

**CANCELLATION:**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED TO THE POLICYHOLDER AND CERTIFICATE HOLDER IN ACCORDANCE WITH THE POLICY PROVISIONS AND OREGON LAW. SAIF WILL ENDEAVOR TO PROVIDE WRITTEN NOTICE WITHIN 30 DAYS WHENEVER POSSIBLE.

Authorized representative

Kerry Barnett  
President and CEO

400 High Street SE  
Salem, OR 97312  
P: 800.285.8525  
F: 503.584.9812