



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: August 22, 2018

Department: Health Agenda Planning Date: August 16, 2018 Time required: 10

Audio/Visual aids

Contact: Pamela A Hutchinson, Division Director Phone: 503.588.5612

Department Head Signature: [Signature]

TITLE Oregon Health Authority 2017-2019 Amendment #11 to the IGA for the Financing of Public Health Services #154123-0

Issue, Description & Background Consider approval of Amendment #11 to the Oregon Health Authority 2017-2019 IGA 154123-0 with Marion County Health Department to operate and contract for the operation of Public Health Services in accordance with the policies, procedures and administrative rules of the OHA. OHA shall disburse the financial assistance award in monthly installments unless otherwise specified.

Financial Impacts: Amendment #11 to the 2017-2019 IGA for the Financing of Public Health Services removes \$22,645.00 of funding from PE03 - Tuberculosis Case Management. Tuberculosis funding has been changed to a fee for service model; and adds \$20,000.00 funding for PE40-01, WIC NSA for July-September. Funding for this time period has increased from \$251,556 to \$271,556 and should be expended by September 30, 2018. Additional funding for the 2017-2019 biennium will follow in future amendments.

Impacts to Department & External Agencies The Health Department anticipates no impact on other departments.

Options for Consideration: 1. Approve Amendment 11 to OHA IGA #154123-0 for the Financing of Public Health Services, 2. Deny approval of Amendment 11 to OHA IGA #154123-0, or 3. Take no action at this time.

Recommendation: The Health Department recommends approval of Amendment 11 to OHA IGA #154123-0 for Financing of Public Health Services

List of attachments: Amendment 11 to OHA IGA #154123-0 for Financing of Public Health Services

Presenter: Pamela A Hutchinson, Division Director

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

Copies to: Dwight D Bowles dbowles@co.marion.or.us

Agreement #154123



**ELEVENTH AMENDMENT TO OREGON HEALTH AUTHORITY
2017-2019 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Eleventh Amendment to Oregon Health Authority 2017-2019 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2017, and restated July 1, 2018 (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Marion County, acting by and through its Health Department ("LPHA"), the entity designated, pursuant to ORS 431.003, as the Local Public Health Authority for Marion County.

RECITALS

WHEREAS, OHA and LPHA wish to modify the Fiscal Year 2019 (FY19) Financial Assistance Award set forth in Exhibit C of the Agreement.

WHEREAS, OHA and LPHA wish to modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200;

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. Section 1 of Exhibit C entitled "Financial Assistance Award" of the Agreement for FY19 is hereby superseded and replaced in its entirety by Attachment A attached hereto and incorporated herein by this reference. Attachment A must be read in conjunction with Section 3 of Exhibit C as restated July 1, 2108, entitled "Explanation of Financial Assistance Award" of the Agreement.
2. Exhibit J "Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200" is amended to add to the federal award information datasheet as set forth in Attachment B, attached hereto and incorporated herein by this reference.
3. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
6. The parties expressly ratify the Agreement as herein amended.
7. 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.

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

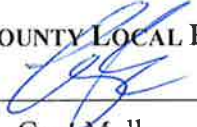
8. This Amendment becomes effective on the date of the last signature below.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

9. Signatures.

By: _____
Name: /for/ Lillian Shirley, BSN, MPH, MPA
Title: Public Health Director
Date: _____

MARION COUNTY LOCAL PUBLIC HEALTH AUTHORITY

By:  _____
Name: Cary Moller
Title: Administrator
Date: 8/7/18

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Agreement form group-approved by D. Kevin Carlson, Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on July 17, 2018, copy of email approval in Agreement file.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

By: _____
Name: Mai Quach (or designee)
Title: Program Support Manager
Date: _____

Agreement #154123-11

Oregon Health Authority
2017-2019 Intergovernmental Agreement
for the Financing of Public Health Services

MARION COUNTY SIGNATURE

MARION COUNTY BOARD OF COMMISSIONERS

Chair Date


Commissioner Date

Commissioner Date


Pamela A. Hutchinson, Division Director Date 8/3/18

Fund Verification Service Code: Various

Account: Various


Jeremiah Elliott, Sr. Admin Svcs Mgr Date 8/6/18

APPROVED AS TO FORM:

Chief Administrative Officer Date

Marion County Legal Counsel Date

Marion County Contracts and Procurement Date

**Attachment A
Financial Assistance Award (FY19)**

State of Oregon Oregon Health Authority Public Health Division				Page 1 of 3
1) Grantee Name: Marion County Health Department		2) Issue Date July 05, 2018	This Action AMENDMENT FY 2019	
Street: 3180 Center St. NE, Suite 2100 City: Salem State: OR Zip Code: 97301		3) Award Period From July 1, 2018 Through June 30, 2019		
4) OHA Public Health Funds Approved				
Program	Award Balance	Increase/ (Decrease)	New Award Bal	
PE01 State Support for Public Health	399,831		399,831	
PE03 Tuberculosis Case Management	22,645	-22,645	0	
PE07 HIV Prevention Services	106,877		106,877	
PE12 Public Health Emergency Preparedness and Response (PHEP)	144,963		144,963	
PE13 Tobacco Prevention and Education Program (TPEP)	199,898		199,898	
PE40-01 WIC NSA: July - September	251,556	20,000	271,556	
PE40-02 WIC NSA: October - June	754,669		754,669	
PE40-03 BFPC: July - September	26,418		26,418	
PE40-04 BFPC: October - June	79,254		79,254	
PE40-05 Farmer's Market	4,025		4,025	
PE41 Reproductive Health Program	25,379		25,379	
PE42-01 MCAH Title V CAH	38,119		38,119	
PE42-02 MCAH Title V Flexible Funds	88,944		88,944	
PE42-03 MCAH Perinatal General Funds & Title XIX	11,884		11,884	
PE42-04 MCAH Babies First! General Funds	37,968		37,968	
PE42-05 MCAH Oregon Mothers Care Title V	7,580		7,580	
PE42-06 MCAH General Funds & Title XIX	22,296		22,296	
PE43 Public Health Practice (PHP) - Immunization Services (Vendors)	97,728		97,728	

State of Oregon Oregon Health Authority Public Health Division			Page 2 of 3	
1) Grantee Name: Marion County Health Department		2) Issue Date July 05, 2016		This Action AMENDMENT FY 2019
Street: 3180 Center St. NE, Suite 2100 City: Salem State: OR Zip Code: 97301		3) Award Period From July 1, 2018 Through June 30, 2019		
4) OHA Public Health Funds Approved				
Program		Award Balance	Increase/ (Decrease)	New Award Bal
PE50	Safe Drinking Water (SDW) Program (Vendors)	118,861		118,861
PE51	Public Health Modernization Implementation	292,571		292,571
		2,731,486	-2,645	2,728,841
5) Foot Notes:				
PE03	1	Tuberculosis funding has been changed to a fee for service model.		
PE40-01	1	Award for July - September should be spent by 9/30/18		
PE40-02	1	Award for October - June should be spent by 6/30/19		
PE40-03	1	Award for July - September to be spent by 9/30/18		
PE40-04	1	Award October - June to be spent by 6/30/19		
PE40-05	1	Award is one-time funding to be spent by 11/30/18		
PE41	1	Funding Period is for two month - 7/1/16 - 8/31/18 - Funds must be expended by August 31, 2018		
PE42-01	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-01	2	Funds for the MCH Title V programs: Flexible funds, Child & Adolescent Health, and Oregon MothersCare for the period 7/1/18 – 9/30/18 must be spent by 9/30/18.		
PE42-02	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-02	2	Funds for the MCH Title V programs: Flexible funds, Child & Adolescent Health, and Oregon MothersCare for the period 7/1/18 – 9/30/18 must be spent by 9/30/18.		
PE42-03	1	Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-04	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-05	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-05	2	Funds for the MCH Title V programs: Flexible funds, Child & Adolescent Health, and Oregon MothersCare for the period 7/1/18 – 9/30/18 must be spent by 9/30/18.		
PE42-06	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE43	1	All Award must be spent by the end of June 30, 2019		
6) Comments:				
PE50	\$10,699 must be spent from 7/1/18 to 9/30/18. \$32,098 must be spent from 10/1/18 to 6/30/19. (for portion of award with federal funding source CFDA 66.432)			

State of Oregon Oregon Health Authority Public Health Division		Page 3 of 3	
1) Grantee Name: Marion County Health Department Street: 3180 Center St. NE, Suite 2100 City: Salem State: OR Zip Code: 97301		2) Issue Date July 05, 2018	This Action AMENDMENT FY 2019
		3) Award Period From July 1, 2018 Through June 30, 2019	
4) OHA Public Health Funds Approved			
Program	Award Balance	Increase/ (Decrease)	New Award Bal
PE07	\$32,976 must be spent by 12/31/18		
PE03	\$4,144 must be spent by 12/31/18		
PE51	Total budget for 12/1/2017 to 6/30/2019 (19 months) is \$463,238		
PE40-01	Nutrition Ed of \$50,311 & BF of \$9,196 to be spent by 9/30/18		
PE40-02	Nutrition Ed of \$150,934, BF of \$27,589 to be spent by 6/30/19		
7) Capital outlay Requested in this Action: Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG APPROV

Attachment B

Information required by CFR Subtitle B with guidance at 2 CFR Part 200

PE03: Tuberculosis Case Management

Funding Information Table

Federal Award Identification Number (FAIN):	5NU52PS004708	TBD	General Fund
Federal Award Date:	12/19/2017	TBD	
Performance Period:	06/01/18-12/31/18	01/01/19-06/30/19	
Federal Awarding Agency:	CDC	CDC	
CFDA Number:	93.116	93.116	
CFDA Name:	TB Control & Elimination	TB Control & Elimination	
Total Federal Award:	634585	TBD	
Project Description:	TB Case Mgmt	TB Case Mgmt	
Awarding Official:		TBD	
Indirect Cost Rate:	16.41%	TBD	
Research and Development (Y/N):	No	No	
PCA:	53012	TBD	53328
INDEX:	50403	50403	53328

Agency/Contractor	DUNS	Amount	Amount	Amount	Total FY 2019
Marion	50973718	\$0	\$0	\$0	\$0

PE40-01: WIC NSA: July - September

Funding Information Table

Federal Award Identification Number (FAIN):	TBD	TBD
Federal Award Date:	3/23/2018	3/23/2018
Performance Period:	10/1/18-9/30/19	10/1/18-9/30/19
Federal Awarding Agency:	USDA	USDA
CFDA Number:	10.557	10.557
CFDA Name:	WIC NSA Grant	WIC NSA Grant
Total Federal Award:	\$25,139,689	\$25,139,689
Project Description:	Administrative funds	Administrative funds
Awarding Official:	Sue Woodbury	Sue Woodbury
Indirect Cost Rate:	17.15%	17.15%
Research and Development (Y/N):	No	No
PCA:	52765	52767
INDEX:	50331	50331

Agency/Contractor	DUNS	Amount	Amount	Total FY 2019
Marion	50973718	\$267,556	\$4,000	\$271,556