



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: November 21, 2018

Department: Health Agenda Planning Date: November 15, 2018 Time required: 10

Audio/Visual aids

Contact: Katrina Rothenberger, Division Director Phone: 503.373.3787

Department Head Signature: [Signature]

TITLE Oregon Health Authority 2017-2019 Amendment #13 to the IGA for the Financing of Public Health Services #154123-0

Issue, Description & Background Consider approval of Amendment #13 to the Oregon Health Authority 2017-2019 IGA 154123-0 with Marion County Health and Human Services 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 #13 to the 2017-2019 IGA for the Financing of Public Health Services adds \$4,000.00 funding to PE40-02 - MCAH Title V Flexible funds for WIC Clinic Improvement. Additional funding for the 2017-2019 biennium will follow in future amendments.

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

Options for Consideration: 1. Approve Amendment 13 to OHA IGA #154123-0 for the Financing of Public Health Services, 2. Deny approval of Amendment 13 to OHA IGA #154123-0, or 3. Take no action at this time.

Recommendation: The Health and Human Services Department recommends approval of Amendment 13 to OHA IGA #154123-0 for Financing of Public Health Services

List of attachments: Amendment 13 to OHA IGA #154123-0 for Financing of Public Health Services

Presenter: Katrina Rothenberger, 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



Contract Review Sheet

Contract #: HE-1571-17 (IGA #154123)

Person Sending: Dwight D Bowles Department: Health

Contact Phone #: 503.361.2795 Date Sent: 11/8/18

- Contract Amendment# 13 Lease IGA MOU Grant (attach approved grant award transmittal form)

Title: 2017-2019 IGA for the Financing of Public Health Services

Contractor's Name: Oregon Health Authority (OHA)

Term - Date From: Jul 1, 2017 Expires: Jun 30, 2019

Contract Total: \$5,492,417.00 Amendment Amount: \$4,000.00 New Contract Total: \$5,496,417.00

Source Selection Method: # _____

Additional Considerations (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Board Order# _____ | <input type="checkbox"/> Feasibility Determination (attach approved form) |
| <input checked="" type="checkbox"/> Incoming Funds | <input type="checkbox"/> Federal Funds (attach sub-recipient / contractor analysis) |
| <input type="checkbox"/> Independent Contractor (LECS) approval date: _____ | <input type="checkbox"/> Reinstatement (attach written justification) |
| <input type="checkbox"/> Insurance Waiver (attach) | <input type="checkbox"/> Retroactive (attach written justification) |
| <input type="checkbox"/> CIP# _____ (required for all goods /software greater than \$5,000) | |

Description of Services or Grant Award:

Amendment #13 to the 2017-2019 IGA 154123 is amended and: 1. adds \$4,000.00 funding to PE40-02 Maternal, Child and Adolescent Health (MCAH) Title V Flexible funds for WIC Clinic Improvement. Total IGA funding for the Biennium is now \$5,496,417.00.

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



Agreement #154123

**THIRTEENTH 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 Thirteenth 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, 2018, 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.

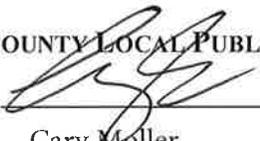
8. This Amendment becomes effective on the date of the last signature below.

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: 11/8/18

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 August 16, 2018, copy of email approval in Agreement file.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

By: _____
Name: Derrick Clark (or designee)
Title: Program Support Manager
Date: _____

Agreement #154123-13

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

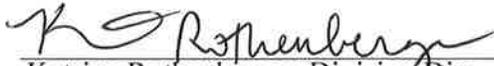
MARION COUNTY SIGNATURE

MARION COUNTY BOARD OF COMMISSIONERS

Chair Date

Commissioner Date

Commissioner Date

 11/16/18
Katrina Rothenberger, Division Director Date

Fund Verification Service Code: Various
Account: Various

 11/15/18
Jeremiah Elliott, Sr. Admin Svcs Mgr Date

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		2) Issue Date	This Action	
Name: Marion County Health Department		October 23, 2018	AMENDMENT	
Street: 3180 Center St. NE, Suite 2100		3) Award Period		
City: Salem		From July 1, 2018 Through June 30, 2019		
State: OR Zip Code: 97301				
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	0		0
PE07	HIV Prevention Services	106,877		106,877
PE12	Public Health Emergency Preparedness and Response (PHEP)	146,599		146,599
PE13	Tobacco Prevention and Education Prgram (TPEP)	199,898		199,898
PE40-01	WIC NSA: July - September	271,556		271,556
PE40-02	WIC NSA: October - June	754,669	4,000	758,669
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 October 23, 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
PE46	RH Community Participation & Assurance of Access	41,251		41,251
PE50	Safe Drinking Water (SDW) Program (Vendors)	118,881		118,881
PE51	Public Health Modernization Implementation	292,571		292,571
		2,771,728	4,000	2,775,728
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 - 7/1/18 - 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		
PE43	2	Immunization Special Payments is Funded by State General Fund and Matched dollar for Dollar with Federal Medicaid Match.		

**State of Oregon
Oregon Health Authority
Public Health Division**

1) Grantee Name: Marion County Health Department Street: 3180 Center St. NE, Suite 2100 City: Salem State: OR Zip Code: 97301	2) Issue Date October 23, 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

6) Comments:

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

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)

PE03 \$4,144 must be spent by 12/31/18

PE07 \$32,976 must be spent by 12/31/18

PE42-01 \$9,530 must be spent from 7/1/18 to 9/30/18. \$28,589 must be spent from 10/1/18 to 6/30/19.

PE42-02 \$22,236 must be spent from 7/1/18 to 9/30/18. \$66,708 must be spent from 10/1/18 to 6/30/19.

PE42-05 \$1,895 must be spent from 7/1/18 to 9/30/18. \$5,685 must be spent from 10/1/18 to 6/30/19.

PE46 PE46 7 Month award 9/1/18 to 3/31/19

PE40-02 \$4,000 for clinic improvement

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

PE40-02: WIC NSA: October - June

Funding Information Table

Federal Award Identification Number (FAIN):	TBD	TBD	TBD
Federal Award Date:	9/1/2018	9/1/2018	9/1/2018
Performance Period:	10/01/18 - 6/30/19	10/01/18 - 6/30/19	10/01/18 - 6/30/19
Federal Awarding Agency:	USDA	USDA	USDA
CFDA Number:	10.557	10.557	10.557
CFDA Name:	WIC BF Promotion	WIC Admin	WIC Nutrition Education
Total Federal Award:	\$74,854,508	\$14,222,357	\$3,742,726
Project Description:	WIC BF Promotion	WIC Admin	WIC Nutrition Education
Awarding Official:	FNS Western Regional	FNS Western regional	FNS Western Regional
Indirect Cost Rate:	16.41%	16.41%	16.41%
Research and Development (Y/N):	No	No	No

PCA: 52803 52802 52804

INDEX: 50331 50331 50331

Agency/Contractor	DUNS	Amount	Amount	Amount	Total FY 2019
Marion	50973718	\$754,669	\$4,000	\$0	\$758,669