



JUVENILE DEPARTMENT
JUVENILE INTAKE AND ASSESSMENT CENTER
2121 KAEN ROAD | OREGON CITY, OR 97045

November 3, 2022

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of Intergovernmental Agreement #172608 amendment number 01 with the State of Oregon Acting by and through its Oregon Department of Human Services for the provision of County’s participation in the United States Department of Health and Human Services, Administrative for Children and Families, “Title IV-E Reimbursement Program.” County General Funds are not involved.

Purpose/Outcomes	The current IGA provides reimbursement dollars through the federal “Title IV-E Reimbursement Program” for reimbursement of both maintenance and administrative claims provided by the Juvenile Dept. to the State of Oregon. This amendment updates the administrative fee language under Exhibit A, Part2, “Payment and Financial Reporting”, Section 1.b.(1).
Dollar Amount and Fiscal Impact	\$0.00 - No Fiscal Impact in this Amendment. No County General Funds are involved.
Funding Source	Oregon Department of Human Services-Office of Child Welfare Programs (ODHS) Title IV-E Reimbursement Program.
Duration	Effective the date this agreement is approved by the Oregon Department of Justice through September 30, 2023.
Previous Board Action	IGA number 172608 for FY22/23: April 28, 2022 Agenda Item G.i.
Strategic Plan Alignment	<ol style="list-style-type: none"> 1. Provide targeted evaluation services, treatment referrals and skills group’s referrals, and individualized case planning services to youth referred to the Department so they can successfully complete individualized case plan goals that promote positive change. 2. Ensure safe, healthy, and secure communities.
Counsel Review	September 27, 2022 Counsel Initials: JM
Procurement Review	Was the item processed through Procurement? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no This is an IGA
Contact Person	Ed Jones, Juvenile Dept. Administrative Services Manager – 503-650-3169

Contract No.	IGA #172608
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BACKGROUND:

The Oregon Department of Human Services, Office of Child Welfare Programs has worked collaboratively with the Counties in Oregon, including Clackamas County Juvenile Department, to bring the United States Department of Health and Human Services, Administration for Children and Families, Title IV-E Reimbursement Program funding to the county. Title IV-E partially reimburses the Juvenile Department a variable percentage of the allowable cost of services rendered to youth at risk of being placed out of their home, based on multiple factors, such as family income and youth eligibility. The amount of reimbursement will varies from quarter to quarter. The original IGA was executed on 5/26/22. At this time no claims have been processed under this agreement.

RECOMMENDATION:

Staff recommends the Board of County Commissioners approve the attached Intergovernmental Agreement Amendment.



Respectfully submitted,

Christina L. McMahan, Director
Juvenile Department



Agreement Number 172608

**AMENDMENT TO
STATE OF OREGON
INTERGOVERNMENTAL AGREEMENT**

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 is amendment number **01** to Agreement Number **172608** between the State of Oregon, acting by and through its Oregon Department of Human Services, hereinafter referred to as “ODHS” and

**Clackamas County
Acting by and through its Juvenile Department
2121 Kaen Road,
Oregon City, OR 97045
Attention: Ed Jones
Telephone: 503-650-3169
Fax: 503-655-8448
E-mail address: EJones@clackamas.us**

hereinafter referred to as “County.”

1. Upon signature by all applicable parties, this amendment shall be effective on the later of (a) October 1, 2021 or (b) when required, the date this amendment has been approved by the Department of Justice, regardless of the date the amendment is actually signed by all parties.
2. The Agreement is hereby amended as follows:
 - a. **Exhibit A, Part 2, “Payment and Financial Reporting”, Section 1.b.(1) only** to read as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.
 - b. **Administration Fee:**
 - (1) County shall provide ODHS compensation in the form of an administrative fee ~~according to the following percentages~~ **equal to 1% of the administrative reimbursement total**. The percentages shall be paid to ODHS based on the total sum of each quarterly claim:

- ~~(a) — Year 1: 3% of the administrative reimbursement total;~~
- ~~(b) — Year 2: 1% of the administrative reimbursement total; and~~
- ~~(c) — Any additional years beyond Year 2 shall be at 1% of the administrative reimbursement total.~~

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 amendment, County 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. County further acknowledges that in addition to the remedies under this Agreement, if it makes (or causes to be made) a false claim or performs (or causes to be performed) an act prohibited under the Oregon False Claims Act, the Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against County;
 - b. The information shown in County Data and Certification, of original Agreement or 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 Nonprocurement 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.

- g. County hereby certifies that the FEIN provided to ODHS is true and accurate. If this information changes, County is required to provide ODHS with the new FEIN within 10 days.

5. Signatures.

COUNTY: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS

Clackamas County acting by and through its Juvenile Department

By:

Authorized Signature

Printed Name

Title

Date

State of Oregon acting by and through its Oregon Department of Human Services

By:

Authorized Signature

Printed Name

Title

Date

Approved for Legal Sufficiency:

Department of Justice

Exempt per OAR 137-045-0050(2)

Date

DOCUMENT RETURN STATEMENT

Please complete the following statement and return with the completed signature page and the Contractor Data and Certification page and/or Contractor Tax Identification Information (CTII) form, if applicable.

If you have any questions or find errors in the above referenced Document, please contact the contract specialist.

Document number: _____, hereinafter referred to as "Document."

I, _____
Name Title

received a copy of the above referenced Document, between the State of Oregon, acting by and through the Department of Human Services, the Oregon Health Authority, and

_____ by email.

Contractor's name

On _____,
Date

I signed the electronically transmitted Document without change. I am returning the completed signature page, Contractor Data and Certification page and/or Contractor Tax Identification Information (CTII) form, if applicable, with this Document Return Statement.

Authorizing signature

Date

Please attach this completed form with your signed document(s) and return to the contract specialist via email.