

June 2, 2022

Board of County Commissioners  
Clackamas County

Members of the Board:

Approval of an Intergovernmental Agreement Amendment #1 to Agreement 174872-1 with the State of Oregon, Oregon Department of Human Services for the provision of services to Clackamas County residents. The source of the funding is Senior Health Insurance Benefits Assistance - Senior Medicare Patrol. Total value remains unchanged at \$10,000.

Funding through 5/31/22.

No County General Funds are required.

<b>Purpose/Outcomes</b>	In amendment #1 all references to DCBS shall now mean ODHS, under this Agreement as previously agreed to by DCBS. To provide grant funds for the Senior Medicare Patrol (SMP) program to provide outreach, education and individual counseling regarding Medicare/Medicaid fraud, waste, and abuse to people in our community.
<b>Dollar Amount and Fiscal Impact</b>	No Dollar Increase
<b>Funding Source</b>	U.S. Administration for Community Living, Oregon Department of Human Services.
<b>Duration</b>	June 1, 2021 to May 31, 2022
<b>Previous Board Action</b>	A.1 050621; Item at County Issues: <u>5/31/22</u> .
<b>Strategic Plan Alignment</b>	1. This funding aligns with the strategic priority to increase self-sufficiency for our clients. 2. This funding aligns with the strategic priority to ensure safe, healthy and secure communities by addressing needs of older adults in the community.
<b>County Counsel</b>	Review and approved by Andrew Naylor on 5/11/22
<b>Procurement Review</b>	Was the item processed through Procurement? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If no, provide brief explanation: This is an IGA with Oregon Department of Human Services.
<b>Contact Person</b>	Brenda Durbin, Director – Social Services Division – (503) 655-8641
<b>Contract No.</b>	H3S#10095

**BACKGROUND:**

The Social Services Division (SSD) of the Health, Housing and Human Services Department requests approval of an Amendment to a Grant Agreement from the State of Oregon, Department of Consumer and Business Services, Senior Health Insurance Benefits Assistance (SHIBA) to help carry out the Senior Medicare Patrol (SMP) program.

This is a technical amendment to update the Agreement Administrator. The State of Oregon recently made this change for the current grant period.

The SMP grant funds help the Volunteer Connection SHIBA program improve and expand State efforts to provide Medicare/Medicaid beneficiaries education of healthcare fraud, errors and abuse. Outreach efforts focus on high populations in rural, Hispanic and tribal communities.

The IGA Amendment reflects a change in the Agreement Administrator to the Oregon Department of Human Services. County Counsel has reviewed and approved the IGA Amendment on 5/11/2022.

**RECOMMENDATION:**

Staff recommends the Board approve this Intergovernmental Amendment, and authorization for the Chair to sign on behalf of the County.

Respectfully submitted,

*Rodney A. Cook*

Rodney A. Cook, Director  
Health, Housing and Human Services Department

Attachment:  
H3S#10095, Amendment 1



**Agreement Number 174872**

**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](mailto: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 **174872** between the State of Oregon, acting by and through its Oregon Department of Human Services, hereinafter referred to as “**ODHS**” and

**Clackamas County**  
d/b/a  
**Clackamas County, Social Services Division, Volunteer Connection**  
**2051 Kaen Rd, PO Box 2950,**  
**Oregon City, OR 97045**  
**Attention: June Bass**  
**Phone: 503-894-0968.**  
**Email: [jbass@clackamas.us](mailto:jbass@clackamas.us)**  
**[thunt@clackamas.us](mailto:thunt@clackamas.us)**

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

1. This amendment shall become effective on the date this amendment has been fully executed by every party and, when required, approved by Department of Justice.
2. The Agreement is hereby amended as follows:
  - a. The Agreement alphanumeric designation of **No. 45G000240** is hereby changed to the ODHS Agreement number 174872-1 as found on the cover page and footer of this Agreement .
  - b. The Agreement is amended to reflect a change in the Agency's Agreement Administrator as stated in Section 4.1 of this Agreement for this Agreement hereinafter known as the ODHS Agreement administrator as follows:

**Aging and People with Disabilities  
Community Services and Supports Unit (CSSU)  
500 Summer Street NE, E-12  
Salem, OR 97301**

**Agreement Administrator: Ann McQueen**

**Telephone: (503) 930-7923**

**E-mail address: [ann.e.mcqueen@dhsosha.state.or.us](mailto:ann.e.mcqueen@dhsosha.state.or.us)**

3. All references to DCBS shall now mean ODHS, under this Agreement as previously agreed to by DCBS.
4. The Agreement Amendment includes all responsibilities and terms and conditions stated in “**No. 45G000240**” as previously amended and hereby incorporated into this Contract.
5. 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.
6. **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.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

7. **County Data.** This information is requested pursuant to ORS 305.385 and OAR 125-246-0330(1).

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:**

**County Name (exactly as filed with the IRS):** \_\_\_\_\_

Clackamas County

Street address: \_\_\_\_\_ 2051 KAEN RD. \_\_\_\_\_

City, state, zip code: \_\_\_\_\_ OREGON CITY, OR 97045 \_\_\_\_\_

Email address: \_\_\_\_\_ ECOMFORT@CLACKAMAS.US \_\_\_\_\_

Telephone: \_\_\_\_\_ ( 503 ) 742-5400 \_\_\_\_\_ Facsimile: \_\_\_\_\_ ( 503 ) 742-5401 \_\_\_\_\_

**Proof of Insurance:** County shall provide the following information upon submission of the signed Agreement Amendment. All insurance listed herein must be in effect prior to amendment execution.

Workers' Compensation Insurance Company: \_\_\_\_\_ COUNTY IS SELF-INSURED \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

County shall provide proof of Insurance upon request by ODHS or ODHS designee.

8. **Signatures.**

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

**Clackamas County**

**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:**

Not required per OAR 137-045-0030(1)(a)

\_\_\_\_\_  
Department of Justice

\_\_\_\_\_  
Date