

September 22, 2022

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of Amendment #1 to an Intergovernmental Agreement (IGA) from the State of Oregon, Department of Human Services for Senior Health Insurance Benefits Assistance (SHIBA) State Health Insurance Assistance Program (SHIP) Program. Increase in Revenue of \$13,500 in Amendment to a New Grant Value of \$61,500.
No County General Funds.

Purpose/Outcomes	Approval of Amendment #1 which makes an administrative transfer of the original IGA from Department of Consumer and Business Services to Department of Human Services to continue to support the activities of the Social Services' Volunteer Connection SHIBA Program in providing information, counseling and assistance to seniors and other Medicare recipients regarding health insurance matters and adds \$13,500.
Dollar Amount and Fiscal Impact	Increase of \$13,500 in revenue. IGA total value will be \$61,500.
Funding Source	Federal State Health Insurance Assistance Program (SHIP) grant, through State of Oregon, Department of Human Services, Senior Health Insurance Benefits Assistance (SHIBA). Amendment adds \$10,000 revenue from State's General Funds and \$3,500 federal funds.
Duration	Amendment #1 is effective July 1, 2021 to March 31, 2023. IGA is effective April 1, 2020 through March 31, 2023.
Previous Board Action	Original IGA approved 10-1-20 by the Board for H3S Director signature on behalf of the Board. Item at County Issues: 9-20-22.
Strategic Plan Alignment	1. This funding aligns with H3S's strategic priority to increase self-sufficiency for our clients. 2. This funding aligns with the County's strategic priority to ensure safe, healthy and secure communities.
Counsel Review	Date of Counsel Review: 8-22-22 Andrew Naylor
Procurement Review	1. Was this time processed through Procurement? No 2. If no, provide brief explanation: This is a Grant Revenue Amendment. Not subject to Procurement review.
Contact Person	Brenda Durbin, Director – Social Services Division – (503)655-8641
Contract No.	State Grant #45G000224 changes to #170616, H3S#9819

BACKGROUND:

Social Services Division of the Health, Housing and Human Services Department requests the approval of Amendment #1 to an IGA from the State of Oregon. The Amendment adds \$13,500 of revenue from the State and makes an administrative transfer of the original IGA from Department of Consumer and Business Services to Department of Human Services to support the

Healthy Families. Strong Communities.

activities of the Social Services' Volunteer Connection SHIBA Program in providing information, counseling and assistance to seniors and other Medicare recipients regarding health insurance matters.

The Volunteer Connection program within Social Services Division operates the SHIBA program. This program is designed to educate seniors and other Medicare recipients about their rights, resources and needs relating to Medicare and other health insurance. The program provides education through the fraud hotline, SHIBA helpline, and at public group presentations. In addition, information is made available during public outreach events, such as the Clackamas County Fair and Medicare enrollment events at locations such as low cost housing units. Information presented has included financial assistance for citizens with limited resources, preventing Medicare fraud, identity theft, and do-not-call registration. These services are invaluable to our senior and disabled citizens.

The Amendment is effective July 1, 2021 to March 31, 2023, adds \$13,500 of revenue to increase the dollar maximum of the IGA to \$61,500, and makes an administrative transfer to the State of Oregon Department of Human Services. County Counsel approved the Amendment. There are no match requirements and no County General Funds are involved.

RECOMMENDATION:

Staff recommends the Board approval of this Intergovernmental Grant Amendment, and that Tootie Smith, Board Chair, be authorized to sign.

Respectfully submitted,

Rodney A. Cook

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

Attachment:
Intergovernmental Amendment #1, H3S#9819



Agreement Number 170616

**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 **170616** between the State of Oregon, acting by and through its Oregon Department of Human Services, hereinafter referred to as “**ODHS**” and

**Clackamas County
2051 Kaen Rd, PO Box 2950,
Oregon City, OR 97045
Attention: June Bass, Volunteer Connections Manager
Phone:503-655-8862
Email: jbass@clackamas.us**

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

1. This amendment shall become effective the later of Department of Justice Approval, when required, or July 1, 2021, and once fully executed, regardless of the date it is signed by all parties.
2. The Agreement is hereby amended as follows:
 - a. The Agreement alphanumeric designation of **No. 45G000224** is hereby changed to the ODHS Agreement number 170616-1 as found on the cover page and footer of this Agreement .
 - b. The Agreement is amended to reflect a change in the ODHS 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**

- c. The Agreement is amended to reflect a change in the Local Government Agreement Administrator as stated in Section 4.2 of Agreement for this Agreement hereinafter known as the County Agreement” administrator stated as follows:

**Clackamas County
2051 Kaen Rd, PO Box 2950,
Oregon City, OR 97045
Attention: June Bass, Volunteer Connections Manager
Phone:503-655-8862
Email: jbass@clackamas.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. 45G000224**” as previously amended and hereby incorporated into this Agreement.
5. The Agreement is hereby amended language to be deleted and replaced is ~~struck through~~; new language is **underlined and bold** to read as follows:
- a. Amend Agreement SECTION 2: PURPOSE statement , first Paragraph only concerning SHIP Grant funding restated as follows:
- This Agreement is for the local implementation and delivery of the federal State Health Insurance Assistance Program (SHIP) Grant (CFDA 93.324). ~~Local Government~~ **County** will be part of Oregon’s effort to strengthen its capability to provide all Medicare eligible individuals, family members, and caregivers information, counseling and assistance in health insurance matters. This Agreement is 100% funded with Federal Funds. **ODHS will compensate County from a state General Fund Effective May 1, 2022.**
- b. Amend Section 6 COMPENSATION AND PAYMENT TERMS subsection 6.1 only is deleted in its entirety and restated as follows:

6.1 In consideration for County performing the work set forth in Exhibit A, ODHS agrees to pay County the following amounts:

For Grant year 2020-2021 (4-1-20 to 3-31-21), a not to exceed amount of \$16,000 federal funds.

For Grant year 2021-2022 (4-1-21 to 3-31-22), a not to exceed amount of \$16,000 federal funds.

For Grant year 2022-2023 (4-1-22 to 3-31-23), a not to exceed amount of \$29,500.

Funds provided by ODHS during this time period include \$19,500 federal funds. In addition, \$10,000 from General Funds are included, available effective May 1, 2022.

The maximum cumulative not-to-exceed amount for this Grant is \$61,500.00. Funding for future years is dependent on ODHS receiving grant awards from ACL.

6. 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.
7. **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. To the best of the undersigned’s knowledge, 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

8. **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): _____

COUNTY OF CLACKAMAS, OREGON

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, SI # 1170 _____

Policy #: _____ Expiration Date: _____

9. **Signatures.**

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

Clackamas County

By:

_____	_____
Authorized Signature	Tootie Smith
_____	_____
Chair, Board of County Commissioners	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

COVER SHEET

New Agreement/Contract

Amendment/Change/Extension to 9819

Other _____

Originating County Department: H3S Social Services

Other party to contract/agreement: State of Oregon

Description:

Approval of Amendment #1 which makes an administrative transfer of the original IGA from Department of Consumer and Business Services to Department of Human Services to continue to support the activities of the Social Services' Volunteer Connection SHIBA Program in providing information, counseling and assistance to

After recording please return to: Amy Kelsey - AKelsey@clackamas.us

County Admin

Procurement

If applicable, complete the following:

Board Agenda Date/Item Number: 9/22/22