



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: January 18, 2016

Department: Health Agenda Planning Date: Jan 12, 2016 Time required: 10 min

Audio/Visual aids

Contact: Scott Richards, Interim Administrator Phone: 503-361-2695

Department Head Signature: Scott Richards

TITLE: Gilberto De Jesus-Rentas MD, LLC dba Willamette Cross Cultural Psychiatric Services #1871 Amendment 3

Issue, Description & Background: Dr. De Jesus Rentas provides up to 40 hours per week at \$160/hr of skilled medical assessment and supervision of MCHD's consumers at the Children's Behavioral Health Program. Amendment 3 provides an additional \$100,000 for continued services through the agreement's term; June 30, 2017.

Financial Impacts: Current Agreement through Amend #2 is \$598,000. Amendment 3 adds \$100,000. The new Contract total is \$698,000.

Impacts to Department & External Agencies: Marion County Health Department does not anticipate any impact to other departments or agencies.

Options for Consideration: 1. Approve Amendment 3 to Agreement #1871 2. Deny approval of Amendment 3 to Agreement #1871 3. Take no action at this time.

Recommendation: MCHD recommends approval of Amendment No. 3 to Agreement #1871.

List of attachments: Amendment 3 to Agreement #1871

Presenter: Scott Richards, Interim Administrator

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

Copies to: Linda Wilson, lwilson@co.marion.or.us



Contract Review Sheet

Contract #: 1871-794

Person Sending: Linda Wilson Department: Health

Contact Phone #: 503-361-2792 Date Sent: 1-3-17

Contract Amendment # 3 Lease IGA MOU Grant (attach approved grant award transmittal form)

Title: Provide skilled medical assessment and supervision of consumers for MCHD CBH Program

Contractor's Name: Gilberto De Jesus-Rentas, MD, LLC d/b/a Willamette Cross Cultural Psychiatric Services

Term - Date From: July 1, 2014 Expires: June 30, 2017

Contract Total: \$598,000.00 Amendment Amount: \$100,000.00 New Contract Total: \$698,000.00

Source Selection Method: Special Procurement (attach approval) # Exempt Rule #50-0160

Additional Considerations (check all that apply)

- Board Order # _____
- Incoming Funds
- Independent Contractor (LECS) approval date: _____
- Insurance Waiver (attach)
- Feasibility Determination (attach approved form)
- Federal Funds (attach sub-recipient / contractor analysis)
- Reinstatement (attach written justification)
- Retroactive (attach written justification)

Description of Services or Grant Award:

MCHD contracts with Gilberto De Jesus-Rentas, MD to provide skilled medical assessment and supervision of consumers at the Department's Children Behavioral Health Program for up to 40 hours a week at the rate of \$160 per hour.
 Amendment 3: provides additional \$100,000 in funds for continued services through the term of the agreement.
 Insurance Waiver: Dr. De Jesus-Rentas is an agent of the County

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

SAM Search Results
List of records matching your search for :
Functional Area: Entity Management
Record Status: Active, Inactive
Entity Name: Gilberto De Jesus Rentas, MD

Location 1 - City: salem, State: OREGON

No Search Results

SAM Search Results

List of records matching your search for :

Functional Area: Entity Management

Record Status: Active, Inactive

Entity Name: Willamette Cross Cultural Psychiatric Se

Location 1 - City: salem, State: OREGON

No Search Results



Marion County
OREGON

AMENDMENT No. 3 to the
PROFESSIONAL SERVICES AGREEMENT #1871

between

MARION COUNTY and GILBERTO DE JESUS-RENTAS, M.D., LLC
dba WILLAMETTE CROSS CULTURAL PSYCHIATRIC SERVICES

The Professional Services Agreement, entered into pursuant to ORS Chapter 190, as may be amended from time to time, the "Agreement," between Marion County "County", a political subdivision of the State of Oregon, and Gilberto De Jesus-Rentas, M.D., LLC, dba Willamette Cross Cultural Psychiatric Services, "Contractor" dated July 1, 2014 through June 30, 2017.

The Agreement is hereby amended as follows (new language is indicated by underlining and deleted language is indicated by brackets []):

PAYMENT TERMS: The agreement total is not to exceed [~~\$598,000~~] \$698,000 over the 3-year term of the agreement.

Except as expressly amended above, all other terms and conditions of original the Agreement are still in full force and effect. The Parties certify 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.

**MARION COUNTY SIGNATURE
BOARD OF COMMISSIONERS:**

Chair Date

Commissioner Date

Commissioner Date

Authorized Signature: Scott Richards 1/5/17
Scott Richards, Interim Administrator Date

Authorized Signature: Phillip Blea 12/30/16
Phillip Blea, Team Supervisor Date

Authorized Signature: Ryan Matthews 12/30/16
Ryan Matthews, Admin Svcs Division Director Date

Authorized Signature: _____
Chief Administrative Officer Date

Reviewed by Signature: _____
Marion County Legal Counsel Date

Reviewed by Signature: _____
Marion County Contracts & Procurement Date

GILBERTO DE JESUS-RENTAS, LLC SIGNATURE
dba WILLAMETTE CROSS CULTURAL PSYCHIATRIC SERVICES

Digitally signed by Gilberto De Jesus
Rentas
Date: 2016.12.29 22:25:05 -04'00'

Authorized Signature: Gilberto De Jesus-Rentas, MD, LLC Date: December 28, 2016

POLICY INFORMATION

- 1. **POLICY NUMBER:** 6796633
- 2. **FIRST NAMED INSURED:** MARION COUNTY
- 3. **FIRST NAMED INSURED ADDRESS:** 555 COURT STREET, NE
STE. 4250
SALEM, OR 97309
- 4. **POLICY PERIOD:** From: March 1, 2016 To: March 1, 2017
at 12:01 a.m. Standard Time at the mailing address shown above
- 5. **PRODUCT TYPE:**
If checked, the Basic Coverage Forms include:

Liability Coverage for:		Occurrence Form	Claims Made Form	Claims Made Retroactive Date
A:	Professional Liability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	05/04/2010
B:	General Liability	<input type="checkbox"/>	<input type="checkbox"/>	

6. LIMIT(S) OF LIABILITY, DEDUCTIBLE/SELF INSURED RETENTION, PREMIUM:

- (a) Healthcare Professional Liability
 - Aggregate Limit \$4,000,000
 - Each Medical Incident \$2,000,000
 - Deductible \$10,000
 - Deductible Aggregate None
- (b) Healthcare General Liability
 - Aggregate Limit No Coverage
 - Products/Completed Operations Limit No Coverage
 - Each Occurrence Limit No Coverage
 - Personal/Advertising Injury Limit No Coverage
 - Fire Damage Limit No Coverage
 - Deductible None
 - Deductible Aggregate None
- Premium * \$54,000.00
- Surcharges/Fees

* Excludes surplus lines taxes and fees.

7. APPLICABLE COVERAGE, FORMS AND ENDORSEMENTS:

Issuing Company:
LEXINGTON INSURANCE COMPANY
99 High Street
Boston, MA 02110-2378

Form Description

- Declarations-Healthcare PL & GL, Form #113391 (01/13)

ENDORSEMENT NO.

This endorsement, effective 12:01 AM:

Forms a part of policy no.:

Issued to:

By:

SCHEDULE OF PHYSICIANS AND/OR OTHER HEALTHCARE PROVIDERS ENDORSEMENT

This endorsement modifies insurance provided by the Policy:

- I. Subparagraph F.3. of Section II. WHO IS AN INSURED of the HEALTHCARE PROFESSIONAL LIABILITY COVERAGE PART does not apply to the following named: physician(s), resident(s), intern(s), extern(s), fellow(s), podiatrist(s), dentist(s), nurse midwife(ves), or certified registered nurse anesthetist(s) (hereinafter referred to as a **healthcare provider(s)**) while acting within the scope of their employment with **you**.
- II. Subparagraph L. is added to Section II. WHO IS AN INSURED of the HEALTHCARE PROFESSIONAL LIABILITY COVERAGE PART.
 - L. A **healthcare provider** under a written contract or written agreement with **you**, but only while performing duties for **you** within the scope of such written contract or written agreement.

Under Section I. and II. above, coverage is provided only for the following **healthcare providers** shown in the Schedule below and only to the extent coverage is provided in such Schedule:

SCHEDULE

<u>HEALTHCARE PROVIDER</u>	<u>SPECIALTY</u>	<u>RETROACTIVE DATE</u> <u>(if applicable)</u>
Lori Liton-Nelson RN	Nurse Practitioner	05/04/2010
Ursula White NP	Psychiatry	11/16/2010
Kay Lynn Dieter	Psychiatry	12/01/2010
Michael Robert Wolf MD	Psychiatry	01/01/2011
Manya Helman MD	Family Practice	05/04/2010
Sohyon Rahe RN	Nurse Practitioner	05/04/2010
Gilberto de Jesus-Rentas MD	Forensic Psychiatry	05/04/2010
Michael Sholar RN	Nurse Practitioner	05/04/2010
Timothy Perez RN	Nurse Practitioner	05/04/2010
Nathaniel Kravitz RN	Nurse Practitioner	07/16/2010

All other terms and conditions of the policy remain the same.



Authorized Representative

Account Number: OR DEJG 4450

Date: 12/12/16 Initials: KIM

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:

GILBERTO DE JESUS-RENTAS, MD
1698 LIBERTY ST SE
SALEM OR 97302

Additional Named Insureds:

Type of Work Covered: PROFESSIONAL PSYCHIATRIST

Location of Operations: N/A
(If different than address listed above)

Claim History:

Retroactive date is 12/24/2009

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	0001-4783	12/24/16	12/24/17	2,000,000 6,000,000

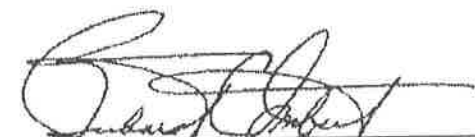
NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSURED(S) WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments:

This Certificate Issued to:

Name: G. DE-JESUS-RENTAS, MD
3770 ABERDEEN ST S

Address: SALEM OR 97302
APA 00138 00 (06/2014)


Authorized Representative

OREGON INSURANCE IDENTIFICATION CARD

COMPANY NUMBER	COMPANY	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
22063	Government Employees Insurance Company		
POLICY NUMBER		EFFECTIVE DATE	EXPIRATION DATE
910012069000		08-16-2016	08-16-2017
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER	
2012	TOYOTA FJ CRUISER	JTEBU4BF1CK135952	
AGENCY/COMPANY ISSUING CARD			
GEICO			
One GEICO Blvd.			
Fredericksburg, VA 22412			
1-866-509-9444			
INSURED			
GILBERTO DE JESUS RENTAS			
3770 ABERDEEN ST S			
SALEM, OR 97302-6803			

SEE IMPORTANT NOTICE ON REVERSE SIDE

OREGON INSURANCE IDENTIFICATION CARD

COMPANY NUMBER	COMPANY	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
VOID	VOID		
POLICY NUMBER		EFFECTIVE DATE	EXPIRATION DATE
VOID		VOID	VOID
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER	
VOID			
AGENCY/COMPANY ISSUING CARD			
GEICO			
One GEICO Blvd.			
Fredericksburg, VA 22412			
1-866-509-9444			
INSURED			
VOID		VOID	
VOID		VOID	
VOID		VOID	
VOID		VOID	
VOID		VOID	
VOID		VOID	

SEE IMPORTANT NOTICE ON REVERSE SIDE