



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: March 29, 2017

Department: Health Agenda Planning Date: March 23, 2017 Time required: 10

Audio/Visual aids

Contact: Cydney Nestor, Team Supervisor Phone: 503-585-4911

Department Head Signature: Scott Richards

TITLE: Mid-Valley Behavioral Care Network; Rental Assistance Professional Services Agreement #HE-1366-15 (#2039) Amendment 1

Issue, Description & Background: MVBCN issued an in-coming fund agreement to MCHD in accordance with MVBCN's IGA with OHA #148485. The agreement allocated funded "slots" to MCHD CAP's Program to be used for rental assistance and supported housing services for CAP's clients. The original agreement was effective July 1, 2015 through June 30, 2016. MVBCN is now issuing Amendment 1 to the agreement; retroactive to July 1, 2016 through June 30, 2017. The amendment provides funding for a continued use of 30 slots for rental assistance and supported housing services. The Amendment provides an additional \$449,109 in funds as follows; \$264,000 for rental assistance, and \$185,109 for administrative / overhead costs.

Financial Impacts: The agreement's original funding was \$388,249. Amendment 1 adds \$449,109 in funds. The new total funding for the period of performance July 1, 2015 through June 30, 2017 is \$837,358.

Impacts to Department & External Agencies: Marion County Health Department anticipates no impacts to any other departments.

Options for Consideration: 1. Consider approval of Amendment 1 to MVBCN Rental Assistance Professional Services Agreement #2039. 2. Consider denying the approval of Amendment 1 to MVBCN Rental Assistance Professional Services Agreement #2039. 3. Take no action at this time.

Recommendation: MCHD recommends approval of Amendment 1 to the MVBCN Rental Assistance Professional Services Agreement #2039.

List of attachments: Amendment 1 to Agreement #2039

Presenter: Scott Richards

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 #: HE-1366-15 (#2039)

Person Sending: Linda Wilson Department: Health

Contact Phone #: 503-361-2792 Date Sent: \_\_\_\_\_

Contract  Amendment # 1  Lease  IGA  MOU  Grant (attach approved grant award transmittal form)

Title: Provide rental assistance servcies and supported housing services up to 30 slots

Contractor's Name: Mid-Valley Behavioral Care Network

Term - Date From: July 1, 2015 Expires: June 30, 2017

Contract Total: \$388,249.00 Amendment Amount: \$449,109.00 New Contract Total: \$837,358.00

Source Selection Method: \_\_\_\_\_ # see below

### 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:

MVBCN issued an agreement to MCHD in accordance with MVBCN's IGA OHA #148485 to allocate slots for rental assistance and supported housing services  
 Amendment 1: The amendment is effective July 1, 2016 - June 30, 2017 and provides the following incoming funds; \$185,109 in administrative/overhead and \$264,000 in rental assistance/move-in expenses for a total in the amount of \$449,109. This amendment is for the allocation of "30 slots". MCHD shall be reimbursed a not-to-exceed \$650/mo per individual. SEE ATTACHED MEMO TO FILE FOR WRITTEN JUSTIFICATION

### 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

Amendment 1 to Agreement MCHD #2039  
**MID-VALLEY BEHAVIORAL CARE NETWORK  
PROFESSIONAL SERVICES AGREEMENT**

MID-VALLEY BEHAVIORAL CARE NETWORK, an Oregon Revised Statutes (ORS) Chapter 190 intergovernmental organization, hereinafter called MVBCN, enters into this Agreement with MARION COUNTY, a political subdivision of the State of Oregon, on behalf of the Health Department, hereinafter called CONTRACTOR.

1. This Agreement is effective for the period of July 1, 2016, through June 30, 2017, when signed by both parties, regardless of the date of signature.
2. The basis of this Agreement is Agreement Number 148485 and all amendments thereto between the State of Oregon, acting by and through the Oregon Health Authority (OHA), and MVBCN. Agreement Number 148485 and all amendments thereto are referred to collectively as "Agreement Number 148485". Agreement Number 148485 is incorporated herein as Attachment D. OHA has contracted with MVBCN to accomplish the work in Agreement Number 148485, and MVBCN is subcontracting a portion of that work to CONTRACTOR. Any action taken by OHA upon MVBCN in relation to Agreement Number 148485 shall be applied by MVBCN to CONTRACTOR as appropriate to CONTRACTOR's services under this Agreement. Any error, omission or ambiguity in this Agreement shall be resolved in favor of a meaning that permits MVBCN to comply with Agreement Number 148485.
3. CONTRACTOR agrees to perform the professional services described in Attachment A: Statement of Work (Rental Assistance Program Services).
4. MVBCN agrees to pay CONTRACTOR as described in Attachment A. The maximum amount allowable under this Agreement for staff and administration/overhead is \$185,109. The maximum amount allowable under this Agreement for reimbursement of rental assistance and move-in expenses is \$264,000. Funds not used for the agreed purposes shall be returned to MVBCN within 30 calendar days from the date of expiration or termination of this Agreement.
5. The Adult Services Coordinator of MVBCN shall serve as CONTRACTOR's contact, and shall monitor services to be provided by CONTRACTOR.
6. CONTRACTOR agrees to perform the professional services covered by this Agreement in accordance with the confidentiality requirements described in Attachment B: Business Associate Agreement.
7. CONTRACTOR shall comply with all federal, state, and local laws, rules and regulations applicable to the work performed under this Agreement, including, but not limited to, all applicable federal and state civil rights and rehabilitation statutes, rules, and regulations.
8. CONTRACTOR shall comply with all terms and conditions of Agreement Number 148485 applicable to the work performed by CONTRACTOR under this Agreement and to CONTRACTOR's status as a subcontractor of MVBCN.

9. CONTRACTOR represents that he/she holds him-/herself out to the public as an independent contractor, and qualifies as such under the provisions of ORS 670.600 and Attachment C, which is incorporated herein. The service or services to be rendered under this Agreement are those of an independent contractor who is not an officer, employee or agent of the MVBCN as those terms are used in ORS 30.265. MVBCN does reserve the right, subject to the provisions of this Agreement, to (i) determine and modify the delivery schedule for work to be performed and (ii) evaluate the quality of the completed performance.
10. CONTRACTOR shall comply with all applicable federal, state, and local laws, rules, and regulations on nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, or disability.
11. The performance of this Agreement is at CONTRACTOR's sole risk. CONTRACTOR is solely liable for any workers' compensation coverage; social security, unemployment insurance or retirement payments; and federal or state taxes due as a result of payments under this Agreement. Any subcontractor hired by the CONTRACTOR shall be similarly responsible. If any work is subcontracted CONTRACTOR shall meet the ORS 656.017 requirements to provide workers' compensation coverage for all subject workers.
12. CONTRACTOR will not be eligible for any Federal Social Security, State Workers' Compensation, unemployment insurance or Public Employees Retirement System benefits from MVBCN under this Agreement.
13. CONTRACTOR is not currently employed by MVBCN, and will not be under the direct control of MVBCN.
14. MVBCN will report the total amount of all payments to CONTRACTOR, including any expenses, in accordance with Federal Internal Revenue regulations.
15. In accordance with the Oregon Tort Claims Act and the Oregon Constitution, CONTRACTOR agrees to indemnify, defend and hold MVBCN, its officers, employees and agents harmless and defend all damages, losses and expenses including but not limited to attorney fees and to defend all claims, proceedings, lawsuits and judgments arising out of or resulting from CONTRACTOR's performance of this Agreement.
16. In accordance with the Oregon Tort Claims Act and the Oregon Constitution, MVBCN agrees to indemnify, hold harmless and defend CONTRACTOR and its officers, employees and agents from and against any damages, losses and expenses including but not limited to attorney fees and to defend all claims, proceedings, lawsuits and judgments arising out of or resulting from MVBCN's negligence in performance of this Agreement.
17. By execution of this Agreement, CONTRACTOR certifies under penalty of perjury that:
  - a. To the best of CONTRACTOR's knowledge, CONTRACTOR is not in violation of any tax laws described in ORS 305.380(4); and
  - b. CONTRACTOR has not discriminated against and will not discriminate against a minority, women or emerging small business enterprise certified under ORS 200.055 or a business enterprise that is owned or controlled by or that employs a disabled veteran, as defined in

ORS 408.225, in obtaining any required subcontracts.

18. CONTRACTOR's employees and Board members must not be excluded from participation in federal health care programs (Medicaid, Medicare and other federally-funded programs that provide health benefits); and must not be excluded from participation in federal procurement (Federal Acquisition Regulation) and non-procurement activities (Executive Order No. 12549).
19. Neither party shall assign, sublet or transfer any interest in or duty under this Agreement without the written consent of the other, and no assignment shall be of any force or effect whatsoever unless and until the other party has so consented. Written consent shall be obtained at least 45 calendar days in advance of assigning, subletting or transferring any interest.
20. Any and all disputes between the parties hereto shall be resolved in binding arbitration as set forth hereafter. The parties acknowledge that mediation usually helps parties to resolve disputes that have arisen regarding contract interpretation and administration. Therefore before proceeding to arbitration, the parties agree to mediate their differences. In the event mediation is unsuccessful, the parties agree to submit the dispute to Arbitration Service of Portland, Inc. for final and binding arbitration pursuant to its then existing rules. All costs of arbitration shall be shared equally. Any award entered pursuant to this section shall be reduced to the form of a judgment and may be entered in the judgment docket or registry of Marion County Circuit Court.
21. MVBCN shall not be obligated to pay any amount greater than that stated above.
22. Modifications or amendments to this Agreement shall be in writing and executed by both parties.
23. The parties acknowledge that the termination provisions of this Agreement are necessarily constructed so as to permit MVBCN to comply with the termination provisions in Agreement Number 148485. This Agreement may be terminated as follows:
  - a. CONTRACTOR may terminate this Agreement in whole or in part:
    - i) For its convenience, upon at least 100 calendar days advance written notice to MVBCN;  
or
    - ii) Upon 55 calendar days advance written notice to MVBCN, if CONTRACTOR does not obtain funding, appropriations and other expenditure authorizations from CONTRACTOR's governing body, federal, state or other sources sufficient to permit CONTRACTOR to satisfy its performance obligations under this Agreement, as determined by CONTRACTOR in the reasonable exercise of its administrative discretion.
  - b. MVBCN may terminate this Agreement in whole or in part:
    - i) Upon 35 calendar days advance written notice to CONTRACTOR, if MVBCN does not obtain funding, appropriations and other expenditure authorizations from federal, state or other sources sufficient to meet the payment obligations of MVBCN under this Agreement, as determined by MVBCN in the reasonable exercise of its administrative discretion;
    - ii) Immediately, upon written notice to CONTRACTOR that OHA has given written notice to MVBCN of immediate termination pursuant to Agreement Number 148485, Exhibit B, Section 10(b)(2-3, 5-6);
    - iii) Upon 20 calendar days advance written notice to CONTRACTOR, if CONTRACTOR is

- in default under this Agreement and such default remains uncured at the end of said 20 calendar day period or such longer period, if any, as MVBCN may specify in the notice; or
- iv) Within the time period specified in MVBCN's notice to CONTRACTOR if Agreement Number 148485 is terminated by mutual consent pursuant to Agreement Number 148485, Exhibit B, Section 10(c).
  - c. MVBCN shall not be liable for losses incurred by CONTRACTOR directly or indirectly related to the exercise of the termination provisions of this Agreement.

SIGNATURES

MARION COUNTY

Scott Richards 3/10/17  
 Scott Richards Date  
 Interim Administrator, Marion Co. Health  
 Dept.

Fund Verification  
 Cost Center: 2899  
 Account: 335520

Ryan Matthews 3/10/17  
 Ryan Matthews Date  
 Admin. Svcs. Division Director

\_\_\_\_\_  
 John Lattimer Date  
 Chief Administrative Officer

\_\_\_\_\_  
 Marion County Contracts Date

\_\_\_\_\_  
 Marion County Legal Counsel Date

MID-VALLEY BEHAVIORAL CARE NETWORK

\_\_\_\_\_  
 Craig Pope Date  
 Chair, Board of Directors

2965 Ryan Drive SE, Suite 150  
 Salem, Oregon 97301

Approved as to form:

\_\_\_\_\_  
 Wallace W. Lien Date  
 MVBCN Legal Counsel

Marion County Board of Commissioners:

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Chair

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Commissioner

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Commissioner

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Date

Marion County Tax ID # 93-6002307

**Attachment A – STATEMENT OF WORK**  
***Rental Assistance Program Services***

1. CONTRACTOR shall provide Rental Assistance Program Services as described in Agreement Number 148485, specifically the “Service Description” section on page 8 of Amendment 2 to Agreement Number 148485. CONTRACTOR shall meet the highest standards prevalent in the industry or business most closely involved in providing the appropriate goods or services.
2. For the period of July 1, 2016, through August 31, 2016, CONTRACTOR is allocated 30 of 60 total “slots” funded by Agreement Number 148485. The other slots are allocated to Polk County (15 slots) and Yamhill County (15 slots). For September 1, 2016, through June 30, 2017, CONTRACTOR is allocated 30 of 45 slots, with the remaining 15 slots allocated to Polk County. The reduction in number of “slots” effective September 1, 2016, is specified in Amendment 4 to Agreement Number 148485.
3. Payment and performance requirements:
  - a. MVBCN shall reimburse CONTRACTOR for rental assistance payments for individuals served under this Agreement, consistent with Agreement Number 148485, specifically subsection 2(b) of “Performance Requirements” on page 8 of Amendment 2 to Agreement Number 148485. The reimbursement per individual shall not exceed \$650 per month. Payments for rental assistance made on behalf of individuals cover payment to landlords or specific vendors for a portion of the monthly rent; or payment to specific vendors for resident utility expenses.
  - b. MVBCN shall reimburse CONTRACTOR for move-in expense payments for individuals served under this Agreement, consistent with Agreement Number 148485, specifically subsection 2(c) of “Performance Requirements” on page 8 of Amendment 2 to Agreement Number 148485. The reimbursement per individual shall not exceed \$1,000. Payments for move-in costs may include cleaning and security deposits, pet deposits, and outstanding utility bills.
  - c. CONTRACTOR must submit an itemized invoice to MVBCN in order to be reimbursed for rental assistance and move-in expense payments. Invoices shall be submitted at least once per calendar quarter but not more frequently than once a month. CONTRACTOR shall utilize the reimbursement review system and tracking tools developed by MVBCN. MVBCN may refuse to reimburse CONTRACTOR for any expense that in MVBCN’s judgment is not eligible for payment under Agreement Number 148485.
    - i) CONTRACTOR shall maintain all financial records relating to this Agreement in accordance with generally accepted accounting principles. CONTRACTOR is not required to provide supporting documentation with its invoice. However, CONTRACTOR shall promptly produce any and all supporting documentation upon request by MVBCN, OHA, the federal government, or their duly authorized representatives. Failure to produce any requested supporting documentation or any insufficiency in the documentation according to generally accepted accounting principles may result in demand for prompt repayment of the funds.
  - d. CONTRACTOR acknowledges that rental assistance and move-in expense payments are subject to the Special Conditions in Exhibit E of Agreement Number 148485 which stipulates that under delivery of rental assistance services may result in recovery of funds at a rate of \$650 for each month that services are under-delivered. CONTRACTOR agrees to make its best efforts to ensure that individuals served by CONTRACTOR under this



Agreement are not also served by Polk County or Yamhill County. Further, CONTRACTOR agrees to make its best efforts to ensure that services covered by this Agreement are not under-delivered. The parties agree that if it is necessary to recover funds for rental assistance services pursuant to the Special Conditions, MVBCN's recovery of funds from Marion County is limited to the 30 slots allocated to Marion County.

- e. CONTRACTOR shall annually inspect or have inspected rental housing units subject to this special project to assure unit passes the criteria outlined in the OHA approved Housing Condition Checklist located at <https://www.oregon.gov/oha/amb/Pages/reporting-reqs.aspx>.
- f. CONTRACTOR acknowledges the OHA requirement that no more than 20% of units in a building or complex of buildings may be reserved for tenants with Serious Mental Illness (SMI) referred by state or its contractors or subcontractors. CONTRACTOR shall make good faith, reasonable, best efforts to facilitate the use of those units by persons with SMI. The remaining housing is available to all individuals in conformance with Fair Housing and other related laws.
- g. Rental Assistance Program Services include funding for a residential specialist position and a peer support specialist position. For purposes of this special project, the residential and peer support specialist positions shall be responsible for coordinating the program components such as application process, finding a rental unit, and payments to the landlord; the support service components include, but not limited to, financial budgeting, community navigation, and maintaining healthy relationships which support individuals in their ability to live as independently as possible in the community. These funds cannot be used to fund other CONTRACTOR positions.
- i) CONTRACTOR shall assign 1.0 FTE qualified staff to serve as a residential support specialist. CONTRACTOR shall assign 1.0 FTE qualified staff to serve as a peer support specialist.
  - a. MVBCN shall provide funds for these positions and for administrative costs/overhead as follows and without necessity of an invoice from CONTRACTOR:

<i>Staff Funds</i>	<i>Administration/ Overhead Funds</i>	<i>Disbursement Schedule</i>
\$144,241	\$40,868	Upon execution of this Agreement

- b. The parties acknowledge that the funds provided by MVBCN are less than CONTRACTOR's costs for staff and administration/overhead for the services under this Agreement. CONTRACTOR agrees to utilize its other financial resources to cover the shortfall in funds.
          - (a) CONTRACTOR agrees to spend administration/overhead funds on eligible costs that include Rental Assistance Program Services data collection and documentation of service delivery in compliance with state and federal requirements; and housing inspection services, accounting services, computer upgrades, supervision of program staff, expenses associated with program office space, etc.
4. Data reporting requirements:
- a. CONTRACTOR shall collect and report data on services covered by this Agreement using the designated OHA and MVBCN forms. The OHA forms are for reporting on the OHA-required terms and service elements; the current OHA-required items are listed below. The MVBCN forms are for reporting on the data elements in MVBCN's application to OHA that

resulted in the contract award for Rental Assistance Program Services. CONTRACTOR shall submit its completed OHA forms to MVBCN within 30 calendar days from the end of each calendar quarter. CONTRACTOR shall submit its MVBCN forms to MVBCN within the timeframe specified on each form. The OHA and MVBCN forms are provided in Attachments E and F, respectively. Further, MVBCN shall provide CONTRACTOR with electronic versions of the forms. OHA and/or MVBCN may periodically revise the forms. Such revisions do not require execution of an amendment to this Agreement. MVBCN shall make its best efforts to promptly notify and provide CONTRACTOR with any revised forms.

- i) What is the number of occupied units on the last business day of the month and a total amount of units for the quarter?
  - ii) How many months has the current individual occupied the unit?
  - iii) If the individual vacated the unit provide the reason why:
    - a. Moved to another apartment, but remained in the program;
    - b. Landlord eviction, if so why;
    - c. Resident gave 30-day notice, if so why;
    - d. What was the total length of time the individual stayed in unit?
  - iv) What services are the individuals participating in the most?
  - v) What are the biggest barriers to the individual using services or being placed in housing?
  - vi) How many individuals were not able to secure a rental unit and the reason(s) why?
    - a. Unable to afford, even with rental assistance;
    - b. Lack of available units;
    - c. Criminal record;
    - d. Credit history;
    - e. Unknown;
    - f. Other (specify).
  - vii) Program expenditures
    - a. Amount expended for move in/barrier removal services this quarter;
    - b. Amount expended for housing rent this quarter;
    - c. Amount expended for providing services (not housing costs) this quarter;
    - d. Total amount spent each month and for the total quarter for:
      - Staff positions
      - Administration
      - Move in/barrier removal costs
  - viii) Client information
    - a. Name
    - b. Identification number
    - c. Were services provided for this individual?
    - d. Was this individual placed in housing this month; this quarter?
      - If no, what specific barriers/issues exist to prevent placement and what services are planned for this individual?
      - If yes, what services were provided for successful placement of individual into housing?
- b. For each individual served by CONTRACTOR under this Agreement, CONTRACTOR shall enroll and maintain that individual's record in the Measures and Outcome Tracking System (MOTS) as specified in OHA's MOTS manual located at <http://www.oregon.gov/oha/amh/mots/Pages/index.aspx>, as it may be revised from time to time.

**Attachment B – BUSINESS ASSOCIATE AGREEMENT**  
*Amended and Restated*

**Between**  
**MID-VALLEY BEHAVIORAL CARE NETWORK**  
**And**  
**MARION COUNTY**

This Agreement is entered into by and between Mid-Valley Behavioral Care Network, hereinafter referred to as “Covered Entity”, and Marion County, hereinafter referred to as “Business Associate”, (individually, a “Party” and collectively, the “Parties”).

**RECITALS:**

Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), known as “the Administrative Simplification provisions,” direct the Department of Health and Human Services (DHHS) to develop standards to protect the security, confidentiality and integrity of health information; and

Pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services issued regulations modifying 45 CFR Parts 160 and 164 (the “HIPAA Security and Privacy Rule”); and

The American Recovery and Reinvestment Act of 2009 (Public Law 111-5), pursuant to Title XIII of Division A and Title IV of Division B, called the Health Information Technology for Economic and Clinical Health (HITECH) Act, provides modifications to the HIPAA Security and Privacy Rule (hereinafter, all references to the “HIPAA Security and Privacy Rule” are deemed to include all amendments to such rule contained in the HITECH Act and any accompanying regulations, and any other subsequently adopted amendments or regulations); and

The Parties wish to enter into an arrangement whereby Business Associate will provide certain services to Covered Entity, and, pursuant to such arrangement, Business Associate may be considered a “business associate” of Covered Entity as defined in the HIPAA Security and Privacy Rule. The agreement evidencing such arrangement is hereby referred to as the “Arrangement Agreement”, and this Business Associate (BA) Agreement is hereby incorporated into said Arrangement Agreement; and

Business Associate may have access to Protected Health Information (PHI) as defined in the HIPAA Security and Privacy Rule in fulfilling its responsibilities under such arrangement.

In consideration of the Parties’ obligations under the Arrangement Agreement and compliance with the HIPAA Security and Privacy Rule, the Parties agree to the provisions of this BA Agreement in order to address the requirements of the HIPAA Security and Privacy Rule and to protect the interests of both Parties.

1. Definitions: Capitalized terms used in this BA Agreement, but not otherwise defined, shall have the same meaning as those terms in the HIPAA Security and Privacy Rule.
2. Prohibition on Unauthorized Use or Disclosure of PHI: Business Associate shall not use or disclose any PHI received from or on behalf of Covered Entity except as permitted or required by this BA Agreement, as required by law or as otherwise authorized in writing by Covered Entity.
3. Use and Disclosure of Protected Health Information: Except as described in Section 4, Business Associate may access, transmit, maintain, retain, modify, record, store, destroy or otherwise hold, use or disclose PHI only for the purpose of performing “business associate” functions and activities consistent with the Arrangement Agreement between Covered Entity and Business Associate.
4. Use of PHI for Business Associate’s Operations: Business Associate may use and/or disclose PHI it creates for, or receives from, Covered Entity to the extent necessary for Business Associate’s proper management and administration, or to carry out Business Associate’s legal responsibilities, only if:
  - a) The disclosure is required by law; or
  - b) Business Associate obtains reasonable assurances, evidenced by written contract, from any person or organization to which Business Associate shall disclose such PHI that such person or organization shall:
    - i. Hold such PHI in confidence and use or further disclose it only for the purpose for which Business Associate disclosed it to the person or organization, or as required by law; and
    - ii. Notify Business Associate, who shall in turn promptly notify Covered Entity, of any occurrence which the person or organization becomes aware of in which the confidentiality of such PHI was breached.
  - c) Business Associate’s proper management and administration does not include the use or disclosure of PHI by Business Associate for Marketing purposes, or to support Marketing.
5. Safeguarding of PHI: Business Associate shall develop, implement, maintain, and use reasonable and appropriate administrative, technical, and physical safeguards to protect the confidentiality, integrity and availability of all PHI, in any form or media, created, received, maintained or transmitted on behalf of Covered Entity. Business Associate shall document and keep these security measures current. Business Associate shall cooperate in good faith in response to any reasonable requests from Covered Entity to discuss, review, inspect, and/or audit Business Associate’s safeguards.
6. Subcontractors and Agents: If Business Associate provides any PHI which was received from, or created for, Covered Entity to a subcontractor or agent, then Business Associate shall require such subcontractor or agent to agree in writing to the same restrictions and conditions as are imposed on Business Associate by this BA Agreement.
7. Access to PHI: At the direction of Covered Entity, Business Associate agrees to provide access to any PHI held by Business Associate, which Covered Entity has determined to be part of Covered Entity’s Designated Record Set, in the time and manner designated by Covered Entity. This access will be provided to Covered Entity or, as directed by Covered Entity, to an Individual, in order to meet the requirements under the Privacy Rule.

8. Amendment or Correction to PHI: At the direction of Covered Entity, Business Associate agrees to amend or correct PHI held by Business Associate, which Covered Entity has determined to be part of Covered Entity's Designated Record Set, in the time and manner designated by Covered Entity.
9. Reporting of an Incident/Breach, Unauthorized Disclosures or Misuse of PHI (occurrence): Business Associate shall report to Covered Entity, including those occurrences reported to Business Associate by its subcontractors or agents, a discovery of Breach or any use or disclosure of PHI which is not in compliance with the terms of this BA Agreement. An occurrence of PHI shall be treated as "discovered" as of the first day on which such occurrence is known to Business Associate, or, by exercising reasonable diligence would have been known to Business Associate.<sup>1</sup>
- a) Business Associate shall provide written notice to Covered Entity of the occurrence within five (5) calendar days of the discovery. The notice shall include the identification of each individual whose PHI has been, or is reasonably believed by Business Associate to have been accessed, acquired or disclosed during such occurrence.<sup>2</sup> The notice shall specify whether the occurrence involves Unsecured Protected Health Information.
  - b) *Investigation of Occurrence*. Business Associate shall immediately conduct an investigation and report in writing to Covered Entity within ten (10) calendar days the following information:<sup>3</sup>
    - i. A brief description of what happened, including the date of the occurrence and the date of the discovery of the occurrence, if known;
    - ii. A description of the types of PHI that were involved in the occurrence (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
    - iii. A brief description of what Business Associate is doing to investigate the occurrence, to mitigate losses and to protect against further occurrences;
    - iv. The actions Business Associate has undertaken or will undertake to mitigate any harmful effect of the occurrence; and
    - v. A corrective action plan that includes the steps Business Associate has taken or shall take to prevent future similar occurrences.
  - c) *Notification to Individuals*. In the event of a Breach of Unsecured Protected Health Information, Covered Entity shall be responsible for providing the required notification to individuals of the occurrence. This shall be executed without unreasonable delay and in no case later than 60 calendar days after the discovery.<sup>4</sup> Business Associate shall cooperate with and assist in Covered Entity's activities to notify individuals, if requested.
10. Mitigating Effect of an Incident/Breach, Unauthorized Disclosures or Misuse of PHI: Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a misuse or unauthorized disclosure of PHI by Business Associate in violation of the requirements of this BA Agreement. Business Associate shall reasonably cooperate with Covered Entity's efforts to seek appropriate injunctive relief or otherwise prevent

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<sup>1</sup> 45 CFR 164.410(a)(2)

<sup>2</sup> 45 CFR 164.410(c)

<sup>3</sup> 45 CFR 164.404(c)

<sup>4</sup> 45 CFR 164.404(b)

or curtail such threatened or actual breach, or to recover its PHI, including complying with a reasonable Corrective Action Plan.

11. Tracking and Accounting of Disclosures: So that Covered Entity may meet its accounting obligations under the Privacy Rule.
- a) *Disclosure Tracking*. For each disclosure of PHI that Business Associate makes to Covered Entity or to a third party that is not excepted under subsection (b) below, Business Associate will record (i) the disclosure date, (ii) the name and (if known) address of the person or entity to whom Business Associate made the disclosure, (iii) a brief description of the PHI disclosed, and (iv) a brief statement of the purpose of the disclosure. For repetitive disclosures which Business Associate makes to the same person or entity, including Covered Entity, for a single purpose, Business Associate may provide (i) the disclosure information for the first of these repetitive disclosures, (ii) the frequency, periodicity or number of these repetitive disclosures, and (iii) the date of the last of these repetitive disclosures. Business Associate will make this log of disclosure information available to Covered Entity within five (5) business days of Covered Entity's request.
  - b) *Exceptions from Disclosure Tracking*. Business Associate need not record disclosure information or otherwise account for disclosures of PHI if:
    - i. The disclosures are permitted under this BA Agreement, the Arrangement Agreement or are expressly authorized by Covered Entity in another writing; and
    - ii. The disclosures are for one of the following purposes:
      - A. Treatment, Payment, or Health Care Operations unless subsection (d) below, applies;
      - B. In response to a request from the Individual who is the subject of the disclosed PHI, or to that Individual's Personal Representative;
      - C. Made to persons involved in that individual's health care or payment for health care;
      - D. For notification for disaster relief purposes;
      - E. For national security or intelligence purposes;
      - F. As part of a Limited Data Set; or
      - G. To law enforcement officials or correctional institutions regarding inmates.
  - c) *Disclosure Tracking Time Periods*. Business Associate must have available for Covered Entity the disclosure information required by this section for the six-year period preceding Covered Entity's request for the disclosure information.
  - d) Business Associate shall, upon request by Covered Entity, provide an accounting of the disclosures of an individual's PHI for any disclosure that meets all of the following conditions:
    - i. The disclosure relates to Treatment, Payment or Health Care Operations of Covered Entity; and
    - ii. The disclosure was made through an Electronic Health Record.<sup>5</sup>
  - e) Business Associate only needs to provide information of such disclosures described in (d)(i) and (d)(ii), above, for the three years prior to the date on which the accounting is requested. Business Associate shall provide all information necessary for Covered Entity to provide an accounting that includes all information required by DHHS by rule, once such rules are available.
  - f) *Effective Date*.<sup>6</sup> Business Associate must begin making the accounting required under

<sup>5</sup> ARRA/HITECH Title XIII Subtitle D, 13400(5)

<sup>6</sup> ARRA/HITECH Title XIII Subtitle D, 13405(c)(4)

subsection (d) above depending upon when Covered Entity acquires an Electronic Health Record. If Covered Entity had an Electronic Health Record as of January 1, 2009, subsection (d) above will apply to PHI disclosures made by Covered Entity on or after January 1, 2014. If Covered Entity does not have an Electronic Health Record as of January 1, 2009, subsection (d) above will apply to PHI disclosures made by Covered Entity after the later of:

- i. July 1, 2016; or
- ii. The date that Covered Entity acquires an Electronic Health Record.

12. Accounting to Covered Entity and to Government Agencies. Business Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI received from or on behalf of, or created for, Covered Entity available to Covered Entity, or at the request of Covered Entity or the Secretary of DHHS, to the Secretary of DHHS or his/her designee, in a time and manner designated by Covered Entity or the Secretary or his/her designee, for the purpose of determining Covered Entity's compliance with the Privacy Rule. Business Associate shall promptly notify Covered Entity of communications with DHHS regarding PHI provided by or created by Covered Entity and shall provide Covered Entity with copies of any information Business Associate has made available to DHHS under this provision.

13. Term and Termination:

- a) This BA Agreement shall be effective as of July 1, 2016.
- b) If Covered Entity reasonably determines in good faith that Business Associate has materially breached any of its obligations under this BA Agreement, Covered Entity shall:
  - i. Provide an opportunity for Business Associate to cure the breach within the timeframe specified in writing by Covered Entity; or
    - A. Covered Entity shall terminate for cause the Arrangement Agreement if Business Associate has not cured the breach within the specified timeframe and/or to the satisfaction of Covered Entity.
  - ii. Provide an opportunity for Business Associate to terminate the Arrangement Agreement within the timeframe specified therein or as otherwise agreed between the Parties.

14. Return or Destruction of PHI: Upon termination, cancellation, expiration, or other conclusion of the Arrangement Agreement, Business Associate shall:

- a) Return to Covered Entity or, if return is not feasible, destroy all PHI and all Health Information in whatever form or medium that Business Associate received from or created on behalf of Covered Entity. This provision shall also apply to all PHI that is in the possession of subcontractors or agents of Business Associate. In such case, Business Associate shall retain no copies of such information, including any compilations derived from and allowing identification of PHI. Business Associate shall complete such return or destruction as promptly as possible, but not more than 30 calendar days after the effective date of the conclusion of the Arrangement Agreement. Within such 30 calendar day period, Business Associate shall certify on oath in writing to Covered Entity that such return or destruction has been completed.
- b) If Business Associate destroys PHI, it shall be done with the use of technology or methodology that renders the PHI unusable, unreadable, or undecipherable to unauthorized individuals as specified by DHHS in DHHS guidance. Acceptable methods for destroying PHI include: (i) paper, film, or other hard copy media shredded or destroyed in order that PHI

cannot be read or reconstructed; and (ii) electronic media cleared, purged or destroyed consistent with the standards of the National Institute of Standards and Technology (NIST). DHHS specifically excluded redaction as a method of destruction of PHI, unless the information is properly redacted so as to be fully de-identified.

- c) If Business Associate believes that the return or destruction of PHI or Health Information is not feasible, Business Associate shall provide written notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction is not feasible, Business Associate shall extend the protections of this BA Agreement to PHI and Health Information received from or created on behalf of Covered Entity, and limit further uses and disclosures of such PHI, for so long as Business Associate maintains the PHI.

15. Miscellaneous:

- a) *Automatic Amendment:* Upon the effective date of any amendment to HIPAA, the Privacy Rule or the Security Rule promulgated by DHHS with regard to PHI, this BA Agreement shall automatically amend so that the obligations imposed on Business Associate remain in compliance with such regulations.
- b) *Interpretation.* Any ambiguity in this BA Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA. Where laws in the State of Oregon or other federal law is more stringent than HIPAA, the more stringent Oregon or federal law shall control.



## Attachment C – DEFINITION OF INDEPENDENT CONTRACTOR

1. CONTRACTOR represents that he/she holds him-/herself out to the public as an independent contractor, and qualifies as such under the provisions of ORS 670.600 as follows:

a. CONTRACTOR is free from direction and control over the means and manner of providing the goods, materials, equipment and services, subject to the right of MVBCN to specify the desired results.

b. CONTRACTOR is customarily engaged in an independently established business, shown by CONTRACTOR's meeting any three of the following requirements:

i) CONTRACTOR does not rely solely on one person or one entity to obtain customers or CONTRACTOR performs all labor or services in his own name or business name and collects payment for the labor or services directly from the customer;

ii) CONTRACTOR assumes the risk of loss related to the business or the performance of labor or services as shown by fixed-price contracts, commission-based earnings, responsibility to correct defective work, responsibility for extension of warranties, negotiated indemnification agreements or purchase of liability insurance, performance bonds or errors and omissions insurance;

iii) CONTRACTOR performs contracted labor or services for two or more different persons or business entities within a 12-month period or routinely engages in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to perform similar labor or services;

iv) CONTRACTOR makes a significant investment in the business, including but not limited to: (A) purchase of tools or equipment necessary to perform the labor or services; (B) payment for the premises or facilities where the labor or services are performed; and (C) payment for specialized training or licenses required to perform the labor or services; or

v) CONTRACTOR has the authority to hire and fire persons to perform the labor or services.

c. CONTRACTOR is licensed under ORS Chapter 701 if the individual performs labor or services for which licensure under ORS Chapter 701 is required; and

d. CONTRACTOR is personally responsible for obtaining other licenses or certificates necessary to perform the labor or services.

**Attachment D – STATE OF OREGON  
AGREEMENT NUMBER 148485**

Agreement Number 148485



**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 Agreement is between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA" and

**Mid-Valley Behavioral Care Network  
1660 Oak Street SE, Suite 230  
Salem, OR 97301  
Attn: Suzanne Smith  
Telephone: 503-361-2647  
Facsimile: 503-585-4989  
E-mail address: [Suzanne@mvbcn.org](mailto:Suzanne@mvbcn.org)**

hereinafter referred to as "Agency."

Work to be performed under this Agreement relates principally to OHA's

**Addictions and Mental Health Division  
500 Summer Street NE, E86  
Salem, OR 97301  
Agreement Administrator: Darcy Strahan or delegate  
Telephone: 503-945-9722  
Facsimile: 503-378-8467  
E-mail address: [amhcontract.administrator@state.or.us](mailto:amhcontract.administrator@state.or.us)**

**1. Effective Date and Duration.**

This Agreement, when fully executed by every party, regardless of the date of execution by every party, shall become effective on the date this Agreement has been approved by the Department of Justice or July 1, 2015 whichever date is later. Unless extended or terminated earlier in accordance with its terms, this Agreement shall expire on June 30, 2016. Agreement termination or expiration shall not extinguish or prejudice either party's right to enforce this Agreement with respect to any default by the other party that has not been cured.

**2. Agreement Documents.**

a. This Agreement consists of this document and includes the following listed exhibits which are incorporated into this Agreement:

- (1) Exhibit A, Part 1: Statement of Work
- (2) Exhibit A, Part 2: Payment and Financial Reporting
- (3) Exhibit A, Part 3: Special Terms and Conditions
- (4) Exhibit B: Standard Terms and Conditions
- (5) Exhibit C: Subcontractor Insurance Requirements
- (6) Exhibit D: Required Federal Terms and Conditions
- (7) Exhibit E: Financial Pages

There are no understandings, agreements, or representations, oral or written, regarding this Agreement that are not specified herein.

b. In the event of a conflict between two or more of the documents comprising this Agreement, the language in the document with the highest precedence shall control. The precedence of each of the documents comprising this Agreement is as follows, listed from highest precedence to lowest precedence: this Agreement without Exhibits, Exhibits D, A, B, C and E.

c. For purposes of this Agreement, "Work" means specific work to be performed or services to be delivered by Agency as set forth in Exhibit A.

**3. Consideration.**

a. The maximum not-to-exceed amount payable to Agency under this Agreement, which includes any allowable expenses, is as set forth in Exhibit E., "Financial Pages". OHA will not pay Agency any amount in excess of the not-to-exceed amount for completing the Work, and will not pay for Work until this Agreement has been signed by all parties.

b. OHA will pay only for completed Work under this Agreement, and may make interim payments as provided for in Exhibit A.

**4. Vendor or Sub-Recipient Determination.** In accordance with the State Controller's Oregon Accounting Manual, policy 30.40.00.102, OHA's determination is that:

- Agency is a sub-recipient       Agency is a vendor       Not applicable

Catalog of Federal Domestic Assistance (CFDA) #(s) of federal funds to be paid through this Agreement: Not Applicable

5. Agency Data and Certification.

- a. Agency Information. Agency shall provide information set forth below. This information is requested pursuant to ORS 305.385.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Agency Name (exactly as filed with the IRS): Mid-Valley Behavioral Care Network  
Street address: 2965 Ryan Dr. SE, #150  
City, state, zip code: Salem, OR 97301  
Email address: scott@mubcn.org  
Telephone: (503) 505-4991 Facsimile: (503) 505-4989  
Federal Employer Identification Number: 41-2194963  
Proof of Insurance:  
Workers' Compensation Insurance Company: See attached  
Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

The above information must be provided prior to Agreement execution. Agency shall provide proof of insurance upon request by OHA or OHA designee.

- b. Certification. The Agency 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) the Agency and that pertains to this Agreement or to the project for which the Agreement work is being performed. The Agency 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. Agency 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 the Agency. Without limiting the generality of the foregoing, by signature on this Agreement, the Agency hereby certifies that:
- (1) The information shown in this Section 5., Agency Data and Certification, is Agency's true, accurate and correct information;
  - (2) To the best of the undersigned's knowledge, Agency 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;



## Mid-Valley Behavioral Care Network

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2965 Ryan Drive SE, Suite 150 ▪ Salem, Oregon 97301  
PHONE: (503) 361-2647 ▪ FAX: (503) 585-4989 ▪ [www.mvbcn.org](http://www.mvbcn.org)

July 30, 2015

To Whom It May Concern:

With respect to Workers' Compensation insurance, MVBCN does not carry this insurance as our staff is comprised of Marion County employees. The enclosed Certificate of Self-Insurance from Marion County provides evidence of the County's self-insurance for Workers' Compensation insurance.

Truly,

A handwritten signature in black ink, appearing to read 'Cheryl H.', is written over the printed name.

Cheryl Henning  
MVBCN Administrative Services Manager

Enc.



# Marion County OREGON

## CERTIFICATE OF SELF-INSURANCE

The undersigned hereby certifies that the following described self-insurance is in force as of the date below:

Name of Self-Insured: Marion County  
Principal Address: 555 Court St NE, 4th Floor, Salem, Oregon, 97301  
PO Box 14500, Salem, OR, 97309-5036  
Policy Period: July 1, 2009 until cancelled

	<u>Description of Coverage</u>	<u>Limits of Liability</u>
I.	General Liability	\$10,000,000 Per Occurrence \$10,000,000 Aggregate
II.	Automobile Liability	\$1,000,000 Per Accident Per ODOT Certificate Number 58
III.	Workers' Compensation	\$750,000
IV.	Employer's Liability	\$1,000,000

Marion County is self-insured for the above coverages in accordance with the provisions of ORS 30.270 (Tort Claims Act) and ORS 656.403 (Workers' Compensation). The county maintains an insurance fund from which to pay all costs and expenses relating to claims for which it is self-insured. This document is furnished to you as a matter of information only. The issuance of this document does not modify in any manner the issuer's self-insurance program.

Marion County Risk Management

Justine Flora

Justine Flora, Benefits and Risk Manager  
Phone: 503-584-7786 Fax: 503-588-5495

- (3) Agency and Agency's employees and agents are not included on the list titled "Specially Designated Nationals and Blocked Persons" maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at <http://www.treas.gov/offices/enforcement/ofac/sdn/111sdn.pdf>;
  - (4) Agency is not listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal procurement or Non-procurement Programs" found at <https://www.sam.gov/portal/public/SAM/>; and
  - (5) Agency is not subject to backup withholding because:
    - (a) Agency is exempt from backup withholding;
    - (b) Agency has not been notified by the IRS that Agency is subject to backup withholding as a result of a failure to report all interest or dividends; or
    - (c) The IRS has notified Agency that Agency is no longer subject to backup withholding.
- c. Agency is required to provide its Federal Employer Identification Number (FEIN). By Agency's signature on this Agreement, Agency hereby certifies that the FEIN provided to OHA is true and accurate. If this information changes, Agency is also required to provide OHA with the new FEIN within 10 days.

**AGENCY, BY EXECUTION OF THIS AGREEMENT, HEREBY ACKNOWLEDGES THAT AGENCY HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.**



AGENCY: YOU WILL NOT BE PAID FOR WORK PERFORMED PRIOR TO NECESSARY STATE APPROVALS

6. Signatures.

Mid-Valley Behavioral Care Network

By:

Janet Lark Chair 7/30/15  
Authorized Signature Title Date

State of Oregon, acting by and through its Oregon Health Authority

By:

Michael H. ... Administrator 8/4/15  
Authorized Signature Title Date

Approved for Legal Sufficiency:

Approved via email by Jeff Wahl 7/1/2015  
Assistant Attorney General Date

OHA Program:

Approved via email by Sheryl Dertling 6/29/2015  
Authorized Signature Date

Office of Contracts and Procurement:

Sharon M. Tompkins 8/16/15  
Contract Specialist Date

Approved as to form:

Wallace W. Lion 7-28-15  
Wallace W. Lion Date  
MVBCN Legal Counsel

## EXHIBIT A

### Part 1 Statement of Work

1. **Purpose:** Agency shall provide supported housing and rental assistance services as described below. OHA requires that the Agency meets the highest standards prevalent in the industry or business most closely involved in providing the appropriate goods or services.
  
2. **Services to be provided by Agency shall include:** Where referenced in this Agreement, "Agreement Settlement" means OHA's reconciliation of amounts OHA actually disbursed to Agency against amounts that OHA is obligated to pay to Agency for services provided under this Agreement. Agreement Settlement can occur following the end of a biennial period, upon termination or expiration of this Agreement. Agency shall provide the following:
  - a. Service Name: MHS SPECIAL PROJECTS  
  
Service ID Code: MHS 37

(1) Service Description

MHS Special Projects (MHS 37) are Mental Health Services within the scope of ORS 430.630 delivered on a demonstration or emergency basis for a specified period of time. Each special project is specifically described in a separate exhibit to this MHS 37 Service Description, which exhibits are incorporated herein by this reference. When Exhibit E, "Financial Pages" contains a line providing payments for MHS 37 Services that line will contain a special condition specifying what special project exhibit to this MHS 37 Service Description applies.

(2) Performance Requirements

See specific special project exhibits, if any, to this MHS 37 Service Description.

(3) Special Reporting Requirements

See specific special project exhibits, if any, to this MHS 37 Service Description.

(4) Payment Calculation, Disbursement, and Agreement Settlement Procedures

See specific special project exhibits, if any, to this MHS 37 service description.

Even if the Financial Pages provide payment amounts for MHS 37 Services, OHA shall have no obligation to disburse any payments through this Agreement for any MHS 37 Services (even if payments therefore are disbursed to Agency) unless a corresponding special project exhibit describing the project is attached to this service description.

b. **Exhibit MHS 37 - Mental Health Supported Housing and Rental Assistance Services to MHS 37 Service Description**  
MHS Special Project

(1) **Service Description**

MHS 37 – Mental Health Supported Housing Services allow individuals to live as independently as possible in the community and to access the appropriate support services on a voluntary basis.

MHS 37 – Mental Health Rental Assistance Services (RAS) are intended to assist individuals who are 18 years of age or older with Serious Mental Illness (SMI), as defined in OAR 309-032-0311(17), and who meet at least one of the following criteria in paying for rental housing:

- (a) Transitioning from the Oregon State Hospital;
- (b) Transitioning from a licensed residential setting;
- (c) Without supported housing are at risk of reentering a licensed residential or hospital setting. For purposes of this special project, supported housing is a combination of financial assistance and supportive services that allows an individual to live as independently as possible in their own home;
- (d) Homeless as defined in 42 U.S.C. § 11302; or
- (e) At risk of being homeless.

(2) **Performance Requirements**

(a) **MHS 37 – Mental Health Supported Housing Services:**

MHS 37 – Mental Health Supported Housing Services include the payment for a residential specialist position and a peer support specialist position. For purposes of this special project, the residential and peer support specialist positions shall be responsible for coordinating the program components such as application process, finding a rental unit, and payments to the landlord; the support service components including, but not limited to, financial budgeting, community navigation, and maintaining

healthy relationships which supports individuals in their ability to live as independently as possible in the community. These payments shall not be used to pay any other staff position.

(b) MHS 37 - Rental Assistance Services:

- i. Rental assistance payments per individual shall not exceed \$500 per month. Payments for rental assistance made on behalf of individuals cover payment to landlords or specific vendors for a portion of the monthly rent, or payment to specific vendors for resident utility expenses.
- ii. Move-in expense payments per individual shall not exceed \$1000. Payments for move-in costs may include cleaning and security deposits, pet deposits, and outstanding utility bills.
- iii. Agency shall annually inspect or have inspected rental housing units subject to this special project to assure unit passes the criteria outlined in the OHA approved Housing Condition Checklist located at <http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>.

(c) Targeted outcomes include:

- i. Decreasing the Oregon State Hospital readmission rate;
- ii. Decreasing length of stay in structured residential housing;
- iii. Increasing number of civilly committed and Psychiatric Security Review Board clients transitioning to independent living.
- iv. Increasing the number of individuals with SMI living in supported, permanent, and integrated housing; and
- v. Increasing the length of tenancy of individuals with SMI living in supported, permanent, and integrated housing.

(d) Administrative Costs:

Administrative costs shall not exceed 15% of total operating budget. Eligible Administrative costs include:

- i. Payment for RAS data collection and documentation of service delivery in compliance with state and federal requirements; and

ii. Payment for housing inspection services, accounting services, computer upgrades, supervision of program staff, expenses associated with program office space, etc.

(e) Utilization: Utilization requirements for RAS providers will be identified in a special condition in a particular line of Exhibit E, "Financial Pages".

(3) Special Reporting Requirements

(a) For each calendar quarter (or portion thereof) during the period for which payment is made under this Agreement for MHS 37- Mental Health Supported Housing and Rental Assistance Services, the Agency shall electronically submit to [amhcontract.administrator@state.or.us](mailto:amhcontract.administrator@state.or.us) written quarterly reports on the delivery of MHS 37- Mental Health Supported Housing and Rental Assistance Services no later than 45 calendar days after the end of each subject quarter using forms and procedures prescribed by OHA.

Quarterly reports shall include the following information:

- i. How many units are occupied on a monthly basis;
- ii. How many months the resident occupied the unit;
- iii. Why the resident vacated the unit:
  - A. Moved to another apartment, remained in the program;
  - B. Landlord eviction, if so why;
  - C. Resident gave 30-day notice, if so why;
- iv. What Services the residents are participating in the most;
- v. What the biggest barriers are to resident participation in Services; and
- vi. How many individuals were not able to secure a rental unit and the reason(s) why that occurred:
  - A. Unable to afford, even with rental assistance;
  - B. Lack of available units;
  - C. Criminal record;
  - D. Credit history; or
  - E. Unknown

(b) All individuals receiving MHS 37- Mental Health Supported Housing and Rental Assistance Services through this Agreement must be enrolled and that individual's record maintained in the

Measures and Outcome Tracking System (MOTS) as specified in OHA's MOTS Reference Manual located at: <http://www.oregon.gov/OHA/amh/mots/Pages/resource.aspx>, as it may be revised from time to time.

(4) Payment Calculation, Disbursement, and Agreement Settlement Procedures

- (a) Calculation of Payments. OHA will make payments for MHS 37 – Mental Health Supported Housing and Rental Assistance Services provided under a particular line of Exhibit E, “Financial Pages” containing an “A” from payments identified in that line in an amount equal to the amount of cash assistance actually paid by Agency on behalf of the individuals for services delivered under that line of the Financial Pages during the period specified in that line. The total OHA payment for all MHS 37- Mental Health Supported Housing and Rental Assistance Services delivered under a particular line of the Financial Pages containing an “A”, shall not exceed the total payments amount for MHS 37- Mental Health Supported Housing and Rental Assistance Services as specified in that line of the Financial Pages.
- (b) Disbursement of Payments. Unless a different disbursement method is specified in that line of Exhibit E, “Financial Pages”, OHA will disburse the Part A payments for MHS 37 - Mental Health Supported Housing and Rental Assistance Services provided under a particular line of the Financial Pages containing an “A” i, to Agency in substantially equal monthly payments during the period specified in that line of the Financial Pages, subject to the following:
- i. OHA may, after 30 days (unless parties agree otherwise) written notice to Agency, reduce the monthly payments based on under-used payments identified through MOTS and other required reports in accordance with Section 2.b.(3), “Special Reporting Requirements” above;
  - ii. OHA may, upon written request of Agency, adjust monthly payments;
  - iii. Upon amendment to the Financial Pages, OHA shall adjust monthly payments as necessary, to reflect changes in the payments made for MHS 37- Mental Health Supported Housing and Rental Assistance Services provided under that line of the Financial Pages; and

iv. OHA is not obligated to provide payment for any MHS 37 - Mental Health Supported Housing and Rental Assistance Services that are not properly reported in accordance with Section 2.b.(3), "Special Reporting Requirements" above by the date 60 calendar days after the earlier of expiration or termination of this Agreement, termination of OHA's obligation to provide payments for MHS 37 - Mental Health Supported Housing and Rental Assistance Services, or termination of Agency's obligation to provide MHS 37 - Mental Health Supported Housing and Rental Assistance Services.

(c) Agreement Settlement: Agreement Settlement will be used to reconcile any discrepancies that may have occurred during the term of this Agreement between actual OHA payments made for MHS 37- Mental Health Supported Housing and Rental Assistance Services under a particular line of Exhibit E, "Financial Pages" containing an "A", and amounts due for such services based on the cash assistance paid on behalf of the individuals for rental assistance, rental utility and move-in expenses, program staff funds expended, and administration of this special project as properly reported in accordance with Section 2.b.(3), "Special Reporting Requirements" above and subject to the utilization requirements in a special condition on that line of the Financial Pages.

## **EXHIBIT A**

### **Part 2**

#### **Payment and Financial Reporting**

1. **Payment Provisions.** OHA agrees to pay Agency for accomplishing the Work required by this Agreement as described in Exhibit A, Part 1, "Statement of Work" and Exhibit E, "Financial Pages".
2. **Travel and Other Expenses.** OHA will not reimburse Agency for any travel or additional expenses under this Agreement.



## EXHIBIT A

### Part 3 Special Terms and Conditions

1. **Confidentiality of Client Information.**
  - a. All information as to personal facts and circumstances obtained by the Agency on the client shall be treated as privileged communications, shall be held confidential, and shall not be divulged without the written consent of the client, his or her guardian, or the responsible parent when the client is a minor child, or except as required by other terms of this Agreement. Nothing prohibits the disclosure of information in summaries, statistical, or other form, which does not identify particular individuals.
  - b. The use or disclosure of information concerning clients shall be limited to persons directly connected with the administration of this Agreement. Confidentiality policies shall be applied to all requests from outside sources.
  - c. OHA, Agency and any subcontractor will share information as necessary to effectively serve OHA clients.
2. **Amendments.**
  - a. OHA reserves the right to amend or extend the Agreement under the following general circumstances:
    - (1) OHA may extend the Agreement for additional periods of time up to a total Agreement period of 5 years, and for additional money associated with the extended period(s) of time. The determination for any extension for time may be based on OHA's satisfaction with performance of the work or services provided by the Agency under this Agreement.
    - (2) OHA may periodically amend any payment rates throughout the life of the Agreement proportionate to increases in Portland Metropolitan Consumer Price Index; and to provide Cost Of Living Adjustments (COLA) if OHA so chooses. Any negotiation of increases in rates to implement a COLA will be as directed by the Oregon State Legislature.
  - b. OHA further reserves the right to amend the Statement of Work for the following:
    - (1) Programmatic changes/additions or modifications deemed necessary to accurately reflect the original scope of work that may not have been expressed in the original Agreement or previous amendments to the Agreement;
    - (2) Implement additional phases of the Work; or
    - (3) As necessitated by changes in Code of Federal Regulations, Oregon Revised Statutes, or Oregon Administrative Rules which, in part or in combination, govern the provision of services provided under this Agreement.

- c. Upon identification, by any party to this Agreement, of any circumstance which may require an amendment to this Agreement, the parties may enter into negotiations regarding the proposed modifications. Any resulting amendment must be in writing and be signed by all parties to the Agreement before the modified or additional provisions are binding on either party. All amendments must comply with Exhibit B, Section 21, "Amendments" of this Agreement.

**3. Agency Requirements to Report Abuse of Certain Classes of Persons.**

- a. Agency shall comply with, and cause all employees to comply with, the applicable laws for mandatory reporting of abuse for certain classes of persons in Oregon, including:
  - (1) Children (ORS 419B.005 through 419B.045);
  - (2) Elderly Persons (ORS 124.055 through 124.065);
  - (3) Residents of Long Term Care Facilities (ORS 441.630 through 441.645);
  - (4) Adults with Mental Illness or Developmental Disabilities (ORS 430.735 through 430.743).
- b. Agency shall make reports of suspected abuse of persons who are members of the classes established in Section 3.a. above to Oregon's Statewide Abuse Reporting Hotline: 1-855-503-SAFE (7233), as a requirement of this Agreement.
- c. Agency shall immediately report suspected child abuse, neglect or threat of harm to DHS' Child Protective Services or law enforcement officials in full accordance with the mandatory Child Abuse Reporting law (ORS 419B.005 through 419B.045). If law enforcement is notified, the Agency shall notify the referring DHS caseworker within 24 hours. Agency shall immediately contact the local DHS Child Protective Services office if questions arise as to whether or not an incident meets the definition of child abuse or neglect.
- d. Agency shall report suspected abuse of the elderly or abuse of patients in a medical or care facility immediately to DHS' Aging and People with Disabilities office or to a law enforcement agency.
- e. If known, the abuse report should contain the following:
  - (1) The name and address of the abused person and any people responsible for their care;
  - (2) The abused person's age;
  - (3) The nature and the extent of the abuse, including any evidence of previous abuse;
  - (4) The explanation given for the abuse;
  - (5) The date of the incident; and
  - (6) Any other information that might be helpful in establishing the cause of the abuse and the identity of the abuser.

4. **Background Checks.** All persons working under this Agreement with clients referred by OHA are subject to a background check through the Background Check Unit serving Oregon Health Authority, pursuant to ORS 181.537 and OAR 943-007-0001 through 943-007-0501; as such rules may be revised from time to time.

## EXHIBIT B

### Standard Terms and Conditions

1. **Governing Law, Consent to Jurisdiction.** This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, "Claim") between the parties that arises from or relates to this Agreement shall be brought and conducted solely and exclusively within a circuit court for the State of Oregon of proper jurisdiction. THE PARTIES, BY EXECUTION OF THIS AGREEMENT, HEREBY CONSENT TO THE IN PERSONAM JURISDICTION OF SAID COURTS. Except as provided in this section, neither party waives any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the eleventh amendment to the Constitution of the United States or otherwise, from any Claim or from the jurisdiction of any court. The parties acknowledge that this is a binding and enforceable agreement and, to the extent permitted by law, expressly waive any defense alleging that either party does not have the right to seek judicial enforcement of this Agreement.
2. **Compliance with Law.**
  - a. Agency shall comply with and require all subcontractors to comply with all state and local laws, regulations, executive orders and ordinances applicable to the Agreement or to the delivery of services. Without limiting the generality of the foregoing, Agency expressly agrees to comply with the following laws, regulations and executive orders to the extent they are applicable to the Agreement: (1) all applicable requirements of state civil rights and rehabilitation statutes, rules and regulations; (2) all state laws requiring reporting of Agency client abuse; (3) ORS 659A.400 to 659A.409, ORS 659A.145, and all regulations and administrative rules established pursuant to those laws in the construction, remodeling, maintenance and operation of any structures and facilities, and in the conduct of all programs, services and training associated with the delivery of services. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Agreement and required by law to be so incorporated. All employers, including Agency, that employ subject workers who provide services in the State of Oregon shall comply with ORS 656.017 and provide the required Workers' Compensation coverage, unless such employers are exempt under ORS 656.126.
  - b. Agency shall comply with the federal laws as set forth or incorporated, or both, in this Agreement and all other federal laws applicable to Agency's performance under this Agreement as they may be adopted, amended or repealed from time to time.
3. **Independent Contractors.** The parties agree and acknowledge that their relationship is that of independent contracting parties and that Agency is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.

**4. Representations and Warranties.**

- a. **Agency's Representations and Warranties.** Agency represents and warrants to OHA that:
- (1) Agency has the power and authority to enter into and perform this Agreement;
  - (2) This Agreement, when executed and delivered, shall be a valid and binding obligation of Agency enforceable in accordance with its terms;
  - (3) Agency has the skill and knowledge possessed by well-informed members of its industry, trade or profession and Agency will apply that skill and knowledge with care and diligence to perform the Work in a professional manner and in accordance with standards prevalent in Agency's industry, trade or profession;
  - (4) Agency shall, at all times during the term of this Agreement, be qualified, professionally competent, and duly licensed to perform the Service; and
  - (5) Agency prepared its proposal related to this Agreement, if any, independently from all other proposers, and without collusion, fraud, or other dishonesty.
- b. **Warranties Cumulative.** The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.

**5. Funds Available and Authorized; Payments.**

- a. The State of Oregon's payment obligations under this Agreement are conditioned upon OHA receiving funding, appropriations, limitations, allotment, or other expenditure authority sufficient to allow OHA, in the exercise of its reasonable administrative discretion, to meet its payment obligations under this Agreement. Agency is not entitled to receive payment under this Agreement from any part of Oregon state government other than OHA. Nothing in this Agreement is to be construed as permitting any violation of Article XI, Section 7 of the Oregon Constitution or any other law regulating liabilities or monetary obligations of the State of Oregon. OHA represents that as of the date it executes this Agreement, it has sufficient appropriations and limitation for the current biennium to make payments under this Agreement.
- b. **Payment Method.** Payments under this Agreement will be made by Electronic Funds Transfer (EFT) and shall be processed in accordance with the provisions of OAR 407-120-0100 through 407-120-0380 or OAR 410-120-1260 through OAR 410-120-1460, as applicable, and any other Oregon Administrative Rules that are program-specific to the billings and payments. Upon request, Agency shall provide its taxpayer identification number (TIN) and other necessary banking information to receive EFT payment. Agency shall maintain at its own expense a single financial institution or authorized payment agent capable of receiving and processing EFT using the Automated Clearing House (ACH) transfer method. The most current designation and EFT information will be used for all payments

under this Agreement. Agency shall provide this designation and information on a form provided by OHA. In the event that EFT information changes or the Agency elects to designate a different financial institution for the receipt of any payment made using EFT procedures, the Agency shall provide the changed information or designation to OHA on a OHA-approved form. OHA is not required to make any payment under this Agreement until receipt of the correct EFT designation and payment information from the Agency.

6. **Recovery of Overpayments.** IF BILLINGS UNDER THIS AGREEMENT, OR UNDER ANY OTHER AGREEMENT BETWEEN AGENCY AND OHA, RESULT IN PAYMENTS TO AGENCY TO WHICH AGENCY IS NOT ENTITLED, OHA, AFTER GIVING WRITTEN NOTIFICATION TO AGENCY, MAY WITHHOLD FROM PAYMENTS DUE TO AGENCY SUCH AMOUNTS, OVER SUCH PERIODS OF TIME, AS ARE NECESSARY TO RECOVER THE AMOUNT OF THE OVERPAYMENT. NOTHING IN THIS SECTION SHALL REQUIRE AGENCY OR OHA TO ACT IN VIOLATION OF STATE OR FEDERAL LAW OR THE CONSTITUTION OF THE STATE OF OREGON.

7. **Ownership of Work Product.**

- a. **Definitions.** As used in this Section 7 and elsewhere in this Agreement, the following terms have the meanings set forth below:
- (1) "Agency Intellectual Property" means any intellectual property owned by Agency and developed independently from the Work.
  - (2) "Third Party Intellectual Property" means any intellectual property owned by parties other than OHA or Agency.
  - (3) "Work Product" means every invention, discovery, work of authorship, trade secret or other tangible or intangible item and all intellectual property rights therein that Agency is required to deliver to OHA pursuant to the Work.
- b. **Original Works.** All Work Product created by Agency pursuant to the Work, including derivative works and compilations, and whether or not such Work Product is considered a "work made for hire," shall be the exclusive property of OHA. OHA and Agency agree that all Work Product is "work made for hire" of which OHA is the author within the meaning of the United States Copyright Act. If for any reason the original Work Product created pursuant to the Work is not "work made for hire," Agency hereby irrevocably assigns to OHA any and all of its rights, title, and interest in all original Work Product created pursuant to the Work, whether arising from copyright, patent, trademark, trade secret, or any other state or federal intellectual property law or doctrine. Upon OHA's reasonable request, Agency shall execute such further documents and instruments necessary to fully vest such rights in OHA. Agency forever waives any and all rights relating to original Work Product created pursuant to the Work, including without limitation, any and all rights arising under 17 U.S.C. §106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications.

- c. In the event that Work Product is Agency Intellectual Property, a derivative work based on Agency Intellectual Property or a compilation that includes Agency Intellectual Property, Agency hereby grants to OHA an irrevocable, non-exclusive, perpetual, royalty-free license to use, reproduce, prepare derivative works based upon, distribute copies of, perform and display Agency Intellectual Property and the pre-existing elements of the Agency Intellectual Property employed in the Work Product, and to authorize others to do the same on OHA's behalf.
  - d. In the event that Work Product is Third Party Intellectual Property, a derivative work based on Third Party Intellectual Property or a compilation that includes Third Party Intellectual Property, Agency shall secure on OHA's behalf and in the name of OHA an irrevocable, non-exclusive, perpetual, royalty-free license to use, reproduce, prepare derivative works based upon, distribute copies of, perform and display the Third Party Intellectual Property and the pre-existing elements of the Third Party Intellectual Property employed in the Work Product, and to authorize others to do the same on OHA's behalf.
8. **Agency Default.** Agency shall be in default under this Agreement upon the occurrence of any of the following events:
- a. Agency fails to perform, observe or discharge any of its covenants, agreements or obligations set forth herein.
  - b. Any representation, warranty or statement made by Agency herein or in any documents or reports relied upon by OHA to measure the delivery of services, the expenditure of payments or the performance by Agency is untrue in any material respect when made;
  - c. Agency (1) applies for or consents to the appointment of, or taking of possession by, a receiver, custodian, trustee, or liquidator of itself or all of its property, (2) admits in writing its inability, or is generally unable, to pay its debts as they become due, (3) makes a general assignment for the benefit of its creditors, (4) is adjudicated a bankrupt or insolvent, (5) commences a voluntary case under the Federal Bankruptcy Code (as now or hereafter in effect), (6) files a petition seeking to take advantage of any other law relating to bankruptcy, insolvency, reorganization, winding-up, or composition or adjustment of debts, (7) fails to controvert in a timely and appropriate manner, or acquiesces in writing to, any petition filed against it in an involuntary case under the Bankruptcy Code, or (8) takes any action for the purpose of effecting any of the foregoing; or
  - d. A proceeding or case is commenced, without the application or consent of Agency, in any court of competent jurisdiction, seeking (1) the liquidation, dissolution or winding-up, or the composition or readjustment of debts of Agency, (2) the appointment of a trustee, receiver, custodian, liquidator, or the like of Agency or of all or any substantial part of its assets, or (3) similar relief in respect to Agency under any law relating to bankruptcy, insolvency, reorganization, winding-up, or composition or adjustment of debts, and such proceeding or case continues undismissed, or an order, judgment, or decree approving or ordering

any of the foregoing is entered and continues unstayed and in effect for a period of sixty consecutive days, or an order for relief against Agency is entered in an involuntary case under the Federal Bankruptcy Code (as now or hereafter in effect).

**9. OHA Default.** OHA shall be in default under this Agreement upon the occurrence of any of the following events:

- a. OHA fails to perform, observe or discharge any of its covenants, agreements, or obligations set forth herein; or
- b. Any representation, warranty or statement made by OHA herein is untrue in any material respect when made.

**10. Termination.**

- a. **Agency Termination.** Agency may terminate this Agreement in whole or in part:
  - (1) For its convenience, upon at least 90 days advance written notice to OHA;
  - (2) Upon 45 days advance written notice to OHA, if Agency does not obtain funding, appropriations and other expenditure authorizations from Agency's governing body, federal, state or other sources sufficient to permit Agency to satisfy its performance obligations under this Agreement, as determined by Agency in the reasonable exercise of its administrative discretion; or
  - (3) Upon 30 days advance written notice to OHA, if OHA is in default under the Agreement and such default remains uncured at the end of said 30-day period or such longer period, if any, as Agency may specify in the notice.
- b. **OHA Termination.** OHA may terminate this Agreement in whole or in part:
  - (1) For its convenience, upon at least thirty days advance written notice to Agency;
  - (2) Upon 45 days advance written notice to Agency, if OHA does not obtain funding, appropriations and other expenditure authorizations from federal, state or other sources sufficient to meet the payment obligations of OHA under this Agreement, as determined by OHA in the reasonable exercise of its administrative discretion. Notwithstanding the preceding sentence, OHA may terminate this Agreement in whole or in part, immediately upon written notice to Agency or at such other time as it may determine if action by the Oregon Legislative Assembly or Emergency Board reduces OHA's legislative authorization for expenditure of funds to such a degree that OHA will no longer have sufficient expenditure authority to meet its payment obligations under this Agreement, as determined by OHA in the reasonable exercise of its administrative discretion, and the effective date for such reduction in expenditure authorization is less than 45 days from the date the action is taken;
  - (3) Immediately upon written notice to Agency if Oregon statutes or federal laws, regulations or guidelines are modified, changed or interpreted by the



Oregon Legislative Assembly, the federal government or a court in such a way that OHA no longer has the authority to meet its obligations under this Agreement or no longer has the authority to provide payment from the funding source it had planned to use;

- (4) Upon 30 days advance written notice to Agency, if Agency is in default under this Agreement and such default remains uncured at the end of said 30-day period or such longer period, if any, as OHA may specify in the notice;
  - (5) Immediately upon written notice to Agency, if any license or certificate required by law or regulation to be held by Agency or a subcontractor is for any reason denied, revoked, suspended, not renewed or changed in such a way that Agency or a subcontractor no longer meets requirements to deliver the service. This termination right may only be exercised with respect to the particular part of the Work impacted by the loss of necessary licensure or certification; or
  - (6) Immediately upon written notice to Agency, if OHA determines that Agency or any of its subcontractors have endangered or are endangering the health or safety of an Agency client or others.
- c. **Mutual Termination.** The Agreement may be terminated immediately upon mutual written consent of the parties or at such time as the parties may agree in the written consent.
- d. **Return of Property.** Upon termination of this Agreement for any reason whatsoever, Agency shall immediately deliver to OHA all of OHA's property (including without limitation any Work Products for which OHA has made payment in whole or in part) that are in the possession or under the control of Agency in whatever stage of development and form of recordation such OHA property is expressed or embodied at that time. Upon receiving a notice of termination of this Agreement, Agency shall immediately cease all activities under this Agreement, unless OHA expressly directs otherwise in such notice of termination. Upon OHA's request, Agency shall surrender to anyone OHA designates, all documents, research or objects or other tangible things needed to complete the Work Products.

**11. Effect of Termination.**

- a. **Entire Agreement.**
- (1) Upon termination of this Agreement in its entirety, OHA shall have no further obligation to pay Agency under this Agreement.
  - (2) Upon termination of this Agreement in its entirety, Agency shall have no further obligation to perform Work under this Agreement.
- b. **Obligations and Liabilities.** Notwithstanding Section 11.a. above, any termination of this Agreement shall not prejudice any obligations or liabilities of either party accrued prior to such termination.

12. **Limitation of Liabilities.** NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR RELATED TO THIS AGREEMENT. NEITHER PARTY SHALL BE LIABLE FOR ANY DAMAGES OF ANY SORT ARISING SOLELY FROM THE TERMINATION OF THIS AGREEMENT OR ANY PART HEREOF IN ACCORDANCE WITH ITS TERMS.
13. **Indemnity/Hold Harmless Provision.** OHA and Agency shall be responsible exclusively with respect to their employees, for providing for employment-related benefits and deductions that are required by law, including but not limited to federal and state income tax deductions, workers compensation coverage, and PERS contributions. Agency shall perform the services under this Agreement as an independent contractor. Agency and OHA each shall be responsible, to the other, to the extent permitted by the Oregon Constitution, subject to the limitations of the Tort Claims Act (ORS 30.260-30.300), only for the acts, omissions or negligence of its own officers, employees or agents.
14. **Insurance.** Agency shall require subcontractors to maintain insurance as set forth in Exhibit C, which is attached hereto.
15. **Records Maintenance; Access.** Agency shall maintain all financial records relating to this Agreement in accordance with generally accepted accounting principles. In addition, Agency shall maintain any other records, books, documents, papers, plans, records of shipments and payments and writings of Agency, whether in paper, electronic or other form, that are pertinent to this Agreement in such a manner as to clearly document Agency's performance. All financial records, other records, books, documents, papers, plans; records of shipments and payments and writings of Agency whether in paper, electronic or other form, that are pertinent to this Agreement, are collectively referred to as "Records." Agency acknowledges and agrees that OHA and the Oregon Secretary of State's Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make excerpts and transcripts. Agency shall retain and keep accessible all Records for a minimum of six (6) years, or such longer period as may be required by applicable law, following final payment and termination of this Agreement, or until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement, whichever date is later. Agency shall maintain Records in accordance with the records retention schedules set forth in OAR Chapter 166.
16. **Information Privacy/Security/Access.** If the Work performed under this Agreement requires Agency or its subcontractor(s) to have access to or use of any OHA computer system or other OHA Information Asset for which OHA imposes security requirements, and OHA grants Agency or its subcontractor(s) access to such OHA Information Assets or Network and Information Systems, Agency shall comply and require all subcontractor(s) to which such access has been granted to comply with OAR 943-014-0300 through OAR 943-014-0320, as such rules may be revised from time to time. For purposes of this section, "Information Asset" and "Network and Information System" have the meaning set forth in OAR 943-014-0305, as such rule may be revised from time to time.
17. **Force Majeure.** Neither OHA nor Agency shall be held responsible for delay or default

caused by fire, civil unrest, labor unrest, act of nature, or war which is beyond the reasonable control of OHA or Agency, respectively. Each party shall, however, make all reasonable efforts to remove or eliminate such cause of delay or default and shall, upon the cessation of the cause, diligently pursue performance of its obligations under this Agreement. OHA may terminate this Agreement upon written notice to the other party after reasonably determining that the delay or default will likely prevent successful performance of this Agreement.

18. **Assignment of Agreement, Successors in Interest.**
  - a. Agency shall not assign or transfer its interest in this Agreement without prior written approval of OHA. Any such assignment or transfer, if approved, is subject to such conditions and provisions as OHA may deem necessary. No approval by OHA of any assignment or transfer of interest shall be deemed to create any obligation of OHA in addition to those set forth in the Agreement.
  - b. The provisions of this Agreement shall be binding upon and shall inure to the benefit of the parties hereto, and their respective successors and permitted assigns.
19. **Subcontracts.** Agency shall not enter into any subcontracts for any of the Work required by this Agreement without OHA's prior written consent. In addition to any other provisions OHA may require, Agency shall include in any permitted subcontract under this Agreement provisions to ensure that OHA will receive the benefit of subcontractor performance as if the subcontractor were the Agency with respect to Sections 1, 2, 3, 4, 7, 15, 16, 18, 19, 20, and 22 of this Exhibit B. OHA's consent to any subcontract shall not relieve Agency of any of its duties or obligations under this Agreement.
20. **No Third Party Beneficiaries.** OHA and Agency are the only parties to this Agreement and are the only parties entitled to enforce its terms. The parties agree that Agency's performance under this Agreement is solely for the benefit of OHA to assist and enable OHA to accomplish its statutory mission. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement.
21. **Amendments.** No amendment, modification or change of terms of this Agreement shall bind either party unless in writing and signed by both parties and when required the Department of Justice. Such amendment, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given.
22. **Severability.** The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.
23. **Survival.** Sections 1, 4, 5, 6, 7, 10, 11, 12, 13, 14, 15, 16, 20, 23, 28, 29 and 30 of this Exhibit B shall survive Agreement expiration or termination as well as those the provisions

of this Agreement that by their context are meant to survive. Agreement expiration or termination shall not extinguish or prejudice OHA's right to enforce this Agreement with respect to any default by Agency that has not been cured.

24. **Notice.** Except as otherwise expressly provided in this Agreement, any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, facsimile, or mailing the same, postage prepaid to Agency or OHA at the address or number set forth in this Agreement, or to such other addresses or numbers as either party may indicate pursuant to this section. Any communication or notice so addressed and mailed by regular mail shall be deemed received and effective five days after the date of mailing. Any communication or notice delivered by facsimile shall be deemed received and effective on the day the transmitting machine generates a receipt of the successful transmission, if transmission was during normal business hours of the recipient, or on the next business day if transmission was outside normal business hours of the recipient. Notwithstanding the forgoing, to be effective against the other party, any notice transmitted by facsimile must be confirmed by telephone notice to the other party at number listed below. Any communication or notice given by personal delivery shall be deemed effective when actually delivered to the addressee.

OHA: Office of Contracts & Procurement  
250 Winter St NE, Room 306  
Salem, OR 97301  
Telephone: 503-945-5818  
Facsimile Number: 503-378-4324

25. **Headings.** The headings and captions to sections of this Agreement have been inserted for identification and reference purposes only and shall not be used to construe the meaning or to interpret this Agreement.
26. **Counterparts.** This Agreement and any subsequent amendments may be executed in several 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 Agreement and any amendments so executed shall constitute an original.
27. **Construction.** The parties agree and acknowledge that the rule of construction that ambiguities in a written agreement are to be construed against the party preparing or drafting the agreement shall not be applicable to the interpretation of this Agreement.
28. **Waiver.** The failure of either party to enforce any provision of this Agreement shall not constitute a waiver by that party of that or any other provision. No waiver or consent shall be effective unless in writing and signed by the party against whom it is asserted.
29. **Alternative Dispute Resolution.** The parties should attempt in good faith to resolve any dispute arising out of this agreement. This may be done at any management level, including at a level higher than persons directly responsible for administration of the agreement. In addition, the parties may agree to utilize a jointly selected mediator or arbitrator (for non-binding arbitration) to resolve the dispute short of litigation.
30. **Contribution.** If any third party makes any claim or brings any action, suit or proceeding

alleging a tort as now or hereafter defined in ORS 30.260 ("Third Party Claim") against a party (the "Notified Party") with respect to which the other party ("Other Party") may have liability, the Notified Party must promptly notify the Other Party in writing of the Third Party Claim and deliver to the Other Party a copy of the claim, process, and all legal pleadings with respect to the Third Party Claim. Either party is entitled to participate in the defense of a Third Party Claim, and to defend a Third Party Claim with counsel of its own choosing. Receipt by the Other Party of the notice and copies required in this paragraph and meaningful opportunity for the Other Party to participate in the investigation, defense and settlement of the Third Party Claim with counsel of its own choosing are conditions precedent to the Other Party's liability with respect to the Third Party Claim.

With respect to a Third Party Claim for which the State is jointly liable with the Agency (or would be if joined in the Third Party Claim), the State shall contribute to the amount of expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred and paid or payable by the Agency in such proportion as is appropriate to reflect the relative fault of the State on the one hand and of the Agency on the other hand in connection with the events which resulted in such expenses, judgments, fines or settlement amounts, as well as any other relevant equitable considerations. The relative fault of the State on the one hand and of the Agency on the other hand shall be determined by reference to, among other things, the parties' relative intent, knowledge, access to information and opportunity to correct or prevent the circumstances resulting in such expenses, judgments, fines or settlement amounts. The State's contribution amount in any instance is capped to the same extent it would have been capped under Oregon law if the State had sole liability in the proceeding.

With respect to a Third Party Claim for which the Agency is jointly liable with the State (or would be if joined in the Third Party Claim), the Agency shall contribute to the amount of expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred and paid or payable by the State in such proportion as is appropriate to reflect the relative fault of the Agency on the one hand and of the State on the other hand in connection with the events which resulted in such expenses, judgments, fines or settlement amounts, as well as any other relevant equitable considerations. The relative fault of the Agency on the one hand and of the State on the other hand shall be determined by reference to, among other things, the parties' relative intent, knowledge, access to information and opportunity to correct or prevent the circumstances resulting in such expenses, judgments, fines or settlement amounts. The Agency's contribution amount in any instance is capped to the same extent it would have been capped under Oregon law if it had sole liability in the proceeding.

31. **Indemnification by Subcontractors.** Agency shall take all reasonable steps to cause its contractor(s), that are not units of local government as defined in ORS 190.003, if any, to indemnify, defend, save and hold harmless the State of Oregon and its officers, employees and agents ("Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including attorneys' fees) arising from a tort (as now or hereafter defined in ORS 30.260) caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Agency's contractor or any of the officers, agents, employees or subcontractors of the contractor ("Claims"). It is the

specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by the contractor from and against any and all Claims.

32. **Stop-Work Order.** OHA may, at any time, by written notice to the Agency, require the Agency to stop all, or any part of the work required by this Agreement for a period of up to 90 days after the date of the notice, or for any further period to which the parties may agree through a duly executed amendment. Upon receipt of the notice, Agency shall immediately comply with the Stop-Work Order terms and take all necessary steps to minimize the incurrence of costs allocable to the work affected by the stop work order notice. Within a period of 90 days after issuance of the written notice, or within any extension of that period to which the parties have agreed, OHA shall either:
- a. Cancel or modify the stop work order by a supplementary written notice; or
  - b. Terminate the work as permitted by either the Default or the Convenience provisions of Section 10, Termination.

If the Stop Work Order is canceled, OHA may, after receiving and evaluating a request by the Agency, make an adjustment in the time required to complete this Agreement and the Agreement price by a duly executed amendment.

## EXHIBIT C

### Subcontractor Insurance Requirements

**General Requirements.** Agency shall require its first tier contractor(s) that are not units of local government as defined in ORS 190.003, if any, to: i) obtain insurance as specified under this Exhibit C and meeting all the requirements under this Exhibit C before the contractors perform under contracts between Agency and the contractors (the "Subcontracts"), and ii) maintain the insurance in full force throughout the duration of the Subcontracts. The insurance must be provided by insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon and that are acceptable to OHA. Agency shall not authorize contractors to begin work under the Subcontracts until the insurance is in full force. Thereafter, Agency shall monitor continued compliance with the insurance requirements on an annual or more frequent basis. Agency shall incorporate appropriate provisions in the Subcontracts permitting it to enforce contractor compliance with the insurance requirements and shall take all reasonable steps to enforce such compliance. Examples of "reasonable steps" include issuing stop work orders (or the equivalent) until the insurance is in full force or terminating the Subcontracts as permitted by the Subcontracts, or pursuing legal action to enforce the insurance requirements. In no event shall Agency permit a contractor to work under a Subcontract when the Agency is aware that the contractor is not in compliance with the insurance requirements. As used in this section, a "first tier" contractor is a contractor with whom the Agency directly enters into a contract. It does not include a subcontractor with whom the contractor enters into a contract.

1. **Workers Compensation.** Insurance in compliance with ORS 656.017, which requires all employers that employ subject workers, as defined in ORS 656.027, to provide workers' compensation coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). If contractor is a subject employer, as defined in ORS 656.023, contractor shall obtain employers' liability insurance.
2. **Professional Liability:**
  - Required by OHA  Not required by OHA.
  - Professional Liability Insurance covering any damages caused by an error, omission or negligent act related to the services to be provided under the Subcontract, with limits not less than the following, as determined by OHA:
    - Per occurrence limit for any single claimant:  
From commencement of the Agreement term through June 30, 2017: ... \$3,000,000.  
From July 1, 2017 and every year thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.271(4).
    - Per occurrence limit for multiple claimants:  
From commencement of the Agreement term through June 30, 2017: ... \$5,000,000.  
From July 1, 2017 and every year thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.271(4).
3. **Commercial General Liability:**

Required by OHA  Not required by OHA.

Commercial General Liability Insurance covering bodily injury, death, and property damage in a form and with coverages that are satisfactory to OHA. This insurance shall include personal injury liability, products and completed operations. Coverage shall be written on an occurrence form basis, with not less than the following amounts as determined by OHA:

**Bodily Injury/Death:**

Per occurrence limit for any single claimant:

From commencement of the Agreement term through June 30, 2017: ...\$3,000,000.  
From July 1, 2017 and every year thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.271(4).

Per occurrence limit for multiple claimants:

From commencement of the Agreement term through June 30, 2017: ...\$5,000,000.  
From July 1, 2017 and every year thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.271(4).

**AND**

**Property Damage:**

Per occurrence limit for any single claimant:

From commencement of the Agreement term through June 30, 2017: ...\$200,000.  
From July 1, 2017 and every year thereafter the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

Per occurrence limit for multiple claimants:

From commencement of the Agreement term through June 30, 2017: ...\$600,000.  
From July 1, 2017 and every year thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

**4. Automobile Liability:**

Required by OHA  Not required by OHA.

Automobile Liability Insurance covering all owned, non-owned and hired vehicles. This coverage may be written in combination with the Commercial General Liability Insurance (with separate limits for "Commercial General Liability" and "Automobile Liability"). Automobile Liability Insurance must be in not less than the following amounts as determined by OHA:

**Bodily Injury/Death:**

Per occurrence limit for any single claimant:

From commencement of the Agreement term through June 30, 2017: ...\$3,000,000.  
From July 1, 2017 and every year thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.271(4).

Per occurrence limit for multiple claimants:



From commencement of the Agreement term through June 30, 2017: ...\$5,000,000.  
From July 1, 2017 and every year thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.271(4).

AND

**Property Damage:**

Per occurrence limit for any single claimant:

From commencement of the Agreement term through June 30, 2017: ...\$200,000.  
From July 1, 2017 and every year thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

Per occurrence limit for multiple claimants:

From commencement of the Agreement term through June 30, 2015: ...\$600,000.  
From July 1, 2015 and every year thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

5. **Additional Insured.** The Commercial General Liability insurance and Automobile Liability insurance must include the State of Oregon, its officers, employees and agents as Additional Insureds but only with respect to the contractor's activities to be performed under the Subcontract. Coverage must be primary and non-contributory with any other insurance and self-insurance.
6. **"Tail" Coverage.** If any of the required insurance policies is on a "claims made" basis, such as professional liability insurance, the contractor shall maintain either "tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous "claims made" coverage is on or before the effective date of the Subcontract, for a minimum of 24 months following the later of: (i) the contractor's completion and Agency's acceptance of all services required under the Subcontract or, (ii) the expiration of all warranty periods provided under the Subcontract. Notwithstanding the foregoing 24-month requirement, if the contractor elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the 24-month period described above, then the contractor may request and OHA may grant approval of the maximum "tail" coverage period reasonably available in the marketplace. If OHA approval is granted, the contractor shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace.
7. **Notice of Cancellation or Change.** The contractor or its insurer must provide 30 days' written notice to Agency before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).
8. **Certificate(s) of Insurance.** Agency shall obtain from the contractor a certificate(s) of insurance for all required insurance before the contractor performs under the Subcontract. The certificate(s) or an attached endorsement must specify: (i) all entities and individuals who are endorsed on the policy as Additional Insured and (ii) for insurance on a "claims made" basis, the extended reporting period applicable to "tail" or continuous "claims made" coverage.

## EXHIBIT D

### Required Federal Terms and Conditions

**General Applicability and Compliance.** Unless exempt under 45 CFR Part 87 for Faith-Based Organizations (Federal Register, July 16, 2004, Volume 69, #136), or other federal provisions, Agency shall comply and, as indicated, cause all subcontractors to comply with the following federal requirements to the extent that they are applicable to this Agreement, to Agency, or to the Work, or to any combination of the foregoing. For purposes of this Agreement, all references to federal and state laws are references to federal and state laws as they may be amended from time to time.

1. **Miscellaneous Federal Provisions.** Agency shall comply and require all subcontractors to comply with all federal laws, regulations, and executive orders applicable to the Agreement or to the delivery of Work. Without limiting the generality of the foregoing, Agency expressly agrees to comply and require all subcontractors to comply with the following laws, regulations and executive orders to the extent they are applicable to the Agreement: (a) Title VI and VII of the Civil Rights Act of 1964, as amended, (b) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, (c) the Americans with Disabilities Act of 1990, as amended, (d) Executive Order 11246, as amended, (e) the Health Insurance Portability and Accountability Act of 1996, as amended, (f) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended, (g) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, (h) all regulations and administrative rules established pursuant to the foregoing laws, (i) all other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations, and (j) all federal laws requiring reporting of client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Agreement and required by law to be so incorporated. No federal funds may be used to provide Work in violation of 42 U.S.C. 14402.
2. **Equal Employment Opportunity.** If this Agreement, including amendments, is for more than \$10,000, then Agency shall comply and require all subcontractors to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 CFR Part 60).
3. **Clean Air, Clean Water, EPA Regulations.** If this Agreement, including amendments, exceeds \$100,000 then Agency shall comply and require all subcontractors to comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 7606), the Federal Water Pollution Control Act as amended (commonly known as the Clean Water Act) (33 U.S.C. 1251 to 1387), specifically including, but not limited to Section 508 (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (2 CFR Part 1532), which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to OHA, United States Department of Health and Human Services and the appropriate Regional Office of the Environmental Protection Agency. Agency shall include and require all subcontractors to include in all

contracts with subcontractors receiving more than \$100,000, language requiring the subcontractor to comply with the federal laws identified in this section.

4. **Energy Efficiency.** Agency shall comply and require all subcontractors to comply with applicable mandatory standards and policies relating to energy efficiency that are contained in the Oregon energy conservation plan issued in compliance with the Energy Policy and Conservation Act 42 U.S. C. 6201 et. seq. (Pub. L. 94-163).
5. **Truth in Lobbying.** By signing this Agreement, the Agency certifies, to the best of the Agency's knowledge and belief that:
  - a. No federal appropriated funds have been paid or will be paid, by or on behalf of Agency, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.
  - b. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the Agency shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
  - c. The Agency shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients and subcontractors shall certify and disclose accordingly.
  - d. This certification is a material representation of fact upon which reliance was placed when this Agreement was made or entered into. Submission of this certification is a prerequisite for making or entering into this Agreement imposed by section 1352, Title 31 of the U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
  - e. No part of any federal funds paid to Agency under this Agreement shall be used other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the United States Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

- f. No part of any federal funds paid to Agency under this Agreement shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the United States Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
  - g. The prohibitions in subsections (e) and (f) of this section shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
  - h. No part of any federal funds paid to Agency under this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive congressional communications. This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance of that federally sponsored clinical trials are being conducted to determine therapeutic advantage.
6. **Resource Conservation and Recovery.** Agency shall comply and require all subcontractors to comply with all mandatory standards and policies that relate to resource conservation and recovery pursuant to the Resource Conservation and Recovery Act (codified at 42 U.S.C. 6901 et. seq.). Section 6002 of that Act (codified at 42 U.S.C. 6962) requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency. Current guidelines are set forth in 40 CFR Part 247.
7. **Audits.**
- a. Agency shall comply, and require all subcontractors to comply, with applicable audit requirements and responsibilities set forth in this Agreement and applicable state or federal law.
  - b. If Agency expends \$500,000 or more in Federal funds (from all sources) in its fiscal year beginning prior to December 26, 2014, Agency shall have a single organization-wide audit conducted in accordance with the Single Audit Act. If Agency expends \$750,000 or more in federal funds (from all sources) in a fiscal year beginning on or after December 26, 2014, Agency shall have a single organization-wide audit conducted in accordance with the provisions of 2 CFR Subtitle B with guidance at 2 CFR Part 200. Copies of all audits must be submitted to OHA within 30 days of completion. If Agency expends less than \$500,000 in Federal funds in a fiscal year beginning prior to December 26, 2014, or less than \$750,000 in a fiscal year beginning on or after that date, Agency is

exempt from Federal audit requirements for that year. Records must be available as provided in Exhibit B, "Records Maintenance, Access".

8. **Debarment and Suspension.** Agency shall not permit any person or entity to be a subcontractor if the person or entity is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Non-procurement Programs" in accordance with Executive Orders No. 12549 and No. 12689, "Debarment and Suspension". (See 2 CFR Part 180.) This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than Executive Order No. 12549. Subcontractors with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.
  
9. **Drug-Free Workplace.** Agency shall comply and cause all subcontractors to comply with the following provisions to maintain a drug-free workplace: (i) Agency certifies that it will provide a drug-free workplace by publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, except as may be present in lawfully prescribed or over-the-counter medications, is prohibited in Agency's workplace or while providing services to OHA clients. Agency's notice shall specify the actions that will be taken by Agency against its employees for violation of such prohibitions; (ii) Establish a drug-free awareness program to inform its employees about: The dangers of drug abuse in the workplace, Agency's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations; (iii) Provide each employee to be engaged in the performance of services under this Agreement a copy of the statement mentioned in paragraph (i) above; (iv) Notify each employee in the statement required by paragraph (i) above that, as a condition of employment to provide services under this Agreement, the employee will: abide by the terms of the statement, and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; (v) Notify OHA within ten (10) days after receiving notice under subparagraph (iv) above from an employee or otherwise receiving actual notice of such conviction; (vi) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted as required by Section 5154 of the Drug-Free Workplace Act of 1988; (vii) Make a good-faith effort to continue a drug-free workplace through implementation of subparagraphs (i) through (vi) above; (viii) Require any subcontractor to comply with subparagraphs (i) through (vii) above; (ix) Neither Agency, or any of Agency's employees, officers, agents or subcontractors may provide any service required under this Agreement while under the influence of drugs. For purposes of this provision, "under the influence" means: observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the Agency or Agency's employee, officer, agent or subcontractor has used a controlled substance, prescription or non-prescription medication that impairs the Agency or Agency's employee, officer, agent or subcontractor's performance of essential job function or creates a direct threat to OHA clients or others. Examples of abnormal behavior include, but are not limited to:

hallucinations, paranoia or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to: slurred speech, difficulty walking or performing job activities; and (x) Violation of any provision of this subsection may result in termination of this Agreement.

10. **Pro-Children Act.** Agency shall comply and require all subcontractors to comply with the Pro-Children Act of 1994 (codified at 20 U.S.C. Section 6081 et. seq.).
11. **Medicaid Services.** Agency shall comply with all applicable federal and state laws and regulation pertaining to the provision of Medicaid Services under the Medicaid Act, Title XIX, 42 U.S.C. Section 1396 et. seq., including without limitation:
  - a. Keep such records as are necessary to fully disclose the extent of the services provided to individuals receiving Medicaid assistance and shall furnish such information to any state or federal agency responsible for administering the Medicaid program regarding any payments claimed by such person or institution for providing Medicaid Services as the state or federal agency may from time to time request. 42 U.S.C. Section 1396a (a)(27); 42 CFR Part 431.107(b)(1) & (2).
  - b. Comply with all disclosure requirements of 42 CFR Part 1002.3(a) and 42 CFR Part 455 Subpart (B).
  - c. Maintain written notices and procedures respecting advance directives in compliance with 42 U.S.C. Section 1396(a)(57) and (w), 42 CFR Part 431.107(b)(4), and 42 CFR Part 489 subpart I.
  - d. Certify when submitting any claim for the provision of Medicaid Services that the information submitted is true, accurate and complete. Agency shall acknowledge Agency's understanding that payment of the claim will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.
  - e. Entities receiving \$5 million or more annually (under this Agreement and any other Medicaid contract) for furnishing Medicaid health care items or services shall, as a condition of receiving such payments, adopt written fraud, waste and abuse policies and procedures and inform employees, contractors and agents about the policies and procedures in compliance with Section 6032 of the Deficit Reduction Act of 2005, 42 U.S.C. § 1396a(a)(68).
12. **Agency-based Voter Registration.** If applicable Agency shall comply with the Agency-based Voter Registration sections of the National Voter Registration Act of 1993 that require voter registration opportunities be offered where an individual may apply for or receive an application for public assistance.
13. **Disclosure.**
  - a. 42 CFR Part 455.104 requires the State Medicaid agency to obtain the following information from any provider of Medicaid or CHIP services, including fiscal agents of providers and managed care entities: (1) the name and address (including the primary business address, every business location and P.O. Box address) of any person (individual or corporation) with an ownership or control

interest in the provider, fiscal agent or managed care entity; (2) in the case of an individual, the date of birth and Social Security Number, or, in the case of a corporation, the tax identification number of the entity, with an ownership interest in the provider, fiscal agent or managed care entity or of any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest; (3) whether the person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling; (4) the name of any other provider, fiscal agent or managed care entity in which an owner of the provider, fiscal agent or managed care entity has an ownership or control interest; and, (5) the name, address, date of birth and Social Security Number of any managing employee of the provider, fiscal agent or managed care entity.

- b. 42 CFR Part 455.434 requires as a condition of enrollment as a Medicaid or CHIP provider, to consent to criminal background checks, including fingerprinting when required to do so under state law, or by the category of the provider based on risk of fraud, waste and abuse under federal law.
- c. As such, a provider must disclose any person with a 5% or greater direct or indirect ownership interest in the provider whom has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last 10 years.
- d. Agency shall make the disclosures required by this Section 13. to OHA. OHA reserves the right to take such action required by law, or where OHA has discretion, it deems appropriate, based on the information received (or the failure to receive information) from the provider, fiscal agent or managed care entity.

14. **Federal Intellectual Property Rights Notice.** The federal funding agency, as the awarding agency of the funds used, at least in part, for the Work under this Agreement, may have certain rights as set forth in the federal requirements pertinent to these funds. For purposes of this subsection, the terms "grant" and "award" refer to funding issued by the federal funding agency to the State of Oregon. The Agency agrees that it has been provided the following notice:

- a. The federal funding agency reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the Work, and to authorize others to do so, for Federal Government purposes with respect to:
  - (1) The copyright in any Work developed under a grant, subgrant or agreement under a grant or subgrant; and

- (2) Any rights of copyright to which a grantee, subgrantee or a contractor purchases ownership with grant support.
- b. The parties are subject to applicable federal regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements."
- c. The parties are subject to applicable requirements and regulations of the federal funding agency regarding rights in data first produced under a grant, subgrant or agreement under a grant or subgrant.



EXHIBIT E

Financial Pages

2015-SG  
OREGON HEALTH AUTHORITY  
DIRECT CONTRACT  
FOR THE 2015-2016 FISCAL YEAR

DIR1

PART 1-A  
FINANCIAL PAGES

CONTRACT #: 148485

CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETW

<u>SERVICE ELEMENT</u>	<u>CONTRACTED AMOUNT</u>	<u>CONTRACTED UNITS</u>	<u>SERV CODE</u>	<u>SP#</u>
MENTAL HEALTH SERVICES				
37 MHS SPECIAL PROJECTS	\$817,366.00	0.		1
TOTAL FOR MENTAL HEALTH SERVICES	\$817,366.00			
TOTAL FOR PART 1-A	\$817,366.00			

2015-SG  
 OREGON HEALTH AUTHORITY  
 DIRECT CONTRACT  
 FOR THE 2016-2017 FISCAL YEAR

DIR1

PART 1-A  
 FINANCIAL PAGES

CONTRACT #: 118405

CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETW

SERVICE ELEMENT	CONTRACTED AMOUNT	CONTRACTED UNITS	SERV CODE	SP#
MENTAL HEALTH SERVICES				
37 MHS SPECIAL PROJECTS	\$817,366.00	0.		1
TOTAL FOR MENTAL HEALTH SERVICES	\$817,366.00			
TOTAL FOR PART 1-A	\$817,366.00			

OREGON HEALTH AUTHORITY  
Direct Contract

CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETWORK  
DATE: 06/01/2015

CONTRACT#: 148485  
AMENDMENT#: 000

REASON FOR CONTRACT/AMENDMENT:

These funds are a continuation of Package 810 of the 2015 Legislative Fiscal Office Analyst Adjustment - Invest in Capacity in Community Mental Health.

SPECIAL CONDITIONS:

- 1 The expenditure of payments for this special project must result in monthly rental assistance for 60 unduplicated clients not to exceed \$500 per month per client, and a one-time move-in expense not to exceed \$1,000 per client. Exhibit 37-Mental Health Supported Housing and Rental Assistance Services applies to the payments subject to this special condition. Under delivery of Services subject to these payments may result in recovery of funds at a rate of \$500 for each month Services are under delivered.



Health Services Division

August 19, 2015

Date /number correction 9/15

Re: Contract 148485; Rental Assistance

Dear Mid-Valley Behavioral Care Network,

We have reviewed the progress and barriers of the Rental Assistance program and it has become clear that the monthly \$500 subsidy amount needs to be increased to place more individuals into housing.

To respond to this need we are pleased to announce that we are amending your contract to reflect a \$150 increase per housing slot. This will increase the monthly housing subsidy to \$650 per individual, and this increase will be effective 10/1/15-6/30/17 for a total of 21 months. As a result you will be receiving a contract amendment in *the next few months* for \$189,000. (Number of housing slots x \$150 x 21 months)

As we discussed at the last quarterly meeting, we need to begin collecting more data for the rental assistance program. So, for the 2015-2017 quarterly reports, you will be collecting and reporting on an expanded set of data which is listed below. The form you will be reporting your totals on is being revised and will be sent to you, in time for your next report that is due November 15<sup>th</sup>.

The data listed below in underlined italics are the *new* service elements and terms you need to start collecting *now* and will report on in your next quarterly report due November 15<sup>th</sup>. You will also continue to track and report the other listed data elements as you have been on your quarterly reports. (Note; the word "resident" has been replaced by the term "individual")

**Required Rental Assistance Data Service Elements:**

- (1) What is the number of occupied units on the last business day of the month and a total amount of units for the quarter
- (2) How many months has the current individual occupied the unit;
- (3) If the individual vacated the unit provide the reason why:
  - (a) Moved to another apartment, *but* remained in the program;
  - (b) Landlord eviction, if so why;
  - (c) Resident gave 30-day notice, if so why;
  - (d) What was the total length of time the individual stayed in unit?
- (4) What services are the individuals participating in the most?
- (5) What are the biggest barriers to the individual using services or being placed in housing?
- (6) How many individuals were not able to secure a rental unit and the reason(s) why?
  - a) Unable to afford, even with rental assistance;
  - b) Lack of available units;
  - c) Criminal record;
  - d) Credit history;
  - e) Unknown
  - f) Other:

- (7) Program Expenditures
- a) Amount expended for move in/barrier removal services this quarter;
  - b) Amount expended for housing rent this quarter;
  - c) Amount expended for providing services (not housing costs) this quarter;
  - d) Total amount spent each month and for the total quarter for;
    - Staff positions
    - Administration
    - Move in/barrier removal costs
- (8) Client information;
- a) Name;
  - b) Identification number ;
  - c) Were services provided for this individual?
  - d) Was this individual placed in housing this month; this quarter?
    - If no, what specific barriers/issues exist to prevent placement and what services are planned for this individual?
    - If yes, what services were provided for successful placement of individual into housing?
- (9) All individuals receiving MHS 37- Mental Health Supported Housing and Rental Assistance Services with funds provided through this Agreement must be enrolled and that individual's record maintained in the Measures and Outcome Tracking System (MOTS) as specified in OHA's MOTS Reference Manual located at:  
<http://www.oregon.gov/OHA/amh/mots/Pages/resource.aspx>, as it may be revised from time to time.

Thank you for your continued good work in the Rental Assistance Program.

Please remember our next quarterly meeting is Wednesday September 30<sup>th</sup> at Human Service Building Room 166 in Salem; 9:30 am to 11:30am. We will be discussing the increased data collection, and other issues to help continue the success of our rental assistance program.

With Regards,

**Shellee L. Madden**  
**Housing Development Coordinator**  
**Health Systems Division**  
(Formerly AMH and MAP)  
Phone: 503-947-5534  
Fax: 503-947-5043  
[SHELLEE.L.MADDEN@dhsoha.state.or.us](mailto:SHELLEE.L.MADDEN@dhsoha.state.or.us)



Agreement Number 148485

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 1 to Agreement Number 148485 between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA" and

Mid-Valley Behavioral Care Network  
2965 Ryan Drive SE, Suite 150  
Salem, OR 97301  
Telephone: (503) 361-2647  
Fax: (503) 585-4989  
Email: [suzanne@mvben.org](mailto:suzanne@mvben.org)  
Attention: Suzanne Smith

hereinafter referred to as "Agency."

1. This amendment shall become effective on **October 1, 2015**, and, when required, approved by Department of Justice.
2. The Agreement **EXHIBIT E, Financial Pages**, is hereby amended as of October 1, 2015 and superseded by the attached **EXHIBIT E, Financial Pages**.
3. Section 1 "**Effective Date and Duration**" is hereby amended as follows: language to be deleted or replaced is ~~struck through~~; new language is underlined and bold.

This Agreement, when fully executed by every party, regardless of the date of execution by every party, shall become effective on the date this Agreement has been approved by the Department of Justice or July 1, 2015 whichever date is later. Unless extended or terminated earlier in accordance with its terms, this Agreement shall expire on June 30, 2016 **2017**. Agreement termination or expiration shall not extinguish or prejudice either party's right to enforce this Agreement with respect to any default by the other party that has not been cured.

4. Certification:

- a. The Agency 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) the Agency and that pertains to this Agreement or to the project for which the Agreement work is being performed. The Agency 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. Agency 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 the Agency. Without limiting the generality of the foregoing, by signature on this Agreement, the Agency hereby certifies that:
- (1) The information shown in Agency Data and Certification, of original Agreement or as amended is Agency's true, accurate and correct information;
  - (2) To the best of the undersigned's knowledge, Agency 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;
  - (3) Agency and Agency's employees and agents are not included on the list titled "Specially Designated Nationals and Blocked Persons" maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at:  
<http://www.treas.gov/offices/enforcement/ofac/sdn/t11sdn.pdf>;
  - (4) Agency 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/portal/public/SAM/>; and
  - (5) Agency is not subject to backup withholding because:
    - (a) Agency is exempt from backup withholding;
    - (b) Agency has not been notified by the IRS that Agency is subject to backup withholding as a result of a failure to report all interest or dividends; or
    - (c) The IRS has notified Agency that Agency is no longer subject to backup withholding.
- b. Agency is required to provide its Federal Employer Identification Number (FEIN). By Agency's signature on this Agreement, Agency hereby certifies that the FEIN provided to OHA is true and accurate. If this information changes, Agency is also required to provide OHA with the new FEIN within 10 days.
- c. 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. Agency

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.



5. Agency Data. Agency shall provide current information as required below. This information is requested pursuant to ORS 305.385.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Agency Name (exactly as filed with the IRS): Mid-Valley Behavioral  
Care Networks

Street address: 2965 Ryan Dr. Ste #150

City, state, zip code: Salem, OR 97301

Email address: scott@mvbn.org

Telephone: (503) 505-4991 Facsimile: (503) 505-4909

Federal Employer Identification Number: 41-2198963

Proof of Insurance:

Workers' Compensation Insurance Company: see attached

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

Agency shall provide proof of Insurance upon request by OHA or OHA designee.

6. Signatures.

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

Mid-Valley Behavioral Care Network

By:

Shari Carlson Chain 11/9/15  
Authorized Signature Title Date

State of Oregon, acting by and through its Oregon Health Authority

By:

Kar Wheeler, Bus. + App Policy Dir. 11/19/15  
Authorized Signature Title Date

Approved for Legal Sufficiency:

Approved via email by Jeff Gabel 11-10-15  
Exempt per OAR 137-045-0050(2)

Officer of Contracts and Procurement:

[Signature] 11-20-15  
Contract Specialist Date

Approved as to form:

Wallace W. Lion 11-5-15  
Wallace W. Lion Date  
MYBCN Legal Counsel

**EXHIBIT E**

Financial Pages as of October 1, 2015

OREGON HEALTH AUTHORITY  
 DIRECT CONTRACT  
 FOR THE 2015-2016 YEAR  
 PART 1-A  
 FINANCIAL PAGES

DIR2

CONTRACT #: 148485      CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETW  
 AMENDMENT#: 001

SERVICE ELEMENT	PRIOR CONTRACTED AMOUNT	CONTRACT CHANGE	NEW CONTRACTED AMOUNT	UNITS	SERV CODE	SP#
MENTAL HEALTH SERVICES						
37	\$817,366.00	\$0.00	\$817,366.00	0.		0
37	\$0.00	\$81,000.00	\$81,000.00	0.		1
	<u>\$817,366.00</u>	<u>\$81,000.00</u>	<u>\$898,366.00</u>			
TOTAL PART 1-A	<u>\$817,366.00</u>	<u>\$81,000.00</u>	<u>\$898,366.00</u>			

OREGON HEALTH AUTHORITY  
 DIRECT CONTRACT  
 FOR THE 2016-2017 YEAR  
 PART 1-A  
 FINANCIAL PAGES

DIR2

CONTRACT #: 148485      CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETW  
 AMENDMENT#: 001

SERVICE ELEMENT	PRIOR CONTRACTED AMOUNT	CONTRACT CHANGE	NEW CONTRACTED AMOUNT	UNITS	SERV CODE ,SP#
MENTAL HEALTH SERVICES					
37	\$817,366.00	\$0.00	\$817,366.00	0.	0
37	\$0.00	\$108,000.00	\$108,000.00	0.	1
	<u>\$817,366.00</u>	<u>\$108,000.00</u>	<u>\$925,366.00</u>		
TOTAL PART 1-A	<u>\$817,366.00</u>	<u>\$108,000.00</u>	<u>\$925,366.00</u>		

OREGON HEALTH AUTHORITY  
Direct Contract

CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETWORK  
DATE: 09/04/2015

CONTRACT#: 148485  
AMENDMENT#: 001

REASON FOR CONTRACT/AMENDMENT:

MHS Special Projects (MHS 37) and Exhibit MHS 37 Mental Health Supported Housing and Rental Assistance Services to MHS 37 Service Description. This amendment supplements existing funding provided for rental subsidy.

SPECIAL CONDITIONS:

- 1 A) These payments are provided for the special project described in Exhibit MHS 37 - Supported Housing and Rental Assistance Services to MHS 37 Service description. B) The expenditure of payments for this special project must result in monthly rental assistance for 60 unduplicated clients not to exceed \$650 per month, per client and a one-time move-in expense not to exceed \$1,000 per client. Exhibit 37-Mental Health Supported Housing and Rental Assistance Services to Service Description MHS 37 applies to the payments subject to this special condition. Under delivery of Services subject to this payment may result in recovery of payments at at rate of \$650 for each month Services are under delivered.

Agreement Number 148485

**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 2 to Agreement Number 148485 between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA" and

**Mid-Valley Behavioral Care Network  
2965 Ryan Drive SE, Suite 150  
Salem, OR 97301  
Telephone: (503) 361-2647  
Fax: (503) 585-4989  
Email: [suzanne@mvbcn.org](mailto:suzanne@mvbcn.org)  
Attention: Suzanne Smith**

hereinafter referred to as "Agency."

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. Exhibit A, Part 1 "Statement of Work" is hereby restated in its entirety as Attachment 1 and incorporated herein by this reference. This restatement is to: move the "Exhibit to MHS 37 Mental Health Supported Housing and Rental Assistance Services MHS Special Project" from a section within the Exhibit A, to an exhibit to Service Element "MHS 37 Special Projects" and to add a new "Exhibit to MHS 37 Rental Assistance Program Services".
  - b. Exhibit E, "Financial Pages," is hereby amended per Attachment 2 "Financial Pages" and by this reference make it a part thereof.

3. **Certification:**

a. The Agency 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) the Agency and that pertains to this Agreement or to the project for which the Agreement work is being performed. The Agency 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. Agency 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 the Agency. Without limiting the generality of the foregoing, by signature on this Agreement, the Agency hereby certifies that:

- (1) The information shown in Agency Data and Certification, of original Agreement or as amended is Agency's true, accurate and correct information;
- (2) To the best of the undersigned's knowledge, Agency 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;
- (3) Agency and Agency's employees and agents are not included on the list titled "Specially Designated Nationals and Blocked Persons" maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at: <http://www.treas.gov/offices/enforcement/ofac/sdn/111sdn.pdf>;
- (4) Agency 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/portal/public/SAM/>; and
- (5) Agency is not subject to backup withholding because:
  - (a) Agency is exempt from backup withholding;
  - (b) Agency has not been notified by the IRS that Agency is subject to backup withholding as a result of a failure to report all interest or dividends; or
  - (c) The IRS has notified Agency that Agency is no longer subject to backup withholding.
- (6) Agency is required to provide its Federal Employer Identification Number (FEIN). By Agency's signature on this Agreement, Agency hereby certifies that the FEIN provided to OHA is true and accurate. If this information changes, Agency is also required to provide OHA with the new FEIN within 10 days.

4. 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. Agency 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.

5. Signatures.

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

Mid-Valley Behavioral Care Network

By:

Janet Carlson Janet Carlson Chair 3-28-16  
Authorized Signature Printed Name Title Date

State of Oregon, acting by and through its Oregon Health Authority

By:

Karen Wheeler Karen Wheeler Section Director 3/31/16  
Authorized Signature Printed Name Title Date

Approved for Legal Sufficiency:

Approved by Jeffrey J. Wahl, Senior Assistant Attorney General, Lead Counsel, Oregon Health Authority and Department of Human Services, on February 16 2016, email in Contract file.

OHA Program:

Approved by Sheryl Derting on February 17, 2016, email in Contract file.

Office of Contracts and Procurement:

Tammy L. Hurst 4/5/16  
Date  
Tammy L. Hurst, OPBC, OCAC  
Contract Specialist

Approved as to form:

Wallace W. Lien 3/23/16  
Date  
Wallace W. Lien  
MVBCN Legal Counsel



Attachment 1  
EXHIBIT A  
Part 1  
Statement of Work

1. **Purpose:** Contractor shall provide supported housing and rental assistance services as described below. OHA requires that the Contractor meets the highest standards prevalent in the industry or business most closely involved in providing the appropriate goods or services.
2. **Services to be provided by Contractor shall include:** Where referenced in this Contract, "Contract Settlement" means OHA's reconciliation of amounts OHA actually disbursed to Contractor against amounts that OHA is obligated to pay to Contractor for services provided under this Contract. Contract Settlement can occur following the end of a biennial period, upon termination or expiration of this Contract. Contractor shall provide the following:
  - a. Service Name: MHS SPECIAL PROJECTS  
Service ID Code: MHS 37
    - (1) Service Description

MHS Special Projects (MHS 37) are Mental Health Services within the scope of ORS 430.630 delivered on a demonstration or emergency basis for a specified period of time. Each special project is specifically described in a separate exhibit to this MHS 37 Service Description, which exhibits are incorporated herein by this reference. When Exhibit E, "Financial Pages" contains a line providing payments for MHS 37 Services that line will contain a special condition specifying what special project exhibit to this MHS 37 Service Description applies.
    - (2) Performance Requirements

See specific special project exhibits, if any, to this MHS 37 Service Description.
    - (3) Special Reporting Requirements

See specific special project exhibits, if any, to this MHS 37 Service Description.
    - (4) Payment Calculation, Disbursement, and Payment Settlement Procedures

See specific special project exhibits, if any, to this MHS 37 service description.

Even if the Financial Pages provide payment amounts for MHS 37 Services, OHA shall have no obligation to disburse any payments through this Contract for any MHS 37 Services (even if payments therefore are disbursed to Contractor) unless a corresponding special project exhibit describing the project is attached to this service description.

Exhibit to MHS 37  
Mental Health Supported Housing and Rental Assistance Services  
MHS Special Project

Effective for services prior to the effective date of Amendment 2.

1. Service Description

MHS 37 – Mental Health Supported Housing Services allow individuals to live as independently as possible in the community and to access the appropriate support services on a voluntary basis.

MHS 37 – Mental Health Rental Assistance Services (RAS) are intended to assist individuals who are 18 years of age or older with Serious Mental Illness (SMI), as defined in OAR 309-032-0311(17), and who meet at least one of the following criteria in paying for rental housing:

- a. Transitioning from the Oregon State Hospital;
- b. Transitioning from a licensed residential setting;
- c. Without supported housing are at risk of reentering a licensed residential or hospital setting. For purposes of this special project, supported housing is a combination of financial assistance and supportive services that allows an individual to live as independently as possible in their own home;
- d. Homeless as defined in 42 U.S.C. § 11302; or
- e. At risk of being homeless.

2. Performance Requirements

a. MHS 37 – Mental Health Supported Housing Services:

MHS 37 – Mental Health Supported Housing Services include the payment for a residential specialist position and a peer support specialist position. For purposes of this special project, the residential and peer support specialist positions shall be responsible for coordinating the program components such as application process, finding a rental unit, and payments to the landlord; the support service components including, but not limited to, financial budgeting, community navigation, and maintaining healthy relationships which supports individuals in their ability to live as independently as possible in the community. These payments shall not be used to pay any other staff position.

b. MHS 37 - Rental Assistance Services:

- (1) Rental assistance payments per individual shall not exceed \$500 per month. Payments for rental assistance made on behalf of individuals cover payment to landlords or specific vendors for a portion of the monthly rent, or payment to specific vendors for resident utility expenses.
- (2) Move-in expense payments per individual shall not exceed \$1000. Payments for move-in costs may include cleaning and security deposits, pet deposits, and outstanding utility bills.
- (3) Contractor shall annually inspect or have inspected rental housing units subject to this special project to assure unit passes the criteria outlined in the OHA approved Housing Condition Checklist located at <http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>.

- c. Targeted outcomes include:
- (1) Decreasing the Oregon State Hospital readmission rate;
  - (2) Decreasing length of stay in structured residential housing;
  - (3) Increasing number of civilly committed and Psychiatric Security Review Board clients transitioning to independent living.
  - (4) Increasing the number of individuals with SMI living in supported, permanent, and integrated housing; and
  - (5) Increasing the length of tenancy of individuals with SMI living in supported, permanent, and integrated housing.
- d. Administrative Costs:
- Administrative costs shall not exceed 15% of total operating budget. Eligible Administrative costs include:
- (1) Payment for RAS data collection and documentation of service delivery in compliance with state and federal requirements; and
  - (2) Payment for housing inspection services, accounting services, computer upgrades, supervision of program staff, expenses associated with program office space, etc.
- e. Utilization: Utilization requirements for RAS providers will be identified in a special condition in a particular line of Exhibit E, "Financial Pages".

3. Special Reporting Requirements

- a. For each calendar quarter (or portion thereof) during the period for which payment is made under this Contract for MHS 37- Mental Health Supported Housing and Rental Assistance Services, the Contractor shall electronically submit to [amhcontract.administrator@state.or.us](mailto:amhcontract.administrator@state.or.us) written quarterly reports on the delivery of MHS 37- Mental Health Supported Housing and Rental Assistance Services no later than 45 calendar days after the end of each subject quarter using forms and procedures prescribed by OHA.

Quarterly reports shall include the following information:

- (1) How many units are occupied on a monthly basis;
- (2) How many months the resident occupied the unit;
- (3) Why the resident vacated the unit:
  - (a) Moved to another apartment, remained in the program;
  - (b) Landlord eviction, if so why;
  - (c) Resident gave 30-day notice, if so why;
- (4) What Services the residents are participating in the most;
- (5) What the biggest barriers are to resident participation in Services; and
- (6) How many individuals were not able to secure a rental unit and the reason(s) why that occurred:
  - (a) Unable to afford, even with rental assistance;
  - (b) Lack of available units;
  - (c) Criminal record;

- (d) Credit history; or
  - (e) Unknown
- b. All individuals receiving MHS 37- Mental Health Supported Housing and Rental Assistance Services through this Contract must be enrolled and that individual's record maintained in the Measures and Outcome Tracking System (MOTS) as specified in OHA's MOTS Reference Manual located at: <http://www.oregon.gov/OHA/amh/mots/Pages/resource.aspx>, as it may be revised from time to time.

4. **Payment Calculation, Disbursement, and Contract Settlement Procedures**

- a. **Calculation of Payments.** OHA will make payments for MHS 37 – Mental Health Supported Housing and Rental Assistance Services provided under a particular line of Exhibit E, “Financial Pages” containing an “A” from payments identified in that line in an amount equal to the amount of cash assistance actually paid by Contractor on behalf of the individuals for services delivered under that line of the Financial Pages during the period specified in that line. The total OHA payment for all MHS 37- Mental Health Supported Housing and Rental Assistance Services delivered under a particular line of the Financial Pages containing an “A”, shall not exceed the total payments amount for MHS 37- Mental Health Supported Housing and Rental Assistance Services as specified in that line of the Financial Pages.
- b. **Disbursement of Payments.** Unless a different disbursement method is specified in that line of Exhibit E, “Financial Pages”, OHA will disburse the Part A payments for MHS 37 - Mental Health Supported Housing and Rental Assistance Services provided under a particular line of the Financial Pages containing an “A” i, to Contractor in substantially equal monthly payments during the period specified in that line of the Financial Pages, subject to the following:
- (1) OHA may, after 30 days (unless parties agree otherwise) written notice to Contractor, reduce the monthly payments based on under-used payments identified through MOTS and other required reports in accordance with Section 3., “Special Reporting Requirements” above;
  - (2) OHA may, upon written request of Contractor, adjust monthly payments;
  - (3) Upon amendment to the Financial Pages, OHA shall adjust monthly payments as necessary, to reflect changes in the payments made for MHS 37- Mental Health Supported Housing and Rental Assistance Services provided under that line of the Financial Pages; and
  - (4) OHA is not obligated to provide payment for any MHS 37 - Mental Health Supported Housing and Rental Assistance Services that are not properly reported in accordance with Section 3., “Special Reporting Requirements” above by the date 60 calendar days after the earlier of expiration or termination of this Contract, termination of OHA's obligation to provide payments for MHS 37 - Mental Health Supported Housing and Rental Assistance Services, or termination of Contractor's obligation to provide MHS 37 - Mental Health Supported Housing and Rental Assistance Services.
- c. **Contract Settlement:** Contract Settlement will be used to reconcile any discrepancies that may have occurred during the term of this Contract between actual OHA payments made for MHS 37- Mental Health Supported Housing and Rental Assistance Services under a particular line of Exhibit E, “Financial Pages” containing an “A”, and amounts due for such services based on the cash assistance paid on behalf of the individuals for rental assistance, rental utility and move-in expenses, program staff funds expended, and administration of this special project as properly reported in accordance with Section 3., “Special Reporting Requirements” above and subject to the utilization requirements in a special condition on that line of the Financial Pages.

**Exhibit to MHS 37  
Rental Assistance Program Services  
MHS Special Project**

Effective for services on or after the effective date of Amendment 2.

**1. Service Description**

Rental Assistance Program Services allow individuals to live as independently as possible in the community and to access the appropriate support services on a voluntary basis.

Rental Assistance Program Services (RAS) are intended to assist individuals who are 18 years of age or older with Serious Mental Illness (SMI), as defined in OAR 309-032-0311(17), and who meet at least one of the following criteria in paying for rental housing:

- a. Transitioning from the Oregon State Hospital;
- b. Transitioning from a licensed residential setting;
- c. Without supported housing are at risk of reentering a licensed residential or hospital setting. For purposes of this special project, supported housing is a combination of financial assistance and supportive services that allows an individual to live as independently as possible in their own home;
- d. Homeless as defined in 42 U.S.C. § 11302; or
- e. At risk of being homeless.

**2. Performance Requirements**

- a. Rental Assistance Program Services include the payment for a residential specialist position and a peer support specialist position. For purposes of this special project, the residential and peer support specialist positions shall be responsible for coordinating the program components such as application process, finding a rental unit, and payments to the landlord; the support service components including, but not limited to, financial budgeting, community navigation, and maintaining healthy relationships which supports individuals in their ability to live as independently as possible in the community. These payments shall not be used to pay any other staff position.
- b. Rental assistance payments per individual will be set by program and will not exceed the HUD Fair Market Rent (FMR). Exceptions may be granted with OHA pre-approval. Payments for rental assistance made on behalf of individuals cover payment to landlords or specific vendors for a portion of the monthly rent, or payment to specific vendors for resident utility expenses.
- c. Move-in expense payments will be based on the individual's need and determined by the program. Payments for move-in costs may include cleaning and security deposits, pet deposits, and outstanding utility bills.
- d. Contractor shall annually inspect or have inspected rental housing units subject to this special project to assure unit passes the criteria outlined in the OHA approved Housing Condition Checklist located at <http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>.
- e. Contractor will coordinate with Coordinated Care Organizations (CCO) and Community Mental Health Programs (CMHP) to develop a plan to bill for Medicaid eligible services.
- f. Administrative costs shall not exceed 15% of total operating budget. Eligible Administrative costs include:
  - (1) Payment for RAS data collection and documentation of service delivery in compliance with state and federal requirements; and

- (2) Payment for housing inspection services, accounting services, computer upgrades, supervision of program staff, expenses associated with program office space, etc.
- g. Utilization requirements for RAS providers will be identified in a special condition in a particular line of Exhibit E, "Financial Pages".
- h. Contractor Compliance: No more than 20% of units in a building or complex of buildings may be reserved for tenants with SMI referred by state or its' contractors or subcontractors. The Contractor or subcontractor shall make good faith, reasonable, best efforts to facilitate the use of those units by persons with SMI. The remaining housing is available to all individuals in conformance with Fair Housing and other related laws.
- i. Compliance with criteria in the Contractor's application and this Contract is equally binding.
- j. Contractor may contract with subcontractors subject to prior review and approval by OHA.

3. **Special Reporting Requirements**

- a. For each calendar quarter (or portion thereof) during the period for which payment is made under this Contract for MHS 37-Rental Assistance Program Services, the Contractor shall electronically submit to [amhcontract.administrator@state.or.us](mailto:amhcontract.administrator@state.or.us) written quarterly reports on the delivery of MHS 37- Rental Assistance Program Services no later than 45 calendar days after the end of each subject quarter using forms and procedures prescribed by OHA.
- b. Information and data as required on the OHA provided reporting template.
- c. For financial settlement use, the following information shall be included for both monthly and subject quarter totals on each report:
  - (1) Amount expended for move-in and barrier removal services.
  - (2) Amount expended for housing rental.
  - (3) Amount expended for staff positions and administration.
- d. All individuals receiving MHS 37-Rental Assistance Program Services through this Contract must be enrolled and that individual's record maintained in the Measures and Outcome Tracking System (MOTS) as specified in OHA's MOTS Reference Manual located at: <http://www.oregon.gov/OHA/amh/mots/Pages/resource.aspx>, as it may be revised from time to time.

4. **Payment Calculation, Disbursement, and Contract Settlement Procedures**

- a. **Calculation of Payments.** OHA will make payments for MHS 37-Rental Assistance Program Services provided under a particular line of Exhibit E, "Financial Pages" containing an "A" from payments identified in that line in an amount equal to the amount of cash assistance actually paid by Contractor on behalf of the individuals for services delivered under that line of the Financial Pages during the period specified in that line. The total OHA payment for all MHS 37-Rental Assistance Program Services delivered under a particular line of the Financial Pages containing an "A", shall not exceed the total payments amount for MHS 37-Rental Assistance Services as specified in that line of the Financial Pages.
- b. **Disbursement of Payments.** Unless a different disbursement method is specified in that line of Exhibit E, "Financial Pages", OHA will disburse the Part A payments for MHS 37-Rental Assistance Program Services provided under a particular line of the Financial Pages containing an "A" to Contractor in substantially equal monthly payments during the period specified in that line of the Financial Pages, subject to the following:

- (1) OHA may, after 30 days (unless parties agree otherwise) written notice to Contractor, reduce the monthly payments based on under-used payments identified through MOTS and other required reports in accordance with Section 3., "Special Reporting Requirements" above;
  - (2) OHA may, upon written request of Contractor, adjust monthly payments;
  - (3) Upon amendment to the Financial Pages, OHA shall adjust monthly payments as necessary, to reflect changes in the payments made for MHS 37-Rental Assistance Program Services provided under that line of the Financial Pages; and
  - (4) OHA is not obligated to provide payment for any MHS 37-Rental Assistance Program Services that are not properly reported in accordance with Section 3., "Special Reporting Requirements" above by the date 60 calendar days after the earlier of expiration or termination of this Contract, termination of OHA's obligation to provide payments for MHS 37-Rental Assistance Program Services, or termination of Contractor's obligation to provide MHS 37-Rental Assistance Program Services.
- c. Contract Settlement: Contract Settlement will be used to reconcile any discrepancies that may have occurred during the term of this Contract between actual OHA payments made for MHS 37-Rental Assistance Program Services under a particular line of Exhibit E, "Financial Pages" containing an "A", and amounts due for such services based on the cash assistance paid on behalf of the program contractors for rental assistance, barrier removal, and move-in expenses, program staff funds expended, and administration of this special project as properly reported in accordance with Section 3., "Special Reporting Requirements" above and subject to the utilization requirements in a special condition on that line of the Financial Pages.

Attachment 2  
EXHIBIT E

OREGON HEALTH AUTHORITY  
DIRECT CONTRACT  
FOR THE 2015-2016 YEAR  
PART 1-A  
FINANCIAL PAGES

DIR2

CONTRACT #: 148485      CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETW  
AMENDMENT#: 2

SERVICE ELEMENT	PRIOR CONTRACTED AMOUNT	CONTRACT CHANGE	NEW CONTRACTED AMOUNT	UNITS	SERV CODE	SP#
MENTAL HEALTH SERVICES						
37	\$898,366.00	\$0.00	\$898,366.00	0.		0
37	\$0.00	-\$180,000.00	-\$180,000.00	0.		1
37	\$0.00	-\$54,000.00	-\$54,000.00	0.		2
37	\$0.00	\$312,120.00	\$312,120.00	60.		3
	\$898,366.00	\$78,120.00	\$976,486.00			
TOTAL PART 1-A	\$898,366.00	\$78,120.00	\$976,486.00			



OREGON HEALTH AUTHORITY  
 DIRECT CONTRACT  
 FOR THE 2016-2017 YEAR  
 PART 1-A  
 FINANCIAL PAGES

DIR2

CONTRACT #: 148485 CONTRACTOR: MID VALLEY BEHAVIORAL CARE.NETW  
 AMENDMENT#: 2

SERVICE ELEMENT	PRIOR CONTRACTED AMOUNT	CONTRACT CHANGE	NEW CONTRACTED AMOUNT	UNITS	SBRV CODE	SP#
MENTAL HEALTH SERVICES						
37	\$925,366.00	\$0.00	\$925,366.00	0.		0
37	\$0.00	-\$360,000.00	-\$360,000.00	0.		1
37	\$0.00	-\$108,000.00	-\$108,000.00	0.		2
37	\$0.00	\$624,240.00	\$624,240.00	60.		3
	\$925,366.00	\$156,240.00	1,081,606.00			
TOTAL PART 1-A	\$925,366.00	\$156,240.00	1,081,606.00			

OREGON HEALTH AUTHORITY  
Direct Contract

CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETWORK  
DATE: 02/05/2016

CONTRACT#: 148495  
AMENDMENT#: 2

REASON FOR CONTRACT/AMENDMENT:

MHS Special Projects (MHS 37) and Exhibit MHS 37 Mental Health Supported Housing and Rental Assistance Services to MHS 37 Service Description funds are removed for Supported Housing (FMR - see Spec Cond #1-2). MHS Special Projects (MHS 37) and Exhibit MHS 37 Rental Assistance Program Services to MHS 37 Services Description funds are awarded for Rental Assistance (FMR - see Spec Cond #3).

SPECIAL CONDITIONS:

- 1 Special condition #M0047-1 in Base Contract, regarding "A) MHS 37-Supported Housing" and "B) expenditure of payments" applies.
- 2 Special condition #M0102-1 in Amendment #1, regarding "A) MHS 37-Supported Housing" and "B) expenditure of payment" applies.
- 3 A) These payments are provided for the special project described in Exhibit MHS 37 Rental Assistance Program Services to MHS 37 Services Description. B) The expenditure of payments awarded for this special project must result in monthly rental assistance for 60 unduplicated clients not to exceed \$867.00 per month per client, and a one-time move-in expense not to exceed \$1,000.00 per client. Exhibit 37- Rental Assistance Program Services to Service Description MHS 37 applies to the financial assistance subject to this special condition. Under delivery of services subject to this financial assistance may result in recovery of funds at a rate of \$867.00 for each month services are under delivered.



Agreement Number 148485

**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 **03** to Agreement Number **148485** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA" and

**Mid-Valley Behavioral Care Network  
2965 Ryan Drive SE, Suite 150  
Salem, OR 97301  
Attn: Susanne Smith  
Telephone: (503) 361-2647  
Facsimile: (503) 585-4989  
E-mail address: [susanne@mvbcn.org](mailto:susanne@mvbcn.org)**

hereinafter referred to as "Agency."

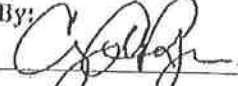
1. This amendment shall become effective on the date this amendment has been fully executed by every party and, when required, approved by Department of Justice.
2. The Agreement is hereby amended as follows:
  - a. Exhibit E "Financial Pages" is hereby amended per Attachment 1 "Financial Pages" and by this reference make it a part thereof
3. **Certification:**
  - a. The Agency 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) the Agency and that pertains to this Agreement or to the project for which the Agreement work is being performed. The Agency 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. Agency 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 the Agency. Without limiting the generality of the foregoing, by signature on this Agreement, the Agency hereby certifies that:

- (1) The information shown in Agency Data and Certification, of original Agreement or as amended is Agency's true, accurate and correct information;
  - (2) To the best of the undersigned's knowledge, Agency 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;
  - (3) Agency and Agency'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>;
  - (4) Agency 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/portal/public/SAM/>; and
  - (5) Agency is not subject to backup withholding because:
    - (a) Agency is exempt from backup withholding;
    - (b) Agency has not been notified by the IRS that Agency is subject to backup withholding as a result of a failure to report all interest or dividends; or
    - (c) The IRS has notified Agency that Agency is no longer subject to backup withholding.
- b. Agency is required to provide its Federal Employer Identification Number (FEIN). By Agency's signature on this Agreement, Agency hereby certifies that the FEIN provided to OHA is true and accurate. If this information changes, Agency is also required to provide OHA with the new FEIN within 10 days.
- c. 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. Agency 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. Signatures.

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

Mid-Valley Behavioral Care Network

By:  CRAIG A. POPE CHIEF 6-21-16  
Authorized Signature Printed Name Title Date

State of Oregon, acting by and through its Oregon Health Authority

By:  Karam Wheeler Section Director 6/23/16  
Authorized Signature Printed Name Title Date

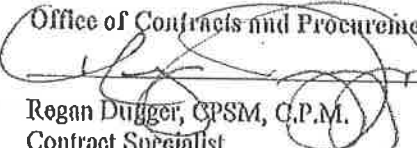
Approved for Legal Sufficiency:

Not required per OAR 137-045-0050(2)(c).

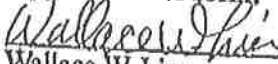
OHA Program:

Approved by Sheryl Dertling on June 10, 2016, email in Contract file.

Office of Contracts and Procurement:

 07/01/2016  
Rogan Dugger, CPSM, C.P.M. Date  
Contract Specialist

Approved as to form:

 6/21/16  
Wallace W. Lien Date  
MVBCN Legal Counsel

ATTACHMENT 1

EXHIBIT E  
Financial Pages

OREGON HEALTH AUTHORITY  
DIRECT CONTRACT  
FOR THE 2015-2016 YEAR  
PART 1-A  
FINANCIAL PAGES

DIR2

CONTRACT #: 148485      CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETW  
AMENDMENT#: 03

SERVICE ELEMENT	PRIOR CONTRACTED AMOUNT	CONTRACT CHANGE	NEW CONTRACTED AMOUNT	UNITS	SERV CODE	SP#
MENTAL HEALTH SERVICES						
37	\$976,486.00	\$0.00	\$976,486.00	60.		0
37	\$0.00	-\$637,366.00	-\$637,366.00	0.		1
37	\$0.00	-\$27,000.00	-\$27,000.00	0.		2
37	\$0.00	\$684,296.98	\$684,296.98	0.		3
	<u>\$976,486.00</u>	<u>\$19,930.98</u>	<u>\$996,416.98</u>			
TOTAL PART 1-A	<u>\$976,486.00</u>	<u>\$19,930.98</u>	<u>\$996,416.98</u>			

OREGON HEALTH AUTHORITY  
 DIRECT CONTRACT  
 FOR THE 2016-2017 YEAR  
 PART 1-A  
 FINANCIAL PAGES

DIR2

CONTRACT #: 148485  
 AMENDMENT#: 03

CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETW

SERVICE ELEMENT	PRIOR CONTRACTED AMOUNT	CONTRACT CHANGE	NEW CONTRACTED AMOUNT	UNITS	SERV CODE	SP#
MENTAL HEALTH SERVICES						
37	1,081,606.00	\$0.00	1,081,606.00	60.		0
37	\$0.00	-\$457,366.00	-\$457,366.00	0.		1
37	\$0.00	\$471,086.98	\$471,086.98	0.		3
	<u>1,081,606.00</u>	<u>\$13,720.98</u>	<u>1,095,326.98</u>			
TOTAL PART 1-A	<u>1,081,606.00</u>	<u>\$13,720.98</u>	<u>1,095,326.98</u>			

OREGON HEALTH AUTHORITY  
Direct Contract

CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETWORK  
DATE: 05/31/2016

CONTRACT#: 148485  
AMENDMENT#: 03

REASON FOR CONTRACT/AMENDMENT:

The Financial Pages payment is for Mental Health Services subject to the 2015-2017 Legislatively Adopted Budget for the Oregon Health Authority. This payment includes Cost of Living Adjustment (COLA), where applicable.

SPECIAL CONDITIONS:

- 1 Special condition #1 in Base Contract, regarding "MHS 37 - Supported Housing" applies.
- 2 Special condition #1 in Amendment #1, regarding "MHS 37 - Supported Housing" applies.
- 3 These payments are provided for the special project described in Exhibit MHS 37-Rental Assistance Program Services to MHS 37 Service Description.





Agreement Number 148485

**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 04 to Agreement Number 148485 between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA" and

**Mid-Valley Behavioral Care Network  
2965 Ryan Drive SE, Suite 150  
Salem, OR 97301  
Attn: Margaret Terry  
Telephone: (503) 361-2667  
Facsimile: (503) 585-4989  
E-mail address: [mterry@mvbcn.org](mailto:mterry@mvbcn.org)**

hereinafter referred to as "Agency."

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. Exhibit E "Financial Pages" is hereby amended per Attachment 1, "Financial Pages" and by this reference make it a part thereof
3. **Certification:**
  - a. The Agency 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) the Agency and that pertains to this Agreement or to the project for which the Agreement work is being performed. The Agency 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. Agency 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 the Agency. Without limiting the generality of the foregoing, by signature on this Agreement, the Agency hereby certifies that:

- (1) The information shown in Agency Data and Certification, of original Agreement or as amended is Agency's true, accurate and correct information;
  - (2) To the best of the undersigned's knowledge, Agency 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;
  - (3) Agency and Agency'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>;
  - (4) Agency 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/portal/public/SAM/>; and
  - (5) Agency is not subject to backup withholding because:
    - (a) Agency is exempt from backup withholding;
    - (b) Agency has not been notified by the IRS that Agency is subject to backup withholding as a result of a failure to report all interest or dividends; or
    - (c) The IRS has notified Agency that Agency is no longer subject to backup withholding.
- b. Agency is required to provide its Federal Employer Identification Number (FEIN). By Agency's signature on this Agreement, Agency hereby certifies that the FEIN provided to OHA is true and accurate. If this information changes, Agency is also required to provide OHA with the new FEIN within 10 days.
- c. 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. Agency 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. Signatures.

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

Mid-Valley Behavioral Care Network

By:  C. M. G. A. POPE MVBCN CHAIR 12-13-16  
Authorized Signature Printed Name Title Date

State of Oregon, acting by and through its Oregon Health Authority

By:  Chris Norman Director - Contracts and Compliance 12/20/16  
Authorized Signature Printed Name Title Date

Approved for Legal Sufficiency:

Approved by Jeffrey J. Wahl, Senior Assistant Attorney General, Lead Counsel, Oregon Health Authority and Department of Human Services, on November 07, 2016, email in Contract file.

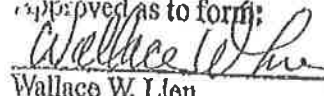
OHA Program:

Approved by Mary Mitchell on November 07, 2016, email in Contract file.

Office of Contracts and Procurement:

 12/21/2016  
Regan Dugger, OIBC, CPSM, C.P.M. Date  
Contract Specialist

Approved as to form:

 Wallace W. Lien Date  
MVBCN Legal Counsel

ATTACHMENT 1

EXHIBIT E  
Financial Pages

OREGON HEALTH AUTHORITY  
DIRECT CONTRACT  
FOR THE 2015-2016 YEAR  
PART 1-A  
FINANCIAL PAGES

DIR2

CONTRACT #: 148485      CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETW  
AMENDMENT#: 004

SERVICE ELEMENT	PRIOR CONTRACTED AMOUNT	CONTRACT CHANGE	NEW CONTRACTED AMOUNT	UNITS	SERV CODE	SP#
MENTAL HEALTH SERVICES						
37	\$996,416.98	\$0.00	\$996,416.98	60.		0
	\$996,416.98	\$0.00	\$996,416.98			
TOTAL PART 1-A	\$996,416.98	\$0.00	\$996,416.98			

OREGON HEALTH AUTHORITY  
 DIRECT CONTRACT  
 FOR THE 2016-2017 YEAR  
 PART 1-A  
 FINANCIAL PAGES

DIR2

CONTRACT #: 148485      CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETW  
 AMENDMENT#: 004

SERVICE ELEMENT	PRIOR CONTRACTED AMOUNT	CONTRACT CHANGE	NEW CONTRACTED AMOUNT	UNITS	SERV CODE	SP#
<b>MENTAL HEALTH SERVICES</b>						
37	1,095,326.98	\$0.00	1,095,326.98	60.		0
37	\$0.00	-\$520,200.00	-\$520,200.00	-60.		1
37	\$0.00	\$292,500.00	\$292,500.00	45.		2
37	\$0.00	-\$95,571.00	-\$95,571.00	0.		3
	<u>1,095,326.98</u>	<u>-\$323,271.00</u>	<u>\$772,055.98</u>			
<b>TOTAL PART 1-A</b>	<u>1,095,326.98</u>	<u>-\$323,271.00</u>	<u>\$772,055.98</u>			

OREGON HEALTH AUTHORITY  
Direct Contract

CONTRACTOR: MID VALLEY BEHAVIORAL CARE NETWORK  
DATE: 11/03/2016

CONTRACT#: 148485  
AMENDMENT#: 004

REASON FOR CONTRACT/AMENDMENT:

MHS 37 Rental Assistance removed 15 slots and MHS 37 Supported Housing and Rental Assistance removed operating funds representing Yamhill Services; and removed 45 slots at \$867 per slot and added them back in at \$650 per slot for Rental Assistance.

SPECIAL CONDITIONS:

- 1 Special condition #3 in Amendment #2, regarding "MHS 37 Rental Assistance" applies.
- 2 MHS 37 Rental Assistance Rate and Slot: For slots utilized during a particular month, OHA will provide payment at the rate of \$650 per month per slot for up to 45 slots.
- 3 Special condition #3 in Amendment #3, regarding "MHS 37 Supported Housing and Rental Assistance for Yamhill services" applies.

**Attachment E – OHA FORMS**

OHA Health Systems Division  
Rental Assistance Program 2015-2017  
INSTRUCTIONS

<b>RENTAL ASSISTANCE QUARTERLY REPORTING</b>	
<i>Please submit all forms by e-mail to; AMHcontract.Administrator@dhsosha.state.or.us&gt;</i>	<b>AMHcontract.Administrator@state.or.us</b>
<b>REPORTING QUARTER</b>	<b>Program Quarters for Biennium:</b> July - September + year October - December + year January - March + year April - June + year
<b>REPORT DUE DATES</b>	45 days after the reporting period, generally on the 15th of the second month after the end of the period.
<b>SAMPLE FORMS</b>	Samples for both the Summary Form and the Individual Data Form are included. Each form has been "completed" with sample information to illustrate how to complete the form. Also, as an aid, the cells that programs fill in (except drop down menus) are highlighted in yellow.
"RA"	"RA" as used in this form stands for "Rental Assistance"
<b>CELL COLOR CODES for FORMS:</b>	
FORMULA CELL (blue)	QUERY CELL (gray)
NARRATIVE RESPONSE (green)	DATA OR INFORMATION ENTRY CELL (peach)
<b>RENTAL ASSISTANCE SUMMARY REPORTING FORM</b>	
Line Reference #	
1	Organization Name ENTER name of organization awarded program funds
2	Organization Medicaid ID Number ENTER Medicaid number assigned to that organization
3	Organization Contact Name, Phone & Email ENTER contact information
4	Reporting Period ENTER appropriate quarter (see above for details regarding quarters)
5	<b>PROGRAM BUDGET (OHA HSD funds only)</b>
6	Amount of HSD funds spent in the first month of the Quarter ENTER the amount of HSD funds spent for staff positions, administration, move-in & barrier removal expenses, housing rent
7	Amount of HSD funds spent in the second month of the Quarter ENTER the amount of HSD funds spent for staff positions, administration, move-in & barrier removal expenses, housing rent
8	Amount of HSD funds spent in the third month of the Quarter ENTER the amount of HSD funds spent for staff positions, administration, move-in & barrier removal expenses, housing rent
9	Amount spent in the Quarter for each HSD-funded program activity FORMULA CELLS for staff positions, administration, move & barrier removal expenses, housing rent
10	Total amount spent in Quarter of HSD-funded program activities FORMULA CELL - number tallied from each HSD-funded program activity in the Quarter
11	<b>OCCUPANCY</b>
12	Total number of RA units awarded to Program ENTER the total number of units of rental assistance awarded by HSD to the program being reported.
13	Number of units occupied on last business day of each month of the Quarter:
14	First month in Quarter ENTER number of units occupied on the last business day of first month of Quarter being reported
15	Second month in Quarter ENTER number of units occupied on the last business day of second month of Quarter being reported
16	Third month in Quarter ENTER number of units occupied on the last business day of third month of Quarter being reported
17	Total number of units occupied during the Quarter ENTER the total number of units occupied during the Quarter including units occupied for a partial month (units moved into and units vacated); this number should include any turnover of RA units
18	How many individuals were not able to secure a rental unit for the following reasons?
19	Unit unaffordable even with rental assistance ENTER number of individuals who were unable to secure a rental unit due to being unable to locate an affordable unit.
20	Lack of affordable units ENTER number of individuals who were unable to secure a rental unit due to a lack of available affordable units.
21	Individual's criminal record ENTER number of individuals who were unable to secure a rental unit due to the individual's past criminal history.
22	Individual's credit history ENTER number of individuals who were unable to secure a rental unit due to the individual's poor credit history..
23	Unknown ENTER number of individuals who were unable to secure a rental unit and staff does not know why



OHA Health Systems Division  
Rental Assistance Program 2015-2017  
INSTRUCTIONS

Reference #	<b>RENTAL ASSISTANCE SUMMARY REPORTING FORM</b>	
24	Other	ENTER number of individuals who were unable to secure a rental unit due to the reasons provided.
25	Explain "Other"	If reporting any responses as "other," ENTER reason(s) other than those listed above of why individual(s) were unable to secure a unit; use the space available.
26	Total number of individuals not able to secure a rental unit during the Quarter	FORMULA CELL - number tallied for individuals unable to secure a rental unit during the Quarter.
27	<b>VACATED UNITS</b>	
28	How many individuals vacated a unit for the following reason?	
29	Moved to another apartment but remained in the program	ENTER number of individuals who vacated a unit due moving to another unit but remaining in the program.
30	Landlord eviction	ENTER number of individuals who vacated a unit due to landlord eviction.
31	Explain reason(s) for landlord eviction(s)	If reporting any responses as "landlord eviction," ENTER an explanation of reasons individual(s) were evicted from the unit by the landlord; use the space available
32	Individual gave 30-day notice	ENTER number of individuals who vacated a unit after providing landlord with notice of intent to vacate.
33	Explain reason(s) for 30-day notice	If reporting any responses as "gave notice," ENTER an explanation of reasons individual(s) gave notice to vacate the unit; use the space available
34	Death of individual	ENTER number of individuals who died while residing in the unit..
35	Other	ENTER number of individuals who vacated a unit due to reason other than those listed above.
36	Explain "Other"	If reporting any responses as "other," ENTER reason(s) other than those listed above of why individual(s) vacated a unit; use the space available.
37	Total number of individuals who vacated units during the Quarter	FORMULA CELL - number tallied for individuals who vacated a rental unit during the Quarter.
38	<b>SERVICES</b>	
39	What service categories below did Individuals participate in during Quarter?	
40	Type of Services;	
41	Case Management	ENTER number of individuals who participated in case management services during the Quarter. Examples of those services are provided on the summary reporting form.
42	Housing Search	ENTER number of individuals who participated in housing search services during the Quarter. Examples of those services are provided on the summary reporting form.
43	Barrier Removal	ENTER number of individuals who participated in barrier removal services during the Quarter. Examples of those services are provided on the summary reporting form.
44	Peer Support	ENTER number of individuals who participated in peer support during the Quarter. Examples of those services are provided on the summary reporting form.
45	Facilitated Services	ENTER number of individuals who benefited from the assistance and support of Program staff in order to participate in services during the Quarter. Examples of those services are provided on the summary reporting form.
46	Training	ENTER number of individuals who participated in <b>internal</b> training services during the Quarter. Examples of those services are provided on the summary reporting form.
47		ENTER number of individuals who participated in <b>external</b> training services during the Quarter. Examples of those services are provided on the summary reporting form.
48	Total number of service provided during the Quarter	FORMULA CELL - number tallied for service opportunities provided to individuals during the Quarter.
	<b>RENTAL ASSISTANCE INDIVIDUAL DATA ENTRY FORM</b>	
	Organization Name	FORMULA CELL - Copied from Summary Reporting Form.
	Reporting Quarter	FORMULA CELL - Copied from Summary Reporting Form.
A	Individual's Identification Number	ENTER unique number that your agency assigns to the Individual. Do not use a Social Security Number or the Individual's Medicaid ID number. Include only individuals who resided in a unit and <u>received rental assistance funding during the Quarter</u> .
B	Individual's Last Name	ENTER individual's last name; include only individuals who resided in a unit and received rental assistance during the Quarter.
C	Individual's First Name	ENTER individual's first name; include only individuals who resided in a unit and received rental assistance during the Quarter.

Column Reference

OHA Health Systems Division  
 Rental Assistance Program 2015-2017  
 INSTRUCTIONS

Reference #	<b>RENTAL ASSISTANCE SUMMARY REPORTING FORM</b>	
	Months individuals occupied a unit and received rental assistance funding during the Quarter	
D	Month 1	Enter an "x" into the cell if the individual received assistance during the first month of the Quarter; if the individual did not receive rental assistance during that month, leave the cell blank
E	Month 2	Enter an "x" into the cell if the individual received assistance during the second month of the Quarter; if the individual did not receive rental assistance during that month, leave the cell blank
F	Month 3	Enter an "x" into the cell if the individual received assistance during the third month of the Quarter; if the individual did not receive rental assistance during that month, leave the cell blank

**OHA Health Systems Division  
Rental Assistance Program 2015-2017  
Summary Reporting Form**

Line reference in Instructions

Please Note. Do not fill in shaded blue cells. Cell contains link or function

1	<b>Organization Name</b>				
2	<b>Organization Medicaid ID No.</b>				
3	<b>Organization Contact Name, Phone &amp; Email</b>				
4	<b>Reporting Period</b>				
5	<b>PROGRAM BUDGET OHA HSD funds only</b>	<b>STAFF POSITIONS</b>	<b>ADMINISTRATION</b>	<b>MOVE-IN &amp; BARRIER REMOVAL EXPENSES</b>	<b>HOUSING RENT</b>
6	Amount spent in Month 1				
7	Amount spent in Month 2				
8	Amount spent in Month 3				
9	Amount spent in Quarter	\$ -	\$ -	\$ -	\$ -
10	<b>Total amount spent in Quarter for HSD-funded program activities</b>				\$ -
11	<b>OCCUPANCY</b>				
12	<b>Total number of RA housing slots awarded to Program</b>				
13	<b>Number of RA units occupied on last business day of each month:</b>				
14	<b>a First month of Quarter</b>				
15	<b>b Second month of Quarter</b>				
16	<b>c Third month of Quarter</b>				
17	<b>Total number of units occupied during the Quarter</b>				
18	<b>How many individuals were not able to secure a rental unit for the following reasons?</b>				
19	<b>a Unit unaffordable even with rental assistance</b>				
20	<b>b Lack of available units</b>				
21	<b>c Individual's criminal record</b>				
22	<b>d Individual's credit history</b>				
23	<b>e Unknown</b>				
24	<b>f Other</b>				
25	<b>Please explain "other" in this space ▶</b>				
26	<b>Total number of individuals not able to secure a rental unit during the Quarter</b>				0
27	<b>VACATED UNITS</b>				
28	<b>How many individuals vacated a unit for the following reason?</b>				
29	<b>a Moved to another apartment <i>but</i> remained in the program</b>				
30	<b>b Landlord eviction</b>				
31	<b>Please provide reason(s) for landlord eviction(s) in this space ▶</b>				
32	<b>c Individual gave 30-day notice</b>				
33	<b>Please provide reason(s) for 30-day notice(s) in this space ▶</b>				
34	<b>d Death of individual</b>				
35	<b>d Other</b>				
36	<b>Please explain "other" in this space ▶</b>				
37	<b>Total number of individuals who vacated units during the Quarter</b>				0
38	<b>SERVICES</b>				

**OHA Health Systems Division  
Rental Assistance Program 2015-2017  
Summary Reporting Form**

39	What services did individuals participate in during the Quarter?		
40	<b>Type of Service</b>	<b>Examples</b>	<b>No. of individuals participating in service type during the Quarter</b>
41	Case Management	RA Program eligibility; benefits counseling	
42	Housing Search	Locate/finalize housing placement; complete rental/lease applications; make deposits;	
43	Barrier Removal	Mediate/remedy criminal history, bad credit history; resolve collections; settle on utility charges owed	
44	Peer Support	Build personal relationships with individuals; support individuals to become socially involved; support system navigation; model healthy recovery lifestyle	
45	Facilitated Services	Services that individuals are able to utilize and benefit from because of the on-going assistance of RA Program staff. Examples of programs that individuals may access with RA program staff support are SNAP, TANF, OHP, A&D programs, Social Security,	
46	Training	Employment skills; renter responsibilities (e.g. Rent Well); housekeeping; finance & budget	Internal training
47			External training
48	Total number of service opportunities provided during the Quarter		0

**OHA Health Systems Division  
Rental Assistance Program 2015-2017  
Individual Data Form 1**

<b>ORGANIZATION NAME:</b>		0				
<b>REPORTING PERIOD:</b>		0				
<b>Column reference in instructions ►</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>List ONLY individuals who resided in a unit and received rental assistance funding during the Quarter</b>			<b>Month(s) individual occupied a unit and received rental assistance funding during the Quarter</b>		
	<b>Individual's Identification Number</b>	<b>Individual's Last Name</b>	<b>Individual's First Name</b>	<b>Enter an "X" into the month(s) that each individual received rental assistance funding during the Quarter. If the individual did not receive assistance during any of the months, leave the cell blank.</b>		
				<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

**OHA Health Systems Division  
Rental Assistance Program 2015-2017  
Individual Data Form 1**

<b>ORGANIZATION NAME:</b>		0				
<b>REPORTING PERIOD:</b>		0				
<b>Column reference in instructions ►</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>List ONLY individuals who resided in a unit and received rental assistance funding during the Quarter</b>			<b>Month(s) individual occupied a unit and received rental assistance funding during the Quarter</b>		
	<b>Individual's Identification Number</b>	<b>Individual's Last Name</b>	<b>Individual's First Name</b>			
				<b>Enter an "X" into the month(s) that each individual received rental assistance funding during the Quarter. If the individual did not receive assistance during any of the months, leave the cell blank.</b>		
22						
23						
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**Attachment F – MVBCN FORMS**

# Rental Assistance Program (RAP) Eligibility Referral Form

## Referral Guidelines

1. To refer a potential participant to RAP, please answer all questions on this form and return to RAP Residential Specialist. *It is helpful to have the potential participants current MH Assessment attached.*
2. Please refer to Exhibits A and B (attached) for clarifications and definitions.

## Basic Information

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant's DOB: \_\_\_\_\_ Participant's OHP#: \_\_\_\_\_  
Referring Agency: \_\_\_\_\_ Referral Contact Information (name, agency, phone #): \_\_\_\_\_

1) Does potential participant meet the criteria for having a serious mental illness (**See Exhibit A**)? Please include MH Assessment explaining qualifying diagnosis Yes \_\_\_\_\_ Part (a) \_\_\_\_\_ or Part (b) \_\_\_\_\_ No \_\_\_\_\_  
Primary Diagnosis \_\_\_\_\_

2) Is potential participant homeless or at risk (**See Exhibit B**)? If yes, which one? Yes \_\_\_\_\_ No \_\_\_\_\_  
Homeless \_\_\_\_\_ At Risk of Becoming Homeless \_\_\_\_\_

3) Is potential participant currently residing in or transitioning from OSH or a Licensed Residential setting? If yes, which one? Yes \_\_\_\_\_ No \_\_\_\_\_  
Oregon State Hospital \_\_\_\_\_ Licensed Residential \_\_\_\_\_ Type (AFH, RTH/F, SRTF) \_\_\_\_\_

4) Without supportive housing, would potential participant be at risk of re-entering a licensed residential setting or hospital? Yes \_\_\_\_\_ No \_\_\_\_\_  
**Please explain:** \_\_\_\_\_

### **Additional Information:**

Does this potential participant currently reside in Public Housing (such as Section 8)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does individual prefer RAP staff to contact them directly? Yes \_\_\_\_\_ No \_\_\_\_\_

Individual's contact information: \_\_\_\_\_

## For Office Use Only


Date Received: \_\_\_\_\_ Eligible or Ineligible (if ineligible, please provide brief explanation): \_\_\_\_\_



**RENTAL ASSISTANCE PROGRAM (RAP) INTAKE APPLICATION**

Today's Date: _____	Agency Referring: _____
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**PARTICIPANT INFORMATION**

Participant's Last name:	First:	Middle:	Insurance:		
Primary Diagnosis (Axis I Qualifying Diagnosis):	Mental Health Services Currently Receiving (yes or no):	Peer _____ Counseling _____ Case Mgmt _____ AMHI _____ ACT _____	DOB:	Age:	Gender:
Prescriber (if any): _____					<input type="checkbox"/> M <input type="checkbox"/> F

Other names used: \_\_\_\_\_

Current address (street, city, state, zip):  _____ <b>Homeless</b> _____ <b>At-risk of Homelessness</b>	Phone number :	Cell number:
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Monthly Income (check all that apply):	<b>For Office Use only: Income Verification</b>	<b>For Office use only:</b>
1) SSI: \$ _____	1) SSI: _____	<b>30% income</b> \$ _____
2) SSDI: \$ _____	2) SSDI: _____	
3) Employment: \$ _____	3) Employment: _____	
4) Stipend: \$ _____	4) Stipend: _____	
5) Other: \$ _____	5) Other: _____	
If other, list: \$ _____	<b>If other, list:</b> _____	

Do you currently have Representative Payee? Yes \_\_\_\_\_ No \_\_\_\_\_ **ROI signed: Yes \_\_\_\_\_ No \_\_\_\_\_**  
Please provide name and contact information: \_\_\_\_\_

Do you have a Guardian? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please provide name and contact information: \_\_\_\_\_

**IN CASE OF EMERGENCY**

Name of local friend or relative (not living at same address):	Relationship to participant:	Phone number:	Alternative phone number:
<b>ROI signed: Yes _____ No _____</b>			

**Other Release of Information(ROI) forms signed for:**

____ SSI/SSDI	____ Parole/Probation	____ Other (describe) _____
____ Employer	____ Primary Care Physician	____ Other (describe) _____
____ Mental Health Agency	____ Shelter Agency	____ Other (describe) _____

**For Office use only:**

Date Received: \_\_\_\_\_ MOTS ID# \_\_\_\_\_ Slot #: \_\_\_\_\_ County: \_\_\_\_\_

Denial Reason: \_\_\_\_\_

## PERSON-DIRECTED HOUSING PLAN

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### What type of housing works for me?

\_\_\_\_ Apartment    \_\_\_\_ Townhouse/Condo    \_\_\_\_ Duplex    \_\_\_\_ House  
\_\_\_\_ Mobile Home Park

### Would I rather live alone or share my living area with others?

\_\_\_\_ Alone    \_\_\_\_ Roommate (1)    \_\_\_\_ Roommates (2 or more)    \_\_\_\_ Family

### What is my price range (How much money do I have available to pay for rent/housing?)

\_\_\_\_ \$0-100    \_\_\_\_ \$100-150    \_\_\_\_ \$150-200    \_\_\_\_ \$200-250    \_\_\_\_ \$250-300  
\_\_\_\_ \$300+

### How much space do I need?

\_\_\_\_ studio    \_\_\_\_ 1 bedroom    \_\_\_\_ 2 bedroom    \_\_\_\_ 3 bedroom

Do I prefer down stairs?    \_\_\_\_ yes    \_\_\_\_ no

What accessibility needs do I have? \_\_\_\_\_

### Where is my preferred location?

\_\_\_\_ Marion County    \_\_\_\_ Polk County    \_\_\_\_ Yamhill County

Which city and area would I prefer to live? \_\_\_\_\_

### Do I have a pet?

\_\_\_\_ yes    \_\_\_\_ no

If yes, what type and breed? \_\_\_\_\_

Do I need a fenced yard?    \_\_\_\_ yes    \_\_\_\_ no

Will I need a safe smoking area?    \_\_\_\_ yes    \_\_\_\_ no

### What amenities would I like to have in my home?

\_\_\_\_ Internet  
\_\_\_\_ Cable television  
\_\_\_\_ Pool  
\_\_\_\_ Gym

**Things that could affect my Background Check and challenges for finding housing: (check any that apply)**

Am I on parole or probation?

Am I a Registered Sex Offender?

Do I have a record of arson?

Have I been convicted of charges of distribution or manufacturing drugs?

Convicted of assault in the last 10 years?

Have I ever been evicted from housing? If yes, why? Section 8? (include dates)

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**What do I need to live close to?**

School

Public Transportation

Family and/or friends

Church

Shopping/Access to healthy food

Doctor/Prescriber/Other Medical Services

Bank

Park

Safe smoking area

Safe pet area

Favorite place to eat

Other: \_\_\_\_\_

**What household items will I need to make my home comfortable?**

Couch and/or chairs

Dining room table/chairs

Bed/Sheets/Pillow

Dresser

Desk/chair

Television

Radio

Dishes, pots/pans

Lamp(s)

Alarm Clock

Vacuum cleaner, mop, cleaning supplies

Other: \_\_\_\_\_

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**What are some other areas of my life that I might need support or education to make my life better?**

**Legal Assistance**

*Do I have a legal issue I need resolved?* \_\_\_\_\_

**Job/Career Assistance/Volunteer**

*What would be my ideal job?* \_\_\_\_\_

**Medical or Health Assistance**

*Do I have health insurance? Would I like to quit smoking?* \_\_\_\_\_

**Education/School**

*What kinds of things have I liked learning about in the past?* \_\_\_\_\_

**Managing my budget**

*Would I like to be more independent with managing my money? How?* \_\_\_\_\_

**Exercising**

*Do I exercise at least 30 minutes every day? Do I need a gym membership and/or an exercise partner?* \_\_\_\_\_

**Cooking and/or eating healthier**

*Am I able to cook healthy meals for myself? What might I need assistance with?* \_\_\_\_\_

**Taking my medication**

*What assistance might be helpful for me?* \_\_\_\_\_

**Transportation**

*How do I currently get around from place to place? What would help?*  
\_\_\_\_\_

**Spiritual/Religion**

*What type of spiritual or faith activities do I enjoy? What kind of assistance would I need with finding a place to worship?* \_\_\_\_\_

**Connection to Community and Support Network**

*Close to my family, friends and people that care about me.* \_\_\_\_\_

**Counseling/Therapy**

*Do I want to participate in counseling services? Do I know where I want to go or how to find a therapist that fits my needs?* \_\_\_\_\_

**Other** *Is there anything else that has not been mentioned?* \_\_\_\_\_

# **Person-Directed Housing Plan Discussion Questions**

**Tell me a bit about your hopes and dreams for the future.**

**If you could plan the “perfect day”, what would it look like?**

**What are you most proud of in your life?**

**What is one thing you would not change about yourself?**

**Who is the person in your life that believes in you?**

**What are some of the choices that you currently make in your life? Are there choices in your life that are made for you?**

# Rental Assistance Program (RAP) Move-In Checklist

*Directions:* Residential Specialist to fill out **during** participants Move-In.

**Participant Name:** \_\_\_\_\_

**Participant Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Slot #:** \_\_\_\_\_

**Landlord/Property Manager Name:** \_\_\_\_\_

**Landlord/Property Manager Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Move-In Date:** \_\_\_\_\_

Inspection			
	Yes	No	Comments
Supported Housing/Rental Assistance Program Housing Condition Checklist completed (OHA-AMH Form)?	<input type="checkbox"/>	<input type="checkbox"/>	
Orientation Checklist			
	Yes	No	Comments
Signed ROI for landlord/property management?	<input type="checkbox"/>	<input type="checkbox"/>	
Notified of legal tenancy rights and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	
Notified about conflict resolution steps?	<input type="checkbox"/>	<input type="checkbox"/>	
Notified of housing costs they will be responsible for and how/who/when to pay?	<input type="checkbox"/>	<input type="checkbox"/>	
Notified of smoking area (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	
Notified of pet areas (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	
Notified of mailbox location?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NOTES:</b>			

<b>Orientation Checklist, cont.</b>			
	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Assisted with hooking up phone services?	<input type="checkbox"/>	<input type="checkbox"/>	
Assisted with hooking up utilities?	<input type="checkbox"/>	<input type="checkbox"/>	
Oriented to area shopping?	<input type="checkbox"/>	<input type="checkbox"/>	
Oriented to laundry facilities (if not located inside home)?	<input type="checkbox"/>	<input type="checkbox"/>	
Oriented to area transportation?	<input type="checkbox"/>	<input type="checkbox"/>	
Assisted with address change form?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Scattered Site Requirement</b>			
	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Scattered Site-Housing Unit does not exceed 20% guideline	<input type="checkbox"/>	<input type="checkbox"/>	<b>How was this determined?</b> <input type="checkbox"/> Not designated as disabled housing. <input type="checkbox"/> Single Family home <input type="checkbox"/> Landlord confirmation <input type="checkbox"/> Observation of property by PSS/RS <input type="checkbox"/> Other (explain below)
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fees</b>			
<b><i>Paid by Rental Assistance Program</i></b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Application Fee	<input type="checkbox"/>	<input type="checkbox"/>	Amount:
Monthly Pet Fee	<input type="checkbox"/>	<input type="checkbox"/>	Monthly Amount:
Cleaning Fee	<input type="checkbox"/>	<input type="checkbox"/>	Amount: Refundable?
<b>Deposits</b>			
<b><i>Paid by Rental Assistance Program</i></b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Rental Security Deposit (including pet deposit)	<input type="checkbox"/>	<input type="checkbox"/>	Amount: Refundable?
Utility Deposit	<input type="checkbox"/>	<input type="checkbox"/>	Amount: Utility Company:
HUD Utility Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Amount:
<b>Date</b>	<b>Action Item</b>	<b>Assigned To</b>	<b>Due By</b>

**Comments:**

**Residential Specialist (print):** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Residential Specialist (sign):** \_\_\_\_\_

# Rental Assistance Program (RAP) Initial Housing Data Collection Checklist

Residential Specialist to fill out form and send to MVBCN for data collection (*within 30 days of initial housing placement*).

## Move-in Checklist

1. Participant was able to choose the type of housing they prefer from a range of housing types. \_\_\_yes \_\_\_no
2. Participant was able to wait for the unit of their choice without losing their place on the RAP eligibility list. \_\_\_yes \_\_\_no
3. Participant was able to choose household composition (such as a roommate). \_\_\_yes \_\_\_no
4. Participant has a private bedroom (unless sharing with a spouse/significant other). \_\_\_yes \_\_\_no
5. Services are based off-site from housing unit. \_\_\_yes \_\_\_no
6. Participant pays 30% of their income for housing costs. \_\_\_yes \_\_\_no
7. Housing passes OHA/AMH Housing Conditions Checklist. \_\_\_yes \_\_\_no
8. Housing meets scattered site housing integration guidelines (no more than 20% of rental units in a building can be occupied by individuals with any type of disability). \_\_\_yes \_\_\_no
9. Participant has legal rights of tenancy according to local landlord/tenant laws. \_\_\_yes \_\_\_no
10. Tenancy is not contingent on compliance with program or treatment participation (such as sobriety or medication compliance). \_\_\_yes \_\_\_no
11. Participant did not need to demonstrate housing readiness in order to qualify for RAP. \_\_\_yes \_\_\_no
12. Participant has been offered assistance in developing a Person-Directed Housing Plan. \_\_\_yes \_\_\_no
13. Participant HAS an initial (within 14 days of acceptance into RAP) Person-Directed Housing Plan. \_\_\_yes \_\_\_no
14. Participant is part of the Assertive Community Treatment (ACT) Team. \_\_\_yes \_\_\_no
15. Participant needed assistance with housing fees and deposits. \_\_\_yes \_\_\_no

## Participant Information

Participant Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_  
Participant Address: \_\_\_\_\_ Residential Specialist: \_\_\_\_\_  
County and Slot #: \_\_\_\_\_ Move-In Date: \_\_\_\_\_



# Rental Assistance Program (RAP) Exit Form

## Exit Guidelines

Please complete this form (Residential Specialist, Peer Specialist and Participant) when Participant exits the Rental Assistance Program OR changes residences and stays enrolled in RAP.

## Basic Information

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant Address: \_\_\_\_\_ Participant Phone: \_\_\_\_\_  
\_\_\_\_\_

## Exit Questions

\* Has the participant moved into RAP funded housing upon exit? Yes \_\_\_\_\_ No \_\_\_\_\_

1) Is participant leaving RAP because they were granted other permanent housing, such as Section 8? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type of permanent housing was participant granted?  
\_\_\_\_\_

2) Is participant leaving RAP because they have been evicted by the landlord? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:  
\_\_\_\_\_

3) Is participant leaving RAP due to end of grant funding? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what are participants housing plans upon exiting?  
\_\_\_\_\_

4) Is participant leaving RAP for any other reason? Yes \_\_\_\_\_ No \_\_\_\_\_  
(examples: no response, no longer meets criteria after initial enrollment, no housing available at this time)  
If yes, please explain:  
\_\_\_\_\_

Please identify which (if any) mental health services participant is currently engaged in:  
**Medication Management** \_\_\_\_\_ **Counseling** \_\_\_\_\_ **Peer Delivered** \_\_\_\_\_  
**Case Management** \_\_\_\_\_ **Assertive Community Treatment (ACT)** \_\_\_\_\_  
**Supported Employment** \_\_\_\_\_ **AMHI** \_\_\_\_\_

## For Office Use Only

Dates Enrolled in RAP (entry to exit): \_\_\_\_\_ Form Completed By: \_\_\_\_\_  
County: \_\_\_\_\_  
Total MONTHS: \_\_\_\_\_ Slot#: \_\_\_\_\_