

## DESCHUTES COUNTY DOCUMENT SUMMARY

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections **above** the Official Review line.

**Date:**

**Department:**

**Contractor/Supplier/Consultant Name:**

**Contractor Contact:**

**Contractor Phone #:**

**Type of Document:** Amendment 2 to the PacificSource Community Solutions' Participating Provider Agreement, Doc # 2021-323

**Goods and/or Services:** This Amendment 2 increases the overall revenue from the Coordinated Care Organization (CCO) contract for County Mental Health Program (CMHP) services by roughly 5%. Specifically, it represents a 1.9% increase in the Capitation and Program Allocation per member per month (PMPM) amounts, increasing projected annual capitation revenue by approximately \$213,000. In addition, the amendment adds a \$0.70 PMPM earmarked for Stabilization Center services generating an estimated \$504,000 annually, bringing the total increase in the contract to approximately \$717,000. The estimated calendar year total for this contract is revised to \$14,575,849.

The amendment also reflects hospital capitation withhold and provider withhold metrics developed in coordination with regional health partners and the CMHPs and carried forward from calendar year 2021 with minor adjustments in targets to account for pandemic impacts. All other terms remain consistent with the 2021 contract year.

**Background & History:** PSCS delivers healthcare solutions to businesses and individuals throughout the Northwest and is an independent, wholly-owned subsidiary of PacificSource Health Plans, a non-profit community health plan. PSCS has been providing Medicaid plans to Oregonians since 1995 and currently offers Oregon Health Plans (OHP) coverage to individuals who need help through the PacificSource Coordinated Care Organization (CCO).

Deschutes County Health Services has a primary responsibility to help address the basic health and wellness of Deschutes County residents. The department offers services at more than forty (40) locations in Deschutes County including public schools; health clinics in Bend, La Pine, Redmond and Sisters; five (5) school-based health clinics; agencies such as the KIDS Center and the State of Oregon Department of Human Services; area hospitals; care facilities and homes.

PacificSource Community Solutions, Inc. (PSCS) contracts with Deschutes County Health Services, as a Community Mental Health Program (CMHP), to provide treatment to Oregon Health Plan (OHP) members for mental health, mental illness, addiction disorders and substance use disorders. Deschutes County Health Services is paid on a monthly capitation basis. PacificSource withholds 8% of the Fee for Service portion of the contract as an incentive payment for meeting performance measures.

**Starting Date:**

**Ending Date:**

**Annual Value or Total Payment:** PacificSource will reimburse Deschutes County Health Services on a fee-for-service and capitation basis (as applicable). The estimated calendar year total is revised to \$14,575,849.

Insurance Certificate Received (check box)  
Insurance Expiration Date:

Check all that apply:

- RFP, Solicitation or Bid Process  
 Informal quotes (<\$150K)  
 Exempt from RFP, Solicitation or Bid Process (specify – see DCC §2.37)

**Funding Source:** (Included in current budget?  Yes  No)

If **No**, has budget amendment been submitted?  Yes  No

**Is this a Grant Agreement providing revenue to the County?**  Yes  No

Special conditions attached to this grant:

Deadlines for reporting to the grantor:

If a new FTE will be hired with grant funds, confirm that Personnel has been notified that it is a grant-funded position so that this will be noted in the offer letter:  Yes  No

Contact information for the person responsible for grant compliance: Name:   
Phone #:

**Departmental Contact and Title:**   
**Phone #:**

**Deputy Director Approval:**

**Signature:** Janice Garceau  
Janice Garceau (Feb 18, 2022 08:22 PST)

**Email:** janice.garceau@deschutes.org

**Title:** Behavioral Health Director

**Company:** Deschutes County Health Services

**Department Director Approval:**

**Signature:** Erik Kropp  
Erik Kropp (Feb 19, 2022 11:35 PST)

**Email:** erik.kropp@deschutes.org

**Title:** Interim Health Services Director

**Company:** Deschutes County

**Distribution of Document:** Michele Carroll, Deschutes County Health Services

**Signature:**

**Email:** michele.carroll@deschutes.org

**Title:**

**Company:**

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**Official Review:**

County Signature Required (check one):  BOCC  Department Director (if <\$50K)

Administrator (if >\$50K but <\$150K; if >\$150K, BOCC Order No. \_\_\_\_\_)

Legal Review \_\_\_\_\_ Date \_\_\_\_\_

Document Number 2022-209