

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 #1 to Intergovernmental Agreement #157345

Goods and/or Services: Deschutes County is reimbursed for providing Medicaid-eligible clients administrative activities. These reimbursable activities include outreach, healthcare coordination, application assistance, monitoring and training, transportation and translation and system coordination related to the proper and efficient administration of the state Medicaid plan.

This amendment #1 increases the not to exceed amount by \$850,000, from \$1,500,000 to \$2,350,000. The agreement is effective through June 30, 2023.

Background & History: Under Title XIX of the Social Security Act, the federal government and states share the cost of funding the Medicaid program, which provides medical assistance to certain low-income individuals. Federal Financial Participation (FFP) is the federal government's share for states' Medicaid program expenditures. States may claim FFP for providing administrative activities that are found to be necessary for the proper and efficient administration of the state Medicaid plan. The process applicable to claiming administrative costs is referred to as Medicaid Administrative Claiming or MAC.

On a quarterly basis, Deschutes County shall reimburse the Oregon Health Authority (OHA) for fifty percent (50%) of the amounts paid to Deschutes County for the state match portion. OHA will reimburse Deschutes County on a quarterly basis for total allowable costs of provided Medicaid administrative activities.

Agreement Starting Date:

Ending Date:

Annual Value or Total Payment:

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:

Director Approval:

Signature: *nahad sadr-azodi*
nahad sadr-azodi (Apr 29, 2022 07:43 PDT)

Email: nahad.sadr-azodi@deschutes.org

Title: Director of PH

Company: DCHS

Signature: *Erik Kropp*
Erik Kropp (Apr 29, 2022 08:09 PDT)

Email: erik.kropp@deschutes.org

Title: Interim Health Services Director

Company: Deschutes County

Distribution of Document: Grace Justice Evans, Deschutes County Health Services.

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 2022-404