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Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: **publichealthcontract@clackamas.us | 503-742-5350.**

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Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **publichealthcontract@clackamas.us | 503-742-5350.**



Clackamas County
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June 11, 2026

BCC Agenda Item: _____

Board of County Commissioners
Clackamas County

Approval of an Amendment to a Revenue Intergovernmental Agreement with the Oregon Health Authority for update rural public health service financing. Amendment Value is \$677,714 for 2 months. Total Agreement Value is \$7,346,693.61 for 2 years. Funding is through the Oregon Health Authority. No County General Funds are involved.

Previous Board Action/Review:

Original Agreement: June 26, 2025, 20250626VIF5
Amendment #01 October 2, 2025, 20251002IXG12
Amendment #02 – October 16, 2025, 20251016VE10
Amendment #03 – October 31, 2026, 2025, 20251031 V.E.4
Amendment \$04 – December 4, 2025, 20251204.IIIE4
Amendment #05 – January 15, 2026 - 20260115VIIIID6
Amendment #06 - February 12, 2026 – 20260212IIIB9
Amendment #07 – March 5, 2026 - 20260305IV.D.8
Amendment #08 – April 23, 2026 – 260423 VI.C1
Amendment #09 – April 23, 2026 - 260423 VI.C2
Amendment #10 – May 21, 2026 – 260521 VI.B4

Performance Clackamas: Healthy People

Counsel Review: Yes – Andrew Naylor

Contact Person: Kim La Croix, Public Health Director

Procurement Review: N/A

Contact Phone: 971-806-0004

EXECUTIVE SUMMARY: The Public Health Division of the Health, Housing and Human Services Department requests the approval of Amendment #11, which increases the Revenue Intergovernmental Agreement with Oregon Health Authority (OHA) by \$677,714.00 for the financing of public health services.

It is OHA's practice to issue amendments adjusting funding to Program Elements once the original Agreement is fully executed. Amendment #11 adds a Program Element(PE) and funding:

\$677,714.00– PE82-01 -Rural Health Transformation Program – LPHA Transformation

Per the OHA, Amendment #11 is Effective May 1, 2026, regardless of the date signed.

For Filing Use Only

RECOMMENDATION: Staff respectfully request that the Board of County Commissioners approve Amendment #11 to the Intergovernmental Agreement (12125) and authorize Chair Roberts or his designee to sign on behalf of Clackamas County

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh, Director
Health, Housing, and Human Services



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Agreement #185803

**AMENDMENT TO OREGON HEALTH AUTHORITY
2025-2027 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

This Eleventh Amendment to Oregon Health Authority 2025-2027 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2025, (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Clackamas County, ("LPHA"), the entity designated, pursuant to ORS 431.003, as the Local Public Health Authority for Clackamas County. OHA and LPHA are each a "Party" and together the "Parties" to the Agreement.

RECITALS

WHEREAS, OHA and LPHA wish to modify the set of Program Element Description(s) set forth in Exhibit B of the Agreement

WHEREAS, OHA and LPHA wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

WHEREAS, OHA and LPHA wish to modify information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200 as set forth in Exhibit J of the Agreement;

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

AGREEMENT

1. This Amendment is effective on **May 1, 2026**, regardless of the date this amendment has been fully executed with signatures by every Party and when required, approved by the Department of Justice. However, payments may not be disbursed until the Amendment is fully executed.
2. The Agreement is hereby amended as follows:
 - a. Exhibit A “Definitions”, Section 18 “Program Element” is amended to add Program Element titles and funding source identifiers as follows:

PE NUMBER AND TITLE • SUB-ELEMENT(S)	FUND TYPE	FEDERAL AGENCY/ GRANT TITLE	CFDA#	HIPAA RELATED (Y/N)	SUB-RECIPIENT (Y/N)
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PE82-Rural Health Transformation Program

PE82 – Rural Health Transformation Program	FF	Oregon Rural Health Transformation Program	93.798	N	Y
PE82-01 – Rural Health Transformation Program – LPHA Transformation	FF	Oregon Rural Health Transformation Program	93.798	N	Y

- b. Exhibit B Program Element #082 “Rural Health Transformation Program” is hereby added by Attachment A attached hereto and incorporated herein by this reference.
 - c. Exhibit C, Section 1 of the Agreement, entitled “Financial Assistance Award” is hereby superseded and replaced in its entirety by Attachment B, entitled “Financial Assistance Award”, attached hereto and incorporated herein by this reference. Attachment B must be read in conjunction with Section 2 of Exhibit C.
 - d. Exhibit J of the Agreement entitled “Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200” is amended to add to the federal award information datasheet as set forth in Attachment C, attached hereto and incorporated herein by this reference.
3. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.

6. This Amendment may be executed in any number of 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 Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

7. **Signatures.**

STATE OF OREGON, ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY

Approved by: _____
Name: /for/ Nadia A. Davidson
Title: Director of Finance
Date: _____

CLACKAMAS COUNTY LOCAL PUBLIC HEALTH AUTHORITY

Approved by: _____
Printed Name: _____
Title: _____
Date: _____

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Agreement form group-approved by Devon Thorson, Senior Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on August 11, 2025, copy of email approval in Agreement file.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

Reviewed by: _____
Name: Rolonda Widenmeyer (or designee)
Title: Program Support Manager
Date: _____

Attachment A
Program Element Description(s)

Program Element #082 Rural Health Transformation Program

OHA Program Responsible for Program Element:

Public Health Division/Office of the State Public Health Director

- 1. Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below and by the Rural Health Transformation Program (RHTP) Centers for Medicare & Medicaid Services (CMS) standard grant and cooperative agreement terms and conditions (located at: <https://www.cms.gov/files/document/standard-terms-conditions-fy26-12-14-2025.pdf>), to deliver Rural Health Transformation Program: Healthy Communities & Prevention Initiative.

The Healthy Communities & Prevention Initiative focuses on bolstering Rural health systems by expanding access to integrated primary care and social health services that promote prevention, healthy nutrition, care coordination, and care management, especially for individuals with complex health statuses. Investments made under this initiative promote whole person health across all facets of life, from prenatal and infancy to end-of-life care. This initiative has three aims:

- a. Demonstrate strategies to ensure Rural Oregonians can easily and affordably access necessary services, including for behavioral health, maternal and child health, oral health, long-term care, and emergency services, in their community across a variety of settings by leveraging local partnerships and technology-driven solutions.**

This may include:

- Expanding home visiting programs to Rural communities,
- Establishing or expanding projects that close service gaps for people living with mental health conditions,
- Expanding access to services and supports for people living with or at risk for cognitive impairment,
- Conducting activities that increase access to comprehensive oral health services for patients across Oregon through innovative solutions including mobile dental clinics and tele-dentistry, and
- Expanding and ensuring access to critical access pharmacies via expanded services such as pharmacy lockers, Telepharmacy, including pharmacy preparedness for emergencies and other technologies.

b. Implement strategies to increase social health services, navigation and outreach capabilities, non-traditional care teams, and population health infrastructure.

This may include investments in locally developed groups or efforts to:

- Identify and connect individuals needing social supports (including but not limited to food, housing, and transportation) to resources to maintain their overall health,
- Increase access to health services in school settings,
- Expand community-based prevention and health promotion initiatives, including those addressing physical activity, nutrition, the built environment, sleep, stress, and social connectedness, and
- Launch new or expand mobile care offerings (including but not limited to oral, perinatal, behavioral health, and/or optometry services.).

c. Implement strategies to advance innovative, community-driven solutions that provide choice and tools to support personal health care management.

This may include expansion of telehealth and digital health tools, including Remote Patient Monitoring (RPM), expanding resources and supports for caregivers, and expanding self-management education programs to help Rural patients with chronic conditions. These programs include but are not limited to:

- [Heart Healthy Ambassador Program \(https://pmc.ncbi.nlm.nih.gov/articles/PMC11414079/\)](https://pmc.ncbi.nlm.nih.gov/articles/PMC11414079/),
- [Chronic Disease Self-Management Program \(https://www.ruralhealthinfo.org/toolkits/chronic-disease/2/self-management\)](https://www.ruralhealthinfo.org/toolkits/chronic-disease/2/self-management), and
- [Walk With Ease \(https://www.arthritis.org/health-wellness/healthy-living/physical-activity/walking/walk-with-ease/wwe-about-the-program\)](https://www.arthritis.org/health-wellness/healthy-living/physical-activity/walking/walk-with-ease/wwe-about-the-program).

This Program Element and all changes to this Program Element are effective the first day of the month noted in the Issue Date of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of the Exhibit C of the Financial Assistance Award.

2. Definitions Specific to this Program Element.

- a. “Community Lead”** means an organization designated by the Authority to provide community coordination and quality assurance services in accordance with OAR 333-006-0050 for the newborn nurse home visiting program in a specified community.
- b. “Frontier” or “Remote”** means any county with six or fewer people per square mile.

- c. **“Newborn Nurse Home Visiting Provider” (NNHVP) or “Certified Provider”** means an organization certified by the Authority to provide newborn nurse home visits in accordance with OAR 333-006-0070 and OAR 333-006-0120.
- d. **“Remote Patient Monitoring”** means a type of telehealth in which healthcare providers monitor patients outside the traditional care setting using digital medical devices, such as weight scales, blood pressure monitors, pulse oximeters, and blood glucose meters. The data collected from these devices are then electronically transferred to providers for care management. Automated feedback and workflows can be built into data collection, and out-of-range values or concerning readings can be flagged.
- e. **“Rural”** means any geographic areas in Oregon ten or more miles from the center of a population center of 40,000 people or more.
- f. **“Telepharmacy”** means a form of pharmaceutical care in which pharmacists and patients are not in the same place and can interact using information and communication technology (ICT) facilities. Telepharmacy has been adopted to provide pharmaceutical services to underserved areas and to address the problem of pharmacist shortage.
- g. **“Self-Management and Education (SME) Programs”** means programs that help people who have ongoing health conditions learn how to live life to the fullest. For many people, this means lives with less stress, more energy, and a greater ability to do the things they want to do. SME Programs are clinically proven to reduce symptoms and improve quality of life.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at:

https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

- a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program				Foundational Capabilities						
	CD Control	Prevention and health	Environmental health	Access to clinical preventive services	Leadership and	Health equity and cultural	Community Partnership	Assessment and	Policy & Planning	Communicatio	Emergency Preparedness

			Population Health	Direct services							
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs					X = Foundational capabilities that align with each component						
Ensure community access to home visiting services for all families with newborns, pregnant people and young children needing additional supports, and children with complex health needs.		X	*	X	X	X	X		X	X	
Convene local and statewide partners and organizations to cultivate leadership and vision for prevention and health promotion policies, programs and strategies in Rural areas of the jurisdiction		X	X			X	*		X	X	
In collaboration with community partners, identify barriers to health care access and gaps in services and implement strategics to address these gaps and barriers to care			*			X		X	X	X	
Coordinate and/or implement multifaceted prevention and health promotion policies, programs and strategies across the lifespan to mitigate or enhance the health impact of social determinants, improve health equity (3) and address specific health topics that contribute to chronic diseases.		*	X	X		X			X		
Implement community health worker models to support		*	X	X		X	X				

navigation to community health and social resources.												
Develop strategic partnerships with shared accountability driving collective impact to support public health goals related to all families with newborns		*		*		X	X	X		X	X	
Identify barriers to access and gaps in services to all families with newborns		X		*			X	X	X	X	X	
Develop and implement strategic plans to address these gaps and barriers to access to all families with newborns		X		*			X	X	X	X	X	
Ensure community access to home visiting services for all families with newborns		X		*		X	X	X		X	X	
Identify barriers to access and gaps in services to all families with newborns		X		*			X	X	X	X	X	

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:

Not applicable

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metrics, LPHA Process Measures:

Not applicable

4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

LPHA must:

a. Direct funding and activities to Rural and Frontier areas. Any activities and spending in urban areas must clearly demonstrate benefit to Rural populations in the jurisdiction.

- b.** Submit local program plan and local program budget to OHA for approval on templates and timeline as prescribed by OHA and that meets federal Centers for Medicaid and Medicare Services requirements. Once approved the local program plan and local program budget are incorporated herein by this reference.
- c.** Engage in activities as described in its local program plan and budget.
- d.** Implement projects within the following funding categories.
 - (1)** Perinatal Care Coordination
 - (2)** Nurse home visiting programs
 - (3)** Mobile health programs
 - (4)** Chronic disease self-management programs
 - (5)** School-based prevention programs
 - (6)** Treatment and recovery programs
 - (7)** Nutrition programs
 - (8)** Lead testing programs
 - (9)** Developing or expanding behavioral health clinic partnerships and coordination
 - (10)** If needed to be responsive to a specific previously identified local community need, LPHAs may propose a project or activity not listed above. LPHA must demonstrate alignment with a current community health improvement plan priority and with Healthy Communities and Prevention Outcome 4 (new health care and social health services).
- e.** Implement strategies and activities in accordance with this Program Element. Strategies and activities in the local program plan must support one of the three aims outlined in Section 1 and must align with at least one of the following:
 - (1)** Ensure community access to home visiting services for all families with newborns, pregnant people and young children needing additional supports, and children with complex health needs.
 - (2)** Convene local and statewide partners and organizations to cultivate leadership and vision for prevention and health promotion policies, programs and strategies in Rural areas of the jurisdiction.
 - (3)** In collaboration with community partners, identify barriers to health care access and gaps in services and implement innovative strategies to address these gaps and barriers to care.

- (b) Ensure a subcontract and/or Memorandum of Understanding is in place if Family Connects Program is implemented through a cross-county collaboration with shared staff across jurisdictions, defining the staffing and supervision agreements.
- (c) Deliver services in accordance with OARs 333-006-0000 through 333-006-0190 and Family Connects Oregon Program Guidance provided by the Family and Child Health Section.
- (d) Take all appropriate steps to maintain client confidentiality and obtain any necessary written permissions or agreements for data analysis or disclosure of protected health information, in accordance with HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations.

(3) Designated Newborn Nurse Home Visiting Provider Activities

LPHA must:

- (a) Maintain staffing required by the program which includes but is not limited to Family Connects Oregon Nursing Supervisor or Family Connects Nursing Lead, Nurse Home Visitor(s), and Program Support Specialist roles.
- (b) Ensure a subcontract and/or Memorandum of Understanding (MOU) is in place if Family Connects Program is implemented through a cross-county collaboration with shared staff across jurisdictions, defining the staffing and supervision agreements.
- (c) Deliver services in accordance with OARs 333-006-0000 through 333-006-0190 and Family Connects Oregon Program Guidance provided by the Family and Child Health Section.
- (d) Take all appropriate steps to maintain client confidentiality and obtain any necessary written permissions or agreements for data analysis or disclosure of protected health information, in accordance with HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations.
- (e) All nurses working in the Family Connects Oregon program must adhere to nursing practice standards as defined by the Oregon State Board of Nursing.

(4) Designated Newborn Nurse Home Visiting Provider Billing Activities

LPHA must:

- (a) As a provider of Medicaid services, the Newborn Nurse Home Visiting Provider must comply with Medical and Targeted Case Management billing policy and codes in OAR 410-130-0605.

5. **General Expense Reporting.** LPHA must submit quarterly and annual expense reports on reporting template and timeline prescribed by OHA that meets federal Centers for Medicaid and Medicare Services requirements. A separate report must be filed for each applicable Program Element and any sub-element. Note, reporting requirements may change to meet OHA oversight and CMS reporting requirements.

6. **Program Reporting Requirements.**

- a. Submit local program plan progress reports using the timeline and format prescribed by OHA that meets federal Centers for Medicaid and Medicare Services requirements.
- b. Reports must include number of people served and achievements on stated outcomes, metrics, and milestones. Tentative reporting timelines are listed below. A final schedule will be posted online here: <https://www.oregon.gov/oha/ph/providerpartnerresources/localhealthdepartmentresources/pages/index.aspx> and sent out to LPHAs when revised.

Tentative Reporting Timelines		
Report Type	CMS Reporting Period	Report Due Date
Budget Period 1 Reporting Schedule <i>Spending period: 12/31/25 - 9/30/2027</i>		
Annual Report	12/31/2025 - 7/31/2026 (May be updated depending on date of agreement execution)	7/31/2026 (May be updated depending on date of agreement execution)
Budget Period 2 Reporting Schedule <i>Spending period: 10/31/26 - 9/30/2028</i>		
Quarterly Report	8/1/2026 - 10/29/2026	10/29/2026
Quarterly Report	10/30/2026 - 2/1/2027	2/1/2027
Quarterly Report	2/2/2027 - 4/30/2027	4/30/2027
Annual Report	8/1/2026 - 7/31/2027	7/31/2027

c. **Requirements for LPHAs implementing Family Connects Oregon:**

LPHA must provide progress reports to OHA in a format designated by OHA that include the following:

- (1) **Community Lead Report:** If the LPHA is the Community Lead, submit reports using the Community Lead Report on a schedule determined by OHA. The report includes information on the Family Connects program population reach, staffing, and community alignment activities. OHA will provide the LPHA the report template.
- (2) **Program Sustainability Report (PSR):** If the LPHA is the Community Lead or the Newborn Nurse Home Visiting Provider, submit a PSR in a format and on a schedule determined by OHA. The purpose of the PSR is to support

Family Connects program sustainability. The report includes information on a site's projected and actual program funding and expenditures including for this Program Element, as well as program revenue. If the Community Lead and Newborn Nurse Home Visiting Provider are different LPHA organizations, the two will receive one PSR from OHA and are required to coordinate and submit one PSR only.

- (3) **Data Collection and Reporting:** LPHA must ensure that data on individuals who receive Family Connects Oregon services are collected and entered into the state-designated data system in a timely manner that is aligned with expectations defined by the program and within no more than 30 business days of visiting the client and 45 days of case closure (information shall be obtained from Community Leads and NNHVP).

7. Performance Measures.

- a. LPHA must operate the Rural Health Transformation Program: Healthy Communities & Prevention Initiative in a manner designed to make progress toward achieving Outcome 4 of the Rural Health Transformation Program Outcomes based on the strategies and activities LPHA is implementing from section 4d. In addition, LPHA may select one additional outcome from the list below when implementing strategies and actions from section 4d. LPHAs selected to implement strategies and actions in section 4.i., must also operate in a manner that supports progress toward Outcome 1.
- (1) Outcome 1: Universal access to home visiting services
 - (2) Outcome 2: Increase availability of mental health and substance use disorder treatment
 - (3) Outcome 3: Increase patient engagement with new preventive health and/or self-management programs
 - (4) Outcome 4: Increase Rural populations served by new health care and social health services (i.e., health services)
 - (5) Outcome 5: Expanded access to health care services, including chronic disease management, through increased availability of telehealth

**Attachment B
Exhibit C - Financial Assistance Award**

State of Oregon Oregon Health Authority Public Health Division		
1) Grantee Name: Clackamas County Street: 2051 Kaen Rd., Suite 637 City: Oregon City State: OR Zip: 97045-4035	2) Issue Date Friday, May 1, 2026	This Action Amendment
	3) Award Period From July 1, 2025 through June 30, 2026	

4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE01-01	State Support for Public Health	\$550,571.00	\$0.00	\$550,571.00
PE01-12	ACDP Infection Prevention Training	\$1,517.82	\$0.00	\$1,517.82
PE02	Cities Readiness Initiative	\$68,209.00	\$0.00	\$68,209.00
PE12-01	Public Health Emergency Preparedness and Response (PHEP)	\$149,010.00	\$0.00	\$149,010.00
PE13	Tobacco Prevention and Education Program (TPEP)	\$487,500.00	\$0.00	\$487,500.00
PE36	Alcohol & Drug Prevention Education Program (ADPEP)	\$172,271.00	\$0.00	\$172,271.00
PE36-01	OSPTR Board Primary Prevention Funding	\$297,441.00	\$0.00	\$297,441.00
PE40-01	WIC NSA: July - September	\$271,832.00	\$0.00	\$271,832.00
PE40-02	WIC NSA: October - June	\$852,564.00	\$0.00	\$852,564.00
PE40-05	Farmer's Market	\$5,000.00	\$0.00	\$5,000.00
PE42-03	MCAH Perinatal General Funds & Title XIX	\$31,802.00	\$0.00	\$31,802.00
PE42-04	MCAH Babies First! General Funds	\$35,350.00	\$0.00	\$35,350.00
PE42-11	MCAH Title V	\$119,143.00	\$0.00	\$119,143.00
PE42-12	MCAH Oregon Mothers Care Title V	\$1,267.50	\$0.00	\$1,267.50
PE43-01	Public Health Practice (PHP) - Immunization Services	\$75,914.00	\$0.00	\$75,914.00

4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE44-01	SBHC Base	\$260,000.00	\$0.00	\$260,000.00
PE44-02	SBHC - Mental Health Expansion	\$200,000.00	\$0.00	\$200,000.00
PE46-05	RH Community Participation & Assurance of Access	\$51,648.00	\$0.00	\$51,648.00
PE50	Safe Drinking Water (SDW) Program (Vendors)	\$211,457.40	\$0.00	\$211,457.40
PE51-01	LPHA Leadership, Governance and Program Implementation	\$1,561,402.89	\$0.00	\$1,561,402.89
PE62	Overdose Prevention-Counties	\$151,000.00	\$0.00	\$151,000.00
PE76	Tobacco Retail License Program	\$124,108.00	\$0.00	\$124,108.00
PE81-01	HIV/STI Statewide Services (HSSS) Federal Funds	\$149,278.00	\$0.00	\$149,278.00
PE81-02	HIV/STI Statewide Services (HSSS) Program Income	\$723,693.00	\$0.00	\$723,693.00
PE82	Rural Health Transformation Program	\$117,000.00	\$0.00	\$117,000.00
PE82-01	Rural Health Transformation Program - LPHA Transformation	\$0.00	\$677,714.00	\$677,714.00
		\$6,668,979.61	\$677,714.00	\$7,346,693.61

5) Foot Notes:	
PE01-01	07/2025: funding available 7/1/25-9/30/25 only.
PE01-01	10/2025: Prior footnote dated 07/2025 null and void.
PE03	01/2026: Effective 7/1/2025, funds are not accounted for in Section 4, "OHA Public Health Funds Approved", above, invoices are paid outside of the Current Award Balance.
PE40-01	07/2025: funds available 7/1/25-9/30/2025 only
PE40-02	07/2025: funds available 10/1/25-6/30/26 only
PE42-11	07/2025: Indirect rate caps at 10%.
PE42-12	07/2025: Indirect rate caps at 10%.
PE82	4/1/2026: Funds available 4/1/26-6/30/26 only. Indirect rate caps at 10%.
PE82-01	5/1/2026: Funds available 4/1/26-6/30/26 only. Indirect rate caps at 10%. Disbursement for this PE will be by budget period and as follows: 50% payment upon budget approval after execution and two 25% payments at dates determined by OHA, unless OHA approves a different payment structure as part of the budget approval process.

6) Comments:	
PE12-01	01/2026: \$450 available for training 4/1/26-5/31/26 only
PE36	08/2025: Prior comment null and void 07/2025: \$43,067.75 available 7/1/25 - 9/30/25 only.
PE36-01	07/2025: This funding supersedes funding from KT#155011-5.
PE42-12	12/2025: Funds available 7/1/25-11/30/25 only.
PE62	07/2025: \$25,167 available 7/1/25-8/31/2025 only; \$125,833 available 9/1/2025-6/30/2026 only
PE81-01	07/2025: \$136,838 available 7/1/25-5/31/26 only; \$12,440 available 6/1/26-6/30/26 only

7) Capital outlay Requested in this action:				
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.				
Program	Item Description	Cost	PROG APPROV	

Federal Reporting Information on following page.

Attachment C

Exhibit J - Information required by CFR Subtitle B with guidance at 2 CFR Part 200

PE82-01 Rural Health Transformation Program - LPHA Transformation

Federal Award Identification Number:	RHTCMS332071
Federal Award Date:	02/17/26
Budget Performance Period:	12/29/25-10/30/26
Awarding Agency:	DHHS/CMMS
CFDA Number:	93.798
CFDA Name:	Rural Health Transformation Program
Total Federal Award:	\$197,271,577.67
Project Description:	Oregon Rural Health Transformation Program
Awarding Official:	Michelle Brown
Indirect Cost Rate:	10%
Research and Development (T/F):	FALSE
HIPPA	No

Agency	UEI	Amount	Grand Total:
Clackamas	NVWKAVB8JND6	\$677,714.00	\$677,714.00