To request translation or disability-related accommodations, please contact us at **SS-ADArequest@clackamas.us**| **503-655-8640**.

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **SS-ADArequest@clackamas.us** | **503-655-8640**.

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по: **SS-ADArequest@clackamas.us** | **503-655-8640**.

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: **SS-ADArequest@clackamas.us** | **503-655-8640**.

如需翻译服务或残障相关的协助，请与我们联系：**SS-ADArequest@clackamas.us** | **503-655-8640**。

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 **SS-ADArequest@clackamas.us** | **503-655-8640.**

Clackamas County

www.clackamas.us

Health, Housing & Human Services
CLACKAMAS COUNTY

Mary Rumbaugh
Director

August 6, 2026 BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval of an Amendment to an Intergovernmental Agreement with Oregon Department of Human Services for the Senior Health Insurance Benefits Assistance State Health Insurance Assistance Program funding. Amendment Value is $21,090 and no time increase. Total Agreement Value is $41,418 for 2 years. Funding is through Oregon Department of Human Services. No County General Funds are involved.

Previous Board Action/Review:
Original Agreement Approved August 8, 2025 - 20250814 III.H.3

Performance Clackamas: Safe, Secure and Livable Communities
Counsel Review: Yes, Andrew Naylor **Procurement Review:** N/A
Contact Person: Tracy Garell **Contact Phone:** 503-655-8641

EXECUTIVE SUMMARY: The Social Services Division of the Health, Housing and Human Services requests approval of an Amendment to an Intergovernmental Agreement with the State of Oregon to support Medicaid outreach and public education efforts. The amendment is an extension of a revenue agreement with the State of Oregon.

The SHIBA-SHIP program is designed to educate seniors and other Medicare recipients about their rights, resources and needs related to Medicare and other health insurance. The program provides education through the fraud hotline, SHIBA helpline, and at public group presentations. In addition, information is made available during public outreach events, such as the Clackamas County Fair and Medicare enrollment events at locations such as low-cost housing units.

RECOMMENDATION: Staff respectfully requests that the Board of County Commissioners approve Amendment #01 (12180) and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,
Mary Rumbaugh
Mary Rumbaugh
Director of Health, Housing and Human Services

For Filing Use Only

OREGON DEPARTMENT OF
Human Services

Grant Agreement Number 185593

AMENDMENT TO
STATE OF OREGON
INTERGOVERNMENTAL GRANT AGREEMENT

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact the Agreement Administrator at the contact information found on page one of the original Agreement, as amended. We accept all relay calls.

This is amendment number **1** to Grant Agreement Number **185593** between the State of Oregon, acting by and through its Oregon Department of Human Services, hereinafter referred to as "**ODHS**," and

Clackamas County
acting by and through its
Health, Housing, and Human Services Department, Social Services Division
2051 Kaen Road, PO Box 2950
Oregon City, Oregon 97045
Attention: Tonia Hunt
Telephone: 503.310.1647
E-mail address: THunt@clackamas.us

hereinafter referred to as "**Recipient**."

1. This amendment shall become effective on the last date all required signatures in Section 6., below have been obtained. Recipient's performance of the program described in Exhibit A, Part 1, "Program Description" may start on April 1, 2026, shall be governed by the terms and conditions herein and any such expenses incurred by Recipient may be reimbursed once the Amendment is effective.

2. The Agreement is hereby amended as follows:

a. **Section 2. "Agreement Documents" subsection a. only** to read as

follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

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

(1) Exhibit A, Part 1: Program Description
(2) Exhibit A, Part 2: Special Provisions
(3) **Exhibit A, Part 3: Disbursement and Financial Reporting**
~~(3)~~(**4**) Exhibit B: Standard Terms and Conditions
~~(4)~~(**5**) Exhibit C: Subcontractor Insurance Requirements
~~(5)~~(**6**) Exhibit D: Federal Terms and Conditions
~~(6)~~(**7**) Exhibit E: Information Required by 2 CFR 200.332(a)(1)

b. **Section 3. "Grant Disbursement Generally." only** to read as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

3. **Grant Disbursement Generally**. The maximum not-to-exceed amount payable to Recipient under this Agreement, which includes any allowable expenses, is ~~$20,328.00~~ **$41,418.00** ~~(intended for Year 1 Funding: 4.1.25 - 3.31.26).~~ ODHS will not disburse grant to Recipient in excess of the not-to-exceed amount and will not disburse grant until this Agreement has been signed by all parties. ODHS will disburse the grant to Recipient as described in Exhibit A.

b. **Exhibit A, Part 1 "Program Description", Section 7. "Reporting Requirements." and Section 8. "Request for Reimbursement." only** to be removed and restated below in new Exhibit A, Part 3, "Disbursement and Financial Reporting."

c. **For activities performed on and after the effective date of this amendment, Exhibit A, Part 3, "Disbursement and Financial Reporting."** is hereby added, as set forth in **Exhibit A, Part 3**, **"Disbursement and Financial Reporting."**, attached hereto and incorporated herein by this reference.

d. **For activities performed on and after the effective date of this amendment, Exhibit E**, **"Information Required by 2 CFR § 200.332(b)(1)"** is hereby superseded and restated in its entirety, as set forth in **Exhibit E**, **"Information Required by 2 CFR §**

200.332(b)(1)", attached hereto and incorporated herein by this reference.

3. 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.
4. **Certification**. Without limiting the generality of the foregoing, by signature on this Agreement, the undersigned hereby certifies under penalty of perjury that:
    - **a.** Recipient 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 Recipient and that pertains to this Agreement or to the project for which the grant activities are being performed. Recipient 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. The Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the Recipient, in addition to any remedies that may be available to ODHS under the Agreement;
    - **b.** The information shown in Section 5.a., "Recipient Information" of the original Agreement, as amended is Recipient's true, accurate and correct information;
    - **c.** To the best of the undersigned's knowledge, Recipient 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;
    - **d.** Recipient and Recipient's employees and agents performing activities under this Grant 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*;
    - **e.** Recipient 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/SAM*;
    - **f.** Recipient is not subject to backup withholding because:
        - (1) Recipient is exempt from backup withholding;

(2) Recipient has not been notified by the IRS that Recipient is subject to backup withholding as a result of a failure to report all interest or dividends; or

(3) The IRS has notified Recipient that Recipient is no longer subject to backup withholding; and

g. Recipient's Federal Employer Identification Number (FEIN) or Social Security Number (SSN) provided to ODHS is true and accurate. If this information changes, Recipient is required to provide ODHS with the new FEIN or SSN within 10 days.

5. Recipient Information. Recipient shall provide the information set forth below.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Recipient Name (exactly as filed with the IRS): Clackamas County

Street address: 2051 Kaen Road

City, state, zip code: Oregon City, OR 97045

Email address: FinanceGrants@Clackamas.us

Telephone: ( ) 503-655-8640 Fax: ( )

Recipient Proof of Insurance. Recipient shall provide the following information upon submission of the signed Agreement amendment. All insurance listed herein must be in effect prior to amendment execution.

Workers' Compensation Insurance Company: ___County is self-insured_____

Policy #: _____NA_____ Expiration Date: _____

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

6. Signatures.

Clackamas County
acting by and through its
Health, Housing, and Human Services Department, Social Services Division
By:

Authorized Signature	Printed Name
Title	Date

Approved for Legal Sufficiency by County:
07/06/2026

State of Oregon, acting by and through its Oregon Department of Human Services
By:

Authorized Signature	Printed Name
Title	Date

Approved for Legal Sufficiency:

Not Required per OAR 137-045-0030(1)(b)

EXHIBIT A

Part 3
Disbursement and Financial Reporting

1. Disbursement of Grant Funds.

a. During the period specified in **Section 1., "Effective Date and Duration"**, of this Agreement, ODHS will disburse to Recipient, a maximum not-to-exceed amount as specified in **Section 3., "Grant Disbursement Generally"** of this Agreement, to be disbursed as follows:

(1) $20,328.00, Year 1 Funding April 1, 2025 – March 31, 2026

(2) $21,090.00, Year 2 Funding April 1, 2026 – March 31, 2027

b. Request for Reimbursement.

(1) Recipient shall submit detailed requests for reimbursement semi-annually for services provided. Use the SHIP Grant Request for Reimbursement Form provided by Oregon SHIBA and submit requests for reimbursement by email to shiba.oregon@odhsoha.oregon.gov.

(2) The request for reimbursement is due 15 days following the end of each semi-annual period. The request covering April through September is due by October 15. The request covering October through March is due by April 15.

(3) ODHS shall disburse funds to Recipient following ODHS's acceptance, review, and approval of the request for reimbursement submitted.

(4) ODHS may make interim payments upon review and approval of reimbursement requests submitted by Recipient.

2. Reporting Requirements.

Recipient shall submit programmatic data using the ACL data system (currently STARS) monthly, at a minimum. All monthly data will be submitted by the end of the month following the close of the reporting period. Comply with data integrity guidelines and perform data validation to ensure the accuracy of data on a quarterly basis.

EXHIBIT E

Information Required by 2 CFR § 200.332(a)(1)

1. Recipient Name: (*Must match the registered name associated with 3. below*) Clackamas County acting by and through its Health, Housing, and Human Services Department, Social Services Division

2. Name of federal awarding agency, pass-through entity, and contact information for awarding official of the pass-through entity:

a. Name of federal awarding agency: Administration for Community Living (ACL) U.S. Department of Health and Human Services

b. Name of pass-through entity: State of Oregon acting by and through its Oregon Department of Human Services (ODHS), Aging and People with Disabilities Division, Community Services and Supports Unit.

c. Contact information for awarding official of pass-through entity: Rodney Schroeder, 541.305.3489, Rodney.B.Schroeder@odhs.oregon.gov

3. Recipient's Unique Entity Identifier (UEI): NVWKAVB8JND6

4. Federal Award Identification Number (FAIN): 90SAPG0127

5. Federal award date: *(date of award to state by federal agency)* 04.29.2026

6. Sub-award period of performance: Start Date: 04.01.2025 End Date: 03.31.2030

7. Sub-award budget period Start Date: 04.01.2026 End Date: 03.31.2027

8. Amount of federal funds obligated by this Agreement: $41,418.00

9. *Total amount of federal funds obligated to Recipient by pass-through entity, including this Agreement: $41,418.00

10. Total amount of the Federal Award committed to Recipient by pass-through entity: (*amount of federal funds from this FAIN committed to Recipient*) $41,418.00

11. Federal award project description: Oregon 2025 State Health Insurance Assistance Program (SHIP)

12. Assistance Listings number and Title: 93.324 SHIP

Amount: $739,613.00

13. Is award research and development? ☐ Yes ☒ No

14. Indirect cost rate for the Federal award: n/a

*The total amount of federal funds obligated to the Recipient by the pass-through entity is the total amount of federal funds obligated to the Recipient by the pass-through entity during the current fiscal year 2026-2027.