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OCCYSHN Partners and Key Stakeholders

Agencies/Programs

- 211info
- Coalition of Communities of Color
- Coalition of Local Health Officials – Healthy Families (MCH focus)
- Coalition of Local Health Officials (CLHO)
- Community Developmental Disabilities Programs (DHS)
- Division of Consumer and Business Services (DCBS)
- Early Hearing Detection and Intervention Program (EHDI)
- Early Intervention/Early Childhood Special Education
- Emergency Medical System for Children (EMSC)
- Health Share
- Inclusive Child Care Program
- Local Public Health Authorities (LPHAs)
- National Alliance on Mental Illness (NAMI) of Oregon, Multnomah, and Washington Co.
- National Alliance for Advancing Adolescent Health (NAAAHA)
- Newborn Screening Program
- Oregon Health Authority (OHA) Health Policy Division
- OHA Maternal and Child Health (MCH) Section (Oregon's Title V MCH)
- OHA Transformation Center / Patient-Centered Primary Care Home (PCPCH) Program
- OHSU Department of Internal Medicine
- OHSU Department of Pediatrics Transition Workgroup
- OHSU Doernbecher Children's Hospital (DCH) Gender Clinic
- OHSU DCH Pediatric and Adolescent Health Clinic
- OHSU IDD Autism Clinic
- OHSU IDD Lifespan Transition Clinic
- OHSU Oregon Office on Disability and Health
- OHSU LEND
- OHSU Maternal Fetal Medicine Clinic
- OHSU Social Work, Women and Children's Services
- OHSU Center on Excellence in Developmental Disabilities (OHSU UCEDD)
- Oregon Center for Nursing
- Oregon Department of Education (ODE)
- Oregon Head Start
- Oregon Insurance Division – Department of Business and Consumer Services
- Oregon Office on Disability & Health (OODH)

Agencies/Programs (continued)

- Oregon Early Learning Division
- Oregon Office of Rural Health
- Oregon Pediatric Improvement Partnership (OPIP)
- Oregon Post Adoption Resource Center (OPARC)
- Oregon Rural-based Practice Network (ORPRN)
- Oregon State Board of Nursing
- Oregon State University (OSU), Professional and Continuing Education
- Oregon Training and Consultation (OTAC)
- Pacific Source Community Solutions CCO
- Self Enhancement Inc.
- Shriners Hospital for Children - Portland
- United States Department of Labor Benefit Advisor Group
- University of Oregon University Center on Excellence in Developmental Disabilities (UO UCEDD)
- University of Oregon, College of Education
- Advanced Health CCO
- Washington County Health and Human Services, Behavioral Health

Health Provider Associations

- American Academy of Pediatrics Council on Children With Disabilities (COCWD)
- Child Development and Rehabilitation Center (CDRC)
- Children's Health Alliance/ Foundation (CHA)
- Oregon Academy of Family Providers (OAFP)
- Oregon Council of Child and Adolescent Psychiatry (OCCAP)
- Oregon Pediatric Nutrition Practice Group
- Oregon Pediatric Society (OPS)
- Western States Regional Genetics Network



OCCYSHN Partners and Key Stakeholders (continued)

OCCYSHN Representation on Committees/Workgroups/

Commissions

- American Academy of Pediatrics Council on Injury Violence and Poison Prevention
- American Academy of Pediatrics Family Partners Network
- Birth Anomalies Surveillance System Advisory Committee
- Catalyst Center Advisory Board
- Early Hearing Detection and Intervention (EHDI) Advisory Committee
- Leadership in Family/Professional Partnership Board
- Oregon Medicaid Advisory Committee
- OHA – MCH Nurse Team
- OHA – PCPCH Advisory Committee
- OHSU Legislative Advisory Committee
- OHSU Gun Violence as Public Health Issue Workgroup
- OHSU Pediatric Vice Chairs Group
- OHSU Pediatrics/IDD Leadership Group
- Oregon Commission on Autism Spectrum Disorders (OCASD)
- Oregon Council on Developmental Disabilities (OCDD)
- Oregon Emergency Services for Children Advisory Board
- Oregon Health Evidence Review Commission
- Oregon Inclusive Preschool Workgroup
- Oregon Insurance Advisory Council – Consumer Subcommittee
- Oregon Office on Disability and Health (OODH)
- Oregon Pediatric Improvement Partnership Partners Group
- Oregon Pediatric Improvement Partnership Steering Committee
- Oregon Pediatric Society Board of Directors
- Oregon State Interagency Coordinating Council
- Statewide Family Training/Outreach Collaborative

Families and Family /Youth/Consumer Organizations

- Alliance of Black Nurses Association of Oregon
- Autism Society of Oregon (ASO)
- Black Parent Initiative
- Epilepsy Foundation Northwest
- Family Voices
- Ford Family Foundation
- Hands and Voices
- Immigrant and Refugee Community Organization (IRCO)
- Latino Community Association
- Native American Youth Association
- NW Kidney Kids
- Oregon Coalition of Family Networks (9)
- Oregon Deafblind Parents' Group
- Oregon Family Support Network (OFSN)
- Oregon Family Workforce Association
- Oregon Kinship Navigators
- Oregon PTI: Family and Community Together (FACT)
- Rett Foundation, Oregon
- Sickle Cell Anemia Foundation, Oregon
- Special Needs Families Connect (Umatilla Co)
- Swindells Center
- The Arc of Oregon and 5 regional chapters
- Tourette Society Oregon
- United Cerebral Palsy of Oregon and Southwest Washington
- Unete



Grant Agreement Number 143021

**AMENDMENT TO
STATE OF OREGON
INTERGOVERNMENTAL GRANT 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 or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This is amendment number **2** to Grant Agreement Number **143021** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as “OHA” and

**Oregon Health and Science University
Institute on Development and Disability
c/o Office of Proposal & Award Management, L106OPAM
Attn: Robin Fiedelson cutlerr@ohsu.edu
3181 SW Sam Jackson Park Road
Portland, OR 97239
PI Attention Ben Hoffman
Telephone: (503) 494-2700
PI Email: hoffmanb@ohsu.edu**

hereinafter referred to as “Recipient”.

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. Section **1, Effective date and Duration** to change the current expiration date from “~~September 30, 2018~~ **Oct 1, 2018** to “**September 30, 2024.**”
 - b. Section **3, Consideration** to increase by “**\$12,000,000**” the current maximum not-to-exceed amount of “\$10,000,000” for a new maximum not-to-exceed amount of “**\$22,000,000.**”
 - c. **Exhibit A** Part 1 “Statement of Work” Section II, subsection A. only, is hereby amended as follows: language to be deleted is ~~struck through~~; new language is **underlined and bold.**

II. PROGRAM DUTIES AND RESPONSIBILITIES

A. Recipient's Duties and Responsibilities

1. Recipient is authorized by ORS 444.020 to administer services for children with special health needs. "The Oregon Health and Science University may: ... (2) Accept, expend and disburse all federal funds made available to this state for services for children with disabilities and for the administration of services for children with special health needs. (3) Make such reports in such form and containing such information as are required by the federal government and comply with such provisions as are found necessary to ensure correctness and verification of such reports." Oregon's Title V priorities (based on findings of Oregon's 5-year Title V Block Grant Needs Assessment) will drive the use of Title V funds. Services and activities funded by Title V must align with Oregon's Title V Action Plan, state and National Title V priorities and performance measures, and state-selected evidence-based/informed strategies and measures. Title V Services administered by recipient must be aligned with the following:
 - Oregon's Title V ~~State~~ Priorities
 - National Title V Priorities **selected by Oregon**, as defined across six population domains: Maternal/Women's health, Perinatal/Infant Health, Child Health, Children and Youth with Special Healthcare Needs, Adolescent Health, Cross-Cutting/**Systems Building** ~~or Life Course~~.
 - Oregon's ~~State~~-Title V Measures
 - Oregon's evidence-based/informed strategies and measures.

In addition, with funds from this Agreement, recipient must perform the following services and activities:

- a. Conduct a 5-year needs assessment on the Children and Youth with Special Health Needs population in alignment with the 5-year HRSA grant cycle.
- b. Responsible for all work related to Title V national priorities and performance measures for the CYSHN population. Collaborate with and provide consultation to OHA on CYSHN-related aspects of Title V priority work in other Title V domains.
- c. Collaborate with local public health departments and other community-based service providers to ensure they are informed about and participate in: care coordination, community outreach, and family-centered, culturally and

- linguistically appropriate services for CYSHN.
- d. Ensure that public health personnel, payors, and other community-based service providers participate in interdisciplinary training for health professionals offered by Recipient;
- e. Develop and sustain opportunities for family involvement in decision making at all levels for their children and youth with special health care needs
- f. Educate families to better understand and actively participate in their child's health care decision making.
- g. Ensure that program activities, planning, assessment, and reporting align with federal Title V mandates governing children and youth with special health needs (Section 505, Title V, Social Security Act (SSA) [42 U.S.C.705]; OMB 0195-01721; and the most current Federal Title V Block Grant guidance.).

With funds from this Agreement, recipient may **also** perform the following services and activities:

- a. Provide information to community-based, public health providers, and the public with the names and telephone numbers of medical providers and other health related staff to consult and assist families with CYSHN for specific categories of disability (e.g., cerebral palsy, developmental disabilities, orthopedic abnormalities, meningomyelocele, hemophilia, etc.);
 - b. Provide for nutrition products for treatment of metabolic disorders on an as-needed basis to families who meet established Recipient criteria as medically needy.
2. Recipient shall earmark matching fund resources for MCAH/CYSHN program services and activities at both the state and county program levels, at a minimum of three dollars of non-federal funds for every four dollars of federal MCAH Block Grant funds received from the Department. **The combined amount goes towards implementing the programmatic work.** Matching funds include patient fees, third-party insurance payments, county or state general funds used with CYSHN program services, non-federal grants. Federal funds may not be used to meet the match requirement. (CFDA 93.994 (III.C.))
 3. Recipient assures funds provided under this agreement that are allocated to local agencies will be distributed according to a fair method [(Section 505, Title V, Social Security Act (SSA) [42 U.S.C.705]; and assures facilitation among local jurisdictions and providers to develop, provide and promote family-centered, community-based, coordinated care and services for CYSHN and their families.

4. Recipient shall assign a liaison with OHA for purposes of day-to-day administration of this Agreement.
 5. Recipient shall comply with prohibitions of use of MCAH Block Grant funds as described in Section 504, Title V, SSA [42 U.S.C.704], for:
 - a. Inpatient services, other than for children with special health needs or high risk pregnant women and infants;
 - b. Cash payment to intended recipients of services;
 - c. Purchase or improvement of land, the purchase, construction, permanent improvement of any building or facility, or the purchase of major medical equipment;
 - d. Satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal Funds; MCAH Block Grant funds may not be transferred to any other program; and
 - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
 6. Recipient is responsible for determining the appropriate means and manner of performing the work under this agreement.
- d. **Exhibit A** part 2 “Payment and Financial Reporting” is hereby superseded and restated in its entirety as Attachment 1 attached hereto and incorporated herein by this reference.
 - e. **Exhibit B, Standard Terms and Conditions, Section 18. “Notice”** OHA address only, is amended as follows: Deleted language is ~~struck through~~ and new language is **underlined and bold**.

OHA: Office of Contracts & Procurement
~~250 Winter Street, Room 309~~ **635 Capitol Street NE, Suite 350**
Salem, OR 97301
Telephone: 503-945-5818
Facsimile: 503-378-4324
 - f. **Exhibit E “Information Required by 2 CFR § 200.331(a)(1).”**
Is hereby superseded and restated in its entirety as Attachment 2 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. **Recipient Data and Certification.** Recipient shall provide the information set forth below.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Recipient Name (exactly as filed with the IRS): Oregon Health & Science University

Street address: 3181 SW Sam Jackson Park Road

City, state, zip code: Portland, OR 97239

Email address: orserv@ohsu.edu

Telephone: (503) 494-7784 Facsimile: (503) 494-7787

Recipient Proof of Insurance. Recipient shall provide the following information upon submission of the signed Agreement Amendment. All insurance listed herein and required by Exhibit C of the original Agreement, must be in effect prior to Agreement execution.

Workers' Compensation Insurance Company: SAIF

Policy #: 981218 Expiration Date: 7/1/2019

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.

5. Signatures.

Oregon Health and Science University

By:

Lisa Fitzpatrick

Digitally signed by Lisa Fitzpatrick
DN: cn=Lisa Fitzpatrick, o=Oregon Health & Science
University, ou=OPAM, email=fitzpat@ohsu.edu, c=US
Date: 2019.05.15 15:38:23 -0700

Authorized Signature

Grants & Contracts Manager

Title

Lisa Fitzpatrick

Printed Name

5/15/2019

Date

State of Oregon acting by and through its Oregon Health Authority

By:

Tim Noe

Authorized Signature

CP&HP Administrator

Title

Tim Noe

Printed Name

5/20/19

Date

Approved for Legal Sufficiency:

Via e-mail by Steven Marlowe, Assistant Attorney General

Department of Justice

March 21, 2019

Date

EXHIBIT A
Part 2
Payment and Financial Reporting

Any payment to Recipient under this Agreement is derived from MCAH Block Grant funding to OHA. The MCAH Block Grant allocation to Recipient shall be based on the most current guidance and terms and conditions of each FY (fiscal year) of the federal financial assistance award to Oregon of the MCAH Block Grant, and are subject to revision as the MCAH Block Grant award changes over time.

Administrative Costs are limited to not more than 10 percent of the total MCAH Block Grant fund award including subcontract to communities.

Funding allocation for each FY can be spent over two year period. Funding for FY 2024 (10/1/2023 – 9/30/2024) can be used through 9/30/2025. OHA will initiate the contract amendment to be executed prior to 9/30/2024.

OHA will, during the term of this Agreement, make quarterly payments for FY 2019, FY 2020, FY 2021, FY 2022, FY 2023, and FY 2024 to Recipient upon receipt of invoices as stated below:

Quarter 1 (October – December)	20% by the end of January
Quarter 2 (January – March)	20% by the end of April
Quarter 3 (April – June)	20% by the end of July
Quarter 4 (July – September)	40% by the end of October

Instructions for the Public Health Division Agreement Expenditure Report and Sub Agreement Detail Report

General Instructions:

Please complete the Expenditure Report tab of this spreadsheet. If the budget contains sub agreements, please complete the Sub Agreement Detail Report tabs (each tab will report on up to 3 sub agreements). Please contact your Public Health agreement administrator if there are questions on the frequency of reporting periods.

Most cells are locked for editing. This spreadsheet will be provided with all budget information pre-populated. The only cells to be completed are the reporting period dates, the Report Period Expenditures column (column D), the To-Date Total Expenditures column (column E), the To-Date In-Kind and Match Expenditures columns (columns H and I), and the contact information for the person completing the report.

For the Report Period Expenditures column (column D), please enter amounts that align with the reporting period entered at the top of the report.

For the To-Date Expenditures columns (columns E, H and I), please enter amounts that align with the beginning of the budget period through the end of the reporting period. (e.g. Budget Period is 01/01/18 to 12/31/18 and the reporting period is 04/01/18 to 06/30/18. To-Date amounts would be for the period 01/01/18 to 06/30/18.)

Please ensure subtotal calculations are correct.

Reporting Period:

Please enter the start and end date of the reporting period. Please enter dates in the format mm/dd/yy. This field will auto-populate on the Sub Agreement Details tabs based on what is entered into the Expenditure Report tab.

Salaries and Wages:

Please enter report period and budget period to-date expenditures applied to the agreement for personnel costs. Please enter amounts by individual position on the Expenditure Report tab; the report will total the amounts entered. Please enter total salaries and wages per sub agreement on the Sub Agreement Details tabs; do not separate by position. If applicable, please also enter budget period to-date in-kind or match expenditures (totals only).

Fringe Benefits:

Please enter report period and budget period to-date expenditures applied to the agreement for fringe benefits associated with personnel salaries and wages. If applicable, please also enter total budget period to-date in-kind or match expenditures.

Travel:

Please enter report period and budget period to-date expenditures applied to the agreement for travel. Please enter in-state and out-of-state amounts separately on the Expenditure Report tab; the report will total the amounts entered. Please enter total travel costs per sub agreement on the Sub Agreement Details tabs; do not separate in-state from out-of-state. If applicable, please also enter budget period to-date in-kind or match expenditures (totals only).

Equipment:

Please enter report period and budget period to-date expenditures applied to the agreement for all equipment (including items over \$5,000). If applicable, please also enter total budget period to-date in-kind or match expenditures.

Supplies:

Please enter report period and budget period to-date expenditures applied to the agreement for supplies (under \$5,000). If applicable, please also enter total budget period to-date in-kind or match expenditures.

Sub Agreement:

Please enter report period and budget period to-date expenditures applied to the agreement for sub agreements. If applicable, please also enter total budget period to-date in-kind or match expenditures.

Other:

Please enter report period and budget period to-date expenditures applied to the agreement for any other direct costs outlined in the budget. Please separate amounts by budget category on the Expenditure Report tab; the report will total the amounts entered. Please enter total other amounts per sub agreement on the Sub Agreements Details tab; do not separate line items. If applicable, please also enter budget period to-date in-kind or match expenditures (totals only).

Indirect:

Please enter report period and budget period to-date expenditures applied to the agreement for indirect costs. If applicable, please also enter total budget period to-date in-kind or match expenditures.

Report Prepared By:

Please enter the name and contact phone number for the person completing the report.

Authorized Agent Signature:

Please have an authorized agent sign the report certification in the space provided. This must be completed in order for the report to be accepted by OHA.

**OREGON HEALTH AUTHORITY
Public Health Division Agreement Expenditure Report**

Agency: _____
 Agreement #: _____
 Budget Period: _____ to _____
 Reporting Period: _____ to _____

	% of Budget Period Elapsed				-		If Applicable to Agreement:	
	Budget	Report Period Expenditures	To-Date Total Expenditures	% Spent To-Date	To-Date In-Kind Expenditures	To-Date Match Expenditures		
Salaries & Wages	\$ -	\$ -	\$ -	-	\$ -	\$ -		
<i>Position # 1 (list title)</i>	\$ -	\$ -	\$ -	-	\$ -	\$ -		
<i>Position # 2 (list title)</i>	\$ -	\$ -	\$ -	-	\$ -	\$ -		
<i>Position # 3 (list title)</i>	\$ -	\$ -	\$ -	-	\$ -	\$ -		
<i>Position # 4 (list title)</i>	\$ -	\$ -	\$ -	-	\$ -	\$ -		
<i>Position # 5 (list title)</i>	\$ -	\$ -	\$ -	-	\$ -	\$ -		
Fringe Benefits	\$ -	\$ -	\$ -	-	\$ -	\$ -		
Travel	\$ -	\$ -	\$ -	-	\$ -	\$ -		
In State Travel	\$ -	\$ -	\$ -	-	\$ -	\$ -		
Out of State Travel	\$ -	\$ -	\$ -	-	\$ -	\$ -		
Equipment	\$ -	\$ -	\$ -	-	\$ -	\$ -		
Supplies	\$ -	\$ -	\$ -	-	\$ -	\$ -		
Sub Agreements*	\$ -	\$ -	\$ -	-	\$ -	\$ -		
<i>*A 'Sub Agreement Detail Report' must be completed and attached if budget includes sub agreements</i>								
Other	\$ -	\$ -	\$ -	-	\$ -	\$ -		
<i>Other # 1 (please list)</i>	\$ -	\$ -	\$ -	-	\$ -	\$ -		
<i>Other # 2 (please list)</i>	\$ -	\$ -	\$ -	-	\$ -	\$ -		
<i>Other # 3 (please list)</i>	\$ -	\$ -	\$ -	-	\$ -	\$ -		
<i>Other # 4 (please list)</i>	\$ -	\$ -	\$ -	-	\$ -	\$ -		
Total Direct Charges	\$ -	\$ -	\$ -	-	\$ -	\$ -		
Indirect	\$ -	\$ -	\$ -	-	\$ -	\$ -		
<i>Indirect Rate</i>	-	-	-	-	-	-		
Totals	\$ -	\$ -	\$ -	-	\$ -	\$ -		

Report Prepared By _____ Phone _____

I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 CFR 200.415)

Authorized Agent Signature _____ Date _____

OREGON HEALTH AUTHORITY
Public Health Division Sub Agreement Detail Report
(Attachment to Public Health Division Agreement Expenditure Report)

Agency: _____
 Agreement #: _____
 Budget Period: _____ to _____
 Reporting Period: _____ to _____

Sub Agreement #1 Agency: _____

	% of Budget Period Elapsed			
	Budget	Report Period Expenditures	To-Date Total Expenditures	% Spent To-Date
Salaries & Wages	\$ -	\$ -	\$ -	-
Fringe Benefits	\$ -	\$ -	\$ -	-
Travel	\$ -	\$ -	\$ -	-
Equipment	\$ -	\$ -	\$ -	-
Supplies	\$ -	\$ -	\$ -	-
Sub Agreements	\$ -	\$ -	\$ -	-
Other	\$ -	\$ -	\$ -	-
Total Direct Charges	\$ -	\$ -	\$ -	-
Indirect	\$ -	\$ -	\$ -	-
Totals	\$ -	\$ -	\$ -	-

If Applicable to Agreement:	
To-Date In-Kind Expenditures	To-Date Match Expenditures
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

Sub Agreement #2 Agency: _____

	% of Budget Period Elapsed			
	Budget	Report Period Expenditures	To-Date Total Expenditures	% Spent To-Date
Salaries & Wages	\$ -	\$ -	\$ -	-
Fringe Benefits	\$ -	\$ -	\$ -	-
Travel	\$ -	\$ -	\$ -	-
Equipment	\$ -	\$ -	\$ -	-
Supplies	\$ -	\$ -	\$ -	-
Sub Agreements	\$ -	\$ -	\$ -	-
Other	\$ -	\$ -	\$ -	-
Total Direct Charges	\$ -	\$ -	\$ -	-
Indirect	\$ -	\$ -	\$ -	-
Totals	\$ -	\$ -	\$ -	-

If Applicable to Agreement:	
To-Date In-Kind Expenditures	To-Date Match Expenditures
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

Sub Agreement #3 Agency: _____

	% of Budget Period Elapsed			
	Budget	Report Period Expenditures	To-Date Total Expenditures	% Spent To-Date
Salaries & Wages	\$ -	\$ -	\$ -	-
Fringe Benefits	\$ -	\$ -	\$ -	-
Travel	\$ -	\$ -	\$ -	-
Equipment	\$ -	\$ -	\$ -	-
Supplies	\$ -	\$ -	\$ -	-
Sub Agreements	\$ -	\$ -	\$ -	-
Other	\$ -	\$ -	\$ -	-
Total Direct Charges	\$ -	\$ -	\$ -	-
Indirect	\$ -	\$ -	\$ -	-
Totals	\$ -	\$ -	\$ -	-

If Applicable to Agreement:	
To-Date In-Kind Expenditures	To-Date Match Expenditures
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

OREGON HEALTH AUTHORITY
Public Health Division Sub Agreement Detail Report
(Attachment to Public Health Division Agreement Expenditure Report)

Agency: _____
 Agreement #: _____
 Budget Period: _____ to _____
 Reporting Period: _____ to _____

Sub Agreement #4 Agency: _____

	% of Budget Period Elapsed			
	Budget	Report Period Expenditures	To-Date Total Expenditures	% Spent To-Date
Salaries & Wages	\$ -	\$ -	\$ -	-
Fringe Benefits	\$ -	\$ -	\$ -	-
Travel	\$ -	\$ -	\$ -	-
Equipment	\$ -	\$ -	\$ -	-
Supplies	\$ -	\$ -	\$ -	-
Sub Agreements	\$ -	\$ -	\$ -	-
Other	\$ -	\$ -	\$ -	-
Total Direct Charges	\$ -	\$ -	\$ -	-
Indirect	\$ -	\$ -	\$ -	-
Totals	\$ -	\$ -	\$ -	-

If Applicable to Agreement:	
To-Date In-Kind Expenditures	To-Date Match Expenditures
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

Sub Agreement #5 Agency: _____

	% of Budget Period Elapsed			
	Budget	Report Period Expenditures	To-Date Total Expenditures	% Spent To-Date
Salaries & Wages	\$ -	\$ -	\$ -	-
Fringe Benefits	\$ -	\$ -	\$ -	-
Travel	\$ -	\$ -	\$ -	-
Equipment	\$ -	\$ -	\$ -	-
Supplies	\$ -	\$ -	\$ -	-
Sub Agreements	\$ -	\$ -	\$ -	-
Other	\$ -	\$ -	\$ -	-
Total Direct Charges	\$ -	\$ -	\$ -	-
Indirect	\$ -	\$ -	\$ -	-
Totals	\$ -	\$ -	\$ -	-

If Applicable to Agreement:	
To-Date In-Kind Expenditures	To-Date Match Expenditures
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

Sub Agreement #6 Agency: _____

	% of Budget Period Elapsed			
	Budget	Report Period Expenditures	To-Date Total Expenditures	% Spent To-Date
Salaries & Wages	\$ -	\$ -	\$ -	-
Fringe Benefits	\$ -	\$ -	\$ -	-
Travel	\$ -	\$ -	\$ -	-
Equipment	\$ -	\$ -	\$ -	-
Supplies	\$ -	\$ -	\$ -	-
Sub Agreements	\$ -	\$ -	\$ -	-
Other	\$ -	\$ -	\$ -	-
Total Direct Charges	\$ -	\$ -	\$ -	-
Indirect	\$ -	\$ -	\$ -	-
Totals	\$ -	\$ -	\$ -	-

If Applicable to Agreement:	
To-Date In-Kind Expenditures	To-Date Match Expenditures
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

EXHIBIT E
Information required by 2 CFR § 200.331(a)(1)*

Federal Award Identification:

1. Subrecipient name (which must match registered name in DUNS): Oregon Health & Science University
2. Subrecipient's DUNS number: 09-699-7515
3. Federal Award Identification Number (FAIN): B04MC31511
4. Federal Award Date: 7/19/2018 (Revised award date)
5. Sub-award Period of Performance Start and End Date: From 10/1/2017 to 9/30/2019
6. Total Amount of Federal Funds Obligated by this Agreement: \$12,000,000
7. Total Amount of Federal Funds Obligated to the Subrecipient by the pass-through entity including this Agreement**: \$22,000,000
8. Total Amount of Federal Award committed to the Subrecipient by the pass-through entity: \$22,000,000
9. Federal award project description: Maternal and Child Health Services
10. 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: DHHS/Health Resources and Services Administration (HRSA)
 - (b) Name of pass-through entity: Oregon Health Authority (OHA)
 - (c) Contact information for awarding official of the pass-through entity: Cate Wilcox
11. CFDA Number and Name: 93.994
Amount: \$42,920,000
12. Is Award Research and Development? Yes No
13. Indirect cost rate for the Federal award: 10%

*For the purposes of this Exhibit, the term "Subrecipient" refers to Recipient and the term "pass-through entity" refers to OHA..

**The Total Amount of Federal Funds Obligated to the Subrecipient by the pass-through entity is the Total Amount of Federal Funds Obligated to the Subrecipient by the pass-through entity during the current state fiscal year .

Oregon Center for Children and Youth with Special Health Needs

Introduction

2021-2025 Oregon Title V CYSHCN - National and State Priorities:

- Culturally and Linguistically Appropriate Services (CLAS)
- Social Determinants of Health and Equity
- Toxic Stress, Trauma, ACES, and Resilience

Population of Focus – children and youth with special health care needs (CYSHCN):

“Children with special health needs are those who have or are at risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

(McPherson, et al., 1998, p. 138).”

Subcontractors are local public health authorities (LPHAs) who agree to:

- adhere to the scopes of work.
- complete services for CYSHCN and their families described in this contract. (Families eligible effective 5/1/2022.)
- submit all required deliverables, including program reports, annual expenditure report, and invoices. Final invoice template to be provided by OCCYSHN.

Oregon Center for Children and Youth with Special Health Needs

SCOPE OF WORK: CaCoon

GOALS

- Improve the health and well-being of CYSHCN and their families through public health home visiting.
- Increase families' knowledge, skills and confidence to care for their CYSCHN.
- Partner with families to coordinate care and services for their CYSCHN.

The subcontractor's Principal Investigator (PI) is responsible for compliance with this subcontract. The PI may designate an alternate (CaCoon Lead) to serve as the principal point of contact with OCCYSHN.

ELEGIBILITY

- **Child Age Eligibility:** CaCoon serves children and youth age's birth through age 20 (up to their 21st birthday).
- **Child Diagnostic Eligibility:** Diagnostic eligibility is detailed in Targeted Case Management (TCM) [OAR 410-138-0040](#) "Diagnosis" column of Table 2. Public Health Nurses may use their professional judgement if a client has a chronic health condition or disability that is not specifically identified on the list by assigning "Other chronic conditions not listed".
- **Parent/Caregiver Eligibility- Effective 5/1/2022:** CaCoon services may also be offered to a parent (primary caregiver) of the child or youth enrolled in the CaCoon Program. Eligibility is detailed in TCM OAR 410-138-0040 in Table 1("Parent of eligible child"). ([See State Plan Amendment, Parental Eligibility Criteria](#))
- **Financial Eligibility:** CaCoon is open to all regardless of insurance status or family income.

RESPONSIBILITIES

Subcontractors adhere to the standards detailed the CaCoon Manual (found in Basecamp) including all specific guidance on:

1. Triage of referrals
2. Response requirements when services are unavailable
3. Initial outreach
4. Assessments
5. Nursing plan of care
6. Data collection
7. Training and education of staff
8. Identified lead and accountability reporting

All CaCoon services are family-centered, culturally sensitive and responsive, and linguistically appropriate. Youth (age 12-20) and their families are supported in the transition to adult health care, work, and independence.

Oregon Center for Children and Youth with Special Health Needs

SCOPE OF WORK: Shared Care Planning

GOALS

- Improve the health and well-being of CYSHCN through family-centered shared care plans.
- Improve communication and mutual accountability between families of CYSCHN and health and service providers.
- Increase the effectiveness and efficiency of health systems through cross-sector collaboration for CYSHCN.

The subcontractor's Principal Investigator (PI) is responsible for compliance with this subcontract. The PI may designate an alternate (Shared Care Planning Lead) to serve as the principal point of contact with OCCYSHN.

RESPONSIBILITIES

Subcontractors adhere to the values and standards described in the [Shared Care Planning Handbook](#), including:

1. Referrals
2. Convening child health teams
3. Care plan elements
4. Monitoring care plans
5. Training
6. Reporting

All shared care planning efforts are family-centered, culturally sensitive and responsive, and linguistically appropriate. Youth (age 12-20) and their families are supported in the transition to adult health care, work, and independence.

Subcontractors develop and monitor the number and type of shared care plans detailed in Attachment C.

SCOPE OF WORK: Piloting Activate Care for Care Coordination Teams

Contract Goals:

- Improve the health and well-being of CYSHCN and their caregivers through building and strengthening cross-sector relationships to enhance the efficiency and impact of Shared Plans of Care (SPOC) for selected CYSHCN.
- Participate in a Community of Practice aimed at identifying best practices and barriers to coordinating care through the use of a cloud-based care coordination platform called Activate Care.

Subcontractor Responsibilities:

The Subcontractor's Principal Investigator (PI) is responsible for compliance with the subcontract. PI may designate a different person to serve as the Learning Community Lead as key point of contact with the OCCYSHN staff.

1. Attend monthly meetings

- a. Participate in monthly OCCYSHN-facilitated virtual Community of Practice Video Chats. (All technical assistance to be provided by OCCYSHN).
- b. At least one month, come prepared to share a current challenge with shared care planning in Activate Care and provide some background to the challenge. Please remember to refrain from sharing protected health information.

2. Develop or re-evaluate at least three shared care plans in Activate Care

- a. Nurture and expand the number of partnerships with community based service providers who participate in Shared Care Planning.
- b. Pilot the use of Activate Care, a cloud-based care coordination platform for shared care planning.
- c. Develop or re-evaluate shared care plans for at least three CYSHCN in Activate Care, more than three shared care plans may be developed or reevaluated through Activate Care.
- d. Meet all other shared care plan requirements as outlined in OCCYSHN annual contracts. Virtual attendance at meetings and communication is allowable if all legal and access conditions are met.
 - i. Ensure fidelity to the Shared Care Plan process as described in the SPOC Handbook

<http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/SPoC.cfm>

- ii. Ensure all appropriate releases of information are signed.

3. Report to OCCYSHN

- a. Submit Shared care plan Information Forms (SIF) for all SPOC initiated or re-evaluated outside of the Activate Care platform;
- b. Offer Study Interest Form to every family who's shared care plan is in Activate Care and fax return all completed forms to OCCYSHN;
- c. Complete a survey at the start and after the first year of the project.
- d. Complete the Year-End Report (which is part of the data collection for shared care planning).

Oregon Center for Children and Youth with Special Health Needs

SCOPE OF WORK: Youth-Centered Cross Systems Care Coordination
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GOALS

- Increase the effectiveness and efficiency of health systems through cross-sector collaboration for youth with special health needs.
- Improve the health and well-being of youth with special health needs

The subcontractor's Principal Investigator (PI) is responsible for compliance with this subcontract. The PI may designate an alternate (Lead) to serve as the principal point of contact with OCCYSHN.

RESPONSIBILITIES

- Develop or leverage professional relationships to improve the system for youth with special health needs transitioning to adult health care, work, and independence..
- Determine needs of youth with special health needs in the region.
- Problem solve and address systems barriers related to youth with special health needs.
- Facilitate development of an action plan, if applicable
- Report to OCCYSHN, as required

All shared care planning efforts are family-centered, culturally sensitive and responsive, and linguistically appropriate.