



Public Health
Prevent. Promote. Protect.

North Central Public Health District

"Caring For Our Communities"

North Central Public Health District Board of Health Meeting

June 11, 2019
3:00 PM
Meeting Room @
NCPHD

AGENDA -

1. **Set Meeting Date**
 - a. Set Next Meeting Date (7-9-2019)
2. **Additions to the Agenda**
3. **Public Comment**
4. **Unfinished Business**
 - a. Office Space
 - b. Salary Survey
5. **New Business**
 - a. Public Health Orientation Presentation – Presented by Teri Thalhofer
 - b. 2019-20 Budget Hearing and Adoption
 - Resolution 2019-02 Appropriations FY 2019-20
 - Resolution 2019-03 Adopting FY 2019-20 Budget
 - c. Approval of A/P Check Report
 - April 2019
 - May 2019
 - d. Review of Contracts
 - e. Director's Report
 - June 2019
 - f. Executive Session
 - ORS 192.660 (2) (i) Personnel

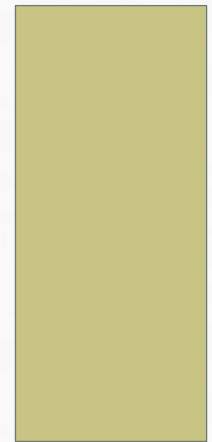
Note: This agenda is subject to last minute changes.

Meetings are ADA accessible. If special accommodations are needed please contact NCPHD in advance at (541) 506-2626. TDD 1-800-735-2900. NCPHD does not discriminate against individuals with disabilities.

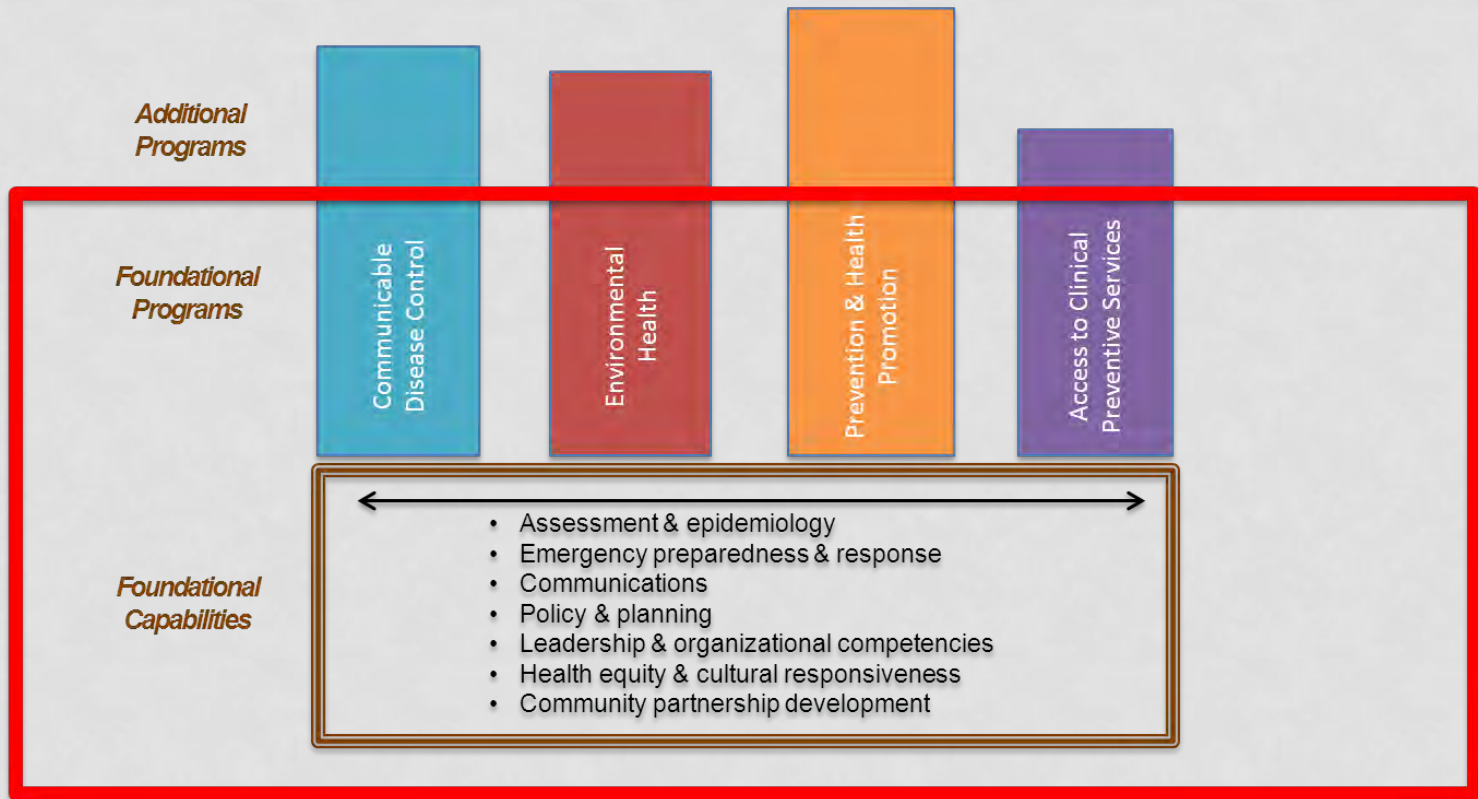
If necessary, an Executive Session may be held in accordance with: ORS 192.660 (2) (d) Labor Negotiations; ORS 192.660 (2) (h) Legal Rights; ORS 192.660 (2) (e) Property; ORS 192.660 (2) (i) Personnel

PUBLIC HEALTH 101

IMPROVING THE HEALTH OF OUR COMMUNITIES IN
A MODERNIZED PUBLIC HEALTH SYSTEM



Public Health Modernization Conceptual Framework for Governmental Public Health Services



□ = Present @ every Health Dept.

FOUNDATIONAL CAPABILITIES

- Assessment and Epidemiology
 - Eastern Oregon Modernization Collaborative

- Emergency Preparedness and Response
 - Public Health Emergency Preparedness Program**
 - Medical Reserve Corp

FOUNDATIONAL CAPABILITIES

- Communications
 - Public Information Officer
 - Social Media
 - Web Page

- Policy and Planning
 - **Tobacco Free Policies**
 - Safe Routes to Schools
 - Solid Waste Advisory

FOUNDATIONAL CAPABILITIES

- Leadership and Organizational Competencies
 - Fiscal
 - Public Health Accreditation
- Health Equity and Cultural Responsiveness
 - Eastern Oregon Modernization Collaborative
 - Interpreter Services
 - Community Health Workers
- Community Partnership Development
 - Local Community Advisory Councils
 - Fit in Wasco
 - Four Rivers Early Learning HUB

FOUNDATIONAL PROGRAMS

- Communicable Disease Control
 - Eastern Oregon Modernization Collaborative
 - **CD/STI/TB case reporting and follow-up**
 - TB Case management
 - **Animal Bites**
 - Health Care Provider Consultations
 - **Immunization Services**
- **Outbreak Investigation and Control**

FOUNDATIONAL PROGRAMS

- Environmental Health
 - Regulatory Functions
 - **Licensed Facility Inspections**
 - Food, Pool and Lodging
 - Organizational Camps
 - **Water Systems Monitoring**
 - Small Water System
 - **Subsurface Solid Waste Management**
 - Septic System Permitting
 - Non-Regulatory Activities
 - Solid Waste Advisory
 - Realtor Consultation
 - Planning Consultation
 - Air Quality

FOUNDATIONAL PROGRAMS

- Prevention and Health Promotion
 - **Tobacco Prevention and Education Program**
 - Tobacco Cessation Services
 - **Maternal Child Health Home Visiting**
 - **WIC (Women's Infants and Children's Nutrition Program)**
 - Obesity Prevention
 - **STI Prevention Work**
 - **Unintended Pregnancy Prevention**
 - School Nursing

FOUNDATIONAL PROGRAMS

- Access to Clinical Preventative Services
 - **Family Planning Clinic**
 - **STI Testing and Treatment**
 - **Immunization Services**

- Gorge Dental Coalition
- **Reproductive Health Outreach**
- Clinical Advisory Panel (CGCCO)

PUBLIC HEALTH 101

- Questions?
- Teri L. Thalsofer, RN, BSN
- Director, NCPHD
- terit@ncphd.org

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
00 NON-DEPARTMENTAL RESOURCES
1201 PUBLIC HEALTH RESOURCES

<u>Account Number</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Actuals</u>	<u>2018</u> <u>Actuals</u>	<u>2019</u> <u>Adopted</u>	<u>2020</u> <u>Proposed</u>
201.00.1201.400 BEGINNING FUND BALANCE					
201.00.1201.400.201 BEGINNING FUND BALANCE	0.00	0.00	0.00	400,000.00	400,000.00
Total BEGINNING FUND BALANCE	0.00	0.00	0.00	400,000.00	400,000.00
201.00.1201.417 INTEREST EARNED					
201.00.1201.417.104 INTEREST EARNED	2,089.12	3,869.06	5,899.76	5,000.00	6,000.00
Total INTEREST EARNED	2,089.12	3,869.06	5,899.76	5,000.00	6,000.00
201.00.1201.421 MISCELLANEOUS					
201.00.1201.421.250 SAIF DIVIDEND	934.00	2,261.00	2,436.00	2,000.00	2,000.00
Total MISCELLANEOUS	934.00	2,261.00	2,436.00	2,000.00	2,000.00
Total PUBLIC HEALTH RESOURCES	3,023.12	6,130.06	8,335.76	407,000.00	408,000.00
Total NON-DEPARTMENTAL RESOURCES	3,023.12	6,130.06	8,335.76	407,000.00	408,000.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7141 PUBLIC HEALTH

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7141.411 LICENSES FEES & PERMITS					
201.23.7141.411.167 SEWAGE SYSTEM FEES	32,935.40	55,334.00	44,865.00	55,000.00	55,000.00
201.23.7141.411.181 VITAL RECORD FEES	32,800.00	37,780.00	40,865.00	37,000.00	42,000.00
Total LICENSES FEES & PERMITS	65,735.40	93,114.00	85,730.00	92,000.00	97,000.00
201.23.7141.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7141.412.641 STATE - HEALTHY START	6,500.00	0.00	0.00	0.00	0.00
201.23.7141.412.708 Ford Family Foundation	0.00	0.00	5,000.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	6,500.00	0.00	5,000.00	0.00	0.00
201.23.7141.414 CHARGES FOR SERVICES					
201.23.7141.414.322 SCHOOLS CONTRACT	8,810.00	9,197.00	9,102.50	10,000.00	10,000.00
201.23.7141.414.323 SHERMAN COUNTY	102,054.00	102,054.00	107,157.00	127,144.00	130,958.00
201.23.7141.414.324 SHERMAN COUNTY - ME SERVICES	1,303.58	702.98	941.85	1,000.00	1,500.00
201.23.7141.414.360 GILLIAM COUNTY	103,589.00	103,589.00	108,768.00	127,144.00	130,958.00
201.23.7141.414.361 GILLIAM COUNTY - ME SERVICES	0.00	0.00	307.13	1,000.00	1,000.00
201.23.7141.414.365 WASCO COUNTY	314,000.00	340,000.00	356,360.00	414,890.00	427,337.00
201.23.7141.414.366 WASCO COUNTY - ME SERVICES	18,536.71	11,213.49	9,493.60	15,000.00	18,000.00
Total CHARGES FOR SERVICES	548,293.29	566,756.47	592,130.08	696,178.00	719,753.00
201.23.7141.421 MISCELLANEOUS					
201.23.7141.421.241 MISC RECEIPTS	2,485.40	1,249.64	1,138.68	0.00	0.00
201.23.7141.421.245 PAYROLL REIMBURSEMENT	7,735.75	23.20	0.00	17,282.00	18,900.00
Total MISCELLANEOUS	10,221.15	1,272.84	1,138.68	17,282.00	18,900.00
Total PUBLIC HEALTH	630,749.84	661,143.31	683,998.76	805,460.00	835,653.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7142 WIC

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7142.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7142.413.897 WIC - #10.557	158,361.00	156,895.00	157,558.00	157,558.00	149,443.00
201.23.7142.413.902 MCH - TITLE V CAH - #93.994	0.00	14,798.00	13,914.00	13,914.00	13,914.00
201.23.7142.413.926 WIC - #10.578	0.00	3,995.00	0.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	158,361.00	175,688.00	171,472.00	171,472.00	163,357.00
201.23.7142.421 MISCELLANEOUS					
201.23.7142.421.241 MISC RECEIPTS	0.00	345.41	3,374.38	0.00	0.00
201.23.7142.421.268 MISC. REIMBURSEMENT	996.03	736.70	0.00	0.00	0.00
Total MISCELLANEOUS	996.03	1,082.11	3,374.38	0.00	0.00
Total WIC	159,357.03	176,770.11	174,846.38	171,472.00	163,357.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7143 MCH - CAH

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7143.411 LICENSES FEES & PERMITS					
201.23.7143.411.151 IMMUNIZATION FEES	4,655.88	6,576.90	11,712.51	8,000.00	8,000.00
201.23.7143.411.164 NURSING SERVICE FEES	2,100.19	1,805.50	1,107.54	2,000.00	2,000.00
201.23.7143.411.190 FEES - TPR	3,679.60	5,458.48	11,574.27	10,000.00	8,000.00
Total LICENSES FEES & PERMITS	10,435.67	13,840.88	24,394.32	20,000.00	18,000.00
201.23.7143.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7143.412.501 OHP FEES	4,198.02	5,144.66	4,651.15	5,000.00	5,000.00
201.23.7143.412.688 MCH/CAH - STATE GENERAL FUND	4,393.00	4,393.00	4,486.50	8,973.00	4,504.00
201.23.7143.412.882 MCH-CAH GEN FUNDS - #93.778	4,393.00	4,393.00	4,486.50	0.00	4,504.00
Total INTERGOV'T REV - NON SINGLE AUDIT	12,984.02	13,930.66	13,624.15	13,973.00	14,008.00
201.23.7143.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7143.413.854 MCH TITLE V - FLEXIBLE FUNDS - #93.	28,560.00	0.00	0.00	0.00	0.00
201.23.7143.413.902 MCH - TITLE V CAH - #93.994	12,241.00	0.00	0.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	40,801.00	0.00	0.00	0.00	0.00
201.23.7143.421 MISCELLANEOUS					
201.23.7143.421.241 MISC RECEIPTS	0.00	825.89	0.00	0.00	0.00
Total MISCELLANEOUS	0.00	825.89	0.00	0.00	0.00
Total MCH - CAH	64,220.69	28,597.43	38,018.47	33,973.00	32,008.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7144 REPRODUCTIVE HEALTH

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7144.411 LICENSES FEES & PERMITS					
201.23.7144.411.138 FAMILY PLANNING FEES	309.69	97.57	489.66	1,000.00	1,500.00
201.23.7144.411.189 DONATIONS	1,117.86	448.13	1,049.00	1,500.00	2,000.00
201.23.7144.411.190 FEES - TPR	8,776.53	7,112.84	12,154.36	8,000.00	14,000.00
201.23.7144.411.193 BCCP FEES	0.00	162.40	208.23	500.00	500.00
Total LICENSES FEES & PERMITS	10,204.08	7,820.94	13,901.25	11,000.00	18,000.00
201.23.7144.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7144.412.501 OHP FEES	26,927.98	42,457.87	47,845.90	50,000.00	50,000.00
201.23.7144.412.510 CCARE	47,823.33	47,135.06	60,057.18	82,000.00	90,000.00
Total INTERGOV'T REV - NON SINGLE AUDIT	74,751.31	89,592.93	107,903.08	132,000.00	140,000.00
201.23.7144.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7144.413.854 MCH TITLE V - FLEXIBLE FUNDS - #93.	0.00	34,525.00	32,466.00	32,466.00	32,611.00
201.23.7144.413.863 FAMILY PLANNING - #93.217	42,260.00	35,441.00	30,987.00	22,781.00	23,325.00
201.23.7144.413.898 FAMILY PLANNING - #93.994	7,773.00	0.00	2,821.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	50,033.00	69,966.00	66,274.00	55,247.00	55,936.00
201.23.7144.421 MISCELLANEOUS					
201.23.7144.421.241 MISC RECEIPTS	0.00	300.00	0.00	0.00	0.00
201.23.7144.421.245 PAYROLL REIMBURSEMENT	18,050.09	0.00	0.00	40,325.00	44,100.00
Total MISCELLANEOUS	18,050.09	300.00	0.00	40,325.00	44,100.00
Total REPRODUCTIVE HEALTH	153,038.48	167,679.87	188,078.33	238,572.00	258,036.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7145 STATE SUPPORT

<u>Account Number</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Actuals</u>	<u>2018</u> <u>Actuals</u>	<u>2019</u> <u>Adopted</u>	<u>2020</u> <u>Proposed</u>
201.23.7145.411 LICENSES FEES & PERMITS					
201.23.7145.411.128 CD PREVENTION FEES	958.63	592.92	1,216.80	600.00	600.00
201.23.7145.411.173 STD FEES	441.09	672.46	3,485.97	2,500.00	2,500.00
201.23.7145.411.190 FEES - TPR	224.81	1,443.49	294.65	400.00	1,000.00
Total LICENSES FEES & PERMITS	1,624.53	2,708.87	4,997.42	3,500.00	4,100.00
201.23.7145.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7145.412.501 OHP FEES	509.26	4,134.55	3,470.60	5,000.00	5,000.00
201.23.7145.412.657 STATE SUPPORT	33,555.00	33,130.00	36,493.00	36,493.00	36,417.00
201.23.7145.412.666 TB CASE MANAGMENT	539.00	515.00	502.00	502.00	0.00
201.23.7145.412.681 STATE GRANT REIMBURSEMENT	0.00	33.60	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	34,603.26	37,813.15	40,465.60	41,995.00	41,417.00
201.23.7145.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7145.413.890 TB CASE MANAGEMENT - #93.116	270.00	132.00	120.00	120.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	270.00	132.00	120.00	120.00	0.00
201.23.7145.421 MISCELLANEOUS					
201.23.7145.421.241 MISC RECEIPTS	0.00	120.70	0.00	0.00	0.00
Total MISCELLANEOUS	0.00	120.70	0.00	0.00	0.00
Total STATE SUPPORT	36,497.79	40,774.72	45,583.02	45,615.00	45,517.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7146 ENVIRONMENTAL HEALTH

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7146.411 LICENSES FEES & PERMITS					
201.23.7146.411.124 LICENSE FEES	83,504.50	84,543.10	95,704.00	95,000.00	100,000.00
201.23.7146.411.139 FOOD HANDLER FEES	4,272.00	3,784.00	4,336.00	3,000.00	4,000.00
201.23.7146.411.178 TEMPORARY RESTAURANT LICENSE F	5,107.00	5,366.00	4,100.00	5,000.00	6,000.00
201.23.7146.411.183 FACILITY INSPECTION FEES	8,096.00	6,475.00	7,975.00	8,000.00	9,000.00
Total LICENSES FEES & PERMITS	100,979.50	100,168.10	112,115.00	111,000.00	119,000.00
201.23.7146.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7146.412.699 EOCCO	1,500.00	1,670.60	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	1,500.00	1,670.60	0.00	0.00	0.00
201.23.7146.421 MISCELLANEOUS					
201.23.7146.421.241 MISC RECEIPTS	1,535.00	1,143.75	2,960.00	3,000.00	3,000.00
201.23.7146.421.245 PAYROLL REIMBURSEMENT	0.00	1,755.00	909.00	1,000.00	0.00
Total MISCELLANEOUS	1,535.00	2,898.75	3,869.00	4,000.00	3,000.00
Total ENVIRONMENTAL HEALTH	104,014.50	104,737.45	115,984.00	115,000.00	122,000.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7148 PERINATAL HEALTH

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7148.411 LICENSES FEES & PERMITS					
201.23.7148.411.186 MCM FEES	1,695.31	4,903.66	0.00	0.00	0.00
201.23.7148.411.701 SCHWAB CHARITABLE	0.00	45,600.00	0.00	0.00	0.00
201.23.7148.411.702 COLUMBIA GORGE HEALTH COUNCIL	0.00	3,686.48	4,922.94	20,000.00	12,000.00
201.23.7148.411.706 COLUMBIA GORGE COMMUNITY COLL	0.00	0.00	17,508.00	17,526.00	27,500.00
Total LICENSES FEES & PERMITS	1,695.31	54,190.14	22,430.94	37,526.00	39,500.00
201.23.7148.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7148.412.553 PERINATAL - STATE GENERAL FUND	2,341.00	2,341.00	2,390.50	2,391.00	2,400.00
201.23.7148.412.651 MEDICAID MATCH	69,011.73	86,368.87	90,815.99	80,000.00	90,000.00
201.23.7148.412.652 OHP - TARGETED CASE MANAGMENT	0.00	0.00	41,890.00	26,625.00	31,950.00
201.23.7148.412.881 MCH - PERINATAL - #93.778	2,341.00	2,341.00	2,390.50	2,390.00	2,400.00
Total INTERGOV'T REV - NON SINGLE AUDIT	73,693.73	91,050.87	137,486.99	111,406.00	126,750.00
201.23.7148.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7148.413.848 MEDICAID INCENTIVE PAYMENTS #93.	0.00	0.00	0.00	8,500.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	0.00	0.00	0.00	8,500.00	0.00
201.23.7148.421 MISCELLANEOUS					
201.23.7148.421.268 MISC. REIMBURSEMENT	380.00	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	380.00	0.00	0.00	0.00	0.00
Total PERINATAL HEALTH	75,769.04	145,241.01	159,917.93	157,432.00	166,250.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7149 PHEP

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7149.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7149.412.599 MEDICAL RESERVE CORPS	15,000.00	13,000.00	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	15,000.00	13,000.00	0.00	0.00	0.00
201.23.7149.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7149.413.847 CLIMATE CHANGE AND PUBLIC HEALT	0.00	16,401.00	12,099.00	0.00	0.00
201.23.7149.413.850 HOMELAND SECURITY	14,845.00	6,524.00	2,223.00	7,080.00	0.00
201.23.7149.413.899 PHEP - #93.069	154,709.00	144,876.95	143,440.00	141,839.00	158,553.00
Total INTERGOV'T REV - SINGLE AUDIT	169,554.00	167,801.95	157,762.00	148,919.00	158,553.00
201.23.7149.421 MISCELLANEOUS					
201.23.7149.421.241 MISC RECEIPTS	808.25	290.64	0.00	0.00	0.00
Total MISCELLANEOUS	808.25	290.64	0.00	0.00	0.00
Total PHEP	185,362.25	181,092.59	157,762.00	148,919.00	158,553.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7151 PUBLIC HEALTH MODERNIZATION

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7151.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7151.412.658 MODERNIZATION OF PUBLIC HEALTH	0.00	0.00	80,597.19	312,632.00	350,000.00
Total INTERGOV'T REV - NON SINGLE AUDIT	0.00	0.00	80,597.19	312,632.00	350,000.00
201.23.7151.421 MISCELLANEOUS					
201.23.7151.421.241 MISC RECEIPTS	0.00	0.00	7,187.50	0.00	0.00
Total MISCELLANEOUS	0.00	0.00	7,187.50	0.00	0.00
Total PUBLIC HEALTH MODERNIZATION	0.00	0.00	87,784.69	312,632.00	350,000.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7152 HEALTH PROMOTION

<u>Account Number</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Actuals</u>	<u>2018</u> <u>Actuals</u>	<u>2019</u> <u>Adopted</u>	<u>2020</u> <u>Proposed</u>
201.23.7152.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7152.412.695 EOCCO - Nursing	8,446.30	0.00	0.00	0.00	0.00
201.23.7152.412.696 COMMUTE OPTIONS - SAFE ROUTES	2,733.04	0.00	0.00	0.00	0.00
201.23.7152.412.697 OPHI	0.00	0.00	0.00	15,000.00	0.00
201.23.7152.412.698 PACIFIC SOURCE	90,000.00	25,700.00	29,400.00	29,400.00	80,200.00
201.23.7152.412.699 EOCCO	0.00	0.00	0.00	35,000.00	0.00
201.23.7152.412.700 OHSU	0.00	50,000.00	0.00	0.00	0.00
201.23.7152.412.702 COLUMBIA GORGE HEALTH COUNCIL	0.00	0.00	0.00	56,554.00	56,554.00
201.23.7152.412.703 4 RIVERS EARLY LEARNING HUB	0.00	0.00	15,000.00	15,000.00	15,000.00
201.23.7152.412.704 EOCCO - LCAC - GORGE GROWN	0.00	0.00	10,045.35	0.00	0.00
201.23.7152.412.705 PROVIDENCE HEALTH SOLUTIONS	0.00	0.00	35,000.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	101,179.34	75,700.00	89,445.35	150,954.00	151,754.00
201.23.7152.414 CHARGES FOR SERVICES					
201.23.7152.414.323 SHERMAN COUNTY	0.00	8,000.00	8,000.00	8,000.00	8,000.00
Total CHARGES FOR SERVICES	0.00	8,000.00	8,000.00	8,000.00	8,000.00
201.23.7152.421 MISCELLANEOUS					
201.23.7152.421.241 MISC RECEIPTS	0.00	0.00	167.99	0.00	0.00
Total MISCELLANEOUS	0.00	0.00	167.99	0.00	0.00
Total HEALTH PROMOTION	101,179.34	83,700.00	97,613.34	158,954.00	159,754.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7153 IMMUNIZATION SPECIAL PAYMENTS

<u>Account Number</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Actuals</u>	<u>2018</u> <u>Actuals</u>	<u>2019</u> <u>Adopted</u>	<u>2020</u> <u>Proposed</u>
201.23.7153.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7153.412.686 ISP - STATE OF OREGON	8,872.00	9,003.50	9,352.00	9,352.00	9,142.00
201.23.7153.412.873 ISP - #93.778	8,872.00	9,003.50	9,352.00	9,352.00	9,142.00
Total INTERGOV'T REV - NON SINGLE AUDIT	17,744.00	18,007.00	18,704.00	18,704.00	18,284.00
201.23.7153.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7153.413.872 IMMUN - CONF TRAVEL #93.268	0.00	600.00	0.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	0.00	600.00	0.00	0.00	0.00
201.23.7153.421 MISCELLANEOUS					
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
Total IMMUNIZATION SPECIAL PAYMENTS	17,744.00	18,607.00	18,704.00	18,704.00	18,284.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7154 CACOON & CCN

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7154.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7154.412.652 OHP - TARGETED CASE MANAGMENT	22,720.00	35,480.00	37,275.00	30,000.00	50,000.00
201.23.7154.412.671 COMMUNITY CONNECTIONS NETWOF	7,627.00	8,213.00	3,520.00	0.00	0.00
201.23.7154.412.672 CCN - PHYSICIAN	2,439.86	2,638.86	0.00	0.00	0.00
201.23.7154.412.673 CACOON	9,497.04	10,227.70	10,958.00	10,958.00	10,958.00
Total INTERGOV'T REV - NON SINGLE AUDIT	42,283.90	56,559.56	51,753.00	40,958.00	60,958.00
201.23.7154.421 MISCELLANEOUS					
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
Total CACOON & CCN	42,283.90	56,559.56	51,753.00	40,958.00	60,958.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7155 TOBACCO PREV & ED

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7155.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7155.412.668 TOBACCO PREVENTION & EDUCATIOI	93,666.00	93,619.00	93,619.00	93,833.00	93,405.00
201.23.7155.412.698 PACIFIC SOURCE	0.00	0.00	88,000.00	88,000.00	92,055.00
Total INTERGOV'T REV - NON SINGLE AUDIT	93,666.00	93,619.00	181,619.00	181,833.00	185,460.00
201.23.7155.421 MISCELLANEOUS					
201.23.7155.421.241 MISC RECEIPTS	80.00	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	80.00	0.00	0.00	0.00	0.00
Total TOBACCO PREV & ED	93,746.00	93,619.00	181,619.00	181,833.00	185,460.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7156 WATER

<u>Account Number</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Actuals</u>	<u>2018</u> <u>Actuals</u>	<u>2019</u> <u>Adopted</u>	<u>2020</u> <u>Proposed</u>
201.23.7156.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7156.412.632 WATER SYSTEM	16,875.00	9,000.00	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	16,875.00	9,000.00	0.00	0.00	0.00
201.23.7156.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7156.413.849 Domestic Wells & Public Health	0.00	5,660.47	1,839.53	0.00	0.00
201.23.7156.413.895 WATER SYST - #66.432	13,918.00	15,182.00	15,182.00	15,184.00	27,420.00
201.23.7156.413.896 WATER/SURVEY FEES #66.468	11,390.00	18,002.00	27,002.00	27,000.00	14,764.00
Total INTERGOV'T REV - SINGLE AUDIT	25,308.00	38,844.47	44,023.53	42,184.00	42,184.00
201.23.7156.421 MISCELLANEOUS					
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
Total WATER	42,183.00	47,844.47	44,023.53	42,184.00	42,184.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7158 BABIES FIRST

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7158.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7158.412.613 BABIES FIRST	14,951.00	14,939.00	15,313.00	15,313.00	15,346.00
201.23.7158.412.652 OHP - TARGETED CASE MANAGMENT	158,685.00	221,165.00	212,645.00	200,000.00	200,000.00
Total INTERGOV'T REV - NON SINGLE AUDIT	173,636.00	236,104.00	227,958.00	215,313.00	215,346.00
201.23.7158.421 MISCELLANEOUS					
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
Total BABIES FIRST	173,636.00	236,104.00	227,958.00	215,313.00	215,346.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7159 OREGON MOTHERS CARE

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7159.412 INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7159.412.685 OREGON MOTHERS CARE STATE SPL	0.00	1,812.00	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	0.00	1,812.00	0.00	0.00	0.00
201.23.7159.413 INTERGOV'T REV - SINGLE AUDIT					
201.23.7159.413.879 OREGON MOTHERS CARE - #93.994	7,124.00	5,436.00	9,103.00	6,103.00	5,593.00
Total INTERGOV'T REV - SINGLE AUDIT	7,124.00	5,436.00	9,103.00	6,103.00	5,593.00
201.23.7159.421 MISCELLANEOUS					
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
Total OREGON MOTHERS CARE	7,124.00	7,248.00	9,103.00	6,103.00	5,593.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7500 PASS THROUGH

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7500.411 LICENSES FEES & PERMITS					
201.23.7500.411.199 DEQ FEES	10,800.00	14,700.00	11,200.00	15,000.00	15,000.00
Total LICENSES FEES & PERMITS	10,800.00	14,700.00	11,200.00	15,000.00	15,000.00
Total PASS THROUGH	10,800.00	14,700.00	11,200.00	15,000.00	15,000.00

REVENUE
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7999 NON-DEPARTMENTAL

<u>Account Number</u>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Actuals</i>	<u>2019</u> <i>Adopted</i>	<u>2020</u> <i>Proposed</i>
201.23.7999.421 MISCELLANEOUS					
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
Total NON-DEPARTMENTAL	0.00	0.00	0.00	0.00	0.00
Total PUBLIC HEALTH	1,897,705.86	2,064,418.52	2,293,947.45	2,708,124.00	2,833,953.00
Total PUBLIC HEALTH FUND	1,900,728.98	2,070,548.58	2,302,283.21	3,115,124.00	3,241,953.00
Grand Total	1,900,728.98	2,070,548.58	2,302,283.21	3,115,124.00	3,241,953.00

05/02/2019 1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7141 PUBLIC HEALTH

<i>Account Number</i>	<i>2016 Actuals</i>	<i>2017 Actuals</i>	<i>2018 Actuals</i>	<i>2019 Adopted</i>	<i>2020 Proposed</i>
201.23.7141.51000 PERSONAL SERVICES					
201.23.7141.51175 PUBLIC HEALTH DIRECTOR	74,578.08	79,425.84	76,778.31	73,634.00	75,103.00
201.23.7141.51176 FINANCE MANAGER	38,041.28	39,543.38	41,527.61	37,579.00	35,778.00
201.23.7141.51177 PROGRAM SECRETARY	40,772.63	29,973.62	30,764.50	33,339.00	36,439.00
201.23.7141.51178 PROGRAM SUPERVISOR	31,485.67	35,667.11	36,406.07	38,563.00	43,038.00
201.23.7141.51179 COMMUNITY HEALTH PROMOTER	0.00	0.00	0.00	7,246.00	5,227.00
201.23.7141.51180 COMMUNITY HEALTH WORKER	0.00	0.00	0.00	16,128.00	0.00
201.23.7141.51181 EH SPECIALIST	28,375.35	28,801.11	28,801.14	29,664.00	27,364.00
201.23.7141.51182 ACCOUNTING CLERK	11,636.11	14,319.19	14,209.88	12,053.00	9,832.00
201.23.7141.51184 HEALTH OFFICER	36,884.79	34,237.15	33,541.23	39,125.00	49,789.00
201.23.7141.51185 NURSE PRACTITIONER	11,875.55	0.00	0.00	24,833.00	25,330.00
201.23.7141.51186 EXECUTIVE ASSISTANT	0.00	10,547.16	9,754.77	0.00	0.00
201.23.7141.51188 EH SPECIALIST TRAINEE	0.00	7,625.11	17,227.22	15,975.00	21,388.00
201.23.7141.51190 OFFICE SPECIALIST	2,582.46	2,424.58	5,134.53	4,336.00	0.00
201.23.7141.51191 BILLING CLERK	121.50	0.00	0.00	0.00	0.00
201.23.7141.51192 PHN II	22,169.95	19,754.88	25,949.94	27,164.00	22,568.00
201.23.7141.51193 OFFICE MANAGER	0.00	0.00	0.00	14,638.00	14,926.00
201.23.7141.51195 SUPERVISING EH SPECIALIST	37,548.72	38,112.10	38,112.10	39,254.00	33,372.00
201.23.7141.51602 OVERTIME	0.00	645.32	121.54	0.00	0.00
201.23.7141.51621 CELL PHONE ALLOWANCE	1,251.25	1,350.00	1,350.00	1,350.00	2,190.00
201.23.7141.51640 LONGEVITY	2,768.84	2,877.16	2,768.13	2,715.00	2,800.00
201.23.7141.51701 FICA	25,242.23	25,520.48	26,415.70	31,639.00	30,113.00
201.23.7141.51703 UNEMPLOYMENT INSURANCE	3,209.80	64.11	2,658.95	2,604.00	2,220.00
201.23.7141.51705 WORKERS COMP	1,966.39	2,039.63	1,634.92	1,989.00	1,621.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7141 PUBLIC HEALTH

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7141.51721 PERS	49,394.44	54,744.86	70,432.84	80,083.00	92,265.00
201.23.7141.51729 HEALTH INSURANCE	52,752.02	58,500.64	54,925.64	73,868.00	79,562.00
201.23.7141.51730 DENTAL INSURANCE	3,336.20	3,626.31	3,392.43	5,173.00	4,961.00
201.23.7141.51732 LTD	1,556.92	1,669.55	1,539.21	1,536.00	921.00
201.23.7141.51733 LIFE INSURANCE	47.06	158.56	83.13	126.00	98.00
Total PERSONAL SERVICES	477,597.24	491,627.85	523,529.79	614,614.00	616,905.00
201.23.7141.52000 MATERIALS & SERVICES					
201.23.7141.52101 ADVERTISING & PROMOTIONS	105.00	0.00	550.00	1,100.00	1,000.00
201.23.7141.52103 AGENCY LICENSES/ASSESS/PERMITS	4,982.46	5,738.25	7,137.66	12,100.00	8,000.00
201.23.7141.52104 BANK CHARGES	1,240.38	1,316.28	1,459.27	1,300.00	1,300.00
201.23.7141.52113 INSURANCE & BONDS	13,955.49	13,473.68	13,951.14	14,950.00	16,000.00
201.23.7141.52115 LEGAL NOTICES & PUBLISHING	165.63	371.88	788.75	600.00	800.00
201.23.7141.52116 POSTAGE	3,047.82	3,104.10	2,462.23	3,000.00	3,300.00
201.23.7141.52122 TELEPHONE	1,422.32	4,370.09	2,106.19	3,000.00	2,400.00
201.23.7141.52325 LEGAL COUNSEL	3,359.48	4,754.50	3,574.50	5,000.00	5,000.00
201.23.7141.52340 REFUNDS	0.00	35.00	0.00	0.00	0.00
201.23.7141.52370 MISCELLANEOUS EXPENDITURES	281.25	247.50	273.88	0.00	0.00
201.23.7141.52398 ADMINISTRATIVE COST	62,716.00-	68,126.88-	59,487.59-	62,800.00-	47,100.00-
201.23.7141.52429 CONTRACTED SERVICES	13,874.08	26,140.60	15,906.31	16,000.00	36,025.00
201.23.7141.52510 COMPUTER SOFTWARE	503.28	0.00	0.00	0.00	0.00
201.23.7141.52526 COMPUTER SOFTWARE - MAINTENANC	4,609.83	4,764.26	4,923.87	5,200.00	5,300.00
201.23.7141.52656 FUEL	5,156.27	4,489.67	5,938.02	5,000.00	5,000.00
201.23.7141.52657 VEHICLE REPAIR & MAINT	2,347.09	5,243.29	6,622.40	5,000.00	7,000.00
201.23.7141.52658 COPIER LEASE & MAINT	0.00	0.00	0.00	0.00	300.00
201.23.7141.52661 TIRES	561.52	733.74	3,068.82	1,500.00	3,000.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7141 PUBLIC HEALTH

<i>Account Number</i>	<i>2016 Actuals</i>	<i>2017 Actuals</i>	<i>2018 Actuals</i>	<i>2019 Adopted</i>	<i>2020 Proposed</i>
201.23.7141.52711 MEALS LODGING & REGISTRATION	6,924.68	7,458.65	3,458.61	4,000.00	4,000.00
201.23.7141.52731 TRAVEL & MILEAGE	1,049.34	1,315.42	195.09	500.00	500.00
201.23.7141.52910 SUPPLIES - OFFICE	10,893.67	12,517.92	8,231.47	10,000.00	10,000.00
201.23.7141.52919 SUPPLIES - EQUIPMENT	12,000.00	1,285.00	0.00	10,500.00	8,300.00
201.23.7141.52929 SUPPLIES - MEDICAL	2,736.71	2,168.51	2,117.75	2,000.00	2,200.00
Total MATERIALS & SERVICES	26,500.30	31,401.46	23,278.37	37,950.00	72,325.00
201.23.7141.53000 CAPITAL					
Total CAPITAL	0.00	0.00	0.00	0.00	0.00
Total PUBLIC HEALTH	504,097.54	523,029.31	546,808.16	652,564.00	689,230.00

05/02/2019

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7142 WIC

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7142.51000 PERSONAL SERVICES					
201.23.7142.51176 FINANCE MANAGER	3,974.45	4,131.42	3,783.34	2,244.00	1,068.00
201.23.7142.51177 PROGRAM SECRETARY	5,693.58	0.00	7,080.85	3,385.00	22,082.00
201.23.7142.51178 PROGRAM SUPERVISOR	1,597.25	1,645.87	2,457.56	2,966.00	3,311.00
201.23.7142.51182 ACCOUNTING CLERK	2,884.91	2,124.33	1,988.90	3,214.00	4,097.00
201.23.7142.51186 EXECUTIVE ASSISTANT	0.00	5,444.38	5,040.66	0.00	0.00
201.23.7142.51187 NUTRITION PROG ASSIST	3,246.57	0.00	0.00	0.00	0.00
201.23.7142.51190 OFFICE SPECIALIST	13,549.03	15,153.67	10,785.74	14,245.00	0.00
201.23.7142.51192 PHN II	13,736.58	14,587.20	15,678.41	17,447.00	7,625.00
201.23.7142.51193 OFFICE MANAGER	0.00	0.00	0.00	4,879.00	4,975.00
201.23.7142.51196 WIC COORDINATOR	0.00	0.00	0.00	0.00	40,968.00
201.23.7142.51197 NUTRITION PROG TECH	64,005.84	65,722.56	64,112.07	69,360.00	35,145.00
201.23.7142.51621 CELL PHONE ALLOWANCE	13.75	18.00	26.25	30.00	102.00
201.23.7142.51640 LONGEVITY	462.00	528.00	691.00	1,034.00	893.00
201.23.7142.51701 FICA	8,012.69	8,058.93	8,220.80	8,787.00	8,757.00
201.23.7142.51703 UNEMPLOYMENT INSURANCE	1,036.81	67.45	870.87	885.00	695.00
201.23.7142.51705 WORKERS COMP	441.22	438.75	330.13	380.00	385.00
201.23.7142.51721 PERS	14,305.64	14,474.27	17,117.56	16,670.00	24,395.00
201.23.7142.51729 HEALTH INSURANCE	26,672.14	27,509.25	30,616.54	32,658.00	36,336.00
201.23.7142.51730 DENTAL INSURANCE	1,859.45	1,813.76	1,870.52	1,888.00	1,813.00
201.23.7142.51732 LTD	555.29	567.16	586.10	594.00	371.00
201.23.7142.51733 LIFE INSURANCE	19.81	34.82	24.45	23.00	27.00
Total PERSONAL SERVICES	162,067.01	162,319.82	171,281.75	180,689.00	193,045.00
201.23.7142.52000 MATERIALS & SERVICES					
201.23.7142.52116 POSTAGE	2,042.80	1,274.08	1,173.95	1,000.00	1,000.00

05/02/2019 1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7142 WIC

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7142.52122 TELEPHONE	0.00	0.00	0.00	0.00	480.00
201.23.7142.52398 ADMINISTRATIVE COST	11,561.00	10,547.19	9,072.10	10,000.00	8,000.00
201.23.7142.52429 CONTRACTED SERVICES	3,858.75	9,306.50	4,448.75	4,600.00	5,000.00
201.23.7142.52656 FUEL	483.12	413.66	615.33	500.00	500.00
201.23.7142.52711 MEALS LODGING & REGISTRATION	888.72	1,694.50	1,888.71	0.00	0.00
201.23.7142.52731 TRAVEL & MILEAGE	34.20	55.76	27.00	0.00	0.00
201.23.7142.52910 SUPPLIES - OFFICE	1,238.12	2,182.07	1,270.34	600.00	600.00
201.23.7142.52918 SUPPLIES - EDUCATION	38.83	0.00	0.00	0.00	0.00
201.23.7142.52919 SUPPLIES - EQUIPMENT	0.00	1,343.00	0.00	0.00	0.00
201.23.7142.52929 SUPPLIES - MEDICAL	658.40	1,123.00	78.23	400.00	400.00
201.23.7142.52936 SUPPLIES - PROGRAM/ED	0.00	548.72	991.59	0.00	0.00
Total MATERIALS & SERVICES	20,803.94	28,488.48	19,566.00	17,100.00	15,980.00
Total WIC	182,870.95	190,808.30	190,847.75	197,789.00	209,025.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7143 MCH - CAH

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7143.51000 PERSONAL SERVICES					
201.23.7143.51176 FINANCE MANAGER	1,135.63	1,180.32	1,054.52	561.00	0.00
201.23.7143.51177 PROGRAM SECRETARY	6,096.86	5,523.36	7,411.36	7,766.00	8,741.00
201.23.7143.51178 PROGRAM SUPERVISOR	1,597.25	1,646.23	2,457.56	0.00	0.00
201.23.7143.51182 ACCOUNTING CLERK	995.02	919.34	852.66	1,205.00	410.00
201.23.7143.51186 EXECUTIVE ASSISTANT	0.00	1,624.69	1,704.80	0.00	0.00
201.23.7143.51190 OFFICE SPECIALIST	3,616.46	3,333.89	3,481.97	3,716.00	0.00
201.23.7143.51191 BILLING CLERK	121.50	0.00	0.00	0.00	0.00
201.23.7143.51192 PHN II	15,424.79	36,352.71	16,508.16	13,582.00	14,810.00
201.23.7143.51193 OFFICE MANAGER	0.00	0.00	0.00	1,464.00	498.00
201.23.7143.51621 CELL PHONE ALLOWANCE	13.75	18.00	26.25	0.00	6.00
201.23.7143.51640 LONGEVITY	120.40	189.87	120.62	84.00	13.00
201.23.7143.51701 FICA	2,104.98	3,615.71	2,398.20	2,079.00	1,777.00
201.23.7143.51703 UNEMPLOYMENT INSURANCE	273.42	73.33	251.11	212.00	143.00
201.23.7143.51705 WORKERS COMP	173.98	250.23	151.91	149.00	108.00
201.23.7143.51721 PERS	3,249.10	6,497.51	4,711.39	3,542.00	4,690.00
201.23.7143.51729 HEALTH INSURANCE	6,609.20	12,234.16	8,517.38	7,039.00	6,957.00
201.23.7143.51730 DENTAL INSURANCE	385.15	664.13	417.22	356.00	436.00
201.23.7143.51732 LTD	143.23	248.31	154.99	128.00	44.00
201.23.7143.51733 LIFE INSURANCE	10.62	19.02	8.13	6.00	9.00
Total PERSONAL SERVICES	42,071.34	74,390.81	50,228.23	41,889.00	38,642.00
201.23.7143.52000 MATERIALS & SERVICES					
201.23.7143.52340 REFUNDS	286.67	0.00	0.00	0.00	0.00
201.23.7143.52354 VACCINE	10,105.13	4,233.55	8,803.86	5,500.00	5,000.00
201.23.7143.52398 ADMINISTRATIVE COST	2,886.00	3,294.45	2,026.87	3,000.00	1,000.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7143 MCH - CAH

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7143.52429 CONTRACTED SERVICES	2,339.00	279.00	188.11	350.00	200.00
201.23.7143.52526 COMPUTER SOFTWARE - MAINTENANC	9,691.42	4,128.00	4,732.00	4,800.00	4,800.00
201.23.7143.52711 MEALS LODGING & REGISTRATION	0.00	565.23	0.00	0.00	0.00
201.23.7143.52731 TRAVEL & MILEAGE	9.85	0.00	0.00	0.00	0.00
201.23.7143.52910 SUPPLIES - OFFICE	0.00	130.99	289.03	100.00	100.00
201.23.7143.52929 SUPPLIES - MEDICAL	289.10	211.22	311.42	250.00	300.00
Total MATERIALS & SERVICES	25,607.17	12,842.44	16,351.29	14,000.00	11,400.00
Total MCH - CAH	67,678.51	87,233.25	66,579.52	55,889.00	50,042.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7144 REPRODUCTIVE HEALTH

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7144.51000 PERSONAL SERVICES					
201.23.7144.51176 FINANCE MANAGER	5,110.05	5,311.80	4,467.68	1,683.00	1,602.00
201.23.7144.51177 PROGRAM SECRETARY	23,463.62	18,411.32	20,932.39	18,678.00	29,181.00
201.23.7144.51178 PROGRAM SUPERVISOR	1,597.25	1,646.23	2,457.56	0.00	0.00
201.23.7144.51182 ACCOUNTING CLERK	3,879.88	3,496.71	3,082.42	3,214.00	4,097.00
201.23.7144.51183 FAMILY PLANNING AIDE	19,313.80	18,727.79	13,357.17	13,872.00	16,708.00
201.23.7144.51184 HEALTH OFFICER	12,308.81	20,264.00	21,624.53	18,104.00	4,353.00
201.23.7144.51185 NURSE PRACTITIONER	27,709.45	0.00	0.00	57,943.00	59,102.00
201.23.7144.51186 EXECUTIVE ASSISTANT	0.00	5,448.49	4,614.39	0.00	0.00
201.23.7144.51190 OFFICE SPECIALIST	8,156.40	7,576.96	7,279.05	8,671.00	0.00
201.23.7144.51191 BILLING CLERK	303.73	0.00	0.00	0.00	0.00
201.23.7144.51192 PHN II	25,158.52	57,715.41	43,525.47	44,614.00	60,961.00
201.23.7144.51193 OFFICE MANAGER	0.00	0.00	0.00	3,903.00	4,975.00
201.23.7144.51621 CELL PHONE ALLOWANCE	13.75	18.00	26.25	0.00	114.00
201.23.7144.51640 LONGEVITY	380.18	428.62	343.25	343.00	341.00
201.23.7144.51701 FICA	9,525.89	9,706.09	9,316.35	11,445.00	13,119.00
201.23.7144.51703 UNEMPLOYMENT INSURANCE	1,202.23	163.94	975.14	713.00	1,021.00
201.23.7144.51705 WORKERS COMP	532.14	537.70	383.14	490.00	581.00
201.23.7144.51721 PERS	15,430.92	17,754.34	19,588.73	22,871.00	36,801.00
201.23.7144.51729 HEALTH INSURANCE	24,713.31	29,600.72	25,116.15	32,597.00	44,244.00
201.23.7144.51730 DENTAL INSURANCE	1,594.15	1,765.03	1,434.18	2,074.00	2,343.00
201.23.7144.51732 LTD	606.46	654.22	522.67	462.00	422.00
201.23.7144.51733 LIFE INSURANCE	23.30	56.05	28.12	38.00	43.00
Total PERSONAL SERVICES	181,023.84	199,283.42	179,074.64	241,715.00	280,008.00
201.23.7144.52000 MATERIALS & SERVICES					

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7144 REPRODUCTIVE HEALTH

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7144.52340 REFUNDS	215.87	0.00	10.41	0.00	0.00
201.23.7144.52369 LAB EXPENSES	2,485.60	1,853.29	1,552.86	2,000.00	3,000.00
201.23.7144.52398 ADMINISTRATIVE COST	13,559.00	10,915.50	8,132.44	10,000.00	6,000.00
201.23.7144.52429 CONTRACTED SERVICES	3,186.00	1,564.84	1,089.00	1,500.00	1,500.00
201.23.7144.52526 COMPUTER SOFTWARE - MAINTENANC	12,834.28	5,160.00	5,915.00	6,000.00	6,000.00
201.23.7144.52711 MEALS LODGING & REGISTRATION	0.00	638.87	11.51	50.00	500.00
201.23.7144.52910 SUPPLIES - OFFICE	240.58	295.76	47.30	200.00	400.00
201.23.7144.52919 SUPPLIES - EQUIPMENT	0.00	395.00	153.21	0.00	0.00
201.23.7144.52929 SUPPLIES - MEDICAL	3,381.46	2,686.72	2,652.04	3,000.00	3,000.00
201.23.7144.52944 SUPPLIES - CONTRACEPTIVE	60,516.16	54,670.71	53,689.66	60,000.00	60,000.00
Total MATERIALS & SERVICES	96,418.95	78,180.69	73,253.43	82,750.00	80,400.00
201.23.7144.53000 CAPITAL					
Total CAPITAL	0.00	0.00	0.00	0.00	0.00
Total REPRODUCTIVE HEALTH	277,442.79	277,464.11	252,328.07	324,465.00	360,408.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7145 STATE SUPPORT

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7145.51000					
PERSONAL SERVICES					
201.23.7145.51176	567.49	590.18	619.88	561.00	534.00
FINANCE MANAGER					
201.23.7145.51177	1,138.74	0.00	2,302.33	3,823.00	3,480.00
PROGRAM SECRETARY					
201.23.7145.51178	1,597.25	1,646.23	2,457.56	0.00	0.00
PROGRAM SUPERVISOR					
201.23.7145.51182	746.26	859.21	852.66	1,607.00	819.00
ACCOUNTING CLERK					
201.23.7145.51184	0.00	8,395.64	1,758.37	0.00	0.00
HEALTH OFFICER					
201.23.7145.51186	0.00	1,218.58	1,278.94	0.00	0.00
EXECUTIVE ASSISTANT					
201.23.7145.51190	1,957.48	1,818.50	832.04	0.00	0.00
OFFICE SPECIALIST					
201.23.7145.51191	30.39	0.00	0.00	0.00	0.00
BILLING CLERK					
201.23.7145.51192	14,870.64	4,321.11	4,899.59	4,985.00	6,129.00
PHN II					
201.23.7145.51193	0.00	0.00	0.00	976.00	995.00
OFFICE MANAGER					
201.23.7145.51200	0.00	4,522.14	15,604.32	9,820.00	10,454.00
CD CONTROL INVESTIGATOR					
201.23.7145.51621	13.75	18.00	26.25	0.00	18.00
CELL PHONE ALLOWANCE					
201.23.7145.51640	147.48	12.00	25.75	60.00	23.00
LONGEVITY					
201.23.7145.51680	269.18	0.00	0.00	0.00	0.00
VACATION CASHOUT					
201.23.7145.51701	1,703.11	1,484.43	1,567.14	1,609.00	1,665.00
FICA					
201.23.7145.51703	212.35	33.15	160.37	162.00	132.00
UNEMPLOYMENT INSURANCE					
201.23.7145.51705	96.37	81.63	63.63	70.00	72.00
WORKERS COMP					
201.23.7145.51721	3,748.91	2,416.75	3,333.46	3,489.00	4,582.00
PERS					
201.23.7145.51729	4,967.08	3,907.90	5,748.37	5,331.00	5,055.00
HEALTH INSURANCE					
201.23.7145.51730	275.28	243.05	249.48	279.00	287.00
DENTAL INSURANCE					
201.23.7145.51732	100.98	96.95	96.51	107.00	64.00
LTD					
201.23.7145.51733	9.61	6.03	4.78	3.00	5.00
LIFE INSURANCE					
Total	32,452.35	31,605.18	41,881.43	32,882.00	34,314.00
201.23.7145.52000					
MATERIALS & SERVICES					

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7145 STATE SUPPORT

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7145.52122 TELEPHONE	0.00	280.93	371.52	450.00	450.00
201.23.7145.52369 LAB EXPENSES	601.20	1,187.28	669.78	700.00	900.00
201.23.7145.52398 ADMINISTRATIVE COST	2,534.00	1,434.22	1,363.55	1,400.00	1,400.00
201.23.7145.52429 CONTRACTED SERVICES	659.00	158.77	77.90	0.00	100.00
201.23.7145.52526 COMPUTER SOFTWARE - MAINTENANC	2,502.86	1,032.00	1,183.00	1,200.00	1,000.00
201.23.7145.52711 MEALS LODGING & REGISTRATION	313.02	181.25	0.00	0.00	0.00
201.23.7145.52731 TRAVEL & MILEAGE	18.63	416.35	0.00	0.00	0.00
201.23.7145.52910 SUPPLIES - OFFICE	22.53	20.96	54.99	100.00	100.00
201.23.7145.52929 SUPPLIES - MEDICAL	1,033.12	1,236.27	321.33	500.00	500.00
201.23.7145.52936 SUPPLIES - PROGRAM/ED	0.00	125.28	0.00	0.00	0.00
Total MATERIALS & SERVICES	7,684.36	6,073.31	4,042.07	4,350.00	4,450.00
Total STATE SUPPORT	40,136.71	37,678.49	45,923.50	37,232.00	38,764.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7146 ENVIRONMENTAL HEALTH

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7146.51000 PERSONAL SERVICES					
201.23.7146.51176 FINANCE MANAGER	1,135.63	1,180.23	1,424.58	1,683.00	1,602.00
201.23.7146.51177 PROGRAM SECRETARY	11,965.69	11,135.12	11,135.29	9,439.00	10,606.00
201.23.7146.51181 EH SPECIALIST	19,862.67	23,040.63	23,040.55	23,731.00	17,413.00
201.23.7146.51182 ACCOUNTING CLERK	995.02	919.34	770.65	804.00	2,048.00
201.23.7146.51186 EXECUTIVE ASSISTANT	0.00	1,624.69	1,705.25	0.00	0.00
201.23.7146.51188 EH SPECIALIST TRAINEE	0.00	7,625.00	18,484.06	19,969.00	26,736.00
201.23.7146.51193 OFFICE MANAGER	0.00	0.00	0.00	1,952.00	2,488.00
201.23.7146.51195 SUPERVISING EH SPECIALIST	12,516.24	12,703.99	12,703.99	13,085.00	13,349.00
201.23.7146.51602 OVERTIME	0.00	645.31	121.54	0.00	0.00
201.23.7146.51621 CELL PHONE ALLOWANCE	120.00	120.00	120.00	120.00	168.00
201.23.7146.51640 LONGEVITY	369.00	474.00	477.50	414.00	418.00
201.23.7146.51701 FICA	3,492.70	4,441.87	5,292.67	5,438.00	5,680.00
201.23.7146.51703 UNEMPLOYMENT INSURANCE	457.97	40.48	564.39	481.00	446.00
201.23.7146.51705 WORKERS COMP	483.50	553.08	441.98	481.00	277.00
201.23.7146.51721 PERS	8,015.70	8,867.70	14,107.94	14,654.00	16,365.00
201.23.7146.51729 HEALTH INSURANCE	8,248.59	9,955.88	13,231.56	14,356.00	15,258.00
201.23.7146.51730 DENTAL INSURANCE	557.12	676.85	877.49	1,030.00	1,045.00
201.23.7146.51732 LTD	239.14	292.51	355.98	297.00	181.00
201.23.7146.51733 LIFE INSURANCE	8.52	22.97	18.30	24.00	21.00
Total PERSONAL SERVICES	68,467.49	84,319.65	104,873.72	107,958.00	114,101.00
201.23.7146.52000 MATERIALS & SERVICES					
201.23.7146.52122 TELEPHONE	329.51	750.60	794.31	700.00	800.00
201.23.7146.52335 OREGON STATE PAYBACK	7,779.28	7,760.38	6,363.98	8,000.00	8,000.00
201.23.7146.52340 REFUNDS	0.00	20.00	0.00	0.00	0.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7146 ENVIRONMENTAL HEALTH

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7146.52398 ADMINISTRATIVE COST	3,695.00	4,529.46	4,572.79	4,000.00	4,000.00
201.23.7146.52429 CONTRACTED SERVICES	50.00	0.00	0.00	0.00	0.00
201.23.7146.52711 MEALS LODGING & REGISTRATION	443.62	1,637.61	843.36	1,000.00	1,000.00
201.23.7146.52731 TRAVEL & MILEAGE	31.00	132.41	132.27	150.00	150.00
201.23.7146.52910 SUPPLIES - OFFICE	644.28	647.48	580.13	500.00	500.00
201.23.7146.52919 SUPPLIES - EQUIPMENT	269.98	26.10	0.00	300.00	300.00
201.23.7146.52936 SUPPLIES - PROGRAM/ED	224.90	774.53	79.83	0.00	100.00
Total MATERIALS & SERVICES	13,467.57	16,278.57	13,366.67	14,650.00	14,850.00
Total ENVIRONMENTAL HEALTH	81,935.06	100,598.22	118,240.39	122,608.00	128,951.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7148 PERINATAL HEALTH

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7148.51000 PERSONAL SERVICES					
201.23.7148.51176 FINANCE MANAGER	0.00	0.00	184.95	561.00	534.00
201.23.7148.51177 PROGRAM SECRETARY	379.61	0.00	0.00	0.00	0.00
201.23.7148.51178 PROGRAM SUPERVISOR	1,597.25	1,257.46	1,771.04-	5,933.00	6,621.00
201.23.7148.51180 COMMUNITY HEALTH WORKER	5,485.40	35,779.64	41,439.66	37,032.00	27,790.00
201.23.7148.51182 ACCOUNTING CLERK	248.79	286.35	413.54	1,205.00	2,048.00
201.23.7148.51186 EXECUTIVE ASSISTANT	0.00	1,873.28	2,608.21	0.00	0.00
201.23.7148.51192 PHN II	15,129.16	35,244.66	24,605.19	28,289.00	28,390.00
201.23.7148.51193 OFFICE MANAGER	0.00	0.00	0.00	1,464.00	2,488.00
201.23.7148.51621 CELL PHONE ALLOWANCE	13.75	13.75	23.75	60.00	96.00
201.23.7148.51640 LONGEVITY	251.04	318.01	460.00	835.00	942.00
201.23.7148.51701 FICA	1,547.67	4,464.25	5,512.27	5,325.00	4,773.00
201.23.7148.51703 UNEMPLOYMENT INSURANCE	199.05	41.47	588.43	515.00	360.00
201.23.7148.51705 WORKERS COMP	93.43	250.74	229.18	240.00	220.00
201.23.7148.51721 PERS	3,355.59	7,768.88	13,500.10	14,113.00	16,228.00
201.23.7148.51729 HEALTH INSURANCE	7,469.90	16,497.18	20,401.07	21,913.00	23,755.00
201.23.7148.51730 DENTAL INSURANCE	353.55	950.28	1,095.88	991.00	1,190.00
201.23.7148.51732 LTD	117.87	339.98	391.28	374.00	140.00
201.23.7148.51733 LIFE INSURANCE	7.36	39.17	21.13	20.00	26.00
Total PERSONAL SERVICES	36,249.42	105,125.10	109,703.60	118,870.00	115,601.00
201.23.7148.52000 MATERIALS & SERVICES					
201.23.7148.52122 TELEPHONE	0.00	2,225.08	1,597.77	2,200.00	300.00
201.23.7148.52334 TCM MATCH	30,551.68	34,210.95	60,735.99	40,000.00	10,000.00
201.23.7148.52335 OREGON STATE PAYBACK	0.00	0.00	0.00	9,750.00	40,000.00
201.23.7148.52398 ADMINISTRATIVE COST	1,189.00	5,292.04	4,006.16	3,200.00	3,000.00

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7148 PERINATAL HEALTH

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7148.52429 CONTRACTED SERVICES	1,415.00	940.00	1,040.00	1,200.00	1,200.00
201.23.7148.52658 COPIER LEASE & MAINT	0.00	254.43	278.77	250.00	0.00
201.23.7148.52711 MEALS LODGING & REGISTRATION	0.00	4,354.01	25.00	0.00	0.00
201.23.7148.52731 TRAVEL & MILEAGE	0.00	84.42	0.00	0.00	0.00
201.23.7148.52910 SUPPLIES - OFFICE	22.74	2,333.98	166.60	100.00	100.00
Total MATERIALS & SERVICES	33,178.42	49,694.91	67,850.29	56,700.00	54,600.00
Total PERINATAL HEALTH	69,427.84	154,820.01	177,553.89	175,570.00	170,201.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7149 PHEP

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7149.51000					
PERSONAL SERVICES					
201.23.7149.51176	1,703.33	1,770.67	1,859.47	1,683.00	1,602.00
FINANCE MANAGER					
201.23.7149.51177	2,657.04	0.00	0.00	0.00	0.00
PROGRAM SECRETARY					
201.23.7149.51182	1,318.08	919.34	1,029.35	1,607.00	1,639.00
ACCOUNTING CLERK					
201.23.7149.51184	17,112.24	6,633.37	4,881.25	6,402.00	5,804.00
HEALTH OFFICER					
201.23.7149.51186	0.00	2,843.22	2,733.55	0.00	0.00
EXECUTIVE ASSISTANT					
201.23.7149.51192	29,898.54	3,140.83	2,628.92	0.00	0.00
PHN II					
201.23.7149.51193	0.00	0.00	0.00	1,952.00	1,990.00
OFFICE MANAGER					
201.23.7149.51200	0.00	35,994.67	30,796.38	29,459.00	36,590.00
CD CONTROL INVESTIGATOR					
201.23.7149.51202	51,465.60	52,237.44	54,872.40	56,520.00	57,648.00
PHEP COORDINATOR					
201.23.7149.51621	0.00	0.00	0.00	0.00	90.00
CELL PHONE ALLOWANCE					
201.23.7149.51640	591.00	336.00	336.00	655.00	657.00
LONGEVITY					
201.23.7149.51680	1,076.70	0.00	0.00	0.00	0.00
VACATION CASHOUT					
201.23.7149.51701	7,396.38	7,792.85	8,063.17	7,512.00	8,077.00
FICA					
201.23.7149.51703	947.55	33.28	855.16	761.00	634.00
UNEMPLOYMENT INSURANCE					
201.23.7149.51705	396.98	416.06	320.34	315.00	339.00
WORKERS COMP					
201.23.7149.51721	12,566.35	11,697.43	16,826.25	15,630.00	21,560.00
PERS					
201.23.7149.51729	16,971.36	16,970.85	16,853.07	15,596.00	17,673.00
HEALTH INSURANCE					
201.23.7149.51730	1,069.29	1,197.36	1,151.35	1,015.00	1,069.00
DENTAL INSURANCE					
201.23.7149.51732	446.69	512.39	511.04	469.00	310.00
LTD					
201.23.7149.51733	27.14	20.73	16.95	14.00	16.00
LIFE INSURANCE					
Total	145,644.27	142,516.49	143,734.65	139,590.00	155,698.00
PERSONAL SERVICES					
201.23.7149.52000					
MATERIALS & SERVICES					
201.23.7149.52122	1,202.75	1,005.96	973.48	1,000.00	1,000.00
TELEPHONE					
201.23.7149.52398	5,559.00	6,426.62	5,320.00	5,000.00	4,000.00
ADMINISTRATIVE COST					

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7149 PHEP

<i>Account Number</i>	<i>2016 Actuals</i>	<i>2017 Actuals</i>	<i>2018 Actuals</i>	<i>2019 Adopted</i>	<i>2020 Proposed</i>
201.23.7149.52429 CONTRACTED SERVICES	50.00	50.00	50.00	100.00	100.00
201.23.7149.52656 FUEL	95.60	195.12	83.44	100.00	100.00
201.23.7149.52658 COPIER LEASE & MAINT	682.11	456.01	428.44	500.00	500.00
201.23.7149.52711 MEALS LODGING & REGISTRATION	1,075.52	1,029.61	1,375.19	500.00	1,400.00
201.23.7149.52731 TRAVEL & MILEAGE	60.92	62.92	467.94	100.00	100.00
201.23.7149.52910 SUPPLIES - OFFICE	254.02	684.46	745.74	100.00	100.00
201.23.7149.52936 SUPPLIES - PROGRAM/ED	609.79	24,864.26	5,792.91	7,080.00	0.00
Total MATERIALS & SERVICES	9,589.71	34,774.96	15,237.14	14,480.00	7,300.00
201.23.7149.53000 CAPITAL					
201.23.7149.53301 EQUIPMENT - CAPITAL	14,674.89	0.00	0.00	0.00	0.00
Total CAPITAL	14,674.89	0.00	0.00	0.00	0.00
Total PHEP	169,908.87	177,291.45	158,971.79	154,070.00	162,998.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7151 PUBLIC HEALTH MODERNIZATION

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7151.51000 PERSONAL SERVICES					
201.23.7151.51175 PUBLIC HEALTH DIRECTOR	0.00	0.00	2,647.53	8,182.00	8,345.00
201.23.7151.51176 FINANCE MANAGER	0.00	0.00	925.60	2,804.00	3,738.00
201.23.7151.51177 PROGRAM SECRETARY	0.00	0.00	0.00	0.00	21,132.00
201.23.7151.51182 ACCOUNTING CLERK	0.00	0.00	0.00	4,821.00	5,326.00
201.23.7151.51184 HEALTH OFFICER	0.00	0.00	0.00	9,052.00	0.00
201.23.7151.51186 EXECUTIVE ASSISTANT	0.00	0.00	2,159.73	0.00	0.00
201.23.7151.51193 OFFICE MANAGER	0.00	0.00	0.00	4,879.00	4,975.00
201.23.7151.51198 DATA ANALYST	0.00	0.00	11,136.73	55,164.00	177,900.00
201.23.7151.51199 COMMUNICATIONS SPECIALIST	0.00	0.00	11,839.92	50,016.00	0.00
201.23.7151.51200 CD CONTROL INVESTIGATOR	0.00	0.00	11,279.16	57,448.00	0.00
201.23.7151.51621 CELL PHONE ALLOWANCE	0.00	0.00	0.00	0.00	102.00
201.23.7151.51640 LONGEVITY	0.00	0.00	47.50	209.00	246.00
201.23.7151.51681 COMP/HOLIDAY BANK CASHOUT	0.00	0.00	416.09	0.00	0.00
201.23.7151.51701 FICA	0.00	0.00	3,067.03	14,032.00	16,863.00
201.23.7151.51703 UNEMPLOYMENT INSURANCE	0.00	0.00	325.97	276.00	1,326.00
201.23.7151.51705 WORKERS COMP	0.00	0.00	126.72	588.00	710.00
201.23.7151.51721 PERS	0.00	0.00	1,229.78	29,901.00	45,829.00
201.23.7151.51729 HEALTH INSURANCE	0.00	0.00	5,571.02	40,223.00	43,069.00
201.23.7151.51730 DENTAL INSURANCE	0.00	0.00	365.90	3,579.00	2,598.00
201.23.7151.51732 LTD	0.00	0.00	154.49	173.00	665.00
201.23.7151.51733 LIFE INSURANCE	0.00	0.00	5.27	96.00	39.00
Total PERSONAL SERVICES	0.00	0.00	51,298.44	281,443.00	332,863.00
201.23.7151.52000 MATERIALS & SERVICES					
201.23.7151.52101 ADVERTISING & PROMOTIONS	0.00	0.00	688.50	0.00	0.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7151 PUBLIC HEALTH MODERNIZATION

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7151.52122 TELEPHONE	0.00	0.00	483.06	0.00	1,200.00
201.23.7151.52398 ADMINISTRATIVE COST	0.00	0.00	4,458.02	31,263.00	7,397.00
201.23.7151.52429 CONTRACTED SERVICES	0.00	0.00	15,675.00	0.00	0.00
201.23.7151.52656 FUEL	0.00	0.00	468.96	0.00	1,000.00
201.23.7151.52657 VEHICLE REPAIR & MAINT	0.00	0.00	42.50	0.00	0.00
201.23.7151.52701 TRAINING AND EDUCATION	0.00	0.00	2,340.00	4,500.00	0.00
201.23.7151.52711 MEALS LODGING & REGISTRATION	0.00	0.00	1,981.54	15,200.00	3,000.00
201.23.7151.52731 TRAVEL & MILEAGE	0.00	0.00	382.51	5,170.00	1,000.00
201.23.7151.52910 SUPPLIES - OFFICE	0.00	0.00	5,253.18	0.00	1,540.00
201.23.7151.52919 SUPPLIES - EQUIPMENT	0.00	0.00	8,473.61	0.00	0.00
201.23.7151.52936 SUPPLIES - PROGRAM/ED	0.00	0.00	0.00	16,185.00	2,000.00
Total MATERIALS & SERVICES	0.00	0.00	40,246.88	72,318.00	17,137.00
Total PUBLIC HEALTH MODERNIZATION	0.00	0.00	91,545.32	353,761.00	350,000.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7152 HEALTH PROMOTION

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7152.51000 PERSONAL SERVICES					
201.23.7152.51176 FINANCE MANAGER	0.00	0.00	740.47	2,244.00	2,136.00
201.23.7152.51177 PROGRAM SECRETARY	0.00	0.00	8,411.92	19,296.00	15,309.00
201.23.7152.51179 COMMUNITY HEALTH PROMOTER	0.00	0.00	33,837.48	41,061.00	0.00
201.23.7152.51180 COMMUNITY HEALTH WORKER	4,063.23	26,741.56	9,279.36	0.00	45,387.00
201.23.7152.51182 ACCOUNTING CLERK	0.00	0.00	0.00	0.00	1,639.00
201.23.7152.51184 HEALTH OFFICER	0.00	6,605.98	8,129.92	25,609.00	23,942.00
201.23.7152.51186 EXECUTIVE ASSISTANT	0.00	1,791.15	3,372.15	0.00	0.00
201.23.7152.51190 OFFICE SPECIALIST	1,671.82	22,414.70	0.00	0.00	0.00
201.23.7152.51192 PHN II	4,550.57	0.00	0.00	0.00	21,217.00
201.23.7152.51193 OFFICE MANAGER	0.00	0.00	0.00	3,903.00	1,990.00
201.23.7152.51200 CD CONTROL INVESTIGATOR	0.00	3,853.64	0.00	0.00	0.00
201.23.7152.51621 CELL PHONE ALLOWANCE	0.00	0.00	0.00	0.00	246.00
201.23.7152.51640 LONGEVITY	24.00	0.00	32.75	181.00	115.00
201.23.7152.51701 FICA	755.79	5,623.14	4,809.06	7,327.00	8,521.00
201.23.7152.51703 UNEMPLOYMENT INSURANCE	103.50	96.27	507.71	737.00	676.00
201.23.7152.51705 WORKERS COMP	43.52	306.90	192.78	307.00	358.00
201.23.7152.51721 PERS	853.64	3,982.05	10,017.46	15,307.00	22,809.00
201.23.7152.51729 HEALTH INSURANCE	1,151.24	15,933.56	11,812.20	14,867.00	28,965.00
201.23.7152.51730 DENTAL INSURANCE	58.24	1,137.67	798.83	968.00	2,125.00
201.23.7152.51732 LTD	23.46	302.83	289.30	363.00	168.00
201.23.7152.51733 LIFE INSURANCE	2.29	12.38	9.27	11.00	46.00
Total PERSONAL SERVICES	13,301.30	88,801.83	92,240.66	132,181.00	175,649.00
201.23.7152.52000 MATERIALS & SERVICES					
201.23.7152.52101 ADVERTISING & PROMOTIONS	0.00	900.00	0.00	2,000.00	0.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7152 HEALTH PROMOTION

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7152.52398 ADMINISTRATIVE COST	2,102.00	6,351.42	4,093.29	7,069.00	3,000.00
201.23.7152.52429 CONTRACTED SERVICES	25.00	16,876.25	0.00	8,300.00	0.00
201.23.7152.52658 COPIER LEASE & MAINT	0.00	332.21	389.13	350.00	400.00
201.23.7152.52711 MEALS LODGING & REGISTRATION	0.00	67.44	26.10	0.00	0.00
201.23.7152.52731 TRAVEL & MILEAGE	0.00	81.90	0.00	850.00	0.00
201.23.7152.52910 SUPPLIES - OFFICE	129.45	664.97	236.55	900.00	300.00
201.23.7152.52919 SUPPLIES - EQUIPMENT	0.00	0.00	0.00	4,000.00	0.00
201.23.7152.52936 SUPPLIES - PROGRAM/ED	793.65	5,602.75	18,205.39	13,550.00	400.00
201.23.7152.52950 TRANSFER	0.00	0.00	10,045.35	0.00	0.00
Total MATERIALS & SERVICES	3,050.10	30,742.06	32,995.81	37,019.00	4,100.00
Total HEALTH PROMOTION	16,351.40	119,543.89	125,236.47	169,200.00	179,749.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7153 IMMUNIZATION SPECIAL PAYMENTS

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7153.51000 PERSONAL SERVICES					
201.23.7153.51176 FINANCE MANAGER	1,135.63	1,180.32	1,054.52	561.00	0.00
201.23.7153.51177 PROGRAM SECRETARY	746.56	742.37	1,484.75	1,529.00	1,560.00
201.23.7153.51182 ACCOUNTING CLERK	248.59	512.66	439.07	804.00	0.00
201.23.7153.51186 EXECUTIVE ASSISTANT	0.00	406.24	426.32	0.00	0.00
201.23.7153.51192 PHN II	12,227.82	7,855.83	7,266.46	9,965.00	10,166.00
201.23.7153.51193 OFFICE MANAGER	0.00	0.00	0.00	976.00	0.00
201.23.7153.51640 LONGEVITY	24.00	30.00	32.50	35.00	13.00
201.23.7153.51701 FICA	1,069.89	801.27	788.60	1,036.00	874.00
201.23.7153.51703 UNEMPLOYMENT INSURANCE	144.95	12.90	85.03	109.00	72.00
201.23.7153.51705 WORKERS COMP	484.22	314.87	204.17	279.00	277.00
201.23.7153.51721 PERS	310.43	445.32	635.91	665.00	318.00
201.23.7153.51729 HEALTH INSURANCE	424.61	757.67	1,117.45	1,239.00	823.00
201.23.7153.51730 DENTAL INSURANCE	24.81	41.59	47.75	54.00	24.00
201.23.7153.51732 LTD	9.42	14.95	17.04	20.00	5.00
201.23.7153.51733 LIFE INSURANCE	0.57	2.73	1.13	1.00	0.00
Total PERSONAL SERVICES	16,851.50	13,118.72	13,600.70	17,273.00	14,132.00
201.23.7153.52000 MATERIALS & SERVICES					
201.23.7153.52354 VACCINE	0.00	3,998.35	4,537.52	5,500.00	5,000.00
201.23.7153.52398 ADMINISTRATIVE COST	888.00	895.86	821.32	700.00	700.00
201.23.7153.52910 SUPPLIES - OFFICE	0.00	0.00	0.00	100.00	100.00
Total MATERIALS & SERVICES	888.00	4,894.21	5,358.84	6,300.00	5,800.00
Total IMMUNIZATION SPECIAL PAYMENTS	17,739.50	18,012.93	18,959.54	23,573.00	19,932.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7154 CACOON & CCN

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7154.51000 PERSONAL SERVICES					
201.23.7154.51176 FINANCE MANAGER	0.00	0.00	185.14	561.00	534.00
201.23.7154.51177 PROGRAM SECRETARY	1,424.41	547.96	0.00	0.00	0.00
201.23.7154.51180 COMMUNITY HEALTH WORKER	1,755.77	541.32	541.27	0.00	3,713.00
201.23.7154.51182 ACCOUNTING CLERK	1,236.28	2,743.62	1,677.84	402.00	410.00
201.23.7154.51184 HEALTH OFFICER	2,364.88	0.00	0.00	0.00	0.00
201.23.7154.51185 NURSE PRACTITIONER	2,336.04	1,873.64	153.58	0.00	0.00
201.23.7154.51186 EXECUTIVE ASSISTANT	0.00	406.24	426.32	0.00	0.00
201.23.7154.51191 BILLING CLERK	6.08	0.00	0.00	0.00	0.00
201.23.7154.51192 PHN II	16,144.96	12,295.78	16,198.75	9,968.00	15,250.00
201.23.7154.51193 OFFICE MANAGER	0.00	0.00	0.00	488.00	498.00
201.23.7154.51621 CELL PHONE ALLOWANCE	0.00	0.00	0.00	0.00	12.00
201.23.7154.51640 LONGEVITY	99.68	128.93	106.00	89.00	168.00
201.23.7154.51701 FICA	1,682.26	1,706.01	1,313.19	783.00	1,394.00
201.23.7154.51703 UNEMPLOYMENT INSURANCE	214.07	49.08	141.90	78.00	105.00
201.23.7154.51705 WORKERS COMP	102.67	147.40	136.04	96.00	125.00
201.23.7154.51721 PERS	2,664.25	2,964.76	2,781.86	1,470.00	3,691.00
201.23.7154.51729 HEALTH INSURANCE	6,838.32	6,648.93	4,865.05	3,208.00	6,481.00
201.23.7154.51730 DENTAL INSURANCE	292.53	299.52	194.00	107.00	224.00
201.23.7154.51732 LTD	105.53	112.44	78.13	39.00	48.00
201.23.7154.51733 LIFE INSURANCE	6.60	17.35	5.27	2.00	3.00
Total PERSONAL SERVICES	37,274.33	30,482.98	28,804.34	17,291.00	32,656.00
201.23.7154.52000 MATERIALS & SERVICES					
201.23.7154.52122 TELEPHONE	0.00	0.00	71.67	0.00	360.00
201.23.7154.52334 TCM MATCH	0.00	5,100.00	14,300.00	7,000.00	14,000.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7154 CACOON & CCN

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7154.52398 ADMINISTRATIVE COST	1,997.00	1,649.88	821.32	700.00	700.00
201.23.7154.52711 MEALS LODGING & REGISTRATION	0.00	25.19	0.00	0.00	0.00
201.23.7154.52910 SUPPLIES - OFFICE	642.48	28.38	68.23	100.00	100.00
Total MATERIALS & SERVICES	2,639.48	6,803.45	15,261.22	7,800.00	15,160.00
Total CACOON & CCN	39,913.81	37,286.43	44,065.56	25,091.00	47,816.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7155 TOBACCO PREV & ED

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7155.51000 PERSONAL SERVICES					
201.23.7155.51176 FINANCE MANAGER	1,703.33	1,770.67	1,674.33	1,122.00	2,136.00
201.23.7155.51177 PROGRAM SECRETARY	2,567.64	0.00	0.00	0.00	0.00
201.23.7155.51178 PROGRAM SUPERVISOR	12,319.25	9,717.04	9,086.87	5,933.00	6,621.00
201.23.7155.51179 COMMUNITY HEALTH PROMOTER	38,778.33	41,832.42	56,594.15	97,042.00	105,690.00
201.23.7155.51180 COMMUNITY HEALTH WORKER	1,755.77	0.00	0.00	0.00	0.00
201.23.7155.51182 ACCOUNTING CLERK	787.20	512.66	1,003.81	2,009.00	3,277.00
201.23.7155.51186 EXECUTIVE ASSISTANT	0.00	2,437.09	2,557.86	0.00	0.00
201.23.7155.51192 PHN II	1,880.00	0.00	0.00	0.00	0.00
201.23.7155.51193 OFFICE MANAGER	0.00	0.00	0.00	2,440.00	3,980.00
201.23.7155.51621 CELL PHONE ALLOWANCE	126.25	106.25	55.00	60.00	132.00
201.23.7155.51640 LONGEVITY	36.00	36.00	32.50	50.00	117.00
201.23.7155.51701 FICA	4,341.00	3,946.46	4,684.91	7,819.00	8,914.00
201.23.7155.51703 UNEMPLOYMENT INSURANCE	497.86	32.19	471.11	775.00	688.00
201.23.7155.51705 WORKERS COMP	240.99	225.85	208.07	348.00	390.00
201.23.7155.51721 PERS	7,586.20	7,387.31	8,107.26	17,214.00	24,825.00
201.23.7155.51729 HEALTH INSURANCE	8,732.47	16,188.99	23,473.94	30,690.00	26,345.00
201.23.7155.51730 DENTAL INSURANCE	632.64	748.73	868.53	1,318.00	1,358.00
201.23.7155.51732 LTD	262.00	310.52	337.22	559.00	381.00
201.23.7155.51733 LIFE INSURANCE	17.04	11.90	19.64	9.00	20.00
Total PERSONAL SERVICES	82,263.97	85,264.08	109,175.20	167,388.00	184,874.00
201.23.7155.52000 MATERIALS & SERVICES					
201.23.7155.52122 TELEPHONE	0.00	0.00	129.03	0.00	400.00
201.23.7155.52398 ADMINISTRATIVE COST	5,794.00	4,671.93	4,818.88	8,000.00	8,000.00
201.23.7155.52429 CONTRACTED SERVICES	25.00	40.00	100.00	0.00	0.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7155 TOBACCO PREV & ED

<i>Account Number</i>	<i>2016 Actuals</i>	<i>2017 Actuals</i>	<i>2018 Actuals</i>	<i>2019 Adopted</i>	<i>2020 Proposed</i>
201.23.7155.52656 FUEL	92.95	21.39	176.65	100.00	500.00
201.23.7155.52658 COPIER LEASE & MAINT	682.11	456.01	431.64	400.00	0.00
201.23.7155.52711 MEALS LODGING & REGISTRATION	1,856.80	2,469.10	1,194.28	400.00	1,000.00
201.23.7155.52731 TRAVEL & MILEAGE	580.30	563.19	434.75	100.00	100.00
201.23.7155.52910 SUPPLIES - OFFICE	1,482.47	160.75	268.77	200.00	1,000.00
201.23.7155.52919 SUPPLIES - EQUIPMENT	0.00	495.00	0.00	0.00	0.00
201.23.7155.52936 SUPPLIES - PROGRAM/ED	1,020.00	60.00	2,726.72	10,600.00	12,500.00
Total MATERIALS & SERVICES	11,533.63	8,937.37	10,280.72	19,800.00	23,500.00
Total TOBACCO PREV & ED	93,797.60	94,201.45	119,455.92	187,188.00	208,374.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7156 WATER

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7156.51000 PERSONAL SERVICES					
201.23.7156.51176 FINANCE MANAGER	567.85	590.18	619.88	561.00	534.00
201.23.7156.51177 PROGRAM SECRETARY	7,724.08	7,423.45	7,423.49	6,293.00	1,768.00
201.23.7156.51181 EH SPECIALIST	8,512.62	5,760.18	5,760.23	5,933.00	4,975.00
201.23.7156.51182 ACCOUNTING CLERK	356.46	512.66	486.45	402.00	819.00
201.23.7156.51186 EXECUTIVE ASSISTANT	0.00	812.35	852.70	0.00	0.00
201.23.7156.51188 EH SPECIALIST TRAINEE	0.00	0.00	1,256.94	3,994.00	5,347.00
201.23.7156.51193 OFFICE MANAGER	0.00	0.00	0.00	488.00	498.00
201.23.7156.51195 SUPERVISING EH SPECIALIST	12,516.24	12,703.99	12,703.99	13,085.00	20,023.00
201.23.7156.51200 CD CONTROL INVESTIGATOR	0.00	851.19	1,183.98	0.00	0.00
201.23.7156.51621 CELL PHONE ALLOWANCE	120.00	120.00	120.00	120.00	192.00
201.23.7156.51640 LONGEVITY	297.00	342.00	342.00	288.00	427.00
201.23.7156.51701 FICA	2,241.99	2,156.17	2,584.30	2,380.00	2,628.00
201.23.7156.51703 UNEMPLOYMENT INSURANCE	295.90	12.45	277.66	194.00	206.00
201.23.7156.51705 WORKERS COMP	309.32	280.05	220.93	232.00	235.00
201.23.7156.51721 PERS	5,148.98	4,923.80	7,121.50	6,671.00	8,698.00
201.23.7156.51729 HEALTH INSURANCE	5,220.35	4,940.86	4,658.28	6,257.00	5,992.00
201.23.7156.51730 DENTAL INSURANCE	351.66	334.68	400.00	472.00	397.00
201.23.7156.51732 LTD	152.77	149.43	173.93	123.00	91.00
201.23.7156.51733 LIFE INSURANCE	3.29	13.11	8.13	13.00	7.00
Total PERSONAL SERVICES	43,818.51	41,926.55	46,194.39	47,506.00	52,837.00
201.23.7156.52000 MATERIALS & SERVICES					
201.23.7156.52398 ADMINISTRATIVE COST	1,777.00	2,034.77	1,312.33	1,500.00	1,500.00
201.23.7156.52429 CONTRACTED SERVICES	0.00	1,290.00	1,590.00	0.00	0.00
201.23.7156.52711 MEALS LODGING & REGISTRATION	0.00	0.00	464.47	0.00	500.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7156 WATER

<i>Account Number</i>	<i>2016 Actuals</i>	<i>2017 Actuals</i>	<i>2018 Actuals</i>	<i>2019 Adopted</i>	<i>2020 Proposed</i>
201.23.7156.52910 SUPPLIES - OFFICE	0.00	0.00	521.60	0.00	0.00
Total MATERIALS & SERVICES	1,777.00	3,324.77	3,888.40	1,500.00	2,000.00
Total WATER	45,595.51	45,251.32	50,082.79	49,006.00	54,837.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7158 BABIES FIRST

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7158.51000					
PERSONAL SERVICES					
201.23.7158.51176	1,703.33	1,770.67	1,859.47	1,683.00	1,602.00
FINANCE MANAGER					
201.23.7158.51177	2,976.30	182.68	0.00	0.00	0.00
PROGRAM SECRETARY					
201.23.7158.51178	1,596.95	1,646.23	2,457.56	5,933.00	6,621.00
PROGRAM SUPERVISOR					
201.23.7158.51180	31,043.91	34,384.05	39,793.76	50,482.00	32,985.00
COMMUNITY HEALTH WORKER					
201.23.7158.51182	894.82	512.66	568.42	3,214.00	4,097.00
ACCOUNTING CLERK					
201.23.7158.51186	0.00	4,139.72	4,438.73	0.00	0.00
EXECUTIVE ASSISTANT					
201.23.7158.51191	24.30	0.00	0.00	0.00	0.00
BILLING CLERK					
201.23.7158.51192	50,033.42	59,416.87	66,538.04	79,506.00	85,504.00
PHN II					
201.23.7158.51193	0.00	0.00	0.00	3,903.00	3,980.00
OFFICE MANAGER					
201.23.7158.51621	13.75	18.00	26.25	60.00	126.00
CELL PHONE ALLOWANCE					
201.23.7158.51640	1,079.38	1,209.41	1,127.00	1,065.00	1,253.00
LONGEVITY					
201.23.7158.51701	5,971.47	7,142.80	8,071.82	10,335.00	9,462.00
FICA					
201.23.7158.51703	758.21	55.23	838.14	1,015.00	719.00
UNEMPLOYMENT INSURANCE					
201.23.7158.51705	408.91	465.08	398.91	525.00	525.00
WORKERS COMP					
201.23.7158.51721	14,435.13	17,211.49	23,463.63	27,755.00	31,382.00
PERS					
201.23.7158.51729	27,712.29	31,402.00	34,567.04	41,076.00	42,587.00
HEALTH INSURANCE					
201.23.7158.51730	1,257.20	1,420.54	1,544.02	1,894.00	1,934.00
DENTAL INSURANCE					
201.23.7158.51732	444.84	527.26	584.02	669.00	313.00
LTD					
201.23.7158.51733	32.87	42.72	35.47	40.00	36.00
LIFE INSURANCE					
Total	140,387.08	161,547.41	186,312.28	229,155.00	223,126.00
PERSONAL SERVICES					
201.23.7158.52000					
MATERIALS & SERVICES					
201.23.7158.52122	0.00	0.00	604.25	0.00	2,000.00
TELEPHONE					
201.23.7158.52334	83,000.00	52,900.00	83,600.00	68,000.00	68,000.00
TCM MATCH					
201.23.7158.52398	8,169.00	9,165.66	7,847.20	8,000.00	8,000.00
ADMINISTRATIVE COST					

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7158 BABIES FIRST

<i>Account Number</i>	<i>2016 Actuals</i>	<i>2017 Actuals</i>	<i>2018 Actuals</i>	<i>2019 Adopted</i>	<i>2020 Proposed</i>
201.23.7158.52658 COPIER LEASE & MAINT	279.41	320.14	314.37	300.00	300.00
201.23.7158.52711 MEALS LODGING & REGISTRATION	0.00	316.18	25.00	0.00	0.00
201.23.7158.52910 SUPPLIES - OFFICE	78.02	81.85	0.00	100.00	100.00
Total MATERIALS & SERVICES	91,526.43	62,783.83	92,390.82	76,400.00	78,400.00
Total BABIES FIRST	231,913.51	224,331.24	278,703.10	305,555.00	301,526.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7159 OREGON MOTHERS CARE

<i>Account Number</i>	<i>2016 Actuals</i>	<i>2017 Actuals</i>	<i>2018 Actuals</i>	<i>2019 Adopted</i>	<i>2020 Proposed</i>
201.23.7159.51000					
PERSONAL SERVICES					
201.23.7159.51180	7,313.75	7,423.44	7,423.54	7,646.00	7,800.00
COMMUNITY HEALTH WORKER					
201.23.7159.51182	0.00	0.00	0.00	0.00	410.00
ACCOUNTING CLERK					
201.23.7159.51193	0.00	0.00	0.00	488.00	498.00
OFFICE MANAGER					
201.23.7159.51621	0.00	0.00	0.00	0.00	6.00
CELL PHONE ALLOWANCE					
201.23.7159.51640	240.00	240.00	240.00	284.00	309.00
LONGEVITY					
201.23.7159.51701	469.63	471.09	459.96	514.00	551.00
FICA					
201.23.7159.51703	59.68	4.34	47.76	50.00	43.00
UNEMPLOYMENT INSURANCE					
201.23.7159.51705	29.75	30.46	22.39	27.00	29.00
WORKERS COMP					
201.23.7159.51721	1,409.47	1,448.94	1,882.90	2,025.00	2,478.00
PERS					
201.23.7159.51729	3,137.06	3,367.46	3,655.39	4,003.00	4,342.00
HEALTH INSURANCE					
201.23.7159.51730	116.44	116.42	117.71	124.00	130.00
DENTAL INSURANCE					
201.23.7159.51732	37.91	38.53	38.47	42.00	28.00
LTD					
201.23.7159.51733	2.58	2.37	2.17	2.00	2.00
LIFE INSURANCE					
Total	12,816.27	13,143.05	13,890.29	15,205.00	16,626.00
PERSONAL SERVICES					
201.23.7159.52000					
MATERIALS & SERVICES					
201.23.7159.52398	1,006.00	917.88	821.32	800.00	800.00
ADMINISTRATIVE COST					
201.23.7159.52910	19.11	29.97	32.98	50.00	50.00
SUPPLIES - OFFICE					
Total	1,025.11	947.85	854.30	850.00	850.00
MATERIALS & SERVICES					
Total	13,841.38	14,090.90	14,744.59	16,055.00	17,476.00
OREGON MOTHERS CARE					

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7500 PASS THROUGH

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7500.52000 MATERIALS & SERVICES					
201.23.7500.52336 DEQ PAYMENT	11,258.00	15,300.00	11,100.00	15,000.00	15,000.00
Total MATERIALS & SERVICES	11,258.00	15,300.00	11,100.00	15,000.00	15,000.00
Total PASS THROUGH	11,258.00	15,300.00	11,100.00	15,000.00	15,000.00

05/02/2019

1:01PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7999 NON-DEPARTMENTAL

<u>Account Number</u>	<u>2016 Actuals</u>	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Adopted</u>	<u>2020 Proposed</u>
201.23.7999.57000 CONTINGENCY					
201.23.7999.57201 CONTINGENCY	0.00	0.00	0.00	29,735.00	37,624.00
Total CONTINGENCY	0.00	0.00	0.00	29,735.00	37,624.00
201.23.7999.59000 UNAPPROPRIATED					
201.23.7999.59201 UNAPPROPRIATED	0.00	0.00	0.00	175,773.00	175,000.00
201.23.7999.59299 RESERVE FOR VEHICLE	0.00	0.00	0.00	20,000.00	20,000.00
201.23.7999.59300 RESERVE FOR PERS EXPENSE	0.00	0.00	0.00	20,000.00	0.00
201.23.7999.59301 RESERVE FOR ACCREDITATION EXPEN	0.00	0.00	0.00	5,000.00	5,000.00
Total UNAPPROPRIATED	0.00	0.00	0.00	220,773.00	200,000.00
Total NON-DEPARTMENTAL	0.00	0.00	0.00	250,508.00	237,624.00
Total PUBLIC HEALTH	1,863,908.98	2,116,941.30	2,311,146.36	3,115,124.00	3,241,953.00
Total PUBLIC HEALTH FUND	1,863,908.98	2,116,941.30	2,311,146.36	3,115,124.00	3,241,953.00
Grand Total	1,863,908.98	2,116,941.30	2,311,146.36	3,115,124.00	3,241,953.00

**NCPHD
Accounts Payable Checks
Issued April 2019**

Check Date	Check Number	Vendor Name	Amount
4/10/2019	563	IRS	\$13,386.97
4/10/2019	564	ASIFLEX	\$135.00
4/10/2019	565	P E R S	\$14,330.73
4/10/2019	566	OREGON STATE, DEPT OF REVENUE	\$3,414.43
Held in Que	567	OREGON, STATE, EMPLOYMENT DEPT	\$363.39
4/25/2019	568	IRS	\$13,735.27
4/25/2019	569	ASIFLEX	\$135.00
4/25/2019	570	P E R S	\$14,774.88
4/25/2019	571	OREGON STATE, DEPT OF REVENUE	\$3,484.63
4/30/2019	572	IRS	\$585.23
4/30/2019	573	P E R S	\$759.54
4/30/2019	574	OREGON STATE, DEPT OF REVENUE	\$156.05
4/3/2019	12908	KROGER-FRED MEYER CUSTOMER CHA	\$500.00
4/3/2019	12909	US BANK	\$3,992.49
4/4/2019	12910	CIS TRUST	\$35,183.48
4/4/2019	12911	GREATER OREGON BEHAVIORAL, HEALTH, INC.	\$249.00
4/4/2019	12912	HALL, KATHERINE	\$24.01
4/4/2019	12913	HENRY SCHEIN	\$939.77
4/4/2019	12914	NELSON TIRE FACTORY DBA, GILL'S POINT S	\$575.48
4/4/2019	12915	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$400.00
4/4/2019	12916	SATCOM GLOBAL INC.	\$57.90
4/4/2019	12917	STAEHNKE, DAVID	\$197.10
4/4/2019	12918	WASCO COUNTY	\$564.24
4/4/2019	12919	TYLER TECHNOLOGIES, INC.	\$950.00
4/17/2019	12920	ADAM'S AUTO	\$500.00
4/17/2019	12921	AFFORDABLE CARE NW, DBA HELPING HANDS	\$220.00
4/17/2019	12922	AHLERS & ASSOCIATES	\$860.00
4/17/2019	12923	BEERY ELSNER & HAMMOND LLP	\$520.10
4/17/2019	12924	BISHOP, CARISSA	\$2,388.75
4/17/2019	12925	CYTOCHECK LABORATORY LLC	\$363.00
4/17/2019	12926	H2OREGON BOTTLED WATER INC.	\$51.00
4/17/2019	12927	HENRY SCHEIN	\$38.38
4/17/2019	12928	LAMENDOLA-GILLIAM, CALLIE	\$54.52
4/17/2019	12929	OFFICE DEPOT	\$514.17
4/17/2019	12930	OR STATE PUBLIC, HEALTH LABORATORY	\$240.80
4/17/2019	12931	OREGON STATE, DEPT HUMAN SERVICES-OFS	\$260.00
4/17/2019	12932	RICOH USA INC.	\$217.72
4/17/2019	12933	SAWYER'S TRUE VALUE, & JUST ASK RENTAL LLC	\$59.99
4/17/2019	12934	SPARKLE CAR WASH, LLC	\$14.70
4/17/2019	12935	STERICYCLE INC.	\$562.59
4/17/2019	12936	U.S. CELLULAR	\$541.49
4/17/2019	12937	UPS	\$116.00

PAYROLL A/P (EFT)

4/18/2019	12938	CA STATE DISPURSEMENT UNIT	\$231.50	PAYROLL A/P
4/18/2019	12939	NATIONWIDE RETIREMENT SOLUTION	\$1,790.00	
4/18/2019	12940	OREGON STATE, DEPT OF REVENUE	\$383.06	
4/25/2019	12941	ASD SPECIALITY HEALTHCARE LLC, ASD HEALTHCARE	\$1,505.36	
4/25/2019	12942	CAMPBELL, SHELLIE	\$490.95	
4/25/2019	12943	CDW GOVERNMENT INC.	\$7,405.50	
4/25/2019	12944	GORGE UROLOGY	\$800.00	
4/25/2019	12945	HENRY SCHEIN	\$84.52	
4/25/2019	12946	LAMENDOLA-GILLIAM, CALLIE	\$92.56	
4/25/2019	12947	MID-COLUMBIA MEDICAL CENTER	\$375.00	
4/25/2019	12948	NAADAC, THE ASSOCIATION FOR, ADDICTION PROFESSIONALS	\$150.00	
4/25/2019	12949	OFFICE DEPOT	\$132.10	
4/25/2019	12950	OR STATE PUBLIC, HEALTH LABORATORY	\$239.25	
4/25/2019	12951	WASCO COUNTY	\$102.52	
4/30/2019	12952	BISHOP, CARISSA	\$2,187.50	
4/30/2019	12953	HENRY SCHEIN	\$51.89	
4/30/2019	12954	NATIONAL ENVIRONMENTAL, HEALTH ASSOCIATION	\$390.00	
4/30/2019	12955	OFFICE DEPOT	\$222.71	
4/30/2019	12956	WASCO COUNTY	\$549.16	
4/30/2019	12957	OREGON STATE, DEPARTMENT OF REVENUE	\$340.52	
TOTAL:			\$133,941.90	

NCPHD Board of Health authorizes check numbers 12809 - 12957 and payroll EFT numbers 563 - 574 totalling \$133,941.90.

Signature _____

Printed Name Scott Hege

NCPHD
Accounts Payable Checks
Issued May 2019

Check Date	Check Number	Vendor Name	Amount
5/10/2019	575	IRS	\$12,955.89
5/10/2019	576	ASIFLEX	\$135.00
5/10/2019	577	P E R S	\$13,846.02
5/10/2019	578	OREGON STATE, DEPT OF REVENUE	\$3,286.87
5/24/2019	579	IRS	\$13,230.43
5/24/2019	580	ASIFLEX	\$135.00
Held in Que	581	P E R S	\$14,068.41
5/24/2019	582	OREGON STATE, DEPT OF REVENUE	\$3,354.88
5/2/2019	12958	CA STATE DISPURSEMENT UNIT	\$231.50
5/2/2019	12959	NATIONWIDE RETIREMENT SOLUTION	\$1,790.00
5/2/2019	12960	OREGON STATE, DEPT OF REVENUE	\$383.06
5/3/2019	12961	CIS TRUST	\$34,343.25
5/9/2019	12962	GORGE UROLOGY	\$150.00
5/9/2019	12963	LAMENDOLA-GILLIAM, CALLIE	\$146.16
5/9/2019	12964	MID-COLUMBIA MEDICAL CENTER	\$375.00
5/9/2019	12965	OPTIMIST PRINTERS	\$397.00
5/9/2019	12966	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$191.44
5/9/2019	12967	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$1,700.00
5/9/2019	12968	RICOH USA INC.	\$156.61
5/9/2019	12969	SATCOM GLOBAL INC.	\$58.88
5/9/2019	12970	SPARKLE CAR WASH, LLC	\$32.40
5/9/2019	12971	STAEHNKE, DAVID	\$118.26
5/9/2019	12972	U.S. CELLULAR	\$541.00
5/9/2019	12973	UPS	\$116.00
5/9/2019	12974	US BANK	\$5,407.20
5/9/2019	12975	WASCO COUNTY	\$595.00
5/14/2019	12976	ADVANCED TECH SERV	\$118.00
5/14/2019	12977	AFFORDABLE CARE NW, DBA HELPING HANDS	\$220.00
5/14/2019	12978	CYTOCHECK LABORATORY LLC	\$515.00
5/14/2019	12979	H2OREGON BOTTLED WATER INC.	\$127.00
5/14/2019	12980	INTERPATH LABORATORY INC.	\$12.60
5/14/2019	12981	LAMENDOLA-GILLIAM, CALLIE	\$109.04
5/14/2019	12982	SETZER, JAMES	\$61.70
5/14/2019	12983	SHRED-IT USA	\$51.52
5/14/2019	12984	THE DALLES CHRONICLE	\$105.00
5/14/2019	12985	UPS	\$44.28
5/15/2019	12986	CA STATE DISPURSEMENT UNIT	\$231.50
5/15/2019	12987	NATIONWIDE RETIREMENT SOLUTION	\$1,790.00
5/15/2019	12988	OREGON STATE, DEPT OF REVENUE	\$383.06
5/22/2019	12989	OREGON STATE, DEPT OF HUMAN SERVICES	\$10,000.00
5/22/2019	12990	BEERY ELSNER & HAMMOND LLP	\$70.50
5/22/2019	12991	BISHOP, CARISSA	\$1,662.50
5/22/2019	12992	CLARK, GLENDA	\$243.95
5/22/2019	12993	KNOWLEDGE CAPITAL ALLIANCE INC	\$12,700.00

PAYROLL A/P (EFT)

PAYROLL A/P

PAYROLL A/P

5/22/2019	12994	LAMENDOLA-GILLIAM, CALLIE	\$54.52
5/22/2019	12995	OFFICE DEPOT	\$198.96
5/22/2019	12996	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$1,341.41
5/22/2019	12997	OREGON STATE, DEPT OF HUMAN SERVICES	\$20.00
5/22/2019	12998	PEEWEE'S AUTO DETAIL	\$115.00
5/22/2019	12999	QWIK CHANGE LUBE CENTER INC.	\$111.95
5/22/2019	13000	SLATT, KRISTEN	\$45.71
5/22/2019	13001	UMATILLA COUNTY	\$25.00
5/22/2019	13002	ZIMMERMAN, NORA	\$147.32
5/28/2019	13003	CA STATE DISPURSEMENT UNIT	\$231.50
5/28/2019	13004	NATIONWIDE RETIREMENT SOLUTION	\$1,790.00
5/28/2019	13005	OREGON STATE, DEPT OF REVENUE	\$383.06
5/29/2019	13006	JUPE, LAURIE	\$153.86
5/29/2019	13007	OPTIMIST PRINTERS	\$42.50
5/29/2019	13008	OREGON STATE, DEPT OF HUMAN SERVICES	\$12,600.44
5/29/2019	13009	UPS	\$73.28
5/29/2019	13010	WASCO COUNTY	\$102.70
TOTAL:			\$153,628.12

NCPHD Board of Health authorizes check numbers 12958 - 13010 and payroll EFT numbers 575 - 582 totalling \$153,628.12.

Signature _____

Printed Name Scott Hege

**MID-COLUMBIA MEDICAL CENTER
AND NORTH CENTRAL PUBLIC HEALTH DISTRICT
AMENDMENT TO AGREEMENT BUSINESS ASSOCIATE CONTRACT**

This Amendment is made by North Central Public Health District (NCPHD) and Mid-Columbia Medical Center (MCMC).

The Agreement is amended as follows: The hourly rate for contracted dietician services is \$50.00/hr (not to exceed \$6900 annually). All other conditions of the original agreement apply and are to remain in full force and effect.

This addendum to the original agreement, signed and dated below will run from the date signed through the term of the original agreement which is January 1, 2020.

IN WITNESS WHEREOF, the parties hereto execute this Agreement as of the dates written below.

Mid-Columbia Medical Center:



Dave Sturgeon
Chief Financial Officer

5/21/19
Date

NCPHD:



Teri Thalhofer, BSN, RN
Director

5/21/2019
Date

Agreement #154126



**FIFTEENTH AMENDMENT TO OREGON HEALTH AUTHORITY
2017-2019 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

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 Fifteenth Amendment to Oregon Health Authority 2017-2019 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2017, and restated July 1, 2018 (as amended the “Agreement”), is between the State of Oregon acting by and through its Oregon Health Authority (“OHA”) and Gilliam, Wasco, and Sherman Counties, acting by and through its North Central Public Health District (“LPHA”), the entity designated, pursuant to ORS 431.003, as the Local Public Health Authority for Gilliam, Wasco, and Sherman Counties.

RECITALS

WHEREAS, OHA and LPHA wish to modify the set of Program Element Descriptions set forth in Exhibit B of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Fiscal Year 2019 (FY19) Financial Assistance Award set forth in Exhibit C of the Agreement;

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

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. Exhibit B Program Element #03 “Tuberculosis Services” and Program Element #40 “Special Supplemental Nutrition Program for Women, Infants and Children (“WIC”) Services” are hereby superseded and replaced in their entirety by Attachment A attached hereto and incorporated herein by this reference.
2. Section 1 of Exhibit C entitled “Financial Assistance Award” of the Agreement for FY19 is hereby superseded and replaced in its entirety by Attachment B attached hereto and incorporated herein by this reference. Attachment B must be read in conjunction with Section 3 of Exhibit C as restated July 1, 2018, entitled “Explanation of Financial Assistance Award” of the Agreement.
3. Exhibit J “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.
4. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

- 5. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
- 6. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
- 7. The parties expressly ratify the Agreement as herein amended.
- 8. 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.
- 9. This Amendment becomes effective on the date of the last signature below.

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

10. **Signatures.**
By: Lillian Shirley
Name: /for/ Lillian Shirley, BSN, MPH, MPA
Title: Public Health Director
Date: 2-1-19

GILLIAM, WASCO, AND SHERMAN COUNTIES LOCAL PUBLIC HEALTH AUTHORITY
By: Teri L. Thalhofer, RN, BSN
Name: Teri L. Thalhofer, RN, BSN
Title: Director
Date: 3/22/2019

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY
Agreement form group-approved by D. Kevin Carlson, Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on August 16, 2018, copy of email approval in Agreement file.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION
By: Derrick Clark
Name: Derrick Clark (or designee)
Title: Program Support Manager
Date: 3-29-19

Attachment A
Program Element Description(s)

Program Element #03: Tuberculosis Services

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, to deliver Tuberculosis Services.

ORS 433.006 and Oregon Administrative Rule 333-019-0000 assign responsibility to LPHA for Tuberculosis (“TB”) investigations and implementation of TB control measures within LPHA’s service area. The funds provided for TB case management (including contact investigation) and B waiver follow-up under the Agreement for this Program Element may only be used as supplemental funds to support LPHA’s TB investigation and control efforts and are not intended to be the sole funding for LPHA’s TB investigation and control program.

Pulmonary tuberculosis is an infectious disease that is airborne. Treatment for TB disease must be provided by Directly Observed Therapy to ensure the patient is cured and prevent drug resistant TB. Screening and treating Contacts stops disease transmission. Tuberculosis prevention and control is a priority in order to protect the population from communicable disease and is included in the State Health Improvement Plan (SHIP). The priority outcome measure is to reduce the incidence of TB disease among U.S. born person in Oregon to .4 Cases per 100,000 by 2020.

All changes to this Program Element are effective as of July 1, 2018.

2. **Definitions Specific to TB Services**

- a. **Active TB Disease:** TB disease in an individual whose immune system has failed to control his or her TB infection and who has become ill with Active TB Disease, as determined in accordance with the Centers for Disease Control and Prevention’s (CDC) laboratory or clinical criteria for Active TB Disease and based on a diagnostic evaluation of the individual.
- b. **Appropriate Therapy:** Current TB treatment regimens recommended by the CDC, the American Thoracic Society, the Academy of Pediatrics, and the Infectious Diseases Society of America.
- c. **Associated Cases:** Additional Cases of TB disease discovered while performing a Contact investigation.
- d. **B-waiver Immigrants:** Immigrants or refugees screened for TB prior to entry to the U.S. and found to have TB disease or LTB Infection.
- e. **B-waiver Follow-Up:** B waiver follow-up includes initial attempts by the LPHA to locate the B-waiver immigrant. If located, LPHA proceeds to coordinate or provide TB medical evaluation and treatment as needed. Updates on status are submitted regularly by LPHA using Electronic Disease Network (EDN) or the follow-up worksheet.
- f. **Case:** A Case is an individual who has been diagnosed by a health care provider, as defined in OAR 333-017-0000, as having a reportable disease, infection, or condition, as described in OAR 333-018-0015, or whose illness meets defining criteria published in OHA’s Investigative Guidelines.
- g. **Cohort Review:** A systematic review of the management of patients with TB disease and their Contacts. The “cohort” is a group of TB Cases counted (confirmed as Cases) over 3 months. The Cases are reviewed 6-9 months after being counted to ensure they have completed treatment or are nearing the end. Details of the management and outcomes of TB Cases are reviewed in a group with the information presented by the case manager.

- h. Contact:** An individual who was significantly exposed to an infectious Case of Active TB Disease.
- i. Directly Observed Therapy (DOT):** LPHA staff (or other person appropriately designated by the LPHA) observes an individual with TB disease swallowing each dose of TB medication to assure adequate treatment and prevent the development of drug resistant TB.
- j. Evaluated (in context of Contact investigation):** A Contact received a complete TB symptom review and tests as described in OHA's Investigative Guidelines.
- k. Interjurisdictional Transfer:** A Suspected Case, TB Case or Contact transferred for follow-up evaluation and care from another jurisdiction either within or outside of Oregon.
- l. Investigative Guidelines:** OHA guidelines, which are incorporated herein by this reference are available for review at:
<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Tuberculosis/Documents/investigativeguide.pdf>.
- m. Latent TB Infection (LTBI):** TB disease in a person whose immune system is keeping the TB infection under control. LTBI is also referred to as TB in a dormant stage.
- n. Medical Evaluation:** A complete Medical Examination of an individual for TB including a medical history, physical examination, TB skin test or interferon gamma release assay, chest x-ray, and any appropriate molecular, bacteriologic, histologic examinations.
- o. Suspected Case:** A Suspected Case is an individual whose illness is thought by a health care provider, as defined in OAR 333-017-0000, to be likely due to a reportable disease, infection, or condition, as described in OAR 333-018-0015, or whose illness meets defining criteria published in OHA's Investigative Guidelines. This suspicion may be based on signs, symptoms, or laboratory findings.
- p. TB Case Management Services:** Dynamic and systematic management of a Case of TB where a person, known as a TB Case manager, is assigned responsibility for the management of an individual TB Case to ensure completion of treatment. TB Case Management Services requires a collaborative approach to providing and coordinating health care services for the individual. The Case manager is responsible for ensuring adequate TB treatment, coordinating care as needed, providing patient education and counseling, performing Contact investigations and following infected Contacts through completion of treatment, identifying barriers to care and implementing strategies to remove those barriers.

3. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](#), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:

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

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>					<i>X = Foundational capabilities that align with each component</i>							
<i>X = Other applicable foundational programs</i>												
TB Case Management Services	*					x	x		x			
TB Contact Investigation and Evaluation	*						x		x			
Participation in TB Cohort Review	*						x					
Evaluation of B-waiver Immigrants	*						x		x			

b. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:** Not applicable

c. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:** Not applicable

4. **Procedural and Operational Requirements.**, By accepting fee-for-service (FFS) funds to provide TB case management or B waiver follow-up, LPHA agrees to conduct activities in accordance with the following requirements:

a. LPHA must include the following minimum TB services in its TB investigation and control program if that program is supported in whole or in part with funds provided under this Agreement: TB Case Management Services, as defined above and further described below and in OHA’s Investigative Guidelines.

- b. LPHA will receive \$3500 for each new case of Active TB disease documented in Orpheus for which the LPHA provides TB Case Management Services. LPHA will receive \$300 for each new B waiver follow-up.
- c. **TB Case Management Services.** LPHA's TB Case Management Services must include the following minimum components:
 - (1) LPHA must investigate and monitor treatment for each Case and Suspected Case of Active TB Disease identified by or reported to LPHA whose residence is in LPHA's jurisdiction, to confirm the diagnosis of TB and ensure completion of adequate therapy.
 - (2) LPHA must require individuals who reside in LPHA's jurisdiction and who LPHA suspects of having Active TB Disease, to receive appropriate Medical Examinations and laboratory testing to confirm the diagnosis of TB and response to therapy, through the completion of treatment. LPHA must assist in arranging the laboratory testing and Medical Examination, as necessary.
 - (3) LPHA must provide medication for the treatment of TB disease to all individuals who reside in LPHA's jurisdiction and who have TB disease but who do not have the means to purchase TB medications or for whom obtaining or using identified means is a barrier to TB treatment compliance. LPHA must monitor, at least monthly and in person, individuals receiving medication(s) for adherence to treatment guidelines, medication side effects, and clinical response to treatment.
 - (4) DOT is the standard of care for the treatment of TB disease. Cases of TB disease should be treated via DOT. If DOT is not utilized, OHA's TB Program must be consulted.
 - (5) OHA's TB Program must be consulted prior to initiation of any TB treatment regimen which is not recommended by the most current CDC, American Thoracic Society and Infectious Diseases Society of America TB treatment guideline.
 - (6) LPHA may assist the patient in completion of treatment for TB disease by utilizing the below methods. Methods to ensure adherence should be documented.
 - (a) Proposed interventions for assisting the individual to overcome obstacles to treatment adherence (e.g. assistance with transportation).
 - (b) Proposed use of incentives and enablers to encourage the individual's compliance with the treatment plan.
 - (7) With respect to each Case of TB disease within LPHA's jurisdiction that is identified by or reported to LPHA, LPHA must perform a Contact investigation to identify Contacts, Associated Cases and source of infection. The LPHA must evaluate all located Contacts, or confirm that all located Contacts were advised of their risk for TB infection and disease.
 - (8) LPHA must offer or advise each located Contact identified with TB infection or disease, or confirm that all located Contacts were offered or advised, to take Appropriate Therapy and must monitor each Contact who starts treatment through the completion of treatment (or discontinuation of treatment).
- d. If LPHA receives in-kind resources under this Agreement in the form of medications for treating TB, LPHA must use those medications to treat individuals for TB. In the event of a non-TB related emergency (i.e. meningococcal contacts), with notification to TB Program, the LPHA may use these medications to address the emergent situation.

- e. LPHA must present TB Cases through participation in the quarterly Cohort Review. If the LPHA is unable to present the Case at the designated time, other arrangements must be made in collaboration with OHA.
 - f. LPHA must accept B-waivers Immigrants and Interjurisdictional Transfers for evaluation and follow-up, as appropriate for LPHA capabilities.
 - g. If LPHA contracts with another person to provide the services required under this Program Element, the in-kind resources in the form of medications received by LPHA from OHA must be provided, free of charge, to the contractor for the purposes set out in this Program Element and the contractor must comply with all requirements related to such medications unless OHA informs LPHA in writing that the medications cannot be provided to the contractor. The LPHA must document the medications provided to a contractor under this Program Element.
5. **General Revenue and Expense Reporting.** In lieu of the LPHA completing an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement, OHA-PHD will send a pre-populated invoice to the LPHA for review and signature on or before the 5th business day of the month following the end of the first, second, third and fourth fiscal year quarters. The LPHA must submit the signed invoice no later than 30 calendar days after receipt of the invoice from OHA-PHD. The invoice will document the number of new Active TB cases and/or B-waiver follow ups for which the LPHA provided services in the previous quarter. Pending approval of the invoice, OHA-PHD will remit FFS payment to LPHA. Funds under this program element will not be paid in advance or on a 1/12th schedule.
6. **Reporting Requirements.** LPHA must prepare and submit the following reports to OHA:
- a. LPHA must notify OHA’s TB Program of each Case or Suspected Case of Active TB Disease identified by or reported to LPHA no later than 5 business days within receipt of the report (OR – within 5 business days of the initial case report), in accordance with the standards established pursuant to OAR 333-018-0020. In addition, LPHA must, within 5 business days of a status change of a Suspected Case of TB disease previously reported to OHA, notify OHA of the change. A change in status occurs when a Suspected Case is either confirmed to have TB disease or determined not to have TB disease. LPHA must utilize OHA’s ORPHEUS TB case module for this purpose using the case reporting instructions located at <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/TUBERCULOSIS/Pages/tools.aspx>. After a Case of TB disease has concluded treatment, case completion information must be entered into the ORPHEUS TB case module within 5 business days of conclusion of treatment.
 - b. LPHA must submit data regarding Contact investigation via ORPHEUS or other mechanism deemed acceptable. Contact investigations are not required for strictly extrapulmonary cases. Consult with local medical support as needed.

7. **Performance Measures.** If LPHA uses funds provided under this Agreement to support its TB investigation and control program, LPHA must operate its program in a manner designed to achieve the following national TB performance goals:
- a. For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, **95.0% will complete treatment within 12 months.**
 - b. For TB patients with positive acid-fast bacillus (AFB) sputum-smear results, **100.0% (of patients) will be interviewed to elicit Contacts.**
 - c. For Contacts of sputum AFB smear-positive TB Cases, **93.0% will be evaluated for infection and disease.**
 - d. For Contacts of sputum AFB smear-positive TB Cases with newly diagnosed LTBI, **91.0% will start treatment.**
 - e. For Contacts of sputum AFB smear-positive TB Cases that have started treatment for newly diagnosed LTBI, **81.0% will complete treatment.**
 - f. For TB Cases in patients ages 12 years or older with a pleural or respiratory site of disease, **98% will have a sputum culture result reported.**

Program Element #40: Special Supplemental Nutrition Program for Women, Infants and Children (“WIC”) Services

Description of Program Element. 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 to deliver Special Supplemental Nutrition Program for Women, Infants and Children services (“**WIC Services**”), Farm Direct Nutrition Program services (“**FDNP Services**”), and Breastfeeding Peer Counseling Program services (“**BFPC Services**”).

The services described in Sections B. and C. of this Program Element, are ancillary to basic WIC Services described in Section A. of this Agreement. In order to participate in the services described in Sections B. or C., LPHA must be delivering basic WIC Services as described in Section A. The requirements for WIC Services also apply to services described in Sections B and C.

A. General (“WIC”) Services

- 1. Description of WIC Services.** WIC Services are nutrition and health screening, Nutrition Education related to individual health risk and Participant category, Breastfeeding promotion and support, health referral, and issuance of food benefits for specifically prescribed Supplemental Foods to Participants during critical times of growth and development in order to prevent the occurrence of health problems and to improve the health status of mothers and their children.
- 2. Definitions Specific to WIC Services**
 - a. Applicants:** Pregnant women, Breastfeeding Women, Postpartum Women, infants and children up to 5 years old who are applying to receive WIC Services, and the breastfed infants of an Applicant. Applicants include individuals who are currently receiving WIC Services but are reapplying because their Certification Period is about to expire.
 - b. Assigned Caseload:** Assigned Caseload for LPHA, which is set out in the Exhibit C of this Agreement, is determined by OHA using the WIC funding formula approved by CHLO MCH and CHLO Executive Committee in February of 2003. This Assigned Caseload is used as a standard to measure LPHA’s Caseload management performance and is used in determining NSA funding for LPHA.
 - c. Breastfeeding:** The practice of a mother feeding her breast milk to her infant(s) on the average of at least once a day.
 - d. Breastfeeding Women:** Women up to one year postpartum who breastfeed their infants.
 - e. Caseload:** For any month, the sum of the actual number of pregnant women, Breastfeeding Women, Postpartum Women, infants and children who have received Supplemental Foods or Food Instruments food benefits during the reporting period and the actual number of infants breastfed by Participant Breastfeeding Women (and receiving no Supplemental Foods or Food Instruments) during the reporting period.
 - f. Certification:** The implementation of criteria and procedures to assess and document each Applicant’s eligibility for WIC Services.
 - g. Certification Period:** The time period during which a Participant is eligible for WIC Services based on his/her application for those WIC Services.
 - h. Documentation:** The presentation of written or electronic documents or documents in other media that substantiate statements made by an Applicant or Participant or a person applying for WIC Services on behalf of an Applicant or Participant.
 - i. Electronic Benefits Transfer (EBT):** An electronic system of payment for purchase of WIC-allowed foods through a third-party processor using a magnetically encoded payment card. In Oregon, the WIC EBT system is known as “eWIC”.

- j. **Health Services:** Ongoing, routine pediatric, women’s health and obstetric care (such as infant and child care and prenatal and postpartum examinations) or referral for treatment.
- k. **Nutrition Education:** The provision of information and educational materials designed to improve health status, achieve positive change in dietary habits, and emphasize the relationship between nutrition, physical activity, and health, all in keeping with the individual’s personal and cultural preferences and socio-economic condition and related medical conditions, including, but not limited to, homelessness and migrancy.
- l. **Nutrition Education Contact:** Individual or group education session for the provision of Nutrition Education.
- m. **Nutrition Education Plan:** An annual plan developed by LPHA and submitted to and approved by OHA that identifies areas of Nutrition Education and Breastfeeding promotion and support that are to be addressed by LPHA during the period of time covered by the plan.
- m. **Nutrition Services and Administration (NSA) Funds:** Funding disbursed under or through this Agreement to LPHA to provide direct and indirect costs necessary to support the delivery of WIC Services by LPHA.
- n. **Nutrition Risk:** Detrimental or abnormal nutritional condition(s) detectable by biochemical or anthropometric measurements; other documented nutritionally related medical conditions; dietary deficiencies that impair or endanger health; or conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.
- o. **Participants:** Pregnant women, Breastfeeding Women, Postpartum Women, infants and children who are receiving Supplemental Foods benefits under the program, and the breastfed infants of participating Breastfeeding Women.
- p. **Postpartum Women:** Women up to six months after termination of a pregnancy.
- q. **Supplemental Foods:** Those foods containing nutrients determined to be beneficial for pregnant, Breastfeeding and Postpartum Women, infants and children, as determined by the United States Department of Agriculture, Food and Nutrition Services for use in conjunction with the WIC Services. These foods are defined in the WIC Manual.
- r. **TWIST:** The WIC Information System Tracker which is OHA’s statewide automated management information system used by state and local agencies for:
 - (1) Provision of direct client services including Nutrition Education, risk assessments, appointment scheduling, class registration, and food benefit issuance;
 - (2) Redemption and reconciliation of food benefits including electronic communication with the banking contractor;
 - (3) Compilation and analysis of WIC Services data including Participant and vendor information; and
 - (4) Oversight and assurance of WIC Services integrity
- s. **TWIST User Training Manual:** The TWIST User Training Manual, and other relevant manuals, now or later adopted, all as amended from time to time by updates as accepted by the LPHA.
- t. **WIC:** The Special Supplemental Nutrition Program for Women, Infants and Children authorized by section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as amended

through PL105-394, and the regulations promulgated pursuant thereto, 7 CFR Ch. II, Part 246.

- u. **WIC Manual:** The Oregon WIC Program Policies and Procedures Manual, and other relevant manuals, now or later adopted, all as amended from time to time by updates accepted by the LPHA, and located at:
<http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/wicpolicy.a.spx>

3. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in Oregon’s Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:
 - a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program				Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>					<i>X = Foundational capabilities that align with each component</i>						
<i>X = Other applicable foundational programs</i>											
WIC Services: Nutrition Education	*			X X	X	X	X	X		X	
WIC Services: Breastfeeding Education and Support	*			X X	X	X	X	X		X	
WIC Services: Referrals and Access to Care	X			X *		X	X				
WIC Services: Provision of Supplemental Foods	X			X *		X					
FDNP Services	X			X *		X					
BFPC Services	*			X X		X				X	

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

- (1) Two-year-old vaccination rates
- (2) Adults who smoke cigarettes
- (3) Dental visits among children 0-5 years

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:

Not applicable

4. Procedural and Operational Requirements. All WIC Services supported in whole or in part, directly or indirectly, with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements and in accordance with the WIC Manual. 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:

a. Staffing Requirements and Staff Qualifications.

- (1) LPHA must utilize a competent professional authority (CPA) at each of its WIC Services sites for Certifications, in accordance with 7 CFR 246.6(b)(2), and the agreement approved by the CLHO Maternal and Child Health (MCH) Committee on January 2001, and the CLHO Executive Committee on February 2001; and reapproved as written by the CLHO Maternal and Child Health (MCH) Committee on March 2006, and the CLHO Executive Committee on April 2006 (CLHO MCH Agreement). A CPA is an individual on the staff of LPHA who demonstrates proficiency in certifier competencies, as defined by the Policy #660 in the WIC Manual (a copy of which OHA will provide to LPHA) and is authorized to determine Nutrition Risk and WIC Services eligibility, provide nutritional counseling and Nutrition Education and prescribe appropriate Supplemental Foods.
- (2) LPHA must provide access to the services of a qualified nutritionist for Participants and LPHA staff to ensure the quality of the Nutrition Education component of the WIC Services, in accordance with 7 CFR 246.6(b)(2); the 1997 State Technical Assistance Review (STAR) by the U.S. Department of Agriculture, Food and Consumer Services, Western Region (which is available from OHA upon request); as defined by Policy #661; and the CLHO MCH Agreement. A qualified nutritionist is an individual who has a a master’s degree in nutrition or its equivalent; is a Registered Dietitian (RD) registered with the Commission on Dietetic Registration (CDR) or an individual eligible for registration with the CDR; or is an Oregon Licensed Dietitian (LD).

b. General WIC Services Requirements.

- (1) LPHA must provide WIC Services only to Applicants certified by LPHA as eligible to receive WIC Services. All WIC Services must be provided by LPHA in accordance with, and LPHA must comply with, all the applicable requirements detailed in the Child Nutrition Act of 1966, as amended through Pub.L.105-394, November 13, 1998, and the regulations promulgated pursuant thereto, 7 CFR Part 246, 3106, 3017, 3018, Executive Order 12549, the WIC Manual, OAR 333-054-0000 through 0070, such U.S. Department of Agriculture directives as may be issued from time to time during the term of this Agreement, the TWIST User

Training Manual (copies available from OHA upon request), and the CLHO MCH Agreement.

- (2) LPHA must make available to each Participant and Applicant referral to appropriate Health Services and shall inform them of the Health Services available. In the alternative, LPHA must have a plan for continued efforts to make Health Services available to Participants at the WIC clinic through written agreements with other health care providers when Health Services are provided through referral, in accordance with 7 CFR Part 246, Subpart B, §246.6(b)(3) and (5); and the CLHO MCH Agreement.
- (3) Each WIC LPHA must make available to each Participant a minimum of two Nutrition Education contacts appropriate to the Participant's Nutrition Risks and needs during the Participant's 6-month Certification Period, or quarterly for Participants certified for greater than 6 months, in accordance with 7 CFR Subpart D, §246.11 and the CLHO MCH Agreement.
- (4) LPHA must document Participant and Applicant information in TWIST for review, audit and evaluation, including all criteria used for Certification, income information and specific criteria to determine eligibility, Nutrition Risk(s), and food package assignment for each Participant, in accordance with 7 CFR Part 246, Subpart C, §246.7 and the TWIST User Training Manual.
- (5) LPHA must maintain complete, accurate, documented and current accounting records of all WIC Services funds received and expended by LPHA in accordance with 7 CFR Part 246 Subpart B, §246.6(b)(8) and the CLHO MCH Agreement. This includes the annual submission of a budget projection for the next state fiscal year that is due to the state along with the Nutrition Education Plan. (FY2011 USDA Management Evaluation finding and resolution.)
- (6) LPHA, in collaboration with OHA, must manage its Caseload in order to meet the performance measures for its Assigned Caseload, as specified below, in accordance with 7 CFR Part 246, Subpart B, §246.6(b)(1) and the CLHO MCH Agreement.
- (7) As a condition to receiving funds under this Agreement, LPHA must have on file with OHA, a current Nutrition Education Plan that meets all requirements related to plan, evaluation, and assessment. Each Nutritional Education Plan must be marked as to the year it covers and must be updated prior to its expiration. OHA reserves the right to approve or require modification to the Nutritional Education Plan prior to any disbursement of funds under this Agreement. The Nutrition Education Plan, as updated from time to time, is an attachment to Program Element, in accordance with 7 CFR Part 246, Subpart D, §246.11(d)(2); and CLHO MCH Agreement.
- (8) LPHA must utilize at least twenty percent (20%) of its NSA Funds for Nutrition Education activities, and the amount specified in its financial assistance award for Breastfeeding education and support, in accordance with 7 CFR Part 246, Subpart E, §246.14(c)(1) and CLHO MCH Agreement.
- (9) Monitoring: OHA will conduct on-site monitoring of the LPHA biennially for compliance with all applicable OHA and federal requirements as described in the WIC Manual. Monitoring will be conducted in accordance with 7 CFR Part 246, Subpart F, §246.19(b)(1)-(6); and the CLHO MCH Agreement. The scope of this review is described in Policy 215 in the WIC Manual.

5. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter, by the 25th of the month following the end of the quarter. A copy of the general ledger of WIC-related expenditures for the quarter must be submitted with each quarterly expenditure and revenue report. In addition, LPHA must provide additional documentation, if requested, for expenditure testing to verify allowable expenditures per WIC federal guidelines.
6. **Reporting Requirements.** In addition to the reporting obligations set forth in Exhibit E, Section 6 of this Agreement, LPHA shall submit the following written reports to OHA:
 - a. Quarterly reports on: (a) the percentage of its NSA Funds used for Nutrition Education activities; and (b) the percentage used for Breastfeeding education and support.
 - b. Quarterly time studies conducted in the months of October, January, April and July by all LPHA WIC staff.
 - c. Biannual payroll verification forms, completed in January and July, for all staff, funded in whole or in part, by funds provided under this Agreement.
 - d. Annual WIC budget projection for the following state fiscal year.
 - e. Nutrition Education Plan.
7. **Performance Measures.**
 - a. LPHA must serve an average of greater than or equal to 97% and less than or equal to 103% of its Assigned Caseload over any twelve (12) month period.
 - b. OHA reserves the right to adjust its award of NSA Funds, based on LPHA performance in meeting or exceeding Assigned Caseload.

B. Farm Direct Nutrition Program (FDNP) Services.

1. **General Description of FDNP Services.** FDNP Services provide resources in the form of fresh, nutritious, unprepared foods (fruits and vegetables) from local farmers to women, infants, and children who are nutritionally at risk and who are Participants. FDNP Services are also intended to expand the awareness, use of and sales at local Farmers Markets and Farm Stands. FDNP Participants receive checks that can be redeemed at local Farmers Markets and Farm Stands for Eligible Foods.
2. **Definitions Specific to FDNP Services.** In addition to the definitions in Section A.2. of this Program Element, the following terms used in this Section B.2. shall have the meanings assigned below, unless the context requires otherwise:
 - a. **Eligible Foods:** Fresh, nutritious, unprepared, Locally Grown Produce, fruits, vegetables and herbs for human consumption. Foods that have been processed or prepared beyond their natural state, except for usual harvesting and cleaning processes, are not Eligible Foods. Honey, maple syrup, cider, nuts, seeds, eggs, meat, cheese and seafood are examples of foods that are not Eligible Foods.
 - b. **Farmers Market:** Association of local farmers who assemble at a defined location for the purpose of selling their produce directly to consumers.
 - c. **Farmers Market Season or Season:** June 1 – October 31.
 - d. **Farm Stand:** A location at which a single, individual farmer sells his/her produce directly to consumers or a farmer who owns/operates such a Farm Stand. This is in contrast to a group or association of farmers selling their produce at a Farmers Market.

- e. **FDNP:** The WIC Farm Direct Nutrition Program authorized by Section 17(m) of the Child Nutrition Act of 1966, 42 U.S.C. 1786(m), as amended by the WIC Farmers July 2, 1992.
 - f. **Locally Grown Produce:** Produce grown within Oregon's borders, but may also include produce grown in areas in neighboring states adjacent to Oregon's borders.
 - g. **Recipients:** Participants who: (a) are one of the following on the date of Farm Direct Nutrition Program issuance: pregnant women, Breastfeeding Women, non-Breastfeeding Postpartum Women, infants 4 months of age or older and children through the end of the month they turn five years of age; and (b) have been chosen by the LPHA to receive FDNP Services.
3. **Procedural and Operational Requirements for FDNP Services.** All FDNP Services supported in whole or in part, directly or indirectly, with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements:
- a. **Staffing Requirements and Staff Qualifications.** LPHA shall have sufficient staff to ensure the effective delivery of required FDNP Services.
 - b. **General FDNP Services Requirements.** All FDNP Services must comply with all requirements as specified in OHA's Farm Direct Nutrition Program Policy and Procedures in the WIC Manual, including but not limited to the following requirements:
 - (1) **Coupon Distribution:** OHA will deliver FDNP checks to LPHA who will be responsible for distribution of these checks to Recipient. Each Recipient must be issued one packet of checks after confirmation of eligibility status. The number of check packets allowed per family will be announced before each Season begins.
 - (2) **Recipient Education:** Checks must be issued in a face-to-face contact after the Recipient/guardian has received a FDNP orientation that includes Nutrition Education and information on how to shop with checks. Documentation of this education must be put in TWIST or a master file if TWIST is not available. Details of the education component can be found in the Policy 1100 3.0 'Participant Orientation' in the WIC Manual.
 - (3) **Security:** Checks must be kept locked up at all times except when in use and at those times an LPHA staff person must attend the unlocked checks.
 - (4) **Check Issuance and LPHA Responsibilities:** LPHA must document the required Certification information and activities on a Participant's record in the TWIST system in accordance with the requirements set out in Policy 640 of the WIC Manual. LPHA must follow the procedures set out in Policy 1100 of the WIC Manual to ensure compliance with the FDNP Services requirements.
 - (5) **Complaints/Abuse:** LPHA must address all Civil Rights complaints according to Policy 230, Civil Rights, in the WIC Manual. Other types of complaints must be handled by LPHA's WIC Coordinator in consultation with the OHA FDNP coordinator if necessary. LPHA must record all complaints on an Oregon FDNP comment form (see Appendix B of Policy 1100 of the WIC Manual), and all originals of the completed form must be forwarded to the OHA FDNP Coordinator.
 - (6) **Monitoring:** OHA will monitor the FDNP practices of LPHA. OHA will review the FDNP practices of LPHA at least once every two years. The general scope of this review is found in Policy 1100 in the WIC Manual. OHA monitoring will be

conducted in accordance with 7 C.F.R. Ch. II, Part 246 and the CLHO MCH Agreement.

4. **Reporting Requirements.** The reporting obligations of LPHA are set forth in the Exhibit E, Section 6 of this Agreement.

C. **Breastfeeding Peer Counseling (BFPC) Services**

1. **General Description of BFPC Services.** The purpose of BFPC Services is to increase Breastfeeding duration and exclusivity rates by providing basic Breastfeeding information, encouragement, and appropriate referrals primarily through an LPHA Peer Counselor, during non-traditional work hours at specific intervals, to pregnant and Breastfeeding Women who are Participants of the BFPC Program.

2. **Definitions Specific to BFPC Services.**

In addition to the definitions in Section A.2. of this Program Element, the following terms used in this Section C. shall have the meanings assigned below, unless the context requires otherwise:

- a. **Assigned Peer Counseling Caseload:** Assigned Peer Counseling Caseload for LPHA, which is set out in the OHA, Public Health Division financial assistance award document, is determined by OHA using the WIC Peer Counseling funding formula. (approved by CHLO MCH and CHLO Executive Committee December 2004, and re-approved as written August 2007). This Assigned Peer Counseling Caseload is used as a standard to measure LPHA's peer counseling Caseload management performance and is used in determining peer counseling funding for LPHA.
 - b. **BFPC Participant:** A WIC Participant enrolled in the BFPC Program.
 - c. **BFPC Coordinator:** An LPHA staff person who supervises (or if the governing collective bargaining agreement or local organizational structure prohibits this person from supervising staff, mentors and coaches and directs the work of) BFPC Peer Counselors and manages the delivery of the BFPC Services at the local level according to the WIC Manual.
 - d. **Peer Counseling Caseload:** For any month, the sum of the actual number of women assigned to a Peer Counselor.
 - e. **Peer Counselor:** A paraprofessional support person with LPHA who meets the qualifications as stated in the WIC Manual and provides basic Breastfeeding information and encouragement to pregnant women and Breastfeeding mothers who are Participants and participate in the BFPC program.
 - f. **State BFPC Project Coordinator:** An OHA staff person who coordinates and implements the BFPC Services for Oregon.
3. **Procedural and Operational Requirements of the BFPC Services.** All BFPC Services supported in whole or in part with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements:
 - a. **Staffing Requirements and Staff Qualifications.**
 - (1) LPHA must provide a BFPC Coordinator who meets the qualifications set forth in the WIC Manual and who will spend an adequate number of hours per week managing the delivery of BFPC Services and supervising/mentoring/coaching the Peer Counselor(s). The average number of hours spent managing the delivery of BFPC Services will depend upon the LPHA's Assigned Peer Counseling Caseload and must be sufficient to maintain Caseload requirements specified in the WIC Manual.

- (2) LPHA shall recruit and select women from its community who meet the selection criteria in the WIC Manual to serve as Peer Counselors.

b. General BFPC Service Requirements

- (1) **WIC Manual Compliance:** All BFPC Services funded under this Agreement must comply with all state and federal requirements specified in the WIC Manual and the All States Memorandum (ASM) 04-2 Breastfeeding Peer Counseling Grants/Training.
- (2) **Confidentiality:** Each Peer Counselor must abide by federal, state and local statutes and regulations related to confidentiality of BFPC Participant information.
- (3) **Job Parameters and Scope of Practice:** The LPHA position description, selection requirements and scope of practice for Peer Counselor(s) must be in accordance with the WIC Manual.
- (4) **Required Documentation:** LPHA must document BFPC Participant assignment to a Peer Counselor in TWIST. LPHA must assure that all Peer Counselors document all contact with BFPC Participants according to the WIC Manual.
- (5) **Referring:** LPHA must develop and maintain a referral protocol for the Peer Counselor(s) and a list of lactation referral resources, specific to their agency and community.
- (6) **Provided Training:** LPHA must assure that Peer Counselors receive new employee orientation and training in their scope of practice, including elements described in the WIC Manual.
- (7) **Conference Calls:** LPHA must assure that the BFPC Coordinator(s) participates in periodic conference calls sponsored by OHA.
- (8) **Frequency of Contact with Participant:** LPHA must follow the minimum requirements as stated in the WIC Manual specifying the type, the number and the timing of BFPC Participant notifications, and the number and type of interventions included in a Peer Counselor's Assigned Caseload.
- (9) **Plan Development:** LPHA must develop a plan as described in the WIC Manual to assure that the delivery of BFPC Services to BFPC Participants is not disrupted in the event of Peer Counselor attrition or long-term absence.
- (10) **Calculation of BFPC Services Time:** LPHA staff time dedicated to providing BFPC Services must not be included in the regular WIC quarterly time studies described in Section A.6.b. above.
- (11) **Counting of BFPC Services Expenditures:** LPHA must not count expenditures from the BFPC Services funds towards meeting either its LPHA Breastfeeding promotion and support targets or its one-sixth Nutrition Education requirement.
- (12) **Monitoring.** OHA will do a review of BFPC Services as part of its regular WIC Services review of LPHA once every two years. OHA will conduct quarterly reviews of Peer Counseling Caseload. LPHA must cooperate with such OHA monitoring.

4. Performance Measures:

- a.** LPHA must serve at least 97% of its Assigned Peer Counseling Caseload over any twelve-month period.
- b.** OHA reserves the right to adjust its award of BFPC Funds, based on LPHA performance in meeting Assigned Peer Counseling Caseload.

5. Reporting Obligations and Periodic Reporting Requirements. In addition to the reporting obligations set forth in Exhibit E, Section 6 of this Agreement, LPHA must submit the following reports:

- a.** A quarterly expenditure report detailing BFPC Services expenditures approved for personal services, services and support, and capital outlay in accordance with the WIC Manual.
- b.** A quarterly activity report summarizing the BFPC Services provided by LPHA, as required by the WIC Manual

**Attachment B
Financial Assistance Award (FY19)**

State of Oregon Oregon Health Authority Public Health Division			Page 1 of 3	
1) Grantee Name: North Central Public Health District		2) Issue Date February 06, 2019	This Action AMENDMENT FY 2019	
Street: 419 E. 7th St., Annex A City: The Dalles State: OR Zip Code: 97058		3) Award Period From July 1, 2018 Through June 30, 2019		
4) OHA Public Health Funds Approved				
Program	Award Balance	Increase/ (Decrease)	New Award Bal	
PE01 State Support for Public Health	36,417		36,417	
PE03 Tuberculosis Case Management	0		0	
PE12 Public Health Emergency Preparedness and Response (PHEP)	158,553	3,272	161,825	
PE13 Tobacco Prevention and Education Program (TPEP)	93,405		93,405	
PE40-01 WIC NSA: July - September	45,951		45,951	
PE40-02 WIC NSA: October - June	125,352		125,352	
PE40-05 Farmer's Market	824		824	
PE41 Reproductive Health Program	5,570		5,570	
PE42-01 MCAH Title V CAH	13,976		13,976	
PE42-02 MCAH Title V Flexible Funds	32,611		32,611	
PE42-03 MCAH Perinatal General Funds & Title XIX	4,802		4,802	
PE42-04 MCAH Babies First! General Funds	15,346		15,346	
PE42-05 MCAH Oregon Mothers Care Title V	5,593		5,593	
PE42-06 MCAH General Funds & Title XIX	9,008		9,008	
PE43 Public Health Practice (PHP) - Immunization Services (Vendors)	18,284		18,284	
PE46 RH Community Participation & Assurance of Access	23,325		23,325	
PE50 Safe Drinking Water (SDW) Program (Vendors)	42,184		42,184	
PE51 Public Health Modernization Implementation	414,402		414,402	

State of Oregon Oregon Health Authority Public Health Division			Page 2 of 3	
1) Grantee Name: North Central Public Health District		2) Issue Date February 06, 2019		This Action AMENDMENT FY 2019
Street: 419 E. 7th St., Annex A City: The Dalles State: OR Zip Code: 97058		3) Award Period From July 1, 2018 Through June 30, 2019		
4) OHA Public Health Funds Approved				
Program		Award Balance	Increase/ (Decrease)	New Award Bal
5) Foot Notes:		1,045,603	3,272	1,048,875
PE03	1	Tuberculosis funding has been changed to a fee for service model.		
PE12	1	02/2019 Footnote: Funding being added to all LPHAs for the purpose of sending staff to Oregon Prepared Workshop in March, 2019 and OR-EPI in April 2019.		
PE40-01	1	Award for July - September should be spent by 9/30/18		
PE40-02	1	Award for October - June should be spent by 6/30/19		
PE40-05	1	Award is one-time funding to be spent by 11/30/18		
PE41	1	Funding Period is for two month - 7/1/18 - 8/31/18 - Funds must be expended by August 31, 2018		
PE42-01	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-01	2	Funds for the MCH Title V programs: Flexible funds, Child & Adolescent Health, and Oregon MothersCare for the period 7/1/18 – 9/30/18 must be spent by 9/30/18.		
PE42-02	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-02	2	Funds for the MCH Title V programs: Flexible funds, Child & Adolescent Health, and Oregon MothersCare for the period 7/1/18 – 9/30/18 must be spent by 9/30/18.		
PE42-03	1	Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-04	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-05	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-05	2	Funds for the MCH Title V programs: Flexible funds, Child & Adolescent Health, and Oregon MothersCare for the period 7/1/18 – 9/30/18 must be spent by 9/30/18.		
PE42-06	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE43	1	All Award Must be Spent by the End of June 30, 2019		
PE43	2	Immunization Special Payments is Funded by State General Fund and Matched dollar for Dollar with Federal Medicaid Match.		
6) Comments:				
PE03	\$112 must be spent by 12/31/18			
PE12	Operation OX: MCM Mini Grant Award \$5,000			
PE40-01	Nutrition Ed of \$8,190 & BF of \$1,460 to be spent by 9/30/18			
PE40-02	Nutrition Ed of \$24,570, BF of \$4,381 to be spent by 6/30/19			

State of Oregon Oregon Health Authority Public Health Division		Page 3 of 3	
1) Grantee Name: North Central Public Health District Street: 419 E. 7th St., Annex A City: The Dalles State: OR Zip Code: 97058		2) Issue Date February 06, 2019	This Action AMENDMENT FY 2019
		3) Award Period From July 1, 2018 Through June 30, 2019	
4) OHA Public Health Funds Approved			
Program	Award Balance	Increase/ (Decrease)	New Award Bal
PE40-02	\$2,500 for clinic improvement		
PE42-01	\$3,494 must be spent from 7/1/18 to 9/30/18. \$10,482 must be spent from 10/1/18 to 6/30/19.		
PE42-02	\$8,153 must be spent from 7/1/18 to 9/30/18. \$24,458 must be spent from 10/1/18 to 6/30/19.		
PE42-05	\$1,398 must be spent from 7/1/18 to 9/30/18. \$4,195 must be spent from 10/1/18 to 6/30/19.		
PE46	PE46 7 Month award 9/1/18 to 3/31/19		
PE50	\$3,797 must be spent from 7/1/18 to 9/30/18. \$11,390 must be spent from 10/1/18 to 6/30/19. (for portion of award with federal funding source CFDA 66.432)		
PE51	Total budget for 12/1/2017 to 6/30/2019 (19 months) is \$495,000		
PE51	\$101,770 is rollover of unspent award from SFY2018 and must be spent by 6/30/2019.		
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

Attachment C
Information required by CFR Subtitle B with guidance at 2 CFR Part 200

PE12: Public Health Emergency Preparedness and Response

Funding Information Table

Federal Award Identification Number (FAIN):	6NU90TP921916-01-03	1NU90TP921916-01-02
Federal Award Date:	8/3/2018	1/31/2018
Performance Period:	07/01/18-06/30/19	07/01/2018-06/30/2019
Federal Awarding Agency:	CDC	CDC
CFDA Number:	93.069	93.069
CFDA Name:	Public Health Emergency	Public Health Emergency
Total Federal Award:	\$8,008,993	\$8,012,510
Project Description:	Public Health Emergency	Public Health Emergency
Awarding Official:	Shicann Phillips	Shicann Phillips
Indirect Cost Rate:	17.15%	17.15%
Research and Development (Y/N):	No	No

PCA: 53437 53231

INDEX: 50407 50407

Agency/Contractor	DUNS	Amount	Amount	Total FY 2019
NCPHD	32640580	\$158,553	\$3,272	\$161,825



PARTICIPATING PROVIDER SERVICE AGREEMENT

This Provider Services Agreement is made and entered into effective as of this **1st day of March 2019** ("Commencement Date"), by and between **PacificSource Community Solutions**, an Oregon corporation ("Health Plan"), and **North Central Public Health District** ("Provider").

WHEREAS, Health Plan is a company contracted with the State of Oregon, acting by and through the Oregon Health Authority ("OHA"), Health Systems Division ("HSD"), to implement and administer services under the Oregon Health Plan in certain counties in Oregon;

WHEREAS, as indicated on the signature page of this Agreement, Provider is either (a) an individual ancillary provider who is HSD approved and duly licensed to practice his or her specialty in the State of Oregon or (b) a Provider Entity, which provides services under this Agreement through its partners, independent contractor(s), and/or employee(s);

WHEREAS, Health Plan desires to enter into this Agreement with Provider to provide Covered Services to Health Plan Members; and

WHEREAS, the parties intend that should any reasonable ambiguity arise in the interpretation of a provision of this Agreement, the provision shall be construed to be consistent with the legal requirements of the state of Oregon, any contracts between Health Plan and state or government agencies, or other legal requirements, as applicable.

NOW, THEREFORE, in consideration of the mutual covenants and agreements, and subject to the conditions and limitations set forth in this Agreement, and for the mutual reliance of the parties in this Agreement, the parties hereby agree as follows:

1.0 DEFINITIONS

1.1 Agreement.

"Agreement" means this Provider Services Agreement, including any and all amendments, exhibits, attachments, schedules, and addenda, now or hereafter entered into, between Provider and Health Plan.

1.2 Clean Claim.

"Clean Claim," means a claim received by Health Plan for payment of Covered Services rendered to a Member which can be processed without obtaining additional information from Provider or from a third party and has been received within the time limitations set forth herein. A Clean Claim does not include a claim from a Provider who is under investigation for fraud or abuse or a claim under review for Medical Necessity. A Clean Claim is a "clean claim" as defined in 42 CFR 447.45(b).

1.3 Copayments.

“Copayments” are defined as any and all copayments as may be provided for under the Oregon Health Plan.

1.4 Coordinated Care Organization.

“Coordinated Care Organization” is defined as a network of all types of health care providers who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid).

1.5 Covered Services.

“Covered Services” are defined as Medically Necessary health services that are funded by the legislature of the State of Oregon and described in ORS 414.706 to 414.764; OAR 410-120-1210, Medical Assistance Benefit Packages and Delivery System; OAR 410-141-0120, Oregon Health Plan Prepaid Health Plan Provision of Health Care Services; OAR 410-141-0520, Prioritized List of Health Services; and OAR 410-141-0480, Oregon Health Plan Plus and Standard Benefit Package of Covered Services; except as excluded or limited under OAR 410-141-0500, Excluded Services and Limitations for OHP Clients, as such statutes and rules exist today or as amended in the future.

1.6 Covering Practitioner.

“Covering Practitioner” means a Health Plan Provider or, with prior Health Plan approval, a practitioner who is not a Health Plan Provider, who provides Covered Services to Members for or on behalf of Provider during an emergency or temporary unavailability such as a vacation or illness.

1.7 Emergency Services.

“Emergency Services” are defined as Covered Services furnished by a provider that is qualified to furnish these services and that are needed to evaluate or stabilize an Emergency Medical Condition. “Emergency Services” include all inpatient and outpatient treatment that may be necessary to assure within reasonable medical probability that no material deterioration of the patient’s condition is likely to result from, or occur during, discharge of the Member or transfer of the Member to another facility.

1.8 Emergency Medical Condition.

“Emergency Medical Condition” means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. An Emergency Medical Condition is determined based on the presenting symptoms (not the final diagnosis) as perceived by a prudent layperson (rather than a health care professional) and includes cases in which the absence of immediate medical attention would not in fact have had the adverse results described in the previous sentence. An emergency shall include, but not be limited to, suspected heart attack

or stroke, poisoning, loss of consciousness, severe respiratory distress, hemorrhaging, or convulsion. Health Plan may determine that other similarly acute conditions require Emergency Medical Services. The decision of whether a condition requires Emergency Medical Services rests with Health Plan and is subject to its procedures for post-treatment utilization review consistent with the standards under federal or Oregon law, as applicable.

1.9 Health Benefit Plan.

“Health Benefit Plan” means the Oregon Health Plan Plus Benefit Package, which is a benefit package available to eligible Members as described in OAR 410-120-1200 Medical Assistance Benefits: Excluded Services and Limitations and in OAR 410-141-0520 Prioritized List of Health Services and OAR 410-120-1210, Medical Assistance Benefit Packages and Delivery System.

1.10 Health Plan Provider Manual.

“Health Plan Provider Manual” means a document developed and maintained by Health Plan, which provides instruction regarding standard policy and procedural requirements of the Health Plan and is provided on-line on Health Plan’s website in the provider section.

1.11 Health Plan Providers.

“Health Plan Providers” means institutional or non-institutional health care entities or individuals that are under contract, directly or indirectly, with Health Plan to provide Covered Services to Members.

1.12 Medical Director.

“Medical Director” means an a doctor of medicine or osteopathy duly licensed in the state of Oregon to practice medicine or osteopathy, as the case may be, employed by Health Plan to oversee quality management, case and disease management, and utilization management. The Medical Director(s) shall be responsible for all final medical and behavioral health decisions relating to coverage or payment made pursuant to the terms of this Agreement.

1.13 Medically Appropriate.

“Medically Necessary” means services and medical supplies that are required for prevention, diagnosis, or treatment of a health condition that encompasses physical or behavioral conditions or injuries and that are:

- (a) Consistent with the symptoms of a health condition or treatment of a health condition;
- (b) Appropriate with regard to standards of good health practice and generally recognized by the relevant scientific community and professional standards of care as effective;
- (c) Not solely for the convenience of a Member or a provider of the service or medical supplies; and
- (d) The most cost effective of the alternative levels of medical services or medical supplies that can be safely provided to a Member in Health Plan’s judgment.

For these purposes, “standards of good health practice and generally recognized by the relevant scientific community and professional standards of care” are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or by national physician specialty society recommendations.

“National physician specialty society” means a United States medical specialty society that represents diplomats certified by a board recognized by the American Board of Medical Specialties.

1.14 Member.

“Member” means an individual who is found eligible by the Oregon Health Authority, including such divisions, programs, and offices as may be established therein, to receive services under the Oregon Health Plan, is enrolled with Health Plan and eligible to receive Covered Services, and to whom Provider is required to provide Covered Services pursuant to this Agreement.

1.15 Non-Covered Services.

“Non-Covered Services” are defined as all health care services that are not Covered Services under the Member’s Health Benefit Plan.

1.16 Oregon Health Authority.

“Oregon Health Authority” is an Oregon state government agency, overseen by a nine-member citizen board, appointed by the governor to work toward comprehensive health reform.

1.17 Oregon Health Plan.

“Oregon Health Plan” (OHP) means the Oregon Medicaid Demonstration Project, which expands Medicaid eligibility to eligible OHP clients (individuals found eligible by DHS to receive services under the OHP), as established by chapter 815, Oregon Laws 1993, and enacted during the 1987, 1989 and 1991 legislative sessions, the goal of which is to ensure that Oregonians have access to health care coverage. OHP relies substantially upon prioritization of health services and managed care to achieve the public policy objectives of access, cost containment, efficacy, and cost effectiveness in the allocation of health resources.

1.18 Urgent Care Services.

“Urgent Care Services” are defined as Covered Services that are Medically Necessary and immediately required in order to prevent a serious deterioration of a Member’s health that results from an unforeseen illness or an injury. Services that can be foreseen by the individual are not considered Urgent Services.

2.0 PROVIDER RESPONSIBILITIES.

2.1 Provider Services.

Provider shall:

- (a) Provide Covered Services on an as needed basis within the scope of Provider’s licensing, training, experience, and qualifications and consistent

with accepted standards of medical practice and the terms and conditions of this Agreement.

- (b) Devote sufficient time, attention, and energy necessary for the competent and effective performance of Provider's duties under this Agreement to Members who select Provider or are otherwise designated, assigned, or referred to Provider by Health Plan.
- (c) Meet standards to timely access to care and services as specified in OARs 410-141-3220 and 410-141-3160.
- (d) Meet the National Standards for Culturally and Linguistically Appropriate Services (CLAS) by providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

2.2 Non-Discrimination.

Providers shall (a) not discriminate in the treatment of Members based upon physical or medical disability, medical condition, race, color, national origin, ancestry, religion, sex, marital status, veteran status, sexual orientation, or age, to the extent prohibited by applicable federal, state, and local laws, regulations, and ordinances, and (b) provide services to Members in the same manner, in accordance with the same standards, and within the same availability as to non-Members.

2.3 Pre-authorization Program.

Except for Emergency Medical Services, Provider will cooperate fully with Health Plan's pre-authorization program. Health Plan will notify Provider reasonably in advance when Covered Services are added to or removed from the pre-authorization program. Prior approval of all procedures or services listed on the pre-authorization grid is required, and any claims submitted for such procedures without prior approval will be denied. The pre-authorization grid is provided on-line on Health Plan's website in the provider section.

2.4 Referrals.

Except (a) in the event of an emergency, (b) where otherwise approved or directed in advance by Health Plan, or (c) where a Member's medical needs otherwise require, Providers shall refer Members only to Health Plan Providers and shall refer Members for hospital services only to Health Plan Provider hospitals.

2.5 Emergency Coverage.

Provider shall be responsible for responding to or making arrangements for emergent needs of Members with respect to Covered Services twenty-four (24) hours per day, seven (7) days per week, including holidays. In the event that Provider is unable to provide required Covered Services, Provider shall arrange for a Covering Practitioner.

2.6 Billing Procedure.

- 2.6.1 Covered Services. For all Covered Services provided by Provider under this Agreement, Providers shall bill Health Plan in accordance with OAR 410-141-0420 and the Health Plan Provider Manual of this Agreement. Provider shall not, under any circumstances, bill, charge, or seek compensation, remuneration or reimbursement from, or any recourse against, OHA or a Member for any Covered Services; provided, however, that Provider may collect Copayments, if any, provided for under the Member's Health Benefit Plan and whenever possible, Providers shall collect any such Member Copayments at the time Covered Services are rendered in accordance with OAR 410-120-1280. In addition, Provider shall not bill in any amount greater than would be owed if Provider provided the services directly, consistent with 42 CFR 438.106 and 42 CFR 438.230.
- 2.6.2 Non-Covered Services. For all Non-Covered Services provided to any Member, Provider may bill Member directly for Non-Covered Services if, prior to providing Non-Covered Services, Provider shall have advised Member of non-coverage and shall obtain Member's acknowledgment and acceptance of individual financial responsibility ("Agreement to Pay"). Such Agreement to Pay shall be obtained in writing in a form published by OHA in accordance with OAR 410-120-1280.
- 2.6.3 Actions to Collect Amounts Owed. Provider shall not maintain any action at law or equity against OHA or any Member to collect any sum owed to Provider by Health Plan for Covered Services rendered pursuant to this Agreement. Provider shall not pursue legal or other remedy against Health Plan for nonpayment or underpayment to Provider for Covered Services provided to a Member unless and to the extent that Health Plan has failed to pay Provider for such Covered Services as required by this Agreement or Health Plan becomes insolvent.
- 2.6.4 Claims Policies and Procedures. Provider agrees to comply with claims policies and procedures as identified in the Health Plan Provider Manual, which shall be consistent with industry standards for billing and coding practices. Provider agrees that claims must be submitted within four (4) months of the provision of services, except as otherwise set forth in OAR 410-141-0420. Claims submitted after the applicable time period as specified in OAR 410-141-0420 will be denied, and Provider shall not seek reimbursement for such denied claims from Members.

2.7 Compliance with Health Plan Policies and Procedures.

Provider shall participate in, cooperate with, and comply with all applicable Health Plan requirements, policies, and procedures, including, but not limited to, those set forth in the Health Plan Provider Manual and those relating to Member grievances, credentialing, utilization review, quality assurance, information and document requests and medical management program(s). Health Plan agrees to make any such requirements, policies, and procedures available to Provider upon request within 72 business hours. Provider acknowledges that such Health Plan requirements and procedures may be amended and that Provider shall be given

written notice of any amendments to such requirements and procedures that may affect the performance of Health Plan or Providers under this Agreement.

2.8 Cooperation with UM and Quality Improvement Activities; Health Plan Committee and Corrective Action Plans.

Provider agrees to cooperate with utilization management and quality management procedures specified by the OHA or in the Health Plan Provider Manual. If Health Plan's quality review activities involve post-payment record reviews or audits, such activities shall be limited to Member records, conducted at Health Plan's expense, and shall not include the cost of accessing and/or copying records. Provider shall provide at no cost, up to 10 records per Provider per audit, after which the parties shall split the reasonable costs. Health Plan shall not unreasonably interfere with Provider's business operations for the purpose of such audit. Provider shall cooperate with Health Plan, or its designee, in the performance of quality improvement and related activities. Failure to comply with Health Plan utilization review requirements or respond to post-payment record reviews or audits may result in a Health Plan request for a return of monies paid to Provider. If such amounts are not refunded or a reasonable accommodation for repayment cannot be reached between Health Plan and Provider, Health Plan may setoff such monies against amounts owed to Provider. The setoff right provided above may only be exercised upon prior written notice to Provider. For any return requests or setoff notices, Provider shall be given an opportunity to be heard by Health Plan.

2.8.1 Quality Improvement Programs. Provider will participate and/or promote applicable quality improvement programs, which may include, but are not limited to Centers for Medicare and Medicaid Services (CMS) quality improvement initiatives, National Committee for Quality Assurance (NCQA), diagnosis code information sharing, and other initiatives geared towards improving the quality and value of Member's health care. Provider will also participate in CCO Incentive Measures which include diagnosis code data sharing via access to Provider electronic health records, participation in Health Plan incentive and improvement programs, and other measures or metrics as applicable.

2.8.2 Corrective Action Plans. Health Plan, in its sole and reasonable discretion, may determine that Provider's performance of obligations, duties and responsibilities under the terms of this Agreement is deficient. In reaching that conclusion, Health Plan may, but is not required to, consider third-party audit or other formal review results, peer review results, quality measures, written or oral feedback from Members or patients, and any other issues which may be identified by Health Plan. If Health Plan determines Provider's performance is deficient for any reason, but that such deficiency does not constitute a Material Breach of the terms of this Agreement, Plan may institute a corrective action plan ("CAP") subject to internal review. Health Plan will notify Provider of the terms of the CAP and will provide a CAP reporting template. Provider shall have thirty (30) days to resolve the CAP to Health Plan's satisfaction. Failure to resolve the CAP shall constitute a Material Breach by Provider, and Health Plan may terminate this Agreement immediately.

2.9 Provider Practice.

Subject to the terms and conditions of this Agreement, Provider shall be entitled to perform all usual and customary procedures relative to their practice. This Agreement does not, and shall not be interpreted as, prohibiting or otherwise restricting Provider who is acting within the lawful scope of practice from advising or advocating on behalf of Members who are patients of such Provider, for the following:

- (a) Members' health status, medical care, or treatment options including any alternative treatment that may be self-administered, that is Medically Necessary even if such care or treatment is not covered under this Agreement or is subject to copayment;
- (b) Any information Members need in order to decide among relevant treatment options;
- (c) The risks, benefits, and consequences of treatment or non-treatment; and
- (d) Members' right to participate in decisions regarding their health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

2.10 Professional Requirements.

Throughout the term of this Agreement, Provider represents and warrants that providers covered under this Agreement shall comply with all of the following:

- (a) Maintain an unrestricted current license to practice his or her specialty under the State jurisdiction in which Covered Services are provided and have in effect at all times all licenses required by law for the practice of such provider's profession;
- (b) Maintain credentialing according to NCQA credentialing standards either by Health Plan or Health Plan's agent;
- (c) Secure and maintain, at Provider's expense, throughout the term of this Agreement, professional liability insurance in a minimum amount not less than as specified in the Provider Manual or as required by state law or OHA;
- (d) Obtain and maintain staff privileges at the hospital primarily used by Health Plan Providers, assuming privileges are available and appropriate to that class of provider; and
- (e) Notify Health Plan promptly of any (i) modification, restriction, suspension, or revocation of any provider's license; (ii) modification, restriction, suspension, or revocation of any provider's authorization to prescribe or to administer controlled substances; (iii) imposition of sanctions against any provider under Medicaid, Medicare, or any other governmental program; or (iv) other professional disciplinary action or criminal or professional liability ("malpractice") action of any kind against any provider, which is either initiated, in progress, or completed as of the Commencement Date of this Agreement and at all times during the term of this Agreement.

2.11 Credentialing.

Provider and providers covered under this Agreement agree to comply with credentialing requirements of Health Plan as outlined in the Provider Manual and prior to rendering of Covered Services to Members.

2.12 Provider Information.

Provider shall notify Health Plan of any change in Provider information, including but not limited to, address, phone number, tax identification number, open and closed practice status, board certification and hospital privileges in advance of said change. Provider hereby authorizes any and all hospitals that Provider maintains staff privileges at to notify Health Plan promptly following the initiation of any disciplinary or other action of any kind that could result in any suspension, termination, or restriction in any material way, which would affect the ability of Provider to provide Covered Services to Members.

2.13 Coordination of Benefits.

Provider agrees to (a) cooperate in providing for effective implementation of the provisions of all Health Benefit Plans and Health Plan policies relating to coordination of benefits and (b) comply with coordination of benefits policies described in the Health Plan Provider Manual. Provider shall inform Health Plan if Provider learns that a Member has insurance or health care benefits available from other sources or if Provider believes a Member's condition is the result of other party liability. Provider will cooperate with Health Plan in pursuing claims against such other payors. In the event of illness or injury for which a third party has accepted financial responsibility or has been judged to be liable, the amount available for collection by Provider from the third party shall be applied to charges for medical care of the Member prior to the resources of Health Plan. If the third party is not liable for the illness or injury of a Member or if recovery from the third party is less than Health Plan's obligation to the Member in the absence of payment by a third party, Provider shall comply with Health Plan's rules governing the provision of Covered Services and the terms of this Agreement in order for Health Plan to accept financial responsibility. Notwithstanding the foregoing, Provider may not refuse to provide Covered Services to a Member because of a potential third party liability, but shall provide Covered Services and cooperate with Health Plan for possible recoupment of funds.

2.14 Health Plan Provider Directory.

Provider hereby authorizes Health Plan to list Provider's name, specialty, address, and telephone number in Health Plan's provider directory, whether on-line or in print, and in any Health Plan marketing materials to help promote Health Plan or Health Benefit Plans to potential Members.

2.15 Provider Entities.

If Provider is a Provider Entity, Provider shall provide services under this Agreement solely through its individual practitioner shareholders, partners, independent contractors, and/or employees.

2.16 Confidentiality.

During and after the term of this Agreement, Provider shall keep confidential any financial, operating, proprietary, or business information relating to Health Plan that is not otherwise public or reasonably identified as confidential, including but not limited to, the terms of this Agreement. The obligations of this Section shall survive the termination of this Agreement.

2.17 Non-Solicitation.

Provider shall not directly or indirectly engage in Solicitation, as defined below, of any Member or employer of such Member without Health Plan's prior written consent. For the purposes of this Section, "Solicitation" shall mean any oral or written statement that is slanderous, defamatory, or intentionally inaccurate, regarding Health Plan that may be reasonably interpreted to be intended to persuade any Member or employer of such Member to disenroll from a Health Benefit Plan or to encourage any Member or employer of such Member to receive health care from Provider other than pursuant to this Agreement. Nothing in this section is intended to interfere with an Provider's ability to communicate with a Member about the Member's medical condition, proposed treatment, or treatment alternatives whether covered by Health Benefit Plan or not and is consistent with state or federal laws. In addition to any other remedy available at law or in equity, Provider's breach of this Section shall be grounds for termination, pursuant to Section 4.4 (Termination with Cause with Notice) of this Agreement, from participation in Health Plan's panel of Health Plan Providers and from participation in providing Covered Services to Members in accordance with the terms and conditions of this Agreement.

2.18 Eligibility Verification.

Providers will use best efforts to verify the enrollment and assignment of a Member prior to the provision of Covered Services and acknowledge that failure to verify eligibility may result in denial of claims for said Covered Services. Health Plan will use best efforts to provide such enrollment verification information, and Health Plan acknowledges that its eligibility verification policies will be consistent with state and/or federal legal requirements.

2.19 Appointment Availability.

Provider shall, based on scheduling availability, provide treatment to each Member as follows:

Emergency Services – immediately

Urgent Care Services – within 48 hours

Well Care Services – within four (4) weeks of Member request

Non Urgent Behavioral Health Treatment – within two (2) weeks of Member request

2.20 Pricing and Quality Transparency.

To the extent required by Oregon law, Provider shall promptly provide pricing and quality information to Health Plan as and when requested for the purpose of providing cost estimates to Members.

2.21 Emergency Room Referrals.

Providers shall (a) not refer or direct Members to hospital emergency rooms for non-Emergency Medical Conditions and (b) educate and instruct Members in the proper utilization of Provider's office in lieu of the hospital emergency room.

2.22 Subrogation.

As required by Health Plan's contract with OHA, Provider agrees to subrogate to OHA any and all claims Provider has or may have against manufacturers, wholesale or retail suppliers, sales representatives, testing laboratories, or other providers in the design, manufacture, marketing, pricing, or quality of drugs, pharmaceuticals, medical supplies, medical devices, DMEPOS, or other products.

2.23 Representations and Warranties.

Provider represents and warrants that (i) it has the power and authority to enter into and perform this Agreement, (ii) this Agreement, when executed and delivered, shall be a valid and binding obligation of Provider enforceable in accordance with its terms, (iii) Provider has the skill and knowledge possessed by well-informed members of its industry, trade or profession and Provider will apply that skill and knowledge with care and diligence to perform the services contemplated herein in a professional manner and in accordance with standards prevalent in Provider's industry, trade or profession, and (iv) Provider shall, at all times during the term of this Agreement, be qualified, professionally competent, and duly licensed to perform the services contemplated herein.

3.0 HEALTH PLAN RESPONSIBILITIES

3.1 Payment.

Provider shall be compensated for Covered Services provided to Members in accordance with Attachment A. Unless a claim is disputed, Health Plan shall approve for payment Provider's complete, accurate, and timely submitted Clean Claims for Covered Services rendered to a Member, within in accordance with Health Plan policies or applicable laws or regulations. The timing and calculation of payment(s) to Provider for Covered Services shall be according to Health Plan's payment methodology as set forth in this Agreement and Attachment(s).

3.2 Refunds.

Health Plan may initiate refunds to Providers for up to one (1) year from the date of payment. Refund statements are generated on a monthly basis, and Health Plan will setoff consistent with Section 2.8 (Cooperation with UM Quality Improvement Activities; Health Plan Committee and Corrective Action Plans). In the event that HSD terms (retro-disenrolls) a Member, Health Plan reserves the right to initiate provider refunds for any applicable time period, which may be longer than one year from the date of payment.

3.3 Member Eligibility.

Health Plan shall establish a method of determining Member eligibility and shall provide a policy and procedure for Member eligibility to Provider consistent with applicable laws.

3.4 Subcontracts.

Health Plan may subcontract any or all of the services Health Plan agrees to provide under this Agreement. No subcontract shall terminate or limit Health Plan's legal responsibility for the timely and effective performance of its duties and responsibilities under this Agreement.

3.5 Marketing.

Health Plan may advertise the participation of Provider with Health Plan in print, voice, and video advertising media. Health Plan may list the name, address, telephone number, and other identifying information of Provider in Health Plan's publications furnished to Providers and Members and may identify Provider as a Health Plan Provider in advertising and marketing materials, in accordance with OHA guidelines.

3.6 Choice of Health Care Provider.

Health Plan will allow Member to choose his or her health care Provider to the extent possible and appropriate.

4.0 TERM AND TERMINATION.

4.1 Term and Renewal.

The term of this Agreement shall begin on the Commencement Date and shall continue for an initial term of one (1) year. Thereafter, this Agreement shall automatically renew for additional one (1) year periods until terminated in accordance with this Section. Termination by Health Plan of a Provider from continued participation with Health Plan shall be in accordance with Sections below, and consistent with federal and state legal requirements.

4.2 Termination without Cause.

Either party may terminate this Agreement at any time upon at least one hundred twenty (120) days prior written notice to the other party.

4.3 Immediate Termination.

Health Plan shall have the right to terminate this Agreement immediately by written notice to Provider upon the occurrence of any of the following events:

- (a) Provider's license to provide medical services in the state in which services were rendered, as applicable, or authorization to administer controlled substances is terminated, suspended, or restricted in any material way, which would affect the ability of Provider to furnish Covered Services to Members pursuant to the terms of this Agreement;

- (b) Provider's medical staff privileges at any licensed general acute care hospital is suspended, terminated, or restricted in any material way, which would affect Provider's ability to provide Covered Services to Members;
- (c) Provider is suspended from participation in OHP Medicaid or Medicare programs.
- (d) Provider's loss of professional liability coverage as required by this Agreement;
- (e) Provider's death or incapacity. Health Plan reserves the right to determine whether Provider is incapacitated for the purposes of this Section;
- (f) Provider fails to comply with the notification requirements set forth in this Agreement;
- (g) Health Plan makes a reasonable and good faith determination that such termination is necessary to protect the health or welfare of Members; and
- (h) If Provider is a Provider Entity, Provider (i) ceases to be a professional corporation, medical group partnership, or other health care provider organization in good standing under the laws of the state in which Services were rendered, as applicable, or (ii) there is a change in the majority ownership or control of Provider; or (iii) Provider violates the drug-free workplace provisions in this Agreement.

Health Plan shall provide Provider an opportunity to respond to Health Plan's termination decision if the basis for Health Plan's termination decision is based upon mistaken or otherwise erroneous information.

4.4 Termination with Cause upon Notice.

Health Plan may terminate a Provider for cause, including, without limitation, quality of care, fraud, waste or abuse concerns, from participation in Health Plan's panel of Health Plan Providers and in the provision of Covered Services to Members pursuant to the terms and conditions of this Agreement. For cause shall not include a Provider advocating a decision, policy, or practice solely for reason of such advocacy. In the event of a termination for cause, the following procedures shall apply:

4.4.1 Health Plan shall give Provider no less than 30 days' prior written notice of intent to terminate for cause. The notice shall inform Provider of intent to terminate, the reason for the termination, and Provider's right to request a hearing within 30 days of the notice. The notice shall additionally provide a summary of Provider's rights at a hearing as set forth below.

4.4.2 Termination shall be effective upon the date stated in Health Plan's written notice of termination for cause, unless within 30 days of mailing of the notice a written request to appeal the termination for cause is received by Health Plan at the following address:

Legal/Risk Management
PacificSource Health Plans
P.O. Box 7469

Bend, OR 97708-7469

- 4.4.3 Within 15 days of a request for appeal, Health Plan will send Provider an acknowledgement letter setting forth the date, time, and location of a hearing on Provider's appeal. The date of the hearing shall be no fewer than 30 days from the date of the acknowledgment letter. If Provider wishes to change the date of hearing, Provider must contact Health Plan and make arrangements for a mutually agreeable substitute date within five business days of Health Plan's acknowledgment letter.

At least 30 days prior to a hearing, Health Plan will provide Provider with:

- (a) the names of the members of the hearing panel;
- (c) an explanation of the basis for the termination;
- (d) the names of the witnesses who will testify on the Health Plan's behalf; and
- (e) copies of any documents to be relied upon by the Health Plan.

- 4.4.4 At least 14 days prior to the hearing, Provider must submit to the Health Plan:

- (a) any additional documents which Provider wishes to rely on at the hearing not previously identified by the Health Plan; and
- (b) a list of witnesses whom Provider intends to call at the hearing.

- 4.4.5 The hearing shall be held before a panel of three physicians, one of whom may be Health Plan's Medical Director. No panel member shall be an individual who is in direct economic competition with Provider or a current or former partner or member of Provider. The panel shall appoint one of its members as chair. The panel chair shall have power to determine relevancy of evidence and to make necessary rulings on hearing procedure. The panel shall decide the appeal by majority vote. Neither Health Plan nor Provider shall have ex parte contact with any panel member regarding the subject matter of the hearing.

- 4.4.6 Hearings shall normally be limited to four hours unless at least 21 (twenty-one) days prior to hearing the Health Plan or Provider requests a longer time and the panel chair finds that there is good cause for scheduling an extended hearing. The panel chair may at the conclusion of the time scheduled for hearing for good cause extend the time allowed if the panel chair believes that additional time not reasonably anticipated by the parties is needed.

At the hearing, Provider shall have the right:

- (a) to representation by an attorney or other person of Provider's choice;

- (b) to have a court reporter make a record of the proceedings, a copy of which may be obtained by Provider upon payment of any reasonable charges associated with preparation;
- (c) to call, examine, and cross-examine witnesses;
- (d) to present documentary and other evidence deemed relevant by the panel chair regardless of admissibility in a court of law; and
- (e) to submit a written statement at the close of the hearing.

4.4.7 The panel shall provide written notice of its decision and the basis for its decision within 15 (fifteen) days of the closure of the hearing unless the panel determines that additional time or evidence is necessary to provide a decision.

4.4.8 A termination for cause shall be held in abeyance pending a decision on an appeal unless the Medical Director determines that the health and safety of Members would be jeopardized by continued participation, in which case the Provider may be immediately suspended but will be reinstated in the event the Provider prevails on appeal.

4.5 Rights and Obligations upon Termination.

4.5.1 Continuation of Obligations. Upon termination, all rights and obligations of the parties under this Agreement shall immediately cease, except those rights and obligations that are identified as surviving the term of this Agreement. Termination of this Agreement shall not relieve either party of any obligation to the other party in accordance with the terms of this Agreement, and with respect to services furnished prior to such termination, and shall not relieve Provider of Provider's obligation to cooperate with Health Plan in arranging for the transfer of care of Members receiving treatment from Provider.

4.5.2 Continuation of Services. If required by a Health Benefit Plan, and unless Health Plan makes provision for the assumption of such services by another provider, following termination of this Agreement, Provider shall continue to furnish, and Health Plan shall continue to pay for, in accordance with the terms of this Agreement, Covered Services rendered to Members under the care of Provider at the time of termination until the services being rendered are completed. Health Plan shall use its best efforts to arrange for any Members under the care of Provider at the time of termination of the Agreement to be transferred to another Health Plan Provider at the earliest possible date. In the event of termination of this Agreement, Provider shall cooperate with and not interfere in the transfer of Members under the care of Provider at the time of termination until the services being rendered are completed.

5.0 OREGON HEALTH PLAN PROVISIONS

5.1 Fraud, Waste and Abuse.

- 5.1.1 Compliance with Fraud, Waste and Abuse Policies. Providers shall comply with Health Plan's fraud, waste and abuse policies and procedures and cooperate with all processes and procedures of fraud, waste and abuse investigations, reporting requirements, and related activities by Health Plan, the Department of Justice Medicaid Fraud Control Unit ("MFCU") or the OHA Provider Audit Unit. Provider shall warrant that all claims submissions and/or information provided to Health Plan are true, accurate, and complete. The payment of the claims by the Health Plan will be from Federal and State funds, and therefore any falsification or concealment of material fact by Providers when submitting claims may be prosecuted under federal and state laws.
- 5.1.2 Referral of Suspected Fraud, Waste and Abuse. Health Plan is required to, and shall promptly refer, without notice to Providers, all suspected cases of fraud, waste and abuse to the MFCU or to the OHA Provider Audit Unit.
- 5.1.3 Cooperation. Providers shall permit the MFCU and/or OHA to inspect, evaluate, or audit books, records, documents, files, accounts, and facilities maintained by or on behalf of Providers, as required to investigate an incident of fraud, waste or abuse. Provider shall cooperate with the MFCU and OHA investigator during any investigation of fraud, waste or abuse.

5.2 Compliance with Laws.

- 5.2.1 Compliance with State Laws. Notwithstanding any other provision of this Agreement, Provider shall comply with all applicable state and local laws, regulations, and OHA instructions, as they may be adopted or amended periodically, including, but not limited to, those applicable to the Oregon Health Plan, all other applicable requirements of State civil rights and rehabilitation statutes, rules, and regulations; ORS 659A.142; OHA rules pertaining to the provision of prepaid capitated health care and services, OAR Chapter 410, Division 141; all other OHA Rules in OAR Chapter 410; rules in OAR Chapter 309 pertaining to the provisions of mental health services; rules in OAR Chapter 415 pertaining to the provision of substance use disorders services; state law establishing requirements for Declaration for Mental Health Treatment in ORS 127.700 through 127.737; and all other applicable requirements of state civil rights and rehabilitation statutes, rules and regulations. Health Plan shall comply with ORS 279B.220, 279B.230 and 279B.235 in carrying out its duties under this Agreement. These laws, rules, and regulations are incorporated by reference herein to the extent that they are applicable to this Agreement and required by law to be so incorporated.
- 5.2.2 Compliance with Federal Laws. Provider shall comply with all federal laws, regulations, and executive orders applicable to this Agreement or the provision of services under this Agreement. Without limiting the generality of the foregoing, Providers expressly agree to comply with the following

laws, regulations, and executive orders to the extent they are applicable to this Contract: (a) Title VI and VII of the Civil Rights Act of 1964, (b) 45 CFR Part 84 which implements Title V, Sections 503 and 504 of the Rehabilitation Act of 1973, (c) the Americans with Disabilities Act of 1990, (d) Executive Order 11246, (e) the Health Insurance Portability and Accountability Act of 1996, (f) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, (g) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, (h) Title IX of the Education Amendments of 1972 (regarding education programs and activities) (i) all regulations and administrative rules established pursuant to the foregoing laws, (j) all other applicable requirements of federal civil rights and rehabilitation statutes, rules, and regulations, (k) all federal law governing operation of Community Mental Health Programs, including without limitation, all federal laws requiring reporting of client abuse, and (l) to the extent applicable, 42 CFR 438.6. These laws, regulations, and executive orders are incorporated by reference herein to the extent that they are applicable to this Agreement and required by law to be so incorporated. No federal funds may be used to provide services in violation of 42 U.S.C. §14402.

- 5.2.3 Exclusion from Federal Programs. Provider shall not, and shall not permit, any person or entity to provide Covered Services under this Agreement who is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Nonprocurement Programs" in accordance with Executive Orders No. 12549 and No. 12689, "Debarment and Suspension" (See 45 CFR Part 76). This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than Executive Order No. 12549 and shall be monitored monthly by Provider. Providers with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.
- 5.2.4 Equal Employment Opportunity. If this Agreement, including amendments, is for more than \$10,000, then Provider will comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 CFR Part 60).
- 5.2.5 Energy Efficiency. Provider shall comply with applicable mandatory standards and policies relating to energy efficiency that are contained in the Oregon energy conservation plan issued in compliance with the Energy Policy and Conservation Act, 42 U.S.C. §6201 et seq. (Pub. L. 94-163).
- 5.2.6 Resource Conservation and Recovery. Provider shall comply with all mandatory standards and policies that relate to resource conservation and recovery pursuant to the Resource Conservation and Recovery Act (codified at 42 U.S.C. §6901 et. seq.). Section 6002 of that Act (codified at 42 USC 6962) requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified

in guidelines developed by the Environmental Protection Agency. Current guidelines are set forth in 40 CFR Parts 247.

- 5.2.7 Use of Recycled Products. Provider shall, to the maximum extent economically feasible in the performance of this Agreement, use recycled paper (as defined in ORS 279A.010(1)(ee)), recycled PETE products (as defined in ORS 279A.010(1)(ff)), and other recycled products (as "recycled product" is defined in ORS 279A.010(1)(gg)).
- 5.2.8 Truth in Lobbying. Provider shall certify, that to the best of Provider's knowledge and belief as follows:
- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of Provider, to any person for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
 - (b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, Provider shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- 5.2.9 Drug-Free Workplace. Provider shall comply with the following provisions to maintain a drug-free workplace:
- (a) Certify that it will provide a drug-free workplace by publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, except as may be present in lawfully prescribed or over-the-counter medications, is prohibited in the workplace or while providing services to Members. Such notice shall specify the actions that will be taken by Provider, as the case may be, against its employees for violation of such prohibitions;
 - (b) Establish a drug-free awareness program to inform its employees about the dangers of drug abuse in the workplace, its policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations;
 - (c) Provide each employee to be engaged in the performance of services under this Agreement a copy of the statement mentioned in Section 5.2.9(a);

- (d) Notify each employee in the statement required by Section 5.2.9(a) that, as a condition of employment to provide services under this Agreement, the employee will abide by the terms of the statement and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
- (e) Notify OHA within ten (10) days after receiving notice under Section 5.2.9(d) from an employee or otherwise receiving actual notice of such conviction;
- (f) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted as required by Section 5154 of the Drug-Free Workplace Act of 1988;
- (g) Make a good-faith effort to continue a drug-free workplace through implementation of Sections 5.2.9(a) through 5.2.9(f);
- (h) Neither Provider, nor any of Provider's employees, officers, agents, or subcontractors, may provide any service required under this Agreement while under the influence of drugs. For purposes of this provision, "under the influence" means: observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe that such person has used a controlled substance, prescription or non-prescription medication that impairs such person's performance of essential job function or creates a direct threat to Members or others. Examples of abnormal behavior include, but are not limited to, hallucinations, paranoia, or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to, slurred speech, difficulty walking, or performing job activities;
- (i) Violation of any provision of this Section 5.2.9 may result in termination of this Agreement or termination of Provider from Health Plan's panel.

5.2.10 Pro-Children Act. Provider shall comply with the Pro-Children Act of 1994 (codified at 20 U.S.C. §6081 et. seq.).

5.3 Accountability.

Provider acknowledges that Health Plan oversees and is ultimately accountable to OHA for the timely and effective performance of Health Plan's duties and responsibilities under Health Plan's contract with the State of Oregon, acting by and through OHA, Division of Medical Assistance Program. The obligations of this Section 5.3 shall survive the termination of this Agreement.

5.4 Access to Records.

5.4.1 Entity Access. Provider shall provide timely and unrestricted right of access to its facilities and to its books, documents, papers, plans, writings, financial and clinical records and all accompanying billing records that are directly pertinent to this Agreement in order to make audits, examinations, excerpts, transcripts and copies of such documents to:

- (a) HSD;

- (b) OHA;
- (c) The Oregon Department of Human Services;
- (d) The U. S. Centers for Medicare and Medicaid Services;
- (e) The Comptroller General of the United States;
- (f) The Oregon Secretary of State;
- (g) The Oregon Department of Justice Medicaid Fraud Control Unit; and
- (h) All their duly authorized representatives.

5.4.2 Records Access. Provider shall make records available for the purposes of research, data collections, evaluations, monitoring, auditing activities, examination, excerpts, and transcriptions. Provider shall, upon request and without charge, provide a suitable work area and copying capabilities to facilitate such a review or audit. This right also includes timely and reasonable access to Provider's personnel for the purpose of interview and discussion related to such documents. The rights of access in this subsection are not limited to the required retention period, but shall last as long as the records are retained.

5.4.3 Member Access. Provider shall upon request, provide Members access to their own clinical records, allow for the record to be amended or corrected and provide copies within ten (10) working days of the request, except as may be otherwise provided in 45 CFR 164.524 and ORS 179.505(9). Provider may charge Members for reasonable duplication costs.

5.4.4 Survival. The obligations of this Section 5.4. shall survive the termination of this Agreement.

5.5 Record Keeping.

Clinical Records Retention. Provider shall maintain a medical record keeping system adequate to fully disclose and document the medical condition of the Member. Clinical records shall be retained for ten (10) years after the date of services for which claims are made. If an audit, litigation, research, and evaluation, or other action involving the records is started before the end of the ten-year period, the clinical records must be retained until all issues arising out of the action are resolved. As required under state and federal law and regulation, Provider agrees that information from medical records of Members and information received from Health Plan pertaining to the provider-patient relationship is confidential and will only be shared as necessary under this Agreement to assure appropriate administration of Health Plan, peer review, quality assurance, and to improve the availability and coordination of Covered Services to Members. Provider agrees to adhere to all applicable state and federal privacy standards, including, but not limited to, the requirements under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and regulations enacted by the Department of Health and Human Services at 45 CFR Parts 142, 160-164. The obligations of this Section shall survive the termination of this Agreement.

5.5.1 Financial Records. Provider shall maintain sound financial management and generate periodic financial reports and make them available to HSD.

Financial records, supporting documents, statistical records, and all other records pertinent to this Agreement shall be retained by Provider for a period of six (6) years from the date of submission of the final claims for payment. If any litigation, claim, financial management review or audit is started before the expiration of the six-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved and final action taken.

5.5.2 HIPAA Security, Data Transactions Systems and Privacy Compliance.

Provider shall develop and implement such policies and procedures for maintaining the privacy and security of records and authorizing the use and disclosure of records required to comply with this Agreement and with HIPAA, including, but not limited to, the following:

- (a) Provider shall comply with the HIPAA standards for electronic transactions published in 45 CFR Part 162 and OHA Electronic Data Transmission Procedures, OAR 943 Division 120.
- (b) Provider, their agents, employees, and subcontractors shall ensure that Individually Identifiable Health Information of Members is protected from unauthorized use or disclosure consistent with the requirements of the HIPAA Privacy Rules in 45 CFR Parts 160 and 164 and as defined in Exhibit D, Section 13, Access to Records and Facilities, Subsections a. and b.
- (c) Provider shall adopt and employ reasonable administrative and physical safeguards consistent with the Security Rules in 45 CFR Part 164 to ensure that Member Information (defined below) shall be used by or disclosed only to the extent necessary for the permitted use or disclosure and consistent with applicable State and federal laws and the terms and conditions of this Contract. Member Information includes all information in any format about a Member obtained by Providers or their officers, employees, subcontractors, or agents in the performance of this Agreement, including information obtained in the course of providing services. Security incidents involving Member Information must be immediately reported to the OHA's Privacy Officer.
- (d) Provider shall have a unique provider identification number in accordance with 42 USC 1320d-2(b).

5.6 External Quality Review and Improvement.

Provider shall cooperate with the External Quality Review Organization ("EQRO") contracted with HSD or the Centers for Medicare and Medicaid to implement and arrange for an External Quality Review ("EQR") of the services provided by Health Plan, including the services provided by Provider pursuant to the terms of this Agreement, as set forth in 42 CFR 438.204 (d) and 42 CFR 438.310-438.370. Provider shall provide whatever records and information is requested by the EQRO for purposes of the EQR. If the EQRO identifies an adverse health situation, Provider shall cooperate with Health Plan and the EQRO to implement any necessary changes to assure that necessary care is provided, and report on the results to HSD and the EQRO.

5.7 OHP Confidentiality Requirements.

Provider shall maintain all Member information and records, whether hard copy or computerized, as confidential, in accordance with OAR 410-141-0180, Oregon Health Plan Prepaid Health Plan Record Keeping, and in accordance with the following:

- (a) For the protection of Members and consistent with the requirements of 42 CFR Part 431, Subpart F and ORS 411.320, Provider shall not disclose or use the contents of any records, files, papers, or communications for purposes other than those directly connected with the administration of this Agreement, except with the written consent or authorization of the Member, his or her attorney, representative, or except as permitted by ORS 179.505 or by 2007 Senate Bill 163 and applicable OHA rules thereunder.
- (b) To the extent that information about Members includes confidential protected health information or records about alcohol and drug abuse treatment, behavioral health treatment, HIV/AIDS, and/or genetics, Provider shall comply with the specific confidentiality requirements applicable to such information or records under federal and State law.
- (c) Provider shall ensure that confidential records are secure from unauthorized disclosure. Electronic storage and transmission of confidential Member information and records shall assure accuracy, backup for retention, and safeguards against tampering, backdating, or alteration.

The obligations of this Section shall survive termination of this Agreement.

5.8 Member Hold Harmless.

Notwithstanding any other provision of this Agreement, Provider shall agree that never, under any circumstances, including, but not limited to, non-payment by Health Plan, insolvency of Health Plan, or the breach, expiration or termination of this Agreement, will Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against OHA, Members, or persons acting on Members' behalf, for Covered Services and shall regard payment by Health Plan as payment in full for all benefits covered by this Agreement, with the exception of Copayments specifically authorized in a Member's Health Benefit Plan. The obligations of this Section shall survive the termination of this Agreement regardless of the cause giving rise to termination, shall be construed to be for the benefit of the Members, and shall supersede any oral or written contrary agreement now existing or hereafter entered into between Provider and Members or persons acting on their behalf.

5.9 Member Rights.

Provider shall comply with any applicable federal and state laws that pertain to member rights and shall take those rights into account when furnishing services to Members. Provider shall (a) acknowledge that each Member is free to exercise his or her rights, and that the exercise of those rights shall not adversely affect the way Provider treats Members, (b) ensure Members that second opinions are available from a qualified Provider at no cost to Member, (c) ensure Member are aware of their civil rights under Title VI of the Civil Rights Act and ORS Chapter 659A and that Member has a right to report a complaint of discrimination by contacting Health Plan, OHA, the Bureau of Labor and Industries (BOLI) or the

Office of Civil Rights (OCR) and (d) advise Members of any service, treatment, or test that is Medically Necessary but is not a Covered Service or is subject to Copayments, if acting within the lawful scope of practice and an ordinarily careful practitioner in the same or similar community would do so under the same or similar circumstances. Provider shall cooperate with OHA activities related to Member complaints, appeals, and administrative hearings.

5.10 Provider Cooperation.

Provider shall cooperate with all processes and procedures of child, elder, nursing home, developmentally disabled or mentally ill abuse reporting, investigations, and protective services.

5.11 Continuation of Services.

In the event of insolvency or cessation of operations of Health Plan, Provider shall continue to provide Covered Services to Members for the period in which Health Plan continues to receive compensation for administering services under the Oregon Health Plan.

5.12 Federal Funds/Non-Discrimination.

Payments from Health Plan to Provider pursuant to this Agreement related to providing Covered Services to Members are made in whole or in part from federal funds. Accordingly, Health Plan and Provider are subject to laws applicable to individuals and entities receiving federal funds, including but not limited to, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, and the Americans with Disabilities Act. Provider shall comply with any and all such applicable laws, rules, and regulations.

5.13 Regulatory Compliance.

Provider shall maintain and provide to Health Plan, and/or the Oregon Department of Consumer and Business Services, OHA, or their designees all necessary records and information that may be required for compliance with applicable state law, including, without limitation, the regulations promulgated thereunder, and to the Centers for Medicare and Medicaid, Department of Health and Human Services, the Comptroller General, or their designees as may be required for compliance with applicable federal law including, with limitation, 42 U.S.C. §300e, et seq., Section 1876 of the Social Security Act, as amended, and 42 CFR Part 417. The obligations of this Section shall survive termination of this Agreement.

5.14 Conflict of Interest Safeguards.

Provider shall have in effect safeguards, including but not limited to, policies and procedures against conflict of interest with any OHA employees or other agents of the State of Oregon who have responsibility for matters relating to Health Plan's contract with the State of Oregon for implementing and administering services under the Oregon Health Plan. These safeguards must be at least as effective as the safeguards specified in Section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423) and must include safeguards to avoid conflicts that could be prohibited under 18 U.S.C. §207 or §208 if the OHA employee or agent was an officer or employee of the United States Government.

5.15 Incorporation of Provisions.

To the extent that any provision of Health Plan's contract with the State of Oregon to implement and administer services under the Oregon Health Plan applies to Provider with respect to the services contemplated hereunder, such provision shall be incorporated by this reference into this Agreement and shall apply equally to Provider.

6.0 GENERAL PROVISIONS.

6.1 Independent Contractor.

Provider understands and agrees that, in providing services under this Agreement, Provider acts as an independent contractor and not as a partner, employee, or agent of Health Plan, and that Provider shall be solely responsible for all tax withholding, Social Security, Worker's Compensation Insurance, and other obligations with respect to Provider's employees.

6.2 Liability for Obligations.

Notwithstanding any other section or provision of this Agreement, nothing contained herein shall cause either party to be liable or responsible for any debt, liability, or obligation of the other party or any third party, unless such liability or responsibility is expressly assumed by the party sought to be charged therewith.

6.3 Provider Record Confidentiality.

Except as otherwise required by applicable law or this Agreement, (a) Health Plan and Provider shall keep confidential and shall take the necessary precautions to prevent the unauthorized disclosure of any and all records required to be prepared or maintained by Provider under this Agreement and (b) Provider shall keep confidential and take the necessary precautions to prevent the unauthorized disclosure of any and all records required to be prepared or maintained by Provider pursuant to the terms of this Agreement

6.4 Non-Exclusivity.

Nothing in this Agreement shall be construed to restrict Provider from providing, or entering into other contracts or agreements to provide, health care services outside of this Agreement, provided that (a) such activities do not hinder or conflict with Provider's ability to perform their duties and obligations under this Agreement; (b) in rendering such services, Provider shall neither represent nor imply in any way to the recipient that such services are being rendered by or on behalf of Health Plan; and (c) any professional services rendered by Provider outside the scope of this Agreement shall not be billed by, to, or through Health Plan. Provider, as a matter of policy and general professional ethics, shall avoid business and financial arrangements that may influence Provider's judgment in the care of patients and/or significantly compromise Provider's relationship with Health Plan. Additionally, if a Provider serves as a director, officer, or committee member of Health Plan, such Provider shall disclose to Health Plan, at the earliest practical time, any financial, business, personal, or competitive interest that is reasonably likely to affect his or her judgment or actions as a director, officer, or committee member of Health Plan.

6.5 No Third Party Beneficiaries.

Neither Members nor any other third parties are intended by the parties to this Agreement to be third party beneficiaries under this Agreement, and no action may be brought to enforce the terms of this Agreement against either party by any person who is not a party to this Agreement.

6.6 Indemnification.

At all times during the term of this Agreement, subject to the limits of the Oregon Constitution and the Oregon Tort Claims Act, Provider shall indemnify, defend, and hold Health Plan and Health Plan's employees and agents harmless from and against any and all claims, damages, causes of action, costs, or expenses, including reasonable attorneys' fees, to the extent proximately caused by the gross negligence or willful misconduct of Provider or any employee or agent of Provider's arising out of this Agreement; provided, however, that Provider shall not be liable to Health Plan hereunder for any claim covered by Health Plan's insurance, except to the extent that the liability of Health Plan exceeds the amount of such insurance coverage. At all times during the term of this Agreement, Health Plan shall indemnify, defend, and hold Provider and Provider's employees and agents harmless from and against any and all claims, damages, causes of action, costs or expenses, including reasonable attorneys' fees, to the extent proximately caused by the gross negligence or willful misconduct of Health Plan or any Health Plan employee or agent arising from this Agreement; provided, however, that Health Plan shall not be liable to Provider hereunder for any claim covered Provider's insurance, except to the extent that the liability of Provider exceeds the amount of such insurance coverage. Notwithstanding the foregoing, this Section shall be null and void to the extent that it is interpreted to reduce insurance coverage to which either party is otherwise entitled, by way of any exclusion for contractually assumed liability or otherwise.

6.7 Assignment.

Neither party may assign or transfer its rights or obligations under this Agreement without the prior written consent of the other; provided, however, that Health Plan may assign this Agreement, upon thirty (30) days prior written notice, to any entity that controls, is controlled by, or that is under common control with Health Plan now or in the future, or which succeeds to its business through a sale, merger, or other corporate transaction without the prior consent of Provider. Any purported assignment or transfer in violation of this Section 6.7 shall be null and void.

6.8 Amendments.

For the purpose of compliance with a state or federal law, Health Plan may amend this Agreement by providing prior written notice to Provider. Failure of Provider to object in writing to any such proposed amendment within thirty (30) days following receipt of notice shall constitute Provider's acceptance thereof. In the event Provider objects to such amendment, Health Plan may, at its sole option, either continue this Agreement unamended or terminate this Agreement sixty (60) days from the date of receipt of written objection from Provider. During said sixty (60) day period, the terms and conditions of this Agreement as existed on the day prior to the date of the written objection, including all terms and conditions of compensation, shall continue to be in effect. Termination of this Agreement under this provision shall be treated as a "voluntary termination" without right to hearing.

Any amendment to this Agreement or Exhibits necessary for compliance with state or federal law or regulation shall become effective upon notice from Health Plan to Provider if required by federal or state law. Notwithstanding the foregoing, this Agreement may be amended at any time by mutual written agreement signed by both parties.

6.9 Headings.

The headings of the various sections of this Agreement are merely for convenience and do not, expressly or by implication, limit, define, or extend the terms of the sections to which they apply.

6.10 Notices.

Any notice required to be given pursuant to the terms of this Agreement shall be in writing and shall be either hand delivered, sent via facsimile, sent via overnight mail (such as Federal Express), or sent postage prepaid, by certified mail, return receipt requested, to Health Plan or Provider at the address set forth on the signature page of this Agreement. Such address may be changed by giving notice of such change in the manner provided in this Section for giving of such notice. The notice shall be effective on the date of delivery if delivered by hand or sent via facsimile, the date of delivery as indicated on the receipt if sent via overnight mail, or the earlier of the date indicated on the return receipt or four (4) business days after mailing if sent by certified mail.

6.11 Severability.

Subject to the Effect of Severable Provision below, the invalidity or unenforceability of any term or provision of this Agreement shall not affect the validity or enforceability of any other term(s) or provision(s).

6.12 Effect of Severable Provision.

In the event that a provision of this Agreement is rendered invalid or unenforceable as provided in Section 6.11 (Severability) of this Agreement and its removal has the effect of materially altering (a) the obligations of Health Plan in such manner as, in the sole judgment of Health Plan, will cause Health Plan to act in violation of its Articles of Incorporation or Bylaws or (b) the obligations of either Health Plan or Provider in such manner as, in the sole judgment of the affected party, will cause serious financial hardship to such party, the party so affected shall have the right to terminate this Agreement upon thirty (30) days prior written notice to the other party. In the event of termination pursuant to this Section, the provisions of Section 4 (Term and Termination) shall govern such termination.

6.13 Waiver of Breach.

The waiver of any breach of this Agreement by either party shall not constitute a continuing waiver or a waiver of any subsequent breach of either the same or any other provision of this Agreement.

6.14 Modification of Health Benefit Plan.

Health Plan may change, revise, modify, or alter the form or content of any Health Benefit Plan or Member written materials without prior approval or notice to Provider.

6.15 Governing Law.

This Agreement shall be construed and enforced in accordance with the laws of Oregon.


6.16 Entire Agreement.

This Agreement and any and all amendments, exhibits, attachments, schedules, and addenda in addition to the Health Plan's Policies and procedures contained in the Health Plan Provider Manual contain the entire agreement of the parties.

IN WITNESS WHEREOF, the parties hereto have entered into this Agreement as of the date first set forth above.

HEALTH PLAN:

PacificSource Community Solutions


By: 
Name: Peter McGarry
Title: VP Provider Network
Date: 4-10-19

Address:

PacificSource Community Solutions
P.O. Box 7469
Bend, OR 97708
Attn: Network Development
Fax: (541) 322-6434

PROVIDER:

North Central Public Health District

By: 
Name: Teri L. Thalhoffer, RN,BSN
Title: Director
Date: 4/9/2019

Address:

North Central Public Health District
419 E 7th St
The Dalles, OR 97058

ATTACHMENT A
North Central Public Health District
Effective 03/01/2019
Reimbursement Schedule

These rates shall apply to applicable PacificSource Community Solutions Networks and Products

SERVICE/PROCEDURE	MAXIMUM ALLOWABLE
All Medical Services: Services as defined in the OHP Medical-Dental Fee Schedule	100% of OHP Allowable ^{1, 2}
Anesthesia: Service or supply with ASA Value	100% of OHP Allowable ^{2, 3}
Services and procedures without an established unit value listed above: PacificSource Health Plans may establish such unit values for purposes of its Maximum Allowable rate determination.	PacificSource Community Solutions Default Fee Allowance ⁴

Note: Payment will be based upon the PacificSource negotiated rates in effect at the time the service or supplies are rendered or provided as specified above.

1. PacificSource will reimburse based on the rates published as of the date of adjudication.
2. Updates to the schedules noted above shall be updated in accordance to OHP.
3. ASA Basic Unit Value and annual updates as defined by the American Society of Anesthesiologists Relative Value Guide. Time units shall be based on fifteen (15) minute increments.
4. PacificSource utilizes industry standard publications and rate methods to supplement codes not established by the above noted methodologies.

ATTACHMENT B

North Central Public Health District
Effective 03/01/2019

PacificSource Physician and/or Provider Information Requirements

I. In the event that PacificSource is responsible for the credentialing of Physicians and/or Providers, the following information will be necessary to satisfy PacificSource credentialing requirements:

Completed application for each Physician and/or Provider to include:

- Physician or Provider name
- Practice name
- Specialty
- Physical Address
- Billing Address
- Tax Identification number
- DEA Number
- NPI number
- Phone (Appointment/billing)
- Fax number
- Clinical privileges at primary admitting facility
- Current valid license
- Current valid DEA certificate (if applicable)
- Education/training
- Board certification (if applicable)
- Current adequate professional liability coverage
- History of liability claims
- Work history
- Signed, dated PacificSource authorization for information release
- Signed, dated statements attesting to:
 - Lack of ability to perform the essential functions of the position, with or without accommodations
 - Lack of present illegal drug use
 - History of loss of license and/or felony convictions
 - History of loss or limitation of privileges
 - The correctness/completeness of the application

Copies of the following must accompany the application:

- Current valid license
- Valid DEA certificate
- Current professional liability face sheet

Other information needed:

- Date Physician and/or Provider approved

II. In the event that Physician and/or Provider Credentialing Delegation is included in the contract provisions, PacificSource will require the following to satisfy PacificSource credentialing requirements:

Physician and/or Provider demographics to include:

- Physician or Provider name
- Practice name

- Specialty
- Physical Address
- Billing Address
- Tax Identification number
- DEA number
- NPI number
- Phone (Appointment/billing)
- Fax number

Information verification checklist for the following items:

- IPA/Medical Group is **required** to have a file copy of the following:
 - current valid DEA certificate (if applicable)
 - current adequate malpractice insurance
 - work history
 - history of liability claims

•Primary Source Verification, including date and initials of staff in charge of verification for the following:

- Current valid license (active & good standing)
- Primary admitting facility (if applicable)
- Education/training (verification necessary only if practitioner is not board certified)
- Board certification (if applicable)
- NPDB (which includes Medicare/Medicaid Sanctions) date queried and date received
- Sanctions - Licensing Board reviewed and date of report

Note: The documentation may be received directly from the institution, or documented oral confirmation from the institution, which includes the date received, name of the person providing the information, and the signature of the person receiving the information



Public Health
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NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

Directors Report for the Board of Health and Staff June 11, 2019

Greetings Board of Health Members and NCPHD Staff:

In our Public Health Emergency Preparedness Program (PHEP) work, we completed our ‘open POD’ exercise as part of the OHA’s Operation OX May 1. We are coordinated with our health care partners, fire and EMS, emergency managers, law enforcement, the Medical Reserve Corp (MRC) and others to exercise our plan. We held a ‘hot wash’ directly after finishing the exercise at MCFR and received excellent feedback from participants. The planning team is continuing to meet and the After Action Report (AAR) will be complete soon. From that document we will make changes to our plans and exercise again.

Staff from the Eastern Oregon Modernization Collaborative worked with Mountain West AIDS Education and Training Center to present the first ever Sexual Orientation and Gender Identification Summit in Eastern Oregon. The turnout was excellent and all sessions were full. Attendees were a mix of clinicians and community partners and there were tracks available for each. Dr. McDonell and Jim Setzer were both part of a panel presentation on current activities to decrease health disparities.

We recently supported a Letter of Interest submitted by the Four Rivers Early Learning HUB to be an early adopted of the Family Connects universally offered nurse home visiting program. Hood River Public Health, The Next Door, Greater Oregon Behavioral Health, Mid-Columbia Children’s Council, Oregon Child Development Coalition and others also supported the Letter. We are excited to be considered for this program that would enhance opportunities for all members of our community.

We have several positions that we are actively recruiting for at NCPHD. As always, when we have a vacancy, we are very thoughtful about the right way to organize work for efficiency. Sometimes that is a one-to-one replacement and sometimes that is a large structural overhaul of duties. We use the quality improvement cycle of Plan-Do-Check-Act in all areas of work!

Wishing you a safe summer!

Teri L. Thalhofer, RN, BSN--Director