



CONTRACT AMENDMENT Refugee Health Screening

DSHS CONTRACT NUMBER:
2065-91753

Amendment No. 01

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number
Click here to enter text.
Contractor Contract Number

CONTRACTOR NAME Harborview Medical Center	CONTRACTOR doing business as (DBA)
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CONTRACTOR ADDRESS 325 Ninth Avenue Box 359758 Seattle, WA 98104-2499	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 578-037-394	DSHS INDEX NUMBER 1145
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CONTRACTOR CONTACT April Karam	CONTRACTOR TELEPHONE (206) 744-8006	CONTRACTOR FAX (206) 744-6312	CONTRACTOR E-MAIL ADDRESS aekaram@uw.edu
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DSHS ADMINISTRATION Economic Services Administration	DSHS DIVISION Community Services Division	DSHS CONTRACT CODE 3000LC-65
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DSHS CONTACT NAME AND TITLE Cathy Vue Program Manager	DSHS CONTACT ADDRESS 1700 E Cherry Street Seattle, WA 98122-
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DSHS CONTACT TELEPHONE (206)568-5597	DSHS CONTACT FAX Click here to enter text.	DSHS CONTACT E-MAIL ADDRESS vuec@dshs.wa.gov
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IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No	CFDA NUMBERS
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AMENDMENT START DATE 10/01/2021	CONTRACT END DATE 09/30/2022
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PRIOR MAXIMUM CONTRACT AMOUNT \$58,970.00	AMOUNT OF INCREASE OR DECREASE \$58,970.00	TOTAL MAXIMUM CONTRACT AMOUNT \$117,940.00
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**REASON FOR AMENDMENT;
CHANGE OR CORRECT CHOOSE ONE:**

ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:
 Additional Exhibits (specify):

This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.

CONTRACTOR SIGNATURE 	PRINTED NAME AND TITLE Sommer Kleweno-Walley Chief Executive Officer	DATE SIGNED 10/1/21
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DSHS SIGNATURE 	PRINTED NAME AND TITLE Sandra Daniels, Contracts Officer DSHS/ESA-Community Services Division	DATE SIGNED 10/01/2021
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This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

Effective October 1, 2021

1. The Contract End Date is extended to September 30, 2022.
2. The Maximum Contract Amount is increased by **\$58,970** for the current contract year, to a new Maximum Contract Amount of **\$117,940**.
3. Special Terms and Conditions, Section 5, Billing and Payment is replaced with the following language:
 - a. Invoice System.
The Contractor must use State Form A19-1A Invoice Voucher when submitting invoices. The Contractor shall submit one invoice for each month of service and each invoice must be received by ORIA no later than thirty (30) days after the last day of each month. Previously denied claims and services not billed in the month actually provided, may be included in a future quarterly invoice.
 - b. The Contractor may submit one (1) additional final September invoice to ORIA for any previously denied claims or services provided but not billed during the current federal fiscal year of this contract. The final invoice must be received by ORIA by December 31, 2021.
 - c. Each Invoice Voucher submitted for payment must be accompanied by:
 - (1) A completed Contract Summary Report, format provided by DSHS;
 - (2) A completed Monthly Client Billing Datasheet, format provided by DSHS. Client details include but not limited to: First Name, Last Name, Alien Number, Date of Birth, Sex, Country of Origin, Arrival Date, Date of Service, Status at Time of Entry, Type of Visit, and any other client details requested by DSHS.
 - (3) Other additional receipts or backup documentation that provides clarification or gives detail regarding the A19-1A Invoice Voucher submitted for payment.
 - d. Payment.
Payment shall be considered timely if made by DSHS within forty-five (45) days after receipt and acceptance of properly completed forms. Payment shall be sent to the address designated by the Contractor on page one of this Contract. DSHS may, at its sole discretion, withhold payment claimed by the Contractor for services rendered if Contractor fails to satisfactorily comply with any term or condition of this Contract.
4. Exhibit B, Statement of Work, Section 3, Refugee Client Eligibility is replaced with the following language:

The Contractor shall provide refugee health screening services to participants who meet the following specific criteria:

 - a. Persons have entered the United States and have status as a refugee, Cuban-Haitian entrant, Special Immigrant Visa holders or those granted asylum. Eligibility also includes certain Amerasians from Vietnam who are admitted to the U.S. as immigrants, victims of a severe form of torture who receive certified or eligibility letters from the Office of Refugee Resettlement, or clients eligible for ORR-funded programs and services.

- b. Have an I-94 or other verifiable documentation indicating refugee or eligible status.
 - c. Have completed the health screening process within the first 90 days of their date of arrival in the United States and are resettling in the Contractor's service area.
 - d. Secondary arrivals who did not complete the health screening process in another state and resettle in the Contractor's service area within 90 days of their arrival to the United States.
5. Exhibit B, Statement of Work, Section 4, Contractor Obligations, b. Physical (or Clinical) Screening is replaced with the following language:
- b. **Physical (or Clinical) Screening:** Perform health screening based on the Washington State Domestic Screening Guidelines Checklist, including physical exam, laboratory tests, diagnostic tests and immunizations. Screening activities must be completed within the first 90 days of client's date of arrival in the United States.
6. Exhibit B, Statement of Work, Section 4, Contractor Obligations, d. Civil Surgeon Certification is replaced with the following language:
- d. **Civil Surgeon Certification:** The Contractor should maintain "Civil Surgeon" status through USCIS and provide Civil Surgeon Certification of immunizations on the United States Citizenship and Immigration Services (USCIS) immunization record (I-693) within 18 months of the refugee's arrival in the United States. If desired by the client, provide a certified immunization record (I-693) to indicate immunizations are complete.
7. Exhibit B, Statement of Work, Section 4, Contractor Obligations, f. Service Coordination is replaced with the following language:

Service Coordination: Attend relevant refugee meetings and trainings, including but not limited to:

- (a) Quarterly WA Health Coalition Meetings and Trainings;
- (b) Quarterly Local Refugee Community Consultation Meetings;
- (c) DSHS ORIA Provider Meetings and Trainings;
- (d) DOH Annual Screening Meetings;
- (e) DSHS ORIA Annual Contract Meetings; and,
- (f) Other meetings as requested by DOH or DSHS.

8. Exhibit B, Statement of Work, Section 5, Reporting is replaced with the following language:

The Contractor shall submit:

- a. To Washington State Department of Health, a completed Refugee Health Domestic Screening form for each refugee screened. Forms must be accurate, complete, in order, organized, and submitted as soon as a screening is completed and no later than 30 days from screening completion.
- b. To DSHS ORIA with request for payment, a completed Monthly Client Billing Datasheet, format provided by DSHS. Client details include but not limited to: First Name, Last Name, Alien Number, Date of Birth, Sex, Country of Origin, Arrival Date, Date of Service, Status at Time of Entry, Type of Visit, and any other client details requested by DSHS.

9. Exhibit B, Statement of Work, Section 6, Consideration is replaced with the following language:

The Contractor shall receive payment up to **\$58,970.00** during the contract period based on the following:

- Payment Point 1:** **\$2,000** per month for clinical operating costs when there are zero new refugee screenings completed, however, clinical operations and administrative services continue (as approved by DSHS).
- \$4,000** per month for clinical operating costs when there is at least 1 new refugee screening completed (does not permit follow-up as a qualified criteria).
- Payment Point 2:** **\$210.00** for each eligible refugee screened less than 5 years old. Payment is considered complete for all activities as allowed on the Washington State Domestic Medical Screening Guidelines Checklist for Public or Primary Care Based Screening.
- Payment Point 3:** **\$295.00** for each eligible refugee screened ages 5-17 years old. Payment is considered complete for all activities as allowed on the Washington State Domestic Medical Screening Guidelines Checklist for Public or Primary Care Based Screening.
- Payment Point 4:** **\$420.00** for each eligible refugee screened ages 18+ years old. Payment is considered complete for all activities as allowed on the Washington State Domestic Medical Screening Guidelines Checklist for Public or Primary Care Based Screening.
- Payment Point 5:** **\$190.00** for file creation and follow-up services provided to each eligible refugee screened by another state or another county.
- Payment Point 6:** **\$50.00** for each eligible refugee who accepted and completed COVID-19 vaccination series as part of the Domestic Medical Screening Exam. Submission for this payment point must meet the criteria outlined in guidance provided by DSHS ORIA Program Manager.
- Payment Point 7:** Interpreter services shall be paid at actual cost with receipt(s) for services.
- Payment Point 8:** Medicaid denials reimbursed by DSHS at billable costs.

All other terms and conditions of this Contract remain in full force and effect.