

 <p>Washington State Department of Social & Health Services</p> <p><i>Transforming lives</i></p>		CONTRACT AMENDMENT Refugee Health Screening		DSHS CONTRACT NUMBER: 2065-91753 Amendment No. 03	
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)		
CONTRACTOR ADDRESS 325 Ninth Avenue Box 359758 Seattle, WA 98104-2499			WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 578-037-394		DSHS INDEX NUMBER 1145
CONTRACTOR CONTACT Kate Friedenbach		CONTRACTOR TELEPHONE Click here to enter text.	CONTRACTOR FAX Click here to enter text.		CONTRACTOR E-MAIL ADDRESS kfbach@uw.edu
DSHS ADMINISTRATION Economic Services Administration		DSHS DIVISION Community Services Division		DSHS CONTRACT CODE 3000LC-65	
DSHS CONTACT NAME AND TITLE Cathy Vue Program Manager		DSHS CONTACT ADDRESS 1700 E Cherry Street Seattle, WA 98122-			
DSHS CONTACT TELEPHONE (206)568-5597		DSHS CONTACT FAX Click here to enter text.		DSHS CONTACT E-MAIL ADDRESS vuec@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No			CFDA NUMBERS		
AMENDMENT START DATE 09/29/2022		CONTRACT END DATE 01/30/2023			
PRIOR MAXIMUM CONTRACT AMOUNT \$227,940.00		AMOUNT OF INCREASE OR DECREASE \$150,000.00		TOTAL MAXIMUM CONTRACT AMOUNT \$377,940.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT OTHER: SEE PAGE TWO					
ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input type="checkbox"/> 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 DocuSigned by: 		PRINTED NAME AND TITLE Sommer Kleweno-Walley Chief Executive Officer		DATE SIGNED 11/16/2022	
DSHS SIGNATURE 		PRINTED NAME AND TITLE Doina Dobrin, Contracts Officer DSHS,ESA-Community Services Division		DATE SIGNED 11/16/2022	

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. The Contract End Date is extended to January 30, 2023.
2. The Maximum Contract Amount is increased by **\$150,000.00** for the FFY23 program year (10/1/2022-9/30/2023). The new Maximum Contract Amount of **\$377,940.00** has the following breakdown:

Contract Number	Program Year	Contract Amount
2065-91753	FFY21 (10/1/2020 – 9/30/2021)	\$ 58,970.00
2065-91753-01	FFY22 (10/1/2021 – 9/30/2022)	\$ 58,970.00
2065-91753-02	FFY22 (5/1/2022 – 9/30/2022)	\$ 110,000.00
2065-91753-03	FFY23 (10/1/2022 – 9/30/2023)	\$ 150,000.00
	Total Contract Maximum	\$ 377,940.00

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

The Contractor shall receive payment up to **\$150,000.00** during the FFY23 program year based on the following details:

- Payment Point 1:** **\$2,000** per month for clinical operating costs when there zero new refugee screenings completed in FFY23 (10/1/2022-9/30/2023), however clinical operations and administrative services continue (as approved by DSHS)
- \$6,000** per month for clinical operating costs when there is at least 1 new refugee screening completed in FFY23 (10/1/2022-9/30/2023); 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:** Interpreter services shall be paid at actual cost with receipt(s) for services.

Payment Point 7: Medicaid denials reimbursed by DSHS at billable costs.

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