

		COUNTY PROGRAM AGREEMENT AMENDMENT REFUGEE HEALTH SCREENING		DSHS Agreement Number 2066-91749 Amendment No. 02
This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below.				Administration or Division Agreement Number Click here to enter text. County Agreement Number
DSHS ADMINISTRATION Economic Services Administration	DSHS DIVISION Community Services Division	DSHS INDEX NUMBER 2014	CCS CONTRACT CODE 2014	
DSHS CONTACT NAME AND TITLE Cathy Vue		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 vuc@dsht.wa.gov	
COUNTY NAME Snohomish Health District		COUNTY ADDRESS 3020 Rucker Avenue Suite 203 Everett, WA 98201-_____		
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER		COUNTY CONTACT NAME Katie Curtis		
COUNTY CONTACT TELEPHONE (425) 339-8711	COUNTY CONTACT FAX (425) 339-5255		COUNTY CONTACT E-MAIL kcurtis@snohd.org	
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No			CFDA NUMBERS	
AMENDMENT START DATE 10/01/2021		PROGRAM AGREEMENT END DATE 09/30/2022		
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$280,000.00	AMOUNT OF INCREASE OR DECREASE \$230,000.00		TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$510,000.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT CHOOSE ONE:				
EXHIBITS. When the box below is marked with a check (4) or an X, the following Exhibits are attached and are incorporated into this Program Agreement Amendment by reference: <input type="checkbox"/> Exhibits (specify):				
This Program Agreement 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 Program Agreement. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Program Agreement remain in full force and effect. The parties signing below warrant that they have read and understand this Program Agreement Amendment, and have authority to enter into this Program Agreement Amendment.				
COUNTY SIGNATURE(S)		PRINTED NAME(S) AND TITLE(S)		DATE(S) SIGNED
DSHS SIGNATURE		PRINTED NAME AND TITLE Sandra Daniels, Contracts Officer DSHS/ESA-Community Services Division		DATE SIGNED

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 **\$230,000** for the current contract year, to a new Maximum Contract Amount of **\$510,000**.
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 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:
- (1) **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; and,
 - (e) 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:
- e. To Washington State Department of Health, a completed Refugee Health Domestic Screening form for each refugee screened. Forms must be submitted as soon as a screening is completed and no later than 30 days from screening completion.
 - f. 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.

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