

 <p>Washington State Department of Social &amp; Health Services</p> <p><i>Transforming lives</i></p>		<h2>CONTRACT AMENDMENT</h2>		<b>DSHS CONTRACT NUMBER:</b> 2065-86003  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 <a href="#">Click here to enter text.</a> Contractor Contract Number	
<b>CONTRACTOR NAME</b> Harborview Medical Center			<b>CONTRACTOR doing business as (DBA)</b> Harborview Mental Health and Addiction Services		
<b>CONTRACTOR ADDRESS</b> 325 Ninth Avenue Box 359797 Seattle, WA 98104			<b>WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)</b> 578-037-394		<b>DSHS INDEX NUMBER</b> 1145
<b>CONTRACTOR CONTACT</b> Sunny Lovin		<b>CONTRACTOR TELEPHONE</b> (206) 744-9664	<b>CONTRACTOR FAX</b> (206) 744-9854		<b>CONTRACTOR E-MAIL ADDRESS</b> slovin@uw.edu
<b>DSHS ADMINISTRATION</b> Division of Vocational Rehabilitation		<b>DSHS DIVISION</b> Division of Vocational Rehabilitation		<b>DSHS CONTRACT CODE</b> 8503LS-65	
<b>DSHS CONTACT NAME AND TITLE</b> Lawrence Lim Contract Specialist		<b>DSHS CONTACT ADDRESS</b> PO Box 45340  Olympia, WA 98504-5340			
<b>DSHS CONTACT TELEPHONE</b> (360)725-3642		<b>DSHS CONTACT FAX</b> (360)407-3933		<b>DSHS CONTACT E-MAIL ADDRESS</b> limlj@dshs.wa.gov	
<b>IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?</b> No			<b>CFDA NUMBERS</b>		
<b>AMENDMENT START DATE</b> 09/01/2020		<b>CONTRACT END DATE</b> 06/30/2022			
<b>PRIOR MAXIMUM CONTRACT AMOUNT</b> \$0.00		<b>AMOUNT OF INCREASE OR DECREASE</b> \$0.00		<b>TOTAL MAXIMUM CONTRACT AMOUNT</b> \$0.00	
<b>REASON FOR AMENDMENT;</b> CHANGE OR CORRECT CONTRACT TERMS OR SOW, SEE PAGE TWO					
<b>ATTACHMENTS.</b> 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.					
<b>CONTRACTOR SIGNATURE</b> 		<b>PRINTED NAME AND TITLE</b> Paul Hayes, RN - Chief Executive Officer		<b>DATE SIGNED</b> 8/31/2020	
<b>DSHS SIGNATURE</b> 		<b>PRINTED NAME AND TITLE</b> Russell Wrigg, Key Contract Coordinator		<b>DATE SIGNED</b> 8/31/2020	

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

1. The definition of "Unsupervised Access" found in Special Terms and Conditions Section 1, Definitions, is amended to read:
  - a. "Unsupervised Access" means that a member of the Contractor's personnel (Board member, staff person, volunteer, or intern) is in the presence of a Student but not in the presence of:
    - (1) Another member of the Contractor's personnel who has passed the DVR background check; or
    - (2) Any relative or guardian of the child or developmentally disabled individual or vulnerable adult to whom the applicant has access during the course of his or her employment or involvement with the business or organization (RCW 43.43.830(13)).
2. Special Terms and Conditions Section 4, subsection c.(2), **IL Skills Training and IL Work-Related Systems Access**, is replaced in its entirety with the following:

If IL Skills Training Services and IL Work-Related Systems Access Services are both approved, only one service may be requested on a single SDOP.
3. Special Terms and Conditions Section 7.b., **IL Consideration**, is replaced in its entirety with the following:
  - (1) IL Fee Schedule
    - (a) IL fees shall be paid according to the IL Fee Schedule, incorporated into this contract by reference and available on DVR's internet page at:  
<https://www.dshs.wa.gov/dvr/independent-living-services>.
      - i. All amounts listed for IL fees in the Statement of Work are superseded by the IL Fee Schedule for all services provided on or after the start date of this amendment.
      - ii. In the event of inconsistencies between the IL Fee Schedule and the language of this contract regarding IL fee amounts, the IL Fee Schedule takes precedence.
    - (b) Any changes to the IL Fee Schedule shall be made available on DVR's internet page and incorporated into this contract by reference, upon their effective date.
    - (c) At the Contractor's request, DVR will send the Contractor a copy of the current IL Fee Schedule.
  - (2) Partial Payments
    - (a) If for reasons outside of the Contractor's control an IL Evaluation is not completed, a partial payment can be approved for up to a maximum of fifty (50%) percent of the authorized Maximum Total Fee.
      - i. Partial payments of up to a maximum of fifty (50%) percent can only be approved by the DVR unit supervisor after review of the Contractor's justification and review of the Customer's file with the VRC.

- ii. Any payments made before the partial payment is approved shall be deducted from the amount of the partial payment, which cannot exceed fifty (50%) percent of the Maximum Total Fee.
- (b) In the event of exceptional circumstances, such as during regional, state, and national emergencies, the DVR Director or the DVR Chief of Field Services may establish temporary reimbursement rates and approval authorities.
  - i. The temporary reimbursement rates established under this section may exceed the partial payment limit in paragraph (a).
  - ii. Any payments made before the partial payment is approved shall be deducted from the amount of the partial payment.

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