

**Washington State Health Care Authority
CONTRACT AMENDMENT**

1A. NAME OF CONTRACTOR Corporate Translation Services, Inc. DBA CTS LanguageLink	2A. CONTRACT NUMBER K619 – Service Area 2
1B. ADDRESS OF CONTRACTOR 911 Main Street, Suite 10	2B. AMENDMENT <p style="text-align: center;">3</p>
1C. CITY, STATE, ZIP CODE Vancouver, WA 98660	

3. **THIS ITEM APPLIES ONLY TO BILATERAL AMENDMENTS**
 The Contract identified herein, including any previous amendments thereto, is hereby amended as set forth in item 5 below by mutual consent of all parties hereto.

4. **THIS ITEM APPLIES ONLY TO UNILATERAL AMENDMENTS**
 The Contract identified herein, including any previous amendments thereto, is hereby unilaterally amended as set forth in item 5 below pursuant to the changes and modifications clause as contained therein.

5. **DESCRIPTION OF AMENDMENT:**

The following sections of the Contract are added as follows:

3. **Statement of Work.** The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

k. **DSHS Assigning and Communicating Interpreting Modality**

(2) If a social service Interpreter is not available, assignment of a medical Interpreter is acceptable.

(3) **Filling Non-Emergent Appointments**

Contractor should look for social service interpreters utilizing the current, approved standard mileage criteria. If at that point the appointment is still unfilled, it will roll over to medically certified interpreters utilizing the same criteria listed above.

(4) **Filling Emergent Appointments**

For emergent appointments (twenty four (24) hours or less), Contractor shall distribute to both medical and social service interpreters at the same time in order to get the appointment filled quickly.

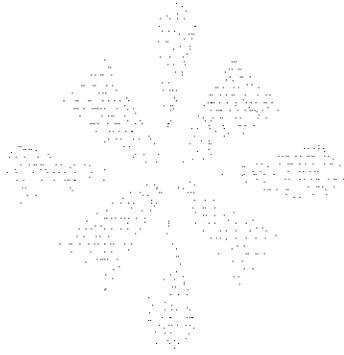
n. Interpreter Services Tracking and Documenting Requirements

(2) The system must capture and document per Request, at a minimum the following data:

(s) Number of times a medical Interpreter was sent to a social service appointment.

6. The effective date of this amendment is Date of Execution (DOE) of both parties.

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

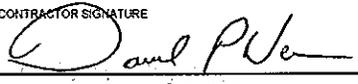
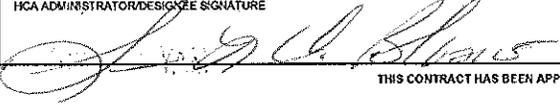


Washington State
Health Care Authority

This is a unilateral amendment. Signature of contractor is not required below.

Contractor hereby acknowledges and accepts the terms and conditions of this amendment. Signature is required below.

IN WITNESS WHEREOF, HCA and the contractor have signed this agreement.

CONTRACTOR SIGNATURE 	DATE 5/28/2013
HCA ADMINISTRATOR/DESIGNEE SIGNATURE  Susan DeBlasio HCA Contracts Administrator	DATE 5/31/13

THIS CONTRACT HAS BEEN APPROVED AS TO FORM BY THE HCA CONTRACTS ADMINISTRATOR HCA-728 (11/93)

Brodersen, Kristy (HCA)

From: Cody, Preston (HCA)
Sent: Tuesday, June 04, 2013 9:10 AM
To: Brodersen, Kristy (HCA)
Cc: Shults, Johnny (HCA)
Subject: RE: CTS Amendments 3

Approved.

From: Brodersen, Kristy (HCA)
Sent: Tuesday, June 04, 2013 8:59 AM
To: Cody, Preston (HCA)
Cc: Shults, Johnny (HCA)
Subject: CTS Amendments 3
Importance: High

Preston,

I need your approval for this CAR. CTS has signed the amendment, and I did not realize until today that this was not approved by you. Please send email confirmation of your approval.

Thanks,

Kristy Brodersen

Contracts Consultant

**Washington State
Health Care Authority**

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