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 4
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 amended as follows:

6. The front cover page contract person identified is replaced as follows:

CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Dan Nelson	360-433-0461		info@ctslanguagelink.com dan.nelson@ctslanguagelink.com

7. Section 1., Definitions d. and q., and HCA Only Definition c., are replaced as follows:

d. "Allowable Interpreter Service Mileage Units" means the number of miles authorized for reimbursement when Interpreter travels twenty (20) miles or more one way.

q. "Contract Mileage Reimbursement Rate" the prevailing mileage rate as established by the Office of Financial Management (OFM) per the CBA.

HCA Only Definitions

c. "Consecutive Appointments" means a series of Medicaid medical enrollee appointments that are each of a scheduled duration of forty-five (45) minutes or less, that are requested by the same authorized requestor or take place in very close proximity to each other (e.g., same clinic, hospital, or facility), for which the same interpreter is contracted to provide in-person interpreter services and that begin, or are scheduled to begin, within fifteen (15) minutes of the last completed appointment.

8. Section 6. Consideration c., (1) (a) and (b) are replaced as follows and (f) is added:

6. Consideration

c. Allocations described in this Section shall apply during the period July 1, 2013 through June 30, 2015.

(1) Rates:

(a) For the period 7/1/2013 - 6/30/2014 the direct Interpreter Service Rate is thirty-two dollars ($32.00) per hour for spoken language In-person services, as determined by the CBA for all interpreters (union members, nonunion members, CTS employees, or CTS out of state contracted interpreters).

(b) For the period 7/1/2014 - 6/30/2015 the direct Interpreter Service Rate is thirty-two dollars and fifty cents ($32.50) per hour for spoken language In-person services, as determined by the CBA for all interpreters (union members, nonunion members, CTS employees, or CTS out of state contracted interpreters).

(f) For DSHS Block of Time Appointments, Interpreters will be paid thirty-one dollars ($31.00) per hour for block time appointments.

9. Section 8. In-Person Allowable Interpreter Service Encounter Charges a. (1) (a) iii., is replaced as follows:

8. In-Person Allowable Interpreter Service Encounter Charges

iii. Allowable Interpreter Service mileage charges are those which are twenty (20) or more miles point-to-point for appointments, and are calculated by multiplying the number of allowable Interpreter Service miles traveled from the Interpreter's place of business, home, or last appointment on the same day to the Interpreter's next appointment by the Contract Mileage Reimbursement Rate (unless adjusted at the sole discretion of HCA, and upon notification of the Contractor by HCA).

If the Contractor is scheduling Interpreter(s) who must travel more than one hundred (100) miles to the assignment, the Contractor is required to obtain prior approval from the DSHS Authorized Requestor or HCA Interpreter Services Program Manager, designee or Successor.

10. Section 9. In-Person No Show and Cancelations is replaced as follows:

Section 9. In-Person No Show and Cancelations

a. The Contractor must bill HCA and DSHS for Interpreter Service and pay the Interpreter at the minimum rate of two (2) Units per appointment or fifty percent (50%) of scheduled time if the appointment results in a No-Show because either the Requestor or Client did not show up for the appointment.

b. If an LEP client or patient, or authorized requester fails to show for any Medicaid medical enrollee appointment within the series of a consecutive appointment it shall be considered a no-show and the Interpreter will be paid thirty (30) minutes.

c. The Contractor must bill HCA for Interpreter Service and pay the Interpreter at the rate of two (2) Units per appointment if the appointment was cancelled by either the Requestor or Client with less than twenty-four (24) hours' notice, Including in cases of error on the part of the Requestor, State or third parties not including double bookings, and;

(1) The Interpreter arrives for the appointment at the appointment date and time; and

(2) The Interpreter has not been reassigned for another appointment at the same time as the Cancelled Appointment.

(3) The twenty-four (24) hours shall not include weekends or state recognized holidays.

NOTE: The Contractor may waive the Requestor and Interpreter signature on the Appointment Record Form if the Contractor verifies the Cancelled Appointment (billable).

11. Section 10. In-Person No Show and Cancelations, b. (4) and (5) are replaced as follows:

10. Payment.

b. HCA will:

(4) Payment for Consecutive Appointments must be calculated from the initial scheduled start time of the first appointment in the series or when the Interpreter shows up after scheduled start time, whichever is later, up to the actual end time of the last appointment in the series.

Example:

1st appointment: 11:00 am – 11:45 am;

2nd appointment: 12:00 pm – 12:45 pm;

3rd appointment: 1:00 pm – 1:45 pm

Unless Interpreter arrived late to the first appointment in the series, payment must be issued for two (2) hours and forty-five (45) minutes [eleven (11) Units].

NOTE: No-Shows and cancellations, if otherwise payable, are reimbursed within Consecutive Appointment series at the Rates described in Section 9, In-Person No Show and Cancelations.

1st appointment: 9:00 am – 9:30 am;

2nd appointment: 9:30 am – 9:45 am; (No showed by Client)

3rd appointment: 10:00 am – 10:45 am

Unless Interpreter arrived late to the first appointment in the series, payment must be issued for one (1) hour and forty-five (45) minutes [seven (7) Units].

(5) Reimburse the number of Allowable Interpreter Service Mileage Units billed, rounded up to the nearest mile (after totaling miles for a round Trip), where:

(a) One (1) Unit of Interpreter travel is equal to one (1) mile.

(b) Interpreter travels twenty (20) or more miles beyond their place of business, home or last appointment, the actual departure point to an Interpreter Service Encounter is used.

(c) The reimbursement rate is equal to the Office of Financial Management (OFM) current mileage reimbursement rate.

(d) The street addresses for origin of the Trip and destination are documented, and listed on the form prior approved by the HCA Interpreter Services Program Manager, designee or Successor.

(e) The point-to-point most direct route has been taken.

(f) The accuracy of the mileage claimed has been verified and documented by the Contractor using reputable method (e.g. MapQuest, Google Maps, etc.).

6. The effective date of this amendment is July 1, 2013.

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

☐ 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 9/30/2013
HCA ADMINISTRATOR/DESIGNEE SIGNATURE Susan DeBlasio HCA Contracts Administrator	DATE 9/4/13

THIS CONTRACT HAS BEEN APPROVED AS TO FORM BY THE ASSISTANT ATTORNEY GENERAL HCA-728 (11/93)