



CONTRACT AMENDMENT Child Placing Agency Foster Family Recruitment

DSHS CONTRACT NUMBER:
Click here to enter text.

Amendment No. Click here to enter text.

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

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| CONTRACTOR NAME Click here to enter text. | CONTRACTOR doing business as (DBA) Click here to enter text. |
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| CONTRACTOR ADDRESS Click here to enter text. Click here to enter text., Click here to enter text. Click here to enter text. | WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) Click here to enter text. | DSHS INDEX NUMBER Click here to enter text. |
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| CONTRACTOR CONTACT Click here to enter text. | CONTRACTOR TELEPHONE Click here to enter text. | CONTRACTOR FAX Click here to enter text. | CONTRACTOR E-MAIL ADDRESS Click here to enter text. |
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| DSHS ADMINISTRATION Click here to enter text. | DSHS DIVISION Click here to enter text. | DSHS CONTRACT CODE Click here to enter text. |
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| DSHS CONTACT NAME AND TITLE Click here to enter text. Click here to enter text. | DSHS CONTACT ADDRESS Click here to enter text. Click here to enter text., Click here to enter text. Click here to enter text. |
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| DSHS CONTACT TELEPHONE Click here to enter text. | DSHS CONTACT FAX Click here to enter text. | DSHS CONTACT E-MAIL ADDRESS Click here to enter text. |
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| IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? Click here to enter text. | CFDA NUMBERS Click here to enter text. |
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| AMENDMENT START DATE Click here to enter text. | CONTRACT END DATE Click here to enter text. |
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|---|--|---|
| PRIOR MAXIMUM CONTRACT AMOUNT Click here to enter text. | AMOUNT OF INCREASE OR DECREASE Click here to enter text. | TOTAL MAXIMUM CONTRACT AMOUNT Click here to enter text. |
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**REASON FOR AMENDMENT;
CHANGE OR CORRECT CHOOSE ONE:**

ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:
 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.

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| CONTRACTOR SIGNATURE Click here to enter text. | PRINTED NAME AND TITLE | DATE SIGNED |
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| DSHS SIGNATURE Click here to enter text. | PRINTED NAME AND TITLE | DATE SIGNED |
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This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. **Purpose.** The purpose of this Amendment is to revise certain sections of the template made available to Child Placing Agencies (CPA), so as to include an incentive payment for the recruitment of foster families.
2. **Section 7 of the Special Terms and Conditions, entitled “Consideration”,** shall be revised as follows:

a. **Subsection i** shall be revised to read as follows:

Foster Family Recruitment

- (1) As part of Contractor’s performance under Exhibit B, Section 2a.(6) of this contract, the Contractor shall be paid an incentive fee for each new foster home licensed by the Contractor under their CPA contract in Washington State.
- (2) The incentive fee will be paid per newly licensed foster home, as defined below. The amount of the fee can be found here: <http://www.dshs.wa.gov/ca/partners/contractrates.asp>. This is a one-time payment per new foster home licensed.
- (3) The contractor shall complete an A19 invoice, in the manner specified within Section 8 – Billing and Payment. In order to receive this incentive, the Contractor must complete and file an A19 at the end of each month in which the Contractor is claiming credit for the licensure of a new foster home.
- (4) For purposes of this subsection, a newly licensed foster home shall be defined as:
 - (a) A foster home that has never been previously licensed as a foster home; or
 - (b) A foster home which was previously licensed, but chose not to renew or voluntarily stopped acting as a foster home for a period longer than 12 months; and
 - (c) Has not been subject to disciplinary action by DLR.

b. **Subsection j** shall be added to the end of the section and shall read as follows:

Vendor Rate Increase or Decrease

In the event of a legislatively mandated general cost of living vendor rate increase or decrease, the rates shall be adjusted accordingly and shall be incorporated into the published Fee Table on the date the rate(s) become effective.

2. **Section 8 – Billing and Payment**, shall be revised as follows:

a. Subsection h shall be inserted at the end of the section and shall read as follows:

Foster Family Recruitment

(1) For reimbursement of the Foster Family Recruitment incentive payment, the Contractor shall submit a monthly invoice for services performed under this Contract on State of Washington Invoice Voucher forms (Form A-19), prepared in the manner prescribed by DSHS.

(a) The voucher shall:

- i. Clearly indicate that it is “FOR SERVICES RENDERED IN PERFORMANCE UNDER DSHS CONTRACT NO. _____ FOR THE MONTH OF _____, 20__”
- ii. Contractor CPA name and FamLink Business ID.
- iii. Foster home Name and FamLink Provider ID
- iv. Date upon which the foster home in question was newly licensed.

(b) The A-19 invoice vouchers shall be submitted, via email, to:

Doug Allison / Unit Supervisor / Adolescent Education Unit
Program and Policy, Children’s Administration
Department of Social and Health Services (DSHS)
(O) 360-902-7983 (C) 360-280-3233
doug.allison@dshs.wa.gov

DSHS / Children’s Administration
P.O. Box 45710
Olympia, WA 98504-5710

- (c) The Contractor shall contact the above DSHS contact at (360) 902-7983 concerning billing questions.
- (d) The rates shall be as specified above in the section titled “Consideration” of this Contract.
- (e) The Contractor shall bill for each month of service on a separate Form A-19. The A-19 shall state the month services were provided.
- (f) 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 the Contract.
- (g) Claims for payment submitted by the Contractor shall be paid by DSHS if received by DSHS no later than sixty (60) days from the date services were rendered.
- (h) CA will not be obligated to pay for services submitted more than three (3) months after the calendar month in which the services were performed.
- (i) DSHS shall make payment within thirty (30) days of receipt of a properly completed invoice for services.
- (j) DSHS may withhold payment to the Contractor if reports required under this Contract are delinquent, i.e., not submitted within 10 working days of the due date, or incomplete.

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