



PROGRAM SERVICES CONTRACT

This contract is entered into by and between the State of Missouri, Department of Health and Senior Services (Department/state agency) and the below named entity/individual (Contractor). The contract consists of the contract signature page, the scope of work; any attachments referenced and incorporated herein; the terms and conditions; and any written amendments made in accordance with the provisions contained herein. This contract expresses the complete agreement of the parties. By signing below, the Contractor and Department agree to all the terms and conditions set forth in this contract.

To the extent that this contract involves the use, in whole or in part, federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A which is attached hereto and is incorporated by reference as if fully set forth herein.

Tracking # 50858	Contract Title: COVID-19 HEALTH CARE AUGMENTATION	
Contract Start: 8/16/2021	Contract End: 11/30/2021	Questions/Please Contact: PROCUREMENT UNIT @ (573)751-6471
Contract #: DH220050858		Amend #: 01

PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

NAME OF ENTITY/INDIVIDUAL (Contractor) SLSCO LTD	
DOING BUSINESS AS (DBA) NAME	
MAILING ADDRESS PO BOX 17017	
CITY, STATE, and ZIP CODE GALVESTON TX 77552	
REMIT TO (PAYMENT) ADDRESS (if different from above)	
CITY, STATE, and ZIP CODE	
CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
TAXPAYER ID NUMBER (TIN) *****0114	DUNS NUMBER
CONTRACTOR'S AUTHORIZED SIGNATURE <i>[Signature]</i>	DATE 8/30/21
PRINTED NAME William Sullivan	TITLE President
DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE <i>[Signature]</i>	DATE 8/30/21

AMENDMENT #01 TO CONTRACT DH220050858

CONTRACT TITLE: COVID-19 Health Care Augmentation

CONTRACT PERIOD: August 16, 2021 through November 30, 2021

The Department of Health and Senior Services hereby amends the above referenced contract as follows:

1. Delete Section 3.17 in its entirety and replace with revised Section 3.17 as follows:
 - 3.17 The Contractor (or its staffing subcontractor) will be solely responsible for all payroll, health benefits, required insurance coverages, tax reporting and payment.
2. Delete Section 3.26 in its entirety and replace with revised Section 3.26 as follows:
 - 3.26 The Contractor shall provide medical staff, operational support staff, equipment, supplies, and logistics and administration staff based upon infusion center capacity in thirty (30) day increments. Anticipated mAb staffing ratios are based upon realized needs while supporting prior infusion centers. For the avoidance of doubt, the provisions of paragraphs 3.5, 3.6, 3.12 and 3.21 above shall apply equally to Contractor's provision of services for Monoclonal Antibody (mAb) Infusion Staff, Equipment and Supplies Services. Documentation required to be provided to the Department on request pursuant to such provisions shall be shared with an acute care or critical access hospital on such hospital's request
3. Delete Section 3.27 in its entirety and replace with revised Section 3.27 as follows:
 - 3.27 The Contractor shall assist Missouri critical access and acute care hospitals with staffing needs at the firm fixed hourly rates contained in Attachment B, which is attached hereto and is incorporated by reference as if fully set forth herein. For the avoidance of doubt, the provisions of paragraphs 3.5, 3.6, 3.12 and 3.21 above shall apply equally to Contractor's provision of services for Healthcare Staffing Augmentation Services. Documentation required to be provided to the Department on request pursuant to such provisions shall be shared with an acute care or critical access hospital on such hospital's request.
4. Delete Attachment B in its entirety and replace with revised Attachment B, which is attached hereto and is incorporated by reference as if fully set forth herein.

All other terms, conditions and provisions of the above referenced contract shall remain the same and apply hereto.

Staffing

Staff Classification	July Standard Rate	Current Competitive Market Rate	% Change
Registered Nurse - Me d/ Surge	\$160	\$200	25%
Registered Nurse – ICU	\$185	\$215	16%
Registered Nurse – Tele/Obs	\$175	\$215	23%
Registered Nurse - ER	\$175	\$215	23%
Registered Nurse - OR	\$160	\$205	28%
Registered Nurse - BH	\$140	\$195	39%
Licensed Practical Nurse - BH	\$100	\$120	20%
Licensed Practical Nurse	\$90	\$120	33%
Certified Nursing Assistant	\$65	\$78	20%
Respiratory Therapist	\$185	\$200	8%
MRI Technician	\$150	\$160	7%
X-Ray Technician	\$100	\$115	15%
Pharmacist	\$250	\$250	0%
Pharmacy Technician	\$125	\$125	0%
Home Care Aide	\$75	\$75	0%
Environmental Services	\$70	\$70	0%
Physician – ED	\$500	\$500	0%
Physician - Hospitalist	\$425	\$425	0%
Physician – Infectious Disease	\$460	\$460	0%
Physician – Critical Care	\$550	\$550	0%

Overtime paid at 1.5 x's standard rate after 40hours in a workweek

Staff schedules based on a minimum of 48hour/ week (e.g. 4 days per week; 12 hour days)

Employee support costs billed at cost

Travel costs to/ from State billed at actual cost

Travel costs to/ from Site billed at actual cost Per diem rates based on area GSA rates



CONTRACT FUNDING SOURCE(S)

The Contract Funding Source(s) identifies the total amount of funding and federal funding source(s) expected to be used over the life of this contract. The CFDA number is the pass-through identification number for your Schedule of Expenditures of Federal Awards (SEFA), if one is required. You may reconcile your financial records to actual payment documents by going to the vendor services portal at <https://www.vendorservices.mo.gov/>. If the funding information is not available at the time the contract is issued, the Contractor will be notified in writing by the Department. Please retain this information with your official contract files for future reference.

Tracking # 50858	State: 0% \$0.00	Federal: 100% \$30,000,000.00
-------------------------	-------------------------	--------------------------------------

Contract Title: COVID-19 HEALTH CARE AUGMENTATION

Contract Start: 8/16/2021 **Contract End:** 11/30/2021 **Amend#:** 01 **Contract #:** DH220050858

Vendor Name: SLSCO LTD

CFDA: N/A **Research and Development:** *

CFDA Name: *

Federal Agency: *

Federal Award: *

Federal Award Name: *

Federal Award Year: *	DHSS #: ZZZ-PENDING FOA	Federal Obligation: \$30,000,000.00
------------------------------	--------------------------------	--

* The Department will provide this information when it becomes available.

Project Description:

Establish alternate care sites (ACS) throughout the state as needed and provide nursing staffing as needed.