

	<b>CONTRACT AMENDMENT</b>	HCA Contract Number: K768 Amendment No.: 01
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**THIS AMENDMENT** is between the Washington State Health Care Authority, hereinafter referred to as "HCA," and the party whose name appears below, hereinafter referred to as the "Contractor."

<b>CONTRACTOR NAME</b> <b>Pacific County</b>	<b>CONTRACTOR doing business as (DBA)</b>
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<b>CONTRACTOR ADDRESS</b> PO Box 26, 1216 W Robert Bush Drive South Bend, WA 98586	<b>WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)</b>
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<b>CONTRACTOR CONTACT</b> <b>Mary Goelz, Director</b>	<b>CONTRACTOR TELEPHONE</b> (360) 642-9349	<b>CONTRACTOR E-MAIL ADDRESS</b> mgoelz@co.pacific.wa.us
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<b>HCA PROGRAM TITLE</b> ABCD Local Activities	<b>HCA DIVISION/SECTION</b> HBUM/HCS
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<b>HCA CONTACT NAME AND TITLE</b> Dianne Baum, Dental Program Manager	<b>HCA CONTACT ADDRESS</b> PO Box 45506 Olympia, WA 98504-5506
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<b>HCA CONTACT TELEPHONE</b> 360-725-1560	<b>HCA CONTACT E-MAIL ADDRESS</b> Dianne.baum@hca.wa.gov
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<b>IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>CFDA NUMBER(S)</b> 93.778	<b>FFATA Form Required</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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<b>AMENDMENT START DATE</b> 07/01/2015	<b>AMENDMENT END DATE</b> 06/30/2017	<b>CONTRACT END DATE</b> 06/30/2017
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<b>PRIOR MAXIMUM CONTRACT AMOUNT</b> \$19,600.00	<b>AMOUNT OF INCREASE OR DECREASE</b> \$19,000.00	<b>TOTAL MAXIMUM CONTRACT AMOUNT</b> \$38,600.00
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**REASON FOR AMENDMENT:**  
 The purpose of this amendment is to extend the period of performance, increase the total maximum, update Exhibits A and E, and update the Contractor Contract information.

**ATTACHMENTS/EXHIBITS.** When the box below is marked with an X, the following Exhibits/Attachments are attached and are incorporated into this Contract Amendment by reference:  
 Exhibit(s) (specify): Exhibit A-1 – ABCD Quarterly Outreach & Case Management Report  
 Exhibit B-1 – Community Outreach and Coordination of Care Report  
 Exhibit C-1 – List of ABCD Dental Providers  
 Exhibit D-1 – Budget Tool  
 Exhibit E-1 - End of Year Summary Report  
 Attachment(s) (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>	<b>DATE SIGNED</b>
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<b>HCA SIGNATURE</b>	<b>PRINTED NAME AND TITLE</b>	<b>DATE SIGNED</b>
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This Contract between the State of Washington Health Care Authority (HCA) and the Contractor is hereby amended as follows:

1. The Contractor Contact information on the front cover sheet is changed to:

Mary Goelz  
PO Box 26, 1216 W Robert Bush Drive  
South Bend, WA 98586  
(360) 642-9349  
mgoelz@co.pacific.wa.us

2. All references in the Contract to "Medicaid" are hereby replaced with "Apple Health/Medicaid."
3. All references in the Contract to "Personal Information" is hereby replaced with "Personal Health Information."
4. Section 2, Purpose, is hereby replaced in its entirety with the following:

The Access to Baby & Child Dentistry (ABCD) Program, which began in Spokane in 1995 as a pilot program, now operates in thirty-four (34) Washington counties. A decade of published results confirms that this innovative program has increased utilization of dental services early in life, improved oral health, and has achieved Apple Health/Medicaid cost savings.

HCA will contract with a local health jurisdiction or a qualifying community organization within county/counties that currently has/have an ABCD program. Contractor will assist HCA to reduce dental decay and improve the oral health of Washington's young Apple Health/Medicaid-eligible children birth to six (6) years by increasing utilization of dental services among this population.

5. Section 3, Statement of Work is hereby replaced in its entirety with the following:

### 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:

- a. In accordance with deadlines in Exhibit A-1, ABCD Outreach and Case Management Report, develop and implement an ABCD action plan in accordance with the ABCD program principles and submit corresponding budget, using Exhibit D-1, Budget Tool. The ABCD program principles are outlined below.
  - (1) Provide outreach and recruitment of Apple Health/Medicaid-eligible children ages birth to six (6), in collaboration with other organizations, including, but not limited to:
    - (a) Contact no less than ten (10%) of client list provided by HCA to the Contractor;
      - i. HCA shall email the Contractor's contact name identified on page one (1) a list that shall include the following data elements: Client ID, name, address and telephone number of clients who have not gone to the dentist, as well the caregiver's name and preferred spoken language. HCA shall securely transmit client information and the Contractor shall be responsible to notify the Dental Program Manager within five (5) business days prior to the beginning of the quarter if they have not received this information.

- ii. Provide outreach by attending county health fairs, working with the smile mobile, visiting WIC offices, Headstart facilities, work with early learning coalition, and visit day cares.
- (2) Convene Health Coalition/ABCD Steering committee or participate in a Coalition or Steering Committee focused on health care, access or early learning with ABCD as a quarterly agenda item. Provide care coordination, including:
- (a) Providing family orientation; including but not limited to sharing information about the value of a child going to the dentist, what activities will occur in the dentist's office;
  - (b) Connecting enrolled families with an ABCD certified dentist who accepts Apple Health/Medicaid, and providing information including, but not limited to, names and referrals to dentists, sharing information about interpreters and transportation benefits, and following up after an appointment, if appropriate;
  - (c) Assisting in scheduling dental appointments for eligible children and counsel on the importance of keeping the appointment;
  - (d) Identify and address family barriers to accessing oral health care; and
  - (e) Invite the ABCD Program Manager with the Washington Dental Service Foundation and the Health Care Authority Dental Program Administrator.
- (3) Coordinate with the local ABCD Dental Champion(s) to:
- (a) Identify and recruit dental providers who will take Apple Health/Medicaid clients through the ABCD Program;
  - (b) Maintain a list of active ABCD providers who accept Apple Health/Medicaid clients birth to six (6) years and monitor provider availability to accept new clients birth to six (6) years into their practice;
  - (c) Verify that the dental provider information contained in the HCA website is accurate for those providers working in the county or counties in which the Contractor provides services;
    - i. Contractor shall review provider information available on the HCA "Find a Provider" website which shall be accessed to identify provider names in the counties where the Contractor provides services. The Find a Provider website address is: <https://fortress.wa.gov/hca/p1findaprovider/>
      - (A) Contractor shall generate a list(s) of providers in their county(ies) from the aforementioned website.
      - (B) Contractor shall confirm that providers on the list generated from the HCA website are accepting new Apple Health/Medicaid clients.
      - (C) Contractor shall use Exhibit C-1, List of ABCD Dental Providers, to provide the HCA Dental Program Manager a list of providers who should be added as a dental provider for Apple Health/Medicaid eligible children.

(D) Contractor shall use Exhibit C-1, List of ABCD Dental Providers, to provide the HCA Dental Program Manager the names of a list of providers who should be removed from the "Find a Provider" list each quarter.

- (d) Support current ABCD providers by communicating program changes and policy updates through in-person meetings and written communication;
  - (e) Provide or assist in providing new ABCD provider trainings as needed;
  - (f) Assure certification process is completed;
  - (g) Provide Apple Health/Medicaid billing training assistance to ABCD offices/or arrange for billing assistance;
  - (h) Update dental society (or local dentists/study clubs in counties without a society) on the ABCD Program and encourage their continued recruitment of new Apple Health/Medicaid providers; and
  - (i) Support the Dental Champion(s) participation in meetings and activities necessary to effectively conduct Apple Health/Medicaid provider outreach, recruitment and training, including financial support of attendance in development day.
- (4) As appropriate, identify and recruit primary care medical providers to participate in Apple Health/Medicaid, secure their training in preventive oral health techniques and build their role in referring Apple Health/Medicaid-eligible children to the ABCD Program. This may include oral health education, fluoride treatments, etc.
- (5) Participate in statewide ABCD Coordinators group meetings to remain current with ABCD policies, practices and opportunities.
- b. Each quarter complete and submit via email;
- (1) Community Outreach and Coordination of Care summary, which shall include:
    - (a) Exhibit A-1, ABCD Quarterly Outreach & Case Management Report for the specific quarter;
    - (b) Exhibit B-1, Community Outreach and Coordination of Care Report;
    - (c) Exhibit C-1, List of ABCD Dental Providers;
    - (d) Exhibit D-1, Budget Tool, as applicable to the requirements contained in Exhibit A; and
    - (e) Exhibit E-1, End of Year Summary Report, as applicable to the requirements contained in Exhibit A-1.
  - (2) A fully completed A-19-1A that correlates with dollar values for completed deliverables outlined in Exhibit A-1.

Reports and billing for the eighth (8<sup>th</sup>) quarter (reporting on April 1, 2017 - June 30, 2017) must be submitted no later than July 5<sup>th</sup>, unless otherwise mutually agreed by both parties.

6. Section 4, Consideration, the maximum consideration is hereby increased by \$19,000.00 from \$19,600.00 to \$38,600.00.
7. Section 5, Term, the period of performance is hereby extended from July 1, 2013 through June 30, 2015 to July 1, 2013 through June 30, 2017.
8. Exhibit A, ABCD Quarterly Outreach & Case Management Report, is hereby replaced in its entirety with Exhibit A-1, ABCD Quarterly Outreach & Case Management Report, attached hereto and incorporated herein.
9. Exhibit B, Community Outreach and Coordination of Care Report, is hereby replaced in its entirety with Exhibit B-1, Community Outreach and Coordination of Care Report, attached hereto and incorporated herein.
10. Exhibit C, List of ABCD Dental Providers, is hereby replaced in its entirety with Exhibit C-1, ABCD Dental Providers, attached hereto and incorporated herein.
11. Exhibit D, Budget Tool, is hereby replaced in its entirety with Exhibit D-1, Budget Tool, attached hereto and incorporated herein.
12. Exhibit E, End of Year Summary Report, is hereby replaced in its entirety with Exhibit E-1, End of Year Summary Report, attached hereto and incorporated herein.

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

Exhibit A-1 – ABCD Quarterly Outreach & Case Management Report  
 Year One 2015 – 2016\* • 1<sup>st</sup> Quarter Report

Please complete and submit report electronically to:  
 Dianne Baum, Dental Program Administrator  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1590 Email: [Dianne.Baum@HCA.WA.GOV](mailto:Dianne.Baum@HCA.WA.GOV)

Organization:	Pacific County		
ABCD Contact Person:	Mary Goelz, Director		
Phone:	(360) 642-9349		
Report Due: 10/31/2015	1st Quarter 7/1/2015 - 9/30/2015		
<b>Performance Category</b>	<b>Yes/No</b>	<b>Maximum \$\$ available for this deliverable</b>	<b>Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete exhibit A and attach supporting document if providing additional detail)</b>
Allocate staff and review contract to plan and create the year 1 action plan.		\$470.00	Include attached budget (Exhibit D-1) and copy of your plan.
Attend and participate in ABCD Coordinator/Program Meeting		\$500.00	
Community Outreach		\$690.00	Complete Exhibit B-1
Coordinate Care		\$215.00	Complete Exhibit B-1
Convene Health Coalition/ABCD Steering committee or participate in a Coalition or Steering Committee Focused on Health Care, Access or Early Learning with ABCD as a Quarterly Agenda Item.		\$500.00	Provide outcome information such as minutes, copies of information provided or list of items provided, examples of type of Organizations attended, what were outcomes or next steps for ABCD. *Report back any concerns/issues to HCA Dental Program Administrator & ABCD Administrator

Exhibit A-1 – ABCD Quarterly Outreach & Case Management Report  
 Year One 2015 – 2016\* • 2<sup>nd</sup> Quarter Report

Please complete and submit report electronically to:  
 Dianne Baum, Dental Program Administrator  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1590 Email: [Dianne.Baum@HCA.WA.GOV](mailto:Dianne.Baum@HCA.WA.GOV)

Organization:	Pacific County		
ABCD Contact Person:	Mary Goelz, Director		
Phone:	(360) 642-9349		
Report Due: 1/31/2016	2nd Quarter 10/1/2015 - 12/31/2015		
<b>Performance Category</b>	<b>Yes/No</b>	<b>Maximum \$\$ available for this deliverable</b>	<b>Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete exhibit A and attach supporting document if providing additional detail)</b>
Contact at least 10% of client list		\$450.00	Complete Exhibit B-1
Review "find a provider" list on the HCA website and provide updated information		\$195.00	Complete Exhibit C-1
Community Outreach		\$940.00	Complete Exhibit B-1
Coordinate Care		\$290.00	Complete Exhibit B-1
Convene Health Coalition/ABCD Steering committee or participate in a Coalition or Steering Committee Focused on Health Care, Access or Early Learning with ABCD as a Quarterly Agenda Item.		\$500.00	Provide outcome information such as minutes, copies of information provided or list of items provided, examples of type of Organizations attended, what were outcomes or next steps for ABCD. *Report back any concerns/issues to HCA Dental Program Administrator & ABCD Administrator

**Exhibit A-1 – ABCD Quarterly Outreach & Case Management Report  
Year One 2015 – 2016\* •3<sup>rd</sup> Quarter Report**

Please complete and submit report electronically to:  
 Dianne Baum, Dental Program Administrator  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1590 Email: [Dianne.Baum@HCA.WA.GOV](mailto:Dianne.Baum@HCA.WA.GOV)

Organization:	Pacific County		
ABCD Contact Person:	Mary Goelz, Director		
Phone:	(360) 642-9349		
Report Due: 4/30/2016	3rd Quarter 01/01/2016 - 03/31/2016		
<b>Performance Category</b>	<b>Yes/No</b>	<b>Maximum \$\$ available for this deliverable</b>	<b>Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete exhibit A and attach supporting document if providing additional detail)</b>
Contact at least 10% of client list		\$470.00	Complete Exhibit B-1
Attend and participate in ABCD Coordinator/Program Meeting		\$500.00	
Community Outreach		\$690.00	Complete Exhibit B-1
Coordinate Care		\$215.00	Complete Exhibit B-1
Convene Health Coalition/ABCD Steering committee or participate in a Coalition or Steering Committee Focused on Health Care, Access or Early Learning with ABCD as a Quarterly Agenda Item.		\$500.00	Provide outcome information such as minutes, copies of information provided or list of items provided, examples of type of Organizations attended, what were outcomes or next steps for ABCD. *Send invitation and report back any concerns/issues to HCA Dental Program Administrator & ABCD Administrator

**Exhibit A-1 – ABCD Quarterly Outreach & Case Management Report  
Year One 2015 – 2016\* • 4<sup>th</sup> Quarter Report**

Please complete and submit report electronically to:  
 Dianne Baum, Dental Program Administrator  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1590 Email: [Dianne.Baum@HCA.WA.GOV](mailto:Dianne.Baum@HCA.WA.GOV)

Organization:	Pacific County		
ABCD Contact Person:	Mary Goelz, Director		
Phone:	(360) 642-9349		
Report Due: 7/31/2016	4th Quarter 04/01/2016 - 06/30/2016		
<b>Performance Category</b>	<b>Yes/No</b>	<b>Maximum \$\$ available for this deliverable</b>	<b>Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete exhibit A and attach supporting document if providing additional detail)</b>
Submit yearly summary, review contract and develop next year action plan		\$470.00	Use Exhibit E-1
Attend and participate in ABCD Coordinator/Program Meeting		\$500.00	
Community Outreach		\$690.00	Complete Exhibit B-1
Coordinate Care		\$215.00	Complete Exhibit B-1
Convene Health Coalition/ABCD Steering committee or participate in a Coalition or Steering Committee Focused on Health Care, Access or Early Learning with ABCD as a Quarterly Agenda Item.		\$500.00	Provide outcome information such as minutes, copies of information provided or list of items provided, examples of type of Organizations attended, what were outcomes or next steps for ABCD. *Send invitation and report back any concerns/issues to HCA Dental Program Administrator & ABCD Administrator

Exhibit A-1 – ABCD Quarterly Outreach & Case Management Report  
 Year Two 2016 – 2017 \* 1<sup>st</sup> Quarter Report

Please complete and submit report electronically to:  
 Dianne Baum, Dental Program Administrator  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1590 Email: [Dianne.Baum@HCA.WA.GOV](mailto:Dianne.Baum@HCA.WA.GOV)

Organization:	Pacific County		
ABCD Contact Person:	Mary Goelz, Director		
Phone:	(360) 642-9349		
Report Due: 10/31/2016	1st Quarter 7/1/2016 - 9/30/2016		
<b>Performance Category</b>	<b>Yes/No</b>	<b>Maximum \$\$ available for this deliverable</b>	<b>Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete exhibit A and attach supporting document if providing additional detail)</b>
Implement year 2 action plan.		\$470.00	Include attached budget (Exhibit D-1) and copy of your plan.
Attend and participate in ABCD Coordinator/Program Meeting		\$500.00	
Community Outreach		\$690.00	Complete Exhibit B-1
Coordinate Care		\$215.00	Complete Exhibit B-1
Convene Health Coalition/ABCD Steering committee or participate in a Coalition or Steering Committee Focused on Health Care, Access or Early Learning with ABCD as a Quarterly Agenda Item.		\$500.00	Provide outcome information such as minutes, copies of information provided or list of items provided, examples of type of Organizations attended, what were outcomes or next steps for ABCD. *Send invitation and report back any concerns/issues to HCA Dental Program Administrator & ABCD Administrator

Exhibit A-1 – ABCD Quarterly Outreach & Case Management Report  
**Year Two 2016 – 2017\* • 2<sup>nd</sup> Quarter Report**

Please complete and submit report electronically to:  
 Dianne Baum, Dental Program Administrator  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1590 Email: [Dianne.Baum@HCA.WA.GOV](mailto:Dianne.Baum@HCA.WA.GOV)

Organization:	Pacific County		
ABCD Contact Person:	Mary Goelz, Director		
Phone:	(360) 642-9349		
Report Due: <b>1/31/2017</b>	<b>2nd Quarter 10/1/2016 - 12/31/2016</b>		
<b>Performance Category</b>	<b>Yes/No</b>	<b>Maximum \$\$ available for this deliverable</b>	<b>Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete exhibit A and attach supporting document if providing additional detail)</b>
Contact at least 10% of client list		\$450.00	Complete Exhibit B-1
Review "find a provider" list on the HCA website and provide updated information		\$195.00	Complete Exhibit C-1
Community Outreach		\$940.00	Complete Exhibit B-1
Coordinate Care		\$290.00	Complete Exhibit B-1
Convene Health Coalition/ABCD Steering committee or participate in a Coalition or Steering Committee Focused on Health Care, Access or Early Learning with ABCD as a Quarterly Agenda Item.		\$500.00	Provide outcome information such as minutes, copies of information provided or list of items provided, examples of type of Organizations attended, what were outcomes or next steps for ABCD. *Send invitation and report back any concerns/issues to HCA Dental Program Administrator & ABCD Administrator

Exhibit A-1 – ABCD Quarterly Outreach & Case Management Report  
 Year Two 2016 – 2017\* •3<sup>rd</sup> Quarter Report

Please complete and submit report electronically to:  
 Dianne Baum, Dental Program Administrator  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1590 Email: [Dianne.Baum@HCA.WA.GOV](mailto:Dianne.Baum@HCA.WA.GOV)

Organization:	Pacific County		
ABCD Contact Person:	Mary Goelz, Director		
Phone:	(360) 642-9349		
Report Due: 4/30/2017	3rd Quarter 01/01/2017 - 03/31/2017		
<b>Performance Category</b>	<b>Yes/No</b>	<b>Maximum \$\$ available for this deliverable</b>	<b>Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete exhibit A and attach supporting document if providing additional detail)</b>
Contact at least 10% of client list		\$470.00	Complete Exhibit B-1
Attend and participate in ABCD Coordinator/Program Meeting		\$500.00	
Community Outreach		\$690.00	Complete Exhibit B-1
Coordinate Care		\$215.00	Complete Exhibit B-1
Convene Health Coalition/ABCD Steering committee or participate in a Coalition or Steering Committee Focused on Health Care, Access or Early Learning with ABCD as a Quarterly Agenda Item.		\$500.00	Provide outcome information such as minutes, copies of information provided or list of items provided, examples of type of Organizations attended, what were outcomes or next steps for ABCD. *Send invitation and report back any concerns/issues to HCA Dental Program Administrator & ABCD Administrator

Exhibit A-1 – ABCD Quarterly Outreach & Case Management Report  
**Year Two 2016 – 2017 \* 4th Quarter Report**

Please complete and submit report electronically to:  
 Dianne Baum, Dental Program Administrator  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1590 Email: [Dianne.Baum@HCA.WA.GOV](mailto:Dianne.Baum@HCA.WA.GOV)

Organization:	Pacific County		
ABCD Contact Person:	Mary Goelz, Director		
Phone:	(360) 642-9349		
Report Due: 7/05/2017	4th Quarter 04/01/2017 - 06/30/2017		
<b>Performance Category</b>	<b>Yes/No</b>	<b>Maximum \$\$ available for this deliverable</b>	<b>Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete exhibit A and attach supporting document if providing additional detail)</b>
Submit yearly summary		\$470.00	Use Exhibit E-1 and any additional year end reports you keep
Attend and participate in ABCD Coordinator/Program Meeting		\$500.00	
Community Outreach		\$690.00	Complete Exhibit B-1
Coordinate Care		\$215.00	Complete Exhibit B-1
Convene Health Coalition/ABCD Steering committee or participate in a Coalition or Steering Committee Focused on Health Care, Access or Early Learning with ABCD as a Quarterly Agenda Item.		\$500.00	Provide outcome information such as minutes, copies of information provided or list of items provided, examples of type of Organizations attended, what were outcomes or next steps for ABCD. *Send invitation and report back any concerns/issues to HCA Dental Program Administrator & ABCD Administrator

**Exhibit B-1 - Community Outreach and Coordination of Care Report**

**COORDINATE CARE**

<b>Family Orientation (Indicate how provided)</b>	<b>How Many</b>	<b>How</b>	<b>Location &amp; Date</b>
<b>Clients contacted from List (10%) (Indicate how provided, mail, phone call, email, etc.)</b>	<b>How Many</b>		
<b>Assisted client with initial Dental Appointments and provide follow up (if applicable)</b>	<b>How Many</b>		
<b>Referrals to Dental Home</b>	<b>How Many</b>		
<b>Barriers to care Identified (Interpreter services, transportation, etc.)</b>	<b>How Many</b>		
	<b>How Many</b>		

**Exhibit B-1 - Community Outreach and Coordination of Care Report (continued)**

**COMMUNITY OUTREACH**

Type of Outreach/Place	Date	How many reached	How many enrolled

\*Examples – County health fairs, coordination with Smile Mobile, WIC offices, Headstart, Early Learning Centers, Day Cares.

**WORK WITH CHAMPION/RECRUIT PROVIDERS**

Activity	How Many	Notes
New Providers Certified		
Provider Trainings Held	Provider Data	Document how many in attendance
Provider Recruitment	Provide Place and date	Document how many in attendance



**Exhibit D-1, Budget Tool  
 ABCD Outreach & Case Management Contract Reporting  
 Yearly Expenses (estimated)**

<b>EXPENSES</b>	<b>Year One July 1, 2015- June 30, 2016</b>	<b>Year Two July 1, 2016-June 30, 2017</b>
<b>Staffing/Salary &amp; Benefits</b>		
Program Coordinator (x hrs/week = .X FTE)		
Outreach Staff (x hrs/week = .X FTE)		
Program Manager (x hrs/week = .X FTE)		
Support Staff (clerical, IT, finance, communications/pr staff, other x hrs/week = .X FTE)		
Administration (x hrs/ week (.X FTE)		
<b>Salary &amp; Benefits Subtotal</b>		
<b>Operating Expenses</b>		
Advertising/Marketing (print, broadcast ads; cable TV time, movie ads, weekly newspaper, billboards, social media)		
Office Equipment (Copier, Fax)		
Meeting Expenses (steering committee room, food, etc.)		
Postage		
Printing (Outside Vendors)		
Professional Services		
Office Supplies		
Operating Supplies		
Telephone		
ABCD Certification Training/dentists and staff (room, audiovisuals, food, thank you to participating families, promotion, etc.)		
Travel (Per Diem, Transportation, Mileage/airfare, accommodations as required) for 3x annual ABCD Coordinators meeting – 2 Seattle, 1 Central WA; and for 1x annual Dental Champion(s) travel/expenses to Development Day, Seattle (Coordinator participation in this meeting optional but recommended)		
Computer Support/Tech Services		

Rent/Insurance/Janitorial/Maintenance		
Utilities		
<b>Operating Expenses Subtotal</b>		
Indirect Costs		
<b>TOTAL EXPENSES</b>		
<b>FUNDING SOURCES</b>	<b>Year One</b>	<b>Year Two</b>
WDS Foundation Grant (if still within funding period)		
Other Funding (United Way, Foundations, Community Development Block Grant, etc.)		
Agency Funds and/or In-Kind		
Health Care Authority Contract (7/2013-on)		
<b>TOTAL FUNDING</b>		

**Exhibit E-1 - End of Year Summary Report  
Year One 2015 – 2016 - End of Year Summary Report**

**Organization:** Pacific County

**ABCD Contact Person:** Mary Goelz, Director

**Phone # (360) 642-9349**

Briefly describe the key Year One ABCD outcomes regarding:

- Outreach and recruitment of new clients
- Program promotion
- Care Coordination
- Engaging the dental community in the ABCD Program
- Coordination with the local ABCD champion in dental recruitment & training

Briefly describe or attach the ABCD Year One Action Plan, including budget (Exhibit D-1):

Quantitative Reporting (or use Exhibit B-1 with yearly counts)

<b>DELIVERABLE</b>	<b>Year One</b>
Number of families contacted = 10%	
Number of referrals to Dentist made	
Number of provider contacts made	
Number of new ABCD providers	
Number of families oriented	

**Exhibit E-1 - End of Year Summary Report  
Year Two 2016 – 2017 - End of Year Summary Report**

**Organization:** Pacific County

**ABCD Contact Person:** Mary Goelz, Director

**Phone # (360) 642-9349**

Briefly describe the key Year Two ABCD outcomes regarding:

- Outreach and recruitment of new clients
- Program promotion
- Care Coordination
- Engaging the dental community in the ABCD Program
- Coordination with the local ABCD champion in dental recruitment & training

Briefly describe or attach the ABCD Year Two Action Plan, including budget (Exhibit D-1):

Quantitative Reporting (or use Exhibit B-1 with yearly counts)

<b>DELIVERABLE</b>	<b>Year Two</b>
Number of families contacted = 10%	
Number of referrals to Dentist made	
Number of provider contacts made	
Number of new ABCD providers	
Number of families oriented	