

	<p style="text-align: center;"><b>CONTRACT AMENDMENT For ABCD DENTAL SERVICES</b></p>	<p>HCA Contract No.: K2752 Amendment No.: 02</p>
<p><b>THIS AMENDMENT TO THE CONTRACT</b> is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.</p>		
<p><b>CONTRACTOR NAME</b> Pacific County Health &amp; Human Services</p>	<p><b>CONTRACTOR doing business as (DBA)</b></p>	
<p><b>CONTRACTOR ADDRESS</b> PO Box 26 South Bend, WA 98586</p>	<p><b>WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)</b></p>	

WHEREAS, HCA and Contractor previously entered into a Contract for to provide 'Access to Baby and Child Dentistry' (ABCD) services to detect and prevent early childhood dental decay by engaging dentists in seeing birth to six (6) year old Medicaid eligible children and engaging local public health departments in outreach and case management, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.3 to increase funds, add definitions, extend term, update SOW and Exhibits;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. The maximum contract amount is being increased by \$19,000.00, for a new maximum contract total of \$38,000.00.
2. Section 3 Special Terms and Conditions, two new subsections are added as follows:
  - h) **"Coordinator"** means the individual hired to organize events and activities related to the ABCD program and who also acts as a liaison/advocate between providers and families of ABCD eligible children birth up to six (6) years old.
  - i) **"DentistLink"** means a free referral service for anyone in Washington (Sponsored by Arcora Foundation), connecting clients with dental providers.

All remaining subsections are subsequently re lettered and internal references updated accordingly.

3. Section 3.2 Term, subsection 3.2.1 is deleted and replaced in its entirety as follows:
  - 3.2.1 The initial start date of the Contract was on July 1, 2018, the term has been extended for an additional two (2) year term, and set to continue through June 30, 2022, unless terminated sooner as provided herein.
4. Section 3.3 Compensation, subsection 3.3.1 is deleted and replaced in its entirety as follows:

3.3.1 The Maximum Compensation payable to the Contractor for the performance of all things necessary for or incident to the performance of the work as set forth in Schedule A-1: *Statement of Work* has increased by \$ 19,000.00, for a new Contract Maximum Compensation of \$38,000.00, and includes any allowable expenses.

5. Section 3.8 Incorporation of Documents and Order of Precedence is deleted and replaced in its entirety as follows:

### 3.8 INCORPORATION OF DOCUMENTS AND ORDER OF PRECEDENCE

Each of the documents listed below is by this reference incorporated into this Contract. In the event of an inconsistency, the inconsistency will be resolved in the following order of precedence:

- 3.8.1 Applicable Federal and State of Washington statutes and regulations;
- 3.8.2 Recitals;
- 3.8.3 Special Terms and Conditions;
- 3.8.4 General Terms and Conditions;
- 3.8.5 *Attachment 1: Federal Compliance, Certifications and Assurances;*
- 3.8.6 *Attachment 2; Federal funding Accountability and Transparency Act (FFATA) Data Collection Form;*
- 3.8.7 Schedule A-1: Statement of Work;
- 3.8.8 Exhibits A-1: ABCD Quarterly Community and Provider Outreach and Case Management Report;
- 3.8.9 Exhibit B: ABCD Quarterly Outreach and Coordination of Care Report;
- 3.8.10 Exhibit C-1: ABCD Yearly Budget Tool;
- 3.8.11 Exhibit D: ABCD Coordinator Performance Expectations and Abilities; and
- 3.8.12 Any other provision, term or material incorporated herein by reference or otherwise incorporated.

6. Schedule A: Statement of Work, is replaced in its entirety with Schedule A-1: Statement of Work, attached hereto and incorporated herein.

7. Exhibit A: ABCD Quarterly Outreach and Case Management Report, is renamed and replaced in its entirety with Exhibit A-1: ABCD Quarterly Community and Provider Outreach and Case Management Report, attached hereto and incorporated herein.

8. Exhibit B: ABCD Quarterly Outreach and Coordination of Care Report is replaced in its entirety with Exhibit B-1: ABCD Quarterly Outreach and Coordination of Care Report, attached hereto and incorporated herein.

- 9. Exhibit C: ABCD Yearly Budget Tool is replaced in its entirety with Exhibit C-1: ABCD Yearly Budget Tool, attached hereto and incorporated herein.
- 10. Exhibit D: ABCD Coordinator Performance Expectations and Abilities is incorporated into the Contract, attached hereto and incorporated herein.
- 11. This Amendment will be effective July 1, 2020 ("Effective Date").
- 12. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
- 13. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE <small>DocuSigned by:</small> <i>Katie Lindstrom</i>	PRINTED NAME AND TITLE Katie Lindstrom Director	DATE SIGNED 6/29/2020
HCA SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

## Schedule A-1:

### Statement of Work (SOW)

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 Quarterly Community and Provider 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 C, *ABCD Yearly Budget Tool*. The ABCD program principles are outlined below.

1. Provide outreach and linkage of Apple Health/Medicaid-eligible Clients, ages birth to six (6), with an emphasis on children of color, children 0-2, and other eligible but underserved children in the service area in collaboration with other organizations, including, but not limited to:
  - a) Provide outreach by attending, visiting or working with the below, but not limited to the following:
    - i. Outreach and marketing events and activities such as health fairs, use of social media (ie; Facebook, Twitter, Instagram, Constant Contact, etc) to perform targeted outreach activities that effectively connect with families of eligible children.
    - ii. SmileMobile (sponsored by the Arcora Foundation) locations (a mobile dental clinic providing dental services to children, pregnant women, and others
    - iii. Women, Infants, and Children WIC offices (a federal assistance program of the Food and Nutrition Services of the United States Department of Agriculture;
    - iv. Head Start and Early Head Start facilities (a federal program that promotes the school readiness of children under five from low-income families);
    - v. Early Learning Regional Coalitions (that are a not-for-profit alliance of employers and community subsidized before and after school child care); and
    - vi. Day Care facilities throughout the state of Washington.
  - b) Provide care coordination, including:
    - i. Provide family orientation; including but not limited to, sharing information about the value of an infant, toddler, or young child going to the dentist, what activities to expect at the dentist's office, and the importance of oral health care at home.
    - ii. Connect 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;
    - iii. Assist, as needed, in scheduling dental appointments for eligible children and counsel on the importance of keeping the appointment; and
  - c) Work with the DentistLink team to align DentistLink tool with local program's referral processes to ensure ABCD clients have a variety of complementary avenues for referral and linkage to ABCD providers.
    - i. Coordinate ABCD program's dentist recruitment and support efforts with DentistLink's by assuring both programs have the same updated information:

- ii. Contact each practice to update participating-ABCD dentist roster:
    1. number and frequency of clients accepted;
    2. appointment times/days;
    3. translation availability times/days;
    4. change business status of practice (not accepting new ABCD clients, accepting more clients, etc.);
    5. new providers, Phase I, Phase II; and
    6. other.
  - iii. Submit updated ABCD provider roster to DentistLink electronically via one shared file
  - iv. Identify and address family barriers to accessing oral health care.
- d) Bi-annually convene or participate in a county-wide or regional oral health coalition or ABCD steering committee or other groups which focuses on health care, access or early learning in order to build awareness of the ABCD program and solicit input on process improvements
- i. Invite to participate in the meeting with the ABCD state managing director, the Arcora Foundation, and the Health Care Authority dental program administrator.
- e) Continuously coordinate with the local ABCD Dental Champion(s) to:
- i. Identify and recruit dental providers to accept and provide care to Apple Health/Medicaid clients birth to six (6) years through the ABCD Program;
  - ii. Maintain a list of active ABCD dental 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;
  - iii. Support current ABCD providers by communicating program changes and policy updates through in-person meetings and written communication;
  - iv. Plan and implement, in coordination with the UW School of Dentistry, timely ABCD provider trainings (Phase I, II and refresher training) leading to certification of providers and onboarding of their staff;
  - v. Assure provider ABCD certification process is completed;
  - vi. Provide or arrange for, timely Apple Health/Medicaid billing training assistance to ABCD office staff and providers, as needed;
  - vii. At minimum annually update dental society (or local dentists/study clubs in counties without a society) on the ABCD Program and support their continued participation in the program and encourage recruitment of new Apple Health/Medicaid providers; and
  - viii. 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 (travel, lodging, etc.) in Development Day.

- ix. Identify and recruit primary care medical providers to participate in Apple Health/Medicaid as ABCD certified providers, secure their training through Arcora Foundation in preventive oral health care techniques (Family Oral Health Education, fluoride varnish, etc.) and build their role in referring Apple Health/Medicaid-eligible children to the ABCD Program.
  - x. Participate in all three (3) statewide ABCD Coordinators group meetings to remain current with ABCD policies, practices and opportunities. Programs which do not meet this annual contract requirement will be subject to contract review by HCA and potentially, to loss of this contract.
  - xi. Participate in the annual statewide ABCD Champion Development Day meeting to remain current with ~~any~~ new clinical practices and opportunities. Meet, network, and share knowledge with other champions regarding program roadblocks and successes. With HCA permission, attendance at Development Day may be counted in lieu of participation at one missed ABCD Coordinators meeting.
  - xii. Identify an ABCD Coordinator within the contracting organization who will develop and maintain a desk manual that outlines the expected ABCD contractual deliverables and how the contractor meets each deliverable. The Coordinator will utilize this manual to fulfill the contractual requirements and to orient new lead staff within the organization to the ABCD program.
- f) If the Contractor's Coordinator vacates the position, the contractor must notify the Health Care Authority within two weeks, of the coordinators departure, and;
- i. Share the Contractor's developed work plan that outlines how the expected contract deliverables will be met;
  - ii. Share with HCA the contact information of the newly hired or appointed Coordinator and;
  - iii. Coordinate with HCA to assure a smooth transition of the expected contracted work deliverables, including participation in program orientation with HCA and other state partners.
  - iv. ABCD Coordinator new hire must reasonably meet the expectations as identified in Exhibit D ABCD Coordinator Performance Expectations and Abilities.
- g) If the Contractor determines that it can no longer serve as the ABCD Contractor, reasonable notice 90 days must be given to HCA in order to assure uninterrupted service to clients and work with providers and:
- i. Work with HCA and other state partners to identify potential new ABCD-lead agencies.
2. Each quarter, the contractor must complete and submit the following via email:
- a) Community and Provider Outreach and Coordination Care summary which shall include;
    - i. Exhibit A-1, ABCD Quarterly Community and Provider Outreach and Case Management Report for the specific quarter; and
    - ii. Exhibit B, *ABCD Quarterly Outreach and Coordination of Care Report*.
3. Each year, the contractor must complete and submit via email the Exhibit C, ABCD Yearly Budget

Tool, as applicable to the requirements, contained in Exhibit A-1.

4. Each quarter the contractor must submit a fully completed invoice that correlates with dollar values for completed deliverables outlined in Exhibit A-1:
  - a) Exhibit templates are available on the ABCD website <http://abcd-dental.org/for-coordinators/>; and
  - b) Reports and billing must be submitted no later than one month after each quarter end date, unless otherwise mutually agreed by both parties.

## Exhibit A-1 ABCD Quarterly Community and Provider Outreach and Case Management Report Year One 2020 - 2021 • 1st Quarter Report

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at [janice.tadeo@hca.wa.gov](mailto:janice.tadeo@hca.wa.gov)

Cc: Pixie Needham, Dental Program Administrator at [pixie.needham@hca.wa.gov](mailto:pixie.needham@hca.wa.gov)

Division of Health Care Services, Washington State Health Care Authority

PO Box 45506, Olympia, WA 98504-5506

Phone: (360) 725-1583

Organization:				
ABCD Contact Person:				
Phone and Email:				
<b>Report Due: 10/31/2020</b>		<b>1st Quarter 7/1/2020- 9/30/2020</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-1 and attach supporting document if providing additional detail)</b>
<b>Performance Category</b>	<b>Yes/No</b>			
Attend and participate in ABCD Coordinator/Program Meeting including DentistLink Training (9/2020)			\$770.00	Complete DentistLink Training
Community and Provider Outreach			\$740.00	Complete Exhibit B
Coordinate Care			\$465.00	Complete Exhibit B
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.			\$400.00	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 Managing Director

## Exhibit A-1 ABCD Quarterly Community and Provider Outreach and Case Management Report Year One 2020 - 2021 • 2nd Quarter Report

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at [janice.tadeo@hca.wa.gov](mailto:janice.tadeo@hca.wa.gov)  
 Cc: Pixie Needham, Dental Program Administrator at [pixie.needham@hca.wa.gov](mailto:pixie.needham@hca.wa.gov)  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1583

Organization:				
ABCD Contact Person:				
Phone and Email:				
<b>Report Due: 01/31/21</b>	<b>2nd Quarter 10/1/2020 – 12/31/2020</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-1 and attach supporting document if providing additional detail)</b>	
Community and Provider Outreach		\$465.00	Complete Exhibit B	
Coordinate Care		\$960.00	Complete Exhibit B	
Complete an HCA approved cultural diversity training			Complete DentistLink Training	Identify and meet with organizations and agencies in your ABCD service area which work with families of color and families of children under the age of two (2).
Attend and participate in development day (1/13/2020)		\$200.00		Reach out to dental champion and invite to development day.
		\$750.00		

## Exhibit A-1 ABCD Quarterly Community and Provider Outreach and Case Management Report Year One 2020 - 2021 • 3rd Quarter Report

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at [janice.tadeo@hca.wa.gov](mailto:janice.tadeo@hca.wa.gov)  
 Cc: Pixie Needham, Dental Program Administrator at [pixie.needham@hca.wa.gov](mailto:pixie.needham@hca.wa.gov)  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1583

Organization:			
ABCD Contact Person:			
Phone and Email:			
<b>Report Due: 04/30/21</b>	<b>3rd Quarter 1/1/2021 – 3/31/2021</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-1 and attach supporting document if providing additional detail)</b>
Attend and participate in ABCD Coordinator/Program Meeting (2/2021)		\$500.00	
Community and Provider Outreach		\$910.00	Complete Exhibit B
Coordinate Care		\$465.00	Complete Exhibit B
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 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.
		\$500.00	Send invitation and report back any concerns/issues to HCA Dental Program Administrator & ABCD Administrator.

**Exhibit A-1 ABCD Quarterly Community and Provider Outreach and Case Management Report  
Year One 2020 - 2021 • 4<sup>th</sup> Quarter Report**

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at [janice.tadeo@hca.wa.gov](mailto:janice.tadeo@hca.wa.gov)  
 Cc: Pixie Needham, Dental Program Administrator at [pixie.needham@hca.wa.gov](mailto:pixie.needham@hca.wa.gov)  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1583

Organization:				
ABCD Contact Person:				
Phone and Email:				
<b>Report Due: 07/31/2021</b>	<b>4th Quarter 4/1/2021 – 6/30/2021</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-1 and attach supporting document if providing additional detail)</b>	
Attend and participate in ABCD Coordinator/Program Meeting (5/2021)		\$750.00	Complete Exhibit B	
Submit updated ABCD provider roster to DentistLink electronically via one shared file		\$200.00	Complete Exhibit B	
Community and Provider Outreach		\$960.00	Complete Exhibit B	
Coordinate Care		\$465.00	Complete Exhibit B	

## Exhibit A-1 ABCD Quarterly Community and Provider Outreach and Case Management Report Year Two 2021 - 2022 • 1st Quarter Report

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at [janice.tadeo@hca.wa.gov](mailto:janice.tadeo@hca.wa.gov)  
 Cc: Pixie Needham, Dental Program Administrator at [pixie.needham@hca.wa.gov](mailto:pixie.needham@hca.wa.gov)  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1583

Organization:				
ABCD Contact Person:				
Phone and Email:				
<b>Report Due: 10/31/2021</b>	<b>1st Quarter 7/1/2021 – 9/30/2021</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-1 and attach supporting document if providing additional detail)</b>	
Attend and participate in ABCD Coordinator/Program Meeting including DentistLink Training (9/2021)		\$770.00	Complete DentistLink Training. Update provider roster.	
Community and Provider Outreach		\$740.00	Complete Exhibit B	
Coordinate Care		\$465.00	Complete Exhibit B	
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 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.	
		<b>\$400.00</b>	Send invitation and report back any concerns/issues to HCA Dental Program Administrator & ABCD Administrator	

**Exhibit A-1 ABCD Quarterly Community and Provider Outreach and Case Management Report  
Year Two 2021 - 2022 • 2nd Quarter Report**

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at [janice.tadeo@hca.wa.gov](mailto:janice.tadeo@hca.wa.gov)  
 Cc: Pixie Needham, Dental Program Administrator at [pixie.needham@hca.wa.gov](mailto:pixie.needham@hca.wa.gov)  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1583

Organization:				
ABCD Contact Person:				
Phone and Email:				
<b>Report Due: 01/31/2022</b>	<b>2nd Quarter 10/1/2021 – 12/31/2021</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-1 and attach supporting document if providing additional detail)</b>	
Community and Provider Outreach		\$465.00	Complete Exhibit B	
Coordinate Care		\$960.00	Complete Exhibit B	
Complete an HICA approved cultural diversity training		\$200.00	Identify and meet with organizations and agencies in your ABCD service area which work with families of color and families of children under the age of two to develop and/or update collaborative ABCD outreach strategies.	
Attend and participate in development day (1/1/2021)		\$750.00	Reach out to dental champion and invite to development day.	

## Exhibit A-1 ABCD Quarterly Community and Provider Outreach and Case Management Report Year Two 2021 - 2022 • 3rd Quarter Report

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at [janice.tadeo@hca.wa.gov](mailto:janice.tadeo@hca.wa.gov)  
 Cc: Pixie Needham, Dental Program Administrator at [pixie.needham@hca.wa.gov](mailto:pixie.needham@hca.wa.gov)  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1583

Organization:				
ABCD Contact Person:				
Phone and Email:				
<b>Report Due: 04/30/2022</b>	<b>3rd Quarter 1/1/2022 – 3/31/2022</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-1 and attach supporting document if providing additional detail)</b>	
<b>Performance Category</b>	<b>Yes/No</b>			
Attend and participate in ABCD Coordinator/Program Meeting (2/2022)		\$500.00		
Community and Provider Outreach		\$910.00	Complete Exhibit B	
Coordinate Care		\$465.00	Complete Exhibit B	
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 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.	
		\$500.00	Send invitation and report back any concerns/issues to HCA Dental Program Administrator & ABCD Administrator	

**Exhibit A-1 ABCD Quarterly Community and Provider Outreach and Case Management Report  
Year Two 2021 - 2022 • 4th Quarter Report**

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at [janice.tadeo@hca.wa.gov](mailto:janice.tadeo@hca.wa.gov)  
 Cc: Pixie Needham, Dental Program Administrator at [pixie.needham@hca.wa.gov](mailto:pixie.needham@hca.wa.gov)  
 Division of Health Care Services, Washington State Health Care Authority  
 PO Box 45506, Olympia, WA 98504-5506  
 Phone: (360) 725-1583

Organization:				
ABCD Contact Person:				
Phone and Email:				
<b>Report Due: 07/31/2022</b>	<b>4th Quarter 4/1/2022 – 6/30/2022</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-1 and attach supporting document if providing additional detail)</b>	
Attend and participate in ABCD Coordinator/Program Meeting (5/2022)		\$750.00		
Submit updated ABCD provider roster to DentistLink electronically via one shared file		\$200.00		Complete Exhibit B
Community and Provider Outreach		\$960.00		Complete Exhibit B
Coordinate Care		\$465.00		Complete Exhibit B

**Exhibit B-1 ABCD Quarterly Outreach and Coordination of Care Report**

**COORDINATE CARE**

Family Orientation How provided: in-person/phone/email/mail/etc.	How Many	How	Location & Date
Update provider roster and DentistLink training.	How Many		
Assisted Client w/Initial Dental Appts. & Provided Follow-Up if applicable	How Many		
Referrals To Dental Home	How Many		
Barriers to Care Identified interpreter services/transportation/etc.	How Many		



## Exhibit C-1 ABCD Yearly Budget Tool 2020-2022 Yearly Expenses (estimated)

EXPENSES	Year One July 1, 2020 to June 30, 2021	Year Two July 1, 2021 to June 30, 2022
<b>Staffing/Salary &amp; Benefits</b> – add a column to identify % and hours per week for each year		
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/per 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		

Cont.			
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>			
Other Funding (United Way, Grants, Community Development Block Grant, etc.)		Year One	Year Two
Agency Funds and/or In-Kind			
Current Health Care Authority Contract			
<b>TOTAL FUNDING</b>			

## **Exhibit D:**

### **ABCD Coordinator Performance Expectations and Abilities**

Promote early childhood oral health and disease prevention by connecting Apple Health (Medicaid) enrolled children birth to six (6), to care with ABCD-certified dental and medical providers.

1. Continuously provide outreach to families of Apple Health enrolled children, birth to six (6). Coordinate care, provide case management and linkage to dental care. Provide orientation for families of eligible children to routine preventive oral health care and behaviors that promote positive dental clinic experiences.
  - a. Focus specifically on strategies to connect eligible children under age two, children of color, and other underserved populations, with care; and
  - b. Address family needs, including translation, transportation, and other case management needs, which may be barriers to care.
2. Continuously outreach to local dental and medical providers and their staff/agency, both private practice and community health center-based, to recruit, train, certify and maintain their participation in the ABCD program. Collaborate with the local dental champion(s) to achieve these goals.
  - a. Plan and facilitate ABCD trainings leading to ABCD certification in collaboration with the UW School of Dentistry; and
  - b. Follow-up regularly, both in person and via email/phone, with ABCD providers and staff to assure their continued involvement with the program, including troubleshooting billing issues and outreaching to Washington Health Care Authority (HCA) for additional assistance.
  - c. Provide opportunity for HCA and state partners to participate in the process of selecting local ABCD coordinator.
3. Continuously ensure that community agencies, families, and medical providers are aware of and make referrals to the ABCD Program. Ensure dental providers and the broader community are aware of and utilize the ABCD program.
  - a. Obtain media support, including earned media (TV, radio, print), paid media (advertising and underwriting) and social media to reach target populations with ABCD referral and oral health/prevention messages; and
  - b. Participate in community outreach events, service area coalitions and organizations.

#### **Desired Knowledge, Skills, and Abilities**

1. Ability to translate medical and oral health concepts into clear language for an audience which may have basic literacy skills and for whom English may not be their first language.
2. Respect for and ability to work with people of diverse races and ethnicities, ages, abilities and socioeconomic status in a culturally relevant and sensitive manner.
3. Ability, when possible, to communicate in preferred language(s) commonly spoken by families served in the county/region and/or access translation services.
4. Ability to participate, engage and present at public meetings, including dental society meetings, dental study clubs, agency and community meetings, Board of Health, etc.
5. Ability to work with and communicate effectively with private practice dentists and physicians and their staffs, and community health center providers and staff.
6. Ability to communicate effectively both orally and in writing.
7. Ability to work independently, with good judgment and a minimum of supervision.
8. Demonstrated ability to maintain a high level of confidentiality.
9. Demonstrated ability to work with computers and computer software programs including email, databases, Word, and Excel spreadsheets.
10. Demonstrated ability to input data to interface with dentist referral / client support systems.
11. Demonstrated ability to use social media and communication tools, such as Facebook, Constant Contact, Twitter, and Instagram to communicate effectively with target population.

### Certificate Of Completion

Envelope Id: 08563D61257F4440BF79A77195F051A0

Status: Sent

Subject: Please DocuSign: K2752-02-GSR-Pacific County.pdf, K2752-02-Pacific County Health & Human Servic...

Source Envelope:

Document Pages: 29

Signatures: 1

Envelope Originator:

Certificate Pages: 5

Initials: 0

Lisa Nelson

AutoNav: Enabled

626 8th Ave SE

Envelopeld Stamping: Enabled

Olympia, WA 98501

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Lisa.Nelson@HCA.WA.GOV

IP Address: 198.239.14.53

### Record Tracking

Status: Original

Holder: Lisa Nelson

Location: DocuSign

6/29/2020 12:28:52 PM

Lisa.Nelson@HCA.WA.GOV

### Signer Events

Katie Lindstrom

koiene@co.pacific.wa.us

Director

Security Level: Email, Account Authentication  
(None)

### Signature

DocuSigned by:  
*Katie Lindstrom*  
31CF1CA6094F473...

### Timestamp

Sent: 6/29/2020 12:36:46 PM

Viewed: 6/29/2020 2:33:13 PM

Signed: 6/29/2020 2:33:47 PM

Signature Adoption: Pre-selected Style

Using IP Address: 96.66.228.65

### Electronic Record and Signature Disclosure:

Accepted: 6/29/2020 2:33:13 PM

ID: 5f8bd890-7f68-4751-802d-c3bc762b063d

Rachelle Amerine

rachelle.amerine@hca.wa.gov

Contracts Administrator

CloudPWR OBO Washington State Health Care

Authority-Sub Account

Security Level: Email, Account Authentication  
(None)

Sent: 6/29/2020 2:33:50 PM

### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

### In Person Signer Events

Signature

Timestamp

### Editor Delivery Events

Status

Timestamp

### Agent Delivery Events

Status

Timestamp

### Intermediary Delivery Events

Status

Timestamp

### Certified Delivery Events

Status

Timestamp

### Carbon Copy Events

Status

Timestamp

janice tadeo

janice.tadeo@hca.wa.gov

Security Level: Email, Account Authentication  
(None)

**COPIED**

Sent: 6/29/2020 12:36:47 PM

### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, CloudPWR OBO Washington State Health Care Authority-Sub Account (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

**How to contact CloudPWR OBO Washington State Health Care Authority-Sub Account:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [todd.stone@hca.wa.gov](mailto:todd.stone@hca.wa.gov)

**To advise CloudPWR OBO Washington State Health Care Authority-Sub Account of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [todd.stone@hca.wa.gov](mailto:todd.stone@hca.wa.gov) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

**To request paper copies from CloudPWR OBO Washington State Health Care Authority-Sub Account**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [todd.stone@hca.wa.gov](mailto:todd.stone@hca.wa.gov) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with CloudPWR OBO Washington State Health Care Authority-Sub Account**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [todd.stone@hca.wa.gov](mailto:todd.stone@hca.wa.gov) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify CloudPWR OBO Washington State Health Care Authority-Sub Account as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by CloudPWR OBO Washington State Health Care Authority-Sub Account during the course of your relationship with CloudPWR OBO Washington State Health Care Authority-Sub Account.