

		<b>CONTRACT AMENDMENT</b>	HCA Contract No.: K7483 Amendment No.: 02
<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.			
<b>CONTRACTOR NAME</b> Snohomish County		<b>CONTRACTOR doing business as (DBA)</b> Snohomish County Health Department	
<b>CONTRACTOR ADDRESS</b> 3020 Rucker Ave, Suite 202 Everett, WA 98201		<b>CONTRACTOR CONTRACT MANAGER</b> Name: Katie Curtis Email: <a href="mailto:katie.curtis@co.snohomish.wa.us">katie.curtis@co.snohomish.wa.us</a>	
<b>AMENDMENT START DATE</b> July 1, 2026	<b>AMENDMENT END DATE</b> June 30, 2028	<b>CONTRACT END DATE</b> June 30, 2028	
<b>Prior Maximum Contract Amount</b> \$212,576.00	<b>Amount of Increase</b> \$150,576.00	<b>Total Maximum Compensation</b> \$363,152.00	

WHEREAS, HCA and Contractor previously entered into a Contract for providing "Access to Baby and Child Dentistry" services to detect and prevent early childhood dental decay, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.4 - *Amendments* to extend the Contract Term and increase Maximum Compensation;

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

1. Section 3.2 – *Term*, subsection 3.2.1 is amended to extend the term for two years and shall now read as follows:
  - 3.2.1 The initial term of the Contract will commence on July 1, 2024, and continue through June 30, 2028, unless terminated sooner as provided herein.
2. Section 3.3 – *Compensation*, subsection 3.3.1 is amended to increase the maximum compensation and shall now read as follows:
  - 3.3.1 The parties have determined the cost of accomplishing the work herein will not exceed \$363,152.00, inclusive of all fees, taxes, and expenses. Compensation for satisfactory performance of the work will not exceed this amount unless the parties agree to a higher amount through an amendment.
3. In Attachment 1: *Statement of Work*, is hereby amended and replaced in its entirety with a new Attachment 1B, *Statement of Work*, and is attached hereto and incorporated herein.
4. A new Attachment 5: *ABCD Action Plan*, is hereby incorporated and attached hereto.
5. Attachment 5: *Data Sharing Agreement*, is hereby renumbered to be Attachment 6, and any reference throughout the Contract to the *Data Sharing Agreement* shall be updated to reference the new attachment number.

- 6. Any reference on the Contract for HCA Clinical Dental Program Manager Pixie Needham and email address [pixie.needham@hca.wa.gov](mailto:pixie.needham@hca.wa.gov), shall now be replaced with Jayson Diaz and the email address [jayson.diaz@hca.wa.gov](mailto:jayson.diaz@hca.wa.gov).
- 7. This Amendment will be effective as of July 1, 2026 (“Effective Date”).
- 8. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
- 9. 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	PRINTED NAME AND TITLE Executive	DATE SIGNED
HCA SIGNATURE DocuSigned by: <i>Andria Howerton</i>	PRINTED NAME AND TITLE Andria Howerton HCA Deputy Contracts Administrator	DATE SIGNED 4/15/2026

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## **ATTACHMENT 1B: 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:

### **1. Contractor Responsibilities**

In accordance with deadlines in Attachment 2, *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 Attachment 4, *ABCD Yearly Budget Tool*. The ABCD program principles are outlined below.

- A. Provide Outreach and linkage of Apple Health/Medicaid-eligible Clients, ages birth to six (6), and ages six (6) to thirteen (13) who are clients of the Developmental Disabilities Community Services (DDCS) with an emphasis on groups with low utilization and high risk of dental disease such as children residing in rural communities, children aged zero (0) to two (2) and other eligible but underserved children in the service area, through collaboration with other organizations, including, but not limited to:
- i. Attending Outreach and marketing events and activities such as health fairs, use of social media (i.e., Facebook, 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;
  - vi. Day Care facilities throughout the state of Washington;
  - vii. Community health workers or regional networks to gain resources, community connections on Outreach efforts for eligible underserved children and children ages 0-2; and
  - viii. Local Children with Special Health Care Needs (CSHCN) program, local Developmental Disabilities Community Services (DDCS) office and/or other organizations who work with children with disabilities to find methods and resources on how to identify eligible children for Outreach work.
- B. Provide care coordination, including but not limited to:
- i. Family Orientation such as 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 and the importance of keeping an appointment;

- ii. Connecting families with an ABCD certified dental providers 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 assist in scheduling appointments for eligible children and following up after an appointment, if appropriate; and
  - iii. Maintain an up-to-date website with the correct ABCD logo, program eligibility information, and directions and a URL link to [DentistLink.org](http://DentistLink.org).
- C. Collaborate with the DentistLink team to align the 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.
- D. Coordinate provider relationship management and program communication with DentistLink to support participating dental practices and maintain accurate program information.
- E. Contact each practice initially and periodically to update participating-ABCD dentist roster and collect the following information:
- i. Capacity and frequency for accepting ABCD clients;
  - ii. Availability of language and translation services;
  - iii. Changes in participation status (e.g., temporarily not accepting new ABCD clients, increased availability);
  - iv. Practice capability of serving children with disabilities and special health care needs, such as providing accessibility accommodation and equipment being available (e.g. wheelchair accessible operatories, sensory friendly rooms, sedation services, adaptive dental chairs, behavioral supports);
  - v. Availability of General Anesthesia (GA); and
  - vi. Ensure timely communication of any changes to participating practices to [abcdprogram@arcorafoundation.org](mailto:abcdprogram@arcorafoundation.org).
- F. Identify and address family barriers to accessing oral health care.
- G. Bi-annually convene or participate in a county-wide or regional oral Health Coalition, ABCD Steering Committee, or other groups with focuses on health care, access or early learning in order to build awareness of the ABCD program and solicit input on process improvements.
- H. Invite Champion(s) to participate in the meeting with the ABCD state managing director, the Arcora Foundation, and the Health Care Authority dental program administrator.
- I. 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 zero (0) to six (6) years through the ABCD Program;
  - ii. Maintain a public facing list of active ABCD dental providers who accept Apple Health/Medicaid Clients zero (0) to six (6) years, ages six (6) to thirteen (13) who are clients of the Developmental Disabilities Community Services (DDCS) and monitor provider availability to

- accept new Client's zero (0) 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, III and refresher training) leading to certification of providers and onboarding of their staff;
  - v. Ensure 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;
  - 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 ABCD Champion Development Day;
  - ix. Participate in the annual statewide ABCD Champion Development Day to remain current with new clinical practices and opportunities. Meet, network, and share knowledge with other champions regarding program roadblocks and successes; and
  - x. Extend invitation(s) to ABCD Dental Champion(s) to attend the annual ABCD Champion Development Day.
- J. Provide ABCD Champion(s) travel reimbursement, if any, to attend ABCD Champion Development Day, which is included in the total compensation.
- K. Partner with the MouthMatters program to expand primary care medical providers' participation in Apple Health/Medicaid as ABCD-certified providers and support integrated referral pathways to ensure Apple Health/Medicaid-eligible children are connected early and consistently to the ABCD Program.
- L. 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.
- M. Identify an ABCD Coordinator within the contracting organization who shall develop and maintain a desk manual that outlines the expected ABCD contractual deliverables and how the Contractor meets each deliverable. The Coordinator shall utilize this manual to fulfill the contractual requirements and to orient new lead staff within the organization to the ABCD program.
- N. If the Contractor's Coordinator vacates the position, the Contractor must:
- i. Notify the Health Care Authority within two (2) weeks of the coordinator's departure;

- ii. Share the Contractor's developed work plan that outlines how the expected Contract deliverables will be met;
  - iii. Include the HCA and the State Managing Partner, Arcora Foundation, in the hiring process to find a new coordinator;
  - iv. Share with HCA the contact information of the newly hired or appointed Coordinator;
  - v. 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, and;
  - vi. ABCD Coordinator new hire must reasonably meet the expectations as identified in Exhibit D *ABCD Coordinator Performance Expectations and Abilities* of the ABCD Toolkit for coordinators, as provided by Arcora Foundation (<https://abcd-dental.org/resources/abcd-toolkit/>).
- O. If the Contractor determines that it can no longer serve as the ABCD Contractor, Contractor must:
- i. Give reasonable notice of at least ninety (90) days to HCA in order to assure uninterrupted service to clients and work with providers; and
  - ii. Work with HCA and other state partners to identify potential new ABCD-lead agencies.

## **2. Reporting Requirements**

- A. Quarterly, the Contractor must complete and submit the following via email:
- i. Community and Provider Outreach and Coordination Care summary which shall include;
    - a. Attachment 2, *ABCD Quarterly Community and Provider Outreach and Case Management Report* for the specific quarter; and
    - b. Attachment 3, *ABCD Quarterly Outreach and Coordination of Care Report*.
- B. Annually, the Contractor must complete and submit via email the Attachment 4, *ABCD Yearly Budget Tool*, as applicable to the requirements contained in Attachment 2.
- i. The Contractor must allocate a defined percentage of staff time to the ABCD Coordinator role, as documented in the Annual Budget Tool. This allocation must reflect actual, dedicated hours spent on ABCD program activities and may not be reassigned to unrelated organizational duties. The assigned full-time employee (FTE) must be sufficiently available to meet all requirements of the SOW and align with the approved Action Plan. Contractor shall document and report how staff time supports *ABCD Action Plan (Attachment 5)* activities and deliverables as part of required in Attachment 3: *ABCD Quarterly Outreach and Coordination of Care Report*.
- C. Annually, the Contractor must complete and submit via email, Attachment 5, *ABCD Action Plan* due no later than October 31<sup>st</sup>, each year.
- D. The Contractor must meet with the State Managing Partner, Arcora Foundation, on a yearly basis to

review local needs, utilization, and review the desk manual that outlines the ABCD contractual deliverables and how the Contractor has met or plans to meet those deliverables.

- E. Quarterly, the Contractor must submit a fully completed invoice that correlates with dollar values for completed deliverables outlined in Attachment 2 that includes the following:
  - i. Exhibit templates, which are available on the ABCD website <http://abcd-dental.org/for-coordinators/>;
  - ii. Each report must document the status of the SMART goals from the *ABCD Action Plan* (Attachment 5), detailing specific achievements or ongoing effort; and
  - iii. Reports and billing must be submitted no later than one (1) month after each quarter end date, unless otherwise mutually agreed by both parties.

**3. Acceptance Criteria**

- i. Contractor may invoice for the deliverables listed below on completion of each deliverable. HCA has the right to withhold payment if the Contractor fails to meet deliverables standards.
  - a. HCA will consider the *ABCD Yearly Budget Tool* (Attachment 4) complete once HCA confirms receipt of the report containing all required and relevant information.
  - b. HCA will consider the quarterly Community and Provider Outreach and Coordination Care summary to be complete once HCA confirms receipt of the report containing the *ABCD Quarterly Community and Provider Outreach and Case Management Report* (Attachment 2) for the specific quarter; and the *ABCD Quarterly Outreach and Coordination of Care Report* (Attachment 3).
  - c. HCA will consider the yearly *ABCD Action Plan* (Attachment 5) complete once HCA has confirmed receipt of the report containing all required and relevant information completed to HCA reasonable satisfaction.

**4. Invoicing Schedule**

The Invoicing Pricing Table below is for FY27 and FY28, and prior fiscal year invoicing schedules are referenced in the prior Contract #K7483. Contractor shall invoice HCA once a quarter at the end of each quarter for the amounts listed in the table below:

Deliverable	Date Due to HCA	Invoice Amount SFY27	Invoice Amount SFY28
<b>July – September</b>			
Coordinator Meeting Attendance	31-Oct	\$1,000.00	\$1,000.00
Community Outreach Report		\$13,418.00	\$13,418.00
Coordinate Care for Patients		\$3,354.00	\$3,354.00
Coalition/Steering Committee Tasks		\$500.00	\$500.00
<b>July – September Total</b>		<b>\$18,272.00</b>	<b>\$18,272.00</b>
<b>October – December</b>			

Dentistlink Roster	31-Jan	\$100.00	\$100.00
Community Outreach Report		\$13,418.00	\$13,418.00
Coordinate Care for Patients		\$3,354.00	\$3,354.00
Development Care		\$4,000.00	\$4,000.00
<b>October – December Total</b>		<b>\$20,872.00</b>	<b>\$20,872.00</b>
<b>January – March</b>			
Coordinator Meeting Attendance	30-Apr	\$1,000.00	\$1,000.00
Community Outreach Report		\$13,418.00	\$13,418.00
Coordinate Care for Patients		\$3,354.00	\$3,354.00
Coalition/Steering Committee Tasks		\$500.00	\$500.00
<b>January – March Total</b>		<b>\$18,272.00</b>	<b>\$18,272.00</b>
<b>April – June</b>			
Dentistlink Roster	31-Jul	\$100.00	\$100.00
Community Outreach Report		\$13,418.00	\$13,418.00
Coordinate Care for Patients		\$3,354.00	\$3,354.00
Coordinators Meeting Attendance		\$1,000.00	\$1,000.00
<b>April – June Total</b>		<b>\$17,872.00</b>	<b>\$17,872.00</b>
<b>SFY Total Amount</b>		<b>\$75,288.00</b>	<b>\$75,288.00</b>
<b>Total Budget</b>			<b>\$150,576.00</b>

**Attachment 5: ABCD Action Plan**

**Community Outreach: Ages 0-5 (inclusive of the 0-2 demographic) (Section 1A of the SOW)**  
 (What strategies will you implement to improve access to and utilization of dental care for children ages 0–5?)

**SMART Goals**

1. *Example: By June 30, 2027, establish formal referral agreements with at least 10 early childhood sites (Head Start, childcare centers, early intervention programs), resulting in at least 250 documented referrals to dental providers within 12 months.*
2. *You can have multiple smart goals listed in here. Please include individual goals for the 0-2 population.*

Strategy	Activities	Supporting Actions	Performance Measures
<p><i>Example: Establish and Formalize Partnerships</i></p>	<p><i>Example: Develop structured referral partnerships with early childhood programs (e.g., Head Start, childcare centers, home visiting programs).</i></p>	<ul style="list-style-type: none"> <li>• <i>Identify and prioritize sites serving Medicaid-enrolled children.</i></li> <li>• <i>Conduct introductory meetings to review local oral health data and referral goals.</i></li> <li>• <i>Execute MOUs outlining referral processes and roles.</i></li> <li>• <i>Develop and distribute a standardized referral form and provider list.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Number of early childhood programs contacted.</i></li> <li>• <i>Number of formal referral agreements (MOUs) executed.</i></li> <li>• <i>Number of participating sites actively submitting referrals.</i></li> </ul>
<p><i>Example: Train Early Childhood Staff on Referral Processes</i></p>	<p><i>Example: Provide training to ensure staff understand the importance of oral health and referral procedures.</i></p>	<ul style="list-style-type: none"> <li>• <i>Conduct annual in-service training on early childhood caries and establishing a dental home by age 1.</i></li> <li>• <i>Provide referral scripts and caregiver talking points.</i></li> <li>• <i>Distribute multilingual educational materials for families.</i></li> <li>• <i>Identify a site-based “oral health champion” to support implementation.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Number of staff trained.</i></li> <li>• <i>Percentage of participating sites with at least one trained staff member.</i></li> <li>• <i>Pre/post training knowledge increase (target: 80% demonstrate improved knowledge).</i></li> </ul>

<p><i>Example: Implement a Referral Tracking and Follow-Up System</i></p>	<p><i>Example: Create a system to monitor referrals and increase completed dental visits.</i></p>	<ul style="list-style-type: none"> <li>• <i>Develop a secure referral tracking log.</i></li> <li>• <i>Establish follow-up timelines (e.g., 30-day status checks).</i></li> <li>• <i>Coordinate reminder calls/texts with families.</i></li> <li>• <i>Track referral completion rates and identify barriers to care.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Number of referrals submitted.</i></li> <li>• <i>Percentage of referrals resulting in completed dental visits within 90 days.</i></li> <li>• <i>Reduction in lost-to-follow-up rate.</i></li> </ul>
<p><i>Example: Provide Direct Access Support for Families</i></p>	<p><i>Example: Reduce logistical barriers that prevent families from completing referrals.</i></p>	<p><i>Assist with appointment scheduling at the time of referral.</i></p> <p><i>Provide Medicaid enrollment or insurance navigation support.</i></p> <p><i>Share transportation resources and community assistance programs.</i></p> <p><i>Coordinate on-site screening or mobile dental visits when feasible.</i></p>	<p><i>Number of families receiving appointment scheduling assistance.</i></p> <p><i>Number of families receiving insurance/navigation support.</i></p> <p><i>Percentage of supported families who complete a dental visit.</i></p> <p><i>Target example: Provide direct access support to at least 150 families annually, with 60% completing a dental visit.</i></p>

**Community Outreach: ABCD Expansion (Section 1A of the SOW)**

(What strategies will you implement to reduce barriers and increase access to and utilization of dental care for children with DDCS indicators?)

**SMART Goals:**

- 1.
- 2.

Strategy	Activities	Supporting Actions	Performance Measures

**Community Outreach: Equity (Section 1A of the SOW)**

(What strategies will you implement to advance oral health equity and access for children from historically under resourced communities, including underserved families, families who speak languages other than English, and those living in rural areas?)

**SMART Goal:**

- 1.
- 2.

Strategy	Activities	Supporting Actions	Performance Measures

<p align="center"><b>Care Coordination (Section 1B of the SOW)</b>                      (What strategies will you implement to strengthen care coordination for ABCD families to improve access to and continuity of dental care?)</p>			
<p align="center"><b>SMART Goal:</b></p>			
1.			
2.			
Strategy	Activities	Supporting Actions	Important Contacts

**Champions/Provider Network (Section 1C-1J of the SOW)**  
(How will you support and collaborate with participating providers to maintain a strong, responsive, and high-quality provider network?)

**SMART Goal:**

1.  
2.

Strategy	Activities	Supporting Actions	Important Contacts