

		<b>CONTRACT AMENDMENT</b>		HCA Contract No.: K7483 Amendment No.: 01	
<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 306 Everett, WA 98201			<b>CONTRACTOR CONTRACT MANAGER</b> Name: Lacey Harper Email: <a href="mailto:Lacey.Harper@co.snohomish.wa.us">Lacey.Harper@co.snohomish.wa.us</a>		
<b>AMENDMENT START DATE</b> Date of Execution		<b>AMENDMENT END DATE</b> June 30, 2026		<b>CONTRACT END DATE</b> June 30, 2026	
<b>Prior Maximum Contract Amount</b> \$150,576.00		<b>Amount of INCREASE</b> \$62,000.00		<b>Total Maximum Compensation</b> \$212,576.00	

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 by engaging dentists in seeing Apple Health/Medicaid-eligible Clients, ages birth to six (6), and ages six (6) to thirteen (13) who are clients of the Developmental Disabilities Administration with an emphasis on groups with low utilization and high risk of dental disease such as children residing in rural communities, children of color, children aged zero (0) to two (2) and other eligible but underserved children in the service area, through engaging local public health departments and/or community partners in Outreach and case management, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.4 to; correct a definition; fix clerical numbering errors; update Nondiscrimination language; increase Total Maximum Contract Amount; and add a new report section in Attachment 1;

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

1. Total Maximum Compensation is increased from \$150,576.00 by \$62,000.00 for a new Total Maximum Compensation of \$212,576.00.
2. General Terms and Conditions, Section 2, Definitions, “Client” is amended to have one definition as follows:  
  
**“Client”** means Medicaid eligible Clients ages birth to six (6) years of age and ages six (6) to thirteen (13) who are clients of Developmental Disabilities Administration.
3. General Terms and Conditions, Section 3, Subsection 3.3, subsections labelled as 3.6.2 and 3.6.3 are corrected to be 3.3.2 and 3.3.3 respectively.
4. Attachment 1, Statement of Work, is amended and replaced in its entirety with a new Attachment 1A, Statement of Work, is attached hereto and incorporated herein.
5. This Amendment will be effective as of the last date of signature as shown below. (“Effective Date”).

- 6. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
- 7. 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 County Executive	DATE SIGNED
HCA SIGNATURE <small>DocuSigned by:</small> <i>Andria Howerton</i> <small>F2EF77E93FBC4D7...</small>	PRINTED NAME AND TITLE Andria Howerton Deputy Contracts Administrator	DATE SIGNED 8/19/2024

**ATTACHMENT 1A: 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 Administration with an emphasis on groups with low utilization and high risk of dental disease such as children residing in rural communities, children of color, 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, 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);
  - vi. Day Care facilities throughout the state of Washington;
  - vii. Connect with community health worker or regional network to gain resources, community connections on Outreach efforts for eligible children residing in rural communities, children of color, children ages 0-2, and other eligible but underserved children in the services area; and
  - viii. Connect and collaborate with your local Children with Special Health Care Needs (CSHCN) program, local Developmental Disabilities Administration (DDA) 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:
  - 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 and the importance of keeping an appointment.

- 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 assist in scheduling appointments for eligible children and following up after an appointment, if appropriate;
- C. Collaborate 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.
- D. Coordinate ABCD program's dentist recruitment and support efforts with DentistLink by assuring both programs have the same updated information.
- E. Contact each practice to update participating-ABCD dentist roster:
  - i. Number and frequency of clients accepted;
  - ii. Appointment times/days;
  - iii. Translation availability times/days;
  - iv. Change business status of practice (not accepting new ABCD clients, accepting more clients, etc.);
  - v. New providers, Phase I, Phase II; and III
  - vi. Other.
- F. Update ABCD provider roster to DentistLink electronically.
- G. Identify and address family barriers to accessing oral health care.
- H. 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
- I. Invite to participate in the meeting with the ABCD state managing director, the Arcora Foundation, and the Health Care Authority dental program administrator.
- J. 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 and medical providers who accept Apple Health/Medicaid Clients birth to six (6) years, ages six (6) to thirteen (13) who are clients of the Developmental Disabilities Administration and monitor provider availability to accept new Client's 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, III 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. Participate in the annual statewide ABCD Champion Development Day meeting to remain current with new clinical practices and opportunities. Meet, network, and share knowledge with other champions regarding program roadblocks and successes.
    - a. Extend invitation to ABCD Dental Champion to attend the annual ABCD Champion Development Day meeting.
    - b. ABCD Champion travel reimbursement, if any, to attend Development Day, is included in the total compensation.
- K. 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.
- L. Participate in all three (3) statewide ABCD Coordinators group meetings. To remain current with ABCD policies, practices, and opportunities, Coordinators must participate in person. If unable to attend in person a Coordinator may appoint a delegate from their organization to attend in their place. Any assigned delegates must be approved by the ABCD State Managing Director and the Health Care Authority Dental Program Manager fourteen (14) days before an ABCD Coordinator group meeting. Delegates must have familiarity and/or work with the ABCD program prior to approval. 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 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.
- 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.
- O. If the Contractor determines that it can no longer serve as the ABCD Contractor, Contractor must:
- i. Give reasonable notice of 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.
- P. The Contractor shall utilize appropriated funds to support the ongoing work of care coordination, client/provider outreach and/or special projects including, but not limited to, one of the following:
- i. Hiring contract, temporary, and/or transitional staffing to assist with special projects or to provide support for existing projects.
  - ii. Expand current coordinator Full Time Employees (FTEs).
  - iii. Connecting and/or working with local Community Health Workers and providing stipends for their time, as applicable.
  - iv. MouthMatters (MM): Provide support to MouthMatters Program Managers or other MM related services.
  - v. Form, build, and/or enhance partnerships with other associated organizations such as Early Childhood Education and Assistance Program (ECAP), HeadStart, and the Women, Infants and Children (WIC) programs.
  - vi. Provide incentives to champions to attend development day.
  - vii. Form coalition with other State Agencies and programs (DCYF, DDA, DOH, etc.)
  - viii. Epidemiology studies, for example fluoride mapping.
  - ix. Marketing materials to expand outreach services in addition to ABCD, such as marketing MouthMatters, DentistLink, etc.
  - x. Expand existing outreach at community events.

- xi. Outreach to providers to join DentistLink.
- xii. Hold special event for children's dental health month in February of 2025.
- xiii. Education campaigns such as ABCD related educational videos for groups like WIC and HeadStart Clients.
- xiv. Co-design and financially support a Continuing Dental Education (CDE) event with your Champions or other providers to educate and engage dental providers on ABCD related topics (CDE may be provided by Arcora)
- xv. Work on regional initiatives with fellow ABCD coordinators.

## 2. **Reporting Requirements**

- A. Each quarter, 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. Each year, the Contractor must complete and submit via email the Attachment 4, *ABCD Yearly Budget Tool*, as applicable to the requirements contained in Attachment 2.
- C. 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.
- D. Each quarter the Contractor must submit a fully completed invoice that correlates with dollar values for completed deliverables outlined in Attachment 2:
  - i. Exhibit templates are available on the ABCD website <http://abcd-dental.org/for-coordinators/>; and
  - ii. Reports and billing must be submitted no later than one month after each quarter end date, unless otherwise mutually agreed by both parties.
- E. Each quarter of Fiscal Year 2025 (July 1, 2024 to June 30, 2025) a report of the use of additional funds should be submitted for review and approval.
  - i. In Quarter One (1) the Contractor must submit an *Additional Funds Implementation Plan* for the use of additional funds.
  - ii. In Quarters Two (2) and Three (3) the Contractor must submit an *Additional Funds Quarterly Usage Report* on the use of additionally provided funds.
  - iii. In Quarter Four (4) is the *Additional Funds Final Report & Impact Statement* of the full use of additionally provided funds that was used throughout Fiscal Year 2025.

**3. INVOICING SCHEDULE**

Contractor will invoice HCA once a quarter at the end of each quarter for the amounts listed in the table below.

<b>Deliverable</b>	<b>Date Due to HCA</b>	<b>Invoice Amount</b>
<b>July – September 2024</b>		
Coordinator Meeting Attendance	October 31, 2024	Up to \$1,000.00
Community Outreach Report	October 31, 2024	Up to \$13,418.00
Coordinate Care for Patients	October 31, 2024	Up to \$3,354.00
Coalition/Steering Committee Tasks	October 31, 2024	Up to \$500.00
Additional Funds Implementation Plan*	October 31, 2024	Up to \$15,500.00
<b>July – September 2024 Total</b>		<b>Up to \$33,772.00</b>
<b>October – December 2024</b>		
Dentistlink Roster	January 31, 2025	Up to \$100.00
Community Outreach Report	January 31, 2025	Up to \$13,418.00
Coordinate Care for Patients	January 31, 2025	Up to \$3,354.00
Development Care	January 31, 2025	Up to \$4,000.00
Additional Funds Quarterly Use Report*	January 31, 2025	Up to \$15,500.00
<b>October – December 2024 Total</b>		<b>Up to \$36,372.00</b>
<b>January – March 2025</b>		
Coordinator Meeting Attendance	April 30, 2025	Up to \$1,000.00
Community Outreach Report	April 30, 2025	Up to \$13,418.00
Coordinate Care for Patients	April 30, 2025	Up to \$3,354.00
Coalition/Steering Committee Tasks	April 30, 2025	Up to \$500.00
Additional Funds Quarterly Use Report*	April 30, 2025	Up to \$15,500.00
<b>January – March 2025 Total</b>		<b>Up to \$33,772.00</b>
<b>April – June 2025</b>		
Dentistlink Roster	July 9, 2025	Up to \$100.00
Community Outreach Report	July 9, 2025	Up to \$13,418.00
Coordinate Care for Patients	July 9, 2025	Up to \$3,354.00
Coordinators Meeting Attendance	July 9, 2025	Up to \$1,000.00
Additional Funds Final Report & Impact Statement*	July 9, 2025	Up to \$15,500.00
<b>April – June 2025 Total</b>		<b>Up to \$33,372.00</b>
<b>July – September 2025</b>		
Coordinator Meeting Attendance	October 31, 2025	Up to \$1,000.00
Community Outreach Report	October 31, 2025	Up to \$13,418.00
Coordinate Care for Patients	October 31, 2025	Up to \$3,354.00
Coalition/Steering Committee Tasks	October 31, 2025	Up to \$500.00
<b>July – September 2025 Total</b>		<b>Up to \$18,272.00</b>
<b>October – December 2025</b>		
Dentistlink Roster	January 31, 2026	Up to \$100.00
Community Outreach Report	January 31, 2026	Up to \$13,418.00
Coordinate Care for Patients	January 31, 2026	Up to \$3,354.00
Development Care	January 31, 2026	Up to \$4,000.00
<b>October – December 2025 Total</b>		<b>Up to \$20,872.00</b>
<b>January – March 2026</b>		

Coordinator Meeting Attendance	April 30, 2026	Up to \$1,000.00
Community Outreach Report	April 30, 2026	Up to \$13,418.00
Coordinate Care for Patients	April 30, 2026	Up to \$3,354.00
Coalition/Steering Committee Tasks	April 30, 2026	Up to \$500.00
<b>January – March 2026 Total</b>		<b>Up to \$18,272.00</b>
<b>April – June 2026</b>		
Dentistlink Roster	July 9, 2026	Up to \$100.00
Community Outreach Report	July 9, 2026	Up to \$13,418.00
Coordinate Care for Patients	July 9, 2026	Up to \$3,354.00
Coordinators Meeting Attendance	July 9, 2026	Up to \$1,000.00
<b>April – June 2026 Total</b>		<b>Up to \$17,872.00</b>
<b>Total Budget</b>		<b>Up to \$212,576.00</b>

*\*Additional Funds added for FY25*