	CONTRACT AMENDMENT For ABCD DENTAL SERVICES	HCA Contract No.: K2752 Amendment No.: 04
THIS AMENDMENT TO THE CONTRACT 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.		
CONTRACTOR NAME Pacific County Health & Human Services	ASSIGNED SERVICE REGION/COUNTY Pacific County	
CONTRACTOR ADDRESS PO Box 26 South Bend, WA 98586	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	

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 Apple Health/Medicaid-eligible Clients, ages birth to six (6), with an emphasis on children of color and children 0-2, ages six (6) to thirteen (13) who are clients of the Developmental Disabilities Administration and other eligible but underserved children in the service area, 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 revise definitions, extend the term, increase funds, update the Schedule A: Statement of Work, and update Exhibits;

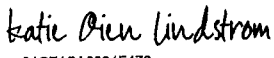

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. Section 3, Special Terms and Conditions, the following definitions are revised to read as follows:
 - a) **"ABCD"** means Access to Baby and Child Dentistry, a program designed to detect and prevent early childhood dental decay by engaging dentists in seeing birth to six (6) year old Medicaid eligible children and clients of the Developmental Disabilities Administration (DDA) birth to thirteen (13) years old and engaging local public health departments in outreach and case management.
 - e) **"Client"** means Medicaid eligible Clients ages birth through six (6) years of age and clients of the Developmental Disabilities Administration (DDA) birth to thirteen (13) years old.
 - 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 and clients of the Developmental Disabilities Administration (DDA) birth to thirteen (13) years old.
2. 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 is July 1, 2018, the term has been extended for an additional two (2) year tear, and set to continue through June 30, 2024, unless terminated sooner as provided herein.
3. Section 3.3 Compensation, subsection 3.3.1 is revised to read 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-3: *Statement of Work* has increased by \$24,472.00, for a new Contract Maximum Compensation of \$67,282.00, and includes any allowable expenses.
4. Section 4, General Terms and Conditions, subsection 4.23, Legal and Regulatory Compliance is replaced in its entirety as follows:
 - 4.23 Legal and Regulatory Compliance
 - 4.23.1 During the term of this Contract, Contractor must comply with all local, state, and federal licensing, accreditation and registration requirements/standards, necessary for the performance of this Contract and all other applicable federal, state and local laws, rules and regulations.
 - 4.23.2 While on the HCA premises, Contractor must comply with HCA operations and process standards and policies (e.g., ethics, Internet / email usage, data, network and building security, harassment, as applicable). HCA will make an electronic copy of all such policies available to Contractor.
 - 4.23.3 Pursuant to Proclamation 21-14 – COVID-19 Vaccination Requirement (dated August 9, 2021) as amended by Proclamation 21-14.1 – COVID-19 Vaccination Requirement (dated August 20, 2021) ("Proclamation") all contractors and any of their employees and/or subcontractors who provide contracted services on-site at HCA facilities must certify that they are fully vaccinated against the COVID-19 virus, unless properly excepted or exempted for disability or sincerely held religious beliefs as set forth in the Proclamation. Contractors who cannot so certify are prohibited from contracting with the state.
 - 4.23.4 Contractor represents and warrants that should their responsibilities to the HCA involve on-site services as of October 18, 2021, Contractor's personnel (including subcontractors) providing such services will be fully vaccinated against the COVID-19 virus unless properly excepted or exempted for disability or sincerely held religious beliefs as set forth in the Proclamation. Contractor further understands that, upon request, Contractor personnel must provide to HCA proof of vaccination, in a manner established by the HCA. Failure to meet these requirements may result in the immediate termination of this Contract.
 - 4.23.5 Failure to comply with any provisions of this section may result in Contract termination.
5. Schedule A-2: Statement of Work is replaced in its entirety with Schedule A-3: Statement of Work, attached hereto and incorporated herein.

6. Exhibit A-2: ABCD Quarterly Community and Provider Outreach and Case Management Report is replaced in its entirety with Exhibit A-3: ABCD Quarterly Community and Provider Outreach and Case Management Report, attached hereto and incorporated herein.
7. Exhibit B-2: ABCD Quarterly Outreach and Coordination of Care Report is replaced in its entirety with Exhibit B-3: ABCD Quarterly Outreach and Coordination of Care Report, attached hereto and incorporated herein.
8. Exhibit C-1: ABCD Yearly Budget Tool is replaced in its entirety with Exhibit C-2: ABCD Yearly Budget Tool, attached hereto and incorporated herein.
9. This Amendment will be effective July 1, 2022 ("Effective Date").
10. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
11. 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>  <small>31CE1CA6094E473</small>	PRINTED NAME AND TITLE Katie Oien Lindstrom Director	DATE SIGNED 6/3/2022
HCA SIGNATURE <small>DocuSigned by:</small>  <small>71E17FEB86774E7...</small>	PRINTED NAME AND TITLE Rachelle Amerine Contracts Administrator	DATE SIGNED 6/2/2022

Schedule A-3:

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-3, *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-2, *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 and children 0-2, ages six (6) to thirteen (13) who are clients of the Developmental Disabilities Administration 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 (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 of color and children ages 0-2; 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) 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. Update ABCD provider roster to DentistLink electronically.
 - 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 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.
 - 1. Extend invitation to ABCD Dental Champion to attend the annual ABCD Champion Development Day meeting.
 - 2. ABCD Champion travel reimbursement, if any, to attend Development Day, is included in the total compensation.
- f) 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.
- g) 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.
- h) 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.
- i) If the Contractor's Coordinator vacates the position, the Contractor must notify the Health Care Authority within two weeks of the coordinator's departure, and;
 - i. Share the Contractor's developed work plan that outlines how the expected contract deliverables will be met;
 - ii. Include the HCA and the State Managing Partner, Arcora Foundation, in the hiring process to find a new coordinator;
 - iii. Share with HCA the contact information of the newly hired or appointed Coordinator;
 - iv. 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;
 - v. ABCD Coordinator new hire must reasonably meet the expectations as identified in Exhibit D ABCD Coordinator Performance Expectations and Abilities.

- j) 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-3, *ABCD Quarterly Community and Provider Outreach and Case Management Report* for the specific quarter; and
 - ii. Exhibit B-3, *ABCD Quarterly Outreach and Coordination of Care Report*.
- 3. Each year, the contractor must complete and submit via email the Exhibit C-2, ABCD Yearly Budget Tool, as applicable to the requirements, contained in Exhibit A-3.
- 4. 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.
- 5. Each quarter the contractor must submit a fully completed invoice that correlates with dollar values for completed deliverables outlined in Exhibit A-3:
 - 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-3 ABCD Quarterly Community and Provider Outreach and Case Management Report Year One July 1, 2022 - June 30, 2023 • 1st Quarter Report

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at janice.tadeo@hca.wa.gov

Cc: Pixie Needham, Dental Program Administrator at pixie.needham@hca.wa.gov and

Heather Gallagher, ABCD State Managing Director, hgallagher@arcorafoundation.org

Organization:		
ABCD Contact Person:		
Phone and Email:		
Report Due: 10/31/2022	1st Quarter 7/1/2022 – 9/30/2022	
Performance Category	Yes/No	Maximum \$\$ available for this deliverable
Attend and participate in ABCD Coordinator/Program Meeting		\$1,000.00
Community and Provider Outreach		\$1,407.00
Coordinate Care		\$352.00
Complete budget tool and year two action plan		\$0
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
		Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete Exhibit A-3 and attach supporting document if providing additional detail)
		Complete Exhibit B-3
		Complete Exhibit B-3
		Complete Exhibit C-2
		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

Janice Tadeo, ABCD Program Manager at janice.tadeo@hca.wa.gov
Cc: Pixie Needham, Dental Program Administrator at pixie.needham@hca.wa.gov and
Heather Gallagher, ABCD State Managing Director, hgallagher@arcorafoundation.org

HCA Contract No.: K2752-04

Exhibit A-3**ABCD Quarterly Community and Provider Outreach and Case Management Report
Year One July 1, 2022 - June 30, 2023 • 3rd Quarter Report**

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at janice.tadeo@hca.wa.gov

Cc: Pixie Needham, Dental Program Administrator at pixie.needham@hca.wa.gov and

Heather Gallagher, ABCD State Managing Director, hgallagher@arcorafoundation.org

Organization:			
ABCD Contact Person:			
Phone and Email:			
Report Due: 04/30/2023	3rd Quarter 1/1/2023 – 3/31/2023	Maximum \$\$ available for this deliverable	Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete Exhibit A-3 and attach supporting document if providing additional detail)
Performance Category	Yes/No		
Attend and participate in ABCD Coordinator/Program Meeting		\$1,000.00	
Community and Provider Outreach		\$1,407.00	Complete Exhibit B-3
Coordinate Care		\$352.00	Complete Exhibit B-3
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-3 ABCD Quarterly Community and Provider Outreach and Case Management Report Year One July 1, 2022 - June 30, 2023 • 4th Quarter Report

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at janice.tadeo@hca.wa.gov

Cc: Pixie Needham, Dental Program Administrator at pixie.needham@hca.wa.gov and

Heather Gallagher, ABCD State Managing Director, hgallagher@arcorafoundation.org

Organization:			
ABCD Contact Person:			
Phone and Email:			
Report Due: 07/09/2023 (report due on this date to allow HCA to close out fiscal year)	4th Quarter 4/1/2023 – 6/30/2023		
Performance Category	Yes/No	Maximum \$\$ available for this deliverable	Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete Exhibit A-3 and attach supporting document if providing additional detail)
Attend and participate in ABCD Coordinator/Program Meeting		\$1,000.00	
Update ABCD provider roster to DentistLink		\$100.00	Complete Exhibit B-3
Community and Provider Outreach		\$1,407.00	Complete Exhibit B-3
Coordinate Care		\$352.00	Complete Exhibit B-3

Exhibit A-3 ABCD Quarterly Community and Provider Outreach and Case Management Report Year Two July 1, 2023 – June 30, 2024 • 1st Quarter Report

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at janice.tadeo@hca.wa.gov

Cc: Pixie Needham, Dental Program Administrator at pixie.needham@hca.wa.gov and

Heather Gallagher, ABCD State Managing Director, hgallagher@arcorafoundation.org

Organization:			
ABCD Contact Person:			
Phone and Email:			
Report Due: 10/31/2023	1st Quarter 7/1/2023 – 9/30/2023		
Performance Category	Yes/No	Maximum \$\$ available for this deliverable	Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete Exhibit A-3 and attach supporting document if providing additional detail)
Attend and participate in ABCD Coordinator/Program Meeting		\$1,000.00	
Community and Provider Outreach		\$1,407.00	Complete Exhibit B-3
Coordinate Care		\$352.00	Complete Exhibit B-3
Complete budget tool and year two action plan		\$0	Complete Exhibit C-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 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-3

ABCD Quarterly Community and Provider Outreach and Case Management Report

Year Two July 1, 2023 – June 30, 2024 • 2nd Quarter Report

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at janice.tadeo@hca.wa.gov
Cc: Pixie Needham, Dental Program Administrator at pixie.needham@hca.wa.gov and
Heather Gallagher, ABCD State Managing Director, hgallagher@arcorafoundation.org

Organization:		
ABCD Contact Person:		
Phone and Email:		
Report Due: 01/31/2024	2nd Quarter 10/1/2023 – 12/31/2023	
		Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete Exhibit A-3 and attach supporting document if providing additional detail)
Performance Category	Yes/No	
Community and Provider Outreach		Complete Exhibit B-3
Coordinate Care		Complete Exhibit B-3
Update DentistLink roster		Complete Exhibit B-3
Attend and participate in development day		Submit invoice showing expenses for dental champion to attend development day.

Exhibit A-3 ABCD Quarterly Community and Provider Outreach and Case Management Report Year Two July 1, 2023 – June 30, 2024 • 3rd Quarter Report

Please complete and submit report electronically to:

Janice Tadeo, ABCD Program Manager at janice.tadeo@hca.wa.gov

Cc: Pixie Needham, Dental Program Administrator at pixie.needham@hca.wa.gov and

Heather Gallagher, ABCD State Managing Director, hgallagher@arcorafoundation.org

Organization:			
ABCD Contact Person:			
Phone and Email:			
Report Due: 04/30/2024	3rd Quarter 1/1/2024 – 3/31/2024		
Performance Category	Yes/No	Maximum \$\$ available for this deliverable	Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete Exhibit A-3 and attach supporting document if providing additional detail)
Attend and participate in ABCD Coordinator/Program Meeting		\$1,000.00	
Community and Provider Outreach		\$1,407.00	Complete Exhibit B-3
Coordinate Care		\$352.00	Complete Exhibit B-3
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-3

ABCD Quarterly Community and Provider Outreach and Case Management Report

Year Two July 1, 2023 – June 30, 2024 • 4th Quarter Report

Please complete and submit report electronically to:
Janice Tadeo, ABCD Program Manager at janice.tadeo@hca.wa.gov
Cc: Pixie Needham, Dental Program Administrator at pixie.needham@hca.wa.gov and
Heather Gallagher, ABCD State Managing Director, hgallagher@arcorafoundation.org

Organization:			
ABCD Contact Person:			
Phone and Email:			
Report Due: 07/09/2024 (report due on this date to allow HCA to close out fiscal year)	4th Quarter 4/1/2024 – 6/30/2024	Maximum \$\$ available for this deliverable	Brief description (for events, provide date held/attended/ for staff assignments, provide name and title) - no more than 100 words (complete Exhibit A-3 and attach supporting document if providing additional detail)
Performance Category	Yes/No		
Attend and participate in ABCD Coordinator/Program Meeting		\$1,000.00	
Update ABCD provider roster to DentistLink		\$100.00	Complete Exhibit B-3
Community and Provider Outreach		\$1,407.00	Complete Exhibit B-3
Coordinate Care		\$352.00	Complete Exhibit B-3

Exhibit B-3

ABCD Quarterly Outreach and Coordination of Care Report

COMMUNITY OUTREACH

ABCD AGES 0-5

PROGRESS REPORT (Describe your outreach work, who you reached out to, how many families were reached, progress of workplan and measurable goals outlined in Action Plan.)

ABCD EXPANSION

PROGRESS REPORT (Describe collaboration with organization who work with children with disabilities, progress of workplan and measurable goals outlined in Action Plan)

ABCD EQUITY AND CLIENTS AGES 0-2

PROGRESS REPORT (Describe collaboration with community health worker or regional network, progress of workplan and measurable goals outlined in Action Plan)

WORK WITH CHAMPION/RECRUIT PROVIDERS

Provider Trainings Held	How Many	Place and Date
PROGRESS REPORT		
(Describe outreach done to recruit both dental and medical providers to participate in the ABCD program and work done to maintain relationship with participating providers.)		

COORDINATE CARE

PROGRESS REPORT	
(How are you providing coordination of care to clients? Family orientation, assisting with needed services such as transportation and interpreter services, teaching the importation of making and keeping appointments? What barriers are you running into and what kinds of successes are you seeing?)	
Update provider roster on DentistLink.	How Many

Exhibit C-2

ABCD Yearly Budget Tool

2022-2024 Yearly Expenses (estimated)

EXPENSES	Year One	Year Two
	July 1, 2022 to June 30, 2023	July 1, 2023 To June 30, 2024
Staffing/Salary & Benefits – 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)		
Salary & Benefits Subtotal		
Operating Expenses		
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		
Operating Expenses Subtotal		
Indirect Costs		
TOTAL EXPENSES		
FUNDING SOURCES	Year One	Year Two
Other Funding (United Way, Grants, Community Development Block Grant, etc.)		
Agency Funds and/or In-Kind		
Current Health Care Authority Contract		
TOTAL FUNDING		