		<b>SCHOOL-BASED HEALTHCARE SERVICES CONTRACT AMENDMENT</b>	HCA Contract No.: K3475 Amendment No.: 1
<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> Lake Stevens School District		<b>CONTRACTOR doing business as (DBA)</b>	
<b>CONTRACTOR ADDRESS</b> 12309 22nd St NE Lake Stevens, WA 98258		<b>CONTRACTOR CONTRACT MANAGER</b> Name: Teresa Main Email: teresa_main@lkstevens.wednet.edu	
<b>AMENDMENT START DATE</b> July 1, 2022	<b>AMENDMENT END DATE</b> June 30, 2025	<b>CONTRACT END DATE</b> June 30, 2025	
<b>Prior Maximum Contract Amount</b> <b>No Maximum</b>		<b>Total Maximum Compensation</b> <b>No Maximum</b>	

WHEREAS, HCA and Contractor previously entered into a Contract for School Based Health Care Services, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.3 to: and 1) remove reference to Intergovernmental Transfer (IGT); and 2) clarify and update additional language as needed;

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

1. Purpose of the Contract, is amended to read as follows:

The purpose of this Contract is for HCA to pay the Contractor for providing Medicaid covered health-related services included in a Title XIX Medicaid-eligible student's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) on a fee-for-service basis.

2. Recitals, is amended to read as follows:

The state of Washington, acting by and through the Health Care Authority (HCA), pursuant to its authority under chapters 39.26 and 41.05 RCW, desires to enter into this Contract with Contractor to pay through fee-for-service for providing Medicaid covered services to Title XIX Medicaid eligible students with Individualized Education Programs (IEP) or Individualized Family Service Plans (IFSP).

3. Section 2, Definitions, are individually amended as follows:

"A19-1A" or "A19" is deleted in its entirety.

"Covered Services" for the purpose of this contract means Medicaid-covered evaluations for a student with a disability to determine if that student is in need of early intervention services or special education and related services, re-evaluations to determine whether a student continues to need early intervention or special education and related services; and direct health care related services such as audiology, counseling/mental health, nursing, occupational therapy, physical therapy, and speech-language therapy provided to students ages birth through 20 with an IEP or IFSP.

“Intergovernmental Transfer” or “IGT” is deleted in its entirety.

“Licensed Health Care Provider” is renamed to “Licensed Provider.” All internal references are updated accordingly.

“School-Based Health Care Services Program Specialist” or “SBHS Specialist” or “SBHS Program Manager” means the Health Care Authority (HCA) staff responsible for managing the SBHS program.

“School Matching Funds” or “Local Matching Funds” is deleted in its entirety.

“Total Computable” is deleted in its entirety.

4. Section 3, Special Terms and Conditions, 3.1 Performance Expectations, subsection 3.1.4.2 is deleted in its entirety.
5. Section 3, Special Terms and Conditions, 3.2 Term, subsections 3.2.3 and 3.2.4 are deleted in their entirety.
6. Section 3, Special Terms and Conditions, 3.3 Billing, Invoice, and Payment, subsection 3.3.1 is amended as follows:
  - 3.3.1 Contractor will submit accurate claims under this Contract in accordance with the School-Based Health Care Services (SBHS) Billing Guide and Chapter 182-537 WAC: School-Based Health Care Services.
7. Section 3, Special Terms and Conditions, 3.3 Billing, Invoice, and Payment, subsections 3.3.2, 3.3.3, and 3.3.4 are deleted in their entirety. All remaining subsections are subsequently renumbered and internal references updated accordingly.
8. Schedule A-1, Statement of Work, amends, replaces, and supersedes Schedule A, and is 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  DocuSigned by: <i>Teresa Main</i>	PRINTED NAME AND TITLE Teresa Main Assistant Superintendent	DATE SIGNED  5/15/2022
HCA SIGNATURE  DocuSigned by: <i>Rachelle Amerine</i>	PRINTED NAME AND TITLE Rachelle Amerine Contracts Administrator	DATE SIGNED  5/10/2022

## Schedule A-1

### Statement of Work (SOW) for School-Based Health Care Services

#### Responsibilities

The Contractor will:

1. Complete and submit to the SBHS program specialist the HCA School-Based Health Care Services Provider and Contact Update Form annually by October 31<sup>st</sup>, and throughout the year when a change in providers or school district administrative staff occurs. Form can be accessed on the SBHS webpage at: <https://www.hca.wa.gov/sbhs>;
2. Provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth in this Schedule A-1, *Statement of Work*, and according to the processes specified in the *School-Based Health Care Services (SBHS) Billing Guide* and [SBHS Chapter 182-537 WAC](#). The *SBHS Billing Guide* can be accessed on the SBHS webpage at: <https://www.hca.wa.gov/sbhs>;
3. Ensure employees and/or subcontractors, who provide SBHS to eligible students while performing work under this Contract, are licensed according to the Washington State Department of Health (DOH). If SBHS is provided by non-licensed employees, Contractor ensures services are provided under the supervision or direction of a DOH-licensed provider per professional practice standards. A list of SBHS eligible providers can be found in the *SBHS Billing Guide* and referenced at SBHS WAC Section [182-537-0350](#). It is the Contractor's responsibility to enroll all licensed providers who participate in the SBHS program under the school district's ProviderOne account prior to submitting claims for reimbursement;
4. Monitor its SBHS program, its providers, and subcontractors to ensure compliance with all applicable laws, regulations, and guidelines and bears full responsibility for all submitted billing information completed by Contractor, or billing agent, where applicable;
5. Submit claims to receive payment from HCA for SBHS, meet the applicable requirements in [Chapter 182-502 WAC](#) and bill according to the *SBHS Billing Guide* and SBHS [Chapter 182-537 WAC](#); and
6. Maintain sufficient documentation in accordance with the *SBHS Billing Guide* and SBHS WAC Section [182.537.0700](#); to support and justify all claims billed and paid.

HCA will:

1. Provide payment to the Contractor for SBHS provided to Title XIX Medicaid eligible students, ages birth through 20 years old, with an IEP or IFSP on a fee-for-service rate per the SBHS fee schedule.
  - a. Only provide payment to Contractor for Medicaid-covered services provided to Title XIX Medicaid-eligible students as outlined in the *SBHS Billing Guide* and SBHS [Chapter 182-537 WAC](#);
2. Monitor, provide technical assistance, and provide training opportunities and resources to the Contractor annually or as needed;
3. Notify Contractor with SBHS program/policy updates throughout the calendar year, reflecting any changes to SBHS WAC legislation, SBHS rules and regulations, and any revised procedures through email alert notifications;
4. Conduct reviews in accordance with Chapter [182.502A](#) WAC, [182.502](#) and SBHS WAC Section [182.537.0800](#); and

5. Recover overpayments if a school district does not comply with agency requirements according to agency rules outlined in the SBHS [Chapter 182-537 WAC](#) and the *SBHS Billing Guide*.

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Subject: DocuSign NOTIFICATION: Contract K3475-01 with Lake Stevens School District	
Source Envelope:	
Document Pages: 8	Signatures: 2
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Meagan Metzger
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	626 8th Ave SE
	Olympia, WA 98501
	meagan.metzger@hca.wa.gov
	IP Address: 198.239.15.143


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**Signer Events**

Rachelle Amerine  
 rachelle.amerine@hca.wa.gov  
 Contracts Administrator  
 CloudPWR OBO Washington State Health Care Authority-Sub Account  
 Security Level: Email, Account Authentication (None)

**Signature**

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Teresa Main  
 teresa\_main@lkstevens.wednet.edu  
 Assistant Superintendent  
 Security Level: Email, Account Authentication (None)

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 teresa\_main@lkstevens.wednet.edu  
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 Accepted: 5/15/2022 8:34:18 PM  
 ID: 27d0a880-3ee7-438b-9f3c-be059c634652

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

Shanna Muirhead  
 Shanna.muirhead@hca.wa.gov  
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<p>Funmi Omolade            olufunmilayo.omolade@hca.wa.gov            Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>            Accepted: 3/2/2022 1:05:49 PM            ID: 3d0c43d2-91b2-4a8d-8a23-ad033305e92e</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"><b>COPIED</b></div>	Sent: 5/6/2022 4:13:09 PM
<p>Deb Marceau            deborah_marceau@lkstevens.wednet.edu            Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>            Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"><b>COPIED</b></div>	Sent: 5/10/2022 6:10:08 AM Viewed: 5/10/2022 8:36:47 AM
<p>HCA Financial Services            FINANCIALSVC@HCA.WA.GOV            Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>            Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"><b>COPIED</b></div>	Sent: 5/15/2022 8:34:47 PM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Signing Complete	Security Checked	5/15/2022 8:34:46 PM
Completed	Security Checked	5/15/2022 8:34:47 PM

Payment Events	Status	Timestamps
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