	<b>CONTRACT AMENDMENT For ABCD DENTAL SERVICES</b>	HCA Contract No.: K2757 Amendment No.: 03
<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 Health District	<b>CONTRACTOR doing business as (DBA)</b>	
<b>CONTRACTOR ADDRESS</b> 3020 Rucker Ave, Suite 203 Everett, WA 98201	<b>WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)</b>	

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, replace the Statement of Work, and replace Exhibits;


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

1. The maximum contract amount is being increased by **\$2,074.00** for expansion work, and **\$32,288.00** for outreach work for children of color and children ages 0-2, for a new maximum contract total of **\$206,362.00**.
2. 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-2: *Statement of Work* has increased by **\$34,362.00**, for a new Contract Maximum Compensation of **\$206,362.00**, and includes any allowable expenses.
3. Schedule A-1: Statement of Work is replaced with Schedule A-2: Statement of Work, attached hereto and incorporated herein.
4. Exhibit A-1: ABCD Quarterly Community and Provider Outreach and Case Management Report is replaced with Exhibit A-2: ABCD Quarterly Community and Provider Outreach and Case Management Report, attached hereto and incorporated herein.
5. Exhibit B-1: ABCD Quarterly Outreach and Coordination of Care Report is replaced with Exhibit B-2: ABCD Quarterly Outreach and Coordination of Care Report, attached hereto and incorporated herein.
6. This Amendment will be effective as of the last date of signature shown below ("Effective Date").

7. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.

8. 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 Katie Curtis	DATE SIGNED
HCA SIGNATURE DocuSigned by:  745475F5B9C77457...	PRINTED NAME AND TITLE Rachelle Amerine, Contracts Administrator	DATE SIGNED 9/24/2021

## Schedule A-2:

### 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-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 Exhibit C-1, *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.
      - 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. 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 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 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.
- 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.
- a. Upcoming meetings will include an introduction to the Washington State Office of Equity and a training on equity. Materials will be provided to review prior to training. Contractor's coordinator will be responsible for reviewing materials prior to that training.
- 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. 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.
- 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-2, ABCD Quarterly Community and Provider Outreach and Case Management Report for the specific quarter; and
    - ii. Exhibit B-2, *ABCD Quarterly Outreach and Coordination of Care Report*.
3. Each year, the contractor must complete and submit via email the Exhibit C-1, ABCD Yearly Budget Tool, as applicable to the requirements, contained in Exhibit A-2.
4. Each quarter the contractor must submit a fully completed invoice that correlates with dollar values for completed deliverables outlined in Exhibit A-2:
  - 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-2      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)

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-2 and attach supporting document if providing additional detail)</b>
Attend and participate in ABCD Coordinator		<b>\$3,365.00</b>	
Community and Provider Outreach		<b>\$5,125.00</b>	Complete Exhibit B-2
Coordinate Care		<b>\$1,760.00</b>	Complete Exhibit B-2
Complete budget tool and year two action plan		<b>\$0.00</b>	Complete Exhibit C-1
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.		<b>\$500.00</b>	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

**Exhibit A-2**

**ABCD Quarterly Community and Provider Outreach and Case Management Report  
Year Two 2021 - 2022 • 2<sup>nd</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)

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-2 and attach supporting document if providing additional detail)</b>
Community and Provider Outreach		<b>\$5,649.00</b>	Complete Exhibit B-2
Coordinate Care		<b>\$8,713.00</b>	Complete Exhibit B-2
Update DentistLink roster		<b>\$200.00</b>	Complete Exhibit B-2
ABCD Expansion: Prep work prior to implementation.		<b>\$1,037.00</b>	Connect with your local Children with Special Health Care Needs (CSHCN) program, local Developmental Disabilities Administration (DDA) office or other organizations who work with children with disabilities. Collaborate and find methods and resources on how to identify eligible children for outreach work for the ABCD Expansion. Complete Exhibit B-2
ABCD Equity and ages 0-2		<b>\$3,588.00</b>	Connect with community health worker or regional network (Heather to help with contact info) to gain resources, community connections on outreach efforts for 0–2-year-olds and children of color. Complete Exhibit B-2
Action Plan (ABCD Expansion, Equity and ages 0-2)		<b>\$0.00</b>	Submit an Action Plan summarizing: <ul style="list-style-type: none"> <li>How you will work with local organizations on outreach work for children with disabilities, children of color and children ages 0-2.</li> <li>Work plan describing outreach work for expanded population, children of color and children ages 0-2.</li> </ul> Include measurable goals.
Attend and participate in development day		<b>\$3,365.00</b>	Reach out to dental champion and invite to development day.



**Exhibit A-2**

**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)

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>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-2 and attach supporting document if providing additional detail)</b>
Washington State Office of Equity Materials		<b>\$250.00</b>	Review materials prior to the coordinator's meeting
Attend and participate in ABCD Coordinator/Program Meeting		<b>\$500.00</b>	
Community and Provider Outreach		<b>\$9,454.00</b>	Complete Exhibit B-2
Coordinate Care		<b>\$7,223.00</b>	Complete Exhibit B-2
ABCD Expansion Work		<b>\$1,037.00</b>	Continue to work with your local Children with Special Health Care Needs (CSHCN) program, local Developmental Disabilities Administration (DDA) office or other organizations who work with children with disabilities. Complete Exhibit B-2
ABCD Equity and ages 0-2		<b>\$3,588.00</b>	Continue to work with community health worker or regional network (Heather to help with contact info) to gain resources, community connections on outreach efforts for 0–2-year-olds and children of color. Complete Exhibit B-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.		<b>\$500.00</b>	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

**Exhibit A-2****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)

Organization:			
ABCD Contact Person:			
Phone and Email:			
<b>Report Due: 07/09/2022 (report due on this date to allow HCA to close out fiscal year)</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-2 and attach supporting document if providing additional detail)</b>
Attend and participate in ABCD Coordinator/Program Meeting		<b>\$500.00</b>	
Update ABCD provider roster to DentistLink		<b>\$200.00</b>	Complete Exhibit B-2
ABCD Equity and ages 0-2		<b>\$3,588.00</b>	Continue to work with community health worker or regional network (Heather to help with contact info) to gain resources, community connections on outreach efforts for 0–2-year-olds and children of color. Complete Exhibit B-2
Community and Provider Outreach		<b>\$9,572.00</b>	Complete Exhibit B-2
Coordinate Care		<b>\$7,648.00</b>	Complete Exhibit B-2

**Exhibit B-2**

**ABCD Quarterly Outreach and Coordination of Care Report**

**COMMUNITY OUTREACH**

Type of Outreach/Place	Date	How many reached
Examples: County health fairs/coordination w/Smile Mobile/WIC offices/Headstart/Early Learning Centers/Day Cares.		

**ABCD EXPANSION**

<b>PROGRESS REPORT</b> (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**

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

**WORK WITH CHAMPION/RECRUIT PROVIDERS**

<b>Activity</b>	<b>How Many</b>	<b>Notes</b>
New Providers Certified		

<b>Provider Trainings Held</b>	<b>How Many</b>	<b>Place and Date</b>
<b>Provider Recruitment</b>	<b>How Many</b>	<b>Place and Date</b>

**COORDINATE CARE**

<b>Family Orientation</b> How provided: in-person/phone/email/mail/etc.	<b>How Many</b>	<b>How</b>	<b>Location &amp; Date</b>
<b>Update provider roster and DentistLink training.</b>	<b>How Many</b>		

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

**Certificate Of Completion**

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Status: Sent

Subject: DocuSign NOTIFICATION: Contract K2757-03 with Snohomish Health District

Source Envelope:

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Janet Stevens

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626 8th Ave SE

Enveloped Stamping: Enabled

Olympia, WA 98501

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

janet.stevens@hca.wa.gov

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janet.stevens@hca.wa.gov

**Signer Events****Signature****Timestamp**

Rachelle Amerine

rachelle.amerine@hca.wa.gov

Contracts Administrator

CloudPWR OBO Washington State Health Care

Authority-Sub Account

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Katie Curtis

kcurtis@snohd.org

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**Electronic Record and Signature Disclosure:**

Accepted: 9/27/2021 6:58:49 AM

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Lyuda Kozlova

lyudmila.kozlova@hca.wa.gov

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(None)**COPIED**

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ID: 0954ece9-17d0-42ee-8ba5-b81ac734d6e1

Janice-Anne Tadeo

janice.tadeo@hca.wa.gov

Security Level: Email, Account Authentication  
(None)**COPIED**

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Viewed: 9/24/2021 3:33:19 PM

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HCA Financial Services		
FINANCIALSVC@HCA.WA.GOV		
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure:		
Not Offered via DocuSign		

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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## **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
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