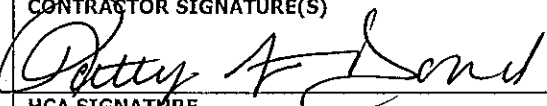
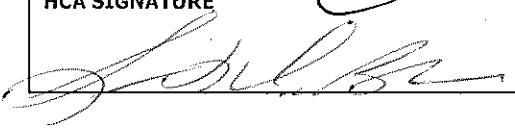
		CONTRACT AMENDMENT SCHOOL DISTRICT REIMBURSEMENT		HCA Agreement Number 1165-40261	
This Interagency Agreement is by and between the State of Washington Health Care Authority (HCA) and the Contractor identified below, and is issued pursuant to the Interlocal Cooperation Act, Chapter 39.34 RCW.					Amendment #1
CONTRACTOR NAME Lakewood School District #306			CONTRACTOR ADDRESS P.O. Box 220 North Lakewood, WA 98259		
CONTRACTOR FEDERAL EMPLOYER IDENTIFICATION NUMBER 910967947			CONTRACTOR CONTACT NAME Patty Dowd		
CONTRACTOR CONTACT TELEPHONE 360-654-2073		CONTRACTOR CONTACT FAX 360-652-4509		CONTRACTOR CONTACT E-MAIL pdowd@lwsd.wednet.edu	
HCA DIVISION Division of Health Care Services			HCA INDEX NUMBER 22698		HCA CONTRACT CODE 7000LC-65
HCA CONTACT NAME AND TITLE James Harvey SBHS Program Manager			HCA CONTACT ADDRESS PO Box 45530 626 8th Avenue SE Olympia, WA 98504-5530		
HCA CONTACT TELEPHONE (360) 725-1153		HCA CONTACT FAX (360) 664-4371		HCA CONTACT E-MAIL harvej@hca.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS AGREEMENT? Yes				CFDA NUMBERS 93.778	
AGREEMENT START DATE 07/01/2013		AGREEMENT END DATE 06/30/2019		MAXIMUM AGREEMENT AMOUNT \$0.00	
EXHIBITS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contractor Agreement by reference: <input checked="" type="checkbox"/> Exhibits (specify): - Exhibit A, Statement of Work; - Exhibit B, Intergovernmental Transfer (IGT) Flowchart (Informational only, Content did not change); - Exhibit C, Provider Qualifications; - Attachment 1, Certification of Compliance with the SBHS for Children in Special Education Medicaid Provider Guide; - Attachment 2, Provider Update Form (Informational only, Content did not change); - Attachment 3, Washington State Health Care Authority SBHS for Children in Special Education Medicaid Provider Guide. <input type="checkbox"/> No Exhibits.					
The terms and conditions of this Agreement are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise, regarding the subject matter of this Agreement. The parties signing below represent that they have read and understand this Agreement, and have the authority to execute this Agreement. This Agreement shall be binding on HCA only upon signature by HCA.					
CONTRACTOR SIGNATURE(S) 		PRINTED NAME(S) AND TITLE(S) Patty A. Dowd Director of Finance		DATE(S) SIGNED 5/21/13	
HCA SIGNATURE 		PRINTED NAME AND TITLE Susan DeBlasio Contracts Administrator		DATE SIGNED 5/24/13	

HCA Special Terms and Conditions

This Contract between the State of Washington Health Care Authority (HCA) and the Contractor is hereby amended as follows:

The purpose of this Amendment is to:

1. Update the provider qualifications per the Centers for Medicare and Medicaid Services (CMS) approved State Plan Amendment (SPA) and Chapter 182-537-0350 WAC. Contractors will only be reimbursed for health care related services provided by an "unrestricted" licensed health care professional who meet the updated licensure requirements for:
 - a. Audiology services;
 - b. Counseling;
 - c. Nursing services;
 - d. Occupational therapy;
 - e. Physical therapy;
 - f. Psychological assessments; and
 - g. Speech-language therapy.

The following sections are hereby amended as follows:

1. **Definitions Specific to Interagency Agreement.** The following words and phrases listed below, as used in this Interagency Agreement, shall be amended to include each of the following definitions:

"Licensed health care professional" -- An individual who has successfully completed a regionally accredited program of study in a health care related field, and has obtained a current and "unrestricted" license in that field from the Washington State Department of Health (DOH).

"Medicaid Provider Guide" or "Guide" -- The guide is detailed billing instructions on how a provider bills for health care-related services, equipment, and supplies provided to Medicaid-eligible children. The guide can be located at: http://www.hca.wa.gov/medicaid/billing/pages/school_med_svcs.aspx. (Formerly known as the *Billing Instructions*).

"Non-licensed health care professional" -- A paraprofessional who assists individuals with physical disabilities, mental impairments, and other health care-related needs, including basic nursing procedures, all under the supervision of a registered nurse.

3. **Statement of Work.** Is replaced in its entirety with the following:

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 in Exhibit A, Statement of Work, and according to the processes specified in Exhibit B; IGT Flowchart and Attachment 3; School-based Health Care Services (SBHS) for Children in Special Education Medicaid Provider Guide.

HCA Special Terms and Conditions

6. **Billing and Payment.** Is replaced in its entirety as follows:
- a. Contractor shall submit claims under this Agreement in accordance with the School-Based Health Care Services (SBHS) for Children in Special Education Medicaid Guide.
 - b. The Guide can be accessed at:
http://www.hca.wa.gov/medicaid/billing/pages/school_med_svcs.aspx.
 - c. Local matching funds will be transferred from Contractor to Health Care Authority (HCA), and total computable will be transferred from HCA to Contractor via Intergovernmental Transfer (IGT). (See Exhibit B; IGT Process Flowchart)
 - d. Contractor shall submit the required local matching funds within one hundred twenty (120) days from the date HCA fiscal staff submits the local match invoice to the school district. If the local match is not received within one hundred twenty (120) days, claims will be denied.
 - e. Contractor shall submit all initial claims no later than three hundred sixty five (365) days from the date of health care service(s). Contractor is encouraged to submit claims as quickly as possible. (See WAC 182-502-0150).
 - f. Failure to return the Amendment and Attachment 1, Certification of Compliance with the School-Based Health Care Services (SBHS) for Children in Special Education Medicaid Provider Guide by June 30, 2013, will result in the contract expiring. HCA will deny reimbursement for dates of service after July 1, 2013.

Exhibit A – Statement of Work

The following section is replaced in its entirety as follows:

The Contractor shall:

- Attachment 1; Certification of Compliance with the School-Based Health Care Services (SBHS) for Children in Special Education Medicaid Provider Guide must accompany the signed Amendment before execution with HCA.
- Submit claims to receive payment from HCA for School-Based Healthcare Services, meet the applicable requirements in chapter 182-502 WAC, and bill according to the HCA SBHS Medicaid Provider Guide.
- Maintain sufficient documentation to support and justify the billed and paid claims in accordance with chapter 182.537.0700 WAC. The requirements can be accessed at: <http://apps.leg.wa.gov/WAC/default.aspx?cite=182-537-0700>.
- Participate in the IGT process by transferring local matching funds to HCA, equaling sixty percent (60%) of the non-federal matching funds required for receipt of federal Medicaid funding for the service.
- Bear responsibility for all submitted billing information completed by Contractor, or Billing Agent, where applicable.
- Ensure that all qualified personnel comply with the provider qualifications as specified in Chapter 182-537-0350 WAC. See also Attachment 3; Washington State Health Care Authority School-Based Health Care Services (SBHS) for Children in Special Education Medicaid Provider Guide pages 13-14.
- Submit annually by October 31st Attachment 2; Provider Update Form, listing all deleted and newly hired licensed health care providers, and provide copies of professional licenses and National Provider Identifier (NPI) number to the School-Based Health Care Services Program Manager.
- Submit within thirty (30) days from the start of each school year or from the start of new employment, a Provider Update Form, copies of professional license, and National Provider Identifier (NPI) number to the SBHS Program Manager. All documents will be maintained by the school district.
- Submit required local matching funds within one hundred twenty (120) days from the date HCA fiscal staff submit the local match invoice to the school district. If the local match is not received within one hundred twenty (120) days, claims will be denied.
- Medicaid-eligible children in special education who receive services from a provider who does not currently meet federal and state licensing requirements (*e.g., counseling, psychologist, social worker, or speech-language pathologist*), should be reassigned by the school district to a health care provider who meets the mandatory licensing requirements.
- Ensure all personnel responsible for coordinating and processing SBHS Medicaid-related claims into ProviderOne (P1) or to a Billing Agent, attend HCA annual Medicaid 101 School-Based Health Care Services training webinar.

HCA shall:

- Continue the provision of reimbursement of School-Based Healthcare Services by means of an IGT. Under the arrangement, the state shall provide forty percent (40%) of the non-federal matching funds, along with the federal matching funds, and return the sixty-percent (60%) local matching funds provided by the Contractor.
- Reimburse Contractor only for Medicaid-covered services provided to a Medicaid-eligible child in special education by a Licensed Health Care Provider for School-Based Health Care-related services.

Exhibit B – Intergovernmental Transfer (IGT) Flowchart

Overview of the School-Based Healthcare Intergovernmental Transfer Process

Intergovernmental Transfer (IGT) - Intergovernmental transfer is the transfer of public funds between governmental entities. Public funds must be made up of state and local tax based dollars.

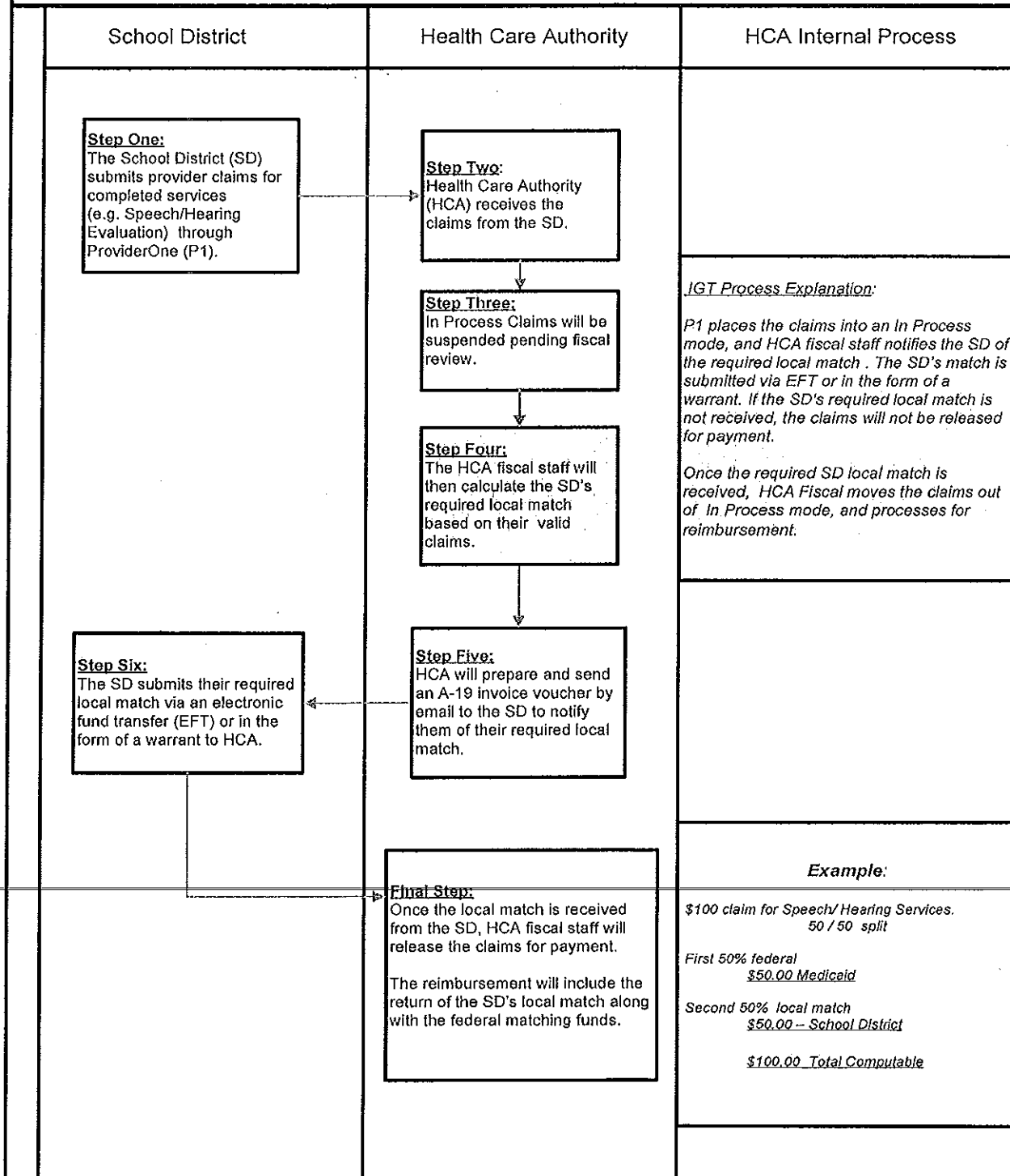


Exhibit C – Provider Qualifications

Exhibit C has been deleted in its entirety.

Attachment 1
Certification of Compliance with the SBHS for Children in Special Education Medicaid Provider Guide

CERTIFICATION

On behalf of the Lakewood School District, we hereby certify
<Insert Your School District Name>

receipt of the HCA Billing Instructions for School-Based Healthcare Services in Special Education.

We certify that every clinical service healthcare provider who provides direct services to Medicaid eligible children has read and shall comply with the terms therein.

We understand that failure to comply with the Billing Instructions may result in claims being delayed or denied reimbursement.

Patty A. Dowd
Superintendent or Designee

Name: Patty A. Dowd
<Please print>

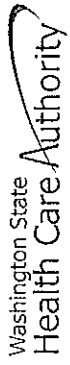
Title: Director of Finance

Joyce Scott
Special Education Director or Designee

Name: Joyce Scott
<Please print>

Title: Director of HR and Learning Support Services

Attachment 2 – Provider Update Form



**Washington State Health Care Authority
School-Based Health Care Services Provider Update Form**

Direction: Use this form to list all health care providers (licensed) for your school district. Submit the form to the Health Care Authority annually (October) and when a change in health care providers occurs. Copies of the health care provider’s license, certification, degree or transcripts, and their NPI number must accompany this form. Indicate an “A” for add, or “D” for delete in the status column when your school district adds or deletes health care providers. If additional space is required, copy this form, and indicate the total number of pages submitted.

School District Name	Phone	Fax					
Medical Assistance Provider Number <small>(Enter school district’s 7-digit Medicaid provider number) Verified and signed by director or designee</small>	Title		Date				
Service Provider Name	Service Specialty/Degree	License or Certification Number	NPI Number	Status	License Start Date	Resignation Date	Supervisor’s Name and Title
Example: Smith, John A.	Physical Therapist/MS	PT-123456-L	123456789	A	00/00/0000	00/00/0000	Jane Doe, Ph.D., PT

Please send all documents to: PO Box 45530, Olympia, WA 98504-5530 or Fax: 360-664-0261 or 360-664-4371.
HCA 12-325 (11/12)

HCA Contract Services
7056L-School District Reimbursement Agreement Amendment