

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC
(NORTH SOUND BH-ASO)
CONTRACT AMENDMENT 3**

CONTRACT #NORTH SOUND BH-ASO- SNOHOMISH COUNTY-RNP-23

Based on the Agreement of the parties to the above-referenced Contract between the North Sound Behavioral Health Administrative Services Organization, LLC (North Sound BH-ASO) and Snohomish County (Provider) dated November 22, 2023, (as amended by North Sound BH-ASO and Provider dated October 23, 2024, collectively the “Contract”) is hereby amended as follows:

The purpose of this amendment is to provide additional Recovery Navigator Program (RNP) funding in the amount for \$43,530.50 for January 1, 2025 to June 30, 2025:

By mutual agreement of the parties, the following language is added to the agreement:

- Replace *Exhibit B-2 – Snohomish County 2024-2025* with *Budget with Exhibit B-3 – Snohomish County 2024-2025 Budget*

ALL TERMS AND CONDITIONS OF CONTRACT SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

THIS AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF FINAL SIGNATURE BY THE PARTIES.

NORTH SOUND BH-ASO, LLC

SNOHOMISH COUNTY

JanRose Ottaway Martin Date
Executive Director

Ken Klein Date
Executive Director

Exhibit B-3
Snohomish County RNP 2024-25 Budget

Exhibit B-3
Snohomish County LEAD RNP
Operations Budget 2024/2025

Revenues for Program

Total	\$ 912,030.00
-------	---------------

Expenses

Annual Budget

Salaries & Wages & Benefits		\$ 445,200.00
Office & Operating Supplies		\$ 3,025.00
Small Tool & Minor Equipment		\$ 2,000.00
Professional Services		\$ 380.00
Communications		\$ 3,000.00
Travel		\$ 5,000.00
Operating Rentals		\$ 22,839.00
Insurance		\$ 3,000.00
Utilities		\$ 4,800.00
Repair & Maintenance		\$ 1,100.00
Machinery & Equipment*		\$ 15,000.00
Assistance to Individuals		\$ 60,376.00
Miscellaneous Expense		\$ 3,500.00
Capital		
Direct Cost Allocations		
Indirect Cost Allocations		\$ 75,780.00
2024-2025 RNP Reserve Funds		\$ 223,500.00
01/25-06/25 Additional RNP Funds		\$ 43,530.00
Total		\$ 912,030.00

GENERAL REQUIREMENTS FOR INVOICES

NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

Effective: 1/1/2025

A. Billing Invoice

1. The Contractor shall submit a **Billing Invoice** (Invoice Tab) and **General Ledger Summary** form (General Ledger Summary Tab) for each service month including a **General Ledger report or a Profit and Loss statement** and any applicable reporting requirements noted in the NS BH ASO Supplemental Provider Guide and signed NS BH ASO Contract.
2. The Invoice shall be signed by an authorized signer on file with NS BH ASO. The Contractor shall provide NS BH ASO a list of Contractor-authorized signers and shall update the list as needed.
3. The Contractor shall complete the Invoice according to the NS BH ASO general requirements and Supplemental Provider Guide.
4. The Contractor shall submit an invoice for all service months. The Contractor shall submit an Invoice even for service months with no services provided or no reimbursements payable to the Contractor.
5. **The Invoice is due within 15 days after the end of each month**, unless otherwise specified on the Invoice. An earlier due date may be required at the end of NS BH ASO's calendar year, the end of the State fiscal year, the end of the Federal fiscal year.
6. An invoice and required reporting documents **received 45 days or more** after the service month may not be accepted for payment. For Federal Funds, any Invoices and reporting documents received **30 days or more** after the service month may not be accepted for payment.
7. Monthly payment shall not be made until all reporting requirements (as noted in the Contract and Supplemental Provider Guide) have been satisfied.
8. The Contractor shall not invoice and charge NS BH ASO for services which are specifically paid for by another source of funds.
9. **The Contractor shall notify NS BH ASO Fiscal Department before submitting supplemental invoices.** The Contractor shall include in the notes section of the invoice the reason for submitting a supplemental Invoice.

B. Additional Requirements for Invoices Specific to Scopes of Work

1. The Contractor shall complete the Invoice appropriate to the specific scope of work, using the most recent version issued by NS BH ASO.
2. The Contractor must complete the Invoice including:
 - a. Entering **month** and **year** being invoiced.
 - b. Indicating whether this is an **original** or **supplemental** invoice.
 - c. Entering data into appropriate fields.
3. The Method of Payment (**MOP**) may vary according to the scope of work. Examples include:
 - d. A signature from an individual who is on the authorized signers list on file with NS BH ASO, as well as the date signed.
 - a. Equal monthly amounts, e.g., 1/12th of allocation for services each month
 - b. FTE cost reimbursement
 - c. Bed day/census day/dose day (rates per site)
 - d. Room and board
 - e. Case rate
 - f. Actual cost reimbursement, paid retroactively
 - g. Incentive-based payments, paid retroactively
 - h. Fee for Service rates
4. The Contractor must follow the MOP and any additional requirements listed on the invoice.



North Sound Behavioral Health Administrative Services Organization

Agency Name:
Snohomish County Human Services

Reimbursement Request

Invoice Version:
Original

Month & Year Invoiced:

Month

Year:

Please indicate funding source

Description	Funding Source PROVISO Recovery Navigator	Amount Requested
Recovery Navigator Program Expenses		
TOTAL:		\$0.00

I, the undersigned, do hereby certify under penalty of perjury, that this is a true and correct claim for reimbursement for services rendered. I understand that any false claims, statements, or documents, or concealment of material fact may be prosecuted under applicable federal and state laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Contractor Authorized Signature

Date

Report(s) Submitted:

Yes / No

☐

Notes:

Method of Payment:

1. Reimbursement from the State PROVISO Recovery Navigator Program funding allocation will be made monthly based on actual costs for Recovery Navigator program expenditures for July 1, 2024 -June 30, 2025 in the budgeted amounts of:

Recovery Navigator Proviso Funds \$688,530.50

2. A ~~general ledger or profit and loss statement~~ verifying actual program related costs and Recovery Navigator Reserve Funds \$223,500.00 expenditures incurred must accompany the reimbursement invoice.
3. ~~TOTAL BUDGET: \$912,030.50~~ Requested supporting documentation must accompany the reimbursement invoice. The agency retains all records and supporting documentation (including receipts) related to program expenses, costs, and expenditures.
4. Submit Invoices to:
fiscal@nsbhaso.org

Additional Requirements:

1. Unallowable costs are according to the funding sources, i.e., Federal Block Grant and State Funding.
2. If the Provider claims and NS BH ASO reimburses for expenditures under this contract that are later found to be claimed in error or to be for unallowable costs, NS BH ASO will recover those costs and the Provider shall fully cooperate with the recovery.



North Sound Behavioral Health Administrative Services Organization

Agency Name:
Snohomish County Human Services

Reimbursement Request

Invoice Version:
Original

Month & Year Invoiced:

Month

Year:

Please indicate funding source

Description	Funding Source PROVISO Recovery Navigator RESERVE	Amount Requested
Recovery Navigator Program Expenses		
TOTAL:		\$0.00

I, the undersigned, do hereby certify under penalty of perjury, that this is a true and correct claim for reimbursement for services rendered. I understand that any false claims, statements, or documents, or concealment of material fact may be prosecuted under applicable federal and state laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Contractor Authorized Signature

Date

Report(s) Submitted:

Yes / No

☐

Notes:

Method of Payment:

- Reimbursement from the State PROVISO Recovery Navigator Program funding allocation will be made monthly based on actual costs for Recovery Navigator program expenditures for July 1, 2024 -June 30, 2025 in the budgeted amounts of:

Recovery Navigator Proviso Funds \$688,530.50
- A ~~general ledger or profit and loss statement~~ **Recovery Navigator Reserve Funds \$223,500.00** verifying actual program related costs and expenditures incurred must accompany the reimbursement invoice.
- TOTAL BUDGET: \$912,030.50** If requested supporting documentation must accompany the reimbursement invoice. The agency retains all records and supporting documentation (including receipts) related to program expenses, costs, and expenditures.
- Submit Invoices to:
fiscal@nsbhaso.org

Additional Requirements:

- Unallowable costs are according to the funding sources, i.e., Federal Block Grant and State Funding.
- If the Provider claims and NS BH ASO reimburses for expenditures under this contract that are later found to be claimed in error or to be for unallowable costs, NS BH ASO will recover those costs and the Provider shall fully cooperate with the recovery.



**NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
PROGRAM INFORMATION**

Agency Name:

Contact Person Name:

NS BH ASO Full Program Name:

Funding Source:

NS BH ASO Contract Number:

Grant/Contract Period:

Enter Information in Green Highlighted Cells

INVOICE SUMMARY

Eligible Expense Category	Requested Funds
Salaries	\$-
Fringe Benefits	\$-
Small Tools & Equipment (> \$5,000 per unit)	\$-
Office & Operating Supplies	\$-
Professional Services	\$-
Communications & Postage	\$-
Travel: Lodging/Mileage/Fares	\$-
Meals	\$-
Advertising & Printing	\$-
Operating Lease/Rentals	\$-
Insurance	\$-
Utilities	\$-
Repairs & Maintenance	\$-
Dues & Subscriptions	\$-
Machinery & Equipment	\$-
Assistance to Individuals	\$-
Capital	\$-
Other Direct Costs	\$-
Indirect Costs	\$-
Miscellaneous	\$-
Total Expenses	\$0.00