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

CONTRACT # NORTH SOUND BH-ASO-VOA-ICCN-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 Volunteers of America (VOA)(Provider) dated February 3, 2023, (as amended by North Sound BH-ASO and Provider dated August 23, 2023, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to provide funding for January 1, 2024 to June 30, 2024 and to remove the *Substance Abuse Block Grant (SABG) Capacity Management Report*.

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

- Replace *Exhibit B_Compensation_Schedule_23* with the link <u>https://www.nsbhaso.org/for-providers/contracts/Compensation_Schedule_Template_20240101.pdf</u>
- Replace *Exhibit D_Provider Deliverables* with *Exhibit D(a)_Provider Deliverables*
- Replace *Exhibit E(b) VOA_ICCN_Budget_23* with Exhibit E(c) *VOA_ICCN_Budget_24*

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

VOUNTEERS OF AMERICA

Margaret Rojas Assistant Director Date

Brian Smith CEO

Date



EXHIBIT D(a): PROVIDER DELIVERABLES

PROVIDER: Volunteers of America

CONTRACT: NORTH SOUND BH-ASO-VOA-ICCN-23

Identification of Deliverables

Provider shall provide all deliverables as identified in the Required Deliverables Grid below. Templates for all reports that the provider is required to submit to North Sound BH-ASO may be found on the North Sound BH-ASO website under *Forms & Reports* (click <u>here</u>). North Sound BH-ASO may update the templates from time to time and will notify providers of any changes. Deliverables are to be submitted to <u>deliverables@nsbhaso.org</u> on or before the indicated due date unless otherwise noted. For more information regarding a specific deliverable, please refer to the indicated Supplemental Provider Service Guide reference (as applicable).

DELIVERABLE	FREQUENCY	DUE DATE	SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE
Exclusion Attestation Monthly Report	Monthly	Last Business Day of each month following the month being reported	Chapter 11
Certification of Liability Insurance	Annual	Annually prior to expiration	Not Applicable
Compliance Training Attestation Statement	Annual	Annual notification will be sent by North Sound BH-ASO Compliance Officer with further information	Chapter 11
Ownership and Control Disclosure Form	Annual	Annually on January 31 st , or more frequently when changes occur	Not applicable
Federal Block Grant Peer Review	As requested	Annually when requested	Chapter 15

North Sound Behavioral Health Administrative Services Crisis Hotline Cost Reimbursement Budget Volunteers of America January 1, 2024 - June 30, 2024

Revenues				
		Original	Expansion	Total
GFS		\$ 539,970	110,935	\$ 650,905
MCO		\$ 539,970	110,935	\$ 650,905
ARPA MHBG		\$ 33,333		\$ 33,333
	Total	\$ 1,113,274	\$ 221,870	\$ 1,335,144
Expenses				
Crisis Hotline		\$ 1,113,274	\$ 221,870	\$ 1,335,144
	Total	\$ 1,113,274	\$ 221,870	\$ 1,335,144

North Sound Behavioral Health Administrative Services Organization Behavioral Health Enhancement Funds Cost Reimbursement Budget Volunteers of America January 1, 2024 - June 30, 2024

Revenues

BHEF		\$ 29,934
	Total	\$ 29,934
Expenses		
Retention and Recruitment		\$ 29,934
	Total	\$ 29,934

North Sound Behavioral Health Monthly Billing Form

Agency Name	
Program	
Period Covered	
Expenses	
Salaries & Wages	\$ -
Personnel Benefits	\$ -
Office & Operating Supplies	\$ -
Small Tool & Minor Equipment	\$ -
Professional Services	\$ -
Communications	\$ -
Travel	\$ -
Operating Rentals	\$ -
Insurance	\$ -
Utilities	\$ -
Repair & Maintenance	\$ -
Machinery & Equipment	\$ -
Miscellaneous Expense	\$ -
Capital	\$ -
Direct Cost Allocations	\$ -
Indirect Cost Allocations	\$ -
Other	\$ -
Total	\$ -

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.

Signature of Agency Representative Name of Agency Representative Date

Submit to

fiscal@nsbhaso.org