NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT 1

CONTRACT #NORTH SOUND BH-ASO-PHS-ICN-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 Pioneer Human Services (PHS) (Provider) dated March 14, 2023, is hereby amended as follows:

The purpose of this amendment is to provide one-time additional funding of \$140,000 for the North Sound Residential Facility in Snohomish County and provide funding for July 1, 2023 to December 31, 2023:

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

 Replace Exhibit E - PioneerHumanServices_ICN_Budget_23 with Exhibit E -PioneerHumanServices_ICN_Budget_23 A
 Replace Exhibit A - PHS_Schedule of Services_2023 with Exhibit A - PHS_Schedule of Services_2023 A
 Replace Exhibit B - Compensation Schedule with Exhibit B - Compensation Schedule A

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

CONTRACTOR

Margaret Rojas Assistant Director Date

Anthony Wright Interim CEO Date

EXHIBIT A: SCHEDULE OF SERVICES

PROVIDER: Pioneer Human Services

CONTRACT: NORTH SOUND BH-ASO-PHS-ICN-23

CONTRACT PERIOD: 07/01/2023 - 12/31/2023

Identification of Contracted Services

Provider shall provide behavioral health covered crisis services, as indicated in the Contracted Services Grid below, within the scope of Provider's business and practice, in accordance with the Pioneer Human Services Base Provider Agreement, North Sound BH-ASO Behavioral Health Policies and Procedures, Supplemental Provider Service Guide, North Sound BH-ASO and HCA standards, the terms, conditions and eligibility outlined in the Contract and/or Exhibits, and the requirements of any applicable government sponsored program.

Contracted	Services	Grid

Contracted Timeframe	Service	Supplemental Provider Service Guide Reference (click <u>here</u>)
Outpatient Services (With	in Available Resources)	Chapter 20
	Mental Health Outpatient and Medication Management	Section 20.1
	Substance Use Disorder Outpatient Benefit	Section 20.1
	Medication-Assisted Treatment	Section 20.1
	Opiate Treatment Program (OTP)	Section 20.1
	Program for Assertive Community Treatment (PACT)	Section 20.12
Evaluation and Treatmen	t	Section 20.4
	Sixteen-Bed Evaluation and Treatment Facility Services	Section 20.4
Crisis Services		Chapter 18
	Adult Mobile Crisis Outreach Team	Section 20.2.2
	Child/Youth Mobile Crisis Outreach Team	Section 20.2.5
	Crisis Stabilization	Chapter 18;20.2.4
	Involuntary Treatment Evaluation (ITA)	Chapter 18; 20.2.3

Contracted Timeframe	Service	Supplemental Provider Service Guide Reference (click <u>here</u>)
	Toll Free Crisis Hotline	Chapter 18
Withdrawal Management	Services (Within in Available Resources)	Chapter 20
	Clinically Managed Withdrawal Management (formerly Sub-Acute Withdrawal Management)	Section 20.1
	Medically Monitored Inpatient Withdrawal Management	Section 20.2.4
	Secure Withdrawal Management	Chapter 18
Substance Use Disorder R	esidential (Within Available Resources)	Section 20.10
	Youth - Intensive Inpatient	Section 20.15.2
	Youth – Recovery House	Section 20.15.6
Effective January 1, 2023	Adult - Intensive Inpatient	Section 20.15.1
Effective January 1, 2023	Adult - Long-Term Care: to include co-occurring residential treatment	Section 20.15.3
	Adult - Recovery House	Section 20.15.5
	Pregnant and Parenting Women Residential Treatment	Section 2.1
	Pregnant and Parenting Women Housing Support	Section 2.1; 20.15.4
Mental Health Services in	a Residential Setting (Within Available Resources)	Section 20.10
Crisis Triage (Within Availa	able Resources)	Chapter 18
	Crisis Stabilization	Chapter 18
Effective January 1, 2023	Clinical Managed Withdrawal Management	Chapter 18
Legislative Proviso Service	es (Within Available Resources)	Chapter 19
	Jail Transition Services	Section 19.8
	E&T Discharge Planners	Section 17.2
	Program for Assertive Community Treatment (PACT)	Section 20.12
	Designated Cannabis Account (DCA)	Section 19.5
	Juvenile Treatment Services	Section 19.9
	Assisted Outpatient Treatment (AOT)	Section 19.1
	Homeless Outreach Stabilization Team (HOST)	Section 19.6
	Trueblood Misdemeanor Diversion	Section 19.13

Contracted Timeframe	Service	Supplemental Provider Service Guide Reference (click <u>here</u>)
	Recovery Navigator Program	Section 19.11
Federal Block Grant		Chapter 15
	Peer Bridgers	Section 15.1
	PPW Housing Support Services	Section 20.15.4
	РАТН	Section 15.1
	Peer Path Finder	Section 15.1
	Opiate Outreach	Section 20.11
HARPS		Section 19.7
	HARPS Team	
	HARPS Subsidies	
Co-Responder Outreach F	Program	Section 19.4



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EXHIBIT B: COMPENSATION SCHEDULE

Service and Payment Type	Service Detail	Payment Range
Outpatient Services Mental Health and Subs	tance Use Disorder (within available resources)	
FFS Per hour	Prescriber – Psychiatrist/MDs	\$497.00 to \$536.76
FFS Per hour	Prescriber – Nurse Practitioner/Physician Asst.	\$315.00 to \$340.20
FFS Per hour	Registered Nurse/LPN	\$198.00 to \$213.84
FFS Per hour	PhD and Masters-Level Providers	\$165.00 to \$277.56
FFS Per hour	Bachelor's, AA Level Clinician	\$123.00 to \$172.80
FFS Per hour	Peer Counselor	\$97.00 to \$136.08
FFS Per hour	Medical Assistant – Certified	\$97.00 to \$136.08
FFS Per hour	Request for Service	\$65.00 to \$70.20
FFS Group Rate per Person per Hour MH	Prescriber – Psychiatrist/MDs	\$124.25 to \$134.19
FFS Group Rate per Person per Hour MH	Prescriber – Nurse Practitioner/Physician Asst.	\$78.75 to \$85.05
FFS Group Rate per Person per Hour MH	Registered Nurse/LPN	\$49.50 to \$69.39
FFS Group Rate per Person per Hour MH	PhD and Masters-Level Providers	\$41.25 to \$57.78
FFS Group Rate per Person per Hour MH	Bachelor's, AA Level Clinician	\$30.75 to \$43.20
FFS Group Rate per Person per Hour MH	Peer Counselor	\$24.25 to \$34.02
Adult Group Rate per Person per Hour SUD	Chemical Dependency Professional	\$41.25 to \$57.78
Adult Group Rate per Person per Hour SUD	Chemical Dependency Professional Trainee	\$33.25 to \$46.71
Child Group Rate per Person per Hour SUD	Chemical Dependency Professional	\$57.26 to \$80.20
Child Group Rate per Person per Hour SUD	Chemical Dependency Professional Trainee	\$46.36 to \$65.12

Intensive Outpatient Services Mental Heal	th (within available resources)	
FFS Per hour	Prescriber – Psychiatrist/MDs	\$497.00 to \$536.76
FFS Per hour	Prescriber – Nurse Practitioner/Physician Asst.	\$315.00 to \$340.20
FFS Per hour	Registered Nurse/LPN	\$227.70 to \$319.14
FFS Per hour	PhD and Masters-Level Providers	\$189.75 to \$265.79
FFS Per hour	Bachelor's, AA Level Clinician	\$141.45 to \$198.72
FFS Per hour	Peer Counselor	\$111.55 to \$156.49
Medicaid Assisted Treatment		
Per Dose Inclusive Bundled Case Rate	Opiate Treatment Program (Opiate Substitution Treatment)	\$24.50 per dose
Program for Assertive Community Treatm	ent (PACT) Non-Medicaid only	
Expense Reimbursement Monthly	Program for Assertive Community Treatment (PACT)	\$4,268.44 per person per month
Telepsychiatry		
Per Scheduled hour delivered	Tele Prescriber Services contracted and paid by ASO. Provider contracted telehealth services not in this category are paid on the outpatient prescriber rates.	\$125.00 to \$270.00
FFS Per hour	Provider room and assistance fee for Tele prescriber services	\$65.00 to \$91.26
Evaluation and Treatment		
Per Bed Day	Evaluation and Treatment Services 16 bed Facility Mukilteo 	{\$1,060-\$1,200}
Per Bed Day	Evaluation and Treatment Services 16 bed FacilitySedro Woolley	{\$1,060-\$1,200}
Daily Rate	Out of Region E&T Services	HCA published rate
Monthly cost reimbursement	Discharge Planners E&T	\$4,470.58 per month per facility

Crisis Services

Monthly	Mobile Crisis Outreach Teams (to include adult and child/youth teams)	Cost Reimbursement
Monthly	Stabilization & ITA Services	Cost Reimbursement
Monthly	Crisis Toll Free Telephone Services	Cost Reimbursement
Monthly	Emergency Chat Line Services	Cost Reimbursement
Withdrawal Management Services (within available resources)	
Daily Rate % Non-Medicaid Monthly	Medically Managed Withdrawal Management (formerly Acute Withdrawal Management) - in region Clinically Managed Withdrawal Management (formerly	{\$310.00- \$447.00} Cost Reimbursement
	Sub-Acute Withdrawal Management) - in region	
Daily Rate	Secure Detoxification	{\$525.00 to \$630.00}
Substance Use Disorder Residentia		
Daily Rate	Adult Intensive Residential	\$138.00 to \$332.20
Daily Rate	Adult Long Term Residential	\$69.60 to \$187.00
Daily Rate	Adult Recovery House Residential	\$221.87
Daily Rate	PPW Intensive Residential without Child	\$147.64 to \$235.62
Daily Rate	PPW Intensive Residential with Child	\$182.52 to \$264.33
Daily Rate	Therapeutic Intervention for Children	\$58.05 to \$78.83
Daily Rate	Youth Intensive Residential	\$175.50 to \$418.00
Daily Rate	Youth Long Term Residential	\$160.00 to \$263.00
Daily Rate	Youth Recovery House Residential	\$160.00 to \$263.00
Mental Health Residential (in region	a & within available resources)	
Bed Day	Assisted Living Home Residential Treatment 67 Beds	{\$TBD}
Bed Day	Adult Residential Treatment Facility - 16 Bed	\$346.00
Daily Rate	Residential Treatment Services (alternative payment method)	{\$73.60 to \$350.00}

Triage (in region & within available resources)

Capacity	Stabilization Triage - Snohomish	% Non-Medicaid Monthly	
Capacity	Stabilization Triage/Withdrawal Mgmt. – Whatcom	% Non-Medicaid Monthly	
Capacity	Stabilization Triage/Withdrawal Mgmt. – Island	% Non-Medicaid Monthly	
Capacity	Stabilization/Withdrawal Mgmt. Triage - Skagit	% Non-Medicaid Monthly	
Projects for Assistance in Transitio	n from Homelessness (PATH)		
Cost Reimbursement	PATH Outreach Services-Snohomish	Budget {\$0 to \$292,035}	
PATHFINDER			
Pay for Performance	Peer PATH Finder	{\$0 to \$115,844}	
Cost Reimbursement	Peer Bridger	{\$240,000 annually for program; \$11,109 annually for participant service funds}	
Designated Cannabis Account (DC	A)		
Monthly	DCA Services	Cost Reimbursement	
Assisted Outpatient Treatment			
Cost Reimbursement	Assisted Outpatient Services	{\$1,200 per person per month}	
Juvenile Treatment Services			
Monthly	Youth BH Services	Cost Reimbursement	

North Sound Behavioral Health Administrative Services Organization Skagit County Triage Cost Reimbursement Budget Pioneer July 1, 2023 - December 31, 2023

	\$	100,000
Total	\$	100,000
	\$	100,000
Total	- -	100,000
	Total	Total \$ \$

North Sound Behavioral Health Administrative Services Organization Island County Triage Cost Reimbursement Budget Pioneer July 1, 2023 - December 31, 2023

General State Funds		\$ 225,000
	Total	\$ 225,000
Expenses		
Island Triage		\$ 225,000
	Total	\$ 225,000

North Sound Behavioral Health Administrative Services Organization Behavioral Health Enhancement Funds Cost Reimbursement Budget Pioneer July 1, 2023 - December 31, 2023

BHEF		\$ 70,200
	Total	\$ 70,200
Expenses		
Retention and Recruitment		\$ 70,200
	Total	\$ 70,200

North Sound Behavioral Health Administrative Services Organization North Sound Behavioral Health Facility One Time Facility Support Pioneer July 1, 2023 - December 31, 2023

General State Funds-one time funding	\$ 140,000
Total	\$ 140,000
Exponence	
Expenses North Sound Behavioral Health Facility	\$ 140,000
Total	\$ 140,000