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

### CONTRACT #NORTH SOUND BH-ASO-ABHS-ICN-19-23

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 American Behavioral Health Services (Provider) dated March 26, 2019, (as amended by North Sound BH-ASO and Provider January 6, 2021, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to replace exhibits A-i and B-i.

By mutual agreement of the parties, the following exhibits are added to the agreement:

1. Exhibit A-i Schedule of Services and Exhibit B-i Compensation Schedule are replaced with Exhibit A-ii Schedule of Services and Exhibit B-ii Compensation Schedule.

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.

<b>NORTH</b>	SOUND	BH-ASO,	LLC
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**AMERICAN BEHAVIORAL HEALTH SERVICES** 

 Joe Valentine	Date	Tony Prentice	Date
Executive Director		Director	

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## American Behavioral Health Services (ABHS) Schedule of Services

### **Identification of Contracted Services**

Provider shall provide behavioral health services, as indicated in the Contracted Services Grid below, within the scope of Provider's business and practice, in accordance with the North Sound BH-ASO 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**

		Supplemental Provider Service Guide
Contracted Timeframe	Service	Reference
Outpatient Services (Within Available Resources)		Section 20.1
	Mental Health Outpatient and Medication Management	Section 20.1
Effective July 1, 2019	Substance Use Disorder Outpatient Benefit	Section 19.1
	Medication-Assisted Treatment	Section 20.1
	Program for Assertive Community Treatment (PACT)	Section 20.8
	Toll Free Crisis Line	Section 20.2
<b>Evaluation and Treatment</b>	valuation and Treatment Se	
	Sixteen-Bed Evaluation and Treatment Facility Services	Section 20.4
Crisis Services		Chapter 18
	Crisis Prevention and Intervention Teams	Section 20.2.2
	Crisis Stabilization	Chapter 18;20.2.4
	Involuntary Treatment Evaluation (ITA)	Chapter 18; 20.2.3
	Emergency Telephone Services (Toll Free Crisis Hotline)	Section 20.2.5
Regional Ombuds Services		Chapter 13
	Ombuds Services	
Withdrawal Management Se	ervices (Within in Available Resources)	Chapter 5
	Sub-Acute Withdrawal Management	Section 20.1
	Acute Withdrawal Management	Section 20.1

Effective July 1, 2019	Secure Withdrawal Management	Chapter 18
Substance Use Disorder Resi	idential (Within Available Resources)	Section 20.10
	Youth - Intensive Inpatient	Section 20.10.2
	Youth – Recovery House	Section 20.10.6
Effective July 1, 2019	Adult - Intensive Inpatient	Section 20.10.1
Effective July 1, 2019	Adult - Long-Term Care	Section 20.10.3
	Adult - Recovery House	Section 20.10.5
	Pregnant and Parenting Women Residential Treatment	Section 2.1
	Pregnant and Parenting Women Housing Support	Section 2.1; 20.12.4
Mental Health Services in a	Residential Setting (Within Available Resources)	Section 20.7
Crisis Triage (Within Availab	ble Resources)	Chapter 18
Crisis Stabilization in Facility		
Legislative Proviso Services	(Within Available Resources)	Chapter 19
	Jail Transition Services	Section 19.3
	E&T Discharge Planners	Section 17.2
	Program for Assertive Community Treatment (PACT)	Section 20.8
	Designated Marijuana Account (DMA)	Section 19.2
	Juvenile Treatment Services	Section 19.4
	Assisted Outpatient Treatment	Section 19.1
PATH Grants		Chapter 15.1
	PATH Grant	Section 15.1
	Path Finder	Section 15.1
Federal Block Grant		Chapter 15
	Peer Bridgers	Section 19.5
	PPW Housing Support Services	Section 20.13
	Opiate Outreach	Section 20.9
HARPS		Section 19.6
	HARPS Team & Subsidies	

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Service and Payment Type	Service Detail	Payment Range
Outpatient Services Mental Health and Subst	ance 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 Health (	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)	\$18.02 per dose		
Program for Assertive Community Treatme	Program for Assertive Community Treatment (PACT) Non-Medicaid only			
Expense Reimbursement Monthly	Program for Assertive Community Treatment (PACT) Snohomish & Skagit	\$3,378.50 per person per month		
Expense Reimbursement Monthly	Program for Assertive Community Treatment (PACT) Whatcom	\$3,378.50 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		
Jail Transitions Services				
Cost Reimbursement Monthly	Jail Transitions Services	Monthly Budget Range \$0 to \$19,238.18		
Evaluation and Treatment				
Per Bed Day	Evaluation and Treatment Services 16 bed Facility-Mukilteo	\$1,060		
Per Bed Day	Evaluation and Treatment Services 16 bed Facility-Sedro Woolley	{\$1,060-\$1,200}		
Daily Rate	Out of Region E&T Services	\$780.00 to \$1,100.00		
Discharge Planners	Evaluation & Treatment Facilities (Mukilteo & Sedro Woolley)	\$7,228 per month per facility		
Crisis Services				
Capacity - Monthly	Mobile Crisis Outreach Teams	\$0 to \$21,128		
Capacity - Monthly	Stabilization & ITA Services	\$34,100 to \$282,000		
Capacity – Monthly	Crisis Toll Free Telephone Services	\$97,584.00 to \$119,270		
Capacity – Monthly	Emergency Chat Line Services	\$0 to \$24,758.00		
Withdrawal Management Services (within	available resources)			
Daily Rate	Acute Withdrawal Management – 16 Beds	{\$380.00- \$447.00}		
Daily Rate	Acute Withdrawal Management	{\$310.00 to \$385.00}		

Daily Rate	Sub-Acute Withdrawal Management	{\$TBD}		
Daily Rate	Secure Detoxification	{\$525.00 to \$630.00}		
Daily Rate	Sub-Acute Withdrawal Management – 8 Beds	{\$TBD}		
Substance Use Disorder Residential (within	Substance Use Disorder Residential (within available resources)			
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	\$53.50 to \$151.80		
Daily Rate	PPW Intensive – 14 Beds Residential	{\$TBD}		
Daily Rate	PPW Intensive – 9 Beds Residential	{\$TBD}		
Daily Rate	Therapeutic Intervention for Children at 9 and 14 Bed facility	{\$TBD}		
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 & wit	thin 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 resour	rces)			
		% Non-Medicaid		
Capacity	Stabilization Triage – Snohomish 16 Beds	Monthly		
		% Non-Medicaid		
Capacity	Stabilization Triage/Withdrawal Mgmt. – Whatcom 16 Beds	Monthly		
Conneitu	Chalcilization Triago (Mithelmonal Marata Inland C. C. de	% Non-Medicaid		
Capacity	Stabilization Triage/Withdrawal Mgmt. – Island 8 Beds	Monthly % of Non-Medicaid		
Capacity	Stabilization/Withdrawal Mgmt. Triage - Skagit	% of Non-Medicald		
Regional Ombuds Services	, , , , , , , , , , , , , , , , , , , ,	\$18,000 mo.		

		\$216,000 annually		
Projects for Assistance in Transition from Hom	Projects for Assistance in Transition from Homelessness (PATH)			
		Budget {\$0 to		
Cost Reimbursement	PATH Outreach Services-Snohomish	\$292,035}		
PATHFINDER				
Pay for Performance	PATH Peer Finder	{\$0 to \$115,844}		
Designated Marijuana Account (DMA				
Cost Reimbursement	DMA Services	\$48,411per month		
Assisted Outpatient Treatment				
		{\$1,200 per person per		
Cost Reimbursement	Assisted Outpatient Services	month}		
Juvenile Treatment Services				
Cost Reimbursement	Youth BH Services	\$11,651 per month		

Exhibit A-ii Schedule of Services