North Sound Behavioral Health
Administrative Services Organization

Board of Directors

Meeting Agenda

November 12th, 2026

Board of Directors Members Present in Person:

Members Present via MS Teams:

North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Staff Present:

Guests Present:

1. **Call to Order and Introductions** – Chair
2. **Tribal Acknowledgement** – Chair
   Tribal Behavioral Health | North Sound BH-ASO (nsbhaso.org)
3. **Revisions to the Agenda** – Chair
4. **Approval of the October 8th, 2026, Minutes, Motion #26-47** – Chair.... Attachment
5. **Annual Compliance Training –** JanRose Ottaway Martin .....Attachments
6. **Annual Conflict of Interest Attestation**- JanRose Ottaway Martin .....Attachment
7. **Comments & Announcements from the Chair** - Chair
8. **Reports from Members** - Chair
9. **Comments from the Public** - Chair
10. **Report from the Advisory Board** - Kara Allen, Advisory Board Chair..... Attachment
11. **Report from the Finance Officer - Kim Nakatani, Fiscal Director**.....Attachments
12. **Report from the Governance and Operations Committee -** Chair

All matters listed with the Consent Agenda have been distributed to each Member for reading and study, are considered to be routine, and will be enacted by one action of the Board of Directors with no separate discussion. If separate discussion is desired, the item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a member.

Motion #26-48 ..... (Available at Meeting)

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from October 1st, 2026, through October 31st, 2026, in the amount of $7,063,610.35
- Payroll for the month of October in the amount of $300,743.53 and associated employer benefits in the amount of $164,033.94

For Board Approval

13. Action Items – Lindsay Lopes, Deputy Director

Evergreen Recovery Centers: San Juan County Mobile Crisis Co-Responder Enhancement

- North Sound BH-ASO received Rural Health Transformation Program (RHTP) funds that are to be used for investment in expansion of mobile crisis and mobile stabilization services to improve rural behavioral health outcomes and reduce the strain on rural hospitals from emergency room utilization from behavioral health crisis.
- North Sound BH-ASO's approved proposal included utilization of funding for enhancement of the Evergreen Recovery Centers San Juan County Mobile Crisis Co-Responder program by adding one (1) additional Mobile Crisis Co-Responder position that will act as part of the Mobile Crisis response in San Juan County on San Juan Island, capable of providing in-person response coverage in San Juan Island 40 hours/week.
- The total funding amount is for an 8-month period in the amount of $81,923 from November 1, 2026 – June 30, 2027.

Motion #

- NS BH-ASO–Evergreen Recovery Centers–ICN-26-27 AMD 1 for the purpose of adding $81,823 RHTP funding to the contract. The term of the funding is November 1, 2026, through June 30, 2027, based on continued compliance with the terms of the contract.

14. Introduction Items – Lindsay Lopes, Deputy Director

The contracts fall into five distinct categories:

- Health Care Authority (HCA) contract.
- Downstream contracts for General Fund-State (GF-S) Mandatory Services
- Downstream contracts for Substance Use Prevention Treatment and Recovery Support Services (SUPTRS) Priority Services
- Downstream contracts for GF-S/SUPTRS/Mental Health Block Grant (MHBG) Services within Available Resources (Mental Health & Substance Use Disorder Outpatient, SUD Residential, Triage Services), HARPS services, and Community Behavioral Health Rental Assistance (CBRA) services.

Downstream contracts align with and are funded through the HCA and DOC contracts. As a result, the same contract may appear under multiple funding categories.

Health Care Authority (HCA) – K8347 AMD 7

- HCA-NS BH-ASO-K8347 AMD 7 is providing the GF-S funding for the period of January 1, 2027, through June 30, 2027.
    - GF-S/Proviso 6-month allocation: $20,437,016.00

Motion # XX-XX

HCA-NS BH-ASO-K8347 AMD 7 in the amount of $20,437,016.00 to provide GF-S and Proviso funding for the period of January 1, 2027, through June 30, 2027.

GF-S Mandatory Services

- The following contracts provide **mandatory behavioral health services** within the North Sound region (Crisis Outreach, Involuntary Treatment Act (ITA) Services, ITA inpatient, Secure Withdrawal Management and Proviso Funding). Crisis Services include Funding for General Fund-State (GF-S) services is allocated on a **six (6) month basis**.

  Compass Health
    - Crisis – Mobile Rapid Response Crisis Teams (MRRCT)
        - 6-month allocation: $5,405,045.00
    - Crisis – Endorsed MRRCT Adult
        - 6-month allocation: $1,746,264.72
    - Crisis – Child, Youth and Family Crisis Outreach Team (CYFCT)
        - 6-month allocation: $1,199,838.00
    - Crisis – Endorsed MRRCT CYFCT
        - 6-month allocation: $2,251,014.37
    - E&T Discharge Planners
        - 6-month allocation: $71,529.00
    - Program for Assertive Community Treatment (PACT)
        - 6-month allocation: $384,159.60

  Snohomish County
    - Mobile Crisis Outreach
        - 6-month allocation: $2,962,976.00
    - Designated Cannabis Account (DCA)
        - 6-month allocation: $142,459.00
    - Jail Transition Services
        - 6-month allocation: $90,460.00
    - Trueblood Funds
        - 6-month allocation: $72,971.08

  Volunteers of America
    - Toll-Free Crisis Hotline
        - 6-month allocation: $1,301,810.66

  Telecare
    - Peer Bridger
        - 6-month allocation: $136,628.50
    - E&T Discharge Planners
        - 6-month allocation: $43,368.00

  Lifeline Connections
    - Program for Assertive Community Treatment (PACT)

    - 6-month allocation: $204,855.00

Snohomish County Superior Court

- Juvenile Treatment Services
    - 6-month allocation: $69,900.00
- Assisted Outpatient Treatment (AOT) / Recovery Support Court Coordinator
    - 6-month allocation: $56,720.00

Island County

- Designated Cannabis Account
    - 6-month allocation: $35,489.00
- Jail Transition Services
    - 6-month allocation: $16,018.00
- Trueblood Funds
    - 6-month allocation: $7,592.65

San Juan County

- Designated Cannabis Account
    - 6-month allocation: $35,489.00

Sea Mar Community Health Centers

- New Journeys First Episode Psychosis Program
    - 6-month allocation: $24,984.00

Skagit County

- Designated Cannabis Account
    - 6-month allocation: $35,490.00
- Jail Transition Services
    - 6-month allocation: $20,583.00
- Trueblood Funds
    - 6-month allocation: $11,415.37

Whatcom County

- Designated Cannabis Account
    - 6-month allocation: $41,719.00
- Jail Transition Services
    - 6-month allocation: $38,329.00
- Trueblood Funds
    - 6-month allocation: $19,992.91

Motion # XX-XX

Move to approve the following contract amendments to provide funding to continue mandatory behavioral health services, as described above. All contracts listed below have a term of July 1, 2026 to June 30, 2027, with an automatic one-year renewal on July 1, 2027, contingent upon continued compliance with contract terms. Funding is allocated on a six (6) month basis.

- NS BH-ASO–Compass Health–ICCN-26-27 AMD 2
- NS BH-ASO–Snohomish County–ICCN-26-27 AMD 1
- NS BH-ASO–Volunteers of America–ICCN-2626-27 AMD 1
- NS BH-ASO–Telecare–ICCN-26-27 AMD 1
- NS BH-ASO–Lifeline Connections–ICN-26-27 AMD 1
- NS BH-ASO–Snohomish County Superior Court–ICN-26-27 AMD 1
- NS BH-ASO–Island County–ICN-26-27 AMD 1
- NS BH-ASO–San Juan County–ICN-26-27 AMD 1
- NS BH-ASO-Sea Mar-ICN-26-27 AMD 1

- NS BH-ASO–Skagit County–Interlocal-26-27 AMD 1
- NS BH-ASO–Whatcom County–ICN-26-27 AMD 1

Substance Use Prevention, Treatment & Recovery Support Services (SUPTRS) & Mental Health Block Grant (MHBG) Priority Services

- The following contracts provide **SUPTRS and Mental Health Block Grant (MHBG) priority services**, focused on targeted populations and required service priorities (Pregnant & Parenting Women Housing Services (PPW), Individuals using Intravenous Drugs (IUID) and Opiate Outreach).

Brigid Collins
- Pregnant and Parenting Women (PPW) Housing Support Services
  - 6-month allocation: $76,260.00

Evergreen Recovery Centers
- PPW Housing Support Services
  - 6-month allocation: $128,850.00

Catholic Community Services Northwest
- PPW Housing Support Services
  - 6-month allocation: $75,000.00

Community Action of Skagit County
- Opiate Outreach
  - 6-month allocation: $123,00.00

Island County
- Opiate Outreach
  - 6-month allocation: $150,000.00
- HARPS Subsidies
  - 6-month allocation: $8,561.00

Mount Baker Presbyterian Church (MBPC)
- Opiate Outreach
  - 6-month allocation: $117,500.00

Snohomish County
- Opiate Outreach
  - 6-month allocation: $77,500.00

Whatcom County
- Opiate Outreach
  - 6-month allocation: $203,114.00

Telecare Corporation
- Peer Bridger Program
  - 6-month allocation: $136,628.50

Motion #XX-XX

Move to approve the following contract amendments to provide funding to continue SUPTRS and MHBG priority services, as described above. All contracts listed below have a term of July 1, 2026 to June 30, 2027, with an automatic one-year renewal on July 1, 2027, contingent upon continued compliance with contract terms. Funding is allocated on a six (6) month basis.

- NS BH-ASO–Brigid Collins–ICN-26-27 AMD 1
- NS BH-ASO–Evergreen Recovery Centers–ICN-26-27 AMD 2
- NS BH-ASO–Catholic Community Services NW–ICN-26-27 AMD 1
- NS BH-ASO–Community Action of Skagit County–ICN-26-27 AMD 1
- NS BH-ASO–Island County–ICN-26 AMD 1
- NS BH-ASO–Mount Baker Presbyterian Church–ICN-26-27 AMD 1
- NS BH-ASO–Snohomish County–ICCN-26 AMD 1

- NS BH-ASO–Whatcom County–ICN-26-27 AMD 1
- NS BH-ASO–Telecare–ICN-26-27 AMD 1

GF-S / SUPTRS / MHBG SERVICES WITHIN AVAILABLE RESOURCES

- The following contracts provide behavioral health services **within available resources**, supporting system capacity and local service needs.

City of Mount Vernon

- Co-Responder Program
  - 6-month allocation: $130,000.00

Compass Health

- Crisis Stabilization
  - Marc Healing Center
    - 6-month allocation: $856,125.00 (non-Medicaid)
    - 6-month allocation: $1,997,625.00 (Medicaid)
  - Whatcom County Triage
    - 6-month allocation: $500,000.00 (non-Medicaid)
    - 6-month allocation: $2,103,612.24 (Medicaid)
- Community Outreach and Recovery Support (CORS) - Whatcom County
  - 6-month allocation: $92,606.50

Conquer Addiction

- Assisted Outpatient Treatment (AOT) and Least Restrictive Alternatives (LRA) – Snohomish County
  - 6-month allocation: $237,547.20

Evergreen Recovery Centers

- Homeless Outreach and Stabilization Team (HOST) – Snohomish County
  - 6-month allocation: $619,983.00
- HOST – Skagit/Island (SKIL)
  - 6-month allocation: $522,508.78
- Co-Responder Services – San Juan County
  - 6-month allocation: $111,327.73

Island County

- Co-Responder Program
  - 6-month allocation: $151,500.00

Lake Whatcom Center

- Program for Assertive Community Treatment (PACT)
  - 6-month allocation: $112,127.00

Pioneer Human Services

- Ituha (Island County)
  - Crisis Stabilization/Withdrawal Management (non-Medicaid)
    - 6-month allocation: $470,925.00
  - Crisis Stabilization (Medicaid)
    - 6-month allocation: $386,306.57 (Medicaid)
- STAR Facility (Skagit County)
  - Crisis Stabilization
    - 6-month allocation: $222,266.77 (non-Medicaid)
    - 6-month allocation: $1,522,997.12(Medicaid)
  - Withdrawal Management
    - 6-month allocation: $237,825.00

- Whatcom County Triage
    - Withdrawal Management
        - 6-month allocation: $548,100.00

Sea Mar Community Health Centers

- Lynnwood Crisis Care Facility
    - Crisis Relief Center (23-hour)
        - 6-month allocation: $1,392,717.04 (non-Medicaid)
        - 6-month allocation: $2,089,075.56 (Medicaid)
    - Crisis Stabilization
        - 6-month allocation: $76,215.44 (non-Medicaid)
        - 6-month allocation: $1,977,625.00 (Medicaid)

Skagit County

- Co-Responder Program
    - 6-month allocation: $295,453.90

Snohomish County

- Co-Responder Program
    - 6-month allocation: $60,446.00

Snohomish County – AOT Support

- Court Clerk Office – AOT Expenses
    - 6-month allocation: $4,833.00
- Prosecutor's Office – AOT Expenses
    - 6-month allocation: $16,542.00
- Public Defender Association – AOT Expenses
    - 6-month allocation: $57,013.50

Tulalip Tribes – Family Haven

- At-Risk Youth Services
    - 6-month allocation: $47,425.00

Whatcom County

- Alternative Response Team
    - 6-month allocation: $166,379.00

Motion #XX-XX

Move to approve the following contract amendments to provide funding to continue behavioral health services within available resources, as described above. All contracts listed below have a term of July 1, 2026 to June 30, 2027, with an automatic one-year renewal on July 1, 2027, contingent upon continued compliance with contract terms. Funding is allocated on a six (6) month basis.

- NORTH SOUND BH-ASO_CITY OF MOUNT VERNON_INTERLOCAL_CO-RESPONDER 2022-23 AMD 7
- NS BH-ASO–Compass Health–ICCN-26-27 AMD 2
- NS BH-ASO–Conquer Addiction–ICN-26-27 AMD 1
- NS BH-ASO–Evergreen Recovery Centers–ICN-26-27 AMD 2
- NS BH-ASO–Island County–ICN-26-27 AMD 1
- NS BH-ASO–Lake Whatcom Center–ICN-26-27 AMD 1
- NS BH-ASO–Pioneer Human Services–ICN-26-27 AMD 1
- NS BH-ASO-Sea Mar-ICN-26-27 AMD 1
- NS BH-ASO–Snohomish County–ICCN-26-27 AMD 1
- NS BH-ASO–Snohomish County Court Clerk–AOT-26-27 AMD 1
- NS BH-ASO–Snohomish County Prosecutor's Office–AOT-26-27 AMD 1
- NS BH-ASO–Snohomish County Public Defender Association–AOT-26-27 AMD 1
- NS BH-ASO–Snohomish County Superior Court–ICN-26-27 AMD 1

- NS BH-ASO–Tulalip Tribes–ICN-26-27 AMD 1
- NS BH-ASO–Whatcom County–ICN-26-27 AMD 1

Recovery Navigator Program (RNP)

- The following contracts provide **Recovery Navigator Program (RNP) services** across the North Sound region.

Island County
6-month allocation: $264,427.50

Compass Health (San Juan County)
- 6-month allocation: $264,427.50

Community Action of Skagit County
- 6-month allocation: $264,427.50

Snohomish County
- 6-month allocation: $411,826.00

Whatcom County
- 6-month allocation: $256,227.50

Motion #XX-XX

Move to approve the following contract amendments to provide funding to continue Recovery Navigator Program services, as described above. All contracts listed below have a term of July 1, 2026 to June 30, 2027, with an automatic one-year renewal on July 1, 2027, contingent upon continued compliance with contract terms. Funding is allocated on a six (6) month basis.

- North Sound BH-ASO–Island County–ICN-26-27 AMD 1
- North Sound BH-ASO–Compass Health–ICN-26-27 AMD 2
- North Sound BH-ASO–Community Action of Skagit County–26-27 AMD 1
- North Sound BH-ASO–Snohomish County–26-27 AMD 1
- North Sound BH-ASO–Whatcom County–ICN-26-27 AMD 1

Community Behavioral Health Rental Assistance (CBRA)

- These contracts provide **housing assistance and related services** for individuals transitioning from inpatient or residential care, with the goal of achieving long-term housing stability.
- Funding sources include:
  - Community Behavioral Health Rental Assistance (CBRA)
  - Governor's Housing Initiative
  - Proviso 86 Housing Assistance
  - HARPS subsidies (as applicable)

Bridgeways (Snohomish County)
- CBRA
  - 6-month allocation: $48,593.50
- HARPS Subsidies
  - 6- month allocation: $139,279.00
- Proviso 86 – Behavioral Health Housing
  - 6- month allocation: $65,897.00

Compass Health
- HARPS Subsidies (San Juan County)
  - 6- month allocation: $3,430.00
- CBRA (San Juan County)
  - 6-month allocation: $9,138.50

- CBRA (Snohomish County)
    - 6-month allocation: $337,342.50
- Proviso 86 – Behavioral Health Housing
    - 6-month allocation: $97,500.00

Lifeline Connections (Skagit & Whatcom Counties)

- HARPS Team and Rental Subsidies
    - 6-month allocation: $230,689.90
- CBRA
    - 6-month allocation: $138,386.00
- Governor's Housing Initiative
    - 6-month allocation: $6,250.00
- Proviso 86 – Behavioral Health Housing
    - 6-month allocation: $113,967.50

Lake Whatcom Center (Whatcom County)

- CBRA
    - 6-month allocation: $104,862.00
- Governor's Housing Initiative
    - 6-month allocation: $6,250.00
- Proviso 86 – Behavioral Health Housing
    - 6-month allocation: $135,000.00

Pioneer Human Services (Island County)

- CBRA
    - 6-month allocation: $45,091.00
- Proviso 86
    - 6-month allocation: $151,467.50

Opportunity Council (Whatcom County)

- CBRA
    - 6-month allocation: $67,500.00
- Proviso 86 – Behavioral Health Housing
    - 6-month allocation: $138,000.00

Motion #XX-XX

Move to approve the following contract amendments to provide funding to continue housing and rental assistance services, as described above. All contracts listed below have a term of July 1, 2026 to June 30, 2027, with an automatic one-year renewal on July 1, 2027, contingent upon continued compliance with contract terms. Funding is allocated on a six (6) month basis:

- NS BH-ASO–Bridgeways–ICN-26-27 AMD 1
- NS BH-ASO–Compass Health–ICN-26-27 AMD 2
- NS BH-ASO–Lifeline Connections–ICN-26-27 AMD 1
- NS BH-ASO–LWC–ICN-26-27 AMD 1
- NS BH-ASO–PHS–ICN-26-27 AMD 1
- NS BH-ASO–Opportunity Council–ICN-26-27 AMD 1

15. **Report from the Executive Director -** JanRose Ottaway Martin, Executive Director
    - Crisis Metrics Report.....Attachment

16. **Executive Session-** Chair: per RCW 42.30.110 (g) and (iii) – "to review the performance of a public employee…" and to discuss "litigation or legal risks…" Chair: time needed for Executive Session: _____

17. **Discussion of Director Wage Reclassification-**Chair

18. **Adjourn**

Next Meeting: December 10th, 2026

North Sound Behavioral Health
Administrative Services Organization

Board of Directors

Meeting Minutes

October 8th, 2026

Board of Directors Members Present in Person:

- Justin Paulsen, Board Chair, County Council; San Juan Island
- George Kosovich, Community Services Division Manager, Skagit County Public Health, Designated Alternate for Peter Browning, Commissioner; Skagit County
- Amanda Franke, Human Services, Designate Alternate for Dave Somers, County Executive; Snohomish County

Members Present via MS Teams:

- Cynthia Foley, Sr. Legislative Analyst, Designated Alternate for Strom Peterson, County Council; Snohomish County
- Darcy Cheesman, Legislative Aid, Designated Alternate for Sam Low, County Council; Snohomish County
- Malora Christensen, Response Systems Division Manager, Designated Alternate for Satpal Sidhu, County Executive; Whatcom County
- Barry Buchanan, County Council; Whatcom County

North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Staff Present:

- JanRose Ottaway Martin, Executive Director
- Kim Nakatani, Fiscal Director
- Lisa Hudspeth, *Provider Relations & Contracts Manager*
- Julie Harrell/Contracts Coordinator
- Maria Cruz, Sr. Administrative Assistant
- Joanie Wenzl, Clerk of the Board

ASO on-Line:

- Charles DeElena, Operations and Compliance Director/Privacy Officer

Guests Present:

None

Call to Order and Introductions – Chair
The Chair initiated introductions

Tribal Acknowledgement – Chair
Tribal Behavioral Health | North Sound BH-ASO (nsbhaso.org)
The Chair read the Tribal Acknowledgement

Revisions to the Agenda – Chair
None

Approval of the September 10th, 2026, Minutes, Motion #26-39 – Chair…. Attachment
Amanda Franke moved the motion for approval, Barry Buchanan seconded, all in favor, motion #26-39 carried

Comments & Announcements from the Chair – Chair
The Chair noted there will be an Executive Session toward the end of the meeting that will last 10 minutes regarding a public employee's performance and evaluation

Reports from Members – Chair
Board Members gave updates from the recent behavioral health happenings in their respective counties

Comments from the Public – Chair
No public in attendance

Report from the Advisory Board - Kara Allen, Advisory Board Chair
Note: There will be no report this month due to lack of an Advisory Board meeting quorum
The Advisory Board will be participating in the Legislative Summit that is taking place next week. It was also noted that the Advisory Board initiated the Legislative Summit three years ago and it is gaining interest and momentum.

Report from the Finance Officer - Kim Nakatani, Fiscal Director
Kim gave the report from the Finance Officer. Discussion followed

Report from the Governance and Operations Committee – Chair
- The Governance and Operations Committee recommended approval of the September claims to the full board.
- Received a request for public records. It was forwarded to the NS BH-ASO Privacy Officer

All matters listed with the Consent Agenda have been distributed to each Member for reading and study, are considered to be routine, and will be enacted by one action of the Board of Directors with no separate discussion. If separate discussion is desired, the item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a member.

Consent Agenda - Chair

Motion #26-40

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from September 1st, 2026, through September 30th, 2026, in the amount of $4,184,360.45.
- Payroll for the month of September in the amount of $299,065.74 and associated employer benefits in the amount of $148,729.13.

Barry Buchanan moved the motion for approval, Amanda Franke seconded, all in favor, motion #26-40 carried

Action Items – Lisa Hudspeth, Provider Relations/Contracts Manager

For Board Approval

Health Care Authority

- Rural Health Transformation Project
  - This is a new Professional Services Contract with Health Care Authority (HCA) for the Rural Health Transformation Program (RHTP) and is to be used for investment in expansion of mobile crisis and mobile stabilization services to improve rural behavioral health outcomes and reduce the strain on rural hospitals from emergency room utilization from behavioral health crisis.
  - North Sound BH-ASO's approved proposal focuses on the transformation of behavioral health crisis response services in Island County and San Juan County for the following:
    - Island County Mobile Crisis System Transformation and Expansion
    - San Juan County Mobile Crisis Co-Responder Enhancement
  - Total funding is $869,082.72 for the period of Date of Execution – 9/30/2027.

- Projects for Assistance in Transition from Homelessness (PATH)
  - Funding is used to support outreach programming targeting individuals with a serious mental illness who are unhoused in Snohomish County. The current annual funding (10/1/2026 – 9/30/2027) for this service is $207,459.00. North Sound provides a mandatory match annually of $69,153.00.
  - North Sound BH-ASO has not yet received our contract for the next funding cycle (10/1/2026 – 9/30/2027), however, HCA has indicated that they anticipate the award amount to be the same. The current annual funding (10/1/2025 – 9/30/2026) for these services is $207,459.00. North Sound provides a mandatory match annually of $69,153.00.

- Peer Pathfinder Homeless Outreach Programs
  - Funding is used to support outreach and engagement services for those who are, or who are risk of homelessness and have or are suspected to have an Opiate Use Disorder and/or stimulant use disorder in Whatcom County.
  - North Sound BH-ASO has not yet received our contract for the next funding cycle (10/1/2026 – 9/30/2027), however, HCA has indicated that they anticipate the award amount to be the same. The current annual funding (10/1/2026 – 9/30/2026) for these services is $131,480.00.

Motion #26-41

HCA-North Sound BH-ASO-K913 for Rural Health Transformation Program funding. The contract term is Date of Execution, through September 30, 2027.

Amanda Franke moved the motion for approval, George Kosovich seconded, all in favor, motion #26-41 carried

Motion #26-42

HCA-North Sound BH-ASO-PATH for the purpose of funding PATH services in Snohomish County. The contract term is October 1, 2026, through September 30, 2027.

George Kosovich moved the motion for approval, Amanda Franke seconded, all in favor, motion #26-42 carried

Motion #26-43

HCA-North Sound BH-ASO-Peer Path Finder for the purpose of providing peer pathfinder services in Whatcom County. The contract term is October 1, 2026, through September 30, 2027.

Amanda Franke moved the motion for approval, Barry Buchanan seconded, all in favor, motion #26-43 carried

Bridgeways

- Bridgeways is the provider of PATH services in Snohomish County. The annual funding amount is anticipated to be consistent with the current contracted amount of $207,459.00 of grant funding and $69,153.00 in matching State funds for case management services for a total of $276,612.00.

Motion #26-44

North Sound BH-ASO-Bridgeways-PATH-26 for the purpose of providing PATH outreach and case management services in Snohomish County. The term of the funding is October 1, 2026, through September 30, 2027, based on continued compliance with the terms of the contract.

Amanda Franke moved the motion for approval, George Kosovich seconded, all in favor, motion #26-44 carried

Lifeline Connections

- Lifeline Connections is the provider of Peer Pathfinder Services in Whatcom County. The final contract amount is anticipated to be consistent with the current contracted amount of $131,480.00.

Motion #26-45

NS-BHASO-LIFELINE CONNECTIONS-ICN-20260701 AMD 1 to provide funding to the Peer Path Finder services under this contract. The term of the funding is October 1, 2026, through September 30, 2027, based on continued compliance with the terms of the contract.

George Kosovich moved the motion for approval, Amanda Franke seconded, all in favor, motion #26-45 carried

Compass Health

- Due to the receipt of an updated actuarial Endorsed Spreadsheet, MCO carryover funding for endorsed crisis teams is being incorporated into the following Compass Health endorsed crisis team budgets:
    - Endorsed Adult & Youth Crisis Team Services: $224,847.39
    - Endorsed Youth Crisis Team Services: $303,822.33
    - Total: $528,649.72
- This funding is pass-through in nature and will remain available for eligible expenditures until fully expended.

Motion #26-46

NS-BHASO-COMPASS HEALTH-ICCN-20260701 AMD 1 to provide additional endorsed crisis team funding. This funding is pass-through in nature and will remain available for eligible expenditures until fully expended, based on continued compliance with the terms of the contract.

Amanda Franke moved the motion for approval, George Kosovich seconded, all in favor, motion #26-46 carried

Report from the Executive Director - JanRose Ottaway Martin, Executive Director

Crisis Metrics Report

- Legislative Summit, Wednesday, October 14th, McIntyre Hall, Mt. Vernon, 11:00-1:30pm
- Skagit Involuntary Treatment Act (ITA) Court update, Prosecuting Attorney's announcement
- The NS BH-ASO Exec. Director, JanRose, will be of the office the last 2 weeks of October

Executive Session – Chair

The Chair announced the Executive Session:

- Duration of time for Exec Session was announced at 2:15pm, stating the session will last 10 minutes. He added that the purpose of the session is to discuss and evaluate the performance of a public employee.

  At 2:25pm, the Exec. Session concluded.

Adjourn – Chair: 2:28p.m.

Next Meeting: November 12th, 2026

North Sound BH-ASO
2021 E. College Way, Suite 101, Mt. Vernon, WA 98273
Phone: (360) 416-7013 Fax: (360) 899-4754
www.nsbhaso.org

11/4/2026

Re: Required Centers for Medicare & Medicaid Services (CMS) Trainings

Dear North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Board of Directors,

As stipulated in North Sound BH-ASO contracts with the five (5) managed care organizations (MCOs), all members of the North Sound BH-ASO Board of Directors and their alternates are required to complete the following Medicaid Fraud, Waste and Abuse training:

- Combatting Medicare Parts C and D Fraud, Waste and Abuse Training
- North Sound BH-ASO Policy 2001.00 Program Integrity

North Sound BH-ASO will provide information on how to access the approved web-based training provided by Centers for Medicare & Medicaid Services (CMS). A pdf of the training will also be provided to all board members and their alternates as an alternative format. The deadline for completion is December 30, 2026.

Each individual will need to complete an attestation form attesting to the fact they completed the required training. Completed attestations may be submitted via email to compliance_officer@nsbhaso.org.

We thank you in advance for your attention to this matter. If you have any questions about the request, please contact me at compliance_officer@nsbhaso.org or by calling 360-416-7013.

Sincerely,

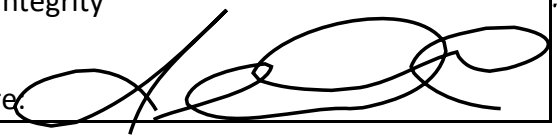
Charles DeElena MBA, MHA, CHC, PMP, CPHQ
Operations and Compliance Director

Effective Date: 7/1/2019
Review Date: 3/17/2026
Revised Date: 3/17/2026

North Sound Behavioral Health Administrative Services Organization, LLC

Section 2000 - Compliance: Program Integrity

Authorizing Source: HCA Contract
Approved by: Executive Director Date: 3/17/2026 Signature:



POLICY # 2001.00

SUBJECT: Program Integrity

MISSION STATEMENT

The mission of North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) is:

"Empowering individuals and families to improve their health and well-being."

The vision of the North Sound BH-ASO is to create:

"A system of care that is shaped by the voices of our communities and people using behavioral health services. The people who work in this system are competent, compassionate, empowering and supportive of personal health and wellness."

North Sound BH-ASO Values are:

1. Integrity: North Sound BH-ASO will nurture an environment of transparency, trust and accountability;
2. Collaboration: North Sound BH-ASO believes every voice matters;
3. Respect: North Sound BH-ASO accepts and appreciates everyone we encounter;
4. Excellence: North Sound BH-ASO strives to be the best in everything we do;
5. Innovation: North Sound BH-ASO endeavors to try new things, be forward thinking, learn from mistakes and be adaptable;
6. Culture: North Sound BH-ASO endeavors to cultivate cultural humility in attempting to understand the world view of the persons and communities we serve; and
7. Social Equity: North Sound BH-ASO commits to working to reduce institutionalized racism and reduce disparities in health care.

As North Sound BH-ASO pursues this mission, vision and values, North Sound BH-ASO is committed to conducting all activities in compliance with applicable laws and regulations and in accordance with the highest ethical standards.

North Sound BH-ASO will maintain a business culture that builds and promotes professional responsibility and encourages colleagues to conduct all North Sound BH-ASO business with honesty and integrity.

North Sound BH-ASO's commitment to Compliance includes:

1. Communicating to all employees, consultants, independent contractors and subcontractors' clear ethical guidelines;
2. Providing training and education regarding applicable State and Federal laws, regulations and policies; and
3. Providing assistance and conducting monitoring and oversight to help ensure we meet our Compliance Commitment.

North Sound BH-ASO promotes open and free communication regarding our ethical and compliance standards and provides work environment free from retaliation.

PURPOSE

The purpose of this policy is to outline and define the scope, responsibilities, operational guidelines, controls and activities employed by North Sound BH-ASO to ensure that we maintain an environment that facilitates ethical decision making and that we act in accordance with federal and state laws and regulations that govern North Sound BH-ASO.

POLICY

General Requirements

North Sound BH-ASO will have and comply with policies and procedures that guide and require North Sound BH-ASO and North Sound BH-ASO's officers, employees, agents, and Behavioral Health Agencies (BHAs) to comply with Program Integrity requirements.

North Sound BH-ASO will include Program Integrity requirements in its subcontracts.

Information on Persons Convicted of Crimes

North Sound BH-ASO will include the following in its written agreements with all Subcontractors and BHAs who are not individual practitioners or a group of practitioners:

1. Requiring the Subcontractor/BHA to investigate and disclose to Health Care Authority (HCA), at contract execution or renewal, and upon request of HCA, the identity of any person who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or Title XX of the Social Security Act since the inception of those programs.

Fraud, Waste and Abuse

North Sound BH-ASO's Fraud, Waste and Abuse program shall have:

1. A process to inform officers, employees, agents and BHAs about the False Claims Act.
2. Administrative procedures to detect and prevent fraud, waste and abuse, and a mandatory compliance plan.
3. Standards of conduct that articulate North Sound BH-ASO's commitment to comply with all applicable federal and state standards.
4. The designation of a compliance officer and a compliance committee that is accountable to senior management.
5. Training for all affected parties.
6. Effective lines of communication between the compliance officer and the North Sound BH-ASO staff and BHAs.
7. Enforcement of standards through well-publicized disciplinary policies.
8. Provision for internal monitoring and auditing of the North Sound BH-ASO and BHAs.
9. Provision for prompt response to detected violations, and for development of corrective action initiatives.
10. Provision of detailed information to staff and Subcontractors regarding fraud and abuse policies and procedures and the False Claims Act and the Washington false claims statutes, Chapter 74.66 RCW and RCW 74.09.210.

Washington State False Claims Statute

Chapter 74.66 RCW and RCW 74.09.210 guide the Washington State False Claims Statute and all of the rules specific to the State of Washington. Similar to the Federal False Claims Act, the Washington False Claims Statutes outlines the circumstances that constitute a false claim, along with the penalties for individuals determined to have engaged in fraudulent activities. These penalties are outlined in RCW 74.66.020 and are noted below:

(1) Subject to subsections (2) and (4) of this section, a person is liable to the government entity for a civil penalty of not less than the greater of ten thousand nine hundred fifty-seven dollars or the minimum inflation adjusted penalty amount imposed as provided by 31 U.S.C. Sec. 3729(a) and not more than the greater of twenty-one thousand nine hundred sixteen dollars or the maximum inflation adjusted penalty amount imposed as provided by 31 U.S.C. Sec. 3729(a), plus three times the amount of damages which the government entity sustains because of the act of that person, if the person:

(a) Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;

(b) Knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;

(c) Conspires to commit one or more of the violations in this subsection (1);

(d) Has possession, custody, or control of property or money used, or to be used, by the government entity and knowingly delivers, or causes to be delivered, less than all of that money or property;

(e) Is authorized to make or deliver a document certifying receipt of property used, or to be used, by the government entity and, intending to defraud the government entity, makes or delivers the receipt without completely knowing that the information on the receipt is true;

(f) Knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the government entity who lawfully may not sell or pledge property; or

(g) Knowingly makes, uses, or causes to be made or used a false record or statement material to an obligation to pay or transmit money or property to the government entity, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the government entity.

(2) The court may assess not less than two times the amount of damages which the government entity sustains because of the act of a person, if the court finds that:

(a) The person committing the violation of subsection (1) of this section furnished the Washington state attorney general with all information known to him or her about the violation within thirty days after the date on which he or she first obtained the information;

(b) The person fully cooperated with any investigation by the attorney general of the violation; and

(c) At the time the person furnished the attorney general with the information about the violation, no criminal prosecution, civil action, or administrative action had commenced under this title with respect to the violation, and the person did not have actual knowledge of the existence of an investigation into the violation.

(3) A person violating this section is liable to the attorney general for the costs of a civil action brought to recover any such penalty or damages.

(4) For the purposes of determining whether an insurer has a duty to provide a defense or indemnification for an insured and if coverage may be denied if the terms of the policy exclude coverage for intentional acts, a violation of subsection (1) of this section is an intentional act.

The Washington False Claims Statute also outlines protections awarded to any individual who identifies and reports fraudulent activities, otherwise known as a "whistleblower". Whistleblower protections are outlined in RCW 74.66.090 and noted below:

(1) Any employee, contractor, or agent is entitled to all relief necessary to make that employee, contractor, or agent whole, if that employee, contractor, or agent , is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful acts done by the employee, contractor, agent, or associated others in furtherance of an action under this chapter or other efforts to stop one or more violations of this chapter.

(2) Relief under subsection (1) of this section must include reinstatement with the same seniority status that employee, contractor, or agent would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees, and any and all relief available under RCW 49.60.030(2). An action under this subsection may be brought in the appropriate superior court of the state of Washington for the relief provided in this subsection.

(3) A civil action under this section may not be brought more than three years after the date when the retaliation occurred.

Referring of Allegations of Potential Fraud and Invoking Provider Payment Suspensions

North Sound BH-ASO shall establish policies and procedures for referring all identified allegations of potential fraud to HCA, as well as for provider payment suspensions. When HCA notifies North Sound BH-ASO that a credible allegation of fraud exists, North Sound BH-ASO will follow the provisions for payment suspension contained in this Section.

1. When North Sound BH-ASO suspects that potential fraud exists, North Sound BH-ASO will make a Fraud referral to HCA within five (5) business days of the determination and stop any further action including, overpayment issuance, collection, or any other steps. The referral must be emailed to HCA at HotTips@hca.wa.gov. North Sound BH-ASO will report using the WA Fraud Referral Form.
2. When HCA determines North Sound BH-ASO's referral of potential fraud is a credible allegation of fraud, HCA will notify North Sound BH-ASO'S Compliance Officer.
    a. To suspend provider payments, in full, in part, or if a good cause exception exists to not

suspend.

i. Unless otherwise notified by HCA to suspend payment, North Sound BH-ASO will not suspend payment of any provider(s) identified in the referral.

b. Whether HCA, or appropriate law enforcement agency, accepts or declines the referral.

i. If HCA or appropriate law enforcement agency accepts the referral, North Sound BH-ASO must "stand-down" and follow the requirements in the Investigation subsection of this Section.

1. If HCA or appropriate law enforcement agency decline to investigate the potential fraud referral, North Sound BH-ASO may proceed with its own investigation and comply with the reporting requirements.

3. Upon receipt of payment suspension notification from HCA, North Sound BH-ASO will send notice of the decision to suspend program payments to the provider within five (5) calendar days of HCA's notification to suspend payment, unless an appropriate law enforcement agency requests a temporary withhold of notice.
4. The notice of payment suspension must include or address all of the following:

a. State that payments are being suspended in accordance with this provision;
b. Set forth the general allegations identified by HCA. The notice should not disclose any specific information concerning an ongoing investigation;
c. State that the suspension is for a temporary period and cite suspension will be lifted when notified by HCA that it is no longer in place;
d. Specify, when applicable, to which type or types of claims or business units the payment suspension relates; and
e. Where applicable and appropriate, inform the provider of any Appeal rights available to this provider, along with the provider's right to submit written evidence for consideration by North Sound BH-ASO.

5. All suspension of payment actions under this Section will be temporary and will not continue after either of the following:

a. North Sound BH-ASO is notified by HCA or appropriate law enforcement agency that there is insufficient evidence of Fraud by the provider; or
b. North Sound BH-ASO is notified by HCA or appropriate law enforcement agency that the legal proceedings related to the provider's alleged Fraud are completed.

6. North Sound BH-ASO must document in writing the termination of a payment suspension and issue a notice of the termination to the provider. A copy must be sent to HCA at ProgramIntegrity@hca.wa.gov.
7. HCA may find that good cause exists not to suspend payments, in whole or in part, or not to continue a payment suspension previously imposed, to an individual or entity against which there is an investigation of a Credible Allegation of Fraud if any of the following are applicable:

a. A law enforcement agency has specifically requested that a payment suspension not be imposed because such a payment suspension may compromise or jeopardize an investigation.
b. Other available remedies are available to North Sound BH-ASO, after HCA approves the

remedies as more effective or timely to protect Medicaid funds.

c. HCA determines, based upon the submission of written evidence by North Sound BH-ASO, the individual or entity that is the subject of the payment suspension, there is no longer a Credible Allegation of Fraud and that the suspension should be removed. HCA shall review evidence submitted by North Sound BH-ASO or the provider. North Sound BH-ASO may include a recommendation to HCA. HCA shall direct North Sound BH-ASO to continue, reduce, or remove the payment suspension within thirty (30) calendar days of having received the evidence.
d. Enrollee access to items or services would be jeopardized by a payment suspension because of either of the following:

    i. An individual or entity is the sole community physician or the sole source of essential specialized services in a community.
    ii. The individual or entity serves a large number of Enrollees within a federal Health Resources and Services Administration (HRSA) designated medically underserved area.

e. A law enforcement agency declines to certify that a matter continues to be under investigation.
f. HCA determines that payment suspension is not in the best interests of the Medicaid program.

8. North Sound BH-ASO will maintain for a minimum of six (6) years from the date of issuance all materials documenting:

    a. Details of payment suspensions that were imposed in whole or in part; and

    b. Each instance when a payment suspension was not imposed or was discontinued for good cause.

9. If North Sound BH-ASO fails to suspend payments to an entity or individual for whom there is a pending investigation of a Credible Allegation of Fraud without good cause, and HCA directed North Sound BH-ASO to suspend payments, HCA may impose sanctions in accordance with the HCA contract.
10. If any government entity, either from restitutions, recoveries, penalties or fines imposed following a criminal prosecution or guilty plea, or through a civil settlement or judgment, or any other form of civil action, receives a monetary recovery from any entity or individual, the entirety of such monetary recovery belongs exclusively to the state of Washington and North Sound BH-ASO and any involved subcontractor have no claim to any portion of this recovery.

11. Furthermore, North Sound BH-ASO is fully subrogated, and shall require its Subcontractors to agree to subrogate, to the state of Washington for all criminal, civil and administrative action recoveries undertaken by any government entity, including, but not limited to, all claims North Sound BH-ASO or subcontractor has or may have against any entity or individual that directly or indirectly receives funds including, but not limited to, any Health Care Provider, manufacturer, wholesale or retail supplier, sales representative, laboratory, or other provider in the design, manufacture, marketing, pricing, or quality of drugs, pharmaceuticals, medical supplies, medical devices, Medical Equipment, or other health care related products or services.

12. Any funds recovered and retained by a government entity will be reported to the actuary to consider in the rate-setting process.

13. For the purposes of this Section, “subrogation” means the right of any state of Washington government entity or local law enforcement to stand in the place of a Contractor or individual in the collection against a third party.

Reporting
North Sound BH-ASO shall submit to HCA a report of any recoveries made, or overpayments identified by the North Sound BH-ASO during the course of claims review/analysis. The report must be submitted to HCA at ProgramIntegrity@hca.wa.gov.

North Sound BH-ASO is responsible for investigating Enrollee fraud, waste and abuse. If North Sound BH-ASO suspects Client Fraud:

1. The North Sound BH-ASO will notify and submit all associated information of any alleged or investigated cases in which North Sound BH-ASO believes there is a serious likelihood of fraud by an Individual to the HCA Office of Medicaid Eligibility and Policy (OMEP) by any of the following:

    a. Sending an email to WAHeligibilityfraud@hca.wa.gov;
    b. Calling OMEP at 360-725-0934 and leaving a detailed message;
    c. Mailing a written referral to:

Health Care Authority
Attn: OMEP
P.O. Box 45534
Olympia, WA 98504-5534

    d. Faxing the written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158.

North Sound BH-ASO will notify and submit all associated information of any alleged or investigated cases in which North Sound BH-ASO believes there is a serious likelihood of provider fraud by an individual or group using the WA Fraud Referral Form within five (5) business days from the date of determining an allegation of potential fraud exists.

The North Sound BH-ASO shall submit to HCA, on occurrence, a list of terminations report including BHAs terminated due to sanction, invalid licenses, services, billing, data mining, investigation and any related Program Integrity termination. If the North Sound BH-ASO has nothing to report, the report will so state. The North Sound BH-ASO shall send the report electronically to HCA at ProgramIntegrity@hca.wa.gov with subject "Program Integrity Monthly list of Terminations Report." The report must include all of the following:

1. Individual BHA/entities' name;
2. Individual BHA/entities' NPI number;
3. Source of termination;
4. Nature of the termination; and
5. Legal action against the individual/entities.

Records Requests
Upon request, North Sound BH-ASO and contracted BHAs shall allow HCA or any authorized state or federal agency or authorized representative, access to all records, including computerized data stored by North Sound BH-ASO or its contracted BHA. North Sound BH-ASO and its contracted BHAs shall provide and furnish the records at no cost to the requesting agency.

On-Site Inspections
North Sound BH-ASO and its contracted BHAs must provide any record or data related to its contract, but not limited to:

1. Medical records;

2. Billing records;
3. Financial records;
4. Any record related to services rendered, quality, appropriateness, and timeliness of service; and
5. Any record relevant to an administrative, civil or criminal investigation or prosecution.

Upon request, North Sound BH-ASO or its contracted BHA shall assist in such review, including the provision of complete copies of records.

North Sound BH-ASO must provide access to its premises and the records requested to any state or federal agency or entity, including, but not limited to: HCA, U.S. Department of Health and Human Services (HHS), OIG, Office of the Comptroller of the Treasury, whether the visitation is announced or unannounced.

ATTACHMENTS

None



Combating Medicare Parts C & D Fraud, Waste, & Abuse



Synopsis

In this 30-minute course, learn about fraud, waste, and abuse (FWA) laws and regulations, potential violation consequences and penalties, and how Medicare Part C and Part D employees can recognize and prevent FWA.

* Introduction
* Lesson 1: What's Fraud, Waste, & Abuse?
* Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse
* Assessment

Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Find resources and more from the CMS Office of Minority Health:

* Health Equity Technical Assistance Program
* Disparities Impact Statement

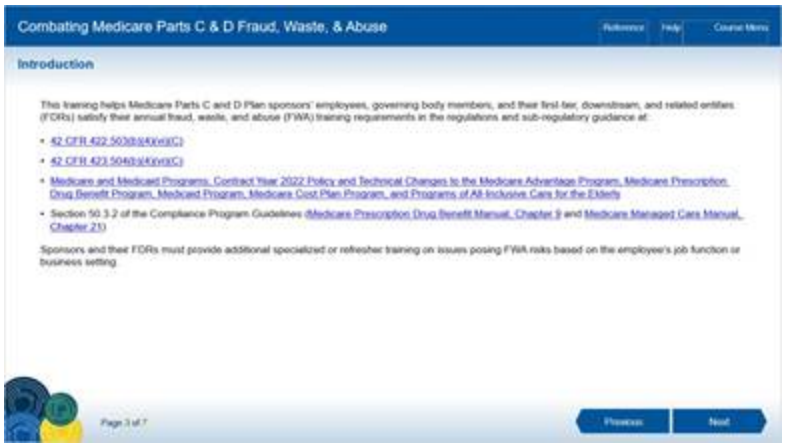


The Combating Medicare Parts C & D Fraud, Waste, and Abuse course is brought to you by the Medicare Learning Network®



The Medicare Learning Network® (MLN) offers free educational materials for health care professionals on CMS programs, policies, and initiatives. Get quick access to the information you need.

* MLN Publications & Multimedia
* MLN Events & Training
* MLN Newsletters & Social Media



This training helps Medicare Parts C and D plan sponsors' employees, governing body members, and their first-tier, downstream, and related entities (FDRs) satisfy their annual fraud, waste, and abuse (FWA) training requirements in the regulations and sub-regulatory guidance at:

* 42 CFR 422.503(b)(4)(vi)(C)
* 42 CFR 423.504(b)(4)(vi)(C)
* Medicare and Medicaid Programs; Contract Year 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly
* Section 50.3.2 of the Compliance Program Guidelines (Medicare Prescription Drug Benefit Manual, Chapter 9 and Medicare Managed Care Manual, Chapter 21)

Sponsors and their FDRs must provide additional specialized or refresher training on issues posing FWA risks based on the employee's job function or business setting.



Why Do I Need Training?

Each year, billions of dollars are improperly spent because of FWA. It affects everyone—including you. This training will help you detect, correct, and prevent FWA. You're part of the solution.

Combating FWA is everyone’s responsibility. As an individual who provides health or administrative services for Medicare enrollees, every action you take potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.



Training Requirements: Plan Employees, Governing Body Members, & First-Tier, Downstream, or Related Entity Employees

Certain training requirements apply to people involved in Medicare Parts C and D administration. All Medicare Advantage Organization (MAO) and Medicare Drug Plan (Part D) (collectively referred to in this course as sponsors) employees must get training to prevent, detect, and correct FWA.

FWA training must happen within 90 days of initial hire and at least annually thereafter.

Compliance Training, Education & Outreach for Medicare Parts C & D Programs webpage has more information.
Medicare Part C, or Medicare Advantage (MA), is a health insurance option available to Medicare patients. Private, Medicare-approved insurance companies run MA programs. These companies arrange for, or directly provide, health care services to patients who enroll in an MA plan.

MA plans must cover all services Medicare covers (with the exception of hospice care). They provide Part A and Part B benefits and may also include prescription drug coverage and other supplemental benefits.

Medicare Part D, the Prescription Drug Benefit, provides prescription drug coverage to patients enrolled in Part A and or Part B who enroll in a Part D or an MA Prescription Drug (MA-PD) plan. Medicare-approved insurance and other companies provide prescription drug coverage to individuals living in a plan’s service area.



Navigating & Completing the Course

This WBT has course content, reference documents, review questions, and an assessment. You must score 70% or higher to successfully complete this course.

This course uses cues, like hyperlinks, buttons, rollovers, and pop-up windows to give more information. For more information on these cues, select Help. The Reference button includes resource documents and a glossary of defined terms. You may print these materials at any time.

After you successfully complete the course, you'll get instructions on how to get your certificate.



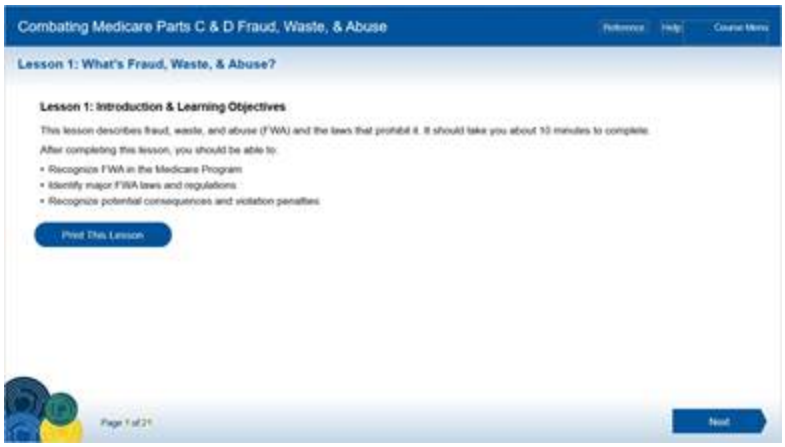
Welcome to the Combating Medicare Parts C & D Fraud, Waste, & Abuse Course

Course Objectives

After completing this course, you should be able to:

* Recognize FWA in the Medicare Program
* Identify major FWA laws and regulations
* Recognize potential consequences and violation penalties
* Identify methods to prevent FWA
* Identify how to report FWA
* Recognize how to correct FWA

Select Continue to return to the Course Menu. Then, select Lesson 1: What's Fraud, Waste, & Abuse?

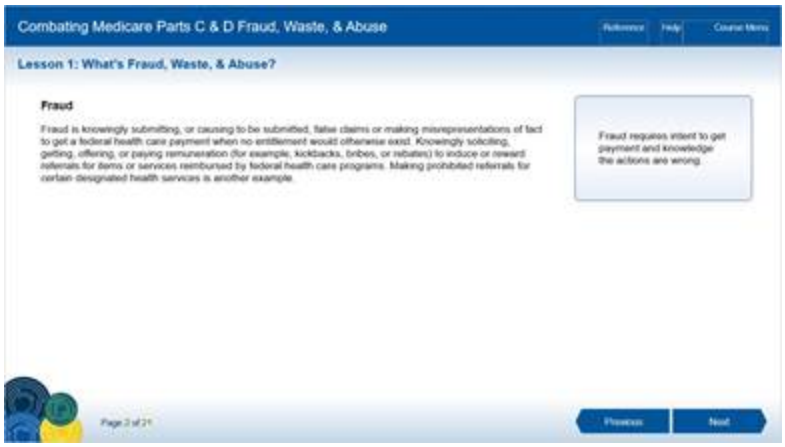


Lesson 1: Introduction & Learning Objectives

This lesson describes fraud, waste, and abuse (FWA) and the laws that prohibit it. It should take you about 10 minutes to complete.

After completing this lesson, you should be able to:

* Recognize FWA in the Medicare Program
* Identify major FWA laws and regulations
* Recognize potential consequences and violation penalties



Fraud

Fraud is knowingly submitting, or causing to be submitted, false claims or making misrepresentations of fact to get a federal health care payment when no entitlement would otherwise exist. Knowingly soliciting, getting, offering, or paying remuneration (for example, kickbacks, bribes, or rebates) to induce or reward referrals for items or services reimbursed by federal health care programs. Making prohibited referrals for certain designated health services is another example.

Fraud requires intent to get payment and knowledge the actions are wrong.



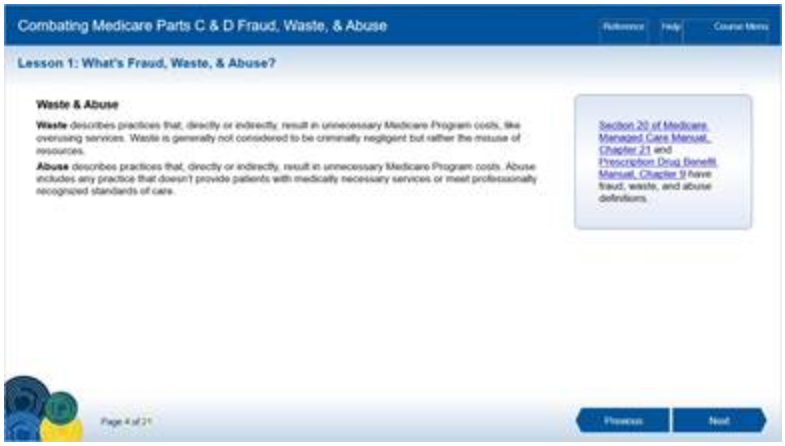
Fraud (continued)

The Criminal Health Care Fraud Statute (18 United States Code (USC) 1347) makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment up to 10 years. It's also subject to criminal fines up to $250,000. The statute prohibits knowingly and willfully executing, or attempting to execute, a scheme or lie connected to delivering or paying for health care benefits, items, or services to either:

* Defraud any health care benefit program
* Get (by means of false or fraudulent pretenses, representations, or promises) money or property owned by, or controlled by, any health care benefit program

Example: Several doctors and medical clinics conspire in a coordinated scheme to defraud the Medicare Program by submitting medically unnecessary power wheelchair claims.

Penalties: Penalties for violating the Criminal Health Care Fraud Statute may include fines, imprisonment, or both.



Waste & Abuse

Waste describes practices that, directly or indirectly, result in unnecessary Medicare Program costs, like overusing services. Waste is generally not considered to be criminally negligent but rather the misuse of resources.

Abuse describes practices that, directly or indirectly, result in unnecessary Medicare Program costs. Abuse includes any practice that doesn't provide patients with medically necessary services or meet professionally recognized standards of care.

Section 20 of Medicare Managed Care Manual, Chapter 21 and Prescription Drug Benefit Manual, Chapter 9 have fraud, waste, and abuse definitions.



Fraud, Waste, & Abuse Examples

Medicare fraud examples:

* Knowingly billing for services of higher complexity than services actually provided or documented in patient medical records
* Knowingly billing for services or supplies not provided, including falsifying records to show item delivery
* Knowingly ordering medically unnecessary patient items or services
* Paying for federal health care program patient referrals
* Billing Medicare for appointments patients don’t keep

Medicare waste examples:

* Conducting excessive office visits or writing excessive prescriptions
* Prescribing more medications than necessary for treating a specific condition
* Ordering excessive lab tests

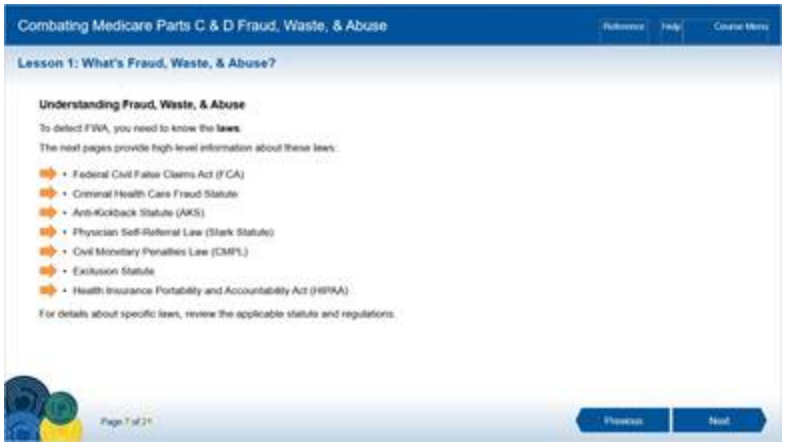
Medicare abuse examples:

* Billing unnecessary medical services
* Charging excessively for services or supplies
* Misusing codes on a claim, like upcoding (assigning an inaccurate medical procedure or treatment billing code to increase payment) or unbundling codes



Fraud, Waste, & Abuse Differences

There are differences between fraud, waste, and abuse. One of the primary differences is intent and knowledge. Fraud requires intent to get payment and knowledge the actions are wrong. Waste and abuse may involve getting an improper payment or creating unnecessary Medicare Program costs but don't require the same intent and knowledge.



Understanding Fraud, Waste, & Abuse

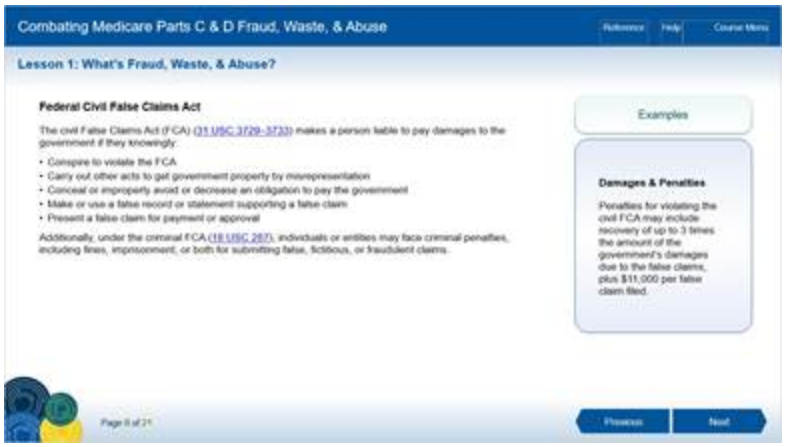
To detect FWA, you need to know the law.

The next pages provide high-level information about these laws:

* Federal Civil False Claims Act (FCA)
* Criminal Health Care Fraud Statute
* Anti-Kickback Statute (AKS)
* Physician Self-Referral Law (Stark Statute)
* Civil Monetary Penalties Law (CMPL)
* Exclusion Statute

* Health Insurance Portability and Accountability Act (HIPAA)

For details about specific laws, review the applicable statute and regulations.



Federal Civil False Claims Act

The civil False Claims Act (FCA) (31 USC 3729–3733) makes a person liable to pay damages to the government if they knowingly:

* Conspire to violate the FCA
* Carry out other acts to get government property by misrepresentation
* Conceal or improperly avoid or decrease an obligation to pay the government
* Make or use a false record or statement supporting a false claim
* Present a false claim for payment or approval

Additionally, under the criminal FCA (18 USC 287), individuals or entities may face criminal penalties, including fines, imprisonment, or both for submitting false, fictitious, or fraudulent claims.

Examples:

A Florida Medicare Part C plan:

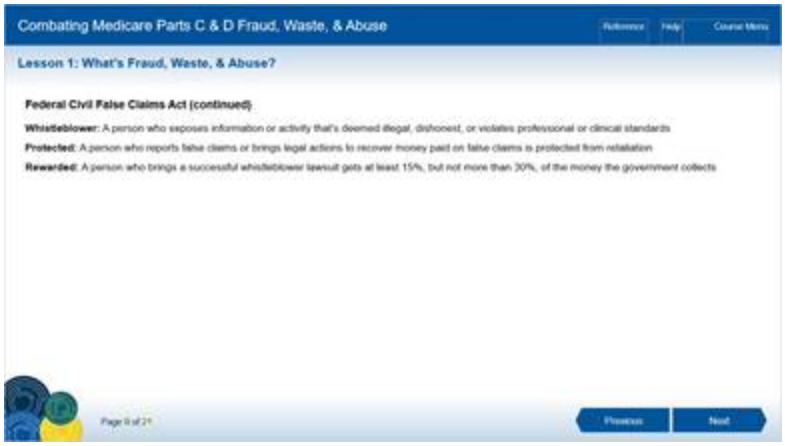
* Hired an outside company to review medical records to find additional diagnosis codes it could submit to increase CMS risk capitation payments
* Was informed by the outside company that certain diagnosis codes previously submitted to Medicare were undocumented or unsupported
* Failed to report the unsupported diagnosis codes to Medicare
* Agreed to pay $22.6 million to settle FCA allegations

The owner-operator of a California medical clinic:

* Used marketers to recruit individuals for medically unnecessary office visits
* Promised free, medically unnecessary equipment or free food to entice individuals
* Charged Medicare more than $1.7 million for the scheme
* Was sentenced to 37 months in prison

Damages & Penalties

Penalties for violating the civil FCA may include recovery of up to 3 times the amount of the government's damages due to the false claims, plus $11,000 per false claim filed.



Federal Civil False Claims Act (continued)

Whistleblower: A person who exposes information or activity that's deemed illegal, dishonest, or violates professional or clinical standards
Protected: A person who reports false claims or brings legal actions to recover money paid on false claims is protected from retaliation
Rewarded: A person who brings a successful whistleblower lawsuit gets at least 15%, but not more than 30%, of the money the government collects



Criminal Health Care Fraud Statute

The Criminal Health Care Fraud Statute (18 USC 1346–1349) states, “Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice to defraud any health care benefit program or obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program … shall be fined under this title or imprisoned not more than 10 years, or both.”

Conviction under the statute doesn’t require proof the violator knew the law or had specific intent to violate it.

Examples:

A Pennsylvania pharmacist:

* Submitted Medicare Part D claims for non-existent prescriptions and drugs not dispensed
* Pleaded guilty to health care fraud
* Got a 15-month prison sentence and was ordered to pay more than $166,000 in restitution to the plan

The owner of multiple New York Durable Medical Equipment (DME) companies:

* Falsely represented themselves as 1 of a nonprofit health maintenance organization’s (that administered a Medicare Advantage plan) authorized vendors
* Didn’t provide DME to any patients as claimed
* Submitted almost $1 million in false claims to the nonprofit; was paid $300,000
* Pleaded guilty to 1 count of conspiracy to commit health care fraud



Criminal Health Care Fraud Statute (continued)

Persons who knowingly make a false claim may be subject to:

* Criminal fines up to $250,000
* Imprisonment for up to 20 years

If the violations resulted in death, the individual may be imprisoned for any term of years or for life.

18 USC 1347 has more information.



Anti-Kickback Statute

The Anti-Kickback Statute (AKS) (42 USC 1320a-7b(b)) makes it a crime to knowingly and willfully offer, pay, solicit, or get any remuneration directly or indirectly to induce or reward patient referrals or business generation involving any item or service payable by a federal health care program. When a provider offers, pays, solicits, or gets unlawful remuneration, they

violate the AKS.

The safe harbor regulations (42 CFR 1001.952) describe various payment and business practices that, although they potentially implicate the AKS, aren't treated as AKS offenses if they meet certain regulatory requirements. Individuals and entities remain responsible for complying with all other laws, regulations, and guidance that apply to their businesses.

Comparison of the Anti-Kickback Statute and Stark Law handout has more information.

Example:

A physician operating a Rhode Island pain management practice:

* Conspired to solicit and get kickbacks for prescribing a highly addictive version of the opioid Fentanyl
* Reported patients had breakthrough cancer pain to secure insurance payments
* Got $188,000 in speaker fee kickbacks from the drug manufacturer
* Admitted the kickback scheme cost Medicare and other payers more than $750,000

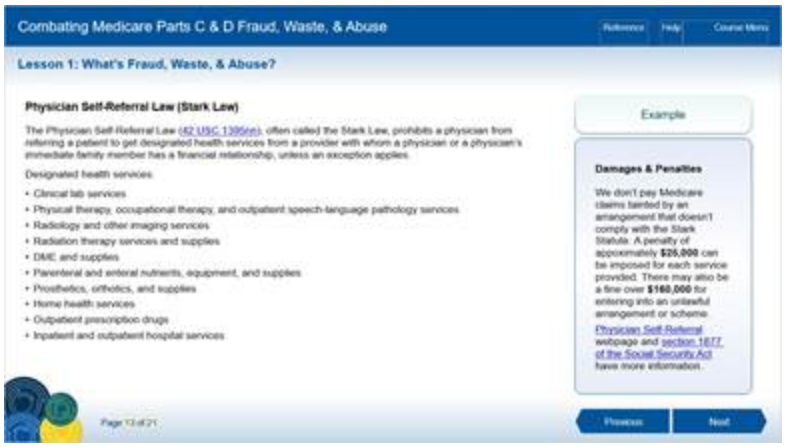
The physician was required to pay more than $750,000 in restitution.

Damages & Penalties

Violations are punishable by:

* A fine up to $25,000
* Imprisonment up to 5 years, or both

Section 1128B(b) of the Social Security Act has more information.



Physician Self-Referral Law (Stark Law)

The Physician Self-Referral Law (42 USC 1395nn), often called the Stark Law, prohibits a physician from referring a patient to get designated health services from a provider with whom a physician or a physician's immediate family member has a financial relationship, unless an

exception applies.

Designated health services:

* Clinical lab services
* Physical therapy, occupational therapy, and outpatient speech-language pathology services
* Radiology and other imaging services
* Radiation therapy services and supplies
* DME and supplies
* Parenteral and enteral nutrients, equipment, and supplies
* Prosthetics, orthotics, and supplies
* Home health services
* Outpatient prescription drugs
* Inpatient and outpatient hospital services

Damages & Penalties

We don’t pay Medicare claims tainted by an arrangement that doesn’t comply with the Stark Statute. A penalty of appoximately $25,000 can be imposed for each service provided. There may also be a fine over $160,000 for entering into an unlawful arrangement or scheme.

Physician Self-Referral webpage and section 1877 of the Social Security Act have more information.

Example:

A California hospital was ordered to pay more than $3.2 million to settle Stark Law violations for maintaining 97 financial relationships with physicians and physician groups outside the fair market value standards or that were improperly documented as exceptions.



Civil Monetary Penalties Law

The Civil Monetary Penalties Law (CMPL) (42 USC 1320a-7a) authorizes the Office of Inspector General (OIG) to seek Civil Monetary Penalties (CMPs) and sometimes exclusions for a variety of health care fraud violations. Violations that may justify CMPs include:

* Arranging for an excluded individual's or entity's services or items
* Failing to grant OIG timely records access
* Filing a claim you know or should know is for an item or service that wasn't provided as claimed or is false or fraudulent
* Filing a claim you know or should know is for an item or service for which we won't make payment
* Violating the AKS
* Violating Medicare assignment provisions
* Violating the Medicare physician agreement
* Providing false or misleading information expected to influence a discharge decision
* Failing to provide an adequate medical screening exam for patients who present to a hospital emergency department with an emergency medical condition or in labor
* Making false statements or misrepresentations on applications or contracts to participate in federal health care programs

Section 1128A(a) of the Social Security Act has more information.

Example:

A California pharmacy and its owner agreed to pay over $1.3 million to settle allegations they submitted unsubstantiated Medicare Part D claims for brand name prescription drugs the pharmacy couldn't have dispensed based on inventory records.

Damages & Penalties

Penalties and assessments vary based on the type of violation. Penalties can be approximately $10,000–$50,000 per violation. CMPs may also include an assessment of up to 3 times the amount claimed for each item or service, or up to 3 times the amount of remuneration offered, paid, solicited, or received.



Exclusion Statute

The Exclusion Statute (42 USC 1320a-7) requires the OIG exclude individuals and entities convicted of these offenses from participating in all federal health care programs:

* Medicare or Medicaid fraud, as well as other offenses related to delivering Medicare or Medicaid items or services
* Patient abuse or neglect
* Felony convictions for other health care-related fraud, theft, or other financial misconduct
* Felony convictions for unlawful manufacture, distribution, prescribing, or dispensing controlled substances

The OIG also maintains the List of Excluded Individuals and Entities (LEIE) website.

The U.S. General Services Administration (GSA) administers the Excluded Parties List System (EPLS), which enables various federal agencies, including the OIG, to take debarment actions.

When looking for excluded individuals or entities, check both the LEIE and the EPLS since the lists aren't the same. 42 CFR 1001.1901 has more information.

Example:

A pharmaceutical company pleaded guilty to 2 felony counts of criminal fraud for not filing required reports with the FDA about oversized morphine sulfate tablets. The pharmaceutical firm executive was excluded based on the company's guilty plea. When the unconvicted executive was excluded, there was evidence he was involved in misconduct leading to the company's conviction.



Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) created greater access to health care insurance, strengthened health care data privacy protection, and promoted health care industry standardization and efficiency.

HIPAA safeguards deter unauthorized access to protected health care information. As someone with access to protected health care information, you must comply with HIPAA.

Example:

A former hospital employee pleaded guilty to criminal HIPAA charges after getting protected health information with the intent to use it for personal gain. He was sentenced to 12 months and 1 day in prison.

Damages & Penalties

Violations may result in CMPs. In some cases, criminal penalties may apply.



Lesson 1 Summary

There are differences between fraud, waste, and abuse (FWA). One of the primary differences is intent and knowledge.

Fraud is knowingly submitting, or causing to be submitted, false claims or making misrepresentations of fact to get a federal health care payment for which no entitlement would otherwise exist.

Waste and abuse may involve getting an improper payment but not the same intent and knowledge.

Laws and regulations exist that prohibit FWA. Penalties for violating these laws include:

* Civil Monetary Penalties
* Civil prosecution
* Criminal conviction, fines, or both
* Exclusion from all federal health care program participation
* Imprisonment
* Loss of professional license



Review Questions

You reviewed the differences between fraud, waste and abuse. The next pages ask review questions to help reinforce this knowledge.

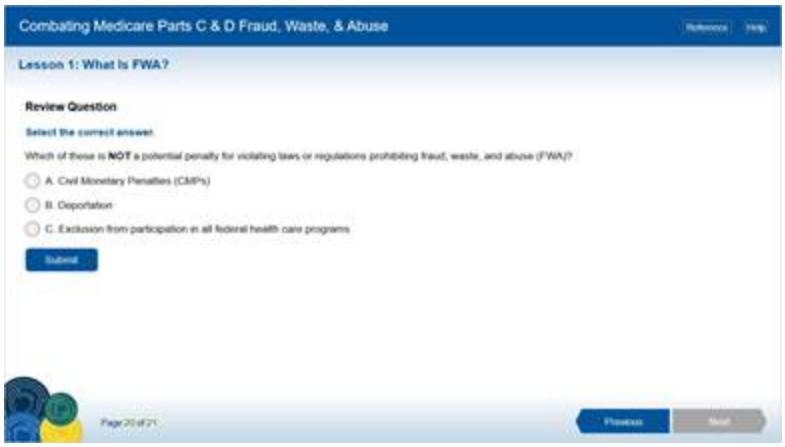


Review Question

Select the correct answer.

Which of these requires intent to get paid and knowing the actions are wrong?

A. Fraud
B. Abuse
C. Waste



Review Question

Select the correct answer.

Which of these is NOT a potential penalty for violating laws or regulations prohibiting fraud, waste, and abuse (FWA)?

A. Civil Monetary Penalties (CMPs)
B. Deportation
C. Exclusion from participation in all federal health care programs



You've completed Lesson 1: What's Fraud, Waste, & Abuse?

Now that you've learned about FWA and the laws and regulations prohibiting it, let's look closer at your role in the fight against FWA.

Select Continue to return to the Course Menu. Then, select Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse.



Lesson 2: Introduction & Learning Objectives

This lesson explains your role in the fight against fraud, waste, and abuse (FWA), including your responsibilities to prevent, report, and correct it. It should take you about 10 minutes to complete.
After completing this lesson, you should be able to identify how to prevent, report, and correct FWA.



Where Do I Fit In?

As someone who provides health or administrative services to a Medicare Part C or Part D enrollee, you're likely an employee of a:

* Sponsor: Medicare Advantage Organization (MAO) or a Prescription Drug Plan (PDP)
* First-Tier Entity: Pharmacy Benefit Manager (PBM), hospital or health care facility, provider

group, doctor’s office, clinical lab, customer service provider, claims processing and adjudication company, a company that handles enrollment, disenrollment, and membership functions, and contracted sales agents
* Downstream Entity: Pharmacies, doctors’ offices, firms providing agent or broker services, marketing firms, and call centers
* Related Entity: Entity with common ownership or control of a sponsor, health promotion provider, or SilverSneakers®



Where Do I Fit In? (continued)

A Part C Plan Sponsor is a CMS contractor. Part C Plan Sponsors may enter into contracts with first-tier, downstream, or related entities (FDRs). This stakeholder relationship flow chart shows examples of functions relating to the sponsor’s Medicare Part C contracts. Medicare Part C Plan Sponsor first-tier and related entities may contract with downstream entities to fulfill their contractual obligations to the sponsor.

Examples of first-tier entities may be independent practices, call centers, health services and hospital groups, fulfillment vendors, field marketing organizations, and credentialing organizations. If the first-tier entity is an independent practice, then a provider could be a downstream entity. If the first-tier entity is a health service and hospital group, then radiology, hospital, or mental health facilities may be the downstream entity. If the first-tier entity is a field marketing organization, then agents may be the downstream entity. Downstream entities may contract with other downstream entities. Hospitals and mental health facilities may contract with providers.

A Part D Plan Sponsor is a CMS contractor. Part D Plan Sponsors may enter into contracts with FDRs. This stakeholder relationship flow chart shows examples of functions relating to the sponsor’s Medicare Part D contracts. Medicare Part D Plan Sponsor first-tier and related entities may contract with downstream entities to fulfill their contractual obligations to the sponsor.

Examples of first-tier entities include call centers, PBMs, and field marketing organizations. If the first-tier entity is a PBM, then the pharmacy, marketing firm, quality assurance firm, and claims processing firm could be downstream entities. If the first-tier entity is a field marketing organization, then agents could be a downstream entity.



What Are Your Responsibilities?

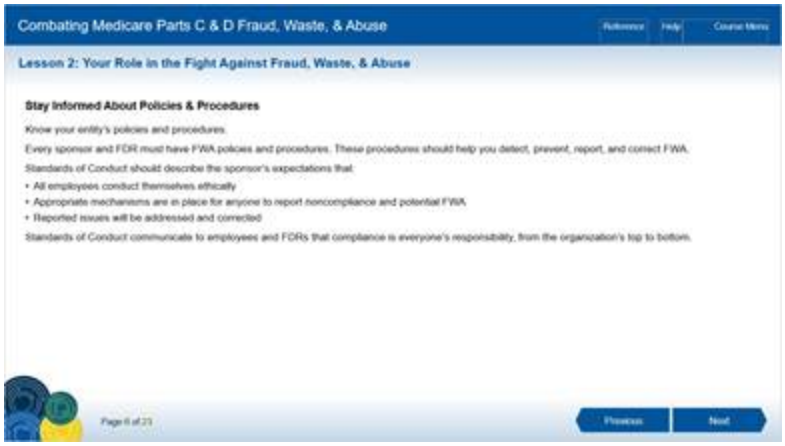
You play an important role in preventing, detecting, and reporting potential FWA, as well as Medicare noncompliance.

* **First**, you must comply with all applicable statutory, regulatory, and other Medicare Part C or Part D requirements, including adopting and using an effective compliance program
* **Second**, you have a duty to the Medicare Program to report any compliance concerns and suspected or actual violations you may know
* **Third**, you have a duty to follow your organization's Code of Conduct that describes you and your organization's commitment to standards of conduct and ethical rules of behavior



How Do You Prevent Fraud, Waste, & Abuse?

* Look for suspicious activity
* Conduct yourself ethically
* Ensure accurate and timely data and billing
* Ensure coordination with other payers
* Know FWA policies and procedures, standards of conduct, laws, regulations, and CMS guidance
* Verify all information you get



Stay Informed About Policies & Procedures

Know your entity’s policies and procedures.

Every sponsor and FDR must have FWA policies and procedures. These procedures should help you detect, prevent, report, and correct FWA.

Standards of Conduct should describe the sponsor’s expectations that:

* All employees conduct themselves ethically
* Appropriate mechanisms are in place for anyone to report noncompliance and potential FWA
* Reported issues will be addressed and corrected

Standards of Conduct communicate to employees and FDRs that compliance is everyone’s responsibility, from the organization’s top to bottom.



Report Fraud, Waste, & Abuse

Everyone must report suspected FWA. Your sponsor's Code of Conduct should clearly state this obligation. Sponsors may not retaliate against you for making a good faith reporting effort.

Report any potential FWA concerns to your compliance department or your sponsor's compliance department. They will investigate and make the proper determination. Often, sponsors have a Special Investigations Unit (SIU) dedicated to investigating FWA. They may also maintain a FWA hotline.

Every sponsor must have a mechanism for reporting potential FWA by employees and FDRs. Sponsors must accept anonymous reports and can't retaliate against you for reporting. Review your organization's materials for how to report FWA.

When in doubt, call your compliance department or FWA hotline.



Reporting Fraud, Waste, & Abuse Outside Your Organization

If warranted, sponsors and FDRs must report potentially fraudulent conduct to government authorities, like the Office of Inspector General (OIG), Department of Justice (DOJ), or CMS.

Individuals or entities who wish to voluntarily disclose self-discovered potential fraud to OIG may do so under the Self-Disclosure Protocol (SDP). Self-disclosure gives providers the opportunity to avoid costs and disruptions of a government-directed investigation and civil or administrative litigation.

Details to Include When Reporting Fraud, Waste, & Abuse

When reporting suspected FWA, include:

* Contact information for the information source, suspects, and witnesses
* Alleged FWA details
* Alleged Medicare rules violated
* Suspect's history of compliance, education, training, and communication with your organization or other entities

Where to Report FWA:

Medicare Providers:

HHS Office of Inspector General:
* Phone: 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950
* Fax: 1-800-223-8164
* Online: OIG.HHS.gov/report-fraud
* Mail:
U.S. Department of Health & Human Services Office of Inspector General
ATTN: OIG Hotline Operations
P.O. Box 23489
Washington, DC 20026

Medicare Parts C and D:
* Investigations Medicare Drug Integrity Contractor (I MEDIC) at 1-877-7SafeRx (1-877-772-3379)

All Other Federal Health Care Programs:
* CMS Hotline at 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048

Medicare Patients:
* Online: Help Fight Medicare Fraud



Corrective Action

Once FWA is detected, promptly correct it. Correcting the problem saves the government money and ensures your compliance with CMS requirements.

Develop a plan to correct the issue. Ask your organization’s compliance officer how to develop a corrective action plan. The actual plan varies depending on the circumstances. In general:

* Design the corrective action to fix the underlying problem that results in FWA violations and prevents future noncompliance
* Tailor the corrective action to address the particular FWA problem or identified deficiency; include timeframes for specific actions
* Document corrective actions addressing noncompliance or FWA committed by a sponsor’s or FDR’s employee, and include consequences for failing to satisfactorily complete the corrective action
* Monitor corrective actions continuously to ensure effectiveness

Corrective actions may include:

* Adopting new prepayment edits or document review requirements
* Conducting mandated training
* Providing educational materials
* Revising policies or procedures
* Sending warning letters
* Taking disciplinary action, like marketing, enrollment, or payment suspension
* Terminating an employee or provider



Potential Fraud, Waste, & Abuse Indicators

Now that you know about your role in preventing, reporting, and correcting FWA, let's review some key indicators to help you recognize the signs of someone committing FWA.

The next pages present potential FWA issues. Each page provides questions to ask yourself about different areas, depending on your role as an employee of a sponsor, pharmacy, or other entity involved in delivering Medicare Parts C and D enrollee benefits.



Key Indicators: Potential Patient Issues

* Does a prescription, medical record, or lab test look altered or possibly forged?
* Does a patient's medical history support requested services?
* Have you filled numerous identical prescriptions for this patient, possibly from different doctors?
* Is the person getting the medical service the actual patient (identity theft)?
* Is the prescription appropriate based on patient's other prescriptions?



Key Indicators: Potential Provider Issues

* Are the provider’s prescriptions appropriate for patient’s health condition (medically necessary)?
* Does the provider bill sponsor for services not provided?
* Does the provider write prescriptions for diverse drugs or primarily controlled substances?
* Does the provider perform medically unnecessary patient services?
* Does the provider prescribe a higher quantity than medically necessary for the condition?
* Does the provider’s prescription include their active and valid National Provider Identifier (NPI)?
* Is the provider’s patient diagnosis supported in the medical record?



Key Indicators: Potential Pharmacy Issues

* Are drugs being diverted (drugs meant for nursing homes, hospices, and other entities being sent somewhere else)?
* Are dispensed drugs expired, fake, diluted, or illegal?
* Are generic drugs provided when prescription requires dispensing brand drugs?

* Are PBMs billed for unfilled or never-picked-up prescriptions?
* Are proper provisions made if entire prescription isn't filled (no additional dispensing fees for split prescriptions)?
* Do you see prescriptions being altered (changing quantities or Dispense As Written)?
* Are Eligibility Facilitations Services (E1s) and their information being used for purposes other than determining patient eligibility?



Key Indicators: Potential Wholesaler Issues

* Is the wholesaler distributing fake, diluted, expired, or illegally imported drugs?
* Is the wholesaler diverting drugs meant for nursing homes, hospices, or AIDS clinics, marking up prices, and sending to other smaller wholesalers or pharmacies?



Key Indicators: Potential Manufacturer Issues

* Does the manufacturer promote off-label drug use?
* Does the manufacturer knowingly provide samples to entities that then bill federal health care

programs for them?



Key Indicators: Potential Sponsor Issues

* Does the sponsor encourage or support submitting inappropriate risk adjustments?
* Does the sponsor lead patient to believe the benefits cost a certain price, when the actual cost is higher?
* Does the sponsor offer patients cash incentives to join the plan?
* Does the sponsor use unlicensed agents?



Lesson 2 Summary

* As someone providing health or administrative services to a Medicare Part C or D enrollee, you play an important part in preventing fraud, waste, and abuse (FWA). Conduct yourself ethically, stay informed of your organization’s policies and procedures, and keep an eye out for potential FWA indicators
* Report potential FWA. Every sponsor must have a mechanism to report potential FWA.

Sponsors must accept anonymous reports and can't retaliate against you for reporting
* Promptly correct identified FWA with an effective corrective action plan



Lesson 2 Review

You reviewed the role you play in the fight against FWA, including your responsibilities to prevent, report, and correct it. The next pages ask review questions to help reinforce this knowledge.



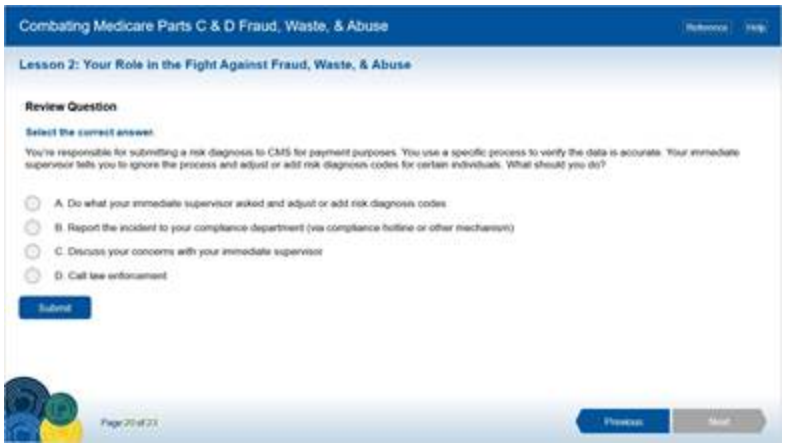
Review Question

Select the correct answer.

A person drops off a prescription for a patient who's a regular pharmacy customer. The prescription is for a controlled substance with a quantity of 160. This patient normally gets a quantity of 60, not 160. You review the prescription and have concerns about possible forgery.

What's your next step?

A. Fill prescription for 160
B. Fill prescription for 60
C. Call prescriber to verify the quantity
D. Call sponsor's compliance department
E. Call law enforcement

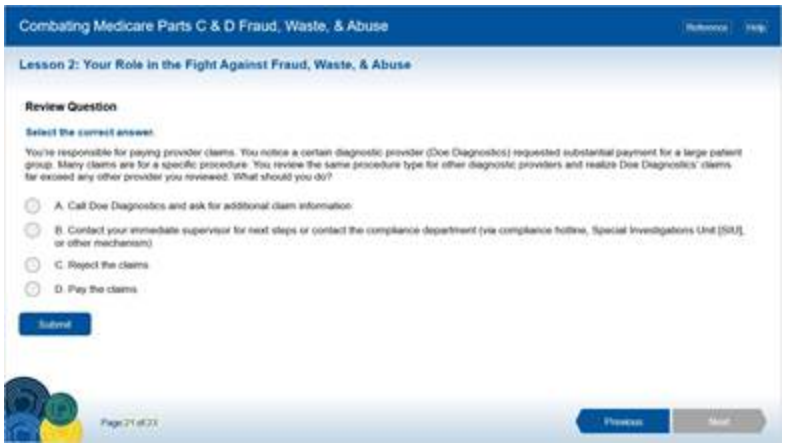


Review Question

Select the correct answer.

You're responsible for submitting a risk diagnosis to CMS for payment purposes. You use a specific process to verify the data is accurate. Your immediate supervisor tells you to ignore the process and adjust or add risk diagnosis codes for certain individuals. What should you do?

A. Do what your immediate supervisor asked and adjust or add risk diagnosis codes
B. Report the incident to your compliance department (via compliance hotline or other mechanism)
C. Discuss your concerns with your immediate supervisor
D. Call law enforcement

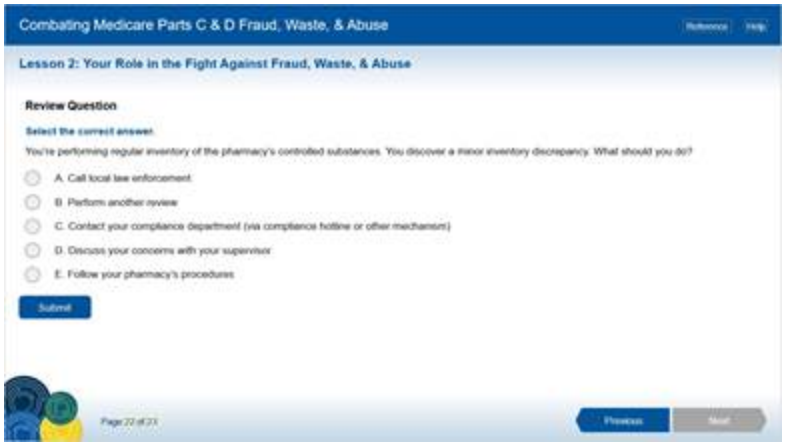


Review Question

Select the correct answer.

You're responsible for paying provider claims. You notice a certain diagnostic provider (Doe Diagnostics) requested substantial payment for a large patient group. Many claims are for a specific procedure. You review the same procedure type for other diagnostic providers and realize Doe Diagnostics' claims far exceed any other provider you reviewed. What should you do?

A. Call Doe Diagnostics and ask for additional claim information
B. Contact your immediate supervisor for next steps or contact the compliance department (via compliance hotline, Special Investigations Unit [SIU], or other mechanism)
C. Reject the claims
D. Pay the claims



Review Question

Select the correct answer.

You’re performing regular inventory of the pharmacy’s controlled substances. You discover a minor inventory discrepancy. What should you do?

A. Call local law enforcement
B. Perform another review
C. Contact your compliance department (via compliance hotline or other mechanism)
D. Discuss your concerns with your supervisor
E. Follow your pharmacy’s procedures



You’ve completed Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Now that you’ve reviewed common problems plans encounter and how you can help address them, it’s time to assess your knowledge. Select Continue to return to the Course Menu. Then, select Assessment.

North Sound BH-ASO
2021 E. College Way, Suite 101, Mt. Vernon, WA 98273
Phone: (360) 416-7013 Fax: (360) 899-4754
www.nsbhaso.org

COMPLIANCE TRAINING ATTESTATION STATEMENT

Centers for Medicare & Medicaid Services Annual Attestation

I, _____, attest that I have read, acknowledge, and attest to
(printed name)
understanding and abiding by the following North Sound Behavioral Health Administrative Service Organization (BH-ASO) and Centers for Medicare & Medicaid Services policies, procedures, and training:

Centers for Medicare & Medicaid Services (CMS)		
Initials	**Training**	**Date Completed**
	Combatting Medicare Parts C and D Fraud, Waste, and Abuse https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining	

_____ _____
Signature Date

Once completed, please:

1. **Sign, date, and Scan this attestation**
2. **Name scanned attestation: "Last name, first name – Compliance Attestation"**
3. **Email attestation to Compliance_Officer@nsbhaso.org**

Submit Completed Forms to Compliance_Officer@nsbhaso.org

NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION

301 Valley Mall Way, Suite 110, Mt. Vernon, WA 98273
360.416.7013 | 800.864.3555 | F: 360.416.7017
www.nsbhaso.org

This document is to be completed by all North Sound Behavioral Health Administrative Services Organization Board of Directors Members *and* their Designated Alternates and returned to the Clerk of the Board.

RCW 43.160.040

Conflicts of interest—Code of ethics.

In addition to other applicable provisions of law pertaining to conflicts of interest of public officials, no board member, appointive or otherwise, may participate in any decision on any board contract in which the board member has any interests, direct or indirect, with any firm, partnership, corporation, or association which would be the recipient of any aid under this chapter. In any instance where the participation occurs, the board shall void the transaction, and the involved member shall be subject to whatever further sanctions may be provided by law. The board shall frame and adopt a code of ethics for its members, which shall be designed to protect the state and its citizens from any unethical conduct by the board.
[1982 1st ex.s. c 40 § 4.]

• Your Name:	
• Your Outside Occupation(s) Non-Elected, if any:	
• Spouse's Name:	
• Spouse's Employment:	
• Business Interest of You and Your Spouse:	
• Date:	

Please email or mail the completed document to:

Joanie Wenzl
Administrative Manager
Clerk of the Board
North Sound Behavioral Health Administrative Services Organization
2021 East College Way, Suite 101
Mount Vernon, WA 98273
Phone: 360.416.7013
Joanie_wenzl@nsbhaso.org

Advisory Board Brief

November 3, 2026

The Advisory Board met on November 3, and the following items were discussed:

— Advisory Board

- — Emily Wulf, Skagit County has accepted the Chair position for 2027 and Julie Melville, Island County has accepted Vice Chair.

— Executive Director

- — Lindsay Lopes, Deputy Director, provided a report.

— Finance/Executive Committee

- — The October Expenditures were passed and recommended to the Board of Directors for approval.

- — The 2027 ASO Proposed Operating Budget was briefly reviewed. It was noted that the proposed budget is still in draft form and will be revised. The updated proposed budget will be presented in December for a final review and vote.

North Sound Behavioral Health Administrative Services Organization
November 12th, 2026
Board of Directors Financial Notes
October 2026 Financial Statements

HIGHLIGHTS

1. **Budget to Actual Ratio:** The budget-to-actual revenue ratio for State, Medicaid, MHBG, and SUPTRS reflects both favorable and unfavorable variances, primarily due to timing differences between billings and receipt of funds.
   Expense budget variances are also attributable to late payments and delays in provider billing. As a result of these timing differences, overall service expenditures are currently below budgeted levels.

   In addition, significant budget balances remain in Crisis Stabilization because funding was received prior to several facilities recently opening and beginning to provide services.

2. **Revenue and Expense Statement:** The Revenue and Expense Statement remains stable as of the end of September, reflecting a net gain of $8,225,459. This variance is primarily attributable to Managed Care Organization (MCO) and State Proviso funding received for Crisis Stabilization facilities that have recently opened and are beginning to invoice for services.

   Variations in the MHBG and SABG fund balances are largely related to fluctuations in billing activity and the timing of reimbursements from the Health Care Authority.
   Overall, revenues continue to adequately support operating expenses.

   As of December 31, 2025, the General Fund balance was $8,186,221. The minimum Operating Fund balance identified in the HCA North Sound January 2027 contract draft is $6,143,659, and the maximum allowable balance is $12,121,446.

   North Sound maintains an appropriate General Fund balance to support financial stability, manage fluctuations in funding and expenditures and ensure continuity of operations. These funds help ensure North Sound can meet its ongoing financial and operational obligations.

3. **Medicaid Fund Balance:** The Medicaid fund balance is currently positive due to MCO funding for Crisis Stabilization Services being received prior to related Provider billing, as well as timing differences between Provider billing and MCO payments for Crisis Services. MCO payments are typically received at the beginning of the month, while the related expenses are not recognized until the following month. This timing difference results in a temporary increase in the Medicaid fund balance until the corresponding Provider expenses are recorded.

NOTES

1. We are presenting the financial statements for March 2026 for North Sound Behavioral Health Administrative Services Organization.

2. These monthly statements are prepared for the Board's use only. They provide a snapshot of expenses and revenue for a single calendar month compared with a hypothetical "year to date" projection. However, neither revenue nor expenditures occur on an equal 1/12 amount each month.

3. The North Sound BH-ASO adopts "calendar year" budgets, the funding allocations from the state is a state fiscal year basis [with adjustments every 6 months]. The exceptions are Federal Block Grant Funds which are allocated for the entire fiscal year.

4. Revenues and expenses are managed independently within each of the major funds, categories: Medicaid, State General Fund, Mental Health Block Grant, and Substance Abuse Block Grant.

5. Within 'State General Funds', allocations are further subdivided between general state funds, and the multiple "Proviso" funds allocated for specific services.

6. We have added two new lines at the bottom of the "Revenue and Expense" tab which shows the beginning and ending fund balance within each fund category for the state fiscal year. Also added are additional lines at the bottom to show the Net Income from Operations before the transfer of funds to the BHO.

7. The Budget to Actuals statement includes notes on areas where there is a variance between the hypothetical year-to-date budget and actual revenues and expenditures. Additional lines at the bottom show the transfer of funds separate from the normal operations.

NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION
PRELIMINARY REVENUE and EXPENSE STATEMENT for OCTOBER 2026*
BUDGET TO ACTUALS

REVENUES	**2026 Budget**	**YTD 2026 Budget**	**YTD 2026 Actual**	**Variance Favorable (Unfavorable)**
Intergovernmental Revenues				
MHBG*	1,261,032	1,050,860	1,262,206	211,346
SUPTRS*	3,078,998	2,565,832	3,010,479	444,647
State Funds*	51,786,130	43,155,108	37,872,968	(5,282,140)
Medicaid (MCO)*	23,431,113	19,525,928	16,680,239	(2,845,688)
Total Intergovernmental Revenues	79,557,273	66,297,727	58,825,893	(7,471,835)
Misc. Revenue **				-
Interest Revenue	400,000	333,333	242,363	(90,970)
Use of Fund Balance				
TOTAL REVENUES	$ 79,957,273	$ 66,631,061	$ 59,068,256	$ (7,562,805)
State Funds Budget includes $3,000,000 from Snohomish County Lynnwood Crisis Care Facility Operations Grant				
EXPENDITURES	***Budget Variances due to Fluctuations in Provider Invoicing and HCA Payments***			
Inpatient Treatment	$ 1,700,000	1,416,667	$ 2,908,017	(1,491,351)
ITA Judicial	2,854,976	2,379,147	1,978,923	400,223
Crisis Services	27,089,268	22,574,390	14,523,794	8,050,596
Crisis Teams - Children & Youth	2,416,259	2,013,550	1,832,946	180,604
MH Crisis Stabilization	800,000	666,667	430,968	235,699
Managed Care Organizations 1813			415,496	
E&T Services	1,016,506	847,088	679,196	167,892
E&T Discharge Planner	207,292	172,743	92,324	80,419
Jail Services	330,780	275,650	224,157	51,493
PACT Services	1,178,448	982,040	584,776	397,264
Assisted Outpatient Treatment			567,044	
Trueblood	223,944	186,620	79,326	107,294
BH Enhancement Funds	779,184	649,320	710,250	(60,930)
HOST	1,239,966	1,033,305	1,033,305	-
SnoCo Crisis Start up 32-Bed	779,498	649,582	644,332	5,250
Pilot per Proviso 13b Proviso Revenue Shift			134,896	
Crisis Endorsed Teams	4,679,952	3,899,960	3,583,028	316,932
MRSS - CYFT	744,426	620,355	590,772	29,583
988 - Enhanced Crisis Expenses (112)	1,230,988	1,025,823	113,786	912,037
MHBG Peer Bridger & State Funds	273,256	227,714	259,627	(31,913)
MHBG Expenditures ***	386,032	321,693	358,840	(37,146)
MHBG Co-Responder	875,000	729,167	540,939	188,228
MHBG PATH	207,459	172,883	167,786	5,097
HARPS Housing	707,380	589,483	558,857	30,627
DOC Housing	1,512,509	1,260,424	1,392,859	(132,435)
Proviso 86 Behavioral Health Housing	1,403,664	1,169,720	1,051,635	118,085
Governor Housing Voucher	25,000	20,833	12,549	8,284
Tribal DCR	93,000	77,500	51,939	25,561
DCA County Contracts	581,292	484,410	364,325	120,085
Recovery Navigator Program	2,204,829	1,837,358	1,186,198	651,160
Youth Inpatient Navigators			129,180	
SABG Peer Pathfinder	131,480	109,567	140,000	(30,433)
SABG Expenditures ****	100,000	83,333	437,256	(353,922)
SABG PPW Housing Support Services	400,000	333,333	325,634	7,699
SABG Opiate Dependency Outreach	1,407,314	1,172,762	1,126,714	46,048
SABG Engagement & Referral / Co-Responder	1,171,684	976,403	953,061	23,342
Withdrawal Management	2,546,956	2,122,463	1,361,788	760,675
Juvenile Drug Court	139,800	116,500	113,817	2,683
Client Services in New Crisis Stabilization Facilities	1,788,645	1,490,538	738,610	751,927
Client Services in Facilities	1,130,999	942,499	413,431	529,068
CrisisStabFac SU&Ops	2,794,422	2,328,685	0	2,328,685
SnoCoLynnWCrisisStabGrantExp	3,000,000	2,500,000	0	2,500,000
New Journey First Episode Psychosis	49,968	41,640	40,375	1,266
Other MH Services *****	1,434,153	1,195,128	1,875,984	(680,857)
Other SUD Services	1,532,000	1,276,667	1,622,510	(345,844)
Advisory Board	19,996	16,663	20,468	(3,804)
Subtotal - Services	73,188,326	60,990,271	46,371,720	14,618,551
Administration	6,368,449	5,307,041	4,471,076	835,965
TOTAL EXPENDITURES	$ 79,556,775	$ 66,297,312	$ 50,842,797	$ 15,454,516
Excess of Revenues Over (Under) Expenditure.			$ 8,225,459	

*** THIS IS AN UNAUDITED STATEMENT**

* Medicaid and State revenue are paid in advance. MHBG, SABG and SAMHSA revenue are paid on an expense reimbursement method. Expenses are recognized when the bill is received.
** Misc. Revenue Includes Room Rental Fees, Tribal Conference, Salish Contract
*** MHBG Includes other MHBG services. Does not include Crisis or E&T
**** SABG Includes other SABG services. Does not include Crisis

NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION
PRELIMINARY REVENUE and EXPENSE STATEMENT for OCTOBER 2026*

	YTD 2026 Totals	YTD 2026 Medicaid	YTD 2026 State	YTD 2026 MHBG	YTD 2026 SABG
REVENUES					
Intergovernmental Revenues					
MHBG*	1,262,206			1,262,206	
SUPTRS*	3,010,479				3,010,479
State Funds*	37,872,968		37,872,968		
Medicaid (MCO)*	16,680,239	16,680,239			
Total Intergovernmental Revenues	58,825,893	16,680,239	37,872,968	1,262,206	3,010,479
Misc. Revenue **					
Interest Revenue	242,363		242,363		
TOTAL REVENUES	$ 59,068,256	$ 16,680,239	$ 38,115,331	$ 1,262,206	$ 3,010,479
EXPENDITURES					
Inpatient Treatment	$ 2,908,017		$ 2,908,017		
ITA Judicial	1,978,923		1,978,923		
Crisis Services	14,523,794	7,095,853	7,427,941		
Crisis Teams - Children & Youth	1,832,946	1,255,995	576,950		
MH Crisis Stabilization	430,968		430,968		
Managed Care Organizations 1813	415,496	415,496			
E&T Services	679,196		679,196		
E&T Discharge Planner	92,324		92,324		
Jail Services	224,157		224,157		
PACT Services	584,776		584,776		
Assisted Outpatient Treatment	567,044		567,044		
Trueblood	79,326		79,326		
BH Enhancement Funds	710,250		710,250		
HOST	1,033,305		1,033,305		
SnoCo Crisis Start up 32-Bed	644,332		644,332		
Pilot per Proviso 13b Proviso Revenue Shift	134,896		134,896		
Crisis Endorsed Teams	3,583,028	1,180,174	2,402,854		
MRSS - CYFT	590,772		590,772		
988 - Enhanced Crisis Expenses (112)	113,786		113,786		
MHBG Peer Bridger & State Funds	259,627		135,654	123,973	
MHBG Expenditures ***	358,840			358,840	
MHBG Co-Responder	540,939			540,939	
MHBG PATH	167,786			167,786	
HARPS Housing	558,857		558,857		
DOC Housing	1,392,859		1,392,859		
Proviso 86 Behavioral Health Housing	1,051,635		1,051,635		
Governor Housing Voucher	12,549		12,549		
Tribal DCA	51,939		51,939		
DCA County Contracts	364,325		364,325		
Recovery Navigator Program	1,186,198		1,186,198		
Youth Inpatient Navigators	129,180		129,180		
SABG Peer Pathfinder	140,000				140,000
SABG Expenditures ****	437,256				437,256
SABG PPW Housing Support Services	325,634				325,634
SABG Opiate Dependency Outreach	1,126,714				1,126,714
SABG Engagement & Referral / Co-Responder	953,061				953,061
Withdrawal Management	1,361,788		1,361,788		
Juvenile Drug Court	113,817		113,817		
Client Services in New Crisis Stabilization Facilities	738,610		738,610		
Client Services in Facilities	413,431		413,431		
CrisisStabFac SU&Ops	0		0		
SnoCoLynnWCrisisStabGrantExp	0		0		
New Journey First Episode Psychosis	40,375		40,375		
Other MH Services *****	1,875,984		1,875,984		
Other SUD Services	1,622,510		1,622,510		
Advisory Board	20,468		20,468		
Subtotal - Services	46,371,720	9,947,519	32,249,999	1,191,537	2,982,665
Administration	$ 4,471,076	959,122	3,511,955		
TOTAL EXPENDITURES	$ 50,842,797	$ 10,906,641	$ 35,761,954	$ 1,191,537	$ 2,982,665
Net Income	$ 8,225,459	$ 5,773,599	$ 2,353,378	$ 70,669	$ 27,814
*Beginning Fund Balance 12/31/25	13,321,299	1,590,876	11,610,676	(265,581)	385,328
***Ending Fund Balance**	**21,546,758**	**7,364,475**	**13,964,053**	**(194,912)**	**413,142**
Flexible GFS balance at 12/31/25			8,196,221		

State Funds Budget includes $3,000,000 from Snohomish County Lynnwood Crisis Care Facility Operations Grant

*Note: State Fund Balance also includes Proviso Fund Balances which are designated for specific expenditures

*** THIS IS AN UNAUDITED STATEMENT**

* Medicaid and State revenue are paid in advance. MHBG, SABG and SAMHSA revenue are paid on an expense reimbursement method. Expenses are recognized when the bill is received.
** Misc. Revenue Includes Room Rental Fees, Tribal Conference, Salish Contract
*** MHBG Includes other MHBG services. Does not include Crisis or E&T
**** SABG Includes other SABG services. Does not include Crisis
***** Other MH Services Includes CORS, FYSPRT, Outpatient Services, PATH match

NORTH SOUND BH-ASO
Warrants Paid
October 2026

Type	Date	Num	Name	Amount
Bill Pmt -Check	10/02/2026	624600	Asian Counseling Treatment	-2,212.60
Bill Pmt -Check	10/02/2026	624795	Avenue Catering	-291.47
Bill Pmt -Check	10/02/2026	624615	Brigid Collins	-9,502.17
Bill Pmt -Check	10/02/2026	624623	CENTER FOR HUMAN SERVICES	-3,407.51
Bill Pmt -Check	10/02/2026	624632	City of Mt Vernon	-10,455.43
Bill Pmt -Check	10/02/2026	624636	Community Action of Skagit Co	-22,245.27
Bill Pmt -Check	10/02/2026	624637	Compass Health	-29,859.35
Bill Pmt -Check	10/02/2026	624639	Consejo Counseling	-6,269.59
Bill Pmt -Check	10/02/2026	624578	COORDINATED CARE OF WASHINGTON INC	-219,261.45
Bill Pmt -Check	10/02/2026	624608	Fairfax Hospital	-28,201.25
Bill Pmt -Check	10/02/2026	624767	Haggen/Safeway	-13.47
Bill Pmt -Check	10/02/2026	624678	Holman Recovery Center	-8,840.00
Bill Pmt -Check	10/02/2026	624703	Lake Whatcom Center	-30,177.33
Bill Pmt -Check	10/02/2026	624706	Lifeline Connections	-19,390.62
Bill Pmt -Check	10/02/2026	624721	Mount Baker Presbyterian Church	-28,100.16
Bill Pmt -Check	10/02/2026	624735	Opportunity Council	-13,057.95
Bill Pmt -Check	10/02/2026	624750	Pioneer Center	-29,630.87
Bill Pmt -Check	10/02/2026	624752	Pitney Bowes Leasing	-573.40
Bill Pmt -Check	10/02/2026	624772	Sea Mar	-699.72
Bill Pmt -Check	10/02/2026	624754	Skagit Valley Hospital	-14,833.80
Bill Pmt -Check	10/02/2026	624796	Swedish Edmonds	-1,043.52
Bill Pmt -Check	10/02/2026	624799	Telecare Corporation	-45,666.45
Bill Pmt -Check	10/02/2026	624811	US Bank	-11,417.55
Bill Pmt -Check	10/02/2026	624828	WOLF LEE HURST & SLATTERY PLLP	-617.50
Bill Pmt -Check	10/09/2026	624858	Asian Counseling Treatment	-2,306.91
Bill Pmt -Check	10/09/2026	624871	Bridgeways	-10,552.57
Bill Pmt -Check	10/09/2026	624896	Compass Health	-1,525,172.76
Bill Pmt -Check	10/09/2026	624897	Consejo Counseling	-4,599.39
Bill Pmt -Check	10/09/2026	624948	Great Rivers BH	-9,906.50
Bill Pmt -Check	10/09/2026	624995	Harrell, Julie - Reimb	-94.06
Bill Pmt -Check	10/09/2026	624968	Island County Human Services	-30,837.46
Bill Pmt -Check	10/09/2026	625025	Lake Whatcom Center	-40,470.86
Bill Pmt -Check	10/09/2026	625029	Lifeline Connections	-12,736.61
Bill Pmt -Check	10/09/2026	625083	NSBHO-FSA	-40,000.00
Bill Pmt -Check	10/09/2026	625088	Opportunity Council	-29,253.72
Bill Pmt -Check	10/09/2026	625131	Sea Mar	-1,821.22
Bill Pmt -Check	10/09/2026	625195	Smokey Point Behavioral Hospital	-4,834.50
Bill Pmt -Check	10/09/2026	625152	Snohomish Co Juvenile	-20,958.13
Bill Pmt -Check	10/09/2026	625165	Swedish Edmonds	-69,375.54
Bill Pmt -Check	10/09/2026	625170	Telecare Corporation	-58,138.60
Bill Pmt -Check	10/09/2026	625176	Therapeutic Health Services	-2,479.84
Bill Pmt -Check	10/09/2026	625200	Volunteers of America	-161,105.87
Bill Pmt -Check	10/09/2026	625208	WA State Assoc of Co-WSACA	-19,200.00
Bill Pmt -Check	10/16/2026	625420	Arreola, Maria-Reim	-33.96
Bill Pmt -Check	10/16/2026	625259	Asian Counseling Treatment	-5,256.20
Bill Pmt -Check	10/16/2026	625477	Astound Business	-601.80

NORTH SOUND BH-ASO
Warrants Paid
October 2026

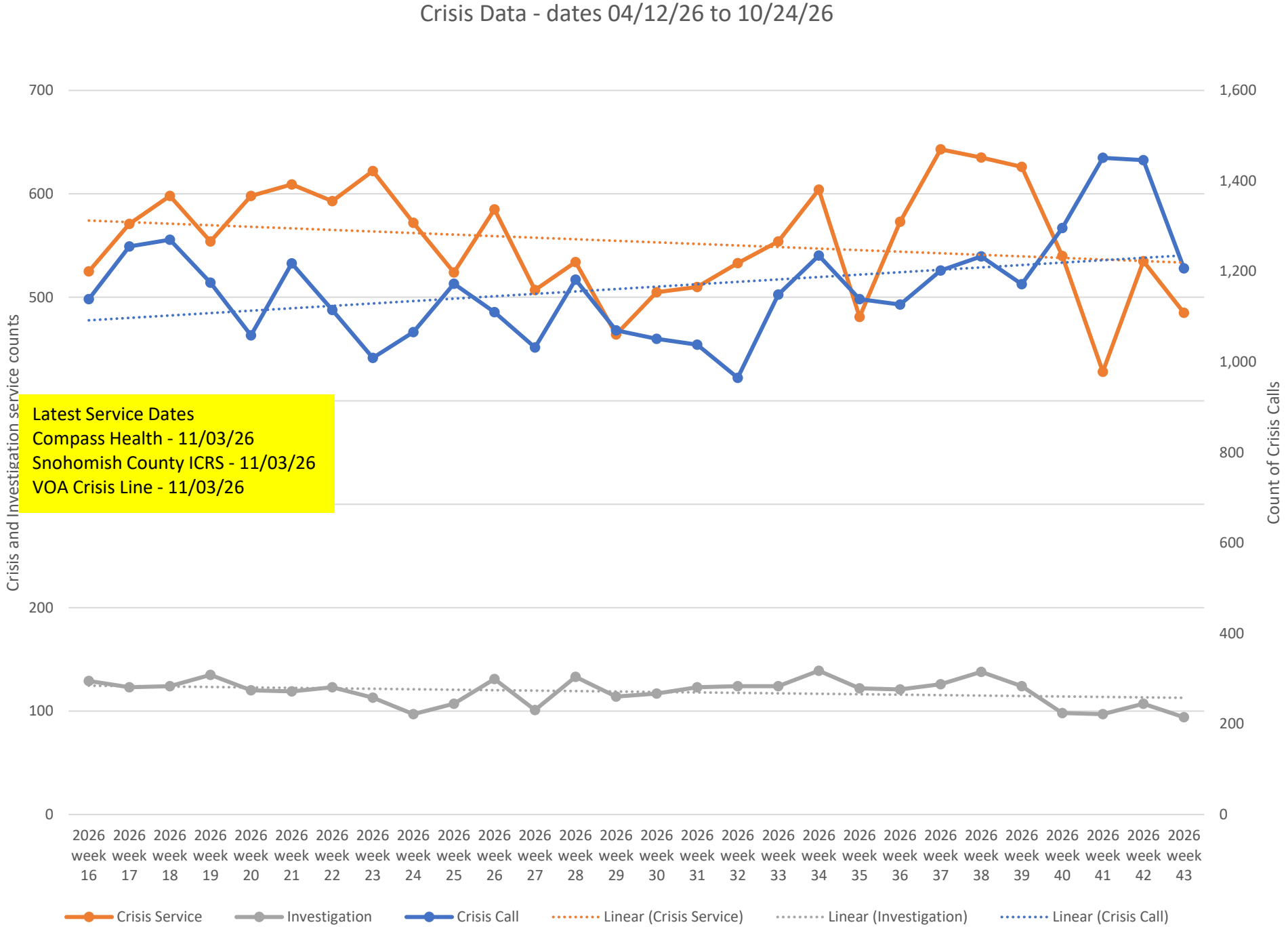
Type	Date	Num	Name	Amount
Bill Pmt -Check	10/16/2026	625276	Bridgeways	-41,976.41
Bill Pmt -Check	10/16/2026	625289	Catholic Community Services	-5,340.48
Bill Pmt -Check	10/16/2026	625306	Compass Health	-215,662.14
Bill Pmt -Check	10/16/2026	625308	Conquer	-87,389.27
Bill Pmt -Check	10/16/2026	625309	Consejo Counseling	-26,588.90
Bill Pmt -Check	10/16/2026	625316	Davenport Group Inc	-5,886.00
Bill Pmt -Check	10/16/2026	625251	DeLosRios,Ana	-167.02
Bill Pmt -Check	10/16/2026	625339	Evergreen Recovery	-30,714.26
Bill Pmt -Check	10/16/2026	625344	Firstline Communications (All Phase)	-1,292.33
Bill Pmt -Check	10/16/2026	625348	Frontline Cleaning Services LLC	-564.12
Bill Pmt -Check	10/16/2026	625363	Island County Human Services	-88,196.04
Bill Pmt -Check	10/16/2026	625410	Lifeline Connections	-59,893.00
Bill Pmt -Check	10/16/2026	625474	Providence-Everett	-10,150.19
Bill Pmt -Check	10/16/2026	625501	Sea Mar	-984.05
Bill Pmt -Check	10/16/2026	625515	Skagit County Public Health	-63,250.12
Bill Pmt -Check	10/16/2026	625520	Snohomish Co Human Services	-504,651.61
Bill Pmt -Check	10/16/2026	625522	SRS Property Management	-12,326.58
Bill Pmt -Check	10/16/2026	625464	St Joseph Medical Center, Peace Health	-16,465.20
Bill Pmt -Check	10/16/2026	625532	Swedish Edmonds	-8,730.59
Bill Pmt -Check	10/16/2026	625533	Sylvie, Stacy	-2,677.50
Bill Pmt -Check	10/16/2026	625539	Therapeutic Health Services	-2,451.66
Bill Pmt -Check	10/16/2026	625538	Tulalip Tribes	-2,134.21
Bill Pmt -Check	10/16/2026	625571	Whatcom County Health Department	-64,294.90
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Bill Pmt -Check	10/23/2026	625695	Evergreen Recovery	-20,835.43
Bill Pmt -Check	10/23/2026	625628	Hahs, Alexis	-348.23
Bill Pmt -Check	10/23/2026	625745	Lake Whatcom Center	-10,943.93
Bill Pmt -Check	10/23/2026	625764	Landgedyke,Matt	-341.76
Bill Pmt -Check	10/23/2026	625754	Lifeline Connections	-8,536.88
Bill Pmt -Check	10/23/2026	625789	Lithtex NW-Mt Vernon	-1,663.70
Bill Pmt -Check	10/23/2026	625792	Office Depot	-54.49
Bill Pmt -Check	10/23/2026	625805	Providence-Everett	-11,247.17
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Bill Pmt -Check	10/23/2026	625829	Shred-it	-245.76
Bill Pmt -Check	10/23/2026	625861	Swedish Edmonds	-13,471.70
Bill Pmt -Check	10/23/2026	625867	Therapeutic Health Services	-13,582.76
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Bill Pmt -Check	10/23/2026	625880	Volunteers of America	-182,801.18

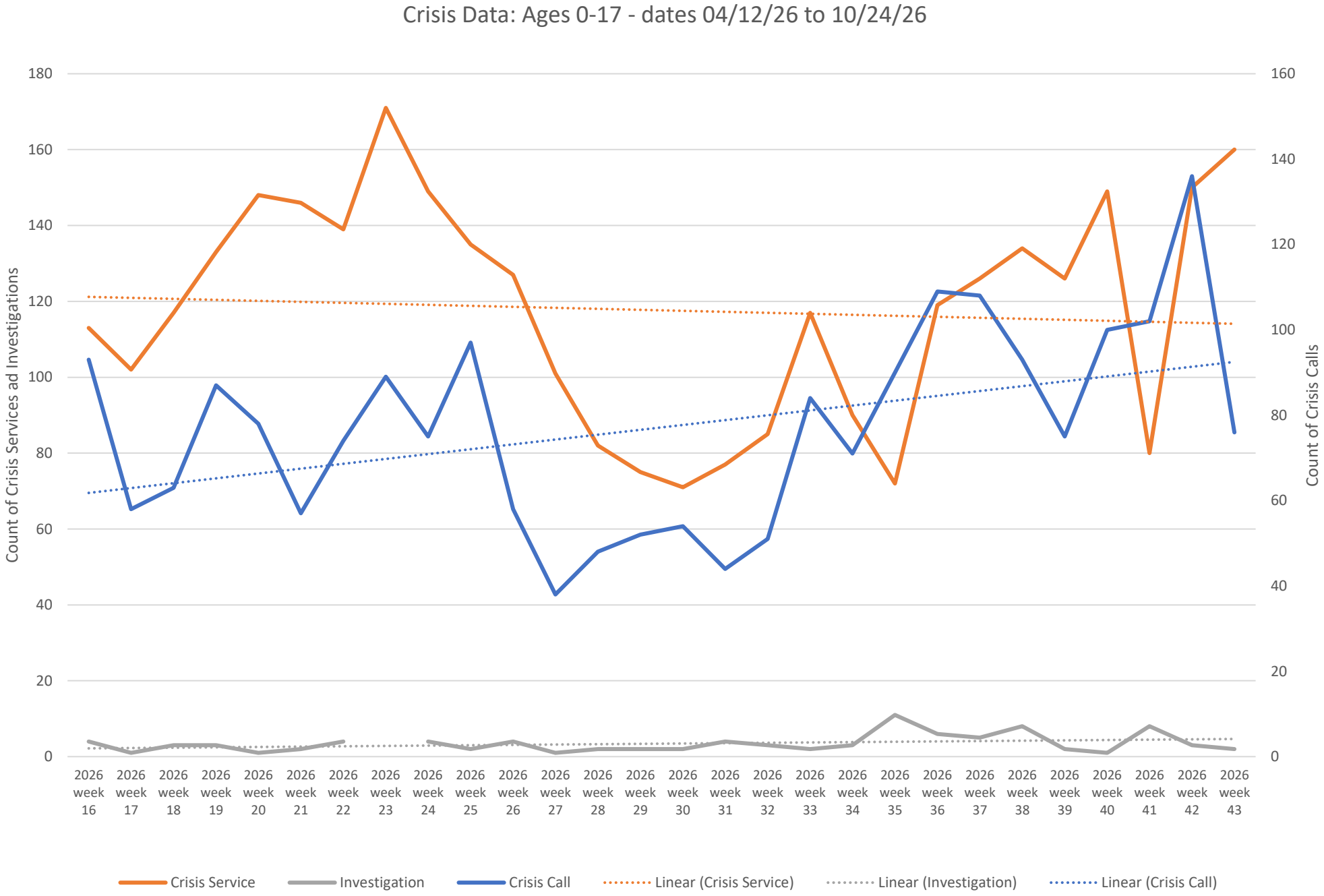
NORTH SOUND BH-ASO
Warrants Paid
October 2026

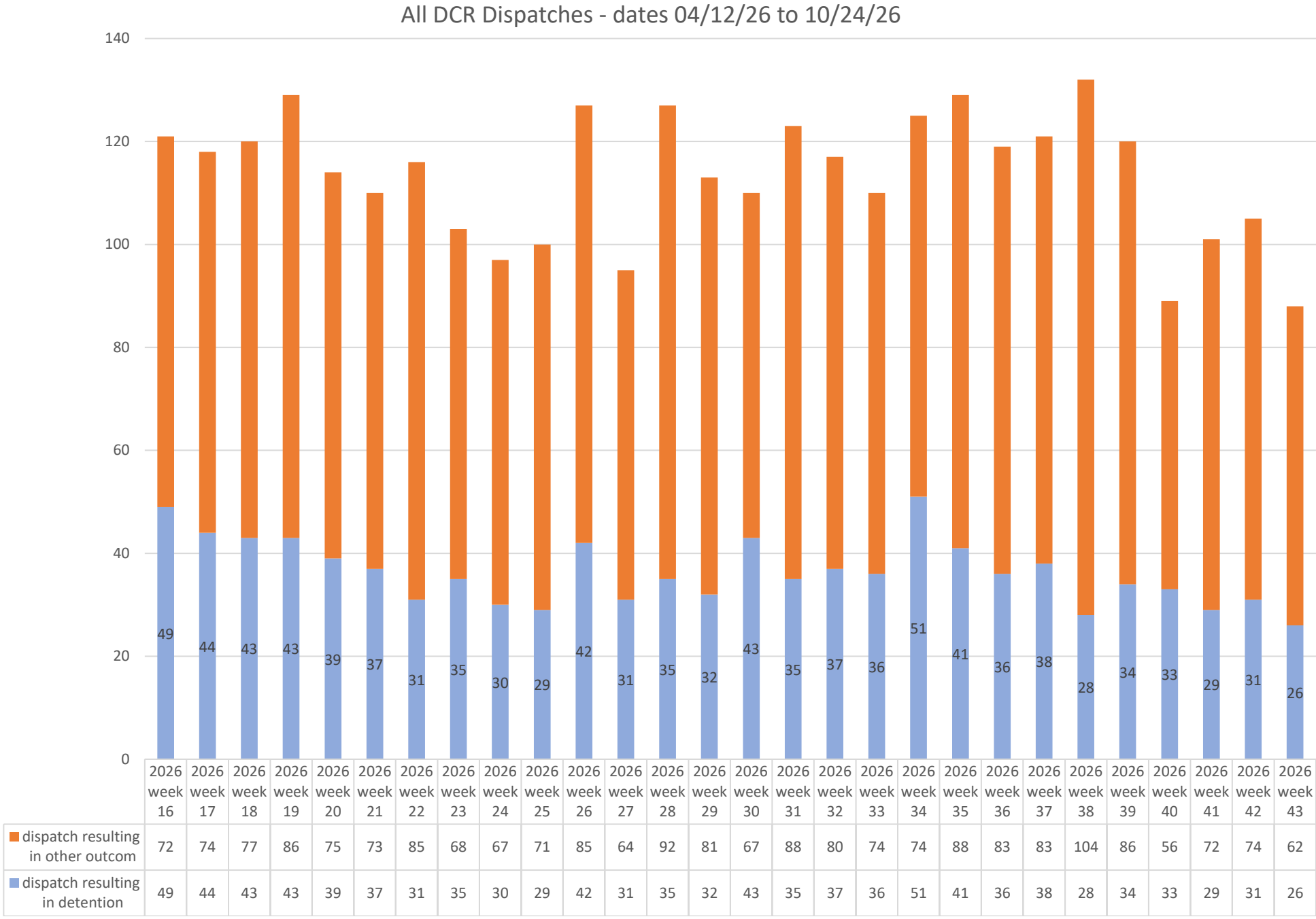
Type	Date	Num	Name	Amount
Bill Pmt -Check	10/23/2026	625853	WA State Auditors Office	-28,071.85
Bill Pmt -Check	10/30/2026	625931	American Behavioral Health Systems, Inc	-9,013.90
Bill Pmt -Check	10/30/2026	625953	Bridgeways	-83,295.33
Bill Pmt -Check	10/30/2026	625967	City of Mt Vernon	-9,771.81
Bill Pmt -Check	10/30/2026	625973	Compass Health	-93,608.27
Bill Pmt -Check	10/30/2026	625974	Consejo Counseling	-14,242.09
Bill Pmt -Check	10/30/2026	626157	Culligan NW	-13.95
Bill Pmt -Check	10/30/2026	625996	Evergreen Recovery	-159,928.48
Bill Pmt -Check	10/30/2026	626032	Lake Whatcom Center	-92,699.41
Bill Pmt -Check	10/30/2026	626035	Lifeline Connections	-14,412.46
Bill Pmt -Check	10/30/2026	626040	McIntyre Hall	-3,173.00
Bill Pmt -Check	10/30/2026	626050	Mount Baker Presbyterian Church	-21,569.44
Bill Pmt -Check	10/30/2026	626073	Pioneer Center	-35,460.51
Bill Pmt -Check	10/30/2026	625970	PointClickCare	-6,306.15
Bill Pmt -Check	10/30/2026	626077	Providence-Everett	-2,510.88
Bill Pmt -Check	10/30/2026	626094	San Juan County Health & Comm. Services	-6,427.74
Bill Pmt -Check	10/30/2026	626095	Sea Mar	-474,724.01
Bill Pmt -Check	10/30/2026	626104	Skagit County Clerk	-114,998.24
Bill Pmt -Check	10/30/2026	626148	Smokey Point Behavioral Hospital	-7,251.75
Bill Pmt -Check	10/30/2026	626115	Snohomish Co Juvenile	-11,532.92
Bill Pmt -Check	10/30/2026	626114	Snohomish Co Prosecuter	-7,910.75
Bill Pmt -Check	10/30/2026	626131	Telecare Corporation	-55,037.85
Bill Pmt -Check	10/30/2026	626144	US Bank	-4,041.55
Bill Pmt -Check	10/30/2026	IGT	Skagit County Auditor	-3,500.00
				-7,063,610.35
				-7,063,610.35
				-7,063,610.35

Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - dates 04/12/26 to 10/24/26
Page 3	Crisis Data: Ages 0-17 - dates 04/12/26 to 10/24/26
Page 4	All DCR Dispatches - dates 04/12/26 to 10/24/26
Page 5	Endorsed Team BH Emergency Episodes (Linked to H2011 Crisis services with ET and UB mod) from 04/12/26 to 10/24/26
Page 6	Mobile Response Episodes (Telehealth Not included) from 04/12/26 to 10/24/26
Page 7	Telehealth Mobile Response Episodes Only from 04/12/26 to 10/24/26
Page 8	Weekly Staff Count - Staff providing Crisis or Investigation services 04/12/26 to 10/24/26
Page 9	Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low
Page 10	Telehealth only, crisis and investigation services from 04/12/26 to 10/24/26
Page 11	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units - dates 04/12/26 to 10/24/26
Page 12	Place of Service -Crisis Services, percent of total by week
Page 13	Place of Service -Investigations, percent of total by week
Page 14	North Sound BH ASO Walkaway Chart 04/12/26 to 10/24/26


Crisis Data - dates 04/12/26 to 10/24/26
Crisis and Investigation service counts
Count of Crisis Calls
700
600
500
200
100
0
1,600
1,400
1,200
1,000
800
600
400
200
0
Latest Service Dates
Compass Health - 11/03/26
Snohomish County ICRS - 11/03/26
VOA Crisis Line - 11/03/26
2026 week 16
2026 week 17
2026 week 18
2026 week 19
2026 week 20
2026 week 21
2026 week 22
2026 week 23
2026 week 24
2026 week 25
2026 week 26
2026 week 27
2026 week 28
2026 week 29
2026 week 30
2026 week 31
2026 week 32
2026 week 33
2026 week 34
2026 week 35
2026 week 36
2026 week 37
2026 week 38
2026 week 39
2026 week 40
2026 week 41
2026 week 42
2026 week 43
Crisis Service
Investigation
Crisis Call
Linear (Crisis Service)
Linear (Investigation)
Linear (Crisis Call)


Crisis Data: Ages 0-17 - dates 04/12/26 to 10/24/26
Count of Crisis Services ad Investigations
Count of Crisis Calls
180
160
140
120
100
80
60
40
20
0
160
140
120
100
80
60
40
20
0
2026 week 16
2026 week 17
2026 week 18
2026 week 19
2026 week 20
2026 week 21
2026 week 22
2026 week 23
2026 week 24
2026 week 25
2026 week 26
2026 week 27
2026 week 28
2026 week 29
2026 week 30
2026 week 31
2026 week 32
2026 week 33
2026 week 34
2026 week 35
2026 week 36
2026 week 37
2026 week 38
2026 week 39
2026 week 40
2026 week 41
2026 week 42
2026 week 43
Crisis Service
Investigation
Crisis Call
Linear (Crisis Service)
Linear (Investigation)
Linear (Crisis Call)

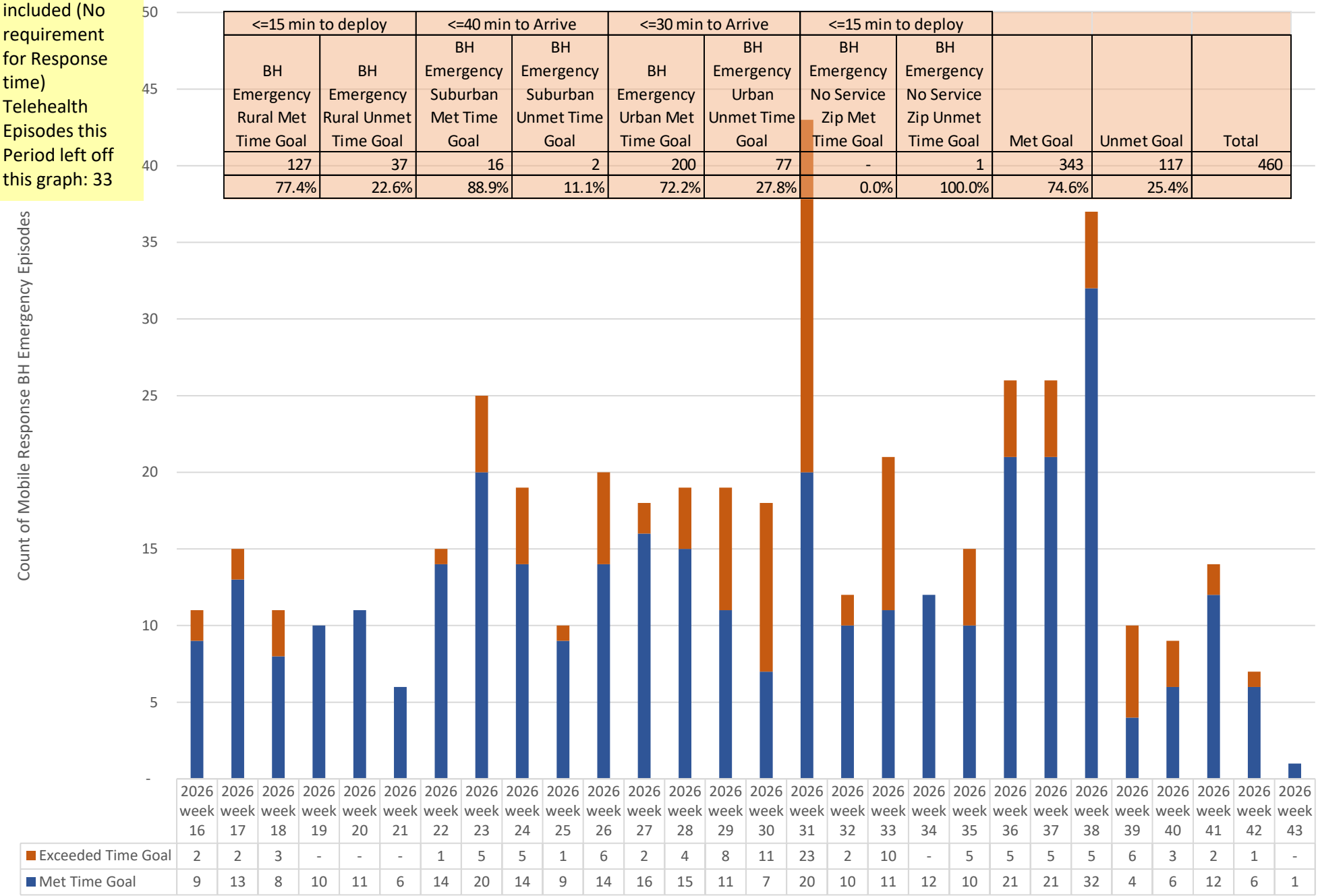


	2026 week 16	2026 week 17	2026 week 18	2026 week 19	2026 week 20	2026 week 21	2026 week 22	2026 week 23	2026 week 24	2026 week 25	2026 week 26	2026 week 27	2026 week 28	2026 week 29	2026 week 30	2026 week 31	2026 week 32	2026 week 33	2026 week 34	2026 week 35	2026 week 36	2026 week 37	2026 week 38	2026 week 39	2026 week 40	2026 week 41	2026 week 42	2026 week 43
dispatch resulting in other outcom	72	74	77	86	75	73	85	68	67	71	85	64	92	81	67	88	80	74	74	88	83	83	104	86	56	72	74	62
dispatch resulting in detention	49	44	43	43	39	37	31	35	30	29	42	31	35	32	43	35	37	36	51	41	36	38	28	34	33	29	31	26

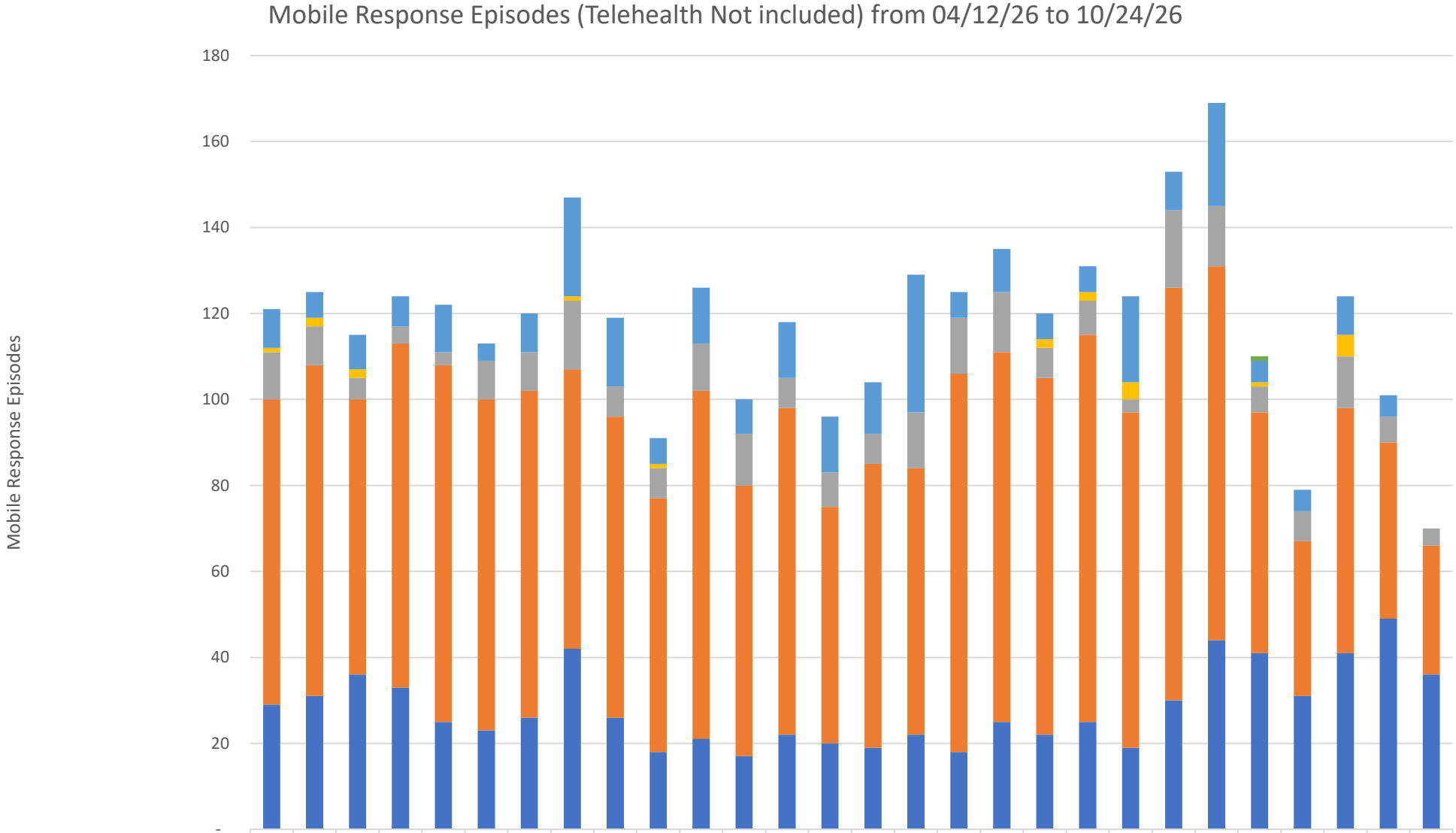
*Telehealth Endorsed Team Services not included (No requirement for Response time) Telehealth Episodes this Period left off this graph: 33

Endorsed Team BH Emergency Episodes (Linked to H2011 Crisis services with ET and UB mod) from 04/12/26 to 10/24/26

<=15 min to deploy		<=40 min to Arrive		<=30 min to Arrive		<=15 min to deploy				
BH Emergency Rural Met Time Goal	BH Emergency Rural Unmet Time Goal	BH Emergency Suburban Met Time Goal	BH Emergency Suburban Unmet Time Goal	BH Emergency Urban Met Time Goal	BH Emergency Urban Unmet Time Goal	BH Emergency No Service Zip Met Time Goal	BH Emergency No Service Zip Unmet Time Goal	Met Goal	Unmet Goal	Total
127	37	16	2	200	77	-	1	343	117	460
77.4%	22.6%	88.9%	11.1%	72.2%	27.8%	0.0%	100.0%	74.6%	25.4%	

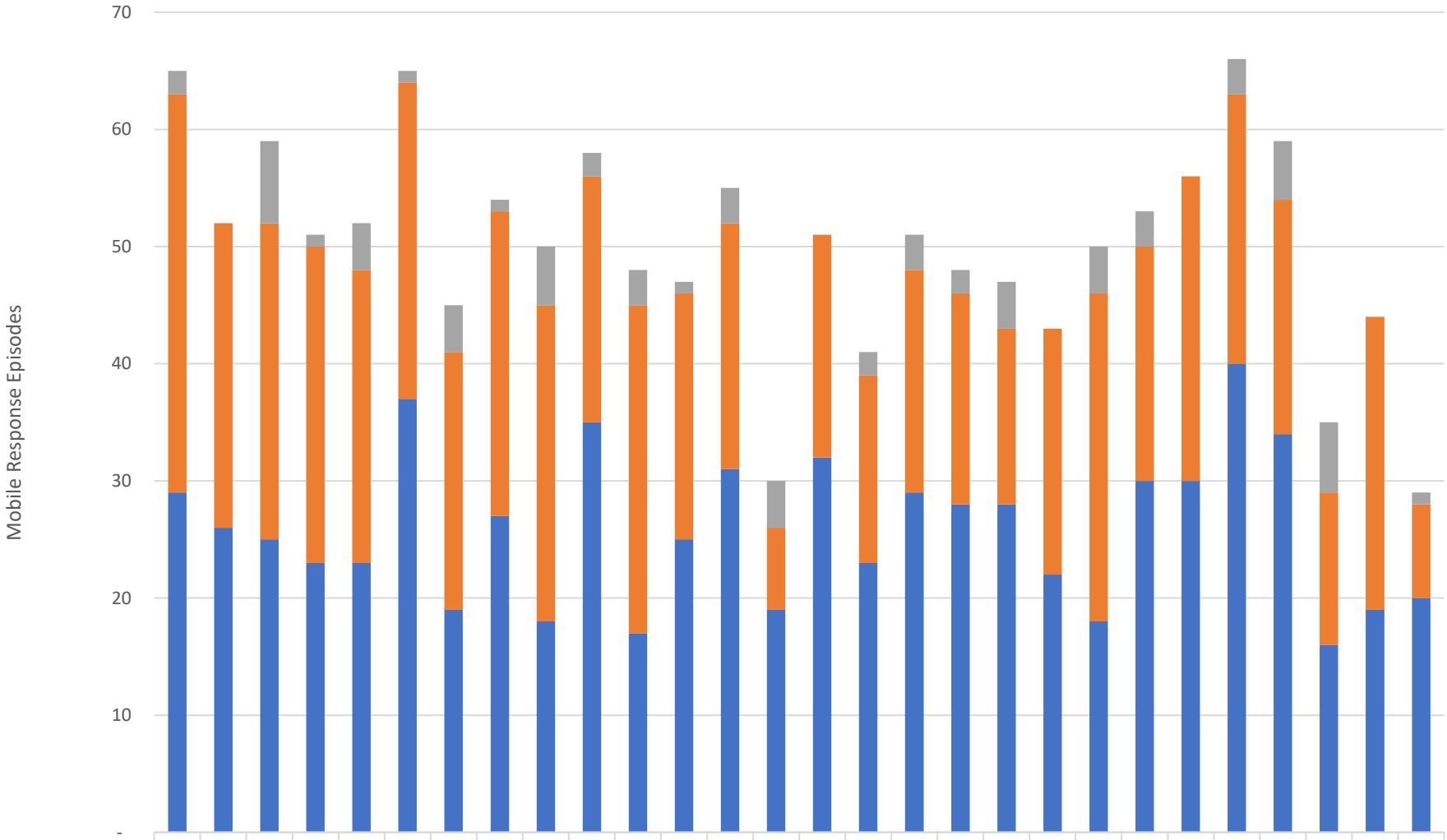


	2026 week 16	2026 week 17	2026 week 18	2026 week 19	2026 week 20	2026 week 21	2026 week 22	2026 week 23	2026 week 24	2026 week 25	2026 week 26	2026 week 27	2026 week 28	2026 week 29	2026 week 30	2026 week 31	2026 week 32	2026 week 33	2026 week 34	2026 week 35	2026 week 36	2026 week 37	2026 week 38	2026 week 39	2026 week 40	2026 week 41	2026 week 42	2026 week 43
Exceeded Time Goal	2	2	3	-	-	-	1	5	5	1	6	2	4	8	11	23	2	10	-	5	5	5	5	6	3	2	1	-
Met Time Goal	9	13	8	10	11	6	14	20	14	9	14	16	15	11	7	20	10	11	12	10	21	21	32	4	6	12	6	1



	2026 week 16	2026 week 17	2026 week 18	2026 week 19	2026 week 20	2026 week 21	2026 week 22	2026 week 23	2026 week 24	2026 week 25	2026 week 26	2026 week 27	2026 week 28	2026 week 29	2026 week 30	2026 week 31	2026 week 32	2026 week 33	2026 week 34	2026 week 35	2026 week 36	2026 week 37	2026 week 38	2026 week 39	2026 week 40	2026 week 41	2026 week 42	2026 week 43
BH Emergency No Service Zip	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
BH Emergency Urban	9	6	8	7	11	4	9	23	16	6	13	8	13	13	12	32	6	10	6	6	20	9	24	5	5	9	5	-
BH Emergency Suburban	1	2	2	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	2	2	4	-	-	1	-	5	-	-
BH Emergency Rural	11	9	5	4	3	9	9	16	7	7	11	12	7	8	7	13	13	14	7	8	3	18	14	6	7	12	6	4
Emergent	71	77	64	80	83	77	76	65	70	59	81	63	76	55	66	62	88	86	83	90	78	96	87	56	36	57	41	30
Urgent	29	31	36	33	25	23	26	42	26	18	21	17	22	20	19	22	18	25	22	25	19	30	44	41	31	41	49	36

Telehealth Mobile Response Episodes Only from 04/12/26 to 10/24/26

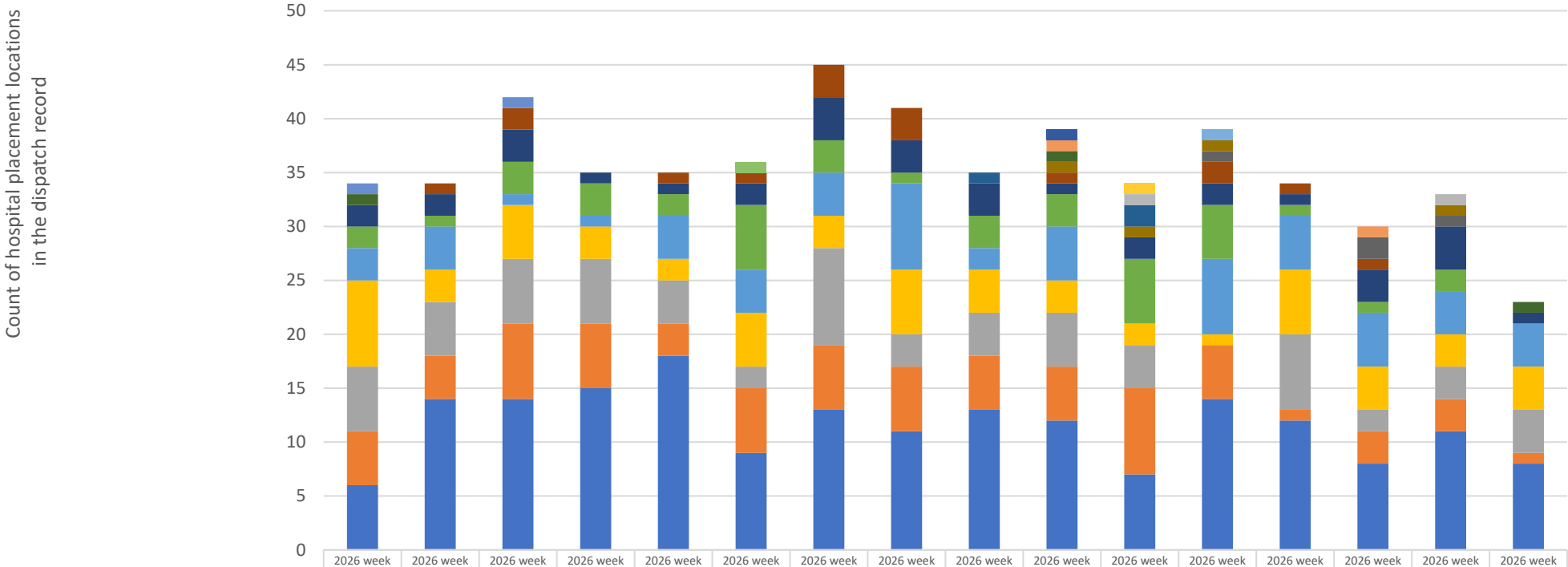


	2026 week 16	2026 week 17	2026 week 18	2026 week 19	2026 week 20	2026 week 21	2026 week 22	2026 week 23	2026 week 24	2026 week 25	2026 week 26	2026 week 27	2026 week 28	2026 week 29	2026 week 30	2026 week 31	2026 week 32	2026 week 33	2026 week 34	2026 week 35	2026 week 36	2026 week 37	2026 week 38	2026 week 39	2026 week 40	2026 week 41	2026 week 42	2026 week 43
BH Emergency	2	-	7	1	4	1	4	1	5	2	3	1	3	4	-	2	3	2	4	-	4	3	-	3	5	6	-	1
Emergent	34	26	27	27	25	27	22	26	27	21	28	21	21	7	19	16	19	18	15	21	28	20	26	23	20	13	25	8
Urgent	29	26	25	23	23	37	19	27	18	35	17	25	31	19	32	23	29	28	28	22	18	30	30	40	34	16	19	20



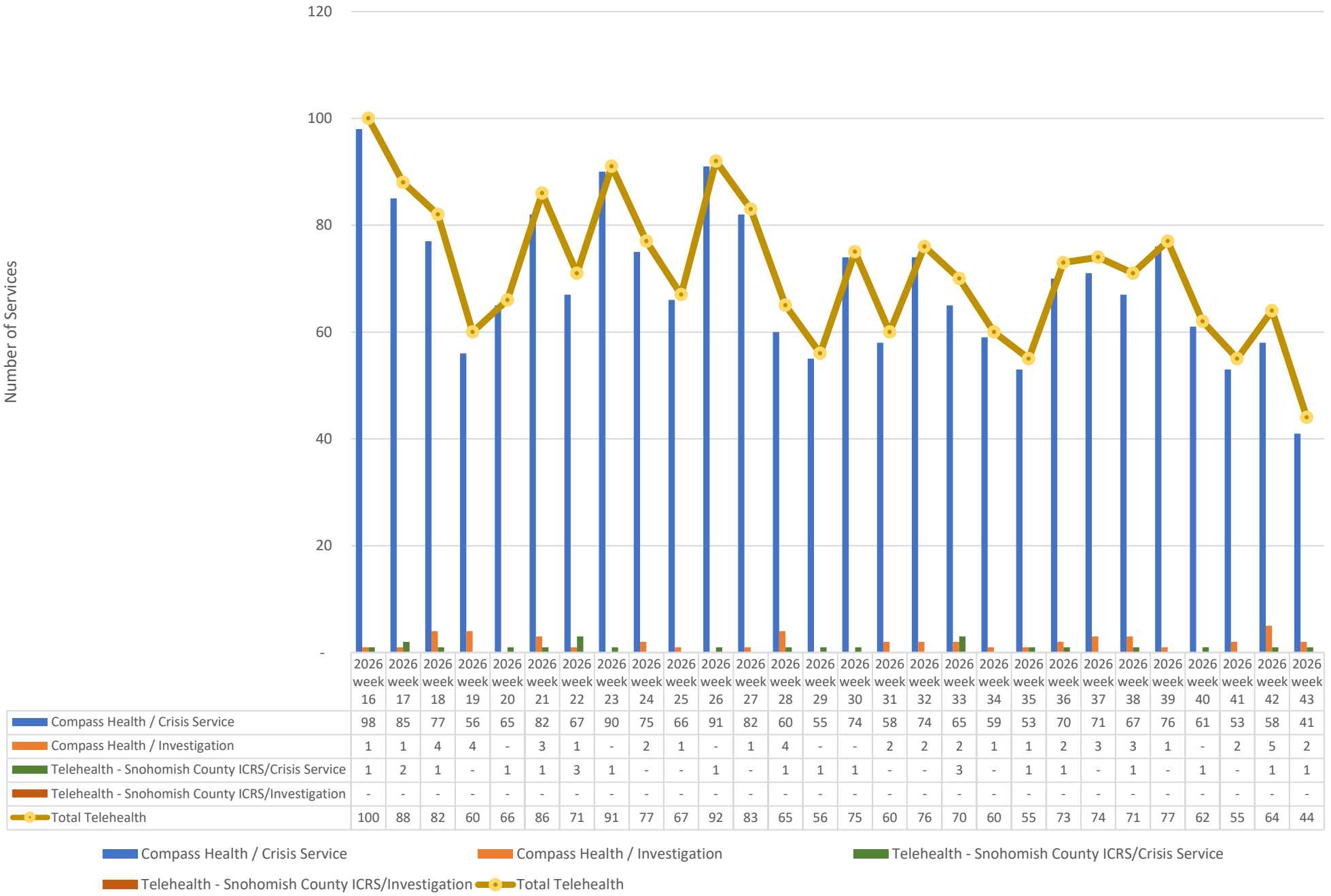
	2026 week 16	2026 week 17	2026 week 18	2026 week 19	2026 week 20	2026 week 21	2026 week 22	2026 week 23	2026 week 24	2026 week 25	2026 week 26	2026 week 27	2026 week 28	2026 week 29	2026 week 30	2026 week 31	2026 week 32	2026 week 33	2026 week 34	2026 week 35	2026 week 36	2026 week 37	2026 week 38	2026 week 39	2026 week 40	2026 week 41	2026 week 42	2026 week 43
Total	82	77	79	79	80	82	84	78	76	82	85	75	82	75	85	74	79	77	81	72	75	74	74	78	77	64	75	71

Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low

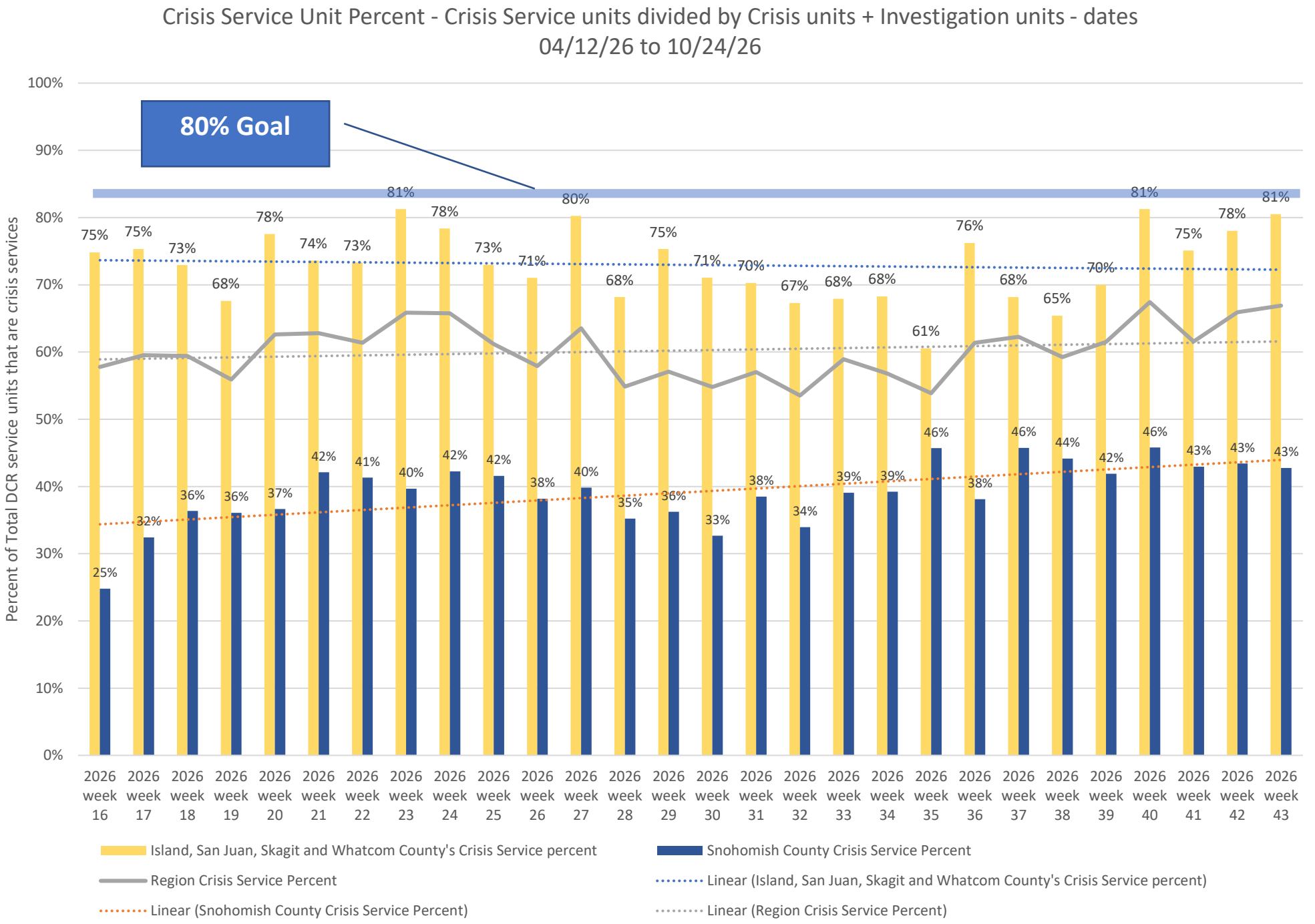


	2026 week 28	2026 week 29	2026 week 30	2026 week 31	2026 week 32	2026 week 33	2026 week 34	2026 week 35	2026 week 36	2026 week 37	2026 week 38	2026 week 39	2026 week 40	2026 week 41	2026 week 42	2026 week 43
South Sound Vest Thurston										1						
ST JOSEPH MEDICAL CENTER						1										
Pierce EandT TELECARE												1				
SWEDISH MEDICAL CENTER CHERRY HILL											1					
Telecare Mental Health Serv Of WA											1				1	
Swedish Mill Creek										1				1		
Valley Cities Counseling And Consultation	1		1													
Mukilteo	1									1						1
THURSTON/MASON EandT FACILITY									1		2					
Multicare Behavioral Health Inpatient Services - Auburn										1	1	1			1	
Western State												1		2	1	
ABHS Chehalis		1	2		1	1	3	3		1		2	1	1		
BHC Fairfax Hospital INC	2	2	3	1	1	2	4	3	3	1	2	2	1	3	4	1
Telecare North Sound Evaluation and Treatment	2	1	3	3	2	6	3	1	3	3	6	5	1	1	2	
Skagit Valley Hospital	3	4	1	1	4	4	4	8	2	5		7	5	5	4	4
SWEDISH EDMONDS	8	3	5	3	2	5	3	6	4	3	2	1	6	4	3	4
SMOKEY POINT BEHAVIORAL HOSPITAL	6	5	6	6	4	2	9	3	4	5	4		7	2	3	4
Peacehealth Bellingham	5	4	7	6	3	6	6	6	5	5	8	5	1	3	3	1
Providence Everett	6	14	14	15	18	9	13	11	13	12	7	14	12	8	11	8

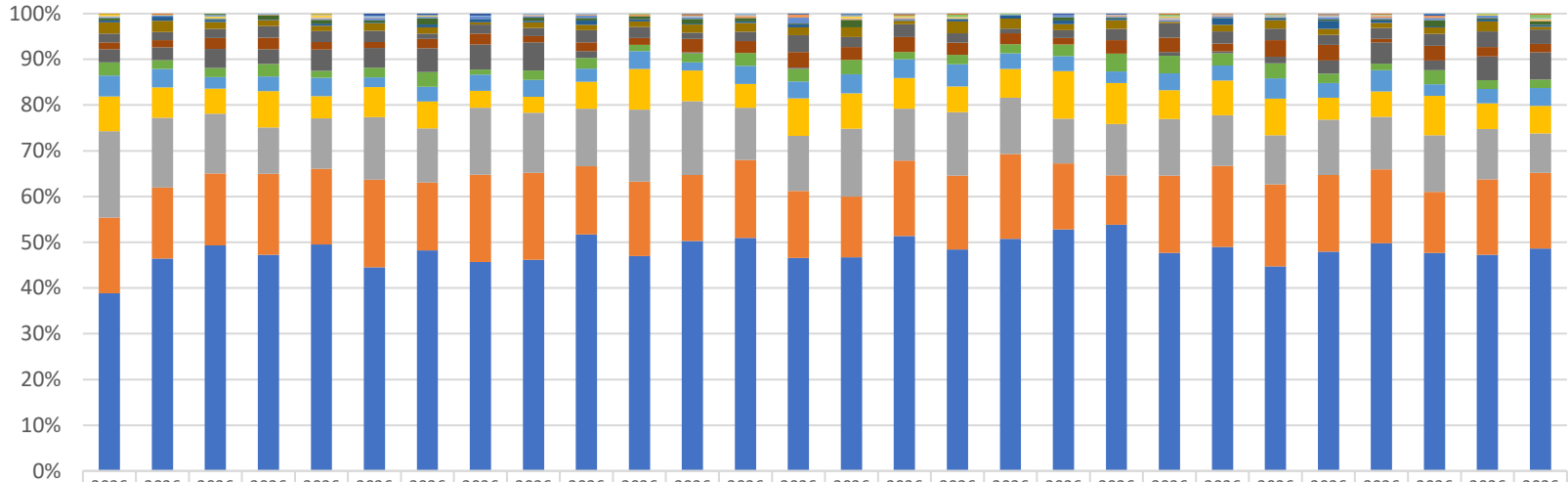
Telehealth only, crisis and investigation services from 04/12/26 to 10/24/26



	2026 week 16	2026 week 17	2026 week 18	2026 week 19	2026 week 20	2026 week 21	2026 week 22	2026 week 23	2026 week 24	2026 week 25	2026 week 26	2026 week 27	2026 week 28	2026 week 29	2026 week 30	2026 week 31	2026 week 32	2026 week 33	2026 week 34	2026 week 35	2026 week 36	2026 week 37	2026 week 38	2026 week 39	2026 week 40	2026 week 41	2026 week 42	2026 week 43
Compass Health / Crisis Service	98	85	77	56	65	82	67	90	75	66	91	82	60	55	74	58	74	65	59	53	70	71	67	76	61	53	58	41
Compass Health / Investigation	1	1	4	4	-	3	1	-	2	1	-	1	4	-	-	2	2	2	1	1	2	3	3	1	-	2	5	2
Telehealth - Snohomish County ICRS/Crisis Service	1	2	1	-	1	1	3	1	-	-	1	-	1	1	1	-	-	3	-	1	1	-	1	-	1	-	1	1
Telehealth - Snohomish County ICRS/Investigation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Telehealth	100	88	82	60	66	86	71	91	77	67	92	83	65	56	75	60	76	70	60	55	73	74	71	77	62	55	64	44

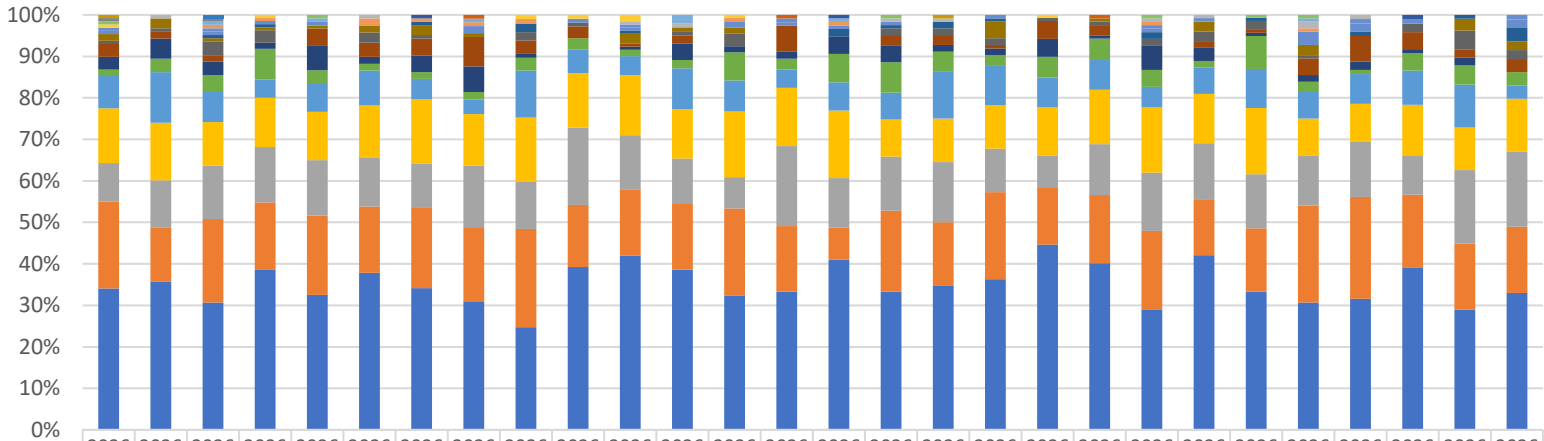

Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units - dates 04/12/26 to 10/24/26
80% Goal
Percent of Total DCR service units that are crisis services
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2026 week 16
2026 week 17
2026 week 18
2026 week 19
2026 week 20
2026 week 21
2026 week 22
2026 week 23
2026 week 24
2026 week 25
2026 week 26
2026 week 27
2026 week 28
2026 week 29
2026 week 30
2026 week 31
2026 week 32
2026 week 33
2026 week 34
2026 week 35
2026 week 36
2026 week 37
2026 week 38
2026 week 39
2026 week 40
2026 week 41
2026 week 42
2026 week 43
Island, San Juan, Skagit and Whatcom County's Crisis Service percent
Snohomish County Crisis Service Percent
Region Crisis Service Percent
Linear (Island, San Juan, Skagit and Whatcom County's Crisis Service percent)
Linear (Snohomish County Crisis Service Percent)
Linear (Region Crisis Service Percent)

Place of Service -Crisis Services, percent of total by week

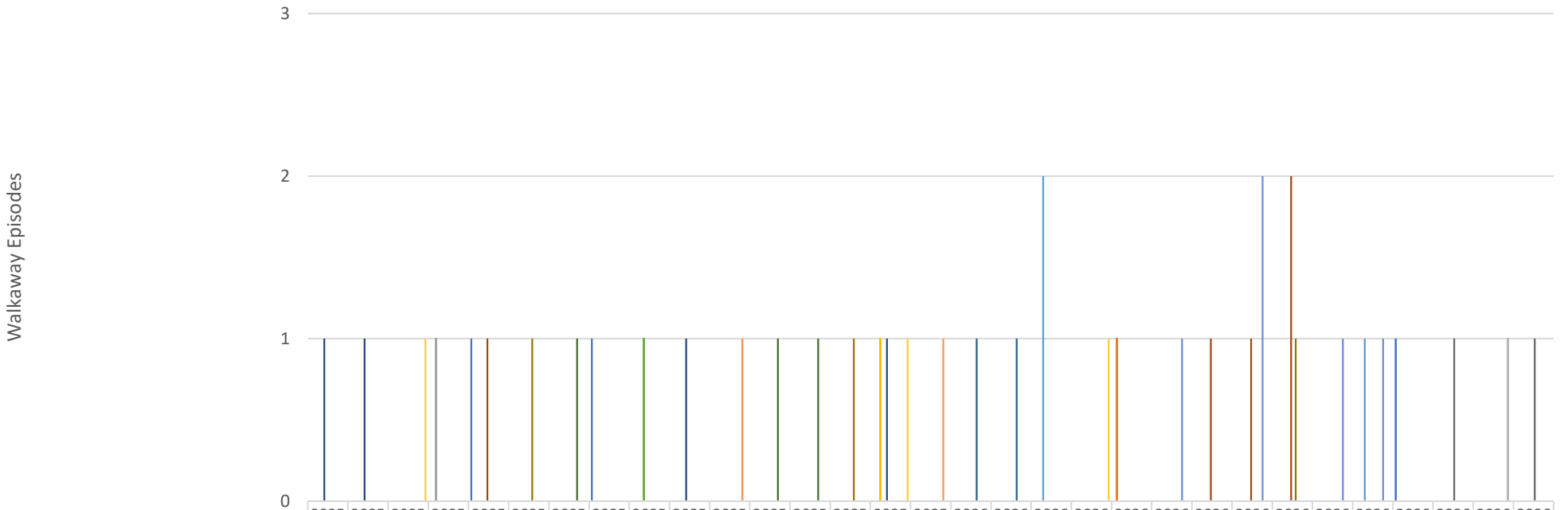


	2026 week 16	2026 week 17	2026 week 18	2026 week 19	2026 week 20	2026 week 21	2026 week 22	2026 week 23	2026 week 24	2026 week 25	2026 week 26	2026 week 27	2026 week 28	2026 week 29	2026 week 30	2026 week 31	2026 week 32	2026 week 33	2026 week 34	2026 week 35	2026 week 36	2026 week 37	2026 week 38	2026 week 39	2026 week 40	2026 week 41	2026 week 42	2026 week 43
Independent Clinic			1																									
Psychiatric Facility-Partial Hospitalization															1											1		
Non residential Substance Abuse Treatment Facility	1				1																							
Residential SUD			1									1			1	1								1				
Skilled Nursing Facility		1										1				1	1				1	1	1	1	1			1
Nursing Facility			1			3	2	3						1					2	1						1		
Community Mental Health Center											1					1	3	1			2		1		1		1	4
Custodial Care Facility			1	1	1	2	1	1	1	1			1		1			1			1			1				1
Temporary Lodging	2	1	2		3		1								2	1	1				1						1	1
On Campus Outpatient Hospital	1				1				1			2	2		1	1	1			1	2	2	3	2	1			
Psych. Residential				1	1	1			1	1	2		2	3	1	1				1	1	1			2	2		1
Group Home	1	2	1		1	3	2	3	2	3		2		6		1			3	1	2	2		3	2	2	3	
Homeless Shelter	3		1	5	5	3	8		4	3	4	5	4	1	8		1		4	1		1	1	2	1	6	2	4
Assisted Living Facility	2	5	3	1	3	1	4	5	2	5	3	1	2	3		1	2	4	5	2		9	3	11	3	1	2	2
Inpatient Hospital	13	14	9	7	7	10	8	3	7	6	7	9	10	8	11	4	14	12	8	9	2	9	12	8	6	6	12	3
Inpatient Psychiatric Facility	10	10	12	14	14	15	7	12	10	14	14	7	11	17	11	14	11	6	10	12	18	17	16	14	13	11	18	15
Unassigned	8	9	14	14	10	8	12	15	8	10	9	15	14	16	14	17	14	13	9	14	18	11	23	21	4	14	11	9
School	15	16	25	18	28	26	31	34	35	8		1		1							5	3	9	18	25	9	28	29
Prison Correctional Facility	15	11	12	15	9	13	19	7	12	12	8	10	15	13	16	8	11	11	15	19	22	17	21	13	8	13	10	9
Other Place of Service	24	23	15	18	24	13	19	22	21	15	23	9	21	17	21	21	26	19	20	12	21	21	28	20	25	11	17	19
Emergency Room Hospital	40	38	33	44	29	40	35	23	20	31	52	34	28	38	39	34	30	35	63	43	36	49	51	30	30	37	30	29
Telehealth	99	87	78	56	66	83	70	91	75	66	92	82	61	56	75	58	74	68	59	54	71	71	68	76	62	53	59	42
Home	87	89	94	98	99	117	88	119	109	78	95	73	91	68	67	84	86	103	87	52	97	114	114	105	87	57	88	80
Office	204	265	295	262	296	271	286	284	264	271	275	255	272	216	236	262	258	281	319	259	273	315	284	300	269	204	253	236

Place of Service -Investigations, percent of total by week



	2026 week 16	2026 week 17	2026 week 18	2026 week 19	2026 week 20	2026 week 21	2026 week 22	2026 week 23	2026 week 24	2026 week 25	2026 week 26	2026 week 27	2026 week 28	2026 week 29	2026 week 30	2026 week 31	2026 week 32	2026 week 33	2026 week 34	2026 week 35	2026 week 36	2026 week 37	2026 week 38	2026 week 39	2026 week 40	2026 week 41	2026 week 42	2026 week 43
Independent Clinic			1																									
Temporary Lodging	1																1											
Non residential Substance Abuse Treatment Facility	1		1																									
Nursing Facility								1						1						1								
Psychiatric Facility-Partial Hospitalization							1								1											1		
On Campus Outpatient Hospital	1				1											1					1		1	1				
Residential SUD			1		1			1				2			1									1				
Homeless Shelter	1			1					1	1	2		1						1									
Skilled Nursing Facility		1				1					1	1				1	1				1	1		2	1			
Custodial Care Facility			1	1		2	1	1	1				1		1						1			1				
Assisted Living Facility	1		1					2		1	1			1				1			1			4	1	1		1
Psych. Residential	1		1	1	1						1		2	1	1	1					1	1			2			2
Community Mental Health Center			1	1			1		2		1				2	1	2	1			2		1		1		1	3
Office	2	3	1	1	1	2	3	1			3	1	2					5		1		3		3			3	2
Telehealth	1	1	4	4		3	1		2	1		1	4			2	2	2	1	1	2	3	3	1		2	5	2
Group Home	4	2	2		5	4	5	8	3	3	1	2		7		3	3	1	6	3		2	1	5	6	4	2	3
Other Place of Service	4	6	4	2	7	2	5	7	1		1	4	2	2	5	5	2	2	6	1	7	4	1	2	2	1	2	
Unassigned	2	4	5	10	4	2	2	2	3	3	2	2	9	3	8	9	6	3	7	6	5	2	11	3	1	4	5	3
Inpatient Hospital	10	15	9	6	8	10	6	4	11	6	6	10	10	5	8	8	14	12	10	9	6	8	13	8	7	8	11	3
Prison Correctional Facility	17	17	13	16	14	15	19	14	15	14	19	12	21	16	19	11	13	13	16	16	19	15	22	11	9	12	11	12
Inpatient Psychiatric Facility	12	14	16	18	16	14	13	17	11	20	17	11	10	22	14	16	18	13	11	15	17	17	18	15	13	9	19	17
Home	27	16	25	22	23	19	24	20	23	16	21	16	28	18	9	24	19	26	19	20	23	17	21	29	24	17	17	15
Emergency Room Hospital	44	44	38	52	39	45	42	35	24	42	55	39	43	38	48	41	43	45	62	49	35	53	46	38	31	38	31	31



	2025 Week 03	2025 Week 04	2025 Week 05	2025 Week 06	2025 Week 09	2025 Week 11	2025 Week 13	2025 Week 17	2025 Week 19	2025 Week 20	2025 Week 21	2025 Week 23	2025 Week 25	2025 Week 36	2025 Week 47	2025 Week 53	2026 Week 05	2026 Week 09	2026 Week 17	2026 Week 20	2026 Week 26	2026 Week 30	2026 Week 31	2026 Week 32	2026 Week 34	2026 Week 35	2026 Week 36	2026 Week 38	2026 Week 39	2026 Week 41	2026 Week 42
Cascade Valley					1			1																				1			
Cascade Valley ER																				1											
Island				1																											
Island Health															1																
Island Hospital																			2								1				
N/A Island County Jail									1																						
Peace Health	1	1								1					1																
Providence					1																		1	1	2						
Skagit Valley																													1		1
St. Joes						1								1											1						
St. Joes- Bellingham																	1	1													
St. Joseph							1					1	1																		
St. Josephs																					1		2		1	1					
Swedish Edmonds											1					1															
Whatcom Co Juvenile Detention Center																													1		
Whidbey Health			1												1					1											