

	CONTRACT AMENDMENT For Peer Pathfinder Services	HCA Contract No.: 1769-97716 Amendment No.: 05
THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.		
CONTRACTOR NAME North Sound Behavioral Health Administrative Services Organization, LLC	CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 301 Valley Mall Way Suite 110 Mount Vernon, WA 98273-5462	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 603 583 336	
AMENDMENT START DATE: July 1, 2019	CONTRACT END DATE: September 30, 2019	
PRIOR MAXIMUM CONTRACT AMOUNT \$262,662	AMOUNT OF INCREASE \$28,961	TOTAL MAXIMUM CONTRACT AMOUNT \$291,623

WHEREAS, HCA and Contractor previously entered into a Contract for peer recovery support services in the Peer Pathfinder program, and;

WHEREAS, HCA and Contractor wish to amend the Contract to reflect a business name change, correct a date error in a previous amendment, amend a definition and the Statement of Work, add funding and deliverables, and clarify funding sources;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. Contractor's business name is hereby changed from North Sound Behavioral Health Organization, LLC to North Sound Behavioral Health Administrative Services Organization, LLC, also known as North Sound BH-ASO.
2. The effective date of Amendment 4 is hereby corrected to reflect the start date from August 1, 2019 to July 1, 2019.
3. **Section 1. Definitions Specific to Special Terms** is amended to replace the following definition to read:

"MAT" means Medication Assisted Treatment using FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulation or implantable buprenorphine) in combination with psychosocial interventions.
4. **Section 3. Statement of Work**, subsection a (3), is replace hereto to read:

Connect to mainstream resources: PATHFINDER staff will target individuals with suspected opioid addictions and assist individuals with substance use disorders navigate the Medicaid application process. PATHFINDER staff will undertake training as a 'Volunteer Assister.'

Community partners affiliated with a community-based organization in Washington State are offered the opportunity to complete training on eligibility criteria for Apple Health (Medicaid) coverage and how to navigate in the health plan finder application web portal. After completing this training PATHFINDER Staff will then apply for "volunteer" access in Health plan finder and will track the application through the approval process and work to ensure individuals obtain the health care coverage needed for treatment and services.

5. **Section 4. Consideration** is amended to reflect the addition of \$28,961, increasing the Contract maximum from \$262,662 to \$291,623.
6. **Section 4, Consideration** is amended to add the following,

Consideration shall be based upon receipt and acceptance of deliverables established in the Performance and Payment Chart(s) below. If performance does not meet that required under the Performance and Payment Chart(s), payment may be earned after receipt and approval by the DBHR Contract Manager of a corrective action plan that clearly and satisfactorily describes how and when performance will be met.

7. **Section 4. Consideration, Performance and Payment Chart, Goal 9 and 10**, is amended to be deleted and replaced with the following,

Deliverables for Goals 9 and 10 are funded with Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response funds and are subject to all restrictions and rules associated with that funding stream.

Performance and Payment Chart				
Goal #	Task	Due Date	Performance Measure	Payment
9	Reports on the activities of the Peer pathfinder project using the DBHR template to document the steps, successes and lessons learned. Funding will be prorated for any unfilled positions.	Report due Quarterly by the 20 th of the following month of service.	Receipt of Report submitted and approved identifying training provided to SUD Peers, coordination with emergency departments, CoCs etc.	1 report @\$5,000 totaling \$5,000 for this goal.
10	Provide outreach and engagement services to individuals who are homeless/risk of homelessness and suspected of OUD with two SUD Peer FTE positions. Assist individuals with suspected OUD to access Medicaid Assisted Treatment (MAT) Services, access Medicaid and other governmental funding such as SNAP. Funding will be prorated for any unfilled positions	Due monthly by the 20 th of the following month of service.	Receipt of a monthly HMIS performance report [GNRL-220] indicating the number of individuals contacted through outreach efforts, provided to individuals. Payment will be prorated for FTEs	3 reports @ \$7,987 each totaling \$23,961 for this goal.
Total				\$28,961.00

8. **Section 4, Consideration, Performance and Payment chart, Goal 11 from Amendment 4** is hereby deleted and replaced with Goal 12 as follows,

Deliverables for Goal 12 are funded with State Substance Abuse Grant dollars and are subject to all restrictions and rules associated with that funding stream.

Performance and Payment Chart				
Goal #	Task	Due Date	Performance Measure	Payment
12	Purchase technology that allows Peer Pathfinders to improve their ability to improve their ability to complete paperwork in the field while doing street outreach and engagement work.	Due by February 15, 2020	Receipt of technology purchase. Receipt cannot exceed \$10,000. Receipt must be received by HCA no later than February 15, 2020 for payment to be approved.	Copy of receipt(s) up to \$10,000 for this goal.
Total				\$10,000

9. This Amendment will be effective July 1, 2019 (“Effective Date”).
10. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
11. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by HCA.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
HCA SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED