

**CONTRACT
AMENDMENT
For Peer Pathfinder Services**

HCA Contract No.: 1769-97718
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 amend a definition, and add funding and deliverables to statement of work;

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

- 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.

- 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.

3. **Section 4. Consideration** is amended to reflect the addition of \$28,961, increasing the Contract maximum from \$262,662 to \$291,623.
4. **Section 4. Consideration**, Performance and Payment Chart is amended to replace deliverables for Goals 9 and 10 as follows,

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

5. This Amendment will be effective July 1, 2019 (“Effective Date”).
6. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
7. 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