

	<b>CONTRACT AMENDMENT</b> For Peer Pathfinder Services	HCA Contract No.: 1769-97718 Amendment No.: 06
<b>THIS AMENDMENT TO THE CONTRACT</b> 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.		
<b>CONTRACTOR NAME</b> North Sound Behavioral Health Organization, LLC	<b>CONTRACTOR doing business as (DBA)</b>	
<b>CONTRACTOR ADDRESS</b> 301 Valley Mall Way, Suite 110 Mount Vernon, WA 98273-5462	<b>WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)</b> 603 583 336	
<b>AMENDMENT START DATE:</b> October 1, 2019		<b>CONTRACT END DATE:</b> April 30, 2020
<b>PRIOR MAXIMUM CONTRACT AMOUNT</b> \$291,623	<b>AMOUNT OF INCREASE</b> \$65,909	<b>TOTAL MAXIMUM CONTRACT AMOUNT</b> \$357,532

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 extend the term add definitions, add funding and deliverables, and clarify funding sources;

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

1. **Term.** Contract term is hereby extended, for all deliverables, to April 30, 2020.
2. **Section 1. Definitions Specific to Special Terms** is hereby amended to add definitions in alphabetical order as follows:

“Agreement” means this Agreement and any Exhibits and other documents attached or incorporated by reference.

“Block Grant” means the Washington State Community Development Block Grant (CDBG) program sets aside limited funds for the following specialty grants to assist specific types of projects: Economic Opportunity, Housing Enhancement, and Public Services. The State CBDG program is funded by the U.S. Department of Housing and Urban Development (HUD).

“Case Management” for PATHFINDER Clients means:

- (1) Preparing a plan for the provision of community mental health or co-occurring Substance Use Disorder services to PATHFINDER Eligible Homeless individuals, and reviewing such plan not less than once every 3 months.

- (2) Providing assistance in obtaining and coordinating social and maintenance services for PATHFINDER Eligible Homeless individuals, including services relating to daily living activities, personal financial planning, transportation, Habilitation and Rehabilitation services, prevocational and vocational services, and Housing Services.
- (3) Providing assistance to PATHFINDER Eligible Homeless individuals in obtaining income support services, including housing assistance, food stamps, supplemental security, disability income benefits, and veterans' benefits.
- (4) Referring PATHFINDER Eligible Homeless individuals for other services consistent with the PATH client's needs.

“SAMHSA” means the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

“State Opioid Response” or “SOR” means an award from the Substance Abuse and Mental Health Services Administration (SAMHSA) to help DHHS and substance use disorder providers combat the opioid crisis in Washington. It is a statewide effort to address the opioid epidemic through increased access to prevention, treatment, and recovery services.

- 3. **Section 4, Consideration**, is hereby amended to increase the maximum compensation by \$65,909 from \$291,623 to a maximum of \$357,532.
- 4. **Section 4, Consideration, Performance and Payment Chart** is hereby amended to replace deliverables for Goals 9 and 10, as follows,

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 <sup>th</sup> of the following month.	Receipt of Report submitted and approved identifying training provided to SUD Peers, coordination with emergency departments, CoCs etc.	2 report @\$5,000 totaling \$10,000 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 <sup>th</sup> of the following month.	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	7 reports @ \$7,987 each totaling \$55,909 for this goal
			<b>Total</b>	<b>\$65,909</b>

5. **Section 7, Billing and Payment** is hereby deleted and replaced with the following:

7. Billing and Payment

- a. Invoice System. The Contractor shall submit invoices using State Form A-19 Invoice Voucher, or such other form as designated by the Health Care Authority. Consideration for services rendered shall be payable upon receipt of properly completed invoices which shall be submitted to the DBHR program manager managing this contract by the Contractor not more often than monthly. The invoices shall describe and document to DBHR's satisfaction a description of the work performed, activities accomplished, the progress of the project, and fees. The rates shall be in accordance with those set forth in Section 4, Consideration, of this Contract.
  - (1) **Payment.** Invoices for payment submitted by the Contractor to HCA for amounts due and payable under this agreement that were incurred prior to the expiration date shall be paid by HCA if received by HCA within 60 days after the expiration date.
- b. Payment. Payment shall be considered timely if made by the Health Care Authority within thirty (30) days after receipt and acceptance by the Division of Rates and Finance of the properly completed invoices. Payment shall be sent to the address designated by the Contractor on page one (1) of this Agreement. The Health Care Authority may, at its sole discretion, withhold payment claimed by the Contractor for services rendered if Contractor fails to satisfactorily comply with any term or condition of this Agreement.

- 6. This Amendment will be effective October 1, 2019 (“Effective Date”).
- 7. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
- 8. 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