

North Sound Behavioral Health Administrative Services Organization Whatcom County Triage Cost Reimbursement Budget Pioneer Human Services		
Six Month Budget July 1, 2024 to December 31, 2024		
Revenues		
General State Funds	\$	225,000.00
Total	\$	225,000.00
Expenses		
Whatcom Triage	\$	225,000.00
Total	\$	225,000.00
Budget Amount	\$	225,000.00
Expenses		-
Balance	\$	225,000.00

North Sound Behavioral Health Administrative Services Organization Skagit County Triage Cost Reimbursement Budget Pioneer Human Services		
Six Month Budget July 1, 2024 to December 31, 2024		
Revenues		
General State Funds	\$	100,000.00
Total	\$	100,000.00
Expenses		
Skagit Triage	\$	100,000.00
Total	\$	100,000.00
Budget Amount	\$	100,000.00
Expenses		-
Balance	\$	100,000.00

North Sound Behavioral Health Administrative Services Organization Island County Triage Cost Reimbursement Budget Pioneer Human Services		
Six Month Budget July 1, 2024 to December 31, 2024		
Revenues		
General State Funds	\$	225,000.00
Total	\$	225,000.00
Expenses		
Island Triage	\$	225,000.00
Total	\$	225,000.00
Budget Amount	\$	225,000.00
Expenses		-
Balance	\$	225,000.00

North Sound Behavioral Health Administrative Services Organization Behavioral Health Enhancement Funds Cost Reimbursement Budget Pioneer Human Services		
Six Month Budget July 1, 2024 to December 31, 2024		
Revenues		
BHEF Proviso Funds	\$	70,200.00
Total	\$	70,200.00
Expenses		
Retention and Recruitment	\$	70,200.00
Total	\$	70,200.00
Budget Amount	\$	70,200.00
Expenses		-
Balance	\$	70,200.00



EXHIBIT D(a): PROVIDER DELIVERABLES

PROVIDER: Pioneer Human Services

CONTRACT: NORTH SOUND BH-ASO-PHS-ICN-23

CONTRACT PERIOD: 01/01/2023 – 06/30/2025

Identification of Deliverables

Provider shall provide all deliverables as identified in the Required Deliverables Grid below. Templates for all reports that the provider is required to submit to North Sound BH-ASO may be found on the North Sound BH-ASO website under *Forms & Reports* (click [here](#)). North Sound BH-ASO may update the templates from time to time and will notify providers of any changes. Deliverables are to be submitted to deliverables@nsbhaso.org on or before the indicated due date unless otherwise Noted. For more information regarding a specific deliverable, please refer to the indicated Supplemental Provider Service Guide reference (as applicable) or email deliverables@nsbhaso.org.

DELIVERABLE	FREQUENCY	DUE DATE	SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE
Exclusion Attestation Monthly Report	Monthly	Last Business Day of each month following the month being reported	Chapter 11
Crisis Stabilization & Triage Monthly Funding Report	Monthly	10 th of each month following the month being reported	Not Applicable
Certification of Liability Insurance	Annual	Annually prior to expiration	Not Applicable
Compliance Training Attestation Statement	Annual	Annual notification will be sent by North Sound BH-ASO Compliance Officer with further information	Chapter 11
Ownership and Control Disclosure Form	Annual	Annually on January 31 st , or more frequently when changes occur	Not applicable