

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC
(NORTH SOUND BH-ASO)
CONTRACT AMENDMENT 3**

CONTRACT # NORTH SOUND BH-ASO-TELECARE-FBG-23

Based on the Agreement of the parties to the above-referenced Contract between the North Sound Behavioral Health Administrative Services Organization, LLC (North Sound BH-ASO) and Telecare Corporation (Telecare)(Provider) dated May 30, 2023, (as amended by North Sound BH-ASO and Provider dated January 17, 2024, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to approve funding for July 1, 2024 to June 30, 2025:

By mutual agreement of the parties, the following language is added to the agreement:

- Replace *Exhibit D_Provider Deliverables* with *Exhibit D(a)_Provider Deliverables*
- Replace *Exhibit E(b) – Telecare_Budget_FBG_24* with *Exhibit E(c) – Telecare_Budget_FBG_24*
- Replace *Exhibit F(a)_Federal Subaward Identification* with *Exhibit F(b)_Federal Subaward Identification*

ALL TERMS AND CONDITIONS OF CONTRACT SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

THIS AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF FINAL SIGNATURE BY THE PARTIES.

NORTH SOUND BH-ASO, LLC

TELECARE CORPORATION

JanRose Ottaway Martin Date
Executive Director

Trisha Niemuth Date
Senior VP/CFO



EXHIBIT D(a): PROVIDER DELIVERABLES

PROVIDER: Telecare Corporation

CONTRACT: NORTH SOUND BH-ASO-TELECARE-MHBG-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 by emailing 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
Peer Bridger Participant Log	Monthly	10 th of each month following the month being reported	Chapter 19; Section 19.10
Peer Bridger Participant Treatment Engagement Report	Monthly	10 th of each month following the month being reported	Chapter 19; Section 19.10
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

DELIVERABLE	FREQUENCY	DUE DATE	SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE
Ownership and Control Disclosure Form	Annual	Annually on January 31 st , or more frequently when changes occur	Not applicable

North Sound Behavioral Health Administrative Services Organization Mental Health Block Grant Peer Bridger Cost Reimbursement Budget Telecare		
Annual Budget July 1, 2024 to June 30, 2025		
Revenues		
Mental Health Block Grant	\$	240,000.00
*MHBG ARPA Peer Bridger Participant Service Funds	\$	27,052.00
Total	\$	267,052.00
Expenses		
Peer Bridger	\$	240,000.00
MHBG ARPA Peer Bridger Participant Service Funds	\$	27,052.00
Total	\$	267,052.00
Budget Amount	\$	267,052.00
Expenses		-
Balance	\$	267,052.00

North Sound Behavioral Health Administrative Services Organization Mental Health Block Grant Peer Bridger Cost Reimbursement Budget Telecare		
Annual Budget July 1, 2024 to June 30, 2025		
Revenues		
General Funds State	\$	50,000.00
Total	\$	50,000.00
Expenses		
GFS Funds	\$	50,000.00
Total	\$	50,000.00
Budget Amount	\$	50,000.00
Expenses		-
Balance	\$	50,000.00



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

Exhibit F(b)
Federal Subaward Identification
K6897

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B09SM087386
3.	Federal Award Date	3/22/2023
4.	Assistance Listing Number and Title	93.958 Block Grants for Community Mental Health Services
5.	Is the Award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Contact Information for North Sound BH-ASO Awarding Official	Margaret Rojas, Assistant Director North Sound Behavioral Health Administrative Services Organization Margaret_Rojas@nsbhaso.org 360-416-7013
7.	Subrecipient name (as it appears in SAM.gov)	Telecare Corporation
8.	Subrecipient's Unique Entity Identifier (UEI)	SY9HN84HH213
9.	Subaward Project Description	Peer Bridger
10.	Primary Place of Performance	98284
11.	Subaward Period of Performance	7/1/2024 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	\$240,000.00
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$240,000.00
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)



North Sound BH-ASO

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Exhibit F(b) Federal Subaward Identification K6897

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B09SM085384
3.	Federal Award Date	5/17/2021
4.	Assistance Listing Number and Title	93.958 Block Grants for Community Mental Health Services
5.	Is the Award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Contact Information for North Sound BH-ASO Awarding Official	Margaret Rojas, Assistant Director North Sound Behavioral Health Administrative Services Organization Margaret_Rojas@nsbhaso.org 360-416-7013
7.	Subrecipient name (as it appears in SAM.gov)	Telecare Corporation
8.	Subrecipient's Unique Entity Identifier (UEI)	SY9HN84HH213
9.	Subaward Project Description	Peer Bridger Participant Service Funds
10.	Primary Place of Performance	98284
11.	Subaward Period of Performance	7/1/2024 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	\$27,052.00
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$27,052.00
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)