



<b>North Sound Behavioral Health                      Administrative Services Organization                      Blake Recovery Navigator                      Cost Reimbursement Budget                      Compass Health</b>		
<b>Annual Budget July 1, 2024 to June 30, 2025</b>		
<b>Revenues</b>		
Blake Recovery Navigator	\$	528,855.00
*RNP Reserve Funds	\$	375,000.00
<b>Total</b>	<b>\$</b>	<b>903,855.00</b>
<b>Expenses</b>		
Blake Recovery Navigator	\$	903,855.00
<b>Total</b>	<b>\$</b>	<b>903,855.00</b>
Budget Amount	\$	903,855.00
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>903,855.00</b>

**\*RNP Reserve Funds Include:**

**\$125,000** Second half of 7/1/23-6/30/24 budget allocation.

**\$250,000** Full year of 7/1/24-6/30/25 budget.



**EXHIBIT E(a): PROVIDER DELIVERABLES**

PROVIDER: COMPASS HEALTH

CONTRACT: NORTH SOUND BH-ASO-COMPASS-RNP-23

CONTRACT PERIOD: July 1, 2023 – June 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](mailto: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](mailto: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
Recovery Navigator Program Report	Quarterly	15 <sup>th</sup> of the month following the quarter following the quarter being reported (1/15, 4/15, 7/15, 10/15)	Chapter 19; Section 19.11
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

<b>DELIVERABLE</b>	<b>FREQUENCY</b>	<b>DUE DATE</b>	<b>SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE</b>
Ownership and Control Disclosure Form	Annual	Initial credentialing and as changes occur	Not applicable