

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC  
(NORTH SOUND BH-ASO)  
CONTRACT AMENDMENT#4**

**CONTRACT #NORTH SOUND BH-ASO-THS-ICN-19-23**

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 Therapeutic Health Services (Provider) dated March 27, 2019, (as amended by North Sound BH-ASO and Provider dated January 12, 2022, collectively the “Contract”) is hereby amended as follows:

The purpose of this amendment is to replace Exhibit A-ii and Exhibit B.

By mutual agreement of the parties, the following Exhibits are added to the agreement:

1. Replace Exhibit A-ii Schedule of Services with Exhibit A-iii Schedule of Services
2. Replace Exhibit B Compensation Schedule with Exhibit B-i Compensation Schedule

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**

**THERAPUTIC HEALTH SERVICES**

\_\_\_\_\_  
Joe Valentine Date  
Executive Director

\_\_\_\_\_  
Patricia Edmond-Quinn Date  
CEO

**THERAPEUTIC HEALTH SERVICES**  
**Schedule of Services**

**Identification of Contracted Services**

Provider shall provide behavioral health covered crisis services, as indicated in the Contracted Services Grid below, within the scope of Provider's business and practice, in accordance with the North Sound BH-ASO Base Provider Agreement, North Sound BH-ASO Behavioral Health Policies and Procedures, Supplemental Provider Service Guide, North Sound BH-ASO and HCA standards, the terms, conditions and eligibility outlined in the Contract and/or Exhibits, and the requirements of any applicable government sponsored program.

**Contracted Services Grid**

<b>Contracted Timeframe</b>	<b>Service</b>	<b>Supplemental Provider Service Guide Reference</b>
<b><i>Outpatient Services (Within Available Resources)</i></b>		<b><i>Section 20.1</i></b>
Effective July 1, 2020	Mental Health Outpatient and Medication Management	Section 20.1
Effective July 1, 2020	Substance Use Disorder Outpatient Benefit	Section 19.1
Effective July 1, 2019	Medication-Assisted Treatment	Section 20.1
	Program for Assertive Community Treatment (PACT)	Section 20.8
<b><i>Evaluation and Treatment</i></b>		<b><i>Section 20.4</i></b>
	Sixteen-Bed Evaluation and Treatment Facility Services	Section 20.4
<b><i>Crisis Services</i></b>		<b><i>Chapter 18</i></b>
	Crisis Prevention and Intervention Teams	Section 20.2.2
	Crisis Stabilization	Chapter 18;20.2.4
	Involuntary Treatment Evaluation (ITA)	Chapter 18; 20.2.3
	Emergency Telephone Services (Toll Free Crisis Hotline)	Section 20.2.5
<b><i>Regional Ombuds Services</i></b>		<b><i>Chapter 13</i></b>
	Ombuds Services	\$18,000 mo. \$216,000 Annually

<b><i>Withdrawal Management Services (Within in Available Resources)</i></b>		<b>Chapter 5</b>
	Sub-Acute Withdrawal Management	Section 20.1
	Acute Withdrawal Management	Section 20.1
	Secure Detoxification	Chapter 18
<b><i>Substance Use Disorder Residential (Within Available Resources)</i></b>		<b>Section 20.10</b>
	Youth - Intensive Inpatient	Section 20.10.2
	Youth – Recovery House	Section 20.10.6
	Adult - Intensive Inpatient	Section 20.10.1
	Adult - Long-Term Care	Section 20.10.3
	Adult - Recovery House	Section 20.10.5
	Pregnant and Parenting Women Residential Treatment	Section 2.1
	Pregnant and Parenting Women Housing Support	Section 2.1; 20.12.4
<b><i>Mental Health Services in a Residential Setting (Within Available Resources)</i></b>		<b>Section 20.7</b>
<b><i>Crisis Triage (Within Available Resources)</i></b>		<b>Chapter 18</b>
<b><i>Legislative Proviso Services (Within Available Resources)</i></b>		<b>Chapter 19</b>
	Jail Transition Services	Section 19.3
	E&T Discharge Planners	Section 17.2
	Program for Assertive Community Treatment (PACT)	Section 20.8
	Designated Marijuana Account (DMA)	Section 19.2
	Juvenile Drug Court	Section 19.4
	Assisted Outpatient Treatment	Section 19.1
<b><i>PATH Grants</i></b>		<b>Chapter 15.1</b>
	PATH Grant	Section 15.1
	PathFinder	Section 15.1
<b><i>Federal Block Grant</i></b>		<b>Chapter 15</b>
	Peer Bridgers	Section 19.5

<b>Service and Payment Type</b>	<b>Service Detail</b>	<b>Payment Range</b>
<b><i>Outpatient Services Mental Health and Substance Use Disorder (within available resources)</i></b>		
FFS Per hour	Prescriber – Psychiatrist/MDs	\$497.00 to \$536.76
FFS Per hour	Prescriber – Nurse Practitioner/Physician Asst.	\$315.00 to \$340.20
FFS Per hour	Registered Nurse/LPN	\$198.00 to \$213.84
FFS Per hour	PhD and Masters-Level Providers	\$165.00 to \$277.56
FFS Per hour	Bachelor’s, AA Level Clinician	\$123.00 to \$172.80
FFS Per hour	Peer Counselor	\$97.00 to \$136.08
FFS Per hour	Medical Assistant – Certified	\$97.00 to \$136.08
FFS Per hour	Request for Service	\$65.00 to \$70.20
FFS Group Rate per Person per Hour MH	Prescriber – Psychiatrist/MDs	\$124.25 to \$134.19
FFS Group Rate per Person per Hour MH	Prescriber – Nurse Practitioner/Physician Asst.	\$78.75 to \$85.05
FFS Group Rate per Person per Hour MH	Registered Nurse/LPN	\$49.50 to \$69.39
FFS Group Rate per Person per Hour MH	PhD and Masters-Level Providers	\$41.25 to \$57.78
FFS Group Rate per Person per Hour MH	Bachelor’s, AA Level Clinician	\$30.75 to \$43.20
FFS Group Rate per Person per Hour MH	Peer Counselor	\$24.25 to \$34.02
Adult Group Rate per Person per Hour SUD	Chemical Dependency Professional	\$41.25 to \$57.78
Adult Group Rate per Person per Hour SUD	Chemical Dependency Professional Trainee	\$33.25 to \$46.71
Child Group Rate per Person per Hour SUD	Chemical Dependency Professional	\$57.26 to \$80.20
Child Group Rate per Person per Hour SUD	Chemical Dependency Professional Trainee	\$46.36 to \$65.12
<b><i>Intensive Outpatient Services Mental Health (within available resources)</i></b>		
FFS Per hour	Prescriber – Psychiatrist/MDs	\$497.00 to \$536.76
FFS Per hour	Prescriber – Nurse Practitioner/Physician Asst.	\$315.00 to \$340.20
FFS Per hour	Registered Nurse/LPN	\$227.70 to \$319.14
FFS Per hour	PhD and Masters-Level Providers	\$189.75 to \$265.79
FFS Per hour	Bachelor’s, AA Level Clinician	\$141.45 to \$198.72
FFS Per hour	Peer Counselor	\$111.55 to \$156.49

<b>Medicaid Assisted Treatment</b>		
Per Dose Inclusive Bundled Case Rate	Opiate Treatment Program (Opiate Substitution Treatment)	\$18.02 per dose
<b>Program for Assertive Community Treatment (PACT) Non-Medicaid only</b>		
Expense Reimbursement Monthly	Program for Assertive Community Treatment (PACT) Snohomish & Skagit	\$2,918 per slot
Expense Reimbursement Monthly	Program for Assertive Community Treatment (PACT) Whatcom	{STBD}
<b>Telepsychiatry</b>		
Per Scheduled hour delivered	Tele Prescriber Services contracted and paid by ASO. Provider contracted telehealth services not in this category are paid on the outpatient prescriber rates.	\$125.00 to \$270.00
FFS Per hour	Provider room and assistance fee for Tele prescriber services	\$65.00 to \$91.26
<b>Jail Transitions Services</b>		
Cost Reimbursement Monthly	Jail Transitions Services	Monthly Budget Range \$0 to \$19,238.18
<b>Evaluation and Treatment</b>		
Per Bed Day	Evaluation and Treatment Services 16 bed Facility-Mukilteo	\$1,060
Per Bed Day	Evaluation and Treatment Services 16 bed Facility-Sedro Woolley	{STBD}
Daily Rate	Out of Region E&T Services	\$780.00 to \$1,100.00
Discharge Planners	Evaluation & Treatment Facilities (Mukilteo & Sedro Woolley)	\$7,228 per month per facility
<b>Crisis Services</b>		
Capacity - Monthly	Crisis Prevention and Intervention Teams (CPIT)	\$0 to \$21,128
Capacity - Monthly	Stabilization & ITA Services	\$34,100 to \$195,726
Expense Reimbursement	ITA – Snohomish County	Monthly Budget \$0 to \$281,934.00
Capacity – Monthly	Emergency Telephone Services	\$97,584.00 to \$119,270
Capacity – Monthly	Emergency Chat Line Services	\$0 to \$24,758.00

<b><i>Withdrawal Management Services (within available resources)</i></b>		
Daily Rate	Acute Withdrawal Management – 16 Beds	{ \$TBD }
Daily Rate	Acute Withdrawal Management	{ \$310.00 to \$385.00 }
Daily Rate	Sub-Acute Withdrawal Management	{ \$TBD }
Daily Rate	Secure Detoxification	{ \$525.00 to \$630.00 }
Daily Rate	Sub-Acute Withdrawal Management – 8 Beds	{ \$TBD }
<b><i>Substance Use Disorder Residential (within available resources)</i></b>		
Daily Rate	Adult Intensive Residential	\$138.00 to \$332.20
Daily Rate	Adult Long Term Residential	\$69.60 to \$187.00
Daily Rate	Adult Recovery House Residential	\$53.50 to \$151.80
Daily Rate	PPW Intensive – 14 Beds Residential	{ \$TBD }
Daily Rate	PPW Intensive – 9 Beds Residential	{ \$TBD }
Daily Rate	Therapeutic Intervention for Children at 9 and 14 Bed facility	{ \$TBD }
Daily Rate	PPW Intensive Residential without Child	\$147.64 to \$235.62
Daily Rate	PPW Intensive Residential with Child	\$182.52 to \$264.33
Daily Rate	Therapeutic Intervention for Children	\$58.05 to \$78.83
Daily Rate	Youth Intensive Residential	\$175.50 to \$418.00
Daily Rate	Youth Long Term Residential	\$160.00 to \$263.00
Daily Rate	Youth Recovery House Residential	\$160.00 to \$263.00
<b><i>Mental Health Residential (within available resources)</i></b>		
Bed Day	Assisted Living Home Residential Treatment 67 Beds	{ \$TBD }
Bed Day	Adult Residential Treatment Facility - 16 Bed	\$346.00
Daily Rate	Residential Treatment Services (alternative payment method)	{ \$73.60 to \$350.00 }
<b><i>Triage (within available resources)</i></b>		
FFS	Stabilization Triage – Snohomish 16 Beds	{ \$TBD }
FFS	Stabilization Triage – 8 Beds of a 16-bed unit	{ \$TBD }
<b><i>Regional Ombuds Services</i></b>		\$18,000 mo. \$216,000 annually

<b>Projects for Assistance in Transition from Homelessness (PATH)</b>		
Cost Reimbursement	PATH Outreach Services-Snohomish	Budget {\$0 to \$360,335}
Cost Reimbursement	PATH Outreach Services-Whatcom	Budget {\$0 to \$124,466}
<b>PATHFINDER</b>		
Pay for Performance	PATH Peer -Snohomish	{\$0 to \$115,844}
Pay for Performance	PATH Peer- Whatcom	{\$0 to \$115,844}
Designated Marijuana Account (DMA)		
Cost Reimbursement	DMA Services	\$48,411per month
Assisted Outpatient Treatment		
Cost Reimbursement	Assisted Outpatient Services	{\$TBD}
Juvenile Drug Court		
Cost Reimbursement	Drug Court BH Services	\$11,651 per month