



North Sound BH-ASO
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EXHIBIT B: COMPENSATION SCHEDULE

Service and Payment Type	Service Detail	Payment Range
<i>Outpatient Services Mental Health and Substance Use Disorder (within available resources)</i>		
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

<i>Intensive Outpatient Services Mental Health (within available resources)</i>		
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
<i>Medicaid Assisted Treatment</i>		
Per Dose Inclusive Bundled Case Rate	Opiate Treatment Program (Opiate Substitution Treatment)	\$24.50 per dose
<i>Program for Assertive Community Treatment (PACT) Non-Medicaid only</i>		
Expense Reimbursement Monthly	Program for Assertive Community Treatment (PACT)	\$4,268.44 per person per month
<i>Telepsychiatry</i>		
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
<i>Evaluation and Treatment</i>		
Per Bed Day	Evaluation and Treatment Services 16 bed Facility ▪ Mukilteo	{\$1,060-\$1,200}
Per Bed Day	Evaluation and Treatment Services 16 bed Facility ▪ Sedro Woolley	{\$1,060-\$1,200}
Daily Rate	Out of Region E&T Services	HCA published rate
Monthly cost reimbursement	Discharge Planners E&T	\$4,470.58 per month per facility

<i>Crisis Services</i>

Monthly	Mobile Crisis Outreach Teams (to include adult and child/youth teams)	Cost Reimbursement
Monthly	Stabilization & ITA Services	Cost Reimbursement
Monthly	Crisis Toll Free Telephone Services	Cost Reimbursement
Monthly	Emergency Chat Line Services	Cost Reimbursement
<i>Withdrawal Management Services (within available resources)</i>		
Daily Rate	Medically Managed Withdrawal Management (formerly Acute Withdrawal Management) - in region	{ \$310.00- \$447.00 }
% Non-Medicaid Monthly	Clinically Managed Withdrawal Management (formerly Sub-Acute Withdrawal Management) - in region	Cost Reimbursement
Daily Rate	Secure Detoxification	{ \$525.00 to \$630.00 }
<i>Substance Use Disorder Residential (within available resources)</i>		
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	\$221.87
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
<i>Mental Health Residential (in region & within available resources)</i>		
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 }

Triage (in region & within available resources)

Capacity	Stabilization Triage - Snohomish	% Non-Medicaid Monthly
Capacity	Stabilization Triage/Withdrawal Mgmt. – Whatcom	% Non-Medicaid Monthly
Capacity	Stabilization Triage/Withdrawal Mgmt. – Island	% Non-Medicaid Monthly
Capacity	Stabilization/Withdrawal Mgmt. Triage - Skagit	% Non-Medicaid Monthly
<i>Projects for Assistance in Transition from Homelessness (PATH)</i>		
Cost Reimbursement	PATH Outreach Services-Snohomish	Budget {\$0 to \$292,035}
<i>PATHFINDER</i>		
Pay for Performance	Peer PATH Finder	{\$0 to \$115,844}
Cost Reimbursement	Peer Bridger	{\$240,000 annually for program; \$11,109 annually for participant service funds}
<i>Designated Cannabis Account (DCA)</i>		
Monthly	DCA Services	Cost Reimbursement
<i>Assisted Outpatient Treatment</i>		
Cost Reimbursement	Assisted Outpatient Services	{\$1,200 per person per month}
<i>Juvenile Treatment Services</i>		
Monthly	Youth BH Services	Cost Reimbursement

**North Sound Behavioral Health Administrative Services Organization
 Dedicated Cannabis Account Program
 Cost Reimbursement Budget
 July 1, 2023 - December 31, 2023
 Island County Human Services**

Revenues

Dedicated Cannabis Account Funding	\$	35,489
One Time Additional	\$	40,000
Total	\$	<u>75,489</u>

Expenses

Dedicated Cannabis Account	\$	75,489
Total	\$	<u>75,489</u>

**North Sound Behavioral Health Administrative Services Organization
 Jail Services Program
 Cost Reimbursement Budget
 July 1, 2023 - December 31, 2023
 Island County Human Services**

Revenues

Jail Service Funding	\$	17,794.05
Total	\$	<u>17,794.05</u>

Expenses

Jail Service	\$	17,794.05
Total	\$	<u>17,794.05</u>

**North Sound Behavioral Health Administrative Services Organization
 Housing and Recovery Through Peer Services
 Cost Reimbursement Budget
 July 1, 2023 - December 31, 2023
 Island County Human Services**

Revenues

HARPS State Funds	\$	8,561.00
Total	\$	8,561.00

Expenses

HARPS Housing Vouchers	\$	8,561.00
Total	\$	8,561.00

**North Sound Behavioral Health Administrative Services Organization
 Substance Abuse Block Grant CFDA 93.959
 Cost Reimbursement Budget
 July 1, 2023 - December 31, 2023
 Island County Human Services**

Revenues

SABG Funds	\$	150,000.00
Total	\$	150,000.00

Expenses

Opiate Outreach Services	\$	150,000.00
Total	\$	150,000.00

**North Sound Behavioral Health Administrative Services Organization
 Trueblood Program
 Cost Reimbursement Budget
 July 1, 2023 - December 31, 2023
 Island County Human Services**

Revenues

Trueblood Funding	\$	7,592.65
Total	\$	<u>7,592.65</u>

Expenses

Trueblood	\$	7,592.65
Total	\$	<u>7,592.65</u>

**North Sound Behavioral Health Administrative Services Organization
Co-Responder
Cost Reimbursement Budget
July 1, 2023 - December 31, 2023
Island County Human Services**

Revenues

MHBG Funds	\$	77,538.00
SABG Funds	\$	73,962.00
Total	\$	<u>151,500.00</u>

Expenses

Co-Responder Expense	\$	151,500.00
Total	\$	<u>151,500.00</u>

North Sound Behavioral Health

Monthly Billing Form

Agency Name _____
 Program _____
 Period Covered _____

Expenses

Salaries & Wages	\$	-
Personnel Benefits	\$	-
Office & Operating Supplies	\$	-
Small Tool & Minor Equipment	\$	-
Professional Services	\$	-
Communications	\$	-
Travel	\$	-
Operating Rentals	\$	-
Insurance	\$	-
Utilities	\$	-
Repair & Maintenance	\$	-
Machinery & Equipment	\$	-
Miscellaneous Expense	\$	-
Capital	\$	-
Direct Cost Allocations	\$	-
Indirect Cost Allocations	\$	-
Other		
Total	\$	-

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals

Signature of Agency Representative _____
 Name of Agency Representative _____
 Date _____

Submit to fiscal@nsbhaso.org