

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

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 August 7, 2024, collectively the “Contract”) is hereby amended as follows:

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

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

- **Replace 7.17 Insurance**, which reads “North Sound BH-ASO certifies it is a member of Washington Governmental Risk Pool for all exposure to tort liability, general liability, property damage liability and vehicle liability, if applicable, as provided by RCW 43.19. By the date of execution of this Contract and post 15 days renewal of said contract, the Provider shall procure and maintain insurance for the duration of this Contract, Provider shall carry Commercial General Liability (CGL) Insurance to include coverage for bodily injury, property damage, and contractual liability, with the following minimum limits: Each Occurrence - \$1,000,000; General Aggregate - \$3,000,000; shall include liability arising out of premises, operations, independent contractors, personal injury, advertising injury, and liability assumed under an insured contract. The costs of such insurance shall be paid by the Provider or subcontractor. The Provider may furnish separate certificates of insurance and policy endorsements for each subcontractor as evidence of compliance with the insurance requirements of this Contract. The Provider is responsible for ensuring compliance with all of the insurance requirements stated herein. Failure by the Provider, its agents, employees, officers, subcontractors, providers, and/or provider subcontractors to comply with the insurance requirements stated herein shall constitute a material breach of this Contract. All non-risk pool policies shall name North Sound BH-ASO as a covered entity under said policy(s).” **with the following:**
 - North Sound BH-ASO certifies it is a member of Washington Governmental Risk Pool for all exposure to tort liability, general liability, property damage liability and vehicle liability, if applicable, as provided by RCW 43.19. By the date of execution of this Contract and post 15 days renewal of said contract, the Provider shall procure and maintain insurance for the duration of this Contract, Provider shall carry Commercial General Liability (CGL) Insurance to include coverage for bodily injury, property damage, and contractual liability, with the following minimum limits: Each Occurrence

- **\$2,000,000**; General Aggregate - **\$4,000,000**; shall include liability arising out of premises, operations, independent contractors, personal injury, advertising injury, and liability assumed under an insured contract. The costs of such insurance shall be paid by the Provider or subcontractor. The Provider may furnish separate certificates of insurance and policy endorsements for each subcontractor as evidence of compliance with the insurance requirements of this Contract. The Provider is responsible for ensuring compliance with all of the insurance requirements stated herein. Failure by the Provider, its agents, employees, officers, subcontractors, providers, and/or provider subcontractors to comply with the insurance requirements stated herein shall constitute a material breach of this Contract. All non-risk pool policies shall name North Sound BH-ASO as a covered entity under said policy(s).”

- **Replace** *Exhibit E(c) – Telecare _FBG_Budget* with *Exhibit E(d)_Telecare _FBG_Budget*
- **Replace** *Exhibit F(b)_Federal Subaward Identification* with *Exhibit F(c)_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

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	\$ 307,500.00
*MHBG ARPA Peer Bridger Participant Service Funds	\$ 13,526.00
Total	\$ 321,026.00
Expenses	
Peer Bridger	\$ 307,500.00
MHBG ARPA Peer Bridger Participant Service Funds	\$ 13,526.00
Total	\$ 321,026.00
Budget Amount	\$ 321,026.00
Expenses	-
Balance	\$ 321,026.00

*Less funds already spent



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(c)
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	\$307,500.00
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$307,500.00
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)



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(c)
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	\$13,526.00
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$13,526.00
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)

GENERAL REQUIREMENTS FOR INVOICES

NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

Effective: 1/1/2025

A. Billing Invoice

1. The Contractor shall submit a **Billing Invoice** (Invoice Tab) and **General Ledger Summary** form (General Ledger Summary) for each service month including a **General Ledger report or a Profit and Loss statement** and any applicable reporting requirements noted in the NS BH ASO Supplemental Provider Guide and signed NS BH ASO Contract.
2. The Invoice shall be signed by an authorized signer on file with NS BH ASO. The Contractor shall provide NS BH ASO a list of Contractor-authorized signers and shall update the list as needed.
3. The Contractor shall complete the Invoice according to the NS BH ASO general requirements and Supplemental Provider Guide.
4. The Contractor shall submit an invoice for all service months. The Contractor shall submit an Invoice even for service months where there are no services provided or no reimbursements payable to the Contractor.
5. **The Invoice is due within 15 days after the end of each month**, unless otherwise specified on the Invoice. An earlier due date may be required at the end of NS BH ASO's calendar year, the end of the State fiscal year, the end of the Federal fiscal year.
6. An invoice and required reporting documents **received 45 days or more** after the service month may not be accepted for payment. For Federal Funds, any Invoices and reporting documents received **30 days or more** after the service month may not be accepted for payment.
7. Monthly payment shall not be made until all reporting requirements (as noted in the Contract and Supplemental Provider Guide) have been satisfied.
8. The Contractor shall not invoice and charge NS BH ASO for services which are specifically paid for by another source of funding.
9. **The Contractor shall notify NS BH ASO Fiscal Department before submitting supplemental invoices.** The Contractor shall include in the notes section of the invoice the reason for submitting a supplemental Invoice.

B. Additional Requirements for Invoices Specific to Scopes of Work

1. The Contractor shall complete the Invoice appropriate to the specific scope of work, using the most recent version issued by NS BH ASO.
2. The Contractor must complete the Invoice including:
 - a. Entering **month** and **year** being invoiced.
 - b. Indicating whether this is an **original** or **supplemental** invoice.
 - c. Entering data into appropriate fields.
3. The Method of Payment (**MOP**) may vary according to the scope of work. Examples include:
 - d. A signature from an individual who is on the authorized signers list on file with NS BH ASO, as well as the date signed
 - a. Equal monthly amounts, e.g., 1/12th of allocation for services each month
 - b. FTE cost reimbursement
 - c. Bed day/census day/dose day (rates per site)
 - d. Room and board
 - e. Case rate
 - f. Actual cost reimbursement, paid retroactively
 - g. Incentive-based payments, paid retroactively
 - h. Fee for Service rates
4. The Contractor must follow the MOP and any additional requirements listed on the invoice.



North Sound Behavioral Health Administrative Services Organization

Agency Name:
Telecare

Reimbursement Request

Invoice Version:
Original

Month & Year Invoiced:

Month _____ **Year:** _____

Please indicate funding source

Description	Funding Source MHBG	Amount Requested
Peer Bridger		
TOTAL:		\$0.00

I, the undersigned, do hereby certify under penalty of perjury, that this is a true and correct claim for reimbursement for services rendered. I understand that any false claims, statements, or documents, or concealment of material fact may be prosecuted under applicable federal and state laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Contractor Authorized Signature

Date

Report(s) Submitted: Yes / No

Notes:

Method of Payment:

1. Reimbursement from the Federal MHBG & MHBG ARPA block grant funding allocation will be made monthly based on actual costs for Peer Bridger expenditures for July 1, 2024 - June 30, 2025 in the budgeted amounts of:

***Mental Health Block Grant (MHBG) \$307,500.00**

2. A ~~general ledger or profit and loss statement~~ verifying actual program related costs and expenditures incurred must accompany the reimbursement invoice.
Mental Health Block Grant ARPA (MHBG ARPA) \$13,526.00

~~TOTAL BUDGET - \$321,026.00 (Less funds already spent)~~
3. If requested supporting documentation must accompany the reimbursement invoice. The agency retains all records and supporting documentation (including receipts) related to program expenses, costs, and expenditures.

4. Submit Invoices to:
fiscal@nsbhaso.org

Additional Requirements:

1. Unallowable costs are according to the funding sources, i.e., Federal Block Grant and State Funding.
2. If the Provider claims and NS BH ASO reimburses for expenditures under this contract that are later found to be claimed in error or to be for unallowable costs, NS BH ASO will recover those costs and the Provider shall fully cooperate with the recovery.



North Sound Behavioral Health Administrative Services Organization

Agency Name:
Telecare

Reimbursement Request

Invoice Version:
Original

Month & Year Invoiced:

Month _____ **Year:** _____

Please indicate funding source

Description	Funding Source MHBG ARPA	Amount Requested
Peer Bridger Participant Services		
TOTAL:		\$0.00

I, the undersigned, do hereby certify under penalty of perjury, that this is a true and correct claim for reimbursement for services rendered. I understand that any false claims, statements, or documents, or concealment of material fact may be prosecuted under applicable federal and state laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Contractor Authorized Signature

Date

Report(s) Submitted: Yes / No

Notes:

Method of Payment:

1. Reimbursement from the Federal MHBG & MHBG ARPA block grant funding allocation will be made monthly based on actual costs for Peer Bridger expenditures for July 1, 2024 - June 30, 2025 in the budgeted amounts of:

*Mental Health Block Grant (MHBG) \$307,500.00

2. ~~A general ledger or profit and loss statement~~ verifying actual program related costs and Mental Health Block Grant ARPA (MHBG ARPA) \$13,526.00

expenditures incurred must accompany the reimbursement invoice.

3. If requested supporting documentation must accompany the reimbursement invoice. The agency retains all records and supporting documentation (including receipts) related to program expenses, costs, and expenditures.

4. Submit Invoices to:

fiscal@nsbhaso.org

Additional Requirements:

1. Unallowable costs are according to the funding sources, i.e., Federal Block Grant and State Funding.
2. If the Provider claims and NS BH ASO reimburses for expenditures under this contract that are later found to be claimed in error or to be for unallowable costs, NS BH ASO will recover those costs and the Provider shall fully cooperate with the recovery.



**NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
PROGRAM INFORMATION**

Agency Name:
 Contact Person Name:
 NS BH ASO Full Program Name:
 Funding Source:
 NS BH ASO Contract Number:
 Grant/Contract Period:

Enter Information in Green Highlighted Cells

INVOICE SUMMARY	
Eligible Expense Category	Requested Funds
Salaries	\$-
Fringe Benefits	\$-
Small Tools & Equipment (> \$5,000 per unit)	\$-
Office & Operating Supplies	\$-
Professional Services	\$-
Communications & Postage	\$-
Travel: Lodging/Mileage/Fares	\$-
Meals	\$-
Advertising & Printing	\$-
Operating Lease/Rentals	\$-
Insurance	\$-
Utilities	\$-
Repairs & Maintenance	\$-
Dues & Subscriptions	\$-
Machinery & Equipment	\$-
Assistance to Individuals	\$-
Capital	\$-
Other Direct Costs	\$-
Indirect Costs	\$-
Miscellaneous	\$-
Total Expenses	\$0.00