

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

Whatcom County Contract No.  
**202205001-5**

Originating Department:	Sheriff's Office
Division/Program: <i>(i.e. Dept. Division and Program)</i>	Corrections / In Custody
Contract or Grant Administrator:	Caleb Erickson
Contractor's / Agency Name:	Washington State Health Care Authority
Is this a New Contract?    If not, is this an Amendment or Renewal to an Existing Contract?    Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: <u>202205001</u>	
Does contract require Council Approval?    Yes <input type="radio"/> No <input checked="" type="radio"/> If No, include WCC: <u>3.08.100</u> Already approved? Council Approved Date: <u>05/24/22</u> (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement?    Yes <input checked="" type="radio"/> No <input type="radio"/> If yes, grantor agency contract number(s): <u>K5893</u> CFDA#: <u>N/A</u>	
Is this contract grant funded?    Yes <input checked="" type="radio"/> No <input type="radio"/> If yes, Whatcom County grant contract number(s): <u>202205001</u>	
Is this contract the result of a RFP or Bid process?    Contract Yes <input type="radio"/> No <input checked="" type="radio"/> If yes, RFP and Bid number(s): _____    Cost Center: <u>13501018</u>	
Is this agreement excluded from E-Verify?    No <input type="radio"/> Yes <input checked="" type="radio"/> If no, include Attachment D Contractor Declaration form.	
If YES, indicate exclusion(s) below: <input type="checkbox"/> Professional services agreement for certified/licensed professional. <input type="checkbox"/> Goods and services provided due to an emergency <input type="checkbox"/> Contract work is for less than \$100,000. <input type="checkbox"/> Contract for Commercial off the shelf items (COTS). <input type="checkbox"/> Contract work is for less than 120 days. <input type="checkbox"/> Work related subcontract less than \$25,000. <input checked="" type="checkbox"/> Interlocal Agreement (between Governments). <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments): \$ <u>830,575.00</u>  This Amendment Amount: \$ <u>200,000.00</u>  Total Amended Amount: \$ <u>1,030,575.00</u>  Summary of Scope:	Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when</b> : 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance. 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.
This amendment adds funding to the grant from the Washington State Health Care Authority for our MOUD (Medication for Opioid Use Disorder) Program in the Jail in the amount of \$200,000.00. It also updates the Statement of Work.	
Term of Contract: March 1, 2022	Expiration Date: June 30, 2026

Contract Routing:	1. Prepared by: <u>LReid</u>	Date: <u>10/03/25</u>
	2. Attorney signoff: <u>B Waldron</u>	Date: <u>10/03/25</u>
	3. AS Finance reviewed: <u>M Caldwell</u>	Date: <u>10.8.25</u>
	4. IT reviewed (if IT related): _____	Date: _____
	5. Contractor signed: _____	Date: _____
	6. Submitted to Exec.: <u>[Signature]</u>	Date: <u>10.9.25</u>
	7. Council approved (if necessary): <u>n/a</u>	Date: _____
	8. Executive signed: <u>[Signature]</u>	Date: <u>10.9.25</u>
	9. Original to Council: _____	Date: _____

**WHATCOM COUNTY  
SHERIFF'S OFFICE**  
DONNELL "TANK" TANKSLEY  
*Sheriff*



**PUBLIC SAFETY BUILDING**  
311 Grand Avenue  
Bellingham, WA 98225  
(360) 778-6600

**MEMORANDUM**

**TO:** Satpal Sidhu, County Executive

**FROM:** Donnell "Tank" Tanksley, Sheriff

**RE:** Washington State Health Care Authority  
Medication for Opioid Use Disorder (MOUD) Program Grant

**DATE:** October 3, 2025

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Enclosed are two (2) originals of an Amendment to the grant contract between WA State Health Care Authority (HCA) and Whatcom County for your review and signature.

▪ **Background and Purpose**

We were awarded a grant in March 2022 by WA State HCA under the *Medication for Opioid Use Disorder (MOUD) in Jails* Program. It covers such things as the costs of a nursing position, pharmaceuticals, supplies, deputy overtime and methadone treatment.

▪ **Funding Amount and Source**


Additional funding in the amount of \$200,000.00 is being added by HCA.

▪ **Differences from Previous Contract**

This amendment extends the contract term, increases the maximum compensation by \$200,000.00 for a total maximum contract compensation of \$1,030,575.00 and updates the Statement of Work.

Please contact Nicole Kallin x6466, if you have any questions or concerns regarding the terms of this agreement.

Encl. (2)

		<b>CONTRACT AMENDMENT</b>	HCA Contract No.: K5893 Amendment No.: 05
<b>THIS AMENDMENT TO THE CONTRACT</b> is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.			
CONTRACTOR NAME Whatcom County Corrections		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS Public Safety Building 311 Grand Avenue Bellingham, WA 98225		CONTRACTOR CONTRACT MANAGER Name: Caleb Erickson Email: <a href="mailto:cerickso@co.whatcom.wa.us">cerickso@co.whatcom.wa.us</a>	
AMENDMENT START DATE July 1, 2025		CONTRACT END DATE June 30, 2026	
PRIOR MAXIMUM CONTRACT AMOUNT \$830,575	AMOUNT OF INCREASE \$200,000	TOTAL MAXIMUM COMPENSATION \$1,030,575	

WHEREAS, HCA and Contractor entered into Contract K5893 for to develop and implement, or expand, the Medication for Opioid Use Disorder (MOUD) and Medications for Alcohol Use Disorder (MAUD) in Jails program, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.3, *Amendments*, to extend the Contract term, increase funding, and incorporate a revised and restated Statement of Work;

THEREFORE, the parties agree the Contract is amended as follows:

1. Section 2, *Definitions*, two (2) new, defined terms are added, and incorporated in alphabetical order, as follows:
  - “**Medications for Alcohol Use Disorder**” or “**MAUD**” means a medical treatment approach that uses FDA-approved medications to help individuals with Alcohol Use Disorder (AUD) reduce or stop their opioid use and improve their overall health and well-being.
  - “**Medications for Opioid Use Disorder**” or “**MOUD**” means a medical treatment approach that uses FDA-approved medications to help individuals with Opioid Use Disorder (OUD) reduce or stop their opioid use and improve their overall health and well-being.
2. Section 3.2, *Term*, subsection 3.2.1, is amended to extend the Contract term as follows:
  - 3.2.1 The initial term of the Contract will commence on March 1, 2022, and continue through June 30, 2026, unless terminated sooner as provided herein.
3. Section 3.3, *Compensation*, subsection 3.3.1 is amended to reflect the \$200,000 increase in funding, the maximum compensation is as follows:
  - 3.3.1 The parties have determined the cost of accomplishing the work herein will not exceed \$1,030,575, inclusive of all fees, taxes, and expenses. Compensation for satisfactory performance of the work will not exceed this amount unless the parties agree to a higher amount through an amendment.

4. Section 3.4, *Invoice and Payment* is revised to make minor updates and incorporate additional detail regarding cost reimbursement payment requirements. Section 3.4, *Invoice and Payment*, now reads as follows:

### **3.4 INVOICE AND PAYMENT**

- 3.4.1 In order to receive payment for services or products provided to a state agency, Contractor must register with the Statewide Payee Desk at <https://ofm.wa.gov/it-systems/statewide-vendorpayee-services/receiving-payment-state>.
- 3.4.2 Invoices must describe and document to the HCA Contract Manager's satisfaction a description of the work performed, the progress of the project, and fees. All invoices and deliverables will be approved by the HCA Contract Manager prior to payment. Approval will not be unreasonably withheld or delayed.
- 3.4.3 If expenses are invoiced, invoices must provide a detailed breakdown of each type. Expenses of \$50 or more must be accompanied by a receipt.
- 3.4.4 Invoices must be submitted using the A-19 Invoice Voucher form to [rachel.meade@hca.wa.gov](mailto:rachel.meade@hca.wa.gov) with the HCA Contract number in the subject line of the email. Invoices must include the following information, as applicable:
- a. The HCA Contract number;
  - b. Contractor name, address, phone number;
  - c. Description of services;
  - d. Date(s) of delivery;
  - e. Net invoice price for each item;
  - f. Applicable taxes;
  - g. Total invoice price; and
  - h. Any available prompt payment discount.
- 3.4.5 HCA will return incorrect or incomplete invoices for correction and reissue. Payment will be considered timely if made within thirty (30) calendar days of receipt of properly completed invoices.
- 3.4.6 Upon expiration of the Contract, any claims for payment for costs due and payable under this Contract that are incurred prior to the expiration date must be submitted by the Contractor to HCA within sixty (60) calendar days after the Contract expiration date. HCA is under no obligation to pay any claims that are submitted sixty-one (61) or more calendar days after the Contract expiration date ("Belated Claims"). HCA will pay Belated Claims at its sole discretion, and any such potential payment is contingent upon the availability of funds.

5. Section 3.7, *Incorporation of Documents and Order of Precedence*, is amended to reflect the changes made with this amendment and now reads as follows:

### **3.7 INCORPORATION OF DOCUMENTS AND ORDER OF PRECEDENCE**

Each of the documents listed below is by this reference incorporated into this Contract. In the event of an inconsistency, the inconsistency will be resolved in the following order of precedence:

- 3.7.1 Applicable Federal and State of Washington statutes and Regulations;
- 3.7.2 Recitals;
- 3.7.3 Special Terms and Conditions;
- 3.7.4 General Terms and Conditions;
- 3.7.5 Schedule A(s): Statement(s) of Work;
- 3.7.6 Exhibit A: HCA RFA 2021HCA42;
- 3.7.7 Exhibit B: Contractor Response to HCA RFA 2021HCA42; and;
- 3.7.8 Any other provision, term or material incorporated herein by reference or otherwise incorporated.

6. This Amendment corrects an error, Attachment 1, *Data Use Security and Confidentiality*, and related Attachments 2, 3, and 4 were unnecessarily included and are now removed in their entirety. All references relating to Attachments 1, 2, 3, and 4 are also removed.

7. A new Schedule A-4; *Statement of Work*, is added to prevent redundancy between the previous Schedule A(s), *Statement(s) of Work*, while also incorporating updates. In the event of an inconsistency the revised and restated Schedule A-4; *Statement of Work*, shall supersede all previous Schedule A(s), *Statement(s) of Work*.

The revised and restated Schedule A-4; *Statement of Work*, is attached hereto and by this reference is incorporated into the Contract.

8. A new Attachment 1, *MOUD & MAUD in Jails Program Monthly Progress Report*, is added for Contractor's use in meeting the requirements of Schedule A-4, *Statement of Work*, Section 3, *Reporting*. The new Attachment 1, *MOUD & MAUD in Jails Program Monthly Progress Report*, is attached hereto and by this reference is incorporated into the Contract.

9. A new Attachment 2, *MOUD Monthly Data Collection Spreadsheet*, is added for Contractor's use in meeting the requirements of Schedule A-4, *Statement of Work*, Section 3, *Reporting*. The new Attachment 2, *MOUD Monthly Data Collection Spreadsheet*, is by this reference incorporated into the Contract.

10. This Amendment is effective July 1, 2025, ("Effective Date").

11. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.

12. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE  <p style="text-align: center;"><i>See next page</i></p>	PRINTED NAME AND TITLE  	DATE SIGNED  
HCA SIGNATURE Signed by: 	PRINTED NAME AND TITLE Annette Schuffenhauer  Chief Legal Officer	DATE SIGNED 10/21/2025

**WHATCOM COUNTY:**

Recommended for Approval:

10/19/25

Donnell "Tank" Tanksley, Sheriff

Date

Approved as to form:

Approved via email 10.3.25 BW (initials)

Brandon Waldron, Prosecuting Attorney

Date

Approved:

Accepted for Whatcom County:

By:

Satpal Sidhu, Whatcom County Executive

STATE OF WASHINGTON )

) ss

COUNTY OF WHATCOM )

On this 9<sup>th</sup> day of Oct, 2025, before me personally appeared Satpal Sidhu, to me known to be the Executive of Whatcom County, who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

NOTARY PUBLIC in and for the State of Washington, residing at

Bellingham. My commission expires 9.10.28.



**SCHEDULE A-4**  
**Statement of Work**  
**July 1, 2025 - June 30, 2026**

**1. PURPOSE**

Support a comprehensive treatment program for incarcerated individuals with Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD), beginning with screening upon entry and ending with seamless transition to the care in the community, with use of Medications for Opioid Use Disorder (MOUD) and Medications for Alcohol Use Disorder (MAUD) at its core.

This Contract supports [RCW 71.24.599: Opioid use disorder—City and county jails—Funding. \(wa.gov\)](#).

Health Equity - This program also intends to address inequities in treatment and recovery services by providing medically necessary treatment to incarcerated individuals. Programs should understand cultural barriers and provide culturally appropriate services. Additionally, this program intends to identify stigma and educate to ensure ongoing collaboration and openness to change.

**2. WORK EXPECTATIONS**

Contractor shall ensure funds are responsibly used towards the Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) treatment programs in the jail and provide the community standard of care, including, at a minimum, the following core components:

**2.1. General Standard of Care**

- 2.1.1. [2020 ASAM National Practice Guideline for the Treatment of Opioid Use Disorder;](#)
- 2.1.2. [Guidelines for Managing Substance Withdrawal in Jails;](#)
- 2.1.3. For American Indian/Alaska Native (AI/AN) individuals receiving Medications for Opioid Use Disorder (MOUD) and/or Medications for Alcohol Use Disorder (MAUD) services, Contractor, shall coordinate with the individual's Indian Health Care Provider (IHCP) to ensure the IHCP can participate in treatment and discharge planning, including continuity of care in the nearest IHCP clinically appropriate setting for all AI/AN individuals participating in the program.

**2.2. Intake**

- 2.2.1. Screen all newly admitted individuals for risk of acute withdrawal from opioids and alcohol upon intake.
- 2.2.2. MOUD, MAUD, and other medications which support the relief of withdrawal symptoms, such as clonidine, anti-emetics, anti-diarrheals, and analgesics must be offered to individuals at no charge to the individual.
- 2.2.3. Offer initiation of MOUD treatment to individuals who are physically dependent on opioids, may have withdrawal symptoms or have disclosed recent use and anticipate withdrawal.

- 2.2.4. Offer treatment for withdrawal with benzodiazepines to individuals entering the facility who are physically dependent on alcohol, if clinically appropriate.
- 2.2.5. Continue MOUD and MAUD for individuals who are already taking these medications upon entering the facility.
- 2.2.6. Continue the individual on the same medication at the same dose unless ordered otherwise by the prescriber based on clinical need, and as documented in the individual's medical record, unless one of the following exceptions is applicable:
  - 2.2.6.1. Injectable long-acting naltrexone may be converted to an equivalent oral dose until just prior to release at which time the injectable form shall be restarted.
  - 2.2.6.2. Injectable long-acting buprenorphine may be converted to an equivalent oral dose until just prior to release at which time the injectable form shall be restarted.
  - 2.2.6.3. Oral buprenorphine may be converted to any of the three formulations available; film, tablet with naloxone, or tablet without naloxone.
  - 2.2.6.4. If the individual is not pregnant, methadone may be transitioned to buprenorphine if the Contractor is not a licensed Opioid Treatment Program (OTP) and the nearest OTP is not within reasonable driving distance from the jail or there is no OTP within reasonable distance of the individual's release residence.
  - 2.2.6.5. Though MOUD/MAUD may not be discontinued on a policy or administrative basis because of the presence of other illicit or controlled substances, administration of the community-based MOUD or MAUD may be adjusted if clinically necessary due to pharmacologic risks of drug-to-drug interaction.
- 2.2.7. Screen for OUD and AUD without physical dependence (i.e. without a risk of acute withdrawal) after intake, as long as the delay does not impair the ability to begin treatment prior to release.
- 2.2.8. Educate individuals on treatment choices and the process for continuation of access to MOUD during incarceration and upon release.
- 2.2.9. Make available and offer treatment using some formulation of methadone, buprenorphine, and naltrexone based on a mutually agreed-upon plan between the prescriber and the individual, with the following exceptions or caveats:
  - 2.2.9.1. The Contractor may decline to offer methadone if the Contractor is not a licensed OTP, and the nearest OTP is not within reasonable driving distance from the jail or there is no OTP within reasonable distance of the individual's release residence.

- 2.2.9.2. If there is no available buprenorphine provider in the community to which the individual will release, the Contractor must still offer buprenorphine (tapered over several days) if opioid withdrawal is clinically indicated.
- 2.2.9.3. If withdrawal is not clinically indicated and the only reason for considering discontinuation of buprenorphine is the lack of an available buprenorphine provider in the community to which the individual will be released, the decisions when or if buprenorphine should be discontinued prior to release should be made based on the following:
  - a. A plan mutually agreed-upon between the individual and the prescriber;
  - b. The length of time the individual is expected to remain in the jail;
  - c. The risks of opioid misuse or overdose during the incarceration; and
  - d. The individual's willingness to receive a dose of an extended-release injectable buprenorphine just prior to release which will provide a safe tapered withdrawal for the individual.
- 2.2.9.4. Provide naltrexone in oral formulation while the individual is incarcerated. Offer injectable long-acting naltrexone or buprenorphine as an option prior to release.
- 2.2.9.5. Offer oral buprenorphine without naloxone while the individual is incarcerated but must discharge the individual on a formulation of buprenorphine with naloxone unless there is a clinical reason not to do so. E.g., the individual is discharged on injectable buprenorphine, the individual is allergic to naloxone.
- 2.2.10. Contractor shall not facilitate forced opioid withdrawal, including withdrawal using a tapering dose of buprenorphine or methadone, unless the individual provides an informed refusal of treatment or the individual elects MOUD treatment with naltrexone, in which case withdrawal is clinically required.
  - 2.2.10.1. In such case, Contractor may use other medications (e.g., clonidine, anti-emetics, anti-diarrheals, analgesics, etc.) in place of buprenorphine or methadone if the individual chooses or as adjuncts to these medications, but they may not be the only withdrawal treatment available.
  - 2.2.10.2. Initiation of buprenorphine or methadone, whether for induction of treatment or for withdrawal, may not be delayed for administrative reasons, e.g., unavailability of a prescriber, beyond when they are clinically indicated to be started.

2.2.11. Provide immediate evaluation to individuals at risk for, or in, opioid or alcohol withdrawal who refuse treatment by a medical or mental health prescriber or a licensed mental health professional at the masters' level or higher, to determine if they have decision-making capacity.

2.2.11.1. If they do not, they must be transported to a community hospital and may not return to the jail until they are clinically safe to return to the jails AND have regained decision-making capacity.

### **2.3. During Incarceration**

2.3.1. Offer initiation of MOUD/MAUD to individuals with unidentified OUD/AUD and/or if treatment was not offered at intake. E.g., individuals with OUD but without physical dependence, individuals with AUD who underwent withdrawal, etc.

2.3.2. Educate individuals on treatment choices and the process for continuation of access to MOUD/MAUD during incarceration and upon release.

2.3.3. Administer methadone and buprenorphine daily or more frequently.

2.3.4. Contractor shall not use alternate-day or "balloon" dosing of buprenorphine.

2.3.5. Offer counseling to individuals for their OUD/AUD if they are expected to remain in jail for longer than one month.

2.3.6. Provide MOUD/MAUD regardless of the individual's willingness to participate in counseling.

### **2.4. Release**

Contractor must accomplish the following prior to each individual's release from jail:

2.4.1. Complete release planning and reentry coordination as soon as possible after admission to ensure an effective plan is in place prior to release or in the event of an unexpected release of an individual who needs continued treatment and services.

2.4.2. Provide at least two (2) doses of naloxone (e.g., Narcan®) and training on how to administer the medication to all individuals with OUD.

2.4.3. Schedule the first community appointment with a treatment facility for continuation of MOUD or MAUD.

2.4.4. Provide in hand, upon release, and at no cost to the individual, sufficient doses of MOUD and/or MAUD to bridge, or sustain treatment for, the individual until the scheduled MOUD/MAUD follow-up appointment at the selected community treatment facility. This does not apply to individuals treated with injectable MOUD/MAUD.

- 2.4.4.1. If an individual is at risk of being released directly from court, inform them prior to going to court that they may request to be transported back to the jail by staff to receive these medications prior to going home.
- 2.4.4.2. In situations where a follow-up appointment upon release cannot be made, e.g., after-hours bail-out, give the individual enough medication to last until the next available appointment at the community treatment facility. If the appointment date is unknown, give the individual a 30-day supply at minimum.
- 2.4.4.3. In situations where medications cannot be provided upon release, e.g., unscheduled release at a time when medical staff are not present in jail, Contractor must ensure the following:
  - a. The individual is informed that they may either return to the jail in the morning to receive bridge medications; or
  - b. If no medical staff are present the following day, call in a prescription for the same bridging medication to a local pharmacy, at no cost to the individual.
- 2.4.5. Assist Medicaid-eligible individuals to sign up for Medicaid or assist individuals whose Medicaid coverage has been terminated to reestablish coverage.
- 2.4.6. For any individual with Medicaid coverage, work cooperatively with the individual's Managed Care Organizations (MCO) to facilitate re-entry benefits and continued treatment with a community partner, including but not limited to allowing the MCO's agent timely access to the jail and the individual.

## **2.5. Contract Management**

- 2.5.1. Ensure operation specific tools, such as job descriptions, policies and procedures, and statements of work, are developed, and staff are adequately trained, to ensure consistent and appropriate practice.
- 2.5.2. Attend monthly meetings with HCA Contract Manager to discuss Contract requirements, compliance, and problem-solving. Attend additional meetings as required or deemed necessary by the HCA Contract Manager.
- 2.5.3. Contractor shall cooperate with periodic site visits by the HCA DBHR program administrator or designee and make all relevant records and personnel available.

## **3. REPORTING**

Contractor shall complete performance monitoring activities, including the submission of timely and accurate data reports to the HCA Contract Manager, utilizing the HCA provided templates. Further evaluation, including on- and off-site data collection may be conducted by HCA or an HCA-designated third party. Reporting shall include, but is not limited to, the following:

### **3.1. Monthly Progress Reports**

- 3.1.1. Due no later than the 10<sup>th</sup> day of the month following the month in which the services being reported were provided.
- 3.1.2. See Attachment 1, *MOUD & MAUD in Jails Program Monthly Progress Report*.

### **3.2. Monthly Data Collection Spreadsheet**

- 3.2.1. Due no later than the 10<sup>th</sup> day of the month following the month in which the services being reported were provided.
- 3.2.2. See Attachment 2, *MOUD Monthly Data Collection Spreadsheet*.

### **3.3. Data Collection Format**

Contractor shall provide the required reports via Managed File Transfer (MFT).

- 3.3.1. HCA anticipates shifting the data collection format at least in part from MFT to the Program Data Acquisition Management and Storage (PDAMS) system prior to the end date of this Contract.
  - 3.3.1.1. Contractor shall continue to collect data via MFT method until notified otherwise by the HCA Contract Manager in writing.
  - 3.3.1.2. HCA Contract Manager shall notify Contractor of this change no less than ten (10) Business Days before implementing the new collection format.

## **4. COST REIMBURSEMENT**

The payment format for this Contract is established as cost reimbursement. Reports and receipts must be submitted monthly with each A-19 invoice, as identified in this section and in Contract Section 3.4, *Invoice and Payment*.

### **4.1. Allowable Expenses**

Funding provided under this Contract must be used to support a MOUD/MAUD program prior to the implementation of the Medicaid Reentry Waiver and the ability to bill Medicaid for reimbursable services. If Contractor's status changes Contractor must notify the HCA Contract Manager to negotiate an amendment to this Contract.

Contractor shall submit a written request to the HCA Contract Manager prior to the purchase of any items not included in the list below. Requests must be submitted no less than fifteen (15) Business Days prior to purchasing and HCA approval must be granted, in writing, prior to purchasing.

The following is a list of allowable expenses:

- 4.1.1. Program Staff
  - 4.1.1.1. Nurses;
  - 4.1.1.2. Medical assistants;

- 4.1.1.3. Health Care Providers;
  - 4.1.1.4. Prescribers;
  - 4.1.1.5. Correctional staff;
  - 4.1.1.6. Clerical and/or administrative staff for program reporting and administration; and
  - 4.1.1.7. Other program staff as needed.
- 4.1.2. MOUD, MAUD, and Medications
- 4.1.2.1. FDA approved Medications for Opioid Use Disorder:
    - a. Buprenorphine, including long-acting, injectable buprenorphine;
    - b. Methadone; and
    - c. Naltrexone.
  - 4.1.2.2. FDA approved Medications for Alcohol Use Disorder (MAUD).
  - 4.1.2.3. Naloxone for Contractor and Contractor staff.
- 4.1.3. Program Supplies
- 4.1.3.1. Technology:
    - a. Tablets;
    - b. Phones;
    - c. Security;
    - d. Internet or wi-fi enhancements to allow for telehealth; and
    - e. Other supplies if approved by the HCA Contract Manager as outlined in Section 4.1, *Allowable Expenses*.
  - 4.1.3.2. MOUD and MAUD Program Staff Office Needs:
    - a. Desk;
    - b. Chair;
    - c. Computer; and
    - d. Phone.
- 4.1.4. Release and Reentry
- 4.1.4.1. Transportation for participating individuals upon release to facilitate treatment services such as first community appointment, picking up prescriptions, safe place facilities, etc.
  - 4.1.4.2. Release kit items such as:
    - a. Naloxone;
    - b. Gift cards;

- c. Clothing and shoes;
- d. Personal hygiene items; and
- e. Phones.

**4.2. Monthly Estimated Costs**

The estimated monthly cost reimbursement is as follows:

4.2.1. July 1, 2025 – June 30, 2026

Monthly Estimated Cost	Number of Months	Total Costs
\$16,666	12	\$200,000

4.2.2. Adjustments revising twenty-five percent (25%) or more of the Monthly Estimated Costs as identified in this section 4.2 must be submitted to the HCA Contract Manager or designee for approval in writing, via email, at least fifteen (15) Business Days prior to expending the adjusted funds.

4.2.3. HCA written approval must be granted prior to expending funds.

**4.3. Invoicing**

Invoices must be submitted in conjunction with the monthly reports identified in Section 3, *Reporting*, and as follows:

4.3.1. Invoices shall be due no later than the 10<sup>th</sup> day of the month following the month in which the expenses being invoiced were expended; and

4.3.2. As outlined in Contract Section 3.4, *Invoice and Payment*.

## ATTACHMENT 1

### MOUD & MAUD in Jails Program Monthly Progress Report

Please give a sentence or two in response to each prompt below. These are not yes or no questions but rather guidance on what is needed for program compliance. It is important to share that funding is being spent in accordance with program requirements, that the funding is needed, and that the program is successful.

Please plan to discuss your program and bring innovative ideas to each monthly HCA partner meeting.

#### 1. Key information

<b>Contractor Name:</b>	
<b>Month Reporting on:</b>	
<b>Project Manager(s):</b>	
<b>Contract Funding Start:</b>	July 1, 2025
<b>Contract Funding End:</b>	June 30, 2026

#### 2. How are funds spent for this program?

This section may be the same each month.

- 2.1. Staff:
- 2.2. Medications:
- 2.3. Subcontractors:
- 2.4. Naloxone:
- 2.5. Release Kits:
- 2.6. Other:

#### 3. Narrative Progress Report

Include meeting the standard of care, barriers, solutions, Training and Technical Assistance (TTA), successes, who is providing each step, what tools are being used, etc.

- 3.1. Screening or assessments for OUD and AUD and for risk of acute withdrawal.
- 3.2. How are withdrawals being treated?
- 3.3. Continuing or inducing MOUD or MAUD.
- 3.4. Release plan and reentry coordination, including:
  - 3.4.1. Schedule first community follow-up appointment; and
  - 3.4.2. Bridge medication upon release.

#### 4. Successes

Including program or individual participant successes.

#### 5. Challenges

Include both challenges faced and what solutions are being considered.

6. How many individuals were screened for alcohol use disorder?
7. How many individuals began, or were continued on, Medications for Alcohol Use Disorder (MAUD)?
8. Which MAUDs are being offered and which one is being chosen the most often?

## **ATTACHMENT 2**

### **MOUD Monthly Data Collection Spreadsheet**

The current Contract Attachment 2, *MOUD Monthly Data Collection Spreadsheet*, including any and all modifications, is incorporated herein by reference. Any questions regarding the use or purpose of this form may be submitted to the HCA Contract Manager.