1 6.2.5.1 Withhold two (2%) percent of the next monthly payment and each monthly 2 payment thereafter until the corrective action has achieved resolution. 3 North Sound BH-ASO, at its sole discretion, may return a portion or all of 4 any payments withheld once satisfactory resolution has been achieved. 5 6.2.5.2 Compound withholdings identified above by an additional one-half of one 6 percent (1/2 of 2%) for each successive month during which the remedial 7 situation has not been resolved. 8 6.2.5.3 Revoke delegation of any function delegated under this contract. 9 6.2.5.4 Deny any incentive payment to which Provider might otherwise have been 10 entitled under this Contract or any other arrangement by which DBHR 11 provides incentives. 12 6.2.5.5 Termination for Default, as outlined in this Contract. 13

6.3 **NOTICE REQUIREMENTS**

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Whenever this Contract provides for notice to be provided by one (1) party to another, such notice shall be in writing and directed to the chief executive office of the Provider and the project representative of the County department specified on page one (1) of this Contract. Any time within which a party must take some action shall be computed from the date that the notice is received by said party.

ARTICLE SEVEN -GENERAL TERMS AND CONDITIONS FOR CONTRACTOR

7.1 **BACKGROUND**

North Sound BH-ASO is an entity formed by inter-local agreement between Island, San Juan, Skagit, Snohomish and Whatcom Counties, each county authority is recognized by the Director of HCA (Director). These counties entered into an inter-local agreement to allow North Sound BH-ASO to contract with the Director pursuant to RCW 71.24.025(18), to operate a single managed system of services for persons with behavioral illness living in the service area covered by Island, San Juan, Skagit, Snohomish and Whatcom Counties (Service Area). North Sound BH-ASO is party to an interagency agreement with the Director, pursuantto which North Sound BH-ASO has agreed to provide integrated community support, crisis response services to people needing such services in its Service Area. North Sound BH-ASO, through this Contract, is subcontracting with Provider for the provision of specific behavioral health services as required by the agreement with the Director. Provider, by signing this Contract, attests it is willing and able to provide such services in the Service Area.

17 7.2 **MUTUAL COMMITMENTS**

The parties to this Contract are mutually committed to the development of an efficient, cost effective, integrated, person-centered, age specific recovery and resilience model approach to the delivery of quality community behavioral health services. To that end, the parties are mutually committed to maximizing the availability of resources to provide needed behavioral health services in the Service Area, maximizing the portion of those resources used for the provision of direct services and minimizing duplication of effort.

7.3 **ASSIGNMENT**

Except as otherwise provided within this Contract, this Contract may not be assigned, delegated, or transferred by Provider without the express written consent of NorthSound BH-ASO and any attempt to transfer or assign this Contract without such consent shall be void. The terms "assigned", "delegated", or "transferred" shall include change of business structure to a limited liability company of any Provider Member or Affiliate Agency.

7.4 **AUTHORITY**

Concurrent with the execution of this Contract, Provider shall furnish North Sound BH-ASO with a copy of the explicit written authorization of its governing body to enter into this Contract and accept the financial risk and responsibility to carry out all terms of this Contract including the ability to pay for all expenses incurred during the contract period. Likewise, concurrent with the execution of this Contract, North Sound BH-ASO shall furnish, upon request, Provider with a written copy of the motion, resolution, or ordinance passed by North Sound BH-ASO's County Authorities Executive Committee authorizing North Sound BH-ASO to execute this Contract.

1 7.5 COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS AND OPERATIONAL POLICIES 2 The parties shall comply with all relevant state or federal law, policy, directive, or government 3 sponsored program requirements relating to the subject matter of this Agreement. The 4 provisions of this Agreement shall be construed in a manner that reflects consistency and 5 compliance with such laws, policies and directives. Without limiting the generality of the 6 foregoing, the parties shall comply with applicable provisions of this Agreement and the 7 Supplemental Provider Service Guide, incorporated herein: 8 9 7.5.1 Title XIX and Title XXI of the SSA and Title 42 CFR; 10 7.5.2 All applicable Office of the Insurance Commissioner (OIC) statutes and regulations; 11 7.5.3 Americans with Disabilities Act (ADA) of 1990; 12 7.5.4 Title VI of the Civil Rights Act of 1964; 13 Age Discrimination Act of 1975; 7.5.5 14 7.5.6 All local, State and Federal professional and facility licensing and certification 15 requirements/standards that apply to services performed under the terms of this 16 Contract; 17 7.5.7 The Patient Protection and Affordable Care Act (PPACA or ACA); 18 7.5.8 All applicable standards, orders, or requirements issued under Section 306 of the 19 Clean Air Act (42 US 1857(h)), Section 508 of the Clean Water Act (33 US 1368), 20 Executive Order 11738 and Environmental Protection Agency (EPA) regulations (40 21 CFR Part 15), which prohibit the use of facilities included on the EPA List of Violating 22 Facilities. Any violations shall be reported to HCA/DSHS, DHHS and the EPA. 23 7.5.9 Any applicable mandatory standards and policies relating to energy efficiency, which 24 are contained in the State Energy Conservation Plan, issued in compliance with the 25 federal Energy Policy and Conservation Act; 26 Those specified in RCW Title 18 for professional licensing; 7.5.10 27 7.5.11 Reporting of abuse as required by RCW 26.44.030; 28 7.5.12 Industrial insurance coverage as required by RCW Title 51; 29 7.5.13 RCW 38.52, 70.02, 71.05, 71.24 and 71.34; 30 7.5.14 WAC 246-341 and 388-865; 31 7.5.15 Provider must ensure it does not: a) operate any physician incentive plan as 32 described in 42 CFR §422.208; and b) does not Contract with any subcontractor 33 operating such a plan. 34 7.5.16 HCA/MCO Quality Strategy; 35 State of Washington behavioral health system mission statement, value statement 7.5.17 36 and guiding principles for the system, hereto as Exhibit D; 37 7.5.18 Office of Management and Budget (OMB) Circulars, Budget, Accounting and 38 Reporting System (BARS) Manual and BARS Supplemental Behavioral Health 39 Instructions; 40 7.5.19 Any applicable federal and state laws that pertain to individual's rights. Provider 41 shall ensure its staff takes those rights into account when furnishing services to 42 individuals.

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1 7.5.20 42 United States Code (USC) 1320a-7 and 1320a-7b (Section 1128 and 1128(b) of the 2 SSA), which prohibits making payments directly or indirectly to physicians or other 3 providers as an inducement to reduce or limit behavioral health services provided to 4 individuals; 5 7.5.21 Any P&P developed by DSHS/HCA which governs the spend-down of individual's 6 assets; 7 7.5.22 Provider and any subcontractors must comply with 42-USC 1396u-2 and must not 8 knowingly have a director, officer, partner, or person with a beneficial ownership of 9 more than five (5%) of Provider, BHA or subcontractor's equity, or an employee, 10 Provider, or consultant who is significant or material to the provision of services 11 under this Contract, who has been, or is affiliated with someone who has been, 12 debarred, suspended, or otherwise excluded by any federal agency. 13 Federal and State non-discrimination laws and regulations; 7.5.23 14 7.5.24 HIPAA (45 CFR parts 160-164); 15 7.5.25 Confidentiality of Substance Use Disorder (SUD) 42 CFR Subchapter A, Part 2; 16 7.5.26 HCA-CIS Data Dictionary and its successors; 17 7.5.27 Federal funds must not be used for any lobbying activities 18 7.5.28 Mental Health Parity and Addiction Equity Act (MHPAEA) and final rule

If Provider is in violation of a federal law or regulation and Federal Financial Participation is recouped from North Sound BH-ASO, Provider shall reimburse the federal amount to North Sound BH-ASO within 20 days of such recoupment.

Upon notification from HCA/MCO, North Sound BH-ASO shall notify Provider in writing of changes/modifications in HCA contract requirements.

7.6 COMPLIANCE WITH NORTH SOUND BH-ASO OPERATIONAL GUIDE

Provider shall comply with all North Sound BH-ASO Supplemental Provider Service Guide and operational policies that pertain to the delivery of services under this Contract that are in effect when the Contract is signed or come into effect during the term of the Contract. North Sound BH-ASO shall notify Provider of any proposed change in federal or state requirements affecting this Contract immediately upon North Sound BH-ASO receiving knowledge of such change.

7.7 CONFIDENTIALITY OF PERSONAL INFORMATION

Provider shall protect all Personal Information, records and data from unauthorized disclosure in accordance with 42 CFR §431.300 through §431.307, RCWs 70.02, 71.05, 71.34 and for individuals receiving SUD services, in accordance with 42 CFR Part 2 and WAC 246-341. Provider shall have a process in place to ensure all components of its provider network and system understand and comply with confidentiality requirements for publicly funded behavioral health services. Pursuant to 42 CFR §431.301 and §431.302, personal information concerning applicants and recipients may be disclosed for purposes directly connected with the administration of this Contract and the State Medicaid Plan. Provider shall read and comply with all HIPAA policies.

7.8 **CONTRACT PERFORMANCE/ENFORCEMENT**

North Sound BH-ASO shall be vested with the rights of a third-party beneficiary, including the "cut through" right to enforce performance should Provider be unwilling or unable to enforce action on the part of its subcontractor(s). In the event Provider dissolves or otherwise discontinues operations, North Sound BH-ASO may, at its sole option, assume the right to enforce the terms and conditions of this Contract directly with subcontractors; provided North Sound BH-ASO keeps Provider reasonably informed concerning such enforcement. Provider shall include this clause in its contracts with its subcontractors. In the event of the dissolution of Provider, North Sound BH-ASO's rights in indemnification shall survive.

7.9 **COOPERATION**

The parties to this Contract shall cooperate in good faith to effectuate the terms and conditions of this Contract.

7.10 **DEBARMENT CERTIFICATION**

The Provider, by signature to this Contract, certifies that the Contractor is not presently debarred, suspended, proposed for Debarment, declared ineligible or voluntarily excluded in any Washington State or federal department or agency from participating in transactions (debarred).

The Provider agrees to include the above requirement in any and all Subcontracts into which it enters concerning the performance of services hereunder, and also agrees that it shall not employ debarred individuals or Subcontract with any debarred providers, persons, or entities.

The Provider shall immediately notify North Sound BH-ASO if, during the term of this Contract, the Provider becomes debarred. North Sound BH-ASO may immediately terminate this Contract by providing Provider written notice in accord with Subsection 6.3 of this Contract if the Provider becomes debarred during the term hereof.

7.11 **EXCLUDED PARTIES**

Provider is prohibited from paying with funds received under this Contract for goods and services furnished, ordered, or prescribed by excluded individuals and entities SSA section 1903(i)(2) of the Act; 42 CFR 455.104, 455.106 and 1001.1901(b).

Provider shall monitor for excluded individuals and entities by:

- 7.11.1 Screening Provider and subcontractor's employees and individuals and entities with an ownership or control interest for excluded individuals and entities prior to entering into a contractual or other relationship where the individual or entity would benefit directly or indirectly from funds received under this Contract.
- 7.11.2 Screening monthly newly added Provider and subcontractor's employees and individuals and entities with an ownership or control interest for excluded

1 individuals and entities that would benefit directly or indirectly from funds received 2 under this Contract. 3 7.11.3 Screening monthly Provider and subcontractor's employees and individuals and 4 entities with an ownership or control interest that would benefit from funds 5 received under this Contract for newly added excluded individuals and entities. 6 7 Report to North Sound BH-ASO: 8 9 7.11.4 Any excluded individuals and entities discovered in the screening within 10 business 10 days; 11 7.11.5 Any payments made by Provider that directly or indirectly benefit excluded individuals and entities and the recovery of such payments; 12 13 7.11.6 Any actions taken by Provider to terminate relationships with Provider and 14 subcontractor's employees and individuals with an ownership or control interest 15 discovered in the screening; 16 7.11.7 Any Provider and subcontractor's employees and individuals with an ownership or 17 control interest convicted of any criminal or civil offense described in SSA section 18 1128 within 10 business days of Provider becoming aware of the conviction; 19 7.11.8 Any subcontractor terminated for cause within 10 business days of the effective 20 date of termination to include full details of the reason for termination; 21 7.11.9 Any Provider and subcontractor's individuals and entities with an ownership or 22 control interest. 23 24 Provider must provide a list with details of ownership and control no later than 30 days from 25 the date of ratification and shall keep the list up-to-date thereafter. 26 27 Provider will not make any payments for goods or services that directly or indirectly benefit 28 any excluded individual or entity. Provider will immediately recover any payments for goods 29 and services that benefit excluded individuals and entities it discovers. 30 31 Provider will immediately terminate any employment, contractual and control relationships 32 with an excluded individual and entity it discovers. 33 34 Civil monetary penalties may be imposed against Provider if it employs or enters into a 35 contract with an excluded individual or entity to provide goods or services to enrollees (SSA 36 section 1128A(a) and 42 CFR 1003.102(a)(2)). 37 38 An individual or entity is considered to have an ownership or control interest if they have 39 direct or indirect ownership of five percent (5%) or more, or are a managing employee (i.e., a 40 general manager, business manager, administrator, or director) who exercises operational or 41 managerial control or who directly or indirectly conducts day-to-day operations (SSA section 42 1126(b), 42 CFR 455.104(a) and 1001.1001(a)(1)). 43 44 In addition, if North Sound BH-ASO/MCO/HCA notifies Provider that an individual or entity is

excluded from participation by HCA, Provider shall terminate all beneficial, employment, contractual and control relationships with the excluded individual or entity immediately.

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7.12 DECLARATION THAT INDIVIDUALS UNDER THE MEDICAID AND OTHER BEHAVIORAL HEALTH PROGRAMS ARE NOT THIRD-PARTY BENEFICIARIES UNDER THIS CONTRACT

Although North Sound BH-ASO, Provider and subcontractors mutually recognize that services under this Contract may be provided by Provider and subcontractors to individuals under the Medicaid program, RCW 71.05 and 71.34 and the Community Behavioral Health Services Act, RCW 71.24, it is not the intention of either North Sound BH-ASO or Provider, that such individuals, or any other persons, occupy the position of intended third-party beneficiaries of the obligations assumed by either party to this Contract. Such third parties shall have no right to enforce this Contract.

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7.13 **EXECUTION, AMENDMENT AND WAIVER**

This Contract shall be binding on all parties only upon signature by authorized representatives of each party. This Contract or any provision may be amended during the contract period, if circumstances warrant, by a written amendment executed by all parties. Only North Sound BH-ASO's Program Administrator or designee has authority to waive any provision of this Contract on behalf of North Sound BH-ASO.

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7.14 **HEADINGS AND CAPTIONS**

The headings and captions used in this Contract are for reference and convenience only and in no way define, limit, or decide the scope or intent of any provisions or sections of this Contract.

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7.15 **INDEMNIFICATION**

Provider shall be responsible for and shall indemnify and hold North Sound BH-ASO harmless (including all costs and attorney fees) from all claims for personal injury, property damage and/or disclosure of confidential information, including claims against North Sound BH-ASO for the negligent hiring, retention and/or supervision of Provider and/or from the imposition of governmental fines or penalties resulting from the acts or omissions of Provider and its subcontractors related to the performance of this contract. North Sound BH-ASO shall be responsible and shall indemnify and hold Provider harmless (including all costs and attorney fees) from all claims for personal injury, property damage and disclosure of confidential information and from the imposition of governmental fines or penalties resulting from the acts or omissions of North Sound BH-ASO. Except to the extent caused by the gross negligence and/or willful misconduct of North Sound BH-ASO, Provider shall indemnify and hold North Sound BH-ASO harmless from any claims made by non-participating BHAs related to the provision of services under this Contract. For the purposes of these indemnifications, the Parties specifically and expressly waive any immunity granted under the Washington Industrial Insurance Act, RCW Title 51. This waiver has been mutually negotiated and agreed to by the Parties. The provision of this section shall survive the expiration or termination of the Contract.

7.16 INDEPENDENT CONTRACTOR FOR NORTH SOUND BH-ASO

The parties intend that an independent contractor relationship be created by this contract. Provider acknowledges that Provider, its employees, or subcontractors are not officers, employees, or agents of North Sound BH-ASO. Provider shall not hold Provider, Provider's employees and subcontractors out as, nor claim status as, officers, employees, or agents of North Sound BH-ASO. Provider shall not claim for Provider, Provider's employees, or subcontractors any rights, privileges, or benefits which would accrue to an employee of North Sound BH-ASO. Provider shall indemnify and hold North Sound BH-ASO harmless from all obligations to pay or withhold Federal or State taxes or contributions on behalf of Provider, Provider's employees and subcontractors unless specified in this Contract.

7.17 **INSURANCE**

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, Providershall carry Commercial General Liability (CGL) Insurance to include coverage for bodilyinjury, 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).

7.18 **INTEGRATION**

This Contract, including Exhibits contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or to bind any of the parties hereto.

7.19 MAINTENANCE OF RECORDS

Provider shall prepare, maintain and retain accurate records, including appropriate medical records and administrative and financial records, related to this Agreement and to Services provided hereunder in accordance with industry standards, applicable federal and state statutes and regulations, and state and federal sponsored health program requirements. Such records shall be maintained for the maximum period required by federal or state law. North Sound BH-ASO shall have continued access to Provider's records as necessary for North Sound

BH-ASO to perform its obligations hereunder, to comply with federal and state laws and regulations, and to ensure compliance with applicable accreditation and HCA requirements. Provider shall completely and accurately report encounter data to North Sound BH-ASO and shall certify the accuracy and completeness of all encounter data submitted. Providershall ensure that it and all of its subcontractors that are required to report encounter data, have the capacity to submit all data necessary to enable the North Sound BH-ASO to meet the reporting requirements in the Encounter Data Transaction Guide published by HCA, or other requirements HCA may develop and impose on North Sound BH-ASO or Provider.

Upon North Sound BH-ASO's request or under North Sound BH-ASO's state and federal sponsored health programs and associated contracts, Provider shall provide to North Sound BH-ASO direct access and/or copies of all information, encounter data, statistical data, and treatment records pertaining to Members who receive Services hereunder, or in conjunction with claims reviews, quality improvement programs, grievances and appeals and peer reviews.

7.20 **NOTICE OF AMENDMENT**

Except when a longer period is requested by applicable law, North Sound BH-ASO may amend this Agreement upon 30 days prior written notice to Provider. If Provider does not deliver to North Sound BH-ASO a written notice of rejection of the amendment within that 30-day period, the amendment shall be deemed accepted by and shall be binding upon Provider.

7.21 NO WAIVER OF RIGHTS

A failure by either party to exercise its rights under this Contract shall not preclude that party from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this Contract unless stated to be such in writing signed by an authorized representative of the party and attached to the original Contract.

Waiver of any breach of any provision of this Contract shall not be deemed to be a waiver of any subsequent breach and shall not be construed to be a modification of the terms and conditions of this Contract.

7.22 **ONGOING SERVICES**

Provider and its subcontractors shall ensure in the event of labor disputes or job actions, including work slowdowns, such as "sick outs", or other activities within its service BHA network, uninterrupted services shall be available as required by the terms of this Contract.

7.23 ORGANIZATIONAL CHANGES

The Provider shall provide North Sound BH-ASO with ninety (90) calendardays' prior written notice of any change in the Provider's ownership or legal status. The Provider shall provide North Sound BH-ASO written notice of any changes to the Provider's executive officers, executive board members, or medical directors within seven (7) Business Days

7.24 **OVERPAYMENTS**

In the event Provider fails to comply with any of the terms and conditions of this Contract and results in an overpayment, North Sound BH-ASO may recover the amount due HCA, MCO, or other federal or state agency subject to dispute resolution as set forth in the contract. In the case of overpayment, Provider shall cooperate in the recoupment process and return to North Sound BH-ASO the amount due upon demand.

7.25 **OWNERSHIP OF MATERIALS**

The parties to this Contract hereby mutually agree that if any patentable or copyrightable material or article should result from the work described herein, all rights accruing from such material or article shall be the sole property of North Sound BH-ASO. The North Sound BH-ASO agrees to and does hereby grant to the Provider, irrevocable, nonexclusive, and royalty-free license to use, according to law, any material or article and use any method that may be developed as part of the work under this Contract.

The foregoing products license shall not apply to existing training materials, consulting aids, checklists, and other materials and documents of the Provider which are modified for use in the performance of this Contract.

The foregoing provisions of this section shall not apply to existing trainingmaterials, consulting aids, checklists, and other materials and documents of the Provider that are not modified for use in the performance of this Contract.

7.26 **PERFORMANCE**

Provider shall furnish the necessary personnel, materials/behavioral health services and otherwise do all things for, or incidental to, the performance of the work set forth here and as attached. Unless specifically stated, Provider is responsible for performing or ensuring all fiscal and program responsibilities required in this contract. No subcontract will terminate the legal responsibility of Provider to perform the terms of this Contract.

7.27 **RESOLUTION OF DISPUTES**

Each Party shall cooperate in good faith and deal fairly in its performance hereunder to accomplish the Parties' objectives and avoid disputes. The Parties will promptly meet and confer to resolve any problems that arise. If a dispute is not resolved, the Parties will participate in and equally share the expense of a mediation conducted by a neutral third-party professional prior to initiating litigation or arbitration. If the dispute is not resolved through mediation, the parties agree to litigate their dispute in Skagit County Superior Court. The prevailing party shall be awarded its reasonable attorneys' fees, and costs and expenses incurred. This Agreement shall be governed by laws of the State of Washington, both as to interpretation and performance.

7.28 SEVERABILITY AND CONFORMITY

The provisions of this Contract are severable. If any provision of this Contract, including any provision of any document incorporated by reference is held invalid by any court, that

invalidity shall not affect the other provisions of this Contract and the invalid provision shall be considered modified to conform to existing law.

7.29 **SINGLE AUDIT ACT**

If Provider or its subcontractor is a subrecipient of Federal awards as defined by OMBUniform Guidance Subpart F, Provider and its subcontractors shall maintain records that identify all Federal funds received and expended. Such funds shall be identified by the appropriate OMB Catalog of Federal Domestic Assistance titles and numbers, award names, award numbers, and award years (if awards are for research and development), as well as, names of the Federal agencies. Provider and its subcontractors shall make Provider and its subcontractor's records available for review or audit by officials of the Federal awarding agency, the General Accounting Office and DSHS. Provider and its subcontractors shall incorporate OMB Uniform Guidance Subpart F audit requirements into all contracts between Provider and its subcontractors who are sub recipients. Provider and its subcontractors shall comply withany future amendments to OMB Uniform Guidance Subpart F and any successor or replacement Circular or regulation.

If Provider/subcontractors are a sub recipient and expends \$750,000 or more in Federal awards from any/all sources in any fiscal year, Provider and applicable subcontractors shall procure and pay for a single or program-specific audit for that fiscal year. Upon completion of each audit, Provider and applicable subcontractors shall submit to North Sound BH-ASO's Program Administrator the data collection form and reporting package specified in OMB Uniform Guidance Subpart F, reports required by the program-specific audit guide, if applicable and a copy of any management letters issued by the auditor.

For purposes of "sub recipient" status under the rules of OMB Uniform Guidance Subpart F, Medicaid payments to a sub recipient for providing patient care services to Medicaid eligible individuals are not considered Federal awards expended under this part of the rule unless a State requires the fund to be treated as Federal awards expended because reimbursement is on a cost-reimbursement basis.

7.30 **SUBCONTRACTS**

Provider may subcontract services to be provided under this Contract subject to the following requirements.

- 7.30.1 The Provider shall not assign or subcontract any portion of this Contract or transfer or assign any claim arising pursuant to this Contract without the written consent of North Sound BH-ASO Said consent must be sought in writing by the Provider not less than 15 days prior to the date of any proposed assignment.
- 7.30.2 Provider shall be responsible for the acts and omissions of any subcontractor.
- 7.30.3 Provider must ensure the subcontractor neither employs any person norcontracts with any person or BHA excluded from participation in federal health care programs under either 42 USC 1320a-7 (§§1128 or 1128A SSA) or debarred or suspended per this Contract's General Terms and Conditions.

1 7.30.4 Provider shall require subcontractors to comply with all applicable federal and state 2 laws, regulations and operational policies as specified in this Contract. 3 7.30.5 Provider shall require subcontractors to comply with all applicable North Sound BH-4 ASO operational policies as applicable. 5 7.30.6 Subcontracts for the provision of behavioral health services must require 6 subcontractors to provide individuals access to translated information and 7 interpreter services. 8 7.30.7 Provider shall ensure a process is in place to demonstrate all third-party resources 9 are identified and pursued. 10 7.30.8 Provider shall oversee, be accountable for and monitor all functions and 11 responsibilities delegated to a subcontractor for conformance with any applicable 12 statement of work in this Contract on an ongoing basis including written reviews. 13 7.30.9 Provider will monitor performance of the subcontractors on an annual basis and 14 notify North Sound BH-ASO of any identified deficiencies or areas for improvement 15 requiring corrective action by Provider. 16 7.30.10 The Provider agrees to include the following language verbatim in every subcontract 17 for services which relate to the subject matter of this Contract: 18 19 "Subcontractor shall protect, defend, indemnify, and hold harmless North Sound BH-ASOits 20 officers, employees and agents from any and all costs, claims, judgments, and/or awards of 21 damages arising out of, or in any way resulting from the negligent act or omissions of 22 subcontractor, its officers, employees, and/or agents in connection with or in support of this 23 Contract. Subcontractor expressly agrees and understands that North Sound BH-ASO is a 24 third-party beneficiary to this Contract and shall have the right to bring an action against 25 subcontractor to enforce the provisions of this paragraph." 26 27 Those written subcontracts shall: 28 29 7.30.11 Require subcontractors to hold all necessary licenses, certifications/permits as 30 required by law for the performance of the services to be performed under this 31 32 Require subcontractors to notify Provider in the event of a change in status of any 7.30.12 33 required license or certification; 34 7.30.13 Include clear means to revoke delegation, impose corrective action, or take other 35 remedial actions if the subcontractor fails to comply with the terms of the 36 subcontract; 37 Require the subcontractor to correct any areas of deficiencies in the subcontractor's 7.30.14 38 performance that are identified by Provider, North Sound BH-ASO/HCA; 39 7.30.15 Require best efforts to provide written or oral notification within 15 business days 40 of termination of a Primary Care Provider (PCP) to individuals currently open for 41 services who had received a service from the affected PCP in the previous 60 days. 42 Notification must be verifiable in the individual's medical record at the 43 subcontractor.

7.31 **SURVIVABILITY**

The terms and conditions contained in this Contract by their sense and context are intended to survive the expiration of this Contract and shall so survive. Surviving terms include but are not limited to: Financial Terms and Conditions, Single Audit Act, Contract Performance and Enforcement, Confidentiality of Individual Information, Resolution of Disputes, Indemnification, Oversight Authority, Maintenance of Records, Ownership of Materials and Contract Administration Warranties and Survivability.

7.32 TREATMENT OF INDIVIDUAL'S PROPERTY

Unless otherwise provided in this Contract, Provider shall ensure any adult individual receiving services from Provider under this Contract has unrestricted access to the individual's personal property. Provider shall not interfere with any adult individual's ownership, possession, or use of the individual's property unless clinically indicated. Provider shall provide individuals under age 18 with reasonable access to their personal property that is appropriate to the individual's age, development and needs. Upon termination of this Contract, Provider shall immediately release to the individual and/or guardian or custodian all the individual's personal property.

7.33 WARRANTIES

The parties' obligations are warranted and represented by each to be individually binding for the benefit of the other party. Provider warrants and represents it is able to perform its obligations set forth in this Contract and such obligations are binding upon Provider and other subcontractors for the benefit of North Sound BH-ASO.

7.34 **CONTRACT CERTIFICATION**

By signing this Contract, the Provider certifies that in addition to agreeing to the terms and conditions provided herein, the Provider certifies that it has read and understands the contracting requirements and agrees to comply with all of the contract terms and conditions detailed on this contract and exhibits incorporated herein by reference.

1 2	The Program Administrator	for North Sound	d BH-ASO, LLCis:	
3	Joe Valentine, Executiv	e Director		
4	North Sound BH-ASO	c Director		
5	2021 E. College Way, S	uite 101		
6	Mount Vernon, WA 982			
7	, , , , , , , , , , , , , , , , , , , ,			
8	The Program Administrator	for Whatcom C	ounty is:	
9	G		•	
10	Perry Mowery, Respon	se Systems Divis	sion Supervisor	
11	Whatcom County Healt	th Department		
12	509 Girard Street			
13	Bellingham, WA 98225			
14				
15	Changes shall be provided t	o the other part	ry in writing within 10 busing	ess days.
16				
17				
18	IN WITNESS WHEREOF, the parties	hereby agree to	the terms and conditions o	f this Contract:
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20				
21	NORTH SOUND BH-ASO		WHATCOM COUNTY	
22				
23	Joe Valentine	2/23/2023	DocuSigned by:	
24	9		Satpal Single Sidler	4/13/2023
25			1192C7C18B664E3	
26	Joe Valentine	Date	Satpal Sidhu	Date
27	Executive Director		County Executive	

	DocuSigned by:	
PROGRAM APPROVAL:	Malora Christensen	4/12/2023
THOOF WITH THOUTE.		
	Malora Christensen, Response Systems Manager	Date
	DocuSigned by:	
	Erika Lautenbach	4/12/2023
DEPARTMENT HEAD API	PROVAL:955C651A30374BD	
	Erika Lautenbach, Health Department Director	Date
	DocuSigned by:	
APPROVL AS TO FORM:	Roya Bukingham 1EE5DDBD9542404	4/13/2023
	Royce Buckingham, Senior Civil Deputy Prosecutor	Date

CONTRACTOR INFORMATION:

North Sound Behavioral Health Administrative Services Organization

2021 E College Way, Suite 101 Mt Vernon, WA 98273 800-684-3555



2021 E. College Way, Suite 101, Mt. Vernon, WA 98273 Phone: (360) 416-7013 Fax: (360) 899-4754 www.nsbhaso.org

EXHIBIT A: SCHEDULE OF SERVICES

PROVIDER: Whatcom County

CONTRACT: NORTH SOUND BH-ASO-WHATCOM COUNTY-ICN-23

CONTRACT PERIOD: 01/01/2023 - 06/30/2023

Identification of Contracted Services

Provider shall provide behavioral health covered crisis services, as indicated in the Contracted Services Grid below, 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 within the scope of Provider's business and practice, in accordance with the Whatcom County Base Provider Exhibits, and the requirements of any applicable government sponsored program.

Contracted Services Grid

Contracted Timeframe	Service	Supplemental Provider Service Guide Reference (click <u>here</u>)
Outpatient Services (Within Available Resources	in Available Resources ⁽	Chapter 20
	Mental Health Outpatient and Medication Management	Section 20.1
	Substance Use Disorder Outpatient Benefit	Section 20.1
	Medication-Assisted Treatment	Section 20.1
	Opiate Treatment Program (OTP ⁽	Section 20.1
	Program for Assertive Community Treatment (PACT ⁽	Section 20.12
Evaluation and Treatment	t	Section 20.4
	Sixteen-Bed Evaluation and Treatment Facility Services	Section 20.4

	Service	Reference (click here)
Crisis Services		Chapter 18
	Adult Mobile Crisis Outreach Team	Section 20.2.2
	Child/Youth Mobile Crisis Outreach Team	Section 20.2.5
	Crisis Stabilization	Chapter 18;20.2.4
	Involuntary Treatment Evaluation (ITA ⁽	Chapter 18; 20.2.3
	Toll Free Crisis Hotline	Chapter 18
Withdrawal Management .	Withdrawal Management Services (Within in Available Resources ⁽	Chapter 20
	Clinically Managed Withdrawal Management (formerly Sub-Acute Withdrawal Management	Section 20.1
	Medically Monitored Inpatient Withdrawal Management	Section 20.2.4
	Secure Withdrawal Management	Chapter 18
Substance Use Disorder Re	Substance Use Disorder Residential (Within Available Resources ⁽	Section 20.10
	Youth - Intensive Inpatient	Section 20.15.2
	Youth - Recovery House	Section 20.15.6
	Adult - Intensive Inpatient	Section 20.15.1
	Adult - Long-Term Care	Section 20.15.3
	Adult - Recovery House	Section 20.15.5
	Pregnant and Parenting Women Residential Treatment	Section 2.1
	Pregnant and Parenting Women Housing Support	Section 2.1; 20.15.4
Mental Health Services in	Mental Health Services in a Residential Setting (Within Available Resources ⁽	Section 20.10
Crisis Triage (Within Available Resources	ble Resources ⁽	Chapter 18
	Crisis Stabilization	Chapter 18
	Clinical Managed Withdrawal Management	Chapter 18
Legislative Proviso Service.	Legislative Proviso Services (Within Available Resources \	Chapter 19
Effective January 1, 2023	Jail Transition Services	Section 19.8
	E&T Discharge Planners	Section 17.2
	Program for Assertive Community Treatment (PACT ⁽	Section 20.12
Effective January 1, 2023	Designated Cannabis Account (DCA ⁽	Section 19.5

Contracted Timeframe	Service	Supplemental Provider Service Guide Reference (click here)
	Juvenile Treatment Services	Section 19.9
	Assisted Outpatient Treatment (AOT ⁽	Section 19.1
	Homeless Outreach Stabilization Team (HOST ⁽	Section 19.6
Effective January 1, 2023	Trueblood Misdemeanor Diversion	Section 19.13
	Recovery Navigator Program	Section 19.11
Federal Block Grant		Chapter 15
	Peer Bridgers	Section 15.1
	PPW Housing Support Services	Section 20.15.4
	РАТН	Section 15.1
	Peer Path Finder	Section 15.1
Effective January 1, 2023	Opiate Outreach	Section 20.11
HARPS		Section 19.7
	HARPS Team	
	HARPS Subsidies	
Co-Responder Outreach Program	Program	Section 19.4
Effective January 1, 2023		



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EXHIBIT B: COMPENSATION SCHEDULE

Service and Payment Type	Service Detail	Payment Range
Outpatient Services Mental Health and Subst.	Outpatient Services Mental Health and Substance Use Disorder (within available resources ⁽	
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

Intensive Outpatient Services Mental Health (within available resources		
	hin available resources '	
FFS Per hour	Prescriber - Psychiatrist/MDs	\$497.00 to \$536.76
FFS Per hour Pre	Prescriber – Nurse Practitioner/Physician Asst.	\$315.00 to \$340.20
FFS Per hour Re	Registered Nurse/LPN	\$227.70 to \$319.14
FFS Per hour Ph	PhD and Masters-Level Providers	\$189.75 to \$265.79
FFS Per hour Ba	Bachelor's, AA Level Clinician	\$141.45 to \$198.72
FFS Per hour Pe	Peer Counselor	\$111.55 to \$156.49
Medicaid Assisted Treatment		
Per Dose Inclusive Bundled Case Rate (Op	Opiate Treatment Program (Opiate Substitution Treatment ⁽	\$18.02 per dose
Program for Assertive Community Treatment (PACT Non-Medicaid only	4CT Non-Medicaid only	
Expense Reimbursement Monthly Pro	Program for Assertive Community Treatment (PACT \ - Snohomish & Skaøit	\$3,378.50 per person
Expense Reimbursement Monthly Pro	Program for Assertive Community Treatment (PACT \ • Whatcom	\$3,378.50 per person per month
Telepsychiatry		
Tel Per Scheduled hour delivered Pro	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 ser	Provider room and assistance fee for Tele prescriber services	\$65.00 to \$91.26
Evaluation and Treatment		
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 Ou	Out of Region E&T Services	HCA published rate
Monthly cost reimbursement Dis	Discharge Planners E&T	\$4,470.58 per month per facility

Crisis Services		
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
Withdrawal Management Services (within ava	vailable resources ⁽	
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	$\{\$525.00 \text{ to } \$630.00 ^{1}\}$
Substance Use Disorder Residential (within a	available resources ⁽	
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 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
Mental Health Residential (in region & within available resources	available resources (
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
Projects for Assistance in Transition from Homelessness (PATH	melessness (PATH ⁽	
Cost Reimbursement	PATH Outreach Services-Snohomish	Budget {\$0 to \$292,035 [{]
PATHFINDER		
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
Designated Cannabis Account (DCA		
Monthly	DCA Services	Cost Reimbursement
Assisted Outpatient Treatment		
Cost Reimbursement	Assisted Outpatient Services	{\$1,200 per person per _{
Juvenile Treatment Services		
Monthly	Youth BH Services	Cost Reimbursement



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EXHIBIT D: PROVIDER DELIVERABLES

PROVIDER: Whatcom County

CONTRACT: NORTH SOUND BH-ASO-WHATCOM COUNTY-ICN-23

CONTRACT PERIOD: 01/01/2023 - 06/30/2023

Identification of Deliverables

changes. Deliverables are to be submitted to deliverables@nsbhaso.org on or before the indicated due date unless otherwise 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 & noted. For more information regarding a specific deliverable, please refer to the indicated Supplemental Provider Service Reports (click here. North Sound BH-ASO may update the templates from time to time and will notify providers of any Guide reference (as applicable

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
Substance Abuse Block Grant (SABG ⁽ Capacity Management Form	Quarterly	15 th of the month following the quarter being reported (1/15, 4/15, 7/15, 10/15 ⁾	Not Applicable
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
Ownership and Control Disclosure Form	Annual	Annually on January 31st, or more frequently when changes occur	Not applicable

DELIVERABLE	FREQUENCY	DUE DATE	SERVICE GUIDE REFERENCE
Federal Block Grant Peer Review	As requested	Annually when requested	Chapter 15

North Sound Behavioral Health Administrative Services Organization Dedicated Cannabis Account Program Cost Reimbursement Budget January 1, 2023 to June 30, 2023 Whatcom County Human Services

Dedicated Cannabis Account Fur	nding	\$ 41,719
	Total	\$ 41,719
Expenses		
Dedicated Cannabis Account		\$ 41,719
	Total	\$ 41,719

North Sound Behavioral Health Administrative Services Organization Jail Services Program Cost Reimbursement Budget January 1, 2023 to June 30, 2023 Whatcom County Human Services

Revenues

Jail Service Funding		\$ 42,583.19
	Total	\$ 42,583.19
Fynenses		

Expenses

North Sound Behavioral Health Administrative Services Organization Substance Abuse Block Grant CFDA 93.959 Cost Reimbursement Budget January 1, 2023 to June 30, 2023 Whatcom County Human Services

SABG Funds SABG COVID Funds		\$ \$	203,114.00 30,000.00
	Total	\$	233,114.00
Expenses			
Opiate Outreach Services Additional SABG		\$ \$	203,114.00 30,000.00
	Total	\$	233.114.00

North Sound Behavioral Health Administrative Services Organization Trueblood Program Cost Reimbursement Budget January 1, 2023 to June 30, 2023 Whatcom County Human Services

Trueblood Funding		\$ 19,992.91
	Total	\$ 19,992.91
Expenses		
Trueblood Expenses		\$ 19,992.91
Total		\$ 19,992.91

North Sound Behavioral Health Administrative Services Organization Co-Responder Cost Reimbursement Budget January 1, 2023 to June 30, 2023 Whatcom County Human Services

MHBG Covid Funds		\$ 111,782.00
	Total	\$ 111,782.00
Expenses		
Co-Responder Expense		\$ 111,782.00
	Total	\$ 111,782.00

North Sound Behavioral Health

Monthly Billing Form

Program Period Covered Expenses Salaries & Wages Personnel Benefits Signature of Agency Representative Expenses Salaries & Wages Signature of Agency Representative Salaries & Wages Salaries & Salaries & Salaries	Agency Name		
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 Other Total Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.	Program		
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 Other Total Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services rendered have been provided without discrimination.	Period Covered		
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 Other Total Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services rendered have been provided without discrimination.	·		
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 listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.	Expenses		
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 listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.	Salaries & Wages		-
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 listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.	Personnel Benefits		-
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 listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.	Office & Operating Supplies		1-
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 listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.	Small Tool & Minor Equipment	\$	-
Travel \$ - Operating Rentals \$ - Insurance \$ - Utilities \$ - Repair & Maintenance \$ - Machinery & Equipment \$ - Miscellaneous Expense \$ - Capital \$ - Direct Cost Allocations \$ - Indirect Cost Allocations \$ - Indirect Cost Allocations \$ - Souther Total \$ - Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.	Professional Services	\$	-
Operating Rentals Insurance Utilities S 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 listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.	Communications	\$	-
Operating Rentals Insurance Utilities S 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 listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.	Travel	\$	-
Utilities Repair & Maintenance 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 listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.	Operating Rentals	\$	-
Repair & Maintenance \$ - Machinery & Equipment \$ - Miscellaneous Expense \$ - Capital \$ - Direct Cost Allocations \$ - Indirect Cost Allocations \$ - Total \$ - Total \$ - Miscellaneous Expense \$ - Capital \$ - Capit	Insurance		-
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 listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination. Signature of Agency Representative	Utilities	\$	-
Miscellaneous Expense \$ - Capital \$ - Direct Cost Allocations \$ - Indirect Cost Allocations \$ - Other Total \$ - Capital \$ - Ca	Repair & Maintenance		-
Capital Direct Cost Allocations Indirect Cost Allocations Other Total Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination. Signature of Agency Representative	Machinery & Equipment	\$	-
Direct Cost Allocations Indirect Cost Allocations Other Total S Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination. Signature of Agency Representative	Miscellaneous Expense		-
Indirect Cost Allocations Other Total \$ - Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination. Signature of Agency Representative	Capital		-
Total \$ - Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination. Signature of Agency Representative	Direct Cost Allocations	\$	-
Total \$ - Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination. Signature of Agency Representative	Indirect Cost Allocations	\$	-
Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination. Signature of Agency Representative	Other		
listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination. Signature of Agency Representative	Total	\$	_
listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination. Signature of Agency Representative			
listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination. Signature of Agency Representative			
listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination. Signature of Agency Representative	Vandaria Cartificata I haraby cartify under n	analty of parium, that the items	and totals
State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination. Signature of Agency Representative			
Signature of Agency Representative			
	provided without discrimination.		
	Signature of Agency Representative		
	Name of Agency Representative	-	

NORTH SOUND BH-ASO-WHATCOM COUNTY-ICN-23

fiscal@nsbhaso.org

Date

Submit to



2021 E. College Way, Suite 101, Mt. Vernon, WA 98273 Phone: (360) 416-7013 Fax: (360) 899-4754

www.nsbhaso.org

Exhibit F: Federal Award Identification for Subrecipients (reference 2 CFR 200.331) Substance Abuse Block Grant

(i)	Subrecipient name (which must match the name	Whatcom County Human Services
	ated with its unique entity identifier);	,
(ii)	Subrecipient's unique entity identifier; (UEI)	NT6RMN8THTN7
(iii)	Federal Award Identification Number (FAIN);	B08TI084681
(iv) date);	Federal Award Date (see §200.39 Federal award	2/10/22
(v)	Subaward Period of Performance Start and End Date;	7/1/2022-6/30/2023
(vi)	Amount of Federal Funds Obligated by this action;	\$233,114
(vii) subreci	Total Amount of Federal Funds Obligated to the ipient;	\$233,114
(viii)	Total Amount of the Federal Award;	\$3,339,438
	Federal award project description, as required to be sive to the Federal Funding Accountability and arency Act (FFATA);	Block Grant for Prevention and Treatment of Substance Abuse
(x) entity,	Name of Federal awarding agency, pass-through and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 Keri.waterland@hca.wa.gov
	CFDA Number and Name; the pass-through entity dentify the dollar amount made available under each I award and the CFDA number at time of disbursement;	93.959
(xii)	Identification of whether the award is R&D and	Yes 🛮 No
(xiii) the de costs).	Indirect cost rate for the Federal award (including if minimis rate is charged per §200.414 Indirect (F&A)	10%



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Exhibit F: Federal Award Identification for Subrecipients (reference 2 CFR 200.331) Mental Health Block Grant

	brecipient name (which must match the name with its unique entity identifier);	Whatcom County Human Services
(ii) Sub	brecipient's unique entity identifier; (UEI)	NT6RMN8THTN7
(iii) Fed	deral Award Identification Number (FAIN);	B08TI084681
(iv) Feddate);	deral Award Date (see §200.39 Federal award	2/10/22
(v) Sub	baward Period of Performance Start and End Date;	7/1/2022-6/30/2023
(vi) Am	nount of Federal Funds Obligated by this action;	\$111,782
(vii) Tot subrecipient	tal Amount of Federal Funds Obligated to the	\$111,782
(viii) Tot	tal Amount of the Federal Award;	\$4,278,096
responsive to	deral award project description, as required to be to the Federal Funding Accountability and by Act (FFATA);	Block Grant for Community Mental Health Services
	me of Federal awarding agency, pass-through contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 Keri.waterland@hca.wa.gov
must identify	DA Number and Name; the pass-through entity by the dollar amount made available under each and the CFDA number at time of disbursement;	93.958
(xii) Ide	entification of whether the award is R&D and	Yes 🖾 No
	lirect cost rate for the Federal award (including if mis rate is charged per §200.414 Indirect (F&A)	10%