



# CONTRACT AMENDMENT PIHP Amendment

DSHS CONTRACT NUMBER:  
1669-58002

Amendment No. 07

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number  
[Click here to enter text.](#)  
Contractor Contract Number

CONTRACTOR NAME North Sound Behavioral Health Organization, LLC		CONTRACTOR doing business as (DBA) North Sound Behavioral Health Organization	
CONTRACTOR ADDRESS 301 Valley Mall Way Ste 110 Mount Vernon, WA 98273-5462		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 603-583-336	DSHS INDEX NUMBER 1553
CONTRACTOR CONTACT Joe Valentine	CONTRACTOR TELEPHONE (360) 416-7013	CONTRACTOR FAX (360) 416-7017	CONTRACTOR E-MAIL ADDRESS joe_valentine@northsoundbho.org

DSHS ADMINISTRATION Behavioral Health Administration		DSHS DIVISION Division of Behavioral Health and Recovery	DSHS CONTRACT CODE 1684LS-69
DSHS CONTACT NAME AND TITLE Melinda Trujillo Program Manager		DSHS CONTACT ADDRESS Sky Valley CSO 19705 SR 2 Monroe, WA 98272	
DSHS CONTACT TELEPHONE (360)805-8362	DSHS CONTACT FAX (360) 794-1334	DSHS CONTACT E-MAIL ADDRESS melinda.trujillo@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No		CFDA NUMBERS 93.778	
AMENDMENT START DATE 04/01/2018	CONTRACT END DATE 06/30/2019		
PRIOR MAXIMUM CONTRACT AMOUNT \$0.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$0.00	

REASON FOR AMENDMENT;  
CHANGE OR CORRECT CONTRACT TERMS OR SOW, SEE PAGE TWO

**ATTACHMENTS.** When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:

Additional Exhibits (specify):

This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE Joe Valentine, Executive Director	DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

The Agreement between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is amended as follows.

## **1. Section 2 Definitions.**

**Subsection 2.72.3. is amended to read as follows:**

2.72.3. Women who are parenting children including those attempting to gain custody of children supervised by the Department of Social and Health Services, Division of Children and Family Services (DCFS).

## **2. Section 4 Payment and Fiscal Management.**

**Subsection 4.5.5. is deleted and replaced with the following:**

4.5.5 If the Contractor terminates this Agreement for any reason or will not be entering into any subsequent Agreements, DSHS shall require that all remaining reserves and fund balances be spent within a reasonable timeframe developed with DSHS.

DSHS will conduct a fiscal closeout review after one hundred eighty (180) days of the termination date of this Agreement. Any funds not spent for the provision of services under this contract shall be returned to DSHS within sixty (60) calendar days after the completion of the fiscal closeout review. Once all fund balances have been returned, the BHO is no longer liable for inpatient claims incurred during the contract period. DBHR will hold the risk and inpatient reserve dollars in abeyance for a period of eighteen (18) months from the date of receipt to pay any outstanding psychiatric inpatient costs accrued under this contract.

## **3. Section 7 Grievance and Appeal System.**

**Subsection 7.4.3.5. and 7.4.3.6. are amended for formatting purposes only, as follows:**

7.4.3.5. Include as parties to the Appeal as applicable;

7.4.3.5.1. The Enrollee.

7.4.3.5.2. The Enrollee's Authorized Representative.

7.4.3.5.3. The legal representative of a deceased Enrollee's estate.

7.4.3.6. The Contractor must ensure that the persons who make decisions on an Appeal:

7.4.3.6.1. Were not involved in any previous level of review or decision-making nor a subordinate of any person who reviewed or decided on a previous level of review or decision making;

7.4.3.6.2. Are mental health professionals or chemical dependency professionals who have appropriate clinical expertise in the type of behavioral health service if deciding an appeal of an adverse benefit

- determination concerning medical necessity or an appeal that involves any clinical issues;
- 7.4.3.6.3. Consider all comments, documents, records, and other information submitted by the individual regardless of whether the information was considered in the initial decision.

#### **4. Section 9 Quality Assurance and Performance Improvement.**

**Subsection 9.7.5.2.2.** is amended to read as follows:

- 9.7.5.2.2. Missing (i.e., Not in Encounter Record) – Clinical Record contains evidence of a service but is not represented by the Encounter Record.

**Subsection 9.7.7.** is amended to read as follows:

- 9.7.7. The Contractor must submit an EDV Report to the Department by June 30, 2018 for any continuous six (6) month period between October 2016 and December 2017 that was not previously reported on.

**Subsection 9.8.1.** is amended to read as follows:

- 9.8.1. **Performance Improvement Projects.** The Contractor must determine where improvement is needed, in alignment with the DSHS Strategic Plan, and continue to conduct or implement at least two (2) Performance Improvement Projects (PIPs), at all times during the Agreement period. Each PIP must be designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction.

- 9.8.1.1. For purposes of this Agreement, the Contractor must, at all times, be conducting one (1) clinical PIP and one (1) non-clinical PIP.

9.8.1.1.1. One of these two (2) PIPs must be a Children's PIP (that falls within the population including children, Youth and Young Adults up to age twenty-one (21).

9.8.1.1.2. One (1) of the PIPs must be specific to substance use disorder treatment practices.

- 9.8.1.2. The Contractor must report the status and results of each PIP to DSHS as requested.

9.8.1.3. PIPs must involve the following:

9.8.1.3.1. Measurement of performance using objective quality indicators.

9.8.1.3.2. Implementation of system interventions to achieve improvement in quality.

9.8.1.3.3. Evaluation of the effectiveness of the interventions.

9.8.1.3.4. Planning and initiation of activities for increasing or sustaining improvement.

- 9.8.1.4. Each PIP must be completed in a reasonable time period so as to generally allow information on the success of PIPs in the aggregate to produce new information on quality of care every year.

**Subsection 9.8.2.2.** is deleted and replaced with the following:

- 9.8.2.2 Core PM #2: Substance Use Disorder Treatment Initiation and Engagement (Washington Circle Adaptation): The percentage of adults and youth who initiate outpatient and intensive

outpatient SUD treatment by receiving a face-to-face treatment session within 14 days of the start of a SUD outpatient or intensive outpatient services episode. The percentage of adults and youth who engage in SUD outpatient or intensive outpatient services by receiving at least two face-to-face treatment sessions within 30 days following “initiation” of SUD treatment during an outpatient or intensive outpatient service episode.

**Subsection 9.8.2.4.** is deleted

## **5. Section 16. Tribal Relations.**

Subsection 16.7. and its subsections are stricken.