

**CONTRACT AMENDMENT
B**

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBHASO", and Avertest, LLC dba Averhealth hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-415-24, and executed on September 9, 2024, and amended on June 23, 2025, shall be amended as follows:

1. Budget increased by \$40,000, from \$228,754 to \$268,754
2. Attachment C: Budget is deleted entirely and replaced as attached.
3. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

Program Lead, Salish Behavioral Health Administrative Services
Organization
Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366

Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

4. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

This amendment shall be effective July 1, 2025.

Dated this 10 day of NOV, 2025.

**SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES
ORGANIZATION, By
KITSAP COUNTY BOARD OF
COMMISSIONERS, Its Administrative
Entity**



Christine Rolfes, Chair



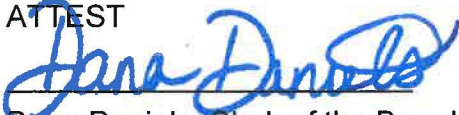
Oran Root, Commissioner



Katherine T. Walters, Commissioner

DATE 11/10/25

ATTEST



Dana Daniels, Clerk of the Board

CONTRACTOR:

Avertest, LLC dba Averhealth



Name: Dominique Delagnes-Hummel

Title: Chief Executive Officer

I attest that I have the authority to sign
this contract on behalf of Avertest, LLC
dba Averhealth

10/21/2025

DATE



Kitsap County Face Sheet

For Sub-recipient Contracts Using Federal Awards

CFR 200.332 Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information provided below. A pass-through entity must provide the best available information when some of the information below is unavailable. A pass-through entity must provide unavailable information when it is obtained. Required information includes:

(Fill in)

Subrecipient's unique entity identifier:

Federal Award Identification Number (FAIN):

Federal Revenue Award Date:

Subaward Period of Performance Start and End Date:

Check to verify the information is in contract:

- ☐ Subrecipient's name (must match the name associated with its unique entity identifier):
- ☐ Federal award identification:
- ☐ Subaward Budget Period Start and End Date:
- ☐ Amount of Federal Funds Obligated in the subaward:
- ☐ Amount of Federal Funds Obligated to the sub by the pass-through entity, including the current financial obligation:
- ☐ Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:
- ☐ Federal award project description, as required by the Federal Funding Accountability and Transparency Act (FFATA):
- ☐ Name of the Federal agency, pass-through entity, and contact information for awarding official of the pass-through entity:
- ☐ Dollar amount made available under each Federal award and the Assistance Listings Number at the time of disbursement:
- ☐ Indirect cost rate for the Federal award (including if the de minimis rate is used in accordance with § 200.414):

Budget Summary					
Contractor: Avertest, LLC dba Averhealth					
Contract No:			KC-415-24-B		
Contract Period:			July 1, 2024 - December 31, 2025		
Expenditure		Fund Source	Previous	Changes this Contract	Current
(KC-415-24) 7/1/2024 -12/31/24					
UA Collection and Testing Services in accordance with Pricing Summary (Attachment C-1)		CJTA/GFS	\$85,000.00	\$0.00	\$85,000.00
Period 1 Budget Total			\$85,000.00	\$0.00	\$85,000.00
(KC-415-25-A) 1/1/2025 -12/31/25					
UA Collection and Testing Services in accordance with Pricing Summary (Attachment C-1)		CJTA/GFS	\$143,754.00	\$0.00	\$143,754.00
Period 2 Budget Total			\$143,754.00	\$0.00	\$143,754.00
(KC-415-25-B) 7/1/2025 - 12/31/2025					
Urinalysis Collection and testing services in accordance with Pricing Summary (Attachment C-1)		CJTA/GFS		\$40,000.00	\$40,000.00
Period 3 Budget Total				40,000.00	\$40,000.00
Contract Total			\$228,754.00	40,000.00	\$268,754.00

The fundamental pricing under this contract is as follows:

*Above prices include 1 confirmation per 100 collected samples per month. Each additional confirmation will be charged at \$19.95/drug.

*Volume is calculated using prior three (3) months' average volume.

Price Summary by Service Option: 5 Standard + 2 Specialty	
	PCC Collections
2,500 Samples/Month	\$17.46
2,000 Samples/Month	\$19.52
1,500 Samples/Month	\$24.67
1,100 Samples/Month	\$32.60
800 Samples/Month	\$43.85
<i>*Volume below 800 samples per month is subject to billing at a higher price per sample</i>	

Service	Price per Unit of Service
Standard Screen Panel comprised of any of five (5) of the following assays plus ETG or other Specialty Assay: Amphetamines (amphetamines, ecstasy, methamphetamines), barbiturates, benzodiazepines, cannabinoids (THC), cocaine, ecstasy, methadone, methamphetamine, opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone), PCP, and propoxyphene	Please see above table. * Pricing is based on various estimated volumes of samples per month. If the volume is less, pricing may increase. *Pricing for the initial year of service. Each subsequent year will increase by 3%.
Standard Drug Add-on List: Amphetamines (amphetamines, ecstasy, methamphetamines), barbiturates, benzodiazepines, cannabinoids (THC), cocaine, ecstasy, methadone, methamphetamine, opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone), PCP, and propoxyphene	\$ 0.50/ test

Specialty Drug Add-on List: Buprenorphine, Carisoprodol, ETG, Fentanyl, Gabapentin, Heroin, Ketamine, LSD, Meperidine, Tramadol, or Zolpidem	\$2.50 / test
Synthetic Cannabinoids Urine Analysis	\$25.00 / test
Synthetic Stimulants Urine Analysis (Bath Salts)	\$35.00 / test
Standard Oral Fluid Panel (Benz, Coe, Meth, Opiates, & THC)	\$19.50 / panel
Oral Fluid Add-ons (buprenorphine, methadone, oxycodone, and tramadol)	\$1.00 / panel
BAC Only	\$3.00 / test
Hair Test	\$85.00 / panel
Standard Confirmation Test	\$19.95 / test
Expert Witness Testimony	\$750.00 / 2-day session
Litigation Packet	\$150.00 / packet
Case Management System	Included, No Charge
Random Selection	Included, No Charge
Client Notification System	Included, No Charge
Video Testimony	Included, No Charge
Training & Consultation Sessions	Included, No Charge
Participation in CSCD Staffing Sessions (if Option is selected)	Included, No Charge
Additional Invoice Analysis/Customization	TBD

Payment for UA collection and testing services shall occur in a sequential, three-tier compensation system, as follows:

1. First tier compensation: All Medicaid-eligible services shall first be billed for payment to the Managed Care Organization (MCO) appropriate for each Adult Drug Court or Veterans Treatment Court participant.
2. Second tier compensation: All services determined to be Medicaid ineligible shall be billed for payment to the Salish Behavioral Health Administrative Services Organization (SBHASO) according to a companion agreement and within the limits available through Criminal Justice Treatment Account (CJTA) grant funding.
3. Third tier compensation: Service and testing costs which are not otherwise covered by Medicaid (payor of first resort) or the SBHASO (payor of second resort) shall be submitted for payment to the Kitsap County Superior Court. Third-tier charges shall be billed monthly and directed to the Superior Court Administrator for payment.



U.S. Department of Health & Human Services

Office of Inspector General

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Avertest

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