

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 22-DHS-EP-727
AMENDMENT NUMBER 2**

This Amendment Number 2 is made on the DATE and amends Agreement Number 22-DHS-EP-727 (“Main Agreement”) dated July 1, 2022, between Northern Virginia Health Center Commission d/b/a Northern Virginia Healthcare Center at Birmingham Green (“Contractor”) and the County Board of Arlington County, Virginia (“County”).

The County and the Contractor agree to amend the Main Agreement as follows:

1. **PURSUANT TO PROVISION 4 CONTRACT TERM, THIS AGREEMENT IS HEREBY RENEWED FROM JULY 1, 2023, THROUGH JUNE 30, 2024. THIS IS THE SECOND OF FOUR (4) SUBSEQUENT CONTRACT TERMS.**
2. **REPLACE EXHIBIT B, CONTRACT RATES, IN ITS ENTIRETY WITH THE ATTACHED REVISED VERSION, (see ATTACHED) INCLUDING CPI-U ADJUSTMENT OF 4.9% TO ASSISTED LIVING AND NURSING HOME DAY RATES**

All other terms and conditions of the Main Agreement remain in effect.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

**NORTHERN VIRGINIA HEALTH CENTER
COMMISSION**

AUTHORIZED DocuSigned by:

AUTHORIZED DS

SIGNATURE: Lucas Alexander
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SIGNATURE: PM

NAME: Lucas Alexander

NAME: Perry Mason

TITLE: Procurement Officer

TITLE: Chief Financial Officer

DATE: 5/12/2023

DATE: 5/12/2023

EXHIBIT B
CONTRACT RATES

The County will pay the Contractor up to \$251,229.50 for intermediate and nursing home care delivered to a maximum of four (4) Arlington County residents at the rates listed below:

1. One (1) low-income (assisted living) Arlington County resident at a rate of **\$185.38** per resident per bed per day
2. Two (2) low-income (nursing home) Arlington County residents at a rate of **\$102.43** per resident per bed per day.
3. One (1) low-income uninsured (rate for care) Arlington County resident at a rate of **\$298.06** per bed day for costs not covered by Medicaid.

Number of Residents	Rate Per Bed Per Day FY24	Number of Days	Maximum Amount
1	\$185.38 (assisted living)	365	\$67,663.70
2	\$102.43 (nursing home)	365	\$74,773.90
1	\$298.06 (special rate for care)	365	\$108,791.90
		Total	\$251,229.50

In the event the uninsured Arlington County resident experiences a need for Contractor directed medical care, with prior approval from the County Project Officer, the County will pay the Contractor a total of \$38,600 as follows for the special rate for care client:

1. **Physical and Occupational Therapy** – a maximum of \$15,000 (up to 8 weeks of therapies, based on Contractor’s clinical assessment).
2. **Physician prescribed medications** – maximum of \$3,000 (\$500 per month based on monthly need). Generic and lower cost medication options will be utilized when available;
3. **Physician prescribed medical care** – a maximum of \$4,000 for the remainder of the agreement on a cost reimbursement basis with documentation of the charge; and
4. **Auxiliary and personal care costs** – a maximum of \$600 for the remainder of the agreement based on monthly need.
5. **Hospice Services** – maximum of \$16,000 in the event the uninsured Arlington County client experiences a need for hospice services based on Contractor’s clinical assessment, with prior approval from the County Project officer, the County will reimburse the facility for hospice services. The County and Facility will work with the hospice provider to obtain a discounted rate if available.

The total annual amount not to exceed for this agreement is \$289,829.50