

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 22-DHS-EP-727
AMENDMENT NUMBER 1**

This Amendment Number 1 is made on the date of execution by the County 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 contract called for under the Main Agreement as follows:

- 1. REVISE CLAUSE 5. CONTRACT AMOUNT, AND ADD THE FOLLOWING:
THE COUNTY WILL PAY THE CONTRACTOR A ONE-TIME AMOUNT OF \$11,296.00 TO COMPENSATE FOR THE INCREASED COST IN INSURANCE COVERAGE FOR THE RENEWAL PERIOD OF JUNE 30, 2023.**

- 2. REPLACE EXHIBIT B, CONTRACT RATES, IN ITS ENTIRETY AND ADD THE FOLLOWING (ATTACHED).**

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
d/b/a NORTHERN VIRGINIA HEALTHCARE CENTER
AT BIRMINGHAM GREEN

AUTHORIZED DocuSigned by:
 SIGNATURE: *Dr. SHARON T. LEWIS*
89B86B17AD30146Z...
 NAME: Dr. Sharon T Lewis
 TITLE: Purchasing Agent
 DATE: 11/22/2022

AUTHORIZED DocuSigned by:
 SIGNATURE: **Perry Mason**
70FE88D7009042D...
 NAME: PERRY MASON
 TITLE: CFO
 DATE: 11/22/2022

EXHIBIT B**CONTRACT RATES**

The County will pay the Contractor up to **\$243,462.30** for intermediate 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 \$176.72 per resident per bed per day
2. Two (2) low-income (nursing home) Arlington County residents at a rate of \$97.65 per resident per bed per day.
3. One (1) low-income uninsured (rate for care) Arlington County resident at a rate of \$295.00 per bed day for costs not covered by Medicaid.

Number of Residents	Rate Per Bed Per Day	Number of Days	Maximum Amount
1	\$176.72 (assisted living)	365	\$64,502.80
2	\$97.65 (nursing home)	365	\$71,284.50
1	\$295.00 (rate for care)	365	\$107,675.00
Total			\$243,462.30

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 \$7,100 as follows:

1. **Physical and Occupational Therapy** – a maximum of \$2,700 (up to 2 weeks of therapies, based on Contractor’s clinical assessment);
2. **Physician prescribed medications** – maximum of \$2,100 (\$350 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 \$2,000 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 \$300 (\$100 per month based on monthly need for the remainder of the agreement).

A ONE-TIME FEE OF \$11,296.00 TO COMPENSATE FOR THE INCREASED COST IN INSURANCE COVERAGE.

The total annual amount not to exceed for this agreement is \$250,562.30