

ARLINGTON COUNTY, VIRGINIA  
OFFICE OF THE PURCHASING AGENT  
2100 CLARENDON BOULEVARD SUITE 500  
ARLINGTON, VIRGINIA 22201

**NOTICE OF CONTRACT AWARD**

TO:	DATE ISSUED:	June 30, 2016
Phoenix Houses of the Mid-Atlantic, Inc.	AGREEMENT NO:	501-13
521 North Quincy Street	AGREEMENT TITLE:	Residential Services
Arlington, VA 22203		Substance Abuse

THIS IS A NOTICE OF A CONTRACT AWARD AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS

The contract term covered by this Notice of Award is effective July 1, 2016 thru June 30, 2017.

The contract documents consist of the terms and conditions of Agreement No. 245-11 (previous Agreement No.) and 501-13, including any Attachments, Exhibits or Appendixes.

EMPLOYEES NOT TO BENEFIT:


NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

VENDOR CONTACT: Susan Hargreaves	TELEPHONE NO.:	(703) 841-0703
	EMAIL ADDRESS:	shargreaves@phoenixhouse.org
COUNTY CONTACT: Linda Erskine	TELEPHONE NO.:	(703) 228-1176
	EMAIL ADDRESS:	Lerskine@arlingtonva.us

CONTRACT AUTHORIZATION

NAME: Vanessa Moorehead

SIGNATURE:

  
6/30/16 Date

TITLE: Procurement Officer

Distribution: Contractor: 1 Contract Folder: 1 Administrative Officer: 1 Purchasing Admin: 1

ARLINGTON COUNTY, VIRGINIA  
AGREEMENT NO. 501-13  
AMENDMENT NUMBER 3

This Amendment Number 3 ("Amendment") is made on the date of execution of the Amendment by the County and amends Agreement Number 501-13 dated July 12, 2012 ("Main Agreement") and made between Phoenix Houses of the Mid-Atlantic, Inc. ("Contractor") and the County Board of Arlington County, Virginia ("County").

Whereas the County and the Contractor desire to amend the Contract Term under the Main Agreement, the Contractor and the County, in consideration of the promises and other good and valuable consideration specified in this Amendment, amend the Main Agreement as follows.

1. REVISE THE CONTRACT TERM PARAGRAPH TO READ AS FOLLOWS:

The Work shall commence on July 1, 2012, and the Work shall be completed no later than June 30, 2017 ("Fourth Subsequent Contract Term") subject to any modifications as provided for in the Contract Documents. Upon satisfactory performance by the Contractor and with the concurrence of the Contractor, the County may authorize continued operations of the Contractor under the same contract unit prices for not more than four (4) additional twelve (12) month periods from July 1, 2012 to June 30, 2017 (Each such period shall be referred to as a 'Subsequent Contract Term').

2. EXHIBIT D PHOENIX HOUSES OF THE MID ATLANTIC 'CONSENT FOR TREATMENT PLACING AGREEMENT'

EXHIBIT D 'CONSENT FOR TREATMENT –Placing Agreement is hereby included under the Main Agreement.

3. REVISE EXHIBIT B – CONTRACT TRATES AS FOLLOWS:

AGREEMENT NO. 501-13  
EXHIBIT B

CONTRACT RATES

One bed-day-unit unit of services is defined as at least twelve (12) but less than or equal to twenty-four (24) hours of service, that includes an overnight stay. The day of admission would count as a bed day, but the day of discharge would not.

Treatment services will have the following bed-day-unit cost:

A. RESIDENTIAL SERVICES:

BOYS AND GIRLS RECOVERY LODGES

<u>UNIT</u>	<u>COST</u>	<u>DESCRIPTION OF SERVICES</u>
Day	\$57.30	Room and Board

Agreement No. 501-13  
Amendment No. 3

Day \$176.00  
Associated with  
utilization review, and  
oversight.

Daily Supervision: includes costs  
nursing mental health staff,  
administrative

UNIT	COST	DESCRIPTION OF SERVICES
Day	\$42.00	Medical Services: Includes costs associated with the Medical Director, other medical consults, over-the-counter medications.
Day	\$122.70	Counseling: Includes clinical programming and case management (activity therapy), vocational counseling, nursing groups, and treatment team meetings.
Day	\$32.00	Educational Services: 7 days a week
Total Day:		\$430.00

ADDITIONAL SERVICES

UNIT	COST	DESCRIPTION OF SERVICES
Hour	\$46.00	Transportation

B. PHOENIX HOUSE INTENSIVE OUTPATIENT COUNSELING CENTER:

ADOLESCENT RATES

UNIT	COST	DESCRIPTION OF SERVICES
Session	\$150.00	Phase I (3 times/week for 2 hours per day)
Session	\$75.00	Phase II (2 times/week for one hour per day/1 time/week for one hour per day)
Session	\$40.00	Phase III (a minimum of one hour per group/month)

All other terms and conditions of the Main Agreement, as amended shall remain in full force and effect.

WITNESS THESE SIGNATURES:

THE COUNTY BOARD OF ARLINGTON  
COUNTY, VIRGINIA

SIGNED: *Vanessa [Signature]*  
PRINT NAME: MICHAEL E. BEVIS  
TITLE: PURCHASING AGENT  
DATE: 6/30/16

PHOENIX HOUSES OF THE MID-ATLANTIC, INC.

SIGNED: *[Signature]*  
PRINT NAME: Susan Hargreaves  
TITLE: VP and Dir of Finance  
DATE: 6/29/2016

Phoenix Houses of the Mid Atlantic  
**CONSENT FOR TREATMENT-Placing Agreement**

(1) \_\_\_\_\_ AND (2) \_\_\_\_\_  
Client Placing Agency

and (3) \_\_\_\_\_ do hereby agree that \_\_\_\_\_  
Legal Guardian (if applicable) client

for whom \_\_\_\_\_ has custody, shall be placed at \_\_\_\_\_, a program of Phoenix Houses of the Mid Atlantic, Inc. who shall stand in loco parentis to provide care maintenance and guidance if this individual is a minor while this agreement remains in effect. However, legal custody of any minor child shall remain with the undersigned Agency/persons placing child.

This agreement shall be in effect until \_\_\_\_\_ or until terminated as stipulated in this agreement.

All parties involved agree to the following terms of placement. The above-named person (named in (1)) will herein be referred to as "the client" in this document. The program is any and all programs of Phoenix Houses of the Mid Atlantic.

1. The program shall:
  - a. Provide care, and guidance for this client according to his/her best interest;
  - b. Cooperate with the placing parties in seeing that the client shall act immediately in medical/dental emergencies, notifying the placing parties as soon as possible in emergency situations and obtaining permission for planned special medical/dental care and expenses;
  - c. Confer with a representative of the placing parties concerning the client's development, activities and problems, while the client is in the care of the program, and provide written monthly progress report as requested.
  - d. Discharge the client at the time agreed upon or sooner if it is in the best interest of the client or program to do so. Each client and referral will receive a discharge summary and continuing care plan.
  - e. Provide an admission urine toxicology randomly thereafter.

2. The client or legal custodian/guardian/parent(1) or agency(2) shall:
  - a. Give the program permission herewith to authorize consent to such emergency medical and surgical treatment and or hospitalization where the placing agency and or guardian (where applicable) cannot be contacted prior to such emergency medical or surgical treatment.
  - b. Unless under prior contract, bear the expenses of certain medical and dental care not covered in the fee for services. Billing will be through insurance (including Medicare, Medicaid as appropriate) or through individual payment directly to the medical service provider or a combination of these methods.
  - c. Continue to carry out the placing party's legal responsibility for the client.
3. It is further understood and agreed to by all the placing parties that:
  - a. The client has had information explained to him/her concerning sexually transmitted diseases (including HIV/AIDS) and that possible risk if he/she violates the "no sexual contact" rule established by the program..
  - b. The client has received a pre-placement interview and tour of the facility.
  - c. Any photographing, taping or videotaping of any client by the program shall be done in good taste and for legitimate purposes (i.e. identification) and signed releases obtained.
  - d. Certain procedures employed and activities engaged in by the program may involve a certain intrinsic risk. These procedures and activities have been explained to me and I hereby give my informed consent to participate in such activities as they may from time to time occur.
  - e. In making its decision whether to offer program services to the client, or in any decision made concerning the client if accepted, the program will not discriminate against him/her for reason of gender, race, religion, or national origin. Gender will be considered for eligibility purposes in Phoenix Houses of the Mid Atlantic's gender-specific treatment programs.
  - f. While at the program the client will continue to enjoy his/her basic rights as outlined in the law.
  - g. The client may be searched (both his/her person and belongings). He/she will first be asked to relinquish voluntarily any contraband items which include drugs, alcohol, related paraphernalia, weapons, non-approved electrical devices, non-supportive clothing, posters, etc. or illegal items. If such items are discovered during or at any time after the search, the program will dispose of such items without recourse or recompense. Further, discovery of such items may lead to dismissal from the program or postponement of placement.
  - h. In the event that a minor client dismisses himself or herself from the program (i.e. runs away), the placing agency and parent or guardian will be notified. Every effort will be made to notify these parties immediately, notwithstanding unusual circumstances.
  - i. The program does not use seclusion or time-outs under any circumstances. Restraints are not used for behavioral reasons, however, the program may use emergency/physical holds as a crisis-intervention technique in emergency

situations to prevent harm or injury to a client, visitor or staff member, only when less intrusive means have not succeeded, and only until the situation is de-escalated or emergency assistance arrives, whichever occurs first. The reason for employing the hold is explained to the client and his/her legal representative, if applicable, as soon as possible following its being applied.

- j. In the event the client is dismissed from the program, the program will attempt to provide as much notice as the situation allows. All parties understand that the program is an open facility with no methods/procedures for detaining a client beyond persuasion and notification of the placing representatives.
- k. Phoenix Houses of the Mid Atlantic, Inc. is the billing/collection agent for the program.

\_\_\_\_\_  
Program Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Legal Custodian/Parent (if applicable)

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Client

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Placing Agency Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_