

**ARLINGTON COUNTY, VIRGINIA  
AGREEMENT NO. 20-069-RFP-LW  
AMENDMENT NUMBER 1**

This **Amendment Number 1** ("Amendment") is made on the date of execution by the County and amends **Agreement Number 20-069-RFP-LW** ("Main Agreement") dated **January 22, 2021** between **National Capital Treatment & Recovery** ("Contractor") and the County Board of Arlington County, Virginia ("County").

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

**1. REVISE CLAUSE 5. CONTRACT AMOUNT TO READ AS FOLLOWS:**

This is a cost-reimbursement contract. During the Initial Term, the Contractor will be paid the unit price shown in the updated Exhibit B, up to a maximum of **\$2,558,807.00**. The Contractor will complete the Work for the total amount specified in this section ("Contract Amount").

The County will not compensate the Contractor for any goods or services beyond those included in Exhibit A unless those additional goods or services are covered by a fully executed amendment to this Contract.

**2. REPLACE CLAUSE 54. SERVICE CONTRACT WAGE REQUIREMENTS WITH THE FOLLOWING:  
54 SERVICE WAGE REQUIREMENTS:**

a. LIVING WAGE

The County has determined that the provisions of Section 4-103 of the Arlington County Purchasing Resolution (regarding "Service Contract Wage" or "Living Wage") apply to this Contract. All employees of the Contractor and any subcontractors working on County-owned, County controlled property, facilities owned, or leased, and operated by a Contractor if services provided at that location are exclusive to Arlington County, or contracts for home-based client services must be paid no less than the hourly Living Wage rate that is published on the County's web site

b. COMPLAINTS BY AGGRIEVED EMPLOYEES

If the Contractor fails to pay the Living Wage rate, an aggrieved employee or subcontractor may file a complaint with the County Purchasing Agent within six months of the underpayment. If the Purchasing Agent determines that the Contractor has failed to comply with the Living Wage rate provisions of the Purchasing Resolution, the Contractor will be liable to the employee for the unpaid wages, plus interest at the judgment rate from the date originally due, and less any deductions required or permitted by Virginia law. The Contractor must not discharge, reduce the compensation of or otherwise retaliate against any employee who files a complaint with the County Purchasing Agent or takes any other action to enforce the requirements of this section.

c. ADDITIONAL COMPLIANCE REQUIREMENTS

At all times during the term of the Contract, the Contractor must:

1. Post the current Living Wage rate, in English and Spanish, in a prominent place at its offices and at each location where its employees perform services under this Contract (see sample notice in Exhibit C);
2. Within five days of an employee's request, provide a written statement of the applicable Living Wage rate, using the same form provided in Exhibit C;
3. Include the provisions of this section in all subcontracts for work performed under the Contract; and
4. Submit to the Purchasing Agent, within five working days of the end of each quarter, certified copies of quarterly payroll reports for each employee, including subcontractor employees, working under the Contract during the quarter and a completed Arlington County Contractor Living Wage Quarterly Compliance Report (Exhibit D).

d. CONTRACTOR RECORD KEEPING

The Contractor must preserve for five years after the expiration or termination of this Contract records of wages and benefits provided to each employee who worked under the Contract and must allow the County or its authorized agents to examine the documents during this period and during the Contract Term. The Contractor must provide any requested documents to the County for examination within 15 days of the request at the Contractor's expense.

e. VIOLATIONS

Violation of this section, as determined by the Purchasing Agent, will be a ground for termination of this Contract and suspension or debarment of the Contractor from consideration for future County contracts.

f. QUESTIONS

For questions regarding Living Wage, please email [livingwage@arlingtonva.us](mailto:livingwage@arlingtonva.us).

- 3. REPLACE EXHIBIT A – SCOPE OF WORK, WITH THE REVISED EXHIBIT A SCOPE OF WORK ATTACHED.**
- 4. EXHIBIT B: CONTRACTOR PRICING IS REPLACED WITH THE REVISED EXHIBIT B ATTACHED.**
- 5. EXHIBIT C: LIVING WAGE FORM IS REPLACED WITH THE REVISED EXHIBIT C ATTACHED.**

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  
VIRGINIA

Dr. Sharon T. Lewis

PRINT: \_\_\_\_\_

SIGNATURE: DocuSigned by:  
*Dr. Sharon T Lewis*  
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Purchasing Agent

TITLE: \_\_\_\_\_

DATE: 12/10/2021

NATIONAL CAPITAL TREATMENT & RECOVERY

Deborah Taylor

PRINT: \_\_\_\_\_

SIGNATURE: DocuSigned by:  
*DEBORAH TAYLOR*  
0DF8484267C545B...

President /CEO

TITLE: \_\_\_\_\_

DATE: 12/8/2021

## **EXHIBIT A**

### SCOPE OF SERVICES

The Contractor must manage the County's Arlington Recovery Center Withdrawal Management Program & Early Recovery Program for substance abuse located in the County's Residential Program Center (RPC) located at 1554 Columbia Pike, Arlington, VA 22204.

#### 1. **TARGET POPULATION**

- a. Individuals who are Arlington County or City of Alexandria residents, defined as an individual who is currently domiciled in Arlington/Alexandria, an individual who is currently homeless in Arlington/Alexandria, a Medicaid-covered individual who is choosing to receive services in Arlington County or an individual who has previously resided in Arlington and intends to re-establish residency in the County
- b. Individuals who have been referred by a treatment provider, including the City of Alexandria CSB, for detoxification services and evaluation/assessment for placement in residential substance abuse treatment.
- c. Are 18 years of age or older
- d. Individuals who show signs of intoxication or withdrawal from alcohol or other drugs (Withdraw Management Program Only)
- e. Individuals requiring medication and/or have a recent history of withdrawal management at a less intensive level of care, marked by inability to complete withdrawal management and enter into continuing treatment (Withdraw Management Program Only)
- f. Have subacute biomedical and emotional, behavioral, or cognitive problems that are so severe that they require inpatient treatment but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program
- g. For Early Recovery program: individuals who are not in need of immediate hospital-based medical or psychiatric treatment, or American Society of Addiction Medicine ASAM Level 3.7 withdrawal management services (Early Recovery Program Only)
- h. Non-Arlington County residents, who otherwise meet criteria for admission with regard to level of intoxication and/or withdrawal, and who need a safe, supportive program for a minimum of 72 hours, after which time they will be connected to services in their home jurisdiction
- i. Individuals who do not have a history of homicide, arson, sexual offense convictions (Early Recovery Program)
- j. Agree to cooperate by providing basic identifying information
- k. Agree to comply with program rules and procedures and
- l. Meet client placement criteria for services as evidenced by the administration of a multidimensional assessment that supports the medical necessity for this level of care.

m. Are able to handle Adult Daily Living activities independently while in the program.

I. LEVELS OF CARE TO BE PROVIDED AT THE ARLINGTON RECOVERY CENTER:

Level 3.7 Medically Monitored Intensive Inpatient Services

Level 3.5 Clinically Managed High Intensity Residential Services

Level 3.1 Clinically Managed Low-Intensity Residential Services

3.7-Withdrawal Management services may be added as an enhancement in all levels of care. The acuity of the patient's withdrawal symptoms will determine on which level of care the medical team will place the client.

Every client must be evaluated for their severity rating on each of the six ASAM dimensions. In order to ensure the safety of the client, specific attention must be given to the first three dimensions:

- Acute Intoxication and/or Withdrawal Potential,
- Biomedical Conditions and Complications,
- Emotional, Behavioral, or Cognitive Conditions and Complications.

Level of care and services must be determined by a client's ASAM assessment.

2. **WITHDRAWAL MANAGEMENT PROGRAM**

A. **GENERAL REQUIREMENTS**

1. Conduct a comprehensive assessment to admit each client to the program and ensure they will receive the proper level of care. The assessment must include a general assessment and an ASAM assessment; a written record of the general assessment must include the following:
  - a. Client identifying information (i.e., name, address, date of birth, social security number); client bio-psychosocial history, pattern of substance use behaviors and treatment history, and medical history
  - b. Additional assessment and documentation of initial physical condition, including measurement of blood alcohol content, respiration rate, pulse rate, blood pressure, body temperature and, if indicated, urinalysis.
  - c. All data elements required by Virginia Department of Behavioral Health and Developmental Services licensure <http://www.dbhds.virginia.gov/assets/QMD/licensing/ch.105.full.wemergcompliance.9.01.18docx.pdf>, including physical examination and TB screening.
  - d. Information about the client's referral source, as appropriate, to include name of referring provider, other identified and relevant treatment/medical providers, emergency contacts, and signed releases of information.

- e. Client signatures on a release of information form (provided by the County) for the County's Behavioral Healthcare Division, allowing access to information regarding the presenting problem and treatment history leading to the development of the service plan. If the Contractor determines that a potential client being admitted shows signs of intoxication too acute to provide informed consent, the potential client may be admitted, but the release form must be signed as soon as he or she can do so. If the potential client refuses to sign the consent form, he or she shall not be admitted.
2. Admit all individuals meeting target population criteria, up to the approved capacity for the program. For individuals who are not County residents, the Contractor must liaise with programs in the individual's jurisdiction and facilitate the referral.
3. Develop policies and treatment protocols to ensure that the presence of a co-occurring mental health condition does not automatically disqualify an individual from admission. Within 24 hours of the client's intake, develop a preliminary Individual Service Plan (ISP) that focuses on the goal of stabilization of withdrawal symptoms, and within 72 hours of the client's intake develop an ISP that outlines the goals and outcomes identified by the client to achieve while in the program. The ISP must include at a minimum:
  - a. Description of client's presenting problem and the need for withdrawal management services.
  - b. Statement of client-identified goals and a sequence of short-term, measurable objectives to meet identified needs.
  - c. Statement of treatment interventions to be offered and frequency of those services to assist clients with meeting the identified goals and objectives.
  - d. Recommended collaboration with primary treatment providers, to include outpatient therapist/case manager, medical providers, peer supports, and involvement of natural social supports, such as family members, mentors, or sponsors.
  - e. Collaboration with and/or referral to medical or psychiatric treatment, as deemed clinically appropriate.
  - f. Documentation of successful completion criteria.
  - g. Encourage and support family engagement in addition to family therapy/counseling as appropriate and outlined in the ISP.
  - h. Maintain affiliations with other levels of care facilities and develop protocols for transfer when clinically appropriate.
  - i. Develop continued stay and discharge criteria that are consistent with ASAM guidelines. Guidelines can be obtained directly from ASAM.
4. Develop protocols, supported by a physician or physician extender knowledgeable in addiction medicine, for use if a client deteriorates and needs medical or nursing interventions. Protocols must include conditions that warrant nursing and physician care and determining factors for transferring a client to a medically managed level of care.

5. Ensure that licensed physicians, or physician extenders under supervision of a physician, perform physical examinations for all admitted individuals within 24-hours of admission.
6. Provide the following minimum levels of direct client services, as defined by a combination of counseling, educational and support activities designed to increase the clients' knowledge about the impact of alcohol and drugs on their lives, to assist clients in developing a recovery plan and to provide clients the opportunity to learn the skills needed to achieve the plan's goals:
  - a. A minimum of thirty-five (35) hours per week of clinical services, which shall include:
    - i. Daily clinical services provided by an interdisciplinary treatment team to assess and address clients' individual needs and may involve appropriate medical/nursing, individual, group, family, and community activity services.
    - ii. Program activities to stabilize acute addictive and/or psychiatric symptoms, which may include pharmacological, cognitive-behavioral, and other therapies administered on an individual or group basis.
    - iii. Random alcohol and drug screening to monitor substance use and reinforce treatment gains.
    - iv. Regular monitoring of clients' adherence in taking prescribed medications.
    - v. Planned clinical program activities designed to enhance clients' understanding of their substance use and/or mental health disorders.
    - vi. Health education services associated with the course of addiction and any other potential health-related risk factors, as appropriate.
    - vii. Evidence-based practices, such as motivational enhancement strategies and interventions that are appropriate to each client's stage of readiness to change.
    - viii. Daily treatment services to manage acute symptoms of clients' biomedical, substance use, or mental disorders.
    - ix. Monitoring of physical and mental status.
    - x. Supportive services for clients' family members or significant others.
  - b. Provide a minimum of one hour per week of individual case management, supportive counseling, or therapy for each client.
7. Provide 24-hour nursing coverage as well as a 24-hour on-call addiction-credentialed physician or a physician/physician extender with experience in addiction medicine coverage. These providers will operate within the scope of their practice to assess and diagnose, treat, and obtain and interpret information regarding the individual's medical, psychiatric, and substance use disorders.

8. Ensure counseling staff is on site for 16 hours per day, during the time between 7 AM and 11 PM..
9. The Contractor will meet the following quarterly performance requirements:
  - i. At least 75% of clients will complete their withdrawal safely and through effective use of medication, as indicated in case notes and medical charts.
  - ii. At least 67% of clients will complete the withdrawal management program, as documented in case notes in the County's Electronic Health Record System.
  - iii. 100% of clients who need a higher level of care, as clinically indicate, will be referred to the appropriate care facility, as documented in the case notes.

## **B. PROGRAM STAFFING REQUIREMENTS**

1. Clinical staff must have, at a minimum, a CSAC-A credential, Certification as a Peer Recovery Specialist, or other clinical licensure in Virginia and must be knowledgeable about the biological and psychosocial dimensions of substance use disorders and mental illnesses and their treatment. Clinical staff must be able to identify and diagnose acute psychiatric conditions, symptom increase and/or escalation, and decompensation. New staff without at least a CSAC-A credential will have six months from date of hire to obtain this credential.
2. Provide 24-hour access to a physician, physician extender, or nurse practitioner with prescribing privileges either in person or through tele-psychiatry.
3. For Level 3.7 Medically Monitored Intensive Inpatient Withdrawal Management Services:
  - a. Provide Nurses and Practical Nurses with experience in managing co-occurring disorders who can provide care to and observation of individuals as defined in the Individual Service Plan.
  - b. Nursing staff shall be able to provide a planned 24-hour regimen of professionally directed evaluation, care, and treatment including the administration of prescribed medication. This includes the management of withdrawal management protocols, including but not restricted to the administration of the Clinical Opiate Withdrawal Scale (COWS) and Clinical Institute Withdrawal Assessment (CIWA) direct treatment and medication support. Medication includes, but is not limited to, the administration of benzodiazepines and buprenorphine naloxone.
  - c. An addiction-credentialed physician/physician extender or a physician/physician extender with experience in addiction medicine must oversee the treatment process and assure quality of care. The physician or physician extender must have the ability to supervise addiction pharma co-therapy, integrated with psychosocial therapies in addiction treatment, and manage co-occurring mental health conditions. All medical providers must possess a Drug Enforcement Agency waiver to prescribe buprenorphine.



4. Program staff must be experienced and trained in identifying the signs and symptoms of mental illness and able to provide education to clients on the interactions of substance use and psychotropic medications.
5. Clinical staff must have specialized training in behavior management techniques, including but not limited to cognitive-behavioral therapy, contingency contracting, contingency management, token economy, motivational enhancement therapy, crisis prevention, and behavioral de-escalation techniques.

**3. EARLY RECOVERY PROGRAM**

**A. GENERAL REQUIREMENTS**

1. Admit all eligible individuals who are requesting admission up to the approved capacity.
2. Provide services for a variable length of stay based on clinical necessity, up to 90 days.
  - a. Ensure that client intake includes collection and recording of the following:
  - b. Client identifying information (i.e., name, address, date of birth, social security number); client biopsychosocial history, pattern of substance use behaviors and treatment history, and medical history.
  - c. Additional assessment and documentation of initial physical condition including measurement of blood alcohol content, respiration rate, pulse rate, blood pressure, body temperature and, if indicated, urinalysis.
  - d. All data elements required by the Virginia Department of Behavioral Health and Developmental Services licensure including physical examination and TB screening for all Early Recovery clients.
  - e. Information about the client's referral source, as appropriate, to include name of referring provider, other identified and relevant treatment/medical providers, emergency contacts, treatment consent, and signed releases of information.
3. Provide regular evidence to the Project Officer that ongoing monitoring and monitoring and evaluation of client progress is occurring. Such documentation must include:
  - a. Case notes of weekly case reviews of each client by program staff;
  - b. Necessary modifications in an individual's client treatment plan or resident service plan (original documentation in addition to recommended modifications must be included);
  - c. Progress reports of client's accomplishments related to individual client treatment plan;
  - d. Discharge summary which outlines client progress while in treatment and recommended follow up services;

- e. Evidence of requesting client feedback regarding the duration, intensity, and quality of the services provided by the Contractor via client engagement survey at discharge.
  - f. Documentation of services coordinated on behalf of clients with all service providers who are a part of the interdisciplinary team and other community organizations.
4. Before any planned discharge from the facility, devise a continuing care plan tailored to the individual's needs, and coordinate appropriate referrals for support services. Coordinate discharge with County staff.
5. Enter client data into Contractor's Electronic Health Record system, including admission, discharge, and treatment information.
6. Provide the following minimum levels of direct client services, as defined by a combination of counseling, educational and support activities designed to increase clients' knowledge about the impact of alcohol and drugs on their lives, to assist clients in developing a recovery plan and to learn the skills needed to achieve the plan's goals:
  - a. Provide a minimum of thirty-five (35) hours per week of clinical services, to include:
    - i. Daily clinical services to improve clients' ability to structure and organize the tasks of daily living and recovery, such as personal responsibility and appearance and developing and practicing social behaviors.
    - ii. Activities to obtain/maintain stabilization of addiction symptoms, such as relapse prevention, exploring interpersonal choices, understanding of the mental health and/or substance use disorder, and development of a social support network.
    - iii. Random alcohol and drug screens to monitor for substance use and to reinforce treatment gains.
    - iv. Evidence-based cognitive, behavioral, and other therapies administered in both an individual and group basis.
    - v. Motivational enhancement and engagement strategies appropriate to each client's stage of readiness and desire to change.
    - vi. Clinical services to help with re-integration into the community, such as employment readiness, health education, and time management skills.
    - vii. Monitoring of clients' adherence in taking prescribed medications.
    - viii. Planned community activities to foster social values and community living skills.
    - ix. Activities that involve family, or other significant others.

- a. Ensure that the credentialed addiction treatment professional(s), in collaboration with the physician or physician extender overseeing the treatment process, complete and document an initial Individual Service Plan (ISP). A comprehensive ISP shall be fully developed and documented within 14 calendar days of the initiation of services and signed and dated by the credentialed addiction treatment professional(s) and the physician and/or physician extender, as necessary, preparing the ISP. Contractor staff must include client and the family/caregiver in the development of the ISP, as may be appropriate and aid the client if his/her condition requires help. The ISP must include at a minimum:
    - x. Description of clients' presenting problem and the need for residential treatment services.
    - xi. Statement of client-identified goals and a sequence of short-term, measurable objectives to meet identified needs.
    - xii. Statement of treatment interventions to be offered and frequency of those services to assist client with meeting the identified goals and objectives.
    - xiii. Recommended collaboration with primary treatment providers, to include outpatient therapist, case manager, medical providers, peer supports, and involvement of natural social supports, such as family members, mentors, or sponsors.
    - xiv. Collaboration with and/or referral to medical or psychiatric treatment, as deemed clinically appropriate.
    - xv. Successful completion or discharge criteria.
  - b. Ensure that client ISPs are reviewed every 30 calendar days to determine that services are at the specified ASAM Level of Care and to recommend changes in the plan as indicated by the client's overall adjustment during the placement.
  - c. Provide discharge planning activities that include: Collaboration with County staff, adjunct treatment providers regarding housing, and medical and psychiatric providers to schedule follow-up appointments to ensure a consistent continuum of care.
7. Integrate family and/or other significant social supports in the discharge planning process.
  8. The Contractor must meet the following quarterly performance requirements:
    - a. At least 85% of clients will self-report that they are better able to manage triggers and urges to use Alcohol or Drugs as evidenced by feedback on client satisfaction survey.

- b. At least 46% of clients must complete the Substance Use Disorder Treatment as documented in case notes in the Electronic Health Record System.
- c. At least 80% of clients completing the program will successfully transition to follow-up treatment as documented in case notes.

**B. PROGRAM STAFFING REQUIREMENTS**

- 1. Ensure that the treatment team includes actively credentialed addiction treatment professionals with a minimum of two years' experience working with substance use disorders and acting within the scope of their practice, such as physicians, physician extenders and allied health professionals. Credentialed addiction treatment professionals must be available on site or by telephone 24 hours per day and 7 days per week.
- 2. Ensure that clinical staff is experienced in and knowledgeable about the bio-psychosocial dimensions of treatment of substance use disorders and able to identify and diagnose acute psychiatric conditions and decompensation. Clinical staff shall have specialized training in relevant behavior management techniques and evidence-based best practices in working with individuals experiencing addiction.
- 3. Cross train credentialed addiction treatment professionals in addiction and mental health to understand the signs and symptoms of mental illness. Provide education to clients on the interactions with substance use and psychotropic medications.
- 4. Provide case management staff who coordinate all client services. Case managers must have a minimum of two years' experience in substance use treatment service coordination.
- 5. Ensure all clinical staff has been trained in behavior management techniques that are intended to bring about positive behavior change, including but not limited to: cognitive behavioral therapy, contingency contracting, contingency management, token economy, motivational enhancement therapy, and crisis prevention and de-escalation.
- 6. Ensure at least one bilingual staff (English/Spanish) is working onsite during programming hours (between 8 am and 6 pm). Please see requirements for utilizing bilingual staff in Section 3, General Requirements for both Programs, Paragraph E, Language Accommodations.

**4. GENERAL REQUIREMENTS FOR BOTH PROGRAMS**

A. Provide Quality Assurance, and Service Evaluations:

- 1. Develop and implement an annual quality assurance plan that is shared with the Project Officer for input.

2. Contractor may propose additional performance and outcome measures. The initial measures must be submitted to the County within two months of contract start. The Contractor must review the measure(s) annually and submitted to the County's Project Officer for approval within thirty (30) days of the beginning of each fiscal year (July 1). The Contractor will cooperate with the County in assessing the results of these outcome measures and revising them if needed.
3. In collaboration with the County, develop client satisfaction survey instruments, implement these surveys and other outcome measures, and provide a copy of the results to the County monthly.

B. Process Third-Party Billing

Third-party billing requirements for both programs:

- a. Maintain Virginia Department of Behavioral Health and Developmental Services licensure for American Society of Addiction Medicine (ASAM) Levels 3.1, 3.5 and 3.7 in good standing.
- b. Maintain ability to bill for services for ASAM Levels 3.1, 3.5 and 3.7 and appropriate ancillary services
- c. Contract with and panel all licensed clinicians with all Department of Medical Assistance Services contracted Managed Care Organizations (MCO) within 90 days of contract execution or within 90 days of an MCO's contract execution with DMAS. If there is a delay in approval, Contractor staff will contact the County contracting officer
- d. Maintain good standing with above MCOs
- e. Verify insurance eligibility upon client entry into service, upon report of new or updated insurance coverage and receipt of claim denial;
- f. Apply for prior Service Authorizations for all applicable services as required by all MCOs;
- g. Obtain written approval from the Project Officer or designee to provide services that exceed the number of authorized units, within 24 business hours of receipt of notice of service denial, when possible;
- h. Submit all claims for third-party reimbursement according to the Contractor's billing process, but not to exceed 60 days following the service delivery date;
- i. Submit monthly Reimbursement Revenues Report to the Project Officer. The Contractor will work with County staff to develop a report format that can be updated monthly with a reasonable amount of Contractor staff time.
- j. Reimbursement Revenues Report must include the following information for each claim, including claims billed to third-party payers:
  1. Client initials
  2. Current Procedural Terminology (CPT) Code
  3. Dates of service
  4. Client's Insurance Coverage
  5. Number of bed days
  6. Dollar amount billed by Contractor to MCOs
  7. Medicaid reimbursement rate for service provided
  8. Claims denied including denial reason provided by MCO

9. Claims status

10. The Contractor must submit a monthly claims status report by the 20<sup>th</sup> of the following month;

- k. Contractor shall participate in monthly reconciliation meetings coordinated by the Project Officer, if needed, to provide additional justification for any third-party denials.
- l. The Contractor accepts all liability for financial loss due to non-compliance with third-party payer requirements, as listed below:
  - a. Request, document, and verify client third-party billing information upon admission.
  - b. Bill third-party payers in accordance with requirements of applicable law and the terms of applicable third-party payer contracts for all qualified clients and services.
  - c. Process monthly invoices for services rendered and supporting documentation.
  - d. Take reasonable measures to collect balances, including fixing claim errors, communicating and following up with payers.
  - e. All revenue collected must directly offset program costs. Reserves must be released once the claims on which reserves are booked are paid.
  - f. The Contractor may bill the County only for costs not covered by third-party payors and not to exceed total costs of the program. The Contractor must submit to the County the claims status report. The County may request proof of denial from third-party payers for contract management/quality assurance purposes.

C. Implement Policies and Procedures

- 1. Contractor must have written general operations policies and procedures. At a minimum these should include areas such as: service provision, client confidentiality, data security, human resources, volunteer management, emergency preparedness and continuity of operations, critical incidents, quality assurance, finance and accounting, client billing. Copies of policies and procedures must be provided to the County Project Officer within ten working days of implementation and/or revision.
- 2. Develop admissions, continued stay, and discharge protocols that align with best clinical practices as defined by the American Society of Addiction Medicine, to promote stabilization of the client's behavioral health needs and psychiatric symptoms. Copies of these protocols must be provided to the County Project Officer within ten working days of implementation and/or revision.
- 3. Develop medication storage, inventory and administration policies in accordance with Board of Pharmacy regulations [https://www.dhp.virginia.gov/pharmacy/pharmacy\\_guidelines.htm](https://www.dhp.virginia.gov/pharmacy/pharmacy_guidelines.htm). Copies of these policies must be provided to the County Project Officer within ten working days of implementation and/or revision.

D. Provide a Program Manager who will be responsible for day-to-day operations of the programs and for ensuring 24-hour per day awake staff coverage according to DBHDS operational license requirements.

- E. Ensure at least one bilingual staff is working onsite during primary programming hours (8 am – 6 pm). The Contractor may use a County-contracted service provider for translation services after programming hours. The County will reimburse the Contractor at the County contract rates. The Contractor must be able to accommodate clients' language needs through either bilingual staff or, for language interpretation services that cannot be provided by bilingual staff, access to professional translation and interpretation services. All bilingual staff hired by the Contractor must be tested and certified by an official testing site to determine their language proficiency. Certifications can be obtained for general proficiency and for medical terminology proficiency. The Contractor must utilize bilingual staff before using professional services and must put in place internal guidelines for accommodating clients with language needs. If needed, language translation services provided by outside contractors, as well communications services such as sign language interpretation or Braille documents, will be provided and paid for by the County.
- F. Submit reports according to Reporting Requirements specified in Exhibit H. Not submitting reports on time or submitting incorrect reports may result in the delay of payment until the report is approved by the Project Officer. The Contractor must provide a justification for late reports and the County will determine if the late submission is justified.

## **5. COUNTY-PROVIDED RESOURCES AND SERVICES**

### **A. Operational Resources:**

1. Pay for utilities (electricity and water), maintenance of life safety system, and automatically operated elevator service.
2. Provide washers and dryers; however, the Contractor will be responsible for reporting maintenance concerns related to these appliances
3. Provide furniture, equipping the programs with a requisite number of beds.
4. Conduct ne annual exterior window cleaning and keep window casement and wood trim in good condition.
5. HVAC maintenance
6. Maintain interior and exterior walls, including painting of brick and vinyl siding when the need for maintenance, repair, or replacement results from normal wear and tear. The Contractor will be responsible for damage caused by the Contractor or its agents, servants, employees, visitors, and guests.
7. Replace glass and screens from normal wear and tear. The Contractor will be responsible for damage caused by the Contractor or its agents, servants, employees, visitors, and guests.
8. Maintain roof, gutters and leaders, painting, site lighting (attached and detached), concrete walkways, entrance and exit doors, County-provided mechanical equipment and their enclosures.
9. Refuse collection
10. Pest control
11. Landscaping
12. Support and maintain the County's Electronic Health Record System (EHR). Provide access to the database for Contractor's staff and train staff to input and report data on client services provided.

13. Provide (and maintain) internal and external security cameras with monitors.
14. Provide intake and initial assessment and referrals of clients to the Early Recovery Program.
15. Monitor invoices and reports submitted by the Contractor.
16. Provide technical assistance and support in the implementation of program operation and management of programs.
17. Conduct regular site visits to ensure compliance with contract requirements.
18. A monitoring site visit will be completed within the first 12 month of contract start-up; monitoring visits will occur as deemed necessary by the Project Officer thereafter. This will include a financial and programmatic review and an inspection of the program facilities. Additional site visits may be conducted without notice at the discretion of Arlington County.
19. Conduct periodic monitoring of guest satisfaction through direct contact with guests or through surveys.
20. Provide cleaning and janitorial services

**B. BUILDING MAINTENANCE**

The Arlington Recovery Center Withdrawal Management and Early Recovery Programs are located in a County-owned facility. The following maintenance guidelines identify the roles and responsibilities of the Contractor with regard to management, maintenance and repair at the facility:

1. All damage or injury to the fixtures or premises or the building, including its equipment, caused by the Contractor, its agents, servants, employees, visitors, and/or guests shall be repaired by the Contractor at the sole cost and expense of the Contractor. Arlington County will notify the Contractor in writing when the repairs must be made. If the Contractor fails to make repairs in a timely manner, the County will have the right to make such necessary repairs, alterations and replacements (structural, non-structural or otherwise) with the cost to be paid by the Contractor. The Contractor may not use County-appropriated funds to reimburse the County for replacement and/or repair of any damage to the building and/or its fixtures.
2. Collection of litter throughout the interior and around the exterior of the building wing
3. Immediate notification of DHS/DES staff of any defects in, damage to, or need to repair or maintain the facility
4. Window cleaning, other than annual exterior washings, which are to be performed by Arlington County
5. Maintenance, repair, or replacement of interior walls required by inappropriate staff or client conduct
6. Repair, replacement and cleaning of glass and screens
7. Supervision of the following custodial services and building maintenance:
  - a) Daily housekeeping tasks to maintain the safety and cleanliness of the facility
  - b) Light maintenance work consists of changing light bulbs, batteries, de-clogging drains and toilets, changing faucet washers, greasing minor mechanical items such as door hinges, and tightening screws
  - c) Janitorial services for the facility including:



- a) Hiring a subcontractor to provide janitorial services. Janitorial services must be provided in accordance with the County Standards for Janitorial Services (Attachment 1)
  - b) Inspecting the work of the subcontractor
  - c) Following the County standard for janitorial services per Attachment 1 (attached) and ensuring the building is kept to this standard.
8. Provide fresh drinking water for the clients through the purchase of a water service.
9. Contract with a vendor to maintain a copier for the programs.

### **C. PROCEDURES FOR REQUESTING MAINTENANCE SERVICES**

The County generally anticipates performing repairs and maintenance during hours that are most convenient to program operations. Except in emergencies, the County will endeavor to notify the Contractor by phone or email in advance when such work will be performed during peak-occupancy hours. The County will inform all Department of Environmental Services (DES) staff and outside contractors of guest confidentiality rules. The Contractor's staff will maintain a log of all contractors who performed routine work on the facility, to include date, time, and work performed. To avoid unauthorized work or duplicate applications for service or project work, DES will accept requests only from designated DHS and program staff. The Contractor will provide DES with names of designated staff who are authorized to submit work requests. As follows:

1. For routine corrective maintenance requests, the Contractor will send a request via email to DES at [Fmhotline@arlingtonva.us](mailto:Fmhotline@arlingtonva.us) with a copy to the designated DHS Project Officer and Facility Management staff. The Contractor may follow-up during regular work hours (7:30 a.m. to 4:30 p.m., Monday through Friday) with a telephone call to the DES central work control center (maintenance hotline number 703-228-4422; fax number 703-228-4397) and DES will issue a work order.
2. Maintenance will generally be performed on-site. DES will advise the Contractor if equipment needs to be removed from the site for repair.
3. DES will schedule maintenance repair work based on priorities in another County building. Those priorities are as follows, but are subject to change:
  - a. **Priority 1** Fire, safety, security, health, code requirement, regulatory.
  - b. **Priority 2** Environmental issues and building envelope, HVAC system, exterior windows, electrical systems, roofing system, or issues affecting the normal operation of a facility. These services would affect the ability to render services to guests.
  - c. **Priority 3** Finishes: Failures to treatment of interior walls, ceilings or floors (carpeting not included.)

#### **D. EMERGENCIES**

Emergency Maintenance Work request after regular work hours, during holidays and weekends are to be directed to the DES maintenance mechanic on duty. The duty maintenance mechanic will carry a radio and/or a pager at all times. **The number of the duty maintenance mechanic's pager is 703-316-6300.** Although there are unforeseen situations that cannot be handled routinely, planning for their possible occurrence can reduce their impact. Each type of emergency may require a different response. The Contractor has the responsibility to minimize damage in the event of an emergency. For instance, if there is a flood situation, the Contractor has the responsibility to shut off the water to prevent further damage. If there is an electrical short circuit the Contractor must not re-set a tripped circuit breaker until a review has been conducted by an electrician. The Contractor has the responsibility to evacuate and secure the area of the emergency if there is a potential for injury. The following list is provided to define those emergencies in which the immediate assistance of the maintenance supervisor and his staff would be required. Arlington County may revise this list from time-to-time at its sole discretion:

- **Building Fire:** ANY EMERGENCY CAUSED BY FIRE - CALL 911 FIRST, then report the incident to DES and DHS.
- **Natural Gas Leak:** First call 911, then the utility company, DES, and finally report the incident to DHS.
- **Flooding:** Whenever a water leak occurs in the facility or natural rainwater infiltrates into the building causing damage or endangerment to life or to property, call DES.
- **Elevator:** Any time an elevator has malfunctioned while people are on board, call 911 first, then call the elevator service company; then call DES.
- **Loss of Electricity:** If not area wide, call DES, contact the duty engineer through the maintenance hotline or emergency pager; then call the utility company.
- **Code Violations:** Fire and Health Code violations have a Priority 1 regarding scheduling for repairs as listed above. When Code violations are received, the Contractor must immediately submit a work request and send notice of the request to DES staff responsible for the RPC site and the DHS Project Officer. DES will schedule any required work and when the work is complete will send a copy of the notice of the Code violation with date of repairs noted to DHS and the Contractor.

#### **E. ALTERATIONS**

At no time may the Contractor alter, install, change, replace, add to, or improve the facility's structure or its fixtures without Arlington County's prior written

approval. For example, the Contractor may not paint any interior or exterior part of the facility, affix any item to any part of the facility, or remove any item that is affixed to the interior or exterior of the facility.

**F. SUBSTANTIAL RENOVATIONS AND CAPITAL IMPROVEMENTS**

Any capital improvement and/or major work requests that are beyond routine maintenance must be submitted to DHS for approval. Such requests must be approved by Arlington County before any work is performed.

**EXHIBIT B  
REVISED BUDGET**

**Phoenix Houses of the Mid-Atlantic Inc Arlington  
County RFP #20-069-RFP-LW Proposed Budget for  
Withdrawal Management and Early Recovery  
Program**

	<b>FY 2022</b>
	<b>Detox &amp; Early Recovery Program</b>
<b>FTE's</b>	25.4
REGULAR PAY	1,503,216
Overtime	45,096
SUI TAX EXPENSE	9,048
FICA EXPENSE	118,446
FRINGE-HEALTH INSURANCE	158,318
FRINGE-PENSION MATCH	30,064
FRINGE-WORKERS COMPENSATION	14,281
FRINGES-LIFE, ST Disability, LT Disability	8,466
Total Salary and Benefit Expenses	1,886,935
<b>Non-Payroll Expenses</b>	
CONSULTANTS	780
MEDICAL/DENTAL CONSULT&OTHER S	13,200
PAYROLL SERVICE/ ADP	7,728
PLACEMENT SERVICE	
PREEMPLOYMENT SCREEN FEE	
TEMPORARY HELP	
SUBCONTRACTED SERVICES OTHER	540
INTERPRETER SERVICES	
CABLE TELEVISION	
ELECTRICITY	
GAS	
FUEL OIL	
WATER	
SOFTWARE LICENSES	400
WELLIG ENT SOFTWARE FEES	
START UP MEDICAL EQUIPMENT BUDGET	22,110
IT HARDWARE PURCH< 1000	3,000
IT SOFTWARE PURCH < 1000	
NON-IT EQUIPMENT RENTAL	
NON-IT EQUIPMENT REPAIRS	
COPIERS/PRINTER LEASE	1,896

COPIERS MAINTENANCE& USAGE	188
IT HARDWARE REPAIRS	
NON-IT EQUIPMENT MAINTENANCE	
IT HARDWARE MAINTENANCE CONTRA	
TELE EQUIP REPAIRS & MAINT	
IT SOFTWARE MAINTENANCE CONTRA	1,000
TELEPHONE USAGE	
LOCAL INTERNET SERVICE	
TELEPHONE- CELL PHONES	2,736
DATA LINES	
PATIENT FOOD	132,155
OFFICE SUPPLIES	4,200
POSTAGE STAMPS	219
SHIPPING AND FREIGHT	
FEDEX/ UPS	
OTHER OFFICE & PROGRM SUPPLIES	516
CLOTHING	
RECREATIONAL ACTIVITIES-OUTING	3,000
RECREATIONAL SUPPLIES	100
TOILETRIES	4,500
HOUSEHOLD SUPPLIES/JANITORIALS	13,200
LAUNDRY CLEANING	
LINENS&BEDDING	3,000
LAUNDRY AND CLEANING	
FURNITURE&EQUIPMENT UNDER 1000	
KITCHEN SUPPLIES	1,100
BOOKS, SUBSCRIPTIONS & NEWSPAPER	803
PRINTING COSTS	
LABORATORIES	
PRESCRIPTION MEDICATIONS	3,000
MEDICAL, DENTAL & OTC SUPPLIES	7,932
MEDICAL-TOXICOLOGY SUPPLIES	11,628
VEHICLE COSTS FUEL & OIL	4,000
VEHICLE COSTS REPAIRS & OTHERS	1,470
VEHICLE COSTS RENT	19,328
VEHICLE PROPERTY TAX	2,000
STAFF TRAVEL	
MEALS & MEETINGS-STAFF	
PATIENT TRAVEL	5,000
AUTO INSURANCE	8,500
COMMERCIAL GENERAL LIABILITY INSURANCE	9,350
MEDICAL PROFESSIONAL LIABILITY INSURANCE	3,008
UMBRELLA LIABILTIY INSURANCE	3,899

PROPERTY INSURANCE	3,292
MARKETING SUPPLIES	2,600
LICENSES & PERMITS	1,300
BUSINESS PROPERTY TAXES	
STAFF DEVELOPMENT/TRAINING• Relias	
CPR Training	
CES Training	
CARPENTRY	
DEBRIS & GARBAGE REMOVAL	
ELECTRICAL REPAIRS	
FLOOR COVERING	
BUILDING & GROUNDS MAINTENANCE	5,000
HARDWARE	1,000
ELECTRICAL SUPPI ES	1,000
PAINTING	
PEST CONTROL/ EXTERMINATION	
ELEVATOR REPAIRS	
PLUMBING REPAIRS	
ELEVATOR SERVICE CONTRACT	
HVAC REPAIRS	
WASTE TREATMENT REPAIRS	
SECURITY SYSTEM REPAIRS	
SECURITY SYSTEM FEE/PRMT/TST/1	
Emergency Generator Services Contract	
EMERGENCY GENERATOR REPAIR	
REFRIGERATION EQUIPMENT REPAIR	
KITCHEN EQUIPMENT SERV CONTRCT	
KITCHEN EQUIPMENT REPAIRS	
KITCHEN EXHAUST SERVICE CONTR.	
KITCHN EXHST FEE/PRMT/TST/INSP	
SPRINKLER REPAIRS	
SPRINKLER FEE/PRMT/TST/INSP	
SMOKE DET/FIRE ALM. SERV. CONT.	
SMOKE DET/FIRE ALM.REPAIRS	
SMK DET/FIRE ALM FE/PRM/TST/IN	
FIRE EXTGR FEE/PRM/TST/INSP	
MEDICAL WASTE DISPOSAL	1,000
GROUND MAINT-EQUIPMENT REPAIR	
MAINTENANCE & REPAIRS-OTHER SE	
JANITORIAL SERVICES	89,843
Total Non- Payroll Expenses	400,522
Total Direct Expenses	2,287,457

ADMINISTRATIVE FEE OF 21.8%	498,666
Grand Total	2,786,123
Less Medicaid Reimbursement-Year 1	227,316
Adjusted Budget net of Medicaid Reimbursement	2,558,807

EXHIBIT C

LIVING WAGE FORMS

# **WAGE NOTICE**

THE HOURLY RATE FOR EMPLOYEES OF THE CONTRACTOR AND ANY SUBCONTRACTORS WORKING ON COUNTY-OWNED, COUNTY-CONTROLLED PROPERTY, FACILITIES OWNED, OR LEASED, AND OPERATED BY A CONTRACTOR IF SERVICES PROVIDED AT THAT LOCATION ARE EXCLUSIVE TO ARLINGTON COUNTY, OR CONTRACTS FOR HOME-BASED CLIENT SERVICES MUST NOT BE LOWER THAN

**\$17.00 PER HOUR**

REFERENCE: ARLINGTON COUNTY PURCHASING RESOLUTION  
SECTION 4-103

**FOR INFORMATION CONTACT:**

ARLINGTON COUNTY

OFFICE OF THE PURCHASING AGENT

2100 CLARENDON BOULEVARD, SUITE 500

ARLINGTON, VA 22201

703-228-3410



# **AVISO de SALARIO MINIMO**

LA TARIFA HORARIA DE LOS EMPLEADOS DEL CONTRATISTA, Y DE CUALQUIER SUBCONTRATISTA QUE TRABAJE EN PROPIEDADES DEL CONDADO, EN INSTALACIONES PROPIAS/ALQUILADAS Y OPERADAS POR UN CONTRATISTA SI LOS SERVICIOS PRESTADOS EN ESE LUGAR SON EXCLUSIVOS DEL CONDADO DE ARLINGTON, O EN CONTRATOS DE SERVICIOS DOMICILIARIOS A CLIENTES, NO DEBE SER INFERIOR

**\$17.00 POR HORA**

REFERENCIA: SECCIÓN 4-103, DE LA RESOLUCIÓN DE LA OFICINA DEL AGENTE DE COMPRAS DEL CONDADO DE ARLINGTON.  
(ARLINGTON COUNTY PURCHASING RESOLUTION SECTION 4-103)

**PARA OBTENER MAS INFORMACIÓN, LLAME A:**

LA OFICINA DEL AGENTE DE COMPRAS DEL CONDADO DE  
ARLINGTON.

703-228-3410.

**PARA INFORMACION EN PERSONA DIRIJASE A:**

2100 CLARENDON BOULEVARD, OFICINA No 500

ARLINGTON, VA 22201

**EXHIBIT D**

**LIVING WAGE QUARTERLY COMPLIANCE REPORT**

**By Email:** Please complete the report below and return it to: [livingwage@arlingtonva.us](mailto:livingwage@arlingtonva.us)

Quarter:

Year:

Company Name:

Contract Number:

Contract Name:

In order to audit your firm’s compliance with Service Contract Wage (Living Wage) provisions of the Arlington County Purchasing Resolution, please complete the following report and submit to Arlington County, Office of the Purchasing Agent, 2100 Clarendon Boulevard, Suite #500, Arlington, Virginia 22201. This report shall be submitted every (3) months during the Contract Term. All employees of the Contractor and any subcontractors working on County owned, County controlled property, facilities owned, or leased and operated by a Contractor if services provided at that location are exclusive to Arlington County, or contracts for home-based client services, shall be listed.

EMPLOYEE NAME	TOTAL HOURS THIS QUARTER	HOURLY WAGE

By signing this form, the above-listed company certifies that the information provided is accurate and complete. If unable to electronically sign this form, then print and sign the fully executed form for submittal by email.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## ATTACHMENT 1

### Arlington County Standards for Janitorial Services

Green Seal products only must be used in this facility. Please see Green Products below.

Service Frequencies:

#### LOBBIES AND PUBLIC AREAS

1. Daily:
  - a. Clean bright metal fixtures, rails and/or surfaces with a damp cloth.
  - b. Remove trash and recycling from receptacles to trash room and replace liners in receptacles.
  - c. Tile floors swept, damp mopped and burnished 3x per week
  - d. Spot clean walls.
  - e. Wash all entrance doors, glass doors and glass walls.
  - f. Carpet vacuumed and spot cleaned with spot or stain remover.
  
2. Weekly:

All surfaces of furniture and panels, picture frames, office equipment, windowsills, door panels, trash containers and anyother surfaces within 96 inches' height from floor will be dusted, using commonly practiced methods within the cleaning service industry.
  
3. Periodic:
  - a. Walls, high ledges, sills, rails, metal trim, molding, and ceiling vents dusted weekly and washed quarterly.
  - b. Carpet extracted annually.
  - c. Mini blinds shall be dusted and washed monthly.
  - d. Tile floors stripped and refinished annually.
  - e. Dust and wash the light fixtures quarterly.

#### ELEVATORS AND CORRIDORS

1. Daily:
  - a. Clean and polish bright metal fixtures, handrails and/or surfaces with a damp cloth.
  - b. Clean and disinfect water fountains.
  - c. Tile floors dust mopped, mopped, and **burnished** 3x per week.
  - d. Spot clean partition glass.
  - e. Spot clean walls and both sides of doors.
  - f. Dust furnishings, low ledges, rails, molding and vents.
  - g. Clean passenger elevator door tracks and doors.
  - h. Carpet vacuumed, spot cleaned with spot or stain remover.
  
2. Periodic:
  - a. Wash and polish fire extinguishers and other bright metal semi-annually.

- b. Dust and wash light fixtures quarterly
- c. Carpet extracted annually. (NOTE: All doors and baseboards must be washed and polished after carpet is extracted.)
- d. Tile floors stripped and refinished annually. (NOTE:
- e. All doors and baseboards must be washed and polished after carpet is extracted
- f. Dust walls, high ledges, sills, rails, metal trim, molding and ceiling vents weekly and washed quarterly

### **OFFICES/CLASSROOM/COMPUTER ROOM**

1. Daily:

- a. All trash and recycling receptacles emptied, wiped clean, trash removed to trash room. New trash receptacle clear liners to be installed when needed.
- b. Clean doors and kick plates, both sides.
- c. Spot clean walls and partition glass.
- d. Tile floors dust mopped; spot mopped.
- e. Tile floors dust mopped, damp mopped and burnished 3x per week.
- f. Carpet vacuumed, spot cleaned with spot or stain remover.

2. Periodic:

Carpets extracted annually. (NOTE: All doors and baseboards must be washed and polished after carpet is extracted.)

- a. Door frames, window frames, diffusers, and return vents dusted weekly.
- b. Glass partitions, corridor walls, transom glass, interior partitions, including interior movable office partitions and molding are to be washed monthly.
- c. Walls, high ledges, sills, rails, metal trim, molding, and ceiling vents dusted weekly and washed quarterly.
- d. Mini blinds to be dusted monthly and washed quarterly.
- e. Wooden desks, tables and consoles are to be cleaned and polished weekly.
- f. Tile floors stripped and refinished annually.
- g. All surfaces of furniture, picture frames, office equipment, windowsills, door panels, radiators, and any other surfaces up to and including 96 inches in height (high dusting) from floor will be dusted, using commonly practiced methods within the cleaning service industry, weekly.

### **RESTROOMS LOCKER ROOMS**

1. Daily:

- a. Trash receptacles are to be emptied and trash removed.
- b. Wash all trash receptacles, including sanitary napkin disposal

receptacles and diaper changing stations with a germicidal disinfectant.

- c. Wash basins and vanity areas will be washed using a germicidal disinfectant. This will include the underside of basins and pipe fixtures.
- d. Mirrors will be washed.
- e. Damp mop tile floors using a disinfectant soap. Floors under and around commodes, vanities and all corners are to be cleaned.
- f. Replenish hand soap, paper towels, toilet seat covers, and tissue which are furnished by the Contractor.
- g. Clean and wipe all commodes and urinals with a disinfectant soap inside and outside. Spot clean walls; wipe all partitions, ledges, sills, rails, vents, doors (both sides) with damp cloth.

2. Periodic:

- a. Wash walls with a disinfectant soap, including partitioning, weekly.
- b. Wash floor drains weekly.
- c. Dust and wash light fixtures quarterly.
- d. Tile floors shall be machine scrubbed once (1) a month with ceramic disinfectant and grout cleaners and the entire project is to be completed within one (1) month period in the entire building.
- e. Wash outside of commodes and urinals as well as all fixtures with a disinfectant soap after the tile floors are machine scrubbed.
- f. Floors to be stripped and refinished annually.
- g. Scrub area under all commodes and bottom of walls with a deck brush once weekly.
- h. Wash ceiling, light fixtures and wall vents monthly.
- i. All walls in the locker rooms will be thoroughly wiped down with disinfectant monthly.
- j. Tops of lockers in locker rooms will be wiped down weekly.

**DORM ROOMS**

1. Daily:

- a. Trash and recycling containers to be emptied, wiped clean with damp cloth and trash removed to dumpster. New trash receptacle liners to be installed. Floors to be dust mopped, damp mopped and burnished 3x per week.
- b. Spot clean walls, doors, glass panels.
- c. Clean and polish bright metal fixtures, handrails, and/or surfaces with a damp cloth.
- d. Carpet vacuumed and spot cleaner with spot or stain remover.

2. Weekly:

- a. Wipe down tops of lockers.
- b. Dust blinds.
- c. Dust all surfaces 96 inches in height or higher.
- d. Trash receptacles wiped clean inside and outside.
- e. Dust all horizontal surfaces.

3. Periodic:

- a. Finish floors 2 times per year.
- b. Dust and wash light fixtures quarterly.
- c. Wipe down blinds monthly.
- d. Wipe down walls, ledges, and sills quarterly
- e. Clean vents 2 times per year.

**MULTI PURPOSE ROOMS**

1. Daily

- a. Trash receptacles to be emptied, wiped clean with damp cloth and trash removed to dumpster. New trash receptacle liners to be installed.
- b. Tables, chair legs, and other furniture wiped clean with damp cloth.
- c. Spot clean walls, glass walls, doors and kick plates.
- d. Tile floors dust mopped, damp mopped and burnished
- e. Carpet and fabric furniture vacuumed; carpet spot cleaned with spot or stain remover; and furniture spot cleaned with a mild solution of shampoo and water.

2. Periodic:

- a. Carpets will be extracted annually. (NOTE: All doors and baseboards must be washed and polished after carpet is extracted.)
- b. Tile floors will be stripped and refinished annually. (NOTE: All doors and baseboards must be washed)
- c. Dust and wash light fixtures quarterly.

**BREAK ROOM**

1. Daily:

- a. Tile floors will be dust mopped and damp mopped.
- b. Counter and/or table areas will be wiped down.
- c. Trash receptacles emptied, trash removed to trash room and new trash receptacle liners installed.

2. Monday - Wednesday - Friday:

Tile floors will be burnished.

3. Periodic:

- a. All surfaces 96 inches in height or higher (high dusting) from floor will be dusted, using commonly practiced methods within the cleaning service industry, weekly.
- b. Trash receptacles wiped clean inside and outside weekly.

- c. Tile floors stripped and refinished annually.

#### **STAIRWELLS**

1. Weekly:

- a. Sweep and damp mop.
- b. Wipe all doors and doorknobs.
- c. Spray buff floor landings.
- d. Wash handrails.
- e. High dust

2. Periodic:

- a. Tile floors will be stripped and refinished annually.

#### **KITCHEN**

1. Daily:

- a. Sweep, mop, and burnish concrete 3 x per week.
- b. Spot clean walls.
- c. Clean sinks and counter tops
- d. Empty trash cans. Replace trash can liners

2. Periodic:

- a. Concrete floors machine scrubbed and refinished 2x per year.
- b. Wipe all doors and doorknobs weekly.
- c. Clean walls up to 96" Monthly
- d. Dust and wash light fixtures quarterly.

#### **LOADING DOCK/RECEIVING ROOM**

1. Daily

- a. Sweep and remove all litter from the loading dock and the loadingdock bays.
- b. Remove all trash around the compactor
- c. Sweep and Mop Recycling room
- d. Burnish tile floor in Recycling room 2x per week,
- e. Wipe down doors and spot clean walls in Recycling room.

2. Periodic

- a. Strip and refinish Recycling room floor annually
- b. Pressure wash loading dock and loading dock bays quarterly
- c. Wash out Recycling containers monthly

#### **Arlington's Green Cleaning Program**

The intent of this Green Cleaning Program is to reduce the exposure or building occupants to potentially hazardous chemical, biological, and particulate contaminants, which can adversely affect air quality, humanhealth, the building, and the environment.

This program relates to the purchase of cleaning products and janitorial supplies, the use of cleaning equipment, storage and handling of chemicals, and training. Proper use of cleaning equipment and products can reduce costs and extend the life of cleaning equipment and supports responsible use of taxpayer dollars. Arlington County will monitor feedback from building users to ensure a successful program and will regularly evaluate the program and make changes as needed.

### **Procedure Guidelines for Green Cleaning**

Encourage hand washing & hand sanitizing

Signs will be posted in bathrooms reminding occupants to wash hands. Install and maintain hand sanitizer stations.

Train staff in the safe handling & storage of cleaning materials. Use products as directed, including the recommended amounts.

All cleaning products will be accurately labeled.

Triple rinse and recycle all certified green cleaning product packaging that is recyclable.

Dispose of *containers* of hazardous materials in the trash or as directed.

Dispose of used chemical solutions in the sink of a janitorial closet and prevent chemical solutions from entering storm water drains.

Provide for ongoing training and education on a regular basis so that employees maintain correct procedures.

### **Cleaning Product Purchase Guidelines**

Use concentrated cleaning products when available. Use chemicals that can be diluted using cold water. Use products that are minimally packaged and packaged with recycled materials. Purchase other cleaning supplies (i.e. mop buckets, toilet brush, etc.) that contain recycled content.

Maintain an organized cleaning supply closet so valuable supplies are not damaged or lost and to protect employees from spills and chemical contamination.

Sustainable cleaning products must meet *at least* one of the following requirements when applicable:

- Green Seal Standard GS-37, for general purpose, bathroom, glass, and carpet cleaners used for industrial and institutional purposes
- Environmental Choice CCD-110, for cleaning and degreasing compounds
- Environmental Choice CCD-146, for hard surface cleaners
- Environmental Choice CCD-148, for carpet and upholstery care
- Green Seal GS-40, for industrial and institutional floor care



products

- Environmental Choice CCD-11 2, for digestion additives for cleaning and odor control
- Environmental Choice CCD-115, for odor control additives
- Environmental Choice CCD-147, for hard floor care
- California Code of Regulations maximum allowable levels for a specific product category
- Green Seal GS-41, for industrial and institutional hand cleaners
- Environmental Choice CCD-104, for hand cleaners and hand soaps
- Disposable janitorial paper products and trash bags must meet the minimum requirements of *at least one* of the following:
- U.S. EPA Comprehensive Procurement Guidelines for Janitorial Paper and Plastic Trash Can Liners (see table below)

Product	Post-consumer	Post-industrial
Bathroom Tissue	20-60	20-100
Paper Towels	40-60	40-100
Paper Napkins	30-60	30-100
Facial Tissue	10-15	10-100
General Purpose	40	40-100