ARLINGTON COUNTY, VIRGINIA

AGREEMENT NO. 19-128-RFP-LW
AMENDMENT NUMBER 3

This **Amendment Number 3** is made on the date of execution by the County and amends **Agreement Number 19-128-RFP-LW** ("Main Agreement") dated **September 11, 2019,** between **National Counseling Group, Inc.** ("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. **REPLACE EXHIBIT A: SCOPE OF SERVICES WITH THE ATTACHED EXHIBIT A REVISED SCOPE OF SERVICES.**

2. **REPLACE EXHIBIT B: BUDGET WITH THE ATTACHED EXHIBIT B, REVISED BUDGET.**

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON COUNTY, VIRGINIA

AUTHORIZED:
SIGNATURE: DocuSigned by: Dr. Sharon T. Lewis 89B86B1AD301462...
NAME: DR. Sharon T. Lewis
TITLE: Purchasing Agent
DATE: 4/12/2022

NATIONAL COUNSELING GROUP, INC.

AUTHORIZED:
SIGNATURE: DocuSigned by: Joseph Pratt 4AE4970C97814E1...
NAME: Joseph Pratt
TITLE: Director of Business Operations
DATE: 4/11/2022

EXHIBIT A
REVISED SCOPE OF SERVICES

I. PURPOSE/OVERVIEW

The Contractor shall provide 24 hours, 7 day a week, Mobile Crisis Response Services and Community Stabilization Services for non- hospitalized individuals, youth and adults, experiencing an acute crisis related to mental health, substance use, or co-occurring disorders. The services shall be provided to residents living within the service areas of the five Community Services Boards (CSBs) in Department of Behavioral Health and Developmental Services (DBHDS) Region 2 (the Region) which comprises the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park, and the counties of Arlington, Fairfax, Loudoun, and Prince William. The Contractor services shall incorporate all the following elements:

- Mobile response and resolution of the crisis, as evidenced by diversion of the individual from inpatient hospitalization.
- Assessment of the family situation and the need for on-going support
- Provide mobile support services with specialized staff members to meet the individual's clinical needs (youth behavioral health and adult behavioral health); when appropriate, and while the individual is being connected to other ongoing community-based services.
- Linkage of individual and families support system to clinically appropriate and community-based resources.
- Equitable service provision throughout region 2.

The services must meet Virginia DBHDS licensure requirements for Mobile Crisis Response Services and Community Stabilization Services , which are defined by the Virginia DBHDS STEP-VA Crisis Services and Virginia Department of Medical Assistance Services (DMAS) for Mobile Crisis Response Services and Community Stabilization Services as defined by the Mental Health Services Provider Manual (and any DBHDS subsequent revisions to this document) found here: Virginia Medicaid Web Portal

Mobile Crisis Response (H2011) Mobile Crisis Response provides rapid response, assessment and early intervention to individuals experiencing a behavioral health crisis. This service is provided 24 hours a day, seven days a week. The purpose of this service includes prevention of acute exacerbation of symptoms, prevention of harm to the individual or others, provision of quality intervention in the least restrictive setting, and development of an immediate plan to maintain safety in order to prevent the need for a higher level of care. Mobile Crisis Response is also the mechanism by which pre-admission screenings for hospitalization may be performed by DBHDS pre-admission The NCG Mobile Crisis Team meets individuals in crisis in an environment where they are comfortable to engage to facilitate quick relief and resolution of the crisis when possible.

Community Stabilization (S9482) Community Stabilization services are short-term and designed to support an individual and their natural support system following contact with an initial crisis response service. Providers deliver community stabilization services in an individual's natural environment and provide referral and linkage to other community-based services at the appropriate level of care. Interventions may include, brief therapeutic and skill building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up services. Coordination of specialized services to address the needs of co-occurring intellectual/developmental disabilities and substance use are also available through this service.

The Contractor must provide Mobile Crisis Response Services and Community Stabilization Services to any individual referred experiencing a behavioral or mental health crisis. Contractor must provide staff who specializes in behavioral health for youth and for adults. All staff must be cross trained in the provision of mobile crisis services for individuals with developmental disabilities across the lifespan.

The Contractor shall:

- Effectively maximize diversion from hospitalization when appropriate, and to ensure treatment in the least restrictive setting possible for those individuals receiving services who are capable of community crisis stabilization.

- Partner with the Arlington CSB Project Officer, Project Officer from Northern Virginia Projects Office (NVPO), CSB emergency services staff, CSB child and family services, CSB adult services, and local hospitals and law enforcement throughout Region 2, and State hospitals, to identify those opportunities for maximizing diversion from inpatient hospitalization and preventing unnecessary re-admission after discharge. Partnership shall include participation in contract management meetings facilitated by the Arlington CSB Project Officer and the Region Child Behavioral Health Manager as well as participation in other regional meetings to include the Regional Utilization Group, Regional Emergency Services, Regional Crisis Hub Advisory Committee, and Regional Mobile Crisis meetings as well as other regional meetings, as requested. Facilitate the individual's ongoing connection with both professional and natural supports.

- Provide access to records and coordinate with the Arlington County CSB Project Officer for annual contract monitoring activities.

II. GENERAL REQUIREMENTS

The Contractor shall provide the following deliverables for administering County benefit programs:

Deliverable 1: Program Administration
Deliverable 2: Program Services
Deliverable 3: Staffing
Deliverable 4: Referral Sources

Deliverable 5: Reporting Requirements and Quality Assurance
Deliverable 6: Medicaid Billable Services
Deliverable 7: Budget
Deliverable 8: Promotion/Marketing

DELIVERABLE 1: PROGRAM ADMINISTRATION

Provide four (4) teams, consisting of clinicians who specialize in youth services and clinicians who specialize in adult services to respond 24 hours a day, seven (7) days a week to the targeted population. All counselors must be scheduled according to monthly call volume data. Each team shall consist of 1 clinical supervisor, 7 staff and (2) .5 FTE peer and will include a youth behavioral health specialist and an adult behavioral health specialist . All staff shall be cross trained in age-appropriate response and disability-appropriate response.

- Maintain one central phone number and make it available for accessing the services across the DBHDS Region 2, until the new Regional Crisis Call Center is operational. Once the Regional Crisis Call Center is operational, forward crisis calls to the Regional Crisis Call Center and establish a new line for access to Community Stabilization services.

- Dispatch of Mobile Teams will remain program directed until the Regional Crisis Call Center is operational.

- Once operational, the dispatch of mobile teams will occur through the Regional Crisis Call Center. The Regional Crisis Call Center will complete a standardized level of care assessment tool, work to deescalate over the phone, provide warm handoffs as clinically indicated, and dispatch the appropriate level of response through existing regional and local resources, as clinically indicated and available at the time of the crisis. Dispatch could include Mobile Crisis Team alone, Mobile Crisis Team with Law Enforcement, Law Enforcement alone, and one- or two-person response. The composition of team dispatched will be recommended by the Regional Crisis Call Center based on the assessment and the known history of the individual but final determination of the composition of the mobile response team will be made by the Mobile Crisis Response provider.

- The Regional Mobile Crisis Call Center must contact Contractor staff after arrival on scene to provide Mobile Crisis Response and will make subsequent status checks every 30 minutes, or more frequently as requested by the mobile provider. The Mobile Crisis Response team must respond to these checks. If the team does not respond within 30 minutes, the call center will initiate contact with the appropriate public safety responders.

- Ensure that monthly Medicaid billing for eligible Mobile Crisis Response and Community Stabilization services is filed and collected.

- Medicaid revenue received by the Contractor shall be applied to the program to increase program capacity.

Staff training shall include, but is not limited to, the following:

- Completion of DBHDS Mobile Crisis Training programs for adults and for youth as available from DBHDS. Arlington Project Officer and Regional Projects office will communicate as these trainings become available.
- For youth training-the contractor will ensure that all new hires (after the training has occurred) providing children mobile crisis services are trained within 90 days of hire date.
- During the period in which the Adult Mobile Crisis Trainings is being developed, the Contractor must show evidence of trainings in the following categories to meet the training expectation during this period. The categories to be trained on:
    - Safety
    - De-escalation
    - Screening, Triage, and Assessment,
    - Trauma
    - Developmental Disabilities
    - Adult/Geriatric population specific training

  Once the Adult Mobile Crisis Training Curriculum is complete, the Contractor will have 8 months to become trained on the curriculum.
- Contractor's strategies and procedures for mobile crisis response and community stabilization services (evidenced- based/best practice modalities)
- Serious mental illnesses in youth and adult populations
- The principles of recovery and wellness skills for serious emotional disturbance/serious mental illness/substance use disorders
- An understanding of the issues confronting and specific to serving diverse types of youth, adults, and families (i.e. Adverse Childhood Experiences, Trauma, development, etc.)
- The impact of race and culture on mental health and crisis management strategies
- Interactions with individuals receiving services, their families, and/or advocates
- HIPAA
- Behavior management techniques
- De-escalation techniques
- Working with an interpreter or language interpretation service
- Customer service strategies for working with individuals and families experiencing behavioral health crises.
- Mandated reporter training

The Contractor must detail in an annual report all training completed by staff assigned to the contract.

- Obtain and maintain all state and professional required licenses, certifications, and affiliations, and certificates of insurance. These licenses, certifications, affiliations, and certificates of insurance are to be submitted to the Project Officer annually.

- Attain and maintain Virginia DMAS provider status and registration with the six (6) Virginia Medicaid MCOs. Provide written documentation of this status to the Project Officer within 90 days of entering into this contract.

- Obtain releases of information and collaborate and coordinate treatment planning and discharge/transition planning with appropriate professional staff, including CSB/community-based therapist/case manager/discharge planners, psychiatrists, private providers, and/or hospital personnel. If treatment services were in place prior to crisis, Contractor shall attempt to connect with the service provider(s) during crisis and no later than 24-hours after a crisis call is received.

- Ensure all opening and closing documentation for individuals placed in crisis stabilization facilities, including admission and discharge documentation and Commonwealth of Virginia data elements, are completed within 48 hours.

- File incident reports with DBHDS, Northern Virginia Regional Office, Arlington Project Manager, and as appropriate, the home CSB therapist/case manager within 24 hours of any event that involves any individual and family receiving services through the Contract. Incidents include any illegal acts by staff, individuals and families, acts of violence or theft, death, any accident where injury or potential injury occurred, and/or any situation that requires the intervention of police, emergency medical services, or the fire department.

- As Federally mandated reporters of suspected child maltreatment (pursuant to all applicable federal and state statutes), the mobile response stabilization services teams are required to report any instances of suspected child abuse or neglect to the Child Protective Services hotline in the jurisdiction in which the suspected abuse or neglect has taken place.

- In accordance with the Limited English Proficiency Clause (Clause 50), the Contractor must have policies and procedures in place to implement language interpretation services including staff training. Policies must be made available upon request.

DELIVERABLE 2: PROGRAM SERVICES

- Provide mobile crisis response to individuals in crisis, as determined by the individual or family and as dispatched by the Regional Call Center when operational.

- Ensure that services provided to each individual and their family are in the least restrictive manner, based on a recovery model grounded in person-centered, strengths-based, trauma-

informed services, recognizes the value of individual choice, empowerment, and natural supports, is appropriate to an individual's needs, and uses evidenced-based/best practice modalities.

- Ensure that service provision includes and upholds each individual's racial and/or, cultural identity, religious/spiritual ascription, gender, physical challenges, cognitive impairments, sexual orientation, age, diagnosis, developmental level, and linguistic needs. Services must be inclusive of these factors.

- Services must meet Virginia DBHDS STEP-VA Crisis Service requirements and Virginia Department of Medical Assistance Services (DMAS) for Mobile Crisis Response Services and Community Stabilization Services as defined by the Mental Health Services Provider Manual (and any DBHDS subsequent revisions to this document) Virginia Medicaid Web Portal found here: Virginia Medicaid Web Portal . Services must also comply with annual State Performance Contracting requirements for the Purchase of Community Mental Health, Developmental, and Substance Use Services, as promulgated by the Virginia DBHDS.

- The Contractor must respond to all dispatch calls from the Regional Crisis Call Center immediately, at the time the call is received.

- Facilitate and ensure linkages to ongoing services, providers, and supports in the community, or reengagement with services with providers already in place and provide bridge mobile supports as warranted while the individual is being connected/reconnected to other ongoing community-based services.

- Provide age-appropriate psychiatry services through a psychiatrist, for up to 24 hours a week, 50 weeks per year. The psychiatrist shall be available within 24 hours or within five (5) calendar days, depending on the clinical situation (acuity), as determined by the Contractor (or court order). Community Stabilization services shall include the arrangement of follow up appointments with psychiatrists in the individual's respective jurisdiction or with private-sector psychiatrists whenever possible. If the mobile crisis teams are unable to arrange an appointment with a CSB psychiatrist or private provider within 24 hours or within five (5) calendar days, an appointment is to be made with the Contractor's psychiatrist.

- Community Stabilization services shall include close monitoring of the individual until his/her scheduled appointment at the local CSB or with a private provider (Contractor should attend the appointment when available to do so, with permission from the family, and when clinically appropriate). Close monitoring shall mean telephone or face-to-face contact with individual and /or family as needed, given the nature of the crisis. Coordination with the individual treatment team will be included in the follow-up care.

- Provide language interpretation services for non-English and non-Spanish speaking families through contracted interpretation service. Services must be free for families.

DELIVERABLE 3: STAFFING

- Provide thirty-seven (37) full-time employees (FTEs) to staff four teams, to include:
    - One Program Director,
    - One Business Operations position
    - Five (5) full-time program supervisors to include four (4) licensed supervisors (licensed in a mental health profession such as Social Work, counseling, family therapy, etc.) and one (1) non-licensed administrative supervisor. Licensed supervisors will provide clinical supervision to 28 clinicians who provide mobile response and two (2) peer specialists /family support partners who work with each team. All clinicians and peer specialist groups can be comprised of both full-time and part-time employees.

- Each team will have both youth clinicians and adult clinicians and all clinicians shall be cross trained across lifespan and disability.

- All clinical staff will be credentialed as masters prepared license-eligible Resident or Supervisee and/or a Qualified Mental Health Professional (QMHP) able to provide care to children and/or adults.

- Staff shall have demonstrated education and experience providing emergency response and crisis intervention to youth and/or adults as indicated by staff credentials (QMHP-C or QMHP-A). The teams shall be available to meet with clients at their homes and at any site in the DBHDS Region 2 community, including schools, courts and community centers.

- Teams will be strategically dispersed throughout Region 2 to ensure on-site responses are achieved within the DBHDS 1-hour standard or less. Staff may respond from their geographical location of remote work or a program office, depending on programmatic needs at that time. The teams will collaborate to ensure coverage throughout the region, and to ensure dispatch is available within an hour or less of request.

- Ensure that at least one bilingual (English/Spanish) staff is available at all times.

- Contractor's bilingual staff must complete a language proficiency assessment through a certified provider. Contractor must ensure the assessment is completed and a copy of the certification must be submitted to the Project Officer. For existing staff, the Contractor must submit the results of the assessment within 30 days of execution of this amendment; for newly hired staff, the Contractor must submit results of the assessment within 30 days of hire. Any bilingual staff not passing the language proficiency assessment shall not occupy a bilingual position or provide

interpretation or translation services of any kind. Any cost associated with the testing will be the sole responsibility of the Contractor.

- Ensure staff is available 24 hours per day. The program shall be staffed with operational hours of 8:00 a.m. EST through 10:00 p.m. EST, seven days a week, 365 days a year. The overnight hours will be staffed with on-call coverage. Staff must respond within one (1) hour of determination that mobilization is necessary.

- Response time will be defined as the amount of time between when the individual or the parent/legal guardian agrees to face-to-face mobile crisis response, or the mobile team is dispatched from the Regional Crisis Call Center until the crisis counselor arrives at the location of the crisis. This will be the definition of response time until the DBHDS provides additional and/or alternative response time guidance at which time the Contractor must comply with the DBHDS response time definition.

- Ensure that all staff have experience commensurate with licensure/certification requirements for providing crisis services to children and/ or adults with mental health needs, and/or substance use disorders and/or intellectual disabilities, and their families.

- Manage crisis situations in the least restrictive environment and collaborate with the Regional Crisis Call Center and Emergency Services to facilitate inpatient and/or Residential Crisis Stabilization admissions when necessary.

- Staff must have the skills to provide services to all eligible participants, regardless of language. Interpretation services for non-English and non-Spanish speaking families must be available 24 hours a day through the Contractor's language interpretation service contract.

Bonuses-In order to competitively recruit, hire, and retain qualified staff, Contractor may provide a onetime sign-on bonus in the amount of up to $2,500 for each new staff hired, as well as retention bonuses of up to $2,500 for current direct care staff positions that have demonstrated difficulty with filling and retaining. Sign-on bonuses should be split into two payments, initial payment (once hired) and then a second payment after a set period of time (i.e., end of probation). The plan for the bonus structure (with an identified number of positions) should be submitted to the Project Officer for pre-approval. All bonuses are based on funding availability.

DELIVERABLE 4: REFERRAL SOURCES

- Crisis referrals will be made through one central telephone number, established and marketed by the Contractor throughout the service region until the new Regional Crisis Call Center is operational (FY'22). The number must provide access to services across all jurisdictions, 24 hours a day, 365 days a year, with bilingual (Spanish/English) and TTY access. Once the Regional

Crisis Call Center is operational, Crisis Service Referrals will occur through the Regional Crisis Call Center and not directly to the program.

- Once the Regional Crisis Call Center is operational:

    - The primary referral source for Mobile Crisis Response will be the Regional Crisis Call Center.
    - Referral sources for Community Stabilization services shall include the Regional Crisis Call Center, emergency services units of the five Community Services Boards (CSBs) in DBHDS Region 2 (Cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park, and the counties of Arlington, Fairfax, Loudoun, and Prince William), individuals and families, case managers/social workers/clinicians, private providers, law enforcement, schools or other natural supports of the individual.

DELIVERABLE 5: REPORTING REQUIREMENTS AND QUALITY ASSURANCE

- The program will be monitored by the Arlington CSB Project Officer and the Mental Health Crisis Services Project Manager at the Northern Virginia Regional Projects Office (the "CSB Project Officer and the NVRPO Project Manager"). The Contractor's team leader will report to the CSB Project Officer and the NVRPO Project Manager regarding the on-time delivery of all services required under this contract. Reporting shall include monthly and quarterly written reports but may also include telephone communication, teleconferencing, in-person meetings and emails to allow for close monitoring of the efficiency and effectiveness of services, as determined by Arlington CSB Project Officer and Northern Virginia Projects Office Project Manager.

- Complete and provide quarterly utilization management reports to the CSB Project Officer and the NVRPO Project Manager in an agreed upon format.

- The Contractor shall enter DBHDS required data elements in the DBHDS Data Platform, when operational (currently under development). The County Project Officer/Regional Projects office will notify the Contractor within 3 business days of platform availability. The Contractor shall also submit to the Arlington CSB Project Officer and the NVRPO Project Manager by the 10th of every month a report for services provided during the previous month. The report must include:

    - Total number and percent of crisis responses in person, percent of crisis responses exclusively on phone, response time from initial contact to face-to-face interaction, date/time of call and time of contact.
    - Diagnoses, demographics, including client name, date of birth, address, phone number, guardian and emergency contact data, gender, race, ethnicity, and primary language of persons served including family.

- Date/time contact was attempted and made with any current service providers.
- Services provided, including type of service, type of contact, time spent providing the service, and name(s) of provider(s) from the contracted agency and other involved providers.
- Child and adult psychiatry services, including response time from crisis to psychiatry service, number of individuals seen face-to-face, number seen through tele- psychiatry, number of consultations with other practitioners, and number of hours of service for youth and for adults.
- Living status (home, foster home, jail or detention center, assisted living, etc.) at start and end of crisis response services.
- School/work status (attending /employed, suspended, expelled, unemployed seeking employment, unemployed-medically unable to work) at start and end of crisis response services.
- Outcome of service (ongoing, linked to previous service, linked to new service, with specifics about each; maintained in home; hospitalized; crisis stabilization bed; psychiatry).
- Number of youths and adults diverted from hospitalization and corresponding disaggregated demographic data.
- Number of youths and adults not served due to lack of capacity by specific locality.
- Accepted referrals and admittances by locality.
- Monthly data disaggregated by gender, age (can be a range), race, ethnicity, and language, by locality; and
- Any other data to be determined by DBHDS, the Region or the CSB Project Officer.

- The Arlington CSB Project Officer will upload this information for CCS3 reporting to DBHDS. The Northern Virginia Regional Projects Office is responsible for utilization review with regional committees and the DBHDS Region 2 Regional Management Group. As DBHDS adjusts its reporting requirements, the Contractor shall work with the Arlington CSB Project Officer and NVRPO Regional Project Manager to ensure that DBHDS data reporting requirements are being met.

- File incident reports with DBHDS, NVRPO, and Arlington Project Officer, and as appropriate, the home CSB therapist/case manager within 24 hours of any event that involves any individual receiving services through the contract. A detailed report, describing the incident must be submitted within five business days. Incidents include any illegal acts by staff or individuals and families, acts of violence or theft, death, any accident where injury or potential injury occurred, and/or any situation that requires the intervention of police, emergency medical services, or the fire department.

- Submit one annual report listing completed training for each staff assigned to the contract to the Arlington CSB Project Officer. The report must be submitted by the 15th of October and include all trainings for the last fiscal year (July 1 through June 30).

- As part of ongoing quality assurance efforts, the Contractor will be expected to engage in a variety of activities that facilitate the collection of information concerning individual and family satisfaction with the mobile crisis program. At a minimum, the Contractor is required to randomly select clients in accordance with the utilization of service from each locality:

    - Survey clients regarding their experiences with the service within 90 days of first contact and submit results to Arlington County Project Officer and Northern Virginia Regional Projects Office quarterly.
    - Annually, administer an age-appropriate satisfaction survey to individuals in their program and an annual survey to obtain feedback and service improvement input from families and key stakeholders.
    - County staff will work with the Contractor to develop and implement the tools and/or measures that will need to be used, as necessary.

- Provide to the Arlington CSB Project Officer and the Northern Virginia Regional Projects Office quarterly an organizational chart that identifies the agency structure and governance and the staff that will be assigned to the program (including staff start dates or end dates, position, and licensure). If Contractor is a part of a corporation, the corporate structure should be provided.

- Develop an annual quality assurance plan to set forth how data and information are utilized to regularly assess, monitor and improve the delivery of services. The annual plan shall include strategies and methods and must also outline how evaluations will drive change in programming and service delivery.

DELIVERABLE 6: MEDICAID BILLABLE SERVICES

The Contractor must obtain reimbursement for Mobile Crisis Response Services and Community Stabilization Services through Virginia's Medicaid program. Service authorization is based on medical necessity. Daily service provision is limited to the times when the individual meets the clinical necessity and service definition requirements. Mobile Crisis Response Services and Community Stabilization Services level of care, critical features and service components, required activities, service limitations, provider qualifications, staff requirements, medical necessity criteria, exclusionary criteria, discharge criteria, service authorization and utilization review requirements can be found here: Virginia Medicaid Web Portal Process Medicaid Billing

- Maintain Virginia Department of Behavioral Health and Developmental Services licensure as required for contracted services in good standing.
- Maintain provider enrollment with the Department of Medical Assistance Services (DMAS) as required for contracted services.

- Contract 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.
- Maintain good standing with above MCOs
- Verify insurance eligibility upon client entry into service, upon report of new or updated insurance coverage and receipt of claim denial.
- Obtain prior service authorization for all applicable services as required by all MCOs.
- Obtain additional service authorizations, as required by DMAS and MCOs, if services exceed initial authorized units.
- 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.
- The Contractor accepts all liability for financial loss due to non-compliance with the requirements stated above.

DELIVERABLE 7: BUDGET AND INVOICING

- Submit monthly invoices and supporting documentation to the Arlington CSB, which functions as the fiscal agent and Project Coordinator for the Northern Virginia Regional Projects Office. Invoices must be submitted by the 15th day of the month following the month in which services were provided. Contractor must use attached invoice template (Exhibit F).

- Monthly invoices must list expenses in each of the budget line categories as listed below (Section 1 through 4) and must be accompanied by receipts/financial back up documentation for all expenses. Invoices must also include a Medicaid Revenues report (Deliverable 6).
- Utilize a line item for a second phone line for up to six months to utilize only at the point that the regional call center is functional and the primary phone for mobile crisis services is being forwarded. No longer than six months, the secondary line will become the primary and only line for community stabilization clients. Once the secondary phone line starts, add a date to the invoice so that the six months can be monitored.

- Submit monthly Reimbursement Revenues Report to the Project Officer.
    - Reimbursement Revenues Report must include the following information for each claim, including claims billed to third-party payers and claims for non-covered clients:
        - Client name/identifier
        - Dates of service
        - Number of units (hours)
        - Dollar amount billed by Contractor to Medicaid
        - Procedure code with modifier
        - Medicaid approved Maximum Reimbursement Rate for service provided. County reimbursement is not to exceed the insurance contract rate for each service.
        - Justification for billing contract for all services not reimbursable through insurance

- Medicaid Claims denied including denial reason provided by payer
- Medicaid Claims status:
    - Denial (submitted for reimbursement on monthly invoice): These denials are considered, by the payer or vendor, to be client responsibility, and therefore reimbursable by the County, and require justification and explanation from the vendor for submission on the monthly invoice.
    - Denial (vendor responsibility): These denials are accepted by the vendor as their responsibility and will not be submitted for reimbursement on monthly invoice.
    - Denial Appealed: Vendor has appealed the denial or resubmitted claim for reimbursement to the MCO and is awaiting decision and these will not be submitted for reimbursement on the monthly invoice at this time.

- Contractor shall participate in reconciliation meetings, as requested by the Project Officer, to provide additional justification for any third-party denials included for billing on monthly invoice.

Expenditures:

Section No. 1: Personnel costs, listing each position (including salaries, benefits & taxes and other personnel expenses.

a. Number of staff on the contract 1-36
b. Name of each staff
c. Salary and benefits for each staff
d. Other personnel expenses (per staff)
e. Licensure
f. Employment start date and end date
g. Position

Section No. 2: Non-personnel costs – General: Advertising, Supplies, Equipment costs (including computers, advertising, supplies, wireless devices, and fees), Rental Space, Utilities.

Non-personnel costs – Contracted Services: Contracted Psychiatry Services (if applicable), Professional Fees, Clinical Resources

Section No.3: Management Fee

Revenues:

Section No.4: Revenue (Medicaid)

- The County will complete a monthly reconciliation to ensure fiduciary oversight. The Contractor must provide all documentation needed for the reconciliation and the Project Officer together with the Contractor will reconcile quarterly expenses/payments.

- Receipts must show who (vendor) was paid, how much, date, dollar amount, expense description and justification. Receipt correctness/sufficiency is decided by the Project Officer and Fiscal Team.

- Project Officer and Fiscal Team review invoice, receipts and financial backup, and upon approval, issue monthly payment to Contractor.

- If receipts/financial backup are insufficient or missing, Fiscal Team and Project Officer will request corrections and additional submission.

- If Contractor is unable to provide receipt/financial backup that can be approved by Fiscal Team and Project Officer, the expense will be reduced from future payment.

- On May 1st of each year, the Contractor must provide a detailed projected annual budget for the fiscal year (July 1 through June 30) to the Arlington County Project Officer indicating expenses and budget justification in Sections 1-4 and projected revenues, Section 5:

Expenditures:

Section No. 1: Personnel costs, listing each position (including salaries, benefits, taxes, and other personnel expenses.

a. Number of staff on the contract 1-36
b. Name of each staff
c. Salary and benefits for each staff
d. Other personnel expenses (per staff)
e. Licensure
f. Employment start date and end date
g. Position

Section No. 2: Non-personnel costs – General: Advertising, Supplies, Equipment costs (including computers, advertising, supplies, wireless devices and fees), Rental Space, Utilities.

Non-personnel costs – Contracted Services: Contracted Psychiatry Services (if applicable), Professional Fees, Clinical Resources

Section No.3: Management Fee

Revenues:

Section No.4: Revenue (Medicaid)

- Budget reallocations are not allowed between personnel and non-personnel sections. Budget reallocations can be done within personnel or non-personnel subcategories for up to 15% of budget subcategory dollar amount. Whenever such reallocation is being done (<15%), the Contractor must notify the Project Officer and Fiscal Team in writing prior to reallocation. This does not require approval.

- Budget reallocation over 15% of budget line item must be submitted to Project Officer and Fiscal Team for written approval prior to reallocation.

- Contractor must provide a copy of its annual independent audit report to the Project Officer within 30 days of receipt.

DELIVERABLE 8: PROMOTION/MARKETING

- The Contractor shall develop and implement a comprehensive plan for marketing Services to the region, which shall include, but not be limited to, outreach to CSB emergency services units, Community Policy and Management Teams, school systems, juvenile courts, and community groups. Such plan shall include flyers, a website, public service announcements and in-person presentations. All marketing must be approved by the Arlington Project Officer, NVRPO office and then DBHDS.

- The revised plan to include the adult population must be developed by the Contractor and approved by the Project Officer within 90 days of implementation of this Amendment entering into this contract, and the plan shall be updated annually. In addition, the CSBs in the region will update their promotional materials, on paper and online, to include information about these services and how to access them.

III. REGIONAL SUPPORTS AVAILABLE TO THE CONTRACTOR

- Mobile support and provider safety. The Regional Mobile Crisis Call Center will conduct an initial status check within 10 minutes of the Contractor's arrival on scene to provide Mobile Crisis Response and subsequent status checks every 30 minutes or more frequently as requested by the Contractor. The Mobile Crisis Response Contractor must responsd to these checks. The absence of a response will result in coordination with PSAP and likely dispatch of public safety responders.

- Crisis stabilization beds. Individual CSBs within the region may have a partnership with youth and adult crisis stabilization programs both within and outside the region to provide short-term crisis stabilization beds for youth and adults in crisis who need that level of care.

- Hospitalization. Emergency services staff with each CSB in the region will be available to facilitate hospitalization if that level of care is required.

- Office space. Because this program is designed to serve individuals and families with a maximum 1-hour response throughout the region, regional resources may be made available if needed to support the program. Office space will be made available if needed in Arlington at the Department of Human Services, Sequoia location.

IV. PERFORMANCE REQUIREMENTS

- The services must meet Virginia Department of Medical Assistance (DMAS) licensure requirements for Mobile Crisis Response and Community Stabilization Services Virginia Medicaid Web Portal

- A crisis team shall respond face-to-face within one (1) hour of the parent/legal guardian/ adult agreeing to face-to-face mobile crisis intervention.

- The Contractor must develop, in coordination with the Northern Virginia Regional Projects Office and the Arlington County Project Officer, a coordination plan with CSB Emergency Services, specifically related to coordinating linkages and transitions along the crisis continuum of care (i.e. from mobile crisis to emergency services or vice versa) within 90 days of the contract.

Exhibit B
Revised Budget

Ambulatory Crisis Stabilization Services - Budget

Period: 12 month period

	Notes	FTE	Costs	Overhead Rate (N)	Total
Section 1: Personnel					
Salaries		FTE			
Program Director	A	1	$95,000	6%	$100,700
Program Supervisor (1 Admin Supervisor and 4 Clinical Supervisor)	A	5	$377,500	6%	$400,150
Mobile Crisis Counselor (include a mix of FT/PT and QMHP/LEMHP/LMHP)	A	28	$1,806,000	6%	$1,914,360
Peer Support Specialists (include a mix of FT and PT)	A	2	$104,000	6%	$110,240
Dedicated Buiness Operations Specialist	A	1	$61,800	6%	$65,508
Licensure Supervisor (1 hour per week per LMHPE)	B(1)		$18,720	6%	$19,843
Total Headcount & Salaries		37	$2,463,020		$2,610,801
Benefits, Taxes & Insurance					
Total Benefits & Taxes (RATE OF 16.5%)	C		$406,398	6%	$430,782
Total Professional Liability and Insurance ($878 PER FTE)	D		$32,486	6%	$34,435
Total Benefits, Taxes & Insurance			$438,884		$465,217
Other Personnel Expenses					
Employee Phone Stipend ($300 PER FTE)	D		$11,100	6%	$11,766
Training ($420 PER FTE)	D		$15,540	6%	$16,472
Auto stipend/mileage reimbursement ($75 per FTE per Week)	D		$144,300	6%	$152,958
Total Other Personnel Expenses			$170,940		$181,196
Total Personnel			**$3,072,844**		**$3,257,215**
% of Progam Costs			86%		86%
Section 2 - Non-personnel					
General					
Advertising	E		$4,308	6%	$4,566
Supplies	F		$2,300	6%	$2,438
Equipment Cost	G		$12,315	6%	$13,054
Rental Space	H		$28,197	6%	$29,889
Utilities	I		$3,384	6%	$3,587
Corporate General & Adminstrative Cost ($7,317 PER FTE)	J		$270,729	6%	$286,973
Total General Non-personnel Expenses			$321,233		$340,507
Contracted Services					
Professional fees	K		$12,675	6%	$13,436
Contracted Psychiatry Services	L		$157,500	6%	$166,950
Clinical Resources	M		$5,150	6%	$5,459
Total Contracted Servies			$175,325		$185,845
Total Non-Personnel			**$ 496,558**		**$ 526,351**
% of Progam Costs			14%		14%
Total Personnel and Non-Personnel			**$ 3,569,402**		**$ 3,783,566**
Section 3 - Revenue					
Medicaid	O				$103,596
Total Reimbursement					**$ 103,596**
Net Total Budget					$ 3,680,000

Notes:

	# of employees multiplied by average annual salary
B(1)	A number of staff will require licensure supervision of 1 hr per week estimated at $45 / hour
C	% rate multiplied by salary expenses
D	# of employees x stipend amount
E	Brochures, flyers, business cards, community marketing
F	Office Supplies and products
G	Computers, phones, printers, copiers, toner.
H	Utilizes pace in 2 locations. In Manassas, use 1220 Sq Ft @ $19.08 per Sq Ft annually. In Annandale, use 345 Sq Ft @ $25.32 per Sq Ft annually
I	Estimated as 12% of the Rental Space
J	The cost of Coprates hared services such as HR, Billing, Accounting, Payroll, IT, QA, Compliance, calculated at a per employee rate as of 06/30/2021 for the allocated FTE of the program
K	Sign language & translation services/language line
L	This cost is estimated at 25 sessions a week at $126 per session for 50 weeks
M	Use of electronic resources (including Relias Training)
N	Overhead rate based on the organization expected margin
O	Estimated hours avaliable to bill per month at the Medicaid rate for Crisis Stabilization

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

NOTICE OF CONTRACT AWARD

NATIONAL COUNSELING GROUP 5540 FALMOUTH STREET – SUITE 200 RICHMOND, VIRGINIA 23230	DATE ISSUED: CURRENT REFERENCE NO: CONTRACT TITLE:	September 11, 2019 19-128-RFP-LW AMBULATORY CRISIS STABILIZATION SERVICES

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

The contract documents consist of the terms and conditions of AGREEMENT No. 19-128-RFP-LW including any attachments or amendments thereto.

EFFECTIVE DATE: September 10, 2019
EXPIRES: SEPTEMBER 9, 2022
RENEWALS: YES (2) SUBSEQUENT 12 MONTH TERMS THRU 2024
COMMODITY CODE(S): 94812; 99037
LIVING WAGE: YES

ATTACHMENTS:
AGREEMENT No. 19-128-RFP-LW

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

VENDOR CONTACT: STEPHANIE BARBOUR
CONTRACTOR TEL. NO.: (703) 930-8754
EMAIL ADDRESS:
stephanie.barbour@ncgCommunity.com

COUNTY CONTACT: LINDA ERSKINE – DHS – DIRECTOR'S OFFICE
COUNTY TEL. NO.: (703) 228-5147
EMAIL ADDRESS:
Lerskine@arlingtonva.us

Mobile Crisis Program CR2 EXHIBIT B - BUDGET
Annual Budget - July 1, 2019 - June 30, 2020

Section 1- Personnel						Budget Amount
Section No. 1 - Salaries, Benefits and Other Personnel Expenses						
Salaries						
Program Manager/Supervisor	1	$77,900	$ 77,900	no of employees x annual salary		
Program Supervisor	1	$68,700	$ 68,700	no of employees x annual salary		
Mobile Crisis Counselor	12	$57,275	$ 687,298	no of employees x annual salary		
Total Headcount	14			Total Salaries		$833,898
				% of Program Costs	58.15%	
Fringe Benefits						
Taxes		9.25%	$ 77,136	% of salary expenses		
Health Insurance		15.50%	$ 129,254	% of salary expenses		
Other, 401K Match, Vacation, etc		4.50%	$ 37,525	% of salary expenses		
				Total Fringe		$243,915
				% of Program Costs	17.01%	
Other Personnel Expenses						
Workers Compensation		1.00%	$ 8,339	% of salary expenses		
Professional Liability		1.00%	$ 8,339	% of salary expenses		
Phone stipend	14	$650	$ 9,100	no of employees x monthly stipend		
Training/Verifications	14	$2,240	$ 31,360	amount no of employees x estimated annual		
Auto stipend/mileage reimbursement	14	$3,900	$ 54,600	per employee no of employees x monthly stipend amount		
				Total Other Personnel Expenses		$111,738
				% of Program Costs	7.79%	
Section 1- Personnel						$1,189,551
Section 2 - Non-Personnel						
General						
Advertising			$ 20,208	Brochures, business cards, corporate marketing personnel (See Marketing plan)		
Supplies			$ 2,500	Office products		
Equipment Cost			$ 6,200	Computers, phones, printers, copiers, toners, etc.		
Occupancies and Utilities			$10,000	2 existing offices with 200 Sq ft @ $25 per sq foot		
				Total Office and Equipment Expenses		$ 38,908
				% of Program Costs	2.71%	
Contracted Services						
Licensure Supervision Expense			$ 12,500	5 Staff requires licensure supervision of 1 hr per week estimated at $50 / hour		
Professional fees			$ 13,500	Sign language & translation services/language line		
Contracted Psychiatry Services hrs/week	6.5		$ 73,125	based on experience plus additional services agreement for availability with 24 hours or 5 calendar days		
Clinical Resourc	14		$ 4,200	use of electronic resources		
				Total Contracted Services		$ 103,325
				% of Program Costs	7.20%	
Administrative Expenses						
Administrative Shared Services			$ 102,340	HR, Billing, Accounting, Payroll, IT, QA, Compliance, etc.		
				Total Administrative Expenses		$ 102,340
				% of Progam Costs	7.14%	
Section 2 - Non-Personnel						$244,573
Grand Total of Program Costs (Section 1- Personnel plus Section 2 - Non-Personnel)						$ 1,434,124
Section 3 - Revenue						
Medicaid	143.0	Hours/Month	$ 89	per hr rate		$152,724
Total Revenue						$152,724
Net Total Budget						$1,281,400