

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 21-DHS-EP-672
AMENDMENT NUMBER 1**

This Amendment Number 1 is made on 5/25/2022 by the County and amends Agreement Number **21-DHS-EP-672** ("Main Agreement") dated April 21, 2022, between Woods Cove Assisted Living Inc., 201 West Criser Rd, Front Royal, Virginia 22630 ("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. CONTRACT TERM is hereby renewed as follows: THIS AGREEMENT IS HEREBY RENEWED FROM JUNE 15, 2022, TO JUNE 14, 2023, WITH THREE (3) ONE-YEAR RENEWALS REMAINING.**
- 2. EXHIBIT A, SCOPE OF WORK,** is hereby deleted in its entirety and **replaced** with the attached REVISED EXHIBIT A, SCOPE OF WORK.
- 3. EXHIBIT B, CONTRACT PRICING,** is hereby deleted in its entirety and **replaced** with the attached REVISED EXHIBIT B, CONTRACT PRICING.
- 4. Number 6. MISCELLANEOUS**

Contact Information for the Contractor is **DELETED** in its **ENTIRETY** and **REPLACED** with the following:

Contact Information for the Contractor

Jack Norris, Administrator

201 West Criser Road

Front Royal, VA 22630

Email: jackb.norris11@gmail.com

Phone: (949) 235-7587

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

REVISED EXHIBIT A SCOPE OF WORK

Supervised Residential Services provided under this Agreement shall comply with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) definitions in the Core Services Taxonomy Version 7.3; specifically, Supervised Residential Services (551).
<http://www.dbhds.virginia.gov/assets/doc/BH/oss/2010coreservicestaxonomy72v2.pdf>.

DELIVERABLES

The Contractor shall provide Assisted Living Facility (ALF) services for client 'SB' Identification No: **1015332** as follows:

1. A shared room for client 'SB';
2. Three (3) meals daily and snacks;
3. Weekly housekeeping and daily trash removal;
4. Licensed nurses on staff to monitor and coordinate care needs;
5. Assess ongoing level of care needs and provide justification for higher level of support to Project Officer for approval.
6. Provide daily programs and activities, with scheduled group transportation when necessary, which includes resident-sponsored clubs, use of variety of community areas, etc. All programs and activities must follow appropriate CDC COVID-19 guidelines during the COVID-19 pandemic;
7. Trained assisted living staff must be available 24 hours a day and an emergency call response team;
8. Provide additional monitoring and assistance with five (5) Activities of Daily Living (ADL's);
9. Provide medication assistance and administration which will include ordering medications through a private pharmacy which packages all medications (psychiatric and non-psychiatric) in individualized blister packs per licensing requirements and ships the medication to the facility;
10. Monthly wellness visits by a licensed nurse.
11. Provide transportation to doctor appointments and staff to accompany the client;
12. Incontinence care/supplies if needed
13. Abide by all state and federal confidentiality regulations governing the residential mental health treatment and HIPAA privacy regulation in regard to protected health information and identifying information;
14. Bill Medicaid and Medicare for all items/services that are covered by Medicaid or Medicare;
15. Provide services in the least restrictive environment and in concert with the philosophies of person-centered planning with a focus on continuous quality improvement. Services shall be provided using methods and materials that are appropriate for the chronological age of the individual;
16. Provide assisted living services that reflect individual support needs based on best practices that are accessible, safe, efficient and provided by well trained, qualified staff; and
17. Provide comprehensive services that reflect and respect the choice and input of the individual; services shall be tailored to the individual. Services shall be based on continuing assessment of the individual's preferences, skills and abilities.

Reporting/Outcome Measures

The Contractor shall provide the County Project Officer quarterly individual progress reports within 15 days of the quarter's end (Oct 15, Jan 15, April 15 and July 15). The Quarterly Report must include:

1. Name of client
2. Client #
3. Dates of service
4. Updated progress on Individual Service Plan (ISP) goals and objectives
5. Level of participation in the program and involvement with other community providers, such as hospitalizations for medical and mental health needs; other community support programs and providers
6. Recommendations for continuing care outcome measures to be assessed by Arlington County Project Officer, or designee, by administration of the DLA20 during quarterly visit. While the expectation is that client's condition will continue to decline due to the natural course of the illness, the Contractor must continue to assist the client in maintaining activities of daily living to the highest degree possible.

Required Program Policies and Procedures

The Contractor must maintain licensure as an Assisted Living Facility with the Virginia Department of Social Services and have policies and procedures in place which govern the execution of its services under this contract. The policies and procedures shall be made available immediately upon request by Project Officer staff. The Policies and Procedures must adhere to the Virginia Department of Social Services standards – https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/final_alf_reg.pdf.

REVISED EXHIBIT B CONTRACT PRICING

Ongoing Costs and Services	
Supportive residential rent (Level 2 - Monthly)	\$3780.00 ¹
Client contribution to rent (monthly)	\$669.00
MAXIMUM MONTHLY COUNTY FUNDS	<u>\$3,111.00²</u>
TOTAL ANNUAL CONTRACT EXPENSES PAID BY THE COUNTY	<u>\$37,332.00</u>

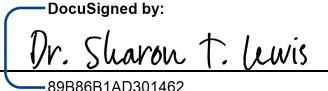
¹ The client will be transitioned into the first available Auxiliary Grant (AG) bed. At that time the County would only be responsible for paying the difference in any level of care costs (Monthly rate (\$3780) minus current AG rate).

² The Monthly Rate is calculated at a Daily Rate of \$102.28. In situations where the client is absent from the facility for more than three (3) days due to hospitalization for medical or psychiatric reasons, the Daily Rate will be reduced by 50% to \$51.14 starting on day four (4) of the absence. The resulting Monthly Rate will have to be adjusted accordingly.

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

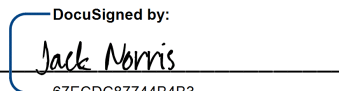
AUTHORIZED
SIGNATURE: 89B86B1AD301462...

NAME: DR. SHARON T. LEWIS

TITLE: PURCHASING AGENT

DATE: 5/25/2022

WOODS COVE ASSISTED LIVING INC.

AUTHORIZED
SIGNATURE: 67ECDC87744B4B3...

NAME: Jack Norris

TITLE: Administrator

DATE: 5/25/2022