

**ARLINGTON COUNTY, VIRGINIA**

**AGREEMENT NO. 20-069-RFP-LW  
AMENDMENT NUMBER 3**

This Amendment Number 3 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. PURSUANT TO CLAUSE 4. CONTRACT TERM, THIS AGREEMENT IS HEREBY RENEWED FROM JANUARY 22, 2023, TO JANUARY 21, 2024.**
- 2. REVISE PARAGRAPH 5. CONTRACT AMOUNT, THE CONTRACT AMOUNT IS INCREASED FROM \$2,558,807.00 TO \$2,673,495. 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.**
- 3. REPLACE EXHIBIT B, CONTRACT PRICING IN ITS ENTIRETY WITH THE ATTACHED REVISED EXHIBIT B, CONTRACT PRICING. PRICING FROM JANUARY 22, 2023 TO JANUARY 22, 2024 SHALL BE IN ACCORDANCE WITH REVISED EXHIBIT B, CONTRACT PRICING.**
- 4. REPLACE EXHIBIT A. SCOPE OF SERVICE, SECTION 3, THE FOLLOWING PARAGRAPH IN THE SCOPE OF WORK, SECTION A. GENERAL REQUIREMENTS FOR BOTH PROGRAMS; PROCESS THIRD-PARTY BILLING SECTION IN ITS ENTIRETY TO READ AS FOLLOW:**

Process Third-Party Billing

- a. Request, document, and verify client third-party billing information upon admission. For Medicaid covered individuals, the assessment, authorization, and concurrent authorization reviews will be completed by NCTR staff and billed to the County \$225 per 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. The vendor is authorized to retain 3% from total Medicaid reimbursements collected as a reserve for third-party billing paybacks. The funds shall be reserved for the time the revenue is susceptible for payback. Any and all payback expenses exceeding the reserve will be the sole responsibility of the vendor.
- d. Any funds not utilized for the purpose stated in point c within this section during the reserve period, shall be retained by the vendor.

- e. The services reimbursed by Medicaid (minus the reserve) will be subtracted from the total approved costs, as specified in exhibit B. For invoicing purposes, the contractor shall provide a bed day rate based on the total costs not reimbursed by third-party payors divided by the number of beds occupied by non-covered individuals served for the period invoiced.
- f. Process monthly invoices for services rendered and supporting documentation.
- g. Make and document at least 3 attempts to collect balances, ensure claim errors are fixed, communicate and following up with payers.
- h. The Contractor may bill the County only for costs not covered by third-party payers and not to exceed total costs of the program. The Contractor must submit to the County proof of denial from third-party payers.
- i. The Contractor may submit a request to update the minimum third-party payor target based on the impact of regulatory changes. Along with the request, the vendor must submit relevant statistics supporting the request.

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

WITNESS these signatures:


THE COUNTY BOARD OF ARLINGTON  
COUNTY, VIRGINIA

NATIONAL CAPITAL TREATMENT & RECOVERY

AUTHORIZED:

AUTHORIZED:

SIGNATURE:   
534085002490404  
 \_\_\_\_\_  
 Meloni Hurley

SIGNATURE:   
AEE7081B31554A6...  
 \_\_\_\_\_  
 Deborah S. Taylor

NAME: \_\_\_\_\_  
Assistant Purchasing Agent

NAME: \_\_\_\_\_  
Pres/CEO

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

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

DATE: 1/25/2023

DATE: 1/23/2023

**EXHIBIT B**  
**REVISED CONTRACT PRICING**

|   |                 |
|---|-----------------|
| <b>Line-Item Description</b>              |                 |
| <b>Total Personnel Expenditures</b>       | \$ 2,157,919.97 |
| <b>Operating Expenditures</b>             |                 |
| <b>CONSULTANTS</b>                        | \$ 16,001.26    |
| <b>MEDICAL/DENTAL CONSULT&amp;OTHER S</b> | \$ 14,058.00    |
| <b>PAYROLL SERVICE</b>                    | \$ 9,747.57     |
| <b>SUBCONTRACTED SERVICES OTHER</b>       | \$ 575.10       |
| <b>Utilization Management</b>             | \$ 60,750.00    |
| <b>GAS</b>                                | \$ 25.97        |
| <b>IT HARDWARE PURCH&lt; 1000</b>         | \$ 1,500.00     |
| <b>COPIERS/PRINTER LEASE</b>              | \$ 1,400.67     |
| <b>COPIERS MAINTENANCE&amp; USAGE</b>     | \$ 2,959.75     |
| <b>IT EQUIPMENT MAINTENANCE</b>           | \$ 16,897.70    |
| <b>TELEPHONE USAGE</b>                    | \$ 1,065.00     |
| <b>TELEPHONE- CELL PHONES</b>             | \$ 2,914.00     |
| <b>PATIENT FOOD</b>                       | \$ 142,991.97   |
| <b>OFFICE SUPPLIES</b>                    | \$ 4,473.00     |
| <b>POSTAGE STAMPS</b>                     | \$ 48.82        |
| <b>SHIPPING AND FREIGHT</b>               | \$ 196.47       |
| <b>FEDEX / UPS</b>                        | \$ 2,007.92     |
| <b>OTHER OFFICE &amp; PROGRM SUPPLIES</b> | \$ 1,000.00     |
| <b>CLOTHING</b>                           | \$ 500.00       |
| <b>RECREATIONAL ACTIVITIES-OUTING</b>     | \$ 189.44       |
| <b>RECREATIONAL SUPPLIES</b>              | \$ 3,200.00     |
| <b>TOILETRIES</b>                         | \$ 2,876.83     |
| <b>HOUSEHOLD SUPPLIES/JANITORIALS</b>     | \$ 5,176.28     |
| <b>LINENS&amp;BEDDING</b>                 | \$ 4,696.65     |
| <b>FURNITURE&amp;EQUIPMENT UNDER1000</b>  | \$ 1,823.91     |
| <b>KITCHEN SUPPLIES</b>                   | \$ 2,500.00     |
| <b>BOOKS,SUBCRIPTIONS &amp; NEWSPAPER</b> | \$ 808.18       |
| <b>LABORATORIES</b>                       | \$ 4,100.00     |
| <b>PRESCRIPTION MEDICATIONS</b>           | \$ 3,195.00     |
| <b>MEDICAL, DENTAL &amp; OTC SUPPLIES</b> | \$ 1,097.52     |
| <b>MEDICAL-TOXICOLOGY SUPPLIES</b>        | \$ 20,651.43    |

|  |    |                     |
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| VEHICLE COSTS FUEL & OIL                                     | \$ | 1,428.40            |
| VEHICLE COSTS REPAIRS & OTHERS                               | \$ | 356.75              |
| VEHICLE COSTS RENT   | \$ | 20,569.44           |
| VEHICLE PROPERTY TAX   | \$ | 1,263.99            |
| PATIENT TRAVEL   | \$ | 1,353.11            |
| AUTO INSURANCE   | \$ | 9,052.50            |
| COMMERCIAL GENERAL LIABILITY INSURANCE                       | \$ | 26,986.92           |
| MEDICAL PROFESSIONAL LIABILITY INSURANCE                     | \$ | 3,203.52            |
| UMBRELLA LIABILITY INSURANCE                                 | \$ | 4,152.44            |
| PROPERTY INSURANCE   | \$ | 414.76              |
| BUILDING & GROUNDS MAINTENANCE                               | \$ | 68.26               |
| SMOKE DET/FIRE ALM.REPAIRS                                   | \$ | 95.51               |
| MEDICAL WASTE DISPOSAL                                       | \$ | 1,065.00            |
| JANITORIAL SERVICES  | \$ | 116,136.00          |
| <b>Total Non- Payroll Expenses</b>                           | \$ | <b>515,575.05</b>   |
| <b>Total Direct Expenses</b>                                 | \$ | <b>2,673,495.02</b> |
| <b>ADMINISTRATIVE FEE OF 21.8%</b>                           | \$ | <b>582,821.91</b>   |
| <b>Grand Total in NCTR Expenses</b>                          | \$ | <b>3,256,316.93</b> |
| <b>Less: Minimum Medicaid Reimbursements expected</b>        | \$ | <b>(582,821.91)</b> |
| <b>Adjusted Budget net of Minimum Medicaid Reimbursement</b> | \$ | <b>2,673,495.00</b> |

|   |   |                  |
|---|---|------------------|
| <b>NCTR Program and County Revenue financing of costs</b> | <b>Contract Year 3 Budget<br/>1/22/2023-1/21/2024</b> |                  |
| <b>Total Contract Year 3 Estimated Expenses</b>           | \$  | <b>3,256,317</b> |
| <b>Minimum Medicaid Payments Year 3 less reserve</b>      | \$  | <b>(582,822)</b> |
| <b>Actual Patient Contribution</b>                        | \$  | <b>-</b>         |
| <b>Total Maximum amount invoiced to Arlington County</b>  | \$  | <b>2,673,495</b> |

|   |                     |
|---|---------------------|
| <b>Revenue Projection</b>   |                     |
| Projected annual revenue based on historical performance, the Purchase Order amount will be determined in consideration of the revenue projection | \$ <b>1,708,953</b> |

|  |                     |
|--|---------------------|
| <b>Total Program Costs *</b>                                     |                     |
| <b>Service implementation expenses</b>                           | \$ <b>3,256,317</b> |
| <b>Arlington County land, building, and maintenance expenses</b> | \$ <b>108,900</b>   |
| <b>Total</b>   | \$ <b>3,365,217</b> |

\*For costs distribution calculations by client and/or client bed days reported, the total costs of the program as specified by this table must be used.