

**ARLINGTON COUNTY, VIRGINIA**

**AGREEMENT NO. 22-DHS-EP-252  
AMENDMENT NUMBER 1**

This Amendment Number 1 is made on the date of execution by the County and amends Agreement Number 22-DHS-EP-252 (“Main Agreement”) dated July 1, 2021, between Community Living Alternatives Corporation (“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 PROVISION 4. CONTRACT TERM, THIS AGREEMENT IS HEREBY RENEWED FROM JULY 1, 2023, THROUGH JUNE 30, 2024.**

**2. REPLACE PARAGRAPH 5. CONTRACT AMOUNT WITH THE FOLLOWING:**

**5. CONTRACT AMOUNT**

The County will pay the Contractor in accordance with the terms of the Payment section below and up to a maximum of \$315,329.30 for service rendered to clients living in Arlington County as required by the Contract Documents. The Contractor shall bill Medicaid through Department of Medical Assistance (DMAS) for services provided to clients with DD Medicaid Waiver. The maximum amount of \$315,329.30 for these services will be paid as follows:

- Supported Living Services for two (2) Arlington County residents living at Community Living Alternatives shall be paid at the DMAS Tier 2 rate of **\$382.97 per day** up to the **maximum amount of \$264,249.30**.
- Operating expenses for four (4) Arlington County Residents:
  - Base funding in the amount of \$22,080.00 per year (\$460.00 per month per resident) to cover costs not reimbursed by Medicaid Waiver funding.
  - A maximum of \$24,000.00 per year (\$500.00 per month per resident) for housing assistance.
  - In the event one or more of the Arlington County individuals experiences a medical emergency that requires hospitalization, the Contractor, with prior approval from the County Project officer, may provide companion care to the resident in the medical facility. The number of companion care hours will be determined on a case-by-case basis. This service shall be reimbursed at the DD Waiver Companion Care rate, currently \$21.79 /hour; up to a maximum of \$5,000.00.

Arlington County funds must be used in adherence to all Federal and Commonwealth of Virginia, Department of Medical Assistance Services regulations governing Home and Community Based Medicaid Waiver Services.

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.

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON  
COUNTY, VIRGINIA

AUTHORIZED

DocuSigned by:

SIGNATURE: Dr. SHARON T. LEWIS

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NAME: DR. SHARON T. LEWIS

TITLE: Purchasing Agent

DATE: 7/14/2023

**COMMUNITY LIVING ALTERNATIVES CORPORATION**

AUTHORIZED

DocuSigned by:

SIGNATURE: Susan Keenan

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NAME: Susan Keenan

TITLE: Executive Director

DATE: 7/11/2023