

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 19-128-RFP-LW
AMENDMENT NUMBER 2**

This **Amendment Number 2** 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. ADD EXHIBIT G: CONTRACTOR COVID-19 VACCINATION CERTIFICATION TO PARAGRAPH 1. CONTRACT DOCUMENTS (ATTACHED).**
- 2. ADD EXHIBIT H: CONTRACTOR COVID-19 VACCINATION QUARTERLY COMPLIANCE CERTIFICATION TO PARAGRAPH 1. CONTRACT DOCUMENTS (ATTACHED).**
- 3. REPLACE PARAGRAPH 53. SERVICE CONTRACT WAGE REQUIREMENTS WITH THE FOLLOWING:**

53. SERVICE CONTRACT 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 Go (see sample notice in Attachment E);
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 Attachment E;
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 (Attachment E).

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.

4. ADD PARAGRAPH 56. COVID-19 VACCINATION POLICY FOR CONTRACTORS AS FOLLOWS:

56. COVID-19 VACCINATION POLICY FOR CONTRACTORS

Due to the COVID-19 pandemic, the County has taken various steps to protect the welfare, health, safety and comfort of the workforce and public at large. As part of these steps, the County has implemented various requirements with respect to health and safety including policies with respect to social distancing, the use of face-coverings and vaccine mandates. All County Contractors, entering County owned, controlled, or leased facilities or facilities operated by a contractor if the services provided at that location are exclusive to Arlington County Government or contractors with public facing responsibilities must adopt these policies for implementation with their employees and subcontractors working on County contracts.

Contractors are required to obtain and maintain the COVID-19 vaccine status of employees or subcontractors, require any unvaccinated or not fully vaccinated employees to follow a weekly testing protocol established by the Contractor to submit to weekly testing, and provide any

accommodations as required by law. Contractor should submit the certification of compliance to the Purchasing Agent at the time of contract execution and within five working days of the end of each quarter (see Exhibits G and H). In addition, all Contractor and subcontractor employees subject to the requirements of this section must also comply with the County COVID-19 masking and social distancing protocols, as signed at each County location.

It is recognized that the COVID-19 pandemic is an ongoing health crisis. As such, requirements with respect to health and safety, including vaccines and face-coverings may change over time. Contractors are expected to adhere to the County requirements as they evolve in response to the crisis.

For questions, Contractor may email contractorvaccineinfo@arlingtonva.us.

- 5. REPLACE EXHIBIT A: SCOPE OF SERVICES WITH THE ATTACHED EXHIBIT A.
- 6. REPLACE EXHIBIT B: BUDGET WITH THE ATTACHED EXHIBIT B.
- 7. REPLACE EXHIBIT D: LIVING WAGE FORMS WITH THE ATTACHED EXHIBIT D.
- 8. REPLACE EXHIBIT E: LIVING WAGE QUARTERLY COMPLIANCE REPORT WITH THE ATTACHED EXHIBIT E.

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
 COUNTY, VIRGINIA
 AUTHORIZED: _____
 SIGNATURE: Dr. Sharon T. Lewis
DocuSigned by: Dr. Sharon T. Lewis 80B86F1AD301462...
 NAME: _____
 TITLE: Purchasing Agent
 DATE: 11/1/2021

NATIONAL COUNSELING GROUP, INC.
 AUTHORIZED: _____
 SIGNATURE: Holly M. Duggan
DocuSigned by: Holly M. Duggan 92948814E745457...
 NAME: _____
 TITLE: Contracts Administrator
 DATE: 10/27/2021

EXHIBIT A
SCOPE OF SERVICES

I. PURPOSE/OVERVIEW

The Contractor shall provide 24 hours, 7 day a week, Crisis Intervention and Ambulatory Crisis 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 crisis intervention and ambulatory crisis stabilization services, which are defined by the Virginia DBHDS Core Services Taxonomy as follows: <http://www.dbhds.virginia.gov/library/community%20contracting/occ-2010-coreservicestaxonomy7-2v2.pdf>. The services must also meet the Virginia Department of Medical Assistance Services (DMAS) service definition for Crisis Intervention and Crisis Stabilization Services according to the Community Mental Health and Rehabilitative Services Provider Manual.

Crisis Intervention (H0036) provides immediate mental health care in the home or community, to assist individuals who are experiencing acute psychiatric dysfunction requiring immediate clinical attention. This services objective is to prevent exacerbation of a condition, to prevent injury to the consumer or others, and to provide treatment in the context of the least restrictive setting. Crisis intervention activities shall include assessment, short-term counseling designed to stabilize the individual and care coordination. Crisis intervention services may include office visits, home visits, screenings, or telephone contacts and other client-related activities for the prevention of institutionalization.

Ambulatory Crisis Stabilization Services (420) provide direct care and treatment to non-hospitalized individuals experiencing an acute crisis related to mental health, substance use, or co-occurring disorders that may jeopardize their current community living situation. The goals are to avert hospitalization or rehospitalization, provide normative environments with a high assurance of safety and security for crisis intervention stabilize individuals in crisis, and mobilize the resources of the community support system, family members, and others for ongoing rehabilitation and recovery.

Targeted population is youth and adults who:

- Have behavioral health concerns and/or substance use concerns;
- Demonstrate impairment in mood, thought, and/or behavior that substantially interferes with functioning at school, home, work, and/or in the community;
- May be involved with legal system, and/or;
- May be involved with social services, and/or;
- May require emergency services, and/or;
- May require long-term community mental health, developmental/or substance use services.

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 consists of 1 Clinical Supervisor, 7 staff and .5 FTE peer. 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.
- 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, as clinically indicated. Dispatch could include Mobile Crisis Team alone, Mobile Crisis Team with Law Enforcement, Law Enforcement alone, and one- or two-person response.
- Ensure that monthly Medicaid billing for eligible crisis intervention and crisis stabilization services is filed and collected.
- Medicaid revenue shall be utilized to increase program capacity.

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

- Completion of DBHDS Mobile Crisis Training programs for adults as well as for youth as available from DBHDS. Contractor's strategies and procedures for crisis intervention and crisis 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
- 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. 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.
- 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 DBHDS' licensure requirements for Crisis Intervention and Ambulatory Crisis Stabilization Services as defined by the Virginia DBHDS Core Services and any DBHDS subsequent revisions to this document:
<http://www.dbhds.virginia.gov/library/community%20contracting/occ-2010-coreservicestaxonomy7-2v2.pdf>. 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). The mobile response stabilization services team shall arrange 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.
- Ensure that the mobile response stabilization services team closely monitors 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 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.

- 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. 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 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 Emergency Services to facilitate inpatient admissions when necessary.
- Mobile response stabilization services staff shall work with emergency services staff at the local CSB to complete the risk assessment process and to support accessing crisis stabilization beds or the hospital as appropriate.
- 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.

DELIVERABLE 4: REFERRAL SOURCES

- 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) will serve as referral sources of individuals who are in crisis and have contacted their respective CSBs for assessment.
- Referrals to the mobile crisis team may also be made by individuals and families, case managers/social workers/clinicians, private providers, law enforcement, schools or other natural supports in an individual youth's life until the new Regional Crisis Call Center is operational (FY22). Once the Regional Crisis Call Center is operational, the dispatch of Mobile Crisis Teams will occur through the Regional Crisis Call Center and not the program.
- 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 (FY22). 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.

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.
- DBHDS collects data on the services provided through this contract. The Contractor shall 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 Crisis Intervention and Crisis 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. The current reimbursable Medicaid rate is \$89 per unit of crisis stabilization and \$30.70 per unit of crisis intervention services. A unit of crisis stabilization is equal to one hour. A unit of crisis intervention is equal to 15 minutes. Billable service is limited to 8 hours per day, 15 days per crisis episode, and a maximum of 60 days per calendar year. Medicaid revenues shall be utilized to increase program capacity whenever possible.

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).
- Medicaid Revenues report must include the following information:
 - Client name
 - Dates of service
 - Number of units (hours)
 - Dollar amount billed by Contractor to Medicaid
 - Medicaid approved Maximum Reimbursement Rate for service provided. County reimbursement is not to exceed the insurance contract rate for each service.
 - Medicaid Revenues report must show the number of Medicaid claims submitted and payments received, number of claim appeals in process and status of appeals.

Expenditures:

- | | |
|----------------|---|
| Section No. 1: | Personnel costs, listing each position (including salaries, benefits & taxes and other personnel expenses. <ul style="list-style-type: none">a. Number of staff on the contract 1-36b. Name of each staffc. Salary and benefits for each staffd. Other personnel expenses (per staff)e. Licensuref. Employment start date and end dateg. 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 Crisis Intervention 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.
- 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

- 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.

- 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.

IV. PERFORMANCE REQUIREMENTS

- The services must meet Virginia Department of Medical Assistance (DMAS) licensure requirements for Crisis Intervention
<https://www.ecm.virginiamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&id={8009B76A-0000-CD10-9E56371CBCB51D09}&vsId={CDA3CAF4-BDBD-4BA5-A6E0B48DF3DF2A96}&objectType=document&objectStoreName=VAPRODOS1>
- 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					
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 Business 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
<i>% of Program Costs</i>			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 & Administrative 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 Services			\$175,325		\$185,845
Total Non-Personnel			\$ 496,558		\$ 526,351
<i>% of Program Costs</i>			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 Utilize space 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 Coprate shared 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 available to bill per month at the Medicaid rate for Crisis Stabilization

EXHIBIT D

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
A

\$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 H

CONTRACTOR COVID-19 VACCINATION QUARTERLY COMPLIANCE CERTIFICATION

By Email: Please complete the report below and return it to: contractorvaccineinfo@arlingtonva.us.

- I hereby certify that all **National Counseling Group, Inc.** employees and subcontractors working on **Contract No. 19-128-RFP-LW** are fully vaccinated against COVID-19, being tested on a weekly basis, or are exempt pursuant to a valid reasonable accommodation under state or federal law.

Please do not include any of your employees' medical documentation, including vaccination records or test results.

Date: _____

Signature: _____

Printed Name and Title: _____

Company Name: _____

Company Address: _____