

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

CONTRACT AMENDMENT COVERPAGE

TO: NATIONAL COUNSELING GROUP, INC.	DATE ISSUED:	SEPTEMBER 11, 2019
5540 FALMOUTH STREET, SUITE 200	CONTRACT NO:	19-128-RFP-LW
FAIRFAX, VA 22030	CONTRACT TITLE:	<u>AMBULATORY CRISIS STABILIZATION SERVICES</u>

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**THIS IS A NOTICE OF CONTRACT AMENDMENT 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 24, 2020

**EXPIRES:** SEPTEMBER 9, 2022

**RENEWALS:** TWO (2) ADDITIONAL 12-MONTH PERIODS FROM SEPTEMBER 10, 2022 TO SEPTEMBER 9, 2024

**COMMODITY CODE(S):** 94812, 99037

**LIVING WAGE:** Y

**ATTACHMENTS:**

CONTRACT 19-128-RFP-LW AMENDMENT NO. 1

**EMPLOYEES NOT TO BENEFIT:**

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

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**VENDOR CONTACT:** STEPHANIE BARBOUR

**VENDOR TEL. NO.:** (703) 930-8754

**EMAIL ADDRESS:** [STEPHANIE.BARBOUR@NCGCOMMUNITY.COM](mailto:STEPHANIE.BARBOUR@NCGCOMMUNITY.COM)

**COUNTY CONTACT:** LINDA ERSKINE

**COUNTY TEL. NO.:** (703) 228-5147

**EMAIL ADDRESS:** [LESKINE@ARLINGTONVA.US](mailto:LESKINE@ARLINGTONVA.US)

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**PURCHASING DIVISION AUTHORIZATION**

**Meloni Hurley**

**Title: Assistant Purchasing Agent**

**Date: 9/24/2020**

**ARLINGTON COUNTY, VIRGINIA  
AGREEMENT NO. 19-128-RFP-LW  
AMENDMENT NUMBER 1**

This **Amendment Number 1** ("Amendment") is made on the date of execution of the Amendment by the County and amends **Agreement Number 19-128-RFP-LW** dated **September 11, 2019** ("Main Agreement") and made between **National Counseling Group, Inc.**, located at 5540 Falmouth Street, Suite 200, Richmond, VA 23230 ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor desire to amend the Main Agreement as follows:


- 1. REPLACE EXHIBIT A: SCOPE OF SERVICES A WITH THE ATTACHED EXHIBIT A: SCOPE OF SERVICES.**
- 2. REPLACE EXHIBIT B: BUDGET WITH THE ATTACHED EXHIBIT B: BUDGET.**
- 3. ADD EXHIBIT F: INVOICE TEMPLATE (ATTACHED).**


All other terms and conditions of the Main Agreement, as amended, shall remain in full force and effect

WITNESS THESE SIGNATURES:

THE COUNTY BOARD OF ARLINGTON

NATIONAL COUNSELING GROUP

DocuSigned by:  
  
 SIGNED: \_\_\_\_\_  
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DocuSigned by:  
  
 SIGNED: \_\_\_\_\_  
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NAME: Meloni Hurley

NAME: Holly M. Duggan

TITLE: Assistant Purchasing Agent

TITLE: Director of Contracts

DATE: 9/21/2020

DATE: 9/21/2020

## EXHIBIT A

### SCOPE OF SERVICES

#### **I. PURPOSE/OVERVIEW**

The Contractor shall provide 24 hours, 7 day a week, Ambulatory Crisis Stabilization Services for non-hospitalized youth and young adults, through age 21, 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 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 of the following elements:

- Assessment of the family situation and need for on-going support
- Resolution of the crisis, as evidenced by diversion of youth from inpatient hospitalization
- Linkage of youth and families to clinically appropriate and community-based resources
- Equitable service provision throughout Region 2.

The services must meet Virginia Department of Behavioral Health and Disabilities Services (DBHDS) licensure requirements for 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>

***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.

The Contractor must apply for a Crisis Intervention (H0036) services license within 30 days of the Department of Behavioral Health and Disability Services resuming licensing of this service.

The services must meet Virginia Medicaid (DMAS) licensure requirements for Crisis Intervention <https://www.ecm.virginiamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&id={8009B76A-0000-CD10-9E56-371CBCB51D09}&vsId={CDA3CAF4-BDBD-4BA5-A6E0-B48DF3DF2A96}&objectType=document&objectStoreName=VAPRODOS1>

***Crisis Intervention (H0036)*** Crisis intervention shall provide immediate mental health care in the home or community, to assist individuals who are experiencing acute psychiatric dysfunction requiring immediate clinical attention. This service's 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.

Targeted population is youth and young adults through age 21 who:

- Have behavioral health concerns and/or substance use concerns

- May be involved with juvenile justice, and/or
- May be involved in the child welfare system, 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 the Commonwealth Center for Children and Adolescents, 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 2 Child Behavioral Health Manager as well as participation in other regional meetings to include the Regional Utilization Group, and Regional Emergency Services 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 at least three (3) mobile response stabilization teams 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.
- Establish one central phone number and make it available for accessing the services across the DBHDS Region 2. This number will be available for all potential users of the service including families, CSB staff, school staff, and law enforcement. Calls received to this number shall be the triggering event (time and date) for the delivery of required mobile response stabilization services.

- Ensure that monthly Medicaid billing for eligible crisis stabilization services is filed and collected.
- Medicaid revenue shall be utilized to increase program capacity.
- Train Contractor's staff, including in the following areas:
  - Contractor's strategies and procedures for crisis stabilization services (evidenced-based/best practice modalities)
  - Serious mental illnesses in youth and young adults
  - The principles of recovery and wellness skills for individuals who are diagnosed with serious emotional disturbance and/or either intellectual disability, developmental disability and/or substance use disorder
  - An understanding of the issues confronting and specific to serving diverse types of youth and young adults and families (i.e. Adverse Childhood Experiences, Trauma, development, etc.)
  - The impact of culture on mental health and crisis management strategies
  - Interactions with individuals receiving services, their families, and/or advocates
  - HIPAA
  - Behavior management techniques
  - De-escalation
  - Working with an interpreter or language interpretation service
  - Mandated reported training

The Contractor must detail in an annual report all trainings 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 Department of Medical Assistance Services (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 that all opening and closing documentation for youth placed in crisis stabilization facilities, including admission and discharge documentation and Commonwealth of Virginia data elements, are completed in a timely manner.
- 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 youth and family receiving services through the contract. Incidents include any illegal acts by staff or youths 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**

- Ensure that services provided to each youth/young adult 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 child's/young adult and family's 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 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>
- Ensure that all calls are triaged to maximize responsiveness, and provide guidance, support and referrals for non-urgent needs and in-person mobile response for urgent needs. The primary criteria for assessing urgency and the need for in-person response shall be the caller's perception of urgency and risk. Provide warm hand off for callers seeking ID/DD Crisis Services to the REACH crisis line at 1-855-897-8278.
- As of July 1, 2020, the Contractor must respond to all voicemails within 15 minutes and report out compliance monthly.
- Facilitate and ensure linkages to ongoing services, providers, and supports in the community, or reengagement with services with providers already in place.
- Provide child and young adult psychiatry services through a psychiatrist, for up to 12 hours a week, 50 weeks per year. The psychiatrist shall be available within 24 hours or within five 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 youth's respective jurisdictions 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 calendar days, an appointment is to be made with the Contractor's psychiatrist.

- Ensure that the mobile response stabilization services team closely monitors the youth or young adult 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 the youth and/or family as needed, given the nature of the crisis. Coordination with the youth/young adult's 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 twenty-four (24) full-time employees (FTEs) to staff three (3) teams, to include four (4) full-time licensed supervisors (LCSW, LPC, PhD/LCP, etc.) who will provide supervision to the team, at least ten (10) full-time licensed/license-eligible mental health therapists and ten (10) full-time QMHP/s.
- Staff shall have demonstrated experience providing emergency response and crisis intervention to youth and young adults through age 21. The teams shall be available to meet with clients at their homes and at any site in the DBHDBS Region 2 community, including schools, courts and community centers.
- 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. Services shall be provided Monday through Friday, from 9 a.m. to 9 p.m., with on-call availability after 9 p.m., overnight and weekend hours. Until 6/30/2021, staff should respond within two hours of receiving a call; starting on July 1, 2021 response time must decrease to one hour.
  - Response time will be defined as the amount of time between when the parent/legal guardian/young adult agrees to face-to-face mobile crisis response until the crisis counselor arrives at the location of the crisis. This will be the definition of response time until the Department of Behavioral Health and Developmental Services provides additional and/or alternative response time guidance at which time the Contractor must

comply with the Department of Behavioral Health and Developmental Services response time definition.

- Ensure that all staff have experience commensurate with licensure/certification requirements for providing crisis services to children and young adults with mental health needs, and/or substance use disorders and/or intellectual disabilities, and their families. All staff shall provide direct care, including the team leader.
- 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 individual youth 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 a youth's life.
- Referrals will be made through one central telephone number, established and marketed by the Contractor throughout the service region. 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.

#### **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 15th 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 psychiatry services, including response time from crisis to child psychiatry service, number of children seen face-to-face, number seen through tele-psychiatry, number of consultations with other practitioners, and number of hours of service;
  - Living status (home, foster home, detention center, etc.) at start and end of crisis response services;
  - School status (attending, suspended, expelled) 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 diverted from hospitalization and corresponding disaggregated demographic data;
  - Number of youths 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 youth and family 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 youths 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 15<sup>th</sup> 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 children's and families' 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 children 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 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 service. 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.

#### **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 15<sup>th</sup> 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 (Section 5).
- 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 | <u>Personnel costs</u> , listing each position (including salaries, benefits & taxes and other personnel expenses. <ul style="list-style-type: none"><li>a) Number of staff on the contract 1-24</li><li>b) Name of each staff;</li><li>c) Salary and benefits for each staff</li><li>d) Other personnel expenses (per staff)</li><li>e) Licensure</li><li>f) Employment start date and end date</li><li>g) Position</li></ul> |
| Section No.2  | <u>Non-personnel costs – General:</u> Advertising, Supplies, Equipment costs (including computers, advertising, supplies, wireless devices and fees), Rental Space, Utilities<br><br><u>Non-personnel costs – Contracted Services:</u> 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 1<sup>st</sup> 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 1-24;  
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 plan must be developed by the Contractor and approved by the Project Officer within 90 days of 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 children and families with a maximum two-hour response time 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 crisis stabilization programs both within and outside the region to provide short-term crisis stabilization beds for youth 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 Contractor must apply for a Crisis Intervention (H0036) services license within 30 days of the Department of Behavioral Health and Disability Services resuming licensing of this service. The services must meet Virginia Medicaid (DMAS) licensure requirements for Crisis Intervention <https://www.ecm.viriniamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&id={8009B76A-0000-CD10-9E56-371CBCB51D09}&vsId={CDA3CAF4-BDBD-4BA5-A6E0-B48DF3DF2A96}&objectType=document&objectStoreName=VAPRODOS1>
- No later than July 1, 2021, a crisis team shall respond face-to-face within one hour of the parent/legal guardian/young 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) by 12/31/2020.

## EXHIBIT B – BUDGET

<b>Ambulatory Crisis Stabilization Services - Budget</b>			
Period: 12 month period			
	<b>Notes</b>		<b>Costs</b>
<b>Section 1: Personnel</b>			
<b>Salaries</b>		<b>FTE</b>	
Program Manager/Team Leader	A	1	\$80,000
Program Supervisor	A	3	\$217,500
Mobile Crisis Counselor	A	20	\$1,250,000
Licensure Supervisor (1 hour per week per LMHPE)	B		\$23,400
Business Operations Director (1 FTE 3 days per month)			\$11,769
Regional Director (1 FTE 3 days per month)			\$19,108
<b>Total Headcount &amp; Salaries</b>		<b>24</b>	<b>\$1,601,777</b>
<b>Benefits, Taxes &amp; Insurance</b>			
Total Benefits & Taxes (RATE OF 16.5%)	C		\$264,293
Total Professional Liability and Insurance (\$411 PER FTE)	D		\$9,864
<b>Total Benefits, Taxes &amp; Insurance</b>			<b>\$274,157</b>
<b>Other Personnel Expenses</b>			
Employee Phone Stipend (\$650 PER FTE)	D		\$15,600
Training (\$50 PER FTE)	D		\$1,200
Auto stipend/mileage reimbursement (\$75 per FTE per Week)	D		\$93,600
<b>Total Other Personnel Expenses</b>			<b>\$110,400</b>
<b>Total Personnel</b>			<b>\$1,986,334</b>
<i>% of Program Costs</i>			<b>90%</b>
<b>Section 2 - Non-personnel</b>			
<b>General</b>			
Advertising	E		\$5,308
Supplies	F		\$3,000
Equipment Cost	G		\$15,172
Rental Space	H		\$39,107
Utilities	I		\$7,821
<b>Total General Non-personnel Expenses</b>			<b>\$70,408</b>
<b>Contracted Services</b>			
Professional fees	J		\$27,000
Contracted Psychiatry Services	K		\$102,960
Clinical Resources	L		\$8,400
<b>Total Contracted Services</b>			<b>\$138,360</b>
<b>Total Non-Personnel</b>			<b>\$ 208,768</b>
<i>% of Program Costs</i>			<b>10%</b>
<b>Total Personnel and Non-Personnel</b>			<b>\$ 2,195,102</b>
<b>Section 3 - Management Fee</b>			<b>\$ 439,022</b>
<b>Section 4 - Revenue</b>			
Medicaid	N		\$152,724
<b>Total Reimbursement</b>			<b>\$ 152,724</b>
<b>Net Total Budget</b>			<b>\$ 2,481,400</b>

<b>Notes and Methodology</b>									
<b>A</b>	# of employees multiplied by average annual salary								
<b>B</b>	10 Staff require licensure supervision of 1 hr per week estimated at \$45 / hour								
<b>C</b>	% rate multiplied by salary expenses								
<b>D</b>	# of employees x stipend amount								
<b>E</b>	Brochures, flyers, business cards, community marketing.								
<b>F</b>	Office Supplies and products								
<b>G</b>	Computers, phones, printers, copiers, toner.								
<b>H</b>	Utilize space in 2 locations. In Manassas, use 1688 Sq Ft @ \$18.60 per Sq Ft annually. In Annandale, use 300 Sq Ft @ \$25.70 per Sq Ft annually								
<b>I</b>	Estimated as 25% of the Rental Space								
<b>J</b>	Sign language & translation services/language line								
<b>K</b>	This cost is estimated at 12 sessions a week at \$165 per session								
<b>L</b>	Use of electronic resources (including Relias Training)								
<b>M</b>	Overhead rate represents additional costs for HR, Billing, Accounting, Payroll, IT, QA, Compliance, Corporate administrative support								
<b>N</b>	Estimated hours available to bill per month at the Medicaid rate for Crisis Stabilization								

**Invoice for Services**  
**NOVA Mobile Crisis/Ambulatory Crisis Stabilization Services**  
 Month: \_\_\_\_\_  
 Invoice #: \_\_\_\_\_

Address:  
 Arlington County Dept. of Human Services/CPSD  
 Attn: Jami Pineda, Jami.Pineda@arlingtonva.gov  
 2100 Washington Blvd., 3rd floor  
 Arlington, VA, 22204

Payment/Inquiries to be remitted to:  
 NCS Finance Dept.  
 PO BOX 11487  
 Richmond, VA, 23230 (gn. 877-566-9624, FEN: 54-1905361)

Notes Line Item Title	Units	Rate	ACTUAL EXPENDITURES												Total Spent	% of Budget Spent	Remaining Balance		
			Budget	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21				Jun-21	
<b>Section 1 - Personnel</b>																			
<b>Salaries</b>																			
Program Manager/Team Leader	A	1	\$80,000														\$0	0.00%	\$80,000
Program Supervisor	A	3	\$217,500														\$0	0.00%	\$217,500
Mobile Crisis Coordinator	A	20	\$1,250,000														\$0	0.00%	\$1,250,000
Licensing Supervisor (1 hour per week per LAMPPE)	B		\$13,400														\$0	0.00%	\$13,400
Business Operations Director (1 FTE 3 days per month)	B		\$11,700														\$0	0.00%	\$11,700
Regional Director (1 FTE 3 days per month)	B		\$19,318														\$0	0.00%	\$19,318
<b>Total Headcount &amp; Salaries</b>		24	\$1,601,777														\$0	0.00%	\$1,601,777
<b>Benefits, Taxes &amp; Insurance</b>																			
Total Benefits & Taxes (RATE OF 16.5%)	C		\$264,293														\$0	0.00%	\$264,293
Professional Liability and Insurance (\$411/per FTE)	D		\$9,964														\$0	0.00%	\$9,964
Total Benefits, Taxes & Insurance			\$274,257																
<b>Other Personnel Expenses</b>																			
Employee Phone Stipend (\$650 PER FTE)	B		\$15,000														\$0	0.00%	\$15,000
Training (\$50 PER FTE)	D		\$1,200														\$0	0.00%	\$1,200
Auto Stipend/ mileage reimbursement (\$75 per FTE per Week)	D		\$93,600														\$0	0.00%	\$93,600
Total Other Personnel Expenses			\$110,400														\$0	0.00%	\$110,400
<b>Total Personnel</b>			<b>\$1,986,334</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%	
% of Program Costs			90%																
<b>Section 2 - Non-personnel</b>																			
<b>General</b>																			
Advertising	F		\$5,308														\$0	0.00%	\$5,308
Supplies	F		\$3,600														\$0	0.00%	\$3,600
Equipment Cost	G		\$15,172														\$0	0.00%	\$15,172
Rental Space	H		\$70,817														\$0	0.00%	\$70,817
Utilities	I		\$7,821														\$0	0.00%	\$7,821
Total General Non-personnel Expenses			\$70,408														\$0	0.00%	\$70,408
<b>Contracted Services</b>																			
Professional fees	J		\$27,000														\$0	0.00%	\$27,000
Contracted Psychiatry Services	K		\$102,960														\$0	0.00%	\$102,960
Clinical Resources	L		\$8,400														\$0	0.00%	\$8,400
Total Contracted Services			\$138,360														\$0	0.00%	\$138,360
<b>Total Non-Personnel</b>			<b>\$ 208,768</b>														\$ -	0.00%	<b>\$ 208,768</b>
<b>Total Personnel and Non-Personnel</b>			<b>\$ 2,195,102</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	<b>\$ 2,195,102</b>
Management fee for above Budget Lines (20% of expenses incurred)	M		\$419,030	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
<b>Total Personnel and Non-Personnel and Mgmt Fee</b>			<b>\$ 2,614,132</b>																
Less Medicaid Revenue Billed	N		\$152,724																
<b>Total Amount for Reimbursement</b>			<b>\$ 2,461,408</b>																

This line needs to add up to \$2,461,408



**Invoice for Services**  
**NOVA Mobile Crisis/Ambulatory Crisis Stabilization Services**  
**Month:**  
**Invoice #:**

**Addressee:**

Arlington County Dept. of Humas Services/CFSD  
Attn: Jamii PremDas, Jana Robb  
2100 Washington Blvd , 3rd floor  
Arlington , VA, 22204

**Payment/Inquiries to be remitted to:**

NCG Finance Dept.  
PO BOX 11247  
Richmond, VA, 23230 (ph. 877-566-9624, FEIN: 54-1905361)

	Employee Name	Licensure	Position	Employee Start Date	Employee End Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

**Invoice for Services**  
**NOVA Mobile Crisis/Ambulatory Crisis Stabilization Services**  
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Richmond, VA, 23230 (ph. 877-566-9624, FEIN: 54-1905361)

**Medicaid Revenues Billed report to 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.

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Payments Received

Number of Claim Appeals in process

Status of each Claim Appeal