

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 20-069-RFP-LW
AMENDMENT NUMBER 4**

This Amendment Number 4 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. REVISE CLAUSE 5. CONTRACT AMOUNT TO READ AS FOLLOWS (TO ALLOW COMMERCIAL INSURANCE BILLING):

5. CONTRACT AMOUNT

This is a cost-reimbursement contract. During the Initial Term, the Contractor will be paid the unit price shown in the updated Exhibit B, up to a maximum of **\$2,785,781.00**. 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

2. REPLACE EXHIBIT B: CONTRACT PRICING IN ITS ENTIRETY WITH THE ATTACHED REVISED EXHIBIT B: CONTRACT PRICING FOR THE PERIOD ENDING JANUARY 22, 2024.

3. AMEND EXHIBIT A: SCOPE OF WORK, SECTION 3. EARLY RECOVERY GENERAL PROGRAM REQUIREMENTS, PARAGRAPH A. GENERAL REQUIREMENTS FOR BOTH PROGRAMS, ITEM PROCESS THIRD-PARTY BILLING AS FOLLOWS:

Process Third-Party Billing and Finance

- a. The Contractor must credential and contract with all applicable insurance companies. Applicable insurance companies are any payor that covers clients served through this contract.
- b. A justification of non-feasibility must be provided and approved by the County, if the Contractor determines not to pursue reimbursement with a commercial insurance company whose client is being served by the contractor.
- c. Request, document, and verify client third-party insurance coverage upon admission and at routine intervals to ensure coverage prior to the provision of services.
- d. For insured individuals, the assessment, authorization, and concurrent authorization reviews must be completed by Contractor staff and billed to the County \$225 per admission.

- e. Bill applicable insurance companies in accordance with requirements of applicable law and the terms of applicable insurance company contracts for all qualified clients and services.
- f. The Contractor is responsible for correctly billing all eligible services. The County will not reimburse any revenue loss due to insurance billing errors or omissions.
- g. The administrative overhead rate payable to the contractor shall be: twenty six percent (26%) for all insurance revenue collected, and 21.8% for incurred direct expenses invoiced to Arlington County up to the contract maximum.
- h. The services reimbursed by applicable insurance companies must 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 applicable insurance companies divided by the number of beds occupied by non-covered individuals served for the period invoiced.
- i. Process monthly invoices for services rendered and supporting documentation.
- j. The Contractor may bill the County only for costs not covered by third-party payers and not to exceed total costs of the program.
- k. The Contractor may submit a request to update the minimum applicable insurance company target revenue based on the impact of regulatory changes. Along with the request, the Contractor must submit relevant statistics supporting the request.

4. REMOVE PARAGRAPH 57. COVID VACCINATION POLICY FOR CONTRACTORS.

5. REMOVE EXHIBIT I: CONTRACTOR COVID VACCINATION CERTIFICATION.

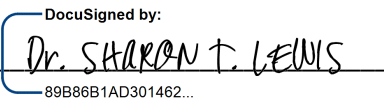
6. REMOVE EXHIBIT J: VACCINATION QUARTERLY COMPLIANCE CERTIFICATION.

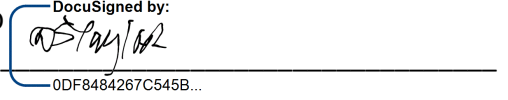
All other terms and conditions of the Main Agreement remain in effect.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

NATIONAL CAPITAL TREATMENT & RECOVERY

AUTHORIZED SIGNATURE: 
89B86B1AD301462...

AUTHORIZED SIGNATURE: 
0DF8484267C545B...

NAME: DR. SHARON T. LEWIS

NAME: Deborah Taylor

TITLE: Purchasing Agent

TITLE: President/CEO

DATE: 9/25/2023

DATE: 9/19/2023

**REVISED EXHIBIT B
CONTRACT PRICING**

Personnel Expenditures

	Base Salary	Amendment 3	Year 3 (1/22/2023 - 1/21/2024) Total Cost	% Increase	FTE
Administrative Assistant	\$26,247		\$26,247		0.50
LPN	\$350,897		\$350,897		4.20
Nurse Practitioner	\$60,660		\$60,660		0.40
Nurse Practitioner Manager (FNP or PMHNP)	\$163,317		\$163,317		1.00
Primary Counselor	\$215,578		\$215,578		2.80
Project Director, Detox & Early Recovery	\$120,902		\$120,902		1.00
Residential Supervisor	\$69,993		\$69,993		1.00
Residential Coordinator	\$157,484		\$157,484		3.00
Residential Specialist	\$396,626		\$396,626		8.50
Residential Specialist / Transport	\$46,662		\$46,662		1.00
Residential Supervisor	\$69,993		\$69,993		1.00
UR Manager	\$40,829		\$40,829		0.50
Overtime	\$51,576		\$51,576		
<i>Fringe Benefits</i>	\$-		\$387,155		
Total Personnel Expenditures	\$1,770,765	\$2,157,920	\$2,157,920	0%	24.90

Operating Expenditures

CONSULTANTS	\$16,001	\$16,001	0%
MEDICAL/DENTAL CONSULT&OTHER S	\$14,058	\$14,058	0%
PAYROLL SERVICE	\$9,747.57	\$9,748	0%
SUBCONTRACTED SERVICES OTHER	\$575.10	\$575	0%
Utilization Management	\$60,750	\$60,750	0%
GAS	\$25.97	\$26	0%
IT HARDWARE PURCH< 1000	\$1,500.00	\$1,500.00	0%
COPIERS/PRINTER LEASE	\$1,400.67	\$1,401	0%
COPIERS MAINTENANCE& USAGE	\$2,959.75	\$2,960	0%
IT EQUIPMENT MAINTENANCE	\$16,897.70	\$16,898	0%
TELEPHONE USAGE	\$1,065.00	\$1,065	0%
TELEPHONE- CELL PHONES	\$2,914 .00	\$2,914	0%
PATIENT FOOD	\$142,991.97	\$142,992	0%
OFFICE SUPPLIES	\$4,473.00	\$4,473	0%
POSTAGE STAMPS	\$48.82	\$49	0%
SHIPPING AND FREIGHT	\$196.47	\$196	0%
FEDEX / UPS	\$2,007.92	\$2,008	0%
OTHER OFFICE & PROGRM SUPPLIES	\$1,000.00	\$1,000	0%
CLOTHING	\$500.00	\$500	0%
RECREATIONAL ACTIVITIES-OUTING	\$189.44	\$189	0%
RECREATIONAL SUPPLIES	\$3,200	\$3,200	0%
TOILETRIES	\$2,876.83	\$2,877	0%
HOUSEHOLD SUPPLIES/JANITORIALS	\$5,176.28	\$5,176	0%
LINENS&BEDDING	\$4,696.65	\$4,697	0%

FURNITURE&EQUIPMENT UNDER1000	\$1,823.91	\$1,824	0%
KITCHEN SUPPLIES	\$2,500.00	\$2,500	0%
BOOKS, SUBSCRIPTIONS & NEWSPAPER	\$808.18	\$808	0%
LABORATORIES	\$4,100.00	\$4,100	0%
PRESCRIPTION MEDICATIONS	\$3,195.00	\$3,195	0%
MEDICAL, DENTAL & OTC SUPPLIES	\$1,097.52	\$1,098	0%
MEDICAL-TOXICOLOGY SUPPLIES	\$20,651.43	\$20,651	0%
VEHICLE COSTS FUEL & OIL	\$1,428.40	\$1,428	0%
VEHICLE COSTS REPAIRS & OTHERS	\$356.75	\$357	0%
VEHICLE COSTS RENT	\$20,569.44	\$20,569	0%
VEHICLE PROPERTY TAX	\$1,263.99	\$1,264	0%
PATIENT TRAVEL	\$1,353.11	\$1,353	0%
AUTO INSURANCE	\$9,052.50	\$9,053	0%
COMMERCIAL GENERAL LIABILITY INSURANCE	\$26,986.92	\$26,987	0%
MEDICAL PROFESSIONAL LIABILITY INSURANCE	\$3,203.52	\$3,204	0%
UMBRELLA LIABILTIY INSURANCE	\$4,152.44	\$4,152	0%
PROPERTY INSURANCE	\$414.76	\$415	0%
BUILDING & GROUNDS MAINTENANCE	\$68.26	\$68	0%
SMOKE DET/FIRE ALM.REPAIRS	\$95.51	\$96	0%
MEDICAL WASTE DISPOSAL	\$1,065.00	\$1,065	0%
JANITORIAL SERVICES	\$116,136.00	\$116,136	0%
Total Non- Payroll Expenses	\$515,575.05	\$515,575	0%
<u>Total Operating Direct Expenses</u>	<u>\$2,673,495.02</u>	<u>\$2,673,495</u>	0%
Administrative Cost (MAX)	\$582,821.91	\$ 695,108*	19.26%
<u>Operating Program Expense</u>	<u>\$3,256,316.93</u>	<u>\$3,368,603</u>	3.44%

* Note: Administrative Cost Max allows for 26% administrative rate, if the program is fully funded by 3rd party revenue

Operating Program Expense	\$3,256,316.93	\$3,368,603
Minimum Revenue requirements	\$(582,821.91)	\$(582,822)
Total Maximum amount invoiced to Arlington County	\$2,673,495.00	\$2,785,781

Purchase Order Calculation

Revenue Projection

The initial purchase order shall be equal to the Operating Program Expense minus the revenue projection specified on this table. The Purchase Order will be adjusted down or up to the contract maximum depending on actual revenue collections during the contract period.

\$1,708,953	\$1,708,953
--------------------	--------------------

Total Program Costs**

Service implementation expenses	\$3,368,603
Arlington County land, building, and maintenance expenses (Arlington Co contribution for running facility) This amount is not paid to the vendor.	\$108,900
Total	\$3,477,503

** For costs distribution calculations by client and/or client bed days reported, the total costs of the program are as specified by this table

Bed Rate Calculations

Bed Day Type	Calculation	Rate
Bed Days funded by Grants – This is the bed rate calculation to be used for billing of grants per bed day.	Effective DMAS Rate	Rate will vary depending on the approval from DMAS.
Bed Days for Uninsured Clients - This is the bed rate calculation to be used for monthly/annual amounts billed to Arlington County	Total Expenses minus Revenue collections = Total expenses not covered by third party payors	The effective rate will vary depending on revenue collections.

	Total Expenses not covered by third party payors divided by number of uninsured clients = Expenses for noninsured clients	
--	---	--