

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 20-039-RFP
AMENDMENT NUMBER 4**

This Amendment Number 4 is made on 4/13/2023 and amends Agreement Number 20-039-RFP ("Main Agreement") dated June 8, 2020, 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:

I. ADD THE FOLLOWING TO EXHIBIT A - SCOPE OF WORK:

ADOLESCENT SUBSTANCE USE SERVICES

A. The Contractor shall:

1. Accept all eligible adolescent clients aged 12 - 17 and their families referred for substance use services by the County as determined by the American Society of Addiction Medicine's (ASAM) assessment completed by the Contractor.
2. Provide all necessary training as required by the Department of Behavioral Health and Developmental Services. Complete a biopsychosocial assessment based on ASAM criteria documenting a client's eligibility for the clinically appropriate level of care required.
3. Provide primary and secondary points of contact to manage clinical and administrative matters related to the Adolescent Substance Use Services section of the Scope of Work.
4. Provide the following services, as clinically necessary, in accordance with the Virginia Department of Behavioral Health and Developmental Services regulatory guidelines (found [here](#)) and the American Society of Addiction Medicine's (ASAM) continuum (found [here](#)):
 - i) Adolescent Outpatient Substance Use Services to include individual, group and family counseling (ASAM level 1.0).
 - ii) Adolescent Intensive Outpatient Substance Use Services to include a minimum of 6 hours per week of skilled treatment services such as group, individual and family counseling (ASAM level 2.1).
 - iii) Psychiatric Outpatient Evaluation and Management. Service may be provided by Contractor or through referral to a community provider.
 - iv) Age-appropriate Medication Assisted Treatment (MAT).
 - v) Additional related services as mutually agreed upon by the Parties.
5. Collaborate with the County regarding any potential program discharge. Any reservations by the County or Contractor must be addressed and resolved in meetings held within two (2) business days and facilitated by the County. The Contractor may temporarily suspend a client pending meeting with the County to discuss next steps. The Contractor must notify the County in writing by 9:00 pm on the date the suspension was issued. The following ASAM discharge criteria must be used:
 - i) The client has achieved the goals articulated in their individualized treatment plan thus resolving the problem(s) that justified admission to the present level of care; or
 - ii) The client has been unable to resolve the problem(s) that justified admission to the present level of care despite amendments to the treatment plan, and treatment at another level of care is therefore indicated; or

- iii) The client demonstrated a lack of capacity to resolve their problem(s) and treatment(s) and another level of care or type of service is indicated; or
 - iv) The client experienced an intensification of their problem(s), or developed a new problem(s) and can be effectively treated at a more intensive level of care
6. Attend multidisciplinary staff meetings every other week as scheduled by the Contractor to discuss client participation in and outcomes of substance use services received. Attend other meetings as agreed upon.
 7. Pay employment incentives to eligible staff as agreed by the Parties.
 8. Until accreditation for adolescent substance use services from the Commission on Accreditation of Rehabilitation Facilities (CARF) is received, bill the County monthly for line-item expenses incurred according to the Adolescent Substance Use Program Budget in Exhibit B. Payroll and general ledger reports supporting invoiced amounts must be attached to each monthly invoice. Provide receipts, invoices and other documentation as requested by the County.
 9. Upon receiving CARF accreditation and credentialing with applicable insurance companies, submit insurance claims to all applicable payers, including Virginia Medicaid, for reimbursement for all billable services provided to covered clients. 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.
 10. Bill the County at the current Medicaid rate for all non-covered individuals referred for substance use services.
 11. Provide the following reports and documentation:
 - i) Performance measures and outcome data as mutually agreed by the parties.
 - ii) Discharge:
 - (1) Within two (2) business days of discharge, email to the County:
 - (a) Discharge status report including:
 - (i) Date of discharge
 - (ii) Type of discharge
 - (iii) Current medications
 - (iv) Active diagnosis
 - (v) Continued recommendations
 - (2) Within seven (7) business days of discharge, email to the County:
 - (a) Reason for the individual's admission to and discharge from the service
 - (b) Description of the individual's or authorized representative's participation in discharge planning
 - (c) The individual's current level of functioning or functioning limitations, if applicable
 - (d) Recommended procedures, activities, or referrals to assist the individual in maintaining or improving functioning and increased independence
 - (e) The status, location, and arrangements that have been made for future services
 - (f) Progress made by the individual in achieving goals and objectives identified in the ISP and summary of critical events during service provision
 - (g) Discharge date
 - (h) Discharge medications prescribed by the provider, if applicable
 - (i) Date the discharge summary was written or documented
 - (j) Signature of the person who prepared the summary
 - (3) Incident Report submitted within 48 hours of occurrence of any actual or alleged event creating a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a client, family or staff that includes, but is not limited to:
 - (a) Child/spousal abuse or suspicion thereof
 - (b) Actual or suspected self-injuring behavior of client or family member

- (c) Physical or verbal threats to clients, staff or family members
 - (d) Threats of suicide or at-risk determination of a client or family member
 - (e) Client injury or illness requiring medical treatment or hospitalization
 - (f) Law enforcement contact with or without arrest
 - (g) Human rights complaint
 - iii) Monthly
 - (1) Monthly Summary of Treatment Progress Report minimally including data elements included in Exhibit F
 - (2) Aggregate program data including, but not limited to:
 - (a) Referral date, initial contact to admit, first session data, discharge date (if applicable), final disposition per client
 - (b) Wait list names and addition date
 - (c) Reports of actual or suspected human rights violations
 - (d) Number and percent of negative and positive urine screens aggregated at the program level
 - (e) Staffing changes
 - iv) Annual
 - (1) Revised policies and procedures affecting program operation
 - (2) On-site inspection results issued by licensing and regulatory agencies as applicable
 - (3) Licenses, certifications, affiliations and credentials of all staff assigned to this Scope of Work
 - (4) Trainings completed by all staff assigned to this Scope of Work
 - (5) Continuity of Operations Plan
- B. The County will:
 - 1. Provide a client-signed release of information form.
 - 2. Schedule recurring meetings to discuss client participation in and outcomes of substance use services provided.
 - 3. Approve and reimburse employment incentives as needed.

II. ADD THE FOLLOWING TO EXHIBIT B – CONTRACT PRICING:

Adolescent Substance Use Program Budget*		
PERSONNEL		
	FTE	Annual Maximum Budget
Intensive Outpatient Counselor (Maximum caseload of 12 per counselor)	2.0	180,000.00
Outpatient Counselor (Maximum caseload of 12 per counselor)	1.0	90,000.00
Intensive Outpatient Counselor – PRN (Maximum caseload of 12 per counselor)	-	9,865.38
Employment Incentives (as agreed by the Parties)	-	15,000.00
Fringe Benefits	-	71,466.35
PERSONNEL TOTAL	3.0	366,331.73
NON-PERSONNEL		
Contracted Psychiatrist		78,000.00
Toxicology Supplies		13,000.00
Books		4,197.96
Translation & Interpretation		3,000.00
Food & Beverages		10,000.00
NON-PERSONNEL TOTAL		108,197.96
Administrative Fee (26%)		123,377.72
TOTAL ADOLESCENT BUDGET		597,907.41

*The Contractor may request a reallocation of up to 10% between budget lines with the written approval of the County. Monthly reimbursement requests must be offset by insurance revenue received.

III. ADD THE FOLLOWING AS EXHIBIT F – SUMMARY OF TREATMENT PROGRESS:

EXHIBIT F
Arlington County
 Monthly Summary of Treatment Progress

CLIENT NAME:		DOB:	
		AGE:	
AGENCY NAME		ASSIGNED THERAPIST:	
ARLINGTON REFERRING AGENCY:		ARL. CASE MANAGER:	
SERVICES ENROLLED IN: (select all that apply)	<input type="checkbox"/> Individual Outpatient Substance Use Therapy <input type="checkbox"/> Group Outpatient Substance Use Therapy <input type="checkbox"/> Intensive Outpatient Substance Use Therapy <input type="checkbox"/> Family Outpatient Substance Use Therapy <input type="checkbox"/> Psychiatric Outpatient Substance Use Evaluation and Management <input type="checkbox"/> Medication Assisted Treatment		
MONTHLY REVIEW PERIOD:	Click or tap to enter a date.		
SERVICE START DATE:	Click or tap to enter a date.		
SERVICE DISCHARGE DATE:			
ASAM ADMIN DATE AND LEVEL:			

TREATMENT SUMMARY – CLIENT PROGRESS TOWARD TREATMENT GOALS		
Include a narrative of progress made in the home or placement setting; status in community; status of support services; any known medical issues; and summary of significant incidents, events, or issues. (Treatment goals shall be written using the S.M.A.R.T. goal format)		
Treatment Goal #1		
Was the goal modified during the review period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain change and describe modified goal below.
Progress toward treatment goal #1		
Specific activities and strategies worked on during the month		
Anticipated date of achievement		

Treatment Goal #2		
Was the goal modified during the review period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain change and describe modified goal below.
Progress toward treatment goal #2		
Specific activities and strategies worked on during the month		
Anticipated date of achievement		
Treatment Goal #3		
Was the goal modified during the review period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain change and describe modified goal below.
Progress toward treatment goal #3		
Specific activities and strategies worked on during the month		
Anticipated date of achievement		
Treatment Goal #4		
Was the goal modified during the review period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain change and describe modified goal below.
Progress toward treatment goal #4		
Specific activities and strategies worked on during the month		
Anticipated date of achievement		
Date(s) of face-to-face client contacts:		

SIGNATURES

DATE _____

DATE _____

DATE _____

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

AUTHORIZED DocuSigned by:
SIGNATURE: Kaylin Schreiber
2513E5602A3A4DE...

NAME: Kaylin Schreiber

TITLE: Procurement Officer

DATE: 4/13/2023

NATIONAL CAPITAL TREATMENT RECOVERY

AUTHORIZED DocuSigned by:
SIGNATURE: Deborah Taylor
0DF8484267C545B...

NAME: Deborah Taylor

TITLE: President/CEO

DATE: 4/13/2023