

**ARLINGTON COUNTY, VIRGINIA**

**AGREEMENT NO. 19-128-RFP-LW  
AMENDMENT NUMBER 4**

This Amendment Number 4 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”).

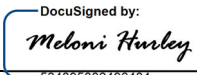
The County and the Contractor agree to amend the main contract called for under the Main Agreement as follows:

- 1. REPLACE EXHIBIT A: SCOPE OF SERVICES WITH THE ATTACHED EXHIBIT A REVISED SCOPE OF SERVICES.**
- 2. REPLACE EXHIBIT B: BUDGET WITH THE ATTACHED EXHIBIT B, REVISED BUDGET.**

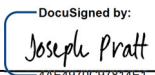
All other terms and conditions of the Main Agreement remain in effect.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON  
COUNTY, VIRGINIA

AUTHORIZED:   
SIGNATURE: \_\_\_\_\_  
NAME: Meloni Hurley  
Assistant Purchasing Agent  
TITLE: \_\_\_\_\_  
DATE: 3/14/2023

NATIONAL COUNSELING GROUP, INC.

AUTHORIZED:   
SIGNATURE: \_\_\_\_\_  
NAME: Joseph Pratt  
Director of Business Operations  
TITLE: \_\_\_\_\_  
DATE: 3/13/2023

**EXHIBIT A**  
**REVISED SCOPE OF SERVICES**

**I. PURPOSE/OVERVIEW**

The Contractor shall provide 24 hours, 7 day a week, Mobile Crisis Response Services and Community 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 Mobile Crisis Response Services and Community Stabilization Services , which are defined by the Virginia DBHDS STEP-VA Crisis Services and Virginia Department of Medical Assistance Services (DMAS) for Mobile Crisis Response Services and Community Stabilization Services as defined by the Mental Health Services Provider Manual (and any DBHDS subsequent revisions to this document) found here: [Virginia Medicaid Web Portal](#)

Mobile Crisis Response (H2011) -Mobile Crisis Response provides rapid response, assessment and early intervention to individuals experiencing a behavioral health crisis. This service is provided 24 hours a day, seven days a week. The purpose of this service includes prevention of acute exacerbation of symptoms, prevention of harm to the individual or others, provision of quality intervention in the least restrictive setting, and development of an immediate plan to maintain safety in order to prevent the need for a higher level of care. Mobile Crisis Response is also the mechanism by which pre-admission screenings for hospitalization may be performed by DBHDS pre-admission. The NCG Mobile Crisis Team meets individuals in crisis in an environment where they are comfortable to engage to facilitate quick relief and resolution of the crisis when possible.

Community Stabilization (S9482)- Community Stabilization services are short-term and designed to support an individual and their natural support system following contact with an initial crisis response service. Providers deliver community stabilization services in an individual's natural environment and

provide referral and linkage to other community-based services at the appropriate level of care. Interventions may include, brief therapeutic and skill building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up services. Coordination of specialized services to address the needs of co-occurring intellectual/developmental disabilities and substance use are also available through this service.

The Contractor must provide Mobile Crisis Response Services and Community Stabilization Services to any individual referred experiencing a behavioral or mental health crisis. Contractor must provide staff who specializes in behavioral health for youth and for adults. All staff must be cross trained in the provision of mobile crisis services for individuals with developmental disabilities across the lifespan.

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 Regional Projects Office (NVRPO), 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 shall consist of 1 clinical supervisor, 5-6 staff and (2) .5 FTE peer and will include a youth behavioral health specialist and an adult behavioral health specialist . All staff shall be cross trained in age-appropriate response and disability-appropriate response. There should be at least 1 bilingual (Spanish-English) staff available at all times. Members of each team will be strategically placed throughout the region so that they can meet the DBHDS and DMAS one hour response time requirement at any given time

- 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 has functional and operational capacity to provide mobile dispatch. Once the Regional Crisis Call Center is operational, forward crisis calls to the Regional Crisis Call Center and establish a new line for access to Community Stabilization services.
- Dispatch of Mobile Teams will remain program directed until the Regional Crisis Call Center has functional and operational capacity to provide mobile dispatch.
- 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 through existing regional and local resources, as clinically indicated and available at the time of the crisis. Dispatch could include Mobile Crisis Team alone, Mobile Crisis Team with Law Enforcement, Law Enforcement alone, and one- or two-person response. The composition of team dispatched will be recommended by the Regional Crisis Call Center based on the assessment and the known history of the individual but final determination of the composition of the mobile response team will be made by the Mobile Crisis Response provider.

The vendor shall participate in the development of safety protocols with the Region 2 Crisis Hub Leadership Team and will implement them once they are established.

- Ensure that monthly Medicaid billing for eligible Mobile Crisis Response and Community Stabilization services is filed and collected.
- Medicaid revenue received by the Contractor shall be applied to the program to increase program capacity.

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

- All staff shall complete the regional DBHDS Mobile Crisis Training program specific to the services they provide (children/youth or adult).
  - For staff providing mobile crisis services for children and youth, the contractor must ensure that all new hires are trained within 90 days of hire date.
  - For staff providing adult mobile crisis services, the contractor must ensure that all current staff are trained by September 30, 2023; all new hires must be trained within 90 days of hire date.
- Contractor's strategies and procedures for mobile crisis response and community 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
- Customer service strategies for working with individuals and families experiencing behavioral health crises.
- Mandated reporter training

The Contractor must detail in an annual report all training completed by staff assigned to the contract using the County template or similar template.

- 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 by the 1<sup>st</sup> of July
- Maintain in-network status with all Managed Care Organizations (MCOs) who are contracted by the Department of Medical Assistance Services (DMAS) or subcontracted by MCOs who are contracted by DMAS for all services named in this contract. Provide written documentation of this status to the Project officer within 90 days of entering 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.

- 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 and as dispatched by the Regional Call Center when dispatch is functional and operational.
- 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 Virginia DBHDS STEP-VA Crisis Service requirements and Virginia Department of Medical Assistance Services (DMAS) for Mobile Crisis Response Services and Community Stabilization Services as defined by the Mental Health Services Provider Manual (and any DBHDS subsequent revisions to this document) [Virginia Medicaid Web Portal](#) found here: [Virginia Medicaid Web Portal](#) . 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). Community Stabilization services shall include the arrangement of 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.
- Community Stabilization services shall include close monitoring of the individual until their 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-five and a half (35.5) employees (FTEs) which includes:
  - One (1) Program Director,
  - One (1) 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 26 clinicians divided into four teams who provide mobile response/community stabilization and two (2) peer specialists /family support partners who work with each team. All clinicians and peer specialist groups can be comprised of both full-time and part-time employees.
  - One part-time Trainer (.5 FTE) who will complete the DBHDS required training for CR2 staff and regional partners (as available) on the adult and child mobile crisis training.
- Each team will have both youth clinicians and adult clinicians and all clinicians shall be cross trained across lifespan and disability.
- 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 or less. 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 or less 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 and immediately when dispatch occurs through the Regional Crisis Call Center.
- 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 the Regional Crisis Call Center and Emergency Services to facilitate inpatient and/or Residential Crisis Stabilization admissions when necessary.



- 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.

Bonuses-In order to competitively recruit, hire, and retain qualified staff, Contractor may provide a onetime sign-on bonus in the amount of up to \$2,500 for each new staff hired, as well as retention bonuses of up to \$2,500 for current direct care staff positions that have demonstrated difficulty with filling and retaining. Sign-on bonuses should be split into two payments, initial payment (once hired) and then a second payment after a set period of time (i.e., end of probation). The plan for the bonus structure (with an identified number of positions) should be submitted to the Project Officer for pre-approval. All bonuses are based on funding availability.

#### **DELIVERABLE 4: REFERRAL SOURCES**

- 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 (FY'22). 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.
- Once the Regional Crisis Call Center is functional and operational for the dispatch of Mobile Crisis Teams:
  - The referral source for Mobile Crisis Response will be the Regional Crisis Call Center.
  - Referral sources for Community Stabilization services shall be defined by the Mental Health Services Provider Manual (and any DBHDS subsequent revisions to this document) [Virginia Medicaid Web Portal](#) found here: [Virginia Medicaid Web Portal](#)

#### **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 Program Director must report to the CSB Project Officer and the NVRPO Project Manager regarding the on-time delivery of all services required under this contract. Reporting will consist of written, telephone communication, teleconferencing, in-person/virtual meetings and emails. This reporting will 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. Overall reporting shall include monthly and quarterly reports (as detailed below).

- Complete and provide quarterly utilization management reports to the CSB Project Officer and the NVRPO Project Manager in an agreed upon format.
- Enter DBHDS required data elements in the DBHDS Data Platform, when operational (currently under development). The County Project Officer/Regional Projects office will notify the Contractor within 3 business days of platform availability.
- 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 monthly 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 youth 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;
  - 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 to include: training report, stakeholder survey data and Q1 client survey data (see below). The report must be submitted by the 15th of October and include all trainings for the last fiscal year (July 1<sup>st</sup> through June 30<sup>th</sup>).
  - Annual training report (see Exhibit C) -including the title of each training, training category (deliverable 1) and date, for each staff assigned to the contract, to the Arlington CSB Project Officer.
  - Develop an annual quality assurance plan to set forth how data and information are utilized to regularly assess, monitor and improve the delivery of contracted services. The annual plan shall include strategies and methods and must also outline how evaluations will drive change in programming and service delivery. Submit to Arlington County Project Officer annual by October 15<sup>th</sup> for previous fiscal year (July 1<sup>st</sup>-June 30<sup>th</sup>).
- 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 and community stabilization program.
  - Survey all clients regarding their experiences with the service within 90 days of first contact and submit survey, results/trends, and subsequent program changes (as necessary) to Arlington County Project Officer and Northern Virginia Regional Projects Office quarterly
    - Surveys for Q1[July-September] will be submitted by October 15<sup>th</sup> (with the annual report),
    - Q2 [October-December] by January 15<sup>th</sup>,
    - Q3 [January-March] by April 15<sup>th</sup>, and

- Q4 [April-June]by July 15<sup>th</sup>
  - Administer an annual survey to obtain feedback and service improvement input from key stakeholders. Submit survey, results/trends, and subsequent program changes (as necessary) to Arlington County Project Officer and Northern Virginia Regional Projects Office annually by October 15<sup>th</sup> in the annual report for the last fiscal year (July 1<sup>st</sup> -June 30<sup>th</sup>).
  - 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, licensure, and languages spoken (other than English). If Contractor is a part of a corporation, the corporate structure should be provided.

#### **DELIVERABLE 6: MEDICAID BILLABLE SERVICES**

The Contractor must obtain reimbursement for Mobile Crisis Response Services and Community 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. Mobile Crisis Response Services and Community Stabilization Services level of care, critical features and service components, required activities, service limitations, provider qualifications, staff requirements, medical necessity criteria, exclusionary criteria, discharge criteria, service authorization and utilization review requirements can be found here: [Virginia Medicaid Web Portal](#) Process Medicaid Billing

- Maintain Virginia Department of Behavioral Health and Developmental Services licensure as required for contracted services in good standing.
- Maintain provider enrollment with the Department of Medical Assistance Services (DMAS) as required for contracted services.
- Contract with all Department of Medical Assistance Services contracted Managed Care Organizations (MCO) within 90 days of contract execution or within 90 days of an MCO's contract execution with DMAS.
- Maintain good standing with above MCOs
- Verify insurance eligibility upon client entry into service, upon report of new or updated insurance coverage and receipt of claim denial.
- Obtain prior service authorization for all applicable services as required by all MCOs.
- Obtain additional service authorizations, as required by DMAS and MCOs, if services exceed initial authorized units.
- Submit all claims for third-party reimbursement according to the Contractor's billing process, but not to exceed 60 days following the service delivery date.
- The Contractor accepts all liability for financial loss due to non-compliance with the requirements stated above.

**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).
- Utilize a line item for a second phone line for up to six months to utilize only at the point that the regional call center is functional and the primary phone for mobile crisis services is being forwarded. No longer than six months, the secondary line will become the primary and only line for community stabilization clients. Once the secondary phone line starts, add a date to the invoice so that the six months can be monitored.
- Submit monthly Reimbursement Revenues Report to the Project Officer.
  - Reimbursement Revenues Report must include the following information for each claim, including claims billed to third-party payers and claims for non-covered clients:
    - Client name/identifier listed alphabetically
    - Total number of Mobile Crisis Response clients and Community Stabilization clients
    - Dates of service
    - Number of units (hours)
    - Dollar amount billed by Contractor to Medicaid
    - Procedure code with modifier
    - Medicaid approved Maximum Reimbursement Rate for service provided. County reimbursement is not to exceed the insurance contract rate for each service.
    - Justification for billing contract for all services not reimbursable through insurance
    - Medicaid Claims denied including denial reason provided by payer
    - Medicaid Claims status:
      - Denial (submitted for reimbursement on monthly invoice): These denials are considered, by the payer or vendor, to be client responsibility, and therefore reimbursable by the County, and require justification and explanation from the vendor for submission on the monthly invoice.
      - Denial (vendor responsibility): These denials are accepted by the vendor as their responsibility and will not be submitted for reimbursement on monthly invoice.
      - Denial Appealed: Vendor has appealed the denial or resubmitted claim for reimbursement to the MCO and is awaiting decision and these will

not be submitted for reimbursement on the monthly invoice at this time.

- Contractor shall participate in reconciliation meetings, as requested by the Project Officer, to provide additional justification for any third-party denials included for billing on monthly invoice.

**Expenditures:**

Section No. 1: Personnel costs, listing each position (including salaries, benefits & taxes and other personnel expenses.

- a. Number of staff on the contract 1-35.5
- 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)

- 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:
- 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 an inclusive (as defined in Deliverable 2) comprehensive marketing plan for marketing life span 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 plans shall demonstrate an equity perspective and include flyers, a website, public service announcements and in-person presentations. All marketing must be approved by the Arlington Project Officer, NVRPO office and then DBHDS.

Plan should be updated annually and submitted to Arlington County Project Officer by July 15<sup>th</sup> for the coming year.

**III. REGIONAL SUPPORTS AVAILABLE TO THE CONTRACTOR**

- Safety checks for mobile crisis responders as developed by the Region 2 Crisis Hub Leadership Team.
- 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.
- Office space- 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.
- CSBs in the region will be asked to update their promotional materials, on paper and online, to include information about these services and how to access them.

**IV. PERFORMANCE REQUIREMENTS**

- The services must meet Virginia Department of Medical Assistance (DMAS) licensure requirements for Mobile Crisis Response and Community Stabilization Services [Virginia Medicaid Web Portal](#)
- 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

### Mobile Crisis and Community Stabilization - Budget

2022/2023 Projected Budget (reduce FTE to 26)

Period: 12 month period

	Notes	Costs	Rate (N)	Total
<b>Section 1: Personnel</b>				
<b>Salaries</b>				
	FTE			
Program Director	1	\$110,000	6%	\$116,600
Program Supervisor (1 Admin Supervisor and 4 Clinical Supervisor)	5	\$413,500	6%	\$438,310
Mobile Crisis Counselor (include a mix of FT/PT and QMHP/LEMHP/LMHP)	26	\$1,827,800	6%	\$1,937,468
Peer Support Specialists (include a mix of FT and PT)	2	\$104,000	6%	\$110,240
Dedicated Business Operations Specialist	1	\$41,400	6%	\$43,884
Trainer	0.5	\$30,000	6%	\$31,800
Licensure Supervisor (1 hour per week per LMHPE)			6%	
			6%	
<b>Total Headcount &amp; Salaries</b>	<b>35.5</b>	<b>\$2,526,700</b>		<b>\$2,678,302</b>
<b>Benefits, Taxes &amp; Insurance</b>				
Total Benefits & Taxes (RATE OF 15.5%)	C	\$391,639	6%	\$415,137
Total Professional Liability and Insurance (\$878 PER FTE)			6%	\$0
<b>Total Benefits, Taxes &amp; Insurance</b>		<b>\$391,639</b>		<b>\$415,137</b>
<b>Other Personnel Expenses</b>				
Employee Phone Stipend (\$300 PER FTE)	D	\$10,650	6%	\$11,289
Training (\$420 PER FTE)	D	\$0	6%	\$0
Auto stipend/mileage reimbursement (\$75 per FTE per Week)	D	\$138,450	6%	\$146,757
<b>Total Other Personnel Expenses</b>		<b>\$149,100</b>		<b>\$158,046</b>
<b>Total Personnel</b>		<b>\$3,067,439</b>		<b>\$3,251,485</b>
<i>% of Program Costs</i>		<b>87%</b>		<b>87%</b>
<b>Section 2 - Non-personnel</b>				
<b>General</b>				
Advertising	E	\$8,616	6%	\$9,133
Supplies	F	\$2,000	6%	\$2,120
Equipment Cost	G	\$6,000	6%	\$6,360
Rental Space	H	\$28,197	6%	\$29,889
Utilities	I	\$2,820	6%	\$2,989
Corporate General & Administrative Cost (\$6,405 PER FTE)	J	\$227,378	6%	\$241,020
<b>Total General Non-personnel Expenses</b>		<b>\$275,010</b>		<b>\$291,511</b>
<b>Contracted Services</b>				
Professional fees	K	\$12,675	6%	\$13,436
Contracted Psychiatry Services	L	\$168,000	6%	\$178,080
Clinical Resources	M	\$5,150	6%	\$5,459
<b>Total Contracted Services</b>		<b>\$185,825</b>		<b>\$196,975</b>
<b>Total Non-Personnel</b>		<b>\$ 460,835</b>		<b>\$ 488,485</b>
<i>% of Program Costs</i>		<b>13%</b>		<b>13%</b>
<b>Total Personnel and Non-Personnel</b>		<b>\$ 3,528,274</b>		<b>\$ 3,739,970</b>
<b>Section 3 - Revenue</b>				
Medicaid	O			\$60,000
<b>Total Reimbursement</b>				<b>\$ 60,000</b>
<b>Net Total Budget</b>				<b>\$ 3,680,000</b>

**Notes and Methodology** # of employees multiplied by average annual salary

- C** 15.5% 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 Corporate shared services such as HR, Billing, Accounting, Payroll, IT, QA, Compliance, calculated at a per employee rate as of 06/30/2022 for the allocated FTE of the program
- K** Sign language & translation services/language line
- L** This cost is estimated as our monthly dedicated resource at \$14K
- 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