NOTICE OF RENEWAL OF CONTRACT

TO: ST. JOHNS COMMUNITY SERVICES
   7611 LITTLE RIVER TURNPIKE
   SUITE 404
   ANNANDALE, VA 22003

DATE ISSUED: JULY 25, 2014
CURRENT CONTRACT NO: 155-10
CONTRACT TITLE: ID SUPPORT

THIS IS A NOTICE OF RENEWAL OF CONTRACT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.

This is your Notice that the above referenced contract has been renewed. The contract term covered by this Notice of Renewal is effective IMMEDIATELY and expires on JUNE 30, 2015.

This is the FIFTH year of a possible SIX year contract.

The contract documents consist of the terms and conditions of Agreement No. 155-10, including any exhibits, attachments or amendments thereto.

CONTRACT PRICING:
REFER TO AMENDMENT No. 4 TO AGREEMENT NO. 155-10

ATTACHMENTS:
AMENDMENT 4 TO AGREEMENT 155-10

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

<table>
<thead>
<tr>
<th>VENDOR CONTACT: THAILA SIMPSON-CLEMENT</th>
<th>VENDOR TEL. NO.: 703-916-2740</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENDOR EMAIL: <a href="mailto:tsimpsonclement@scs.org">tsimpsonclement@scs.org</a></td>
<td>VENDOR PAYMENT TERMS: NET 30 DAYS</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>COUNTY CONTACT: JENNIFER MCKINNEY</td>
<td>COUNTY TEL. NO.: 703-228-1717</td>
</tr>
</tbody>
</table>

CONTRACT AUTHORIZATION

IVETE GONZALEZ, CPPB
Procurement Officer

DISTRIBUTION

VENDOR: 1
ARLINGTON COUNTY, VIRGINIA
AGREEMENT NO. 155-10
AMENDMENT NUMBER 4

This Amendment Number 4 ("Amendment") is made on the date of execution of the Amendment by the County and amends Agreement Number 155-10 dated June 30, 2011 ("Main Agreement"), as amended by Amendments No. 1 through 3 and made between St. Johns Community Services "Contractor" and the County Board of Arlington County, Virginia ("County").

Whereas the County and the Contractor desire to amend the contract amount and contract term to be paid under the Main Agreement, as amended, the Contractor and the County, in consideration of the promises and other good and valuable consideration specified in this Amendment, amend the Main Agreement as follows.

A. THE "CONTRACT TERM" PARAGRAPH IS HEREBY DELETED IN ITS ENTIRETY AND THE FOLLOWING IS SUBSTITUTED THEREFORE:

Work under this Agreement shall continue from July 1, 2014 be completed no later than June 30, 2015 ("Fourth Subsequent Term"), subject to any modifications as provided for in the Contract Documents.

Upon satisfactory performance of the Contractor and with the concurrence of the Contractor, the County may, through issuance of an amendment executed by the parties, authorize continued operations of the Contractor under the same terms and conditions for not more than one (1) additional twelve (12) month periods from July 1, 2015 to June 30, 2016 (Each period is referred to as "Subsequent Contract Term").

The Contract Amount, daily and hourly rates for each Subsequent Contract Term shall be in an amount mutually agreed upon but which will in no event exceed the funds appropriated for the service by the County Board of Arlington County, Virginia. The total Contract Amount may be increased or decreased during the Initial and Subsequent Contract Terms if available funds exceed or, in the alternative, are not sufficient to maintain then current service levels.

B. REVISE THE "CONTRACT AMOUNT" SECTION TO READ AS FOLLOWS:

In-Home Support Services:

The Contractor will bill Medicaid through Department of Medical Assistance (DMAS) for services provided to clients with ID Medicaid Waiver. Non-Medicaid Waiver Eligible clients will be billed to Arlington County ID Services at a rate of $29.29 per hour, up to a maximum of $187,338.84.00.

The contractor may bill Arlington County ID Services for indirect

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services not paid by DMAS for ID Waiver Eligible clients. These include staff travel time and report writing, at the rate of $36 per hour, up to a maximum of $4,800.00.

Arlington County funds must be used in adherence to all Federal and Commonwealth of Virginia, Department of Medical Assistance Services regulations governing ID Home and Community-Based Medicaid Waiver Services.

C. ADD EXHIBIT C (RESIDENTIAL REPORTING REQUIREMENTS) TO AGREEMENT 155-10 (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 COUNTY, VIRGINIA

SIGNED BY: ________________________________

PRINT NAME: RICHARD D. WARREN, JR.

AND TITLE: PURCHASING AGENT

DATE: 1/25/14

ST. JOHNS COMMUNITY SERVICES

SIGNED BY: ________________________________

PRINT NAME: Lisa Morgan, VA State Director SPCS

AND TITLE: ________________________________

DATE: 06/24/2014

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## EXHIBIT C: RESIDENTIAL REPORTING REQUIREMENTS

**AGREEMENT 155-10**

<table>
<thead>
<tr>
<th>Report or Designated Product</th>
<th>Copies Required</th>
<th>Date Due or Frequency</th>
<th>Designated County Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Part V. Plan for Supports</td>
<td>1</td>
<td>Annually, 10 days following annual meeting</td>
<td>Project Officer</td>
</tr>
<tr>
<td>B. Person-Centered Reviews</td>
<td>1</td>
<td>Quarterly, 10 days after quarter ends</td>
<td>Project Officer</td>
</tr>
<tr>
<td>C. Incident Reports</td>
<td>1</td>
<td>Within 24 hrs for Serious incidents; All others within 5 business days</td>
<td>Project Officer</td>
</tr>
<tr>
<td>D. IDOLS Requests</td>
<td>1</td>
<td>Within 30 business days of start date</td>
<td>Support Coordinator</td>
</tr>
<tr>
<td>E. Physicians’ Consultation Forms</td>
<td>1</td>
<td>Per Occurrence</td>
<td>Support Coordinator</td>
</tr>
<tr>
<td>F. Response to Referrals</td>
<td>1</td>
<td>Within 10 business days</td>
<td>Support Coordinator</td>
</tr>
<tr>
<td>G. Discharge Reports</td>
<td>1</td>
<td>Within 10 days of discharge</td>
<td>Support Coordinator</td>
</tr>
<tr>
<td>H. Annual Report</td>
<td>1</td>
<td>Upon request</td>
<td>Project Officer</td>
</tr>
<tr>
<td>I. Annual Audit</td>
<td>1</td>
<td>Annually prior to November 1</td>
<td>Project Officer</td>
</tr>
<tr>
<td>J. DBHCS Licensure Reports &amp; Corrective Action Plans</td>
<td>1</td>
<td>Within 5 business days upon receipt</td>
<td>Project Officer</td>
</tr>
<tr>
<td>K. Policies &amp; Procedures</td>
<td>1</td>
<td>Upon request</td>
<td>Project Officer</td>
</tr>
<tr>
<td>L. Other reports as deemed necessary</td>
<td>1</td>
<td>Upon request</td>
<td>Project Officer</td>
</tr>
<tr>
<td>M. Citizen Complaints</td>
<td>1</td>
<td>Next business day</td>
<td>Project Officer</td>
</tr>
<tr>
<td>N. Qualitative Outcome Data</td>
<td>1</td>
<td>August 31</td>
<td>Project Officer</td>
</tr>
<tr>
<td>O. Monthly/Quarterly Invoice</td>
<td>1</td>
<td>By the 10th of the month</td>
<td>Project Officer</td>
</tr>
</tbody>
</table>

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P. Monthly Data for In-home Services

Q. Personal Property Inventories (GH Residents Only)

1 By the 5th of the month Project Officer

1 Annually by July 31 Project Officer