

## **NOTICE OF PUBLIC HEARING AND PUBLIC COMMENT ON PROPOSED FEE CHANGES**

On April 15 and May 13, 2008, the Fee Policy Committee of the Fairfax-Falls Church Community Services Board (CSB) reviewed materials related to proposed fee changes for Fiscal Year (FY) 2009. The changes for FY 2009 are scheduled to be addressed at the June 25, 2008, CSB Board meeting, and once approved by the Board, will be forwarded to the Board of Supervisors. The proposed fee changes for FY 2009 would take effect October 1, 2008.

Copies of these documents have been posted on the CSB's website at [www.fairfaxcounty.gov/csb/announcements/announcement.htm](http://www.fairfaxcounty.gov/csb/announcements/announcement.htm). These documents are also available for review at the Board of Supervisors' District Offices, the Fairfax County Regional Libraries, the Mary Riley Styles Public Library in Falls Church, the Fairfax County Government Center main lobby, CSB service sites, and the Fairfax and Falls Church City Halls. In addition, the CSB Reimbursement Policy and Fee and Subsidy Related Procedures are available for review at the CSB administrative office. If interested, please call 703-324-7000, TTY 703-802-3015.

**Written comments** will be accepted until 5 p.m. June 20, 2008, and may be addressed to: Fee Policy Committee Chairman, Fairfax-Falls Church Community Services Board, 12011 Government Center Parkway, Suite 836, Fairfax, VA 22035-1105 or via email [wwwcsb@fairfaxcounty.gov](mailto:wwwcsb@fairfaxcounty.gov). As noted previously, one final opportunity for public comment on the proposed fees will take place at the June CSB meeting to be held:

June 25, 2008, 7:30 p.m.  
Fairfax County Government Center  
12000 Government Center Parkway, Conference Rooms 9/10  
Fairfax, VA 22035

Special accommodations will be provided upon request. To arrange for transportation assistance and/or a sign language interpreter, please call the Fairfax-Falls Church Community Services Board at 703-324-7010, TTY 703-802-3015. A request should be made at least five working days in advance of the meeting in order to provide sufficient time to make the necessary arrangements.



# FY20089 FEE SCHEDULE

Effective October 2007 8

Service	Unit of Service	Fee		
		Mental Health	Alcohol and Drug	Mental Retardation

## Admissions, Evaluations & Screenings

Detox Admission	Event		\$20.00	
Initial Evaluation/Assessment <sup>(a)</sup>	Event	\$150.00	\$150.00	
Neurological Testing	Event	\$1,168.00		
Other Evaluation/Report	1/4 Hour	\$50.00		
Psychiatric Evaluations	1/4 Hour	\$50.00	\$50.00	
Psychological Testing	Flat Rate <sup>(b)</sup>			\$150.00
Psychological Testing Battery	Event	\$851.00		
Screening	Flat Rate <sup>(b)</sup>		\$25.00	
<b>ACCESS Brief Services <sup>(c)</sup></b>	<b>Flat Rate <sup>(b)</sup></b>	<b>\$25.00</b>		

## Outpatient

Crisis Services/Intervention <sup>(d)</sup>	1/4 Hour	\$31.00	\$25.00	
Family Counseling	Event	\$100.00	\$100.00	
Group Counseling	Event	\$60.00	\$30.00	
Individual Counseling	1/4 Hour	\$25.00	\$25.00	
Medication Management	Event	\$62.00	\$62.00	
Prevention -- Consultation and Education	1/4 Hour		\$25.00	
Procedure for Injection	Event	\$20.00		
<b>Transportation</b>	<b>Monthly</b>		<b>\$100.00 80.00</b>	
Targeted Case Management	Month	\$326.50		\$326.50
Support Services	Units	\$91.00		
Urine Collection	Event	\$25.00		

## Residential

A New Beginning	Bed Day		\$150.00	
Contract Supervised Residential Services	Monthly		\$260.00-\$410.00	
Crisis Care Adults	Bed Day	\$495.00		
<b>Crisis Care Youth</b>	Bed Day	<b>\$655.48</b>		
<b>Crossroads (Youth)</b>	Bed Day		<b>\$252.52 \$251.44<sup>(f)</sup></b>	
Drop-In Support Services	Percent of Gross Income- Hourly	10%		\$2.00 <sup>(e)</sup>
Intensive Residential Support Services	Percent of Gross Income- Monthly			75%
Residential Support Services	Percent of Gross Income- Monthly	30%		30%
New Generations	Bed Day		\$130.00	
Re-entry Apartments	Monthly		\$130.00-\$205.00	
Residential Waiver Services	Hourly			\$14.80
<b>Sojourn House</b>	Bed Day	<b>\$331.90 323.46<sup>(f)</sup></b>		
<b>Stevenson Place</b>	Monthly	<b>\$1236.00 1086.00<sup>(g)</sup></b>		
<b>Sunrise House</b>	Bed Day		<b>\$317.49<sup>(f)</sup></b>	
Supervised Family Living (Sponsored Placement)	Percent of Gross Income- Monthly			50%

## Day Treatment

Adult	Day Units or Day <sup>(h)</sup>	\$36.23	\$67.00	
Adolescent	Day Units or Day <sup>(h)</sup>	\$38.05	\$67.00	
Psychosocial Rehabilitation	Day Units	\$24.23		



# FY20089 FEE SCHEDULE

Effective October 2007 8

Service	Unit of Service	Fee		
		Mental Health	Alcohol and Drug	Mental Retardation

## Early Intervention

ADAPT Program Intake	Flat Rate (b)	\$60.00		
ADAPT Group	Flat Rate (b)	\$20.00		
Missed ADAPT Group Without 24-Hour Notice	Flat Rate (b)	\$20.00		
Bereavement Counseling	One-Time	\$25.00		
Family Intervention (4 Hours)	Hourly		\$25.00	

## Ancillary Charges

Cancelled or Broken Appointment Without 24-Hour Notice <sup>(i)</sup>	Event	\$25.00		
Lab Tests	Flat Rate <sup>(b)</sup>		Actual Cost	
Legal Testimony	1/4 Hour	\$25.00		
Release of Information:				
Copying	Per Page - Up to 50 Pages	50¢		
	Per Page - 51 Pages and Up	25¢		
Research	Event	\$10.00		
Workman's Compensation	Event	\$15.00		
Returned Check	Flat Rate <sup>(b)</sup>	\$25.00		
Staff Travel Time for Legal Proceedings	1/4 Hour	\$25.00		

<sup>(a)</sup> School and Juvenile Court Referrals for Initial Evaluation and Assessment are Not Charged a Fee.

<sup>(b)</sup> Flat Rate Charges Not Subject to Subsidy.

<sup>(c)</sup> One-time fee incurred at second visit.

<sup>(d)</sup> Mental Health Crisis Services also Includes Stabilization, Pre-Screening for Hospital Admission, Emergency Visit, Emergency Residential Screening

<sup>(e)</sup> Not to exceed 10% of gross income.

<sup>(f)</sup> Proposed CSA Rate.

<sup>(g)</sup> State Auxiliary Grant Rate.

<sup>(h)</sup> Mental Health Fees Based on Day Units while Alcohol and Drug Fees are Per Day.

<sup>(i)</sup> Medicaid Regulations Prohibit Charging Medicaid Clients for Missed Appointments.

**DRAFT FY2009 ABILITY-TO-PAY SCALE: updated with 2008 Poverty Guidelines and Median Household Income  
FOR DIRECT CLIENT PAYMENT  
Fairfax-Falls Church Community Services Board**

Percent Client Responsibility	Gross Annual Income and Number of Dependents - Including client(s) and responsible party(ies)					
	1	2	3	4	5	6 or more
100	\$61,597 - and Over	\$72,467 - and Over	<b>\$85,255</b> - and Over	\$106,569 - and Over	\$122,554 - and Over	\$140,937 - and Over
90	\$57,900 - \$61,596	\$68,400 - \$72,466	\$80,700 - \$85,254	\$100,700 - \$106,568	\$115,900 - \$122,553	\$133,300 - \$140,936
80	\$54,200 - \$57,899	\$64,400 - \$68,399	\$76,200 - \$80,699	\$94,900 - \$100,699	\$109,300 - \$115,899	\$125,700 - \$133,299
70	\$50,500 - \$54,199	\$60,400 - \$64,399	\$71,700 - \$76,199	\$89,100 - \$94,899	\$102,700 - \$109,299	\$118,100 - \$125,699
60	\$46,800 - \$50,499	\$56,400 - \$60,399	\$67,200 - \$71,699	\$83,300 - \$89,099	\$96,100 - \$102,699	\$110,500 - \$118,099
50	\$43,100 - \$46,799	\$52,400 - \$56,399	\$62,700 - \$67,199	\$77,500 - \$83,299	\$89,500 - \$96,099	\$102,900 - \$110,499
40	\$35,700 - \$43,099	\$44,300 - \$52,399	\$53,600 - \$62,699	\$65,800 - \$77,499	\$76,200 - \$89,499	\$87,600 - \$102,899
30	\$28,300 - \$35,699	\$36,200 - \$44,299	\$44,500 - \$53,599	\$54,100 - \$65,799	\$62,900 - \$76,199	\$72,300 - \$87,599
20	\$20,900 - \$28,299	\$28,100 - \$36,199	\$35,400 - \$44,499	\$42,400 - \$54,099	\$49,600 - \$62,899	\$57,000 - \$72,299
10	\$15,600 - \$20,899	\$21,000 - \$28,099	\$26,500 - \$35,399	\$31,800 - \$42,399	\$37,200 - \$49,599	\$42,700 - \$56,999
5	<b>\$10,400</b> - \$15,599	<b>\$14,000</b> - \$20,999	<b>\$17,600</b> - \$26,499	<b>\$21,200</b> - \$31,799	<b>\$24,800</b> - \$37,199	<b>\$28,400</b> - \$42,699
Minimum	\$0 - \$10,399	\$0 - \$13,999	\$0 - \$17,599	\$0 - \$21,199	\$0 - \$24,799	\$0 - \$28,399
0	<b>APPROVED THROUGH FEE REVISION ONLY</b>					

Note: The amount of client responsibility for clients with incomes at the minimum level on the scale according to their number of dependents, will be 1% or \$2.00, whichever is higher.

This may be waived only in extreme cases.

05/21/08

Rules and notes as follows:

5% level on chart equals 100%; 10% level on chart approximates 200% of 2008 HHS Poverty Guidelines.  
 100% level on chart approximates 85% of Fairfax County 2006 household median income.  
 100% level for household size of 1 and 2 reduced from size of 3 by 85%. Household sizes 4-6 are increased from size of 3 by 25%.  
 Used 11 Steps: Double increments for 20% - 40%; Single increments from 50% - 100% , rounded.

Notes for Staff:

1 Step >  
 Steps = 11 2 Steps >  
 Used 15 steps. Single increments for 100%-50%. Used double increments 40%-1%

100 % level increased by 25% from household of 2-4, 15% 5-6.

Poverty X2	<b>\$20,800</b>	<b>\$28,000</b>	<b>\$35,200</b>	<b>\$42,400</b>	<b>\$49,600</b>	<b>\$56,800</b>
Poverty 01	<b>\$10,400</b>	<b>\$14,000</b>	<b>\$17,600</b>	<b>\$21,200</b>	<b>\$24,800</b>	<b>\$28,400</b>
Median 2006 Household Income(Approx)	<b>\$ 100,300</b>					

Policy Number: 2120  
Policy Title: Reimbursement  
Date Adopted: TBD

Deleted: December 21, 2005

### Purpose

To provide guidance for the establishment, assessment and collection of fees for services rendered to consumers of the Community Services Board through its directly operated programs and contractual agencies and to assure that such fees are established in accordance with state statutes and regulations, in recognition of fiscal constraints, and in consideration of the needs of a consumer for services.

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### Policy

It is the policy of the Community Services Board that:

1. A single fee will be established for each service and these fees shall be reviewed annually. Fees shall be reasonably related to the established unit cost of providing the services.
2. The consumer or other legally responsible parties shall be liable for the established fee and related third party payer required deductibles and co-payments to the extent provided by law. Payment of the fee shall be sought from the following funding sources: consumer, third party payers of the consumer, and other legally responsible parties. Collection of unpaid balances will be pursued.
3. Every consumer of the Fairfax-Falls Church Community Services Board shall be subject to this fee policy whether service is obtained from a directly operated program or a contractual agency, except:
  - a. Youth who receive a service funded by the Comprehensive Services Act (CSA) and provided by the CSB. CSA youth and their families shall be subject to the CSA fee policy for CSA services provided by the CSB.
  - b. Children from birth to 36 months who receive services under Early Intervention-Part C. Early Intervention-Part C children shall be subject to the Fee Policy and Procedures established by the Fairfax-Falls Church Interagency Coordinating Council.
4. Services shall not be refused to any consumer solely on the basis of ability to pay.
5. A consumer or other legally responsible party who is unable to pay the full fee are assessed on an ability-to-pay scale. Regulations shall be established to ascertain ability to pay and to determine subsidies.
  - a. A periodic review of the ability to pay of the consumer and of other legally responsible parties will be conducted.
  - b. Alternative methods of payment shall be negotiated before any subsidy is considered.
6. The consumer and other responsible parties shall have the right to an appeal of fee-related determinations in accordance with procedures established by the Community Services Board.
7. Administrative regulations and amendments thereto pertaining to fee policy shall be approved by the Board.

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8. The Executive Director of the Community Services Board has the authority to amend the CSB's fee schedule to reflect periodic changes in rates established by Medicaid and by the Fairfax County Comprehensive Services Act Coordinating Committee (CSA) as well as revenue opportunities.
9. The Executive Director of the Community Services Board has the authority to amend CSB eligibility criteria and charges for subsidized psychotropic medications to reflect sudden or periodic policy and regulatory changes in State and Federal sponsored pharmacy programs.

Approved \_\_\_\_\_ December 21, 2005  
 Secretary Date

Policy Adopted: March 1984  
 Revision Adopted: January 1995  
 Policy Readopted: June 1996  
 Revision Adopted: May 28, 1997  
 Revision Adopted: April 26, 2000  
 Revision Adopted: May 23, 2001  
 Revision Adopted: June 17, 2002  
 Policy Readopted: July 23, 2003  
 Policy Readopted: June 23, 2004  
 Revision Adopted: June 22, 2005  
 Revision Adopted: December 21, 2005  
Revision Adopted: TBD

References:  
 Code of Virginia, §37.2-504.A7  
 Code of Virginia, §37.2-511.  
 Code of Virginia, Title 20, Chapter 5-61  
 Code of Virginia, §37.2-100

Regulation Number: 2120.1  
Regulation Title: Fee and Subsidy Related Procedures  
Date Adopted: ~~TBD~~

Deleted: August 14, 2007

## PURPOSE

To establish procedures for the establishment, assessment and collection of fees for services rendered to ~~consumers~~ of the Fairfax-Falls Church Community Services Board (CSB).

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## REGULATION

- I. Authority. These procedures are based on the principles contained in Community Services Board policy 2120, applicable State law and fiscal policies developed by the State Mental Health, Mental Retardation and Substance Abuse Services Board.
- II. Applicability. These procedures shall apply to all ~~consumers~~ of programs operated directly by the Community Services Board and all ~~consumers~~ of contract agencies for whom the community services board provides funding.
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- III. Eligibility.
  - A. Residents of CSB Service Area. All residents of the CSB service area are eligible to receive services appropriate to their needs and available CSB resources. Persons receiving services from the CSB may also be eligible for subsidies provided by the CSB. Employees of the governments of Fairfax County, City of Fairfax, and City of Falls Church are eligible to receive services and may be eligible to receive subsidies based on the Ability-to-Pay Scale Guidelines (Attachment A) established for the residents of the CSB service area. Non-residents who participate in regional programs under the auspices of the CSB are not eligible for additional services.
  - B. Foster Care Parents-Non-Residents. Parents whose children are in the custody of Fairfax County Foster Care are eligible to receive a parental custody assessment and evaluation charged according to the CSB's Ability-to-Pay Scale regardless of whether the parents are residents of Fairfax County or the Cities of Fairfax or Falls Church. The parental assessment and evaluation will be provided at a Fairfax-Falls Church location. Custody assessments and evaluations are usually not eligible for reimbursement by insurance because the purpose of the assessment and evaluation is not treatment. Payment for the parental assessment and evaluation must be made at time of service.

Subsequent to the assessment and evaluation if one or both of the parents are in need of treatment, but they are not eligible for subsidies because they live outside of the CSB service area, they will be referred to the Community Services Board within their home jurisdiction or to private providers for services. If treatment services are provided by the Fairfax-Falls Church Community Services Board, non-residents will be required to pay full fee.

- C. Emergency Services (24/7). Emergency services (crisis intervention, crisis stabilization, prescreening for hospital admission, emergency visit, emergency residential screening) are always available to residents and non-residents.

IV. Persons Who Live Outside of the CSB Service Area.

If a consumer begins service pursuant to the eligibility standard in paragraph IV and subsequently loses that eligibility, the consumer generally may continue to receive such services for no more than 90 days. During this 90-day period, the service provider will assist the consumer to transition to services within the consumer's new service area. Services may be extended by the Program Manager for an additional 90 days. If the consumer is still receiving services after 90 days, the consumer will be charged full fee. Exceptions may be made on a case-by-case basis by the program manager.

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V. Fees for Service.

A. Establishment of Fees

The fees shall be reasonably related to the established unit cost of providing the service. All unit costs for all services will be reviewed and updated annually.

Attachment B lists the established fee schedule for services offered by the board either directly or through contractual agencies.

B. Effective Date of Change in Fees.

Changes in fees shall become effective no sooner than 60 days after the date of final approval by the Board. Any consumer who is receiving a package of services as defined in the consumer fee schedule (Attachment B), during a period when a revised fee schedule is implemented, shall only be liable for the original fee. Any subsequent packages of services shall be at the new rate.

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C. Liability for Fees.

1. An adult consumer is liable for the full fee for services rendered.
2. The parents or guardians of all persons under age 18 shall be liable for all fees unless the youth requests that his/her parents or guardian not be notified in accordance with State law or the youth is an emancipated minor, in which case the emancipated minor is responsible for the fee.
3. All persons age 18 or older shall be treated as independent adults. Parents of adult children with disabilities are not liable for fees for services to their children, except in the following instances: (a) cost-share residential programs; and (b) third party payments for deductibles and co-insurance, co-payments, or consumers covered by an insurance policy held by a parent or guardian.

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D. Collection of Missed Appointment Fees.

The CSB charges a flat fee for missed appointments without 24-hour notification. If a consumer with Medicaid coverage misses an appointment, per the Medicaid Mental Health Clinic and Community Mental Health Rehabilitation Manuals, the consumer will not be charged for the missed appointment.

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VI. Implementation Procedures.

A. How to Pay for Services Received.

1. The consumer and/or other legally responsible parties shall sign the CSB Financial Responsibility Agreement. Formatted: Bullets and Numbering
2. Services shall not be refused to any consumer solely on the basis of ability-to-pay. Deleted: client
3. The consumer or other legally responsible party is responsible for paying the full fee for services. Deleted: client
4. Consumers are required to make some payment each time they present for service, especially in those programs with sufficient administrative staff to collect fees. Payment procedures shall be explained fully. Deleted: Clients
5. In crisis situations, efforts will be made to collect basic financial information, however, treatment will not be delayed if the information cannot be immediately obtained. Follow up efforts will be made to collect the necessary financial information.
6. Unpaid service fees, including insurance deductible and co-insurance amounts, will be billed at the end of each month. Payment is due upon receipt of the consumer statement. Deleted: client
7. Consumers who have insurance must provide the necessary information to allow the CSB to bill for services. Deleted: Clients
  - a. Consumers assigned to staff whose credentials are covered by their insurance plan are responsible for paying the deductible and co-insurance amounts specified by their insurance company. Deleted: Clients
  - b. Consumers assigned to staff whose credentials are not covered by their insurance plan may be granted a subsidy to reduce their liability. Deleted: Clients
  - c. Consumers receiving services not covered by their insurance plan may be granted a subsidy to reduce their liability. Deleted: Clients
8. Extended payment plans and fee subsidies may be granted upon application. The criteria used for determining eligibility for extended payments and fee subsidies will be explained. Deleted: <#>The client and/or other legally responsible parties shall sign the CSB Financial Responsibility Agreement.  
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9. Collection of unpaid balances will be pursued.
10. Consumers will be made aware of the availability of CSB supplemental subsidies for consumers unable to pay fees in accordance with established CSB fee regulations. Deleted: Clients  
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11. Consumers will be made aware of the ability to appeal fee determinations. Deleted: Clients

B. Extended Payment Plans.

If the consumer and/or other legally responsible parties are unable to pay the full fee as billed, extended payment plans may be offered. The extended payment plan is not a subsidy; it merely extends the payments over a longer period of time. Deleted: client

Other payment methods, including the use of credit cards, will be accepted and should be considered before executing an extended payment plan, especially if the service is short-term. The typical extended payment plan requires immediate payment of 25% of the balance and equal payments of the remainder of the balance over a six-month period. Extended payment plans must be approved by the reimbursement staff and the program manager or designee.

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C. Subsidy Determination.

1. Basic Subsidy.

The CSB may provide a subsidy according to an Ability-to-Pay Scale for consumers who are unable to pay the full fee. The subsidy, which is determined by the Ability-to-Pay Scale, is limited to charges for services that are not covered by insurance.

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Subsidies are based on the consumer's gross family income and number of dependents. Documentation of income and insurance will be required for consumers requesting a subsidy where it is practical to do so; exceptions may be made in instances of emergency and prevention services.

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Ability-to-pay for consumers receiving or requesting a subsidy will be reviewed and documented annually. Documentation shall include, at a minimum, gross family income and number of dependents. More frequent review may be necessary if a consumer or other legally responsible party requests a supplemental subsidy or experiences changes in income and family size used to determine ability to pay. The consumer or responsible party must attest to the accuracy of the information provided on the financial agreement. The consumer or other legally responsible party will be informed that additional methods of verification and audit may be used. Basic subsidies will be approved by the CSB reimbursement staff who is designated to determine eligibility.

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A full fee will be charged under the following circumstances, meaning a basic subsidy will not be provided to:

- A consumer who refuses to provide documentation of income.
- A consumer seeking services which are covered by a health insurance plan
- A consumer living outside of Fairfax County and the Cities of Fairfax and Falls Church Virginia
- A consumer receiving services which have been determined by the CSB as ineligible for a subsidy

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2. Ability-to-Pay Scale.

Attachment A is the Ability-to-Pay scale for services. This Scale will be reviewed and, if necessary, updated annually.

3. Supplemental Subsidy.

The CSB may provide a supplemental subsidy for consumers or other legally responsible parties who are unable to pay according to the Ability-to-Pay Scale and can document financial hardship. There are two types of supplemental subsidies: Administrative, based on financial considerations, and Clinical, based on a combination of financial and clinical considerations. Documentation of total monthly income (earned and unearned) and expenses (*housing, utilities, medical, legal, child care and tuition*) must be provided before a supplemental subsidy is granted. Supplemental subsidy will be determined based on the adjusted gross income and family size. Supplemental fee subsidies are retroactive to the beginning of the month and valid for 12 months. A clinician or administrative staff must evaluate and review the consumer's documentation of income, expenses and payment history, attest to reviewing the documentation and file it in the consumer's record. The CSB may also provide an administrative supplemental subsidy for consumers covered under a health insurance policy in the following circumstances:

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- a. Services provided by staff whose credentials are not covered by the consumer's health insurance plan
- b. Services that are not covered by the consumer's health insurance plan
- c. Services that exceed the consumer's health insurance plan limits

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Other payment methods, including the use of credit cards and extended payment contracts, will be accepted and should be considered before extending a supplemental subsidy, especially if the service is short-term. Service intensity reduction should also be considered before extending a supplemental subsidy.

#### D. Health Insurance Usage

1. Insurance companies will be billed the full fee for service.
2. Consumers are responsible for paying all co-pay and deductible amounts.
3. If the insurance company "allowed amount" is less than the amount billed, appropriate adjustments will be made at the time the insurance company notification is received.
4. Consumers who do use their insurance shall be charged the full unit cost of the services they receive. A supplemental subsidy may be granted for extenuating circumstances. Requests will be handled on a case-by-case basis.
5. Charges for the following services may be reduced by a supplemental fee subsidy according to the supplemental subsidy guidelines
  - a. Services provided by staff whose credentials are not covered by the consumer's health insurance plan

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b. Services that are not covered by the consumer's health insurance plan

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c. Services that exceed the consumer's health insurance plan limits

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E. Consumer Payment of Co-pay and Deductible.

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Consumers are expected to pay the required co-insurance, co-payment and deductible amounts on a pay-as-you-go basis (billed as necessary) for services billed to Medicaid, MR Waiver services and any other services with a mandatory co-pay in addition to those for third party (insurance) pay sources.

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F. Refusal to Pay.

All consumers of the CSB are informed during the intake process that they will be charged a fee for services they receive. Services to consumers who are able to pay the fee, but who have refused to pay may be discontinued. The decision to deny treatment or services will be made by the program manager based on the clinical appropriateness to the consumer.

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VII. Appeal.

The consumer and/or responsible parties who are unable to make the required payments for services may appeal a determination pertaining to their fees or subsidy and may request a re-evaluation of their ability-to-pay for services. This appeal may result in an extended payment plan, a basic subsidy or a supplemental subsidy. The type of documentation required for the appeal may vary by situation, but the minimum level of documentation is outlined in sections VI C.1 and VI C.3. If the consumer and/or responsible parties request an appeal based solely on financial reasons, the appeal will be considered and a decision will be made by a service director in Alcohol and Drug Services, Mental Health Services or Mental Retardation Services. If the consumer requests an appeal for reasons other than financial, the appeal will be considered and a decision will be made by the appropriate program manager.

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VIII. Delinquent Accounts and Write-off of Bad Debts.

A. Delinquent Accounts.

1. Upon initial contact, the consumer or other legally responsible parties will be informed that delinquent accounts may be subject to collection through a collection agent or the State Debt Set-off Program. Authorization to pursue collection by sending financial information, name and address to a collection agent if the account becomes delinquent is included in the Financial Agreement signed by consumers entering service.

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2. An account shall be considered delinquent if a balance is outstanding for more than 90 days from billed date unless a valid extended payment contract is in effect.

3. The delinquent status of an account is included on consumer statements that are sent to the consumer or responsible party on a monthly basis.
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4. The Central Reimbursement Office staff and site administrative staff will notify the primary counselor, therapist or service provider periodically that an open case is delinquent. The service provider will take action to resolve the delinquency using the following methods:
  - a. Obtain payment from the consumer
    - Deleted: client
  - b. Obtain a repayment agreement if the consumer is able to pay the full balance but over time
    - Deleted: client
  - c. Obtain an approved subsidy or supplemental subsidy to reduce the amount the consumer is required to pay
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  - d. Obtain an approved write-off of all or a portion of the consumer's balance
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  - e. Terminate treatment because of the consumer's refusal to pay.
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5. Central Reimbursement staff is responsible for pursuing collection of closed accounts with delinquent balances.
6. Closed accounts which are delinquent 120 days or more after billing will be reviewed on a quarterly basis by the Central Reimbursement Unit staff. A summary of accounts deemed appropriate for collection will be forwarded to the CSB Chief Financial Officer for further action.
7. Closed accounts which remain delinquent after 120 days may be collected by the following methods:
  - a. Settlement contract to include a lump sum payment to pay all or part of the balance with remaining balance to be written off.
  - b. Department of Taxation – Debt Set-off Program
8. CSB Delinquent Accounts Manager. The procedures followed for collection of delinquent accounts will be reviewed by the Chief Financial Officer of the Community Services Board.

B. Write-off.

1. An account may be written off for one of the following reasons:
  - a. the CSB Reimbursement Unit establishes it as “uncollectible”
  - b. the case is closed with an outstanding balance and efforts at collection have been unsuccessful
  - c. the account has been submitted to the Department of Taxation’s Debt Set-Off Program for three years without a match
  - d. the account is less than \$5.00 and cannot be submitted to the Debt Set-Off Program

- e. the consumer is awarded a Discharge of Debtor through bankruptcy proceedings which requires that the discharge amount be written off
  - f. the consumer is deceased and there is no estate.
  - g. the CSB is unable to obtain an accurate billing address and there is no social security number on record which precludes submission to the Debt Set-Off Program and CSB Delinquent Accounts Manager
  - h. the account is beyond the statute of limitations for collections.
2. The list of closed accounts to be written-off will be initiated by the CSB Reimbursement staff who will forward it to the CSB Reimbursement Manager for approval. . The CSB Chief Financial Officer will submit to the Executive Director the written-off totals and reasons that have been determined to be uncollectible. The Executive Director will report annually to the Board the number and the amount of the accounts written off and the reasoning.
3. The open accounts to be written off will be initiated by the Single Accountable Individual (SAI) or clinician. Outstanding Debt Write-Off may apply to unpaid balances that cannot be paid due to financial hardship and extenuating circumstances. The Coinsurance and Deductible Write-Off will be granted when services were processed by the appropriate third party and a balance remains on the account due to co-payments or deductibles. The Write-Off request is submitted to the Central Reimbursement staff to be reviewed and finalized.

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#### IX. Court Appearance by Clinician.

A fee for a court appearance may be charged and may be assessed for preparation, waiting and travel time. Decisions to apply a subsidy to the fee shall be made on a case-by-case basis by the program manager. No fee will be charged to a County or City agency.

#### X. Medicaid Services.

Consumers with Medicaid will be assigned to licensed therapists or to certain eligible unlicensed therapists. Medicaid permits a mental health clinic to bill for therapy services provided by certain unlicensed individuals, other than an intern or resident, who have completed a graduate degree, are under the direct personal supervision of an individual licensed under state law as directed by the physician directing the clinic, are working toward licensure and are supervised by the appropriate licensed professional in accordance with the requirement of his or her individual profession. In addition, Medicaid permits billing of services provided by qualified substance abuse providers (QSAP) as defined in the June 12, 2007 Special Medicaid Memo issued by the Virginia Department of Medical Assistance Services and the accompanying Emergency Regulation on Amount, Duration and Scope of Services which amends relevant sections of 12 VAC 30-50.

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When a consumer is assigned to an eligible unlicensed professional the clinician and their immediate supervisor must complete the form titled: Request for Medicaid Clinic Option Billing by Unlicensed Professional. In addition for other mental health services and/or substance abuse services meeting the Medicaid requirements, the qualified certification form must be completed by the immediate supervisor. All supervisors have access to these forms from the CSB Central Reimbursement Unit.

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Consumers with Medicaid who are assigned to an ineligible, unlicensed therapist will be charged the Medicaid co-pay with all other charges being written off.

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If a consumer with Medicaid coverage misses an appointment, per the Medicaid Mental Health Clinic and Community Mental Health Rehabilitation Manuals, the consumer will not be charged for the missed appointment.

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#### XI. Provision of Service to Staff of Other CSBs.

Staff who works for another CSB and need to be seen elsewhere because of confidentiality concerns may receive services from the CSB. If eligible, the staff may receive a subsidy. This is limited to CSBs with which a reciprocal agreement exists.

#### XII. Services Provided at No Cost to the Consumer.

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Consumers receiving any of the services or attending the programs listed below will be charged no fee. If a consumer moves from a non-fee program to other CSB programs, fees are charged according to CSB fee and subsidy related procedures.

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A. Entry and Referral Services. These services include eligibility determination, referral and triage and are conducted primarily on the phone. It would be impossible to charge for these services since a large percentage of callers are generally not identified.

B. Vocational/Employment/Habilitation/Services MH/MR. Staff has ascertained that it is not cost effective to charge for this service. The revenue collected would be far less than the costs of collection, since most of these consumers have very little income.

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C. Alternative House-Residential Emergency Services. The consumers of Alternative House-Residential Services are runaways with very little, if any, resources. It would not be cost effective to try to collect fees in this program and often parents would be unwilling to pay since they did not request the service.

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D. Victim Assistance Network. It is impractical to charge callers for Victim Assistance Network (VAN) hotline services. Therefore, there is no fee for hotline calls. Furthermore, charging fees for participants in VAN support groups is also impracticable since many of these services are provided by volunteers and formal case records are not opened for these participants.

Deleted: <#>Women's Shelter. Current data indicate that the cost of collection exceeds the revenue obtained in this program. Fees present a significant obstacle to treatment.¶  
<#>Alexandria Detoxification Services. Most clients in this program have very little, if any, resources. It would not be cost effective to charge fees for the services in this program.¶

E. School Suspension Program (Substance Abuse Awareness Seminar). This jointly operated (CSB-Fairfax County Public School System) program is an education and consultation service to the Fairfax County Public Schools. Services provided by this program are mandated by the school system for students in violation of substance abuse regulations.

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**F.** Youth Substance Abuse Consultation, Screening, Drug Testing and Evaluation. ADS has an agreement with Fairfax County Public Schools (FCPS) and Fairfax County Juvenile Court Services that these services will be provided at no cost through ADS.

**G.** Juvenile Detention Center Services provided at the Juvenile Detention Center to incarcerated youth are provided at no cost to the parents/guardians. It would not be cost effective to charge fees for services provided in this program.

**H.** Non-Targeted Case Management. The Core Services Taxonomy 6 for MH, MR and SA Services defines case management as a service that assists individuals and their family members in assessing needed services that are responsive to individual needs. When a consumer meets Medicaid eligibility criteria and also meets certain Medicaid defined MH diagnostic and MR Waiver criteria, Medicaid will pay for these consumers to receive the Medicaid definition of case management services, called Targeted Case Management. All other case management activities not included in the Medicaid definition are called non-targeted. The CSB does not bill for non-targeted case management because they are less intensive, not as comprehensive and provided on an as needed basis. This service is provided on an as-needed basis, often in small increments. In many instances, the consumer is not present at the time of service. Accounting for these services for each consumer is cumbersome and is not cost effective.

**Deleted:** If a consumer does not meet Medicaid eligibility criteria, but meets the Medicaid MH diagnostic and MR Waiver criteria they are also billed for Targeted Case Management Services.

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**I.** Outreach Services at Homeless Shelters. Consumers receiving outreach services are not well connected to CSB programs. Staff deployed to homeless shelters provide education, consultation and support to consumers in order to facilitate connection to needed treatment services. Charges commence with intake and when consumers are connected to services, based on the consumers' ability to pay.

**J.** Services at the Adult Detention and Pre-Release Center. Most consumers in these programs have little, if any, resources. It would not be cost effective to charge fees for the services in these programs.

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**K.** Long Term Residential Alcohol and Drug Programs. Adult Crossroads, and Second Genesis. Consumers entering these programs have little, if any resources. Additionally, consumers are not allowed to work while attending residential treatment. It would not be cost effective to charge fees for services for these programs. Once consumers progress to the aftercare, non-residential phase of the program, they will be charged based on their ability to pay.

**L.** Foster Care. Services which are not reimbursed by Medicaid for children in foster care are provided at no cost to the foster parents.

**M.** Geriatric Consultation Services. The CSB does not charge for outreach services or for initial assessments or consultations when the Department of Family Services (DFS), and/or Police, Fire and Rescue Departments request that CSB Geriatric staff be part of a DFS or Police, Fire and Rescue team making an initial home visit. All services are billed once a consumer becomes admitted to the CSB.

**Deleted:** <#>Inpatient Psychiatric Services. The CSB has a contract with Inova Health Systems to provide access to acute inpatient psychiatric beds and related services, twenty-four (24) hours per day seven (7) days per week at Inova-Mount Vernon Hospital for CSB referred patients who are medically indigent. Because the CSB is purchasing access to these beds and related services, no charges related to inpatient services will be billed to patients admitted to these beds. ¶

**N.** Mobile Crisis Unit. The CSB does not charge for hostage-barricade incidents, disaster responses, or critical incident stress debriefings to public or non-profit agencies.

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Approved

\_\_\_\_\_  
Executive Director

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Date

Approved: October 1984  
Revised: January 1995  
Revised: June 1996  
Revised: May 1997  
Revised: October 1999  
Revised: April 26 2000  
Revised: May 23, 2001  
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