FAIRFAX - FALLS CHURCH

Community Services Board

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Gary Ambrose, Chair
Merrifield Center
8221 Willow Oaks Corporate Drive
Level 3 - Room 409A
Fairfax, Virginia 22031
Wednesday, September 28, 2016
5:00 p.m.

1.	***Meeting Called to Order***	Gary Ambrose	5:00 p.m.
2.	***Matters of the Public***	Gary Ambrose	
3.	***Amendments to the Meeting Agenda***	Gary Ambrose	
4.	***Approval of CSB August 24, 2016 Board Meeting Minutes***	Gary Ambrose	
5.	***Matters of the Board***		
6.	***Committee Reports***		
	A. Behavioral Health Oversight Committee	Diane Tuininga	
	B. Fiscal Oversight Committee	Ken Garnes	
	C. Legislative Committee	Molly Long	
	D. Intellectual and Developmental Disability Committee	Lori Stillman	
	E. Other Reports		
7.	***Action Items***		
	A. CSB FY 2018 Budget Requests	Ken Garnes	
	B. Public Review-Comment Period to Proposed Changes CSB FY 2017 Fee Related Documents	Kat Kehoe	
8.	***Directors Report***	Tisha Deeghan	
	• Compliance Report		
9.	***Adjournment***		

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Fairfax-Falls Church Community Services Board
August 24, 2016

The Board met in regular session at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA.

The following CSB members were present: Gary Ambrose, Chair; Basilio 'Sonny' Cachuela Jr., Ken Garnes, Sheila Coplan Jonas, Suzette Kern, Bettina Lawton, Sarah Meiburg, Lori Stillman, Diane Tuininga, and Jane Woods

The following CSB members were absent: Pamela Barrett, Kat Kehoe, Molly Long, and Paul Luisada

The following CSB staff was present: Tisha Deeghan, Michael Lane, Lucy Caldwell, Jean Hartman, Evan Jones, Lyn Tomlinson, and Laura Yager

1. Meeting Called to Order

   Gary Ambrose called the meeting to order at 5:00 p.m.

2. Matters of the Public

   Anisa Mustafa, CSB Client and Recovery Specialist regarding the Fairfax-Falls Church Community Services Board

3. Amendments to the Meeting Agenda

   There were no amendments offered and the agenda was accepted as presented.

4. Approval of the Minutes

   Diane Tuininga offered a motion for approval of the July 27, 2016 Board meeting minutes of the Fairfax-Falls Church Community Services Board as presented, which was seconded and passed.

5. Matters of the Board.

   Jane Woods, noting Suicide Prevention Awareness week is September 4th – 11th, referred members to the Suicide Prevention Alliance of Northern Virginia (SPAN) website (http://www.suicidepreventionnva.org) to locate information on events occurring in Virginia during the month of September, and encouraged members to participate, reporting that SPAN would have a booth at many of the events.

6. Committee Reports

   A. Behavioral Health Oversight Committee (BHOC)

   Diane Tuininga stated that as there was no August meeting no report was forthcoming.

   The next meeting is September 14th at 5:00 p.m. at the Merrifield Center

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B. *Fiscal Oversight Committee*

Ken Garnes reported on activities of the committee highlighting the following:

- Noting that the new Fiscal Year has just begun, limited fiscal data is available. Further noting, the data presented reflects a positive start to the year
- As of Aug 15, there were 132 General Merit Vacancies, which is 32 positions over the Vacancy Breakeven Point (VBP). This number is higher than usual as it includes the addition of 12 new positions in FY 2017.
- The CSB is working with the Communications Productions Division and Channel 16 to create a video for recruitment and retention of CSB staff.
- An overview of critical position recruitment was provided, some activities noted are 1) second round interviews have been scheduled in early September for the Emergency Services and Diversion First Service Director positions, 2) six Support Coordinators have been hired, and 2) 11 Senior Clinicians have been hired to work in Youth & Family.

The next meeting of the Fiscal Oversight Committee is Friday, September 16th at 9:00 a.m. at the Pennino Building, Room 836A.

C. Legislative Committee

Diane Tuininga, in the absence of Molly Long provided an overview of committee activities, some of which include:

- The Legislative Committee Charter was approved following addition of the text "the cities of Fairfax and Falls Church" at the recommendation of Diane Tuininga and Jane Woods.
- In anticipation of scheduling meetings in the fall with VA Legislators, and following review by Legislative Committee members, legislator assignments were forwarded to the board for review and possible modification. A recommendation for members to work together to modify the assignments as needed and forward any requested changes to Molly Long by Friday, September 2nd accompanied the assignments.
- In support of the scheduled meetings with Legislators, a packet of legislative priority materials will be issued by the Legislative Committee.

Discussion ensued regarding scheduling meetings with legislators, proposed realignment of legislative assignments, and a timeline for issuing materials on legislative priorities. It was noted the Virginia Association of Community Services Boards (VACSB) priorities are usually published in late October.

The next meeting of the Legislative Committee is Wednesday, September 28th at 6:30 p.m., following the CSB Board Meeting.

D. Intellectual and Developmental Disability (IDD) Committee

Lori Stillman, noting there was no meeting in August, reported on recent events to include:

- Waiver Redesign was approved by the Centers for Medicare and Medicaid Services (CMS) with an effective date of September 1, 2016. While many specifics remain unknown, preparations are continuing.
- Fairfax County has created a survey to measure the transportation and mobility needs of older adults and individuals with disabilities within the community. Board

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members were encouraged to refer those with a need to the survey, which is available until September 30th.

The next meeting of the IDD Committee is Wednesday, September 7th at 5:30 p.m. at the Merrifield Center, Room 3-409A.

E. Other Matters

Gary Ambrose, noting that it had been two years since a comprehensive review of the Priority Population Guidelines had been conducted and in view of developments such as Diversion First and the Medicaid waiver redesign, reported he would seek board volunteers for an Ad Hoc Committee to work with CSB staff to review and update the guidelines.

Note: Kat Kehoe sent an email update on progress of the Ad Hoc Fee Policy Committee, which met again on August 17th. She reports that the committee is on track to present the 2017 fees to the Board for their review at the September Board meeting. The one outstanding piece is the DD Waiver list of the new services we will be providing and the fees to go with it, which will be provided by the state.

7. FY 2016 Year End Report

Noting that draft copies of the FY 2016 Year-End Report and Cover Letter had previously been forwarded to the board for review, Ken Garnes offered a motion for approval of the report which was seconded and passed.

Following approval, Mr. Garnes expressed gratitude to board members and involved CSB staff; taking particular note of the hard work of Belinda Buescher.

8. Directors Report

Tisha Deeghan provided information on several matters to include:

- Discussion of legislative priorities on the monthly Virginia Association of Community Services Boards (VACSB) policy conference call.

A discussion of how VACSB priorities may impact CSB legislative priorities followed.

- Ms. Deeghan noted that Waiver Redesign changes take effect the following week on September 1st, further noting that information from the Department of Behavioral Health and Developmental Services (DBHDS) is forthcoming.
- Ms. Deeghan offered a reminder that she is scheduled to provide a Waiver Redesign update presentation to the Human Services Committee, Tuesday, September 27 at 1:00. This will be followed by a Budget Committee meeting at 3:00 p.m. at which information on next steps for Lines of Business (LOBs II) will be covered.
- Notification from DBHDS of a rent subsidy voucher program for individuals with Developmental Disabilities was received. With an expectation that the program will begin this fall, there are 39 vouchers available in FY 2017 and an additional 32 vouchers to be added in FY 2018, for a total of 71 vouchers funded through this program.

Discussion ensued regarding funding sources and how long subsidy assistance will be provided.

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- Ms. Deeghan announced that Board Chair Gary Ambrose had been awarded the Gartlan award for statewide contributions by a citizen volunteer. This prestigious award will be presented October 6th at a luncheon at the VACSB Conference.
- Ms. Deeghan reported that Luann Healy, Director of the Office of Compliance and Risk Management passed her examination and is certified in Healthcare Compliance.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 5:40 p.m.

Actions Taken--

- The July 27, 2016 meeting minutes were approved.
- The FY 2016 Year-End Report was approved

August 24, 2016

Date

Staff to Board

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CSB Fiscal Committee Meeting Notes

Date: August 19, 2016
Attending: Ken Garnes, Chair; Gary Ambrose, Basilio 'Sonny' Cachuela, Jr., Suzette Kern, Bettina Lawton, and Lori Stillman
Staff: Tisha Deeghan, Lisa Witt, Marta Cruz, and Belinda Buescher

Summary of Information Shared/Decisions:

Review of meeting notes

The committee reviewed and approved the notes of the July 15, 2016 committee meeting as presented

Financial Status

Lisa Witt provided an overview highlighting the following:

- Position Status:
  - As of August 15, 2016, the number of vacant Fund 400 General Merit Positions was 132, which is 32 positions over the Vacancy Breakeven Point. This number includes new FY 2017 positions including eight Diversion First and four Support Coordinator positions. The average vacancy total is 127 positions for FY2017, also inclusive of the 12 positions.
- FY 2016 Pay Period Metrics:
  - As of PP15, CSB has accumulated approximately $1.7M in compensation and fringe benefit savings, primarily as the result of the FY2016 year-end accrual of days worked in FY2016 but paid out in FY2017.
- FY 2016 Carryover Submission
  - Staff offered a reminder that FY2016 Carryover will be voted on by the BOS at the 9/20 meeting. .
- FY 2016 Modified Fund Statement and Explanation of Variance:
  - Will be published in January to allow meaningful FY 2017 data to be accumulated.

Human Resources Issues

Marta Cruz, provided current staffing information and efforts highlighting the following:

- In the month of July there were 14 staff appointments and 12 terminations with a total of 132 General Merit Position vacancies as of August 15, 2016.
- CSB Human Resources, the Communications Productions Division and Channel 16 are creating a recruitment video showcasing the benefits of working for the CSB as well as the services we provide.
- Staff reported the majority of the CSB requests put forth at the Workforce Planning Meeting (WFP) held last spring have been approved by the Department of Human Resources (DHR) and DMB with anticipated completion in early September. Another WFP is scheduled for late September/early October 2016.
- An update to critical position recruitment was provided to include:
  - Second round interviews for the vacant Emergency Services and the Diversion First Service Director positions are scheduled for early September.
  - Reclassified Crisis Intervention Specialist positions will be posted August 20th.
  - Management and staff are redesigning the current shift schedule to stabilize and improve management of the schedule to strengthen recruitment and retention.
  - The Diversion First positions created in July are in various stages of advertisement and résumé selection.

- Committee members requested information on Equal Employment Opportunity (EEO) reports. The committee was informed that DHR completes EEO reports for Fairfax County, noting the CSB completes a biennial Diversity Report, which can be made available to the committee.
- Committee members asked to have the Critical Position Recruitment Status table modified by adding an asterisk to a position name to illustrate when the position is in the interview phase, signifying the position is anticipated to be filled soon.

Diversion First

Tisha Deeghan provided an overview of Diversion First activities:

- Noting there was no Diversions First Leadership meeting in August, it was reported that the awarded Diversion First positions are in the recruitment/hiring process.
- Belinda Buescher, remarking that she serves on the Diversion First Communications Workgroup, reported increased community interest with requests for Diversion First presentations from the Arc of Northern Virginia, the United Church of Christ and the Long Term Care Coordinating Council (LTCCC).

FY 2016 Year End Report

- The Executive Committee reviewed and offered edits to the FY 2016 Year End Report at the August Executive Committee Meeting. The edits were incorporated by Belinda Buescher with copies of the most recently edited version provided to this committee for final recommendations. Following Fiscal Committee approval, the report will be forwarded with a note from Gary Ambrose to the full board in anticipation of final approval at the August board meeting,
- Following final approval, the FY 2016 Year End Report and Cover Letter are forwarded to the BOS via email.

Other Reports

- Mr. Garnes noted a meeting with Michael Lane and Joe Mondoro, Chief Financial Officer will be held on August 31st in preparation for the Board Budget Work Session, which is scheduled for Wednesday, September 28th at 4:00 p.m., prior to the board meeting.

Action Items/Responsible Party Required Prior to Next Meeting:

Human Resources staff to add an asterisk to positions in the interview process, listed in the critical recruitment position status table.

Issues to Communicate to CSB Board:

Year End Report to be forwarded to Board

Agenda Items for Next Meeting on September 16, 2016:

Fairfax-Falls Church Community Services Board
Intellectual and Developmental Disability Committee
Wednesday, September 7, 2016

The Intellectual and Developmental Disability Committee of the Board met in regular session at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Merrifield VA.

The following Committee members were present: Lori Stillman, Suzette Kern, Jane Haycock-Woods, and Sheila Coplan Jonas

The following CSB staff were present: Jean Hartman, Evan Jones, and Jean Post

1. **Meeting Called to Order**

   The meeting was called to order at 5:30 PM.

2. **Welcome and Introductions**

   The chair welcomed the public and introductions were made.

3. **Approval of the Agenda & Minutes**

   The minutes from the July 2016 meeting were approved.

4. **Matters of the Public**

   There were no matters of the public. However, it was noted that Mr. Jack Bruggeman has been appointed by the Governor to serve on the advisory board of the Department of Behavioral Health and Developmental Services (DBHDS). Mr. Bruggeman's appointment extends No. Va. and DD representation on the board at a time of significant transitions.

5. **Matters of the Committee**

   Lori Stillman presented the following matters:

   - Welcomed new Committee member Sheila Coplan Jonas and members of the public.
   - CMS Waiver approval was received and the redesigned Waivers were initiated September 1. Emergency regulations will be open for public comment September 19 through October 24, 2016. Tisha Deeghan will be reporting out to the County Board of Supervisors (BOS) Human Services Committee (HSC) on September 27th with a brief update on waiver redesign.
   - The Infant and Toddler Connection (ITC) recently celebrated the graduation of 100 ITC children and their families. Special thanks was expressed to Allan Phillips, ITC Director, as well as the ITC staff for their hard work on behalf of the children and their families.
   - The Fairfax Times wrote a wonderful article on Wildflour Caterers new Chef in Training program, which gives ID clients the skills and confidence needed to

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participate in the food services industry. Commendations were offered to Evan Jones who was quoted in the article as well as to all Employment and Day Services staff who support the individuals and community partnerships.

- Notice was received regarding funding availability for a new rental subsidy program for individuals with developmental disabilities in the Settlement Agreement target population called the State Rental Assistance Program, "SRAP."
- September 11 through 17 is National Direct Support Professionals week.
- Please participate in the Fairfax County survey on transportation needs for older adults and individuals with disabilities available until September 30th at www.fairfaxcounty.gov/ncs/tranportation/mobility.
- Several Board members and staff will be attending the VACSB Public Policy Conference October 5 through 7, 2016.

6. **Staff Reports and Agency Updates**

Ms. Hartman gave the following agency and program updates:

- Welcome was again extended to the members of the public attending the Committee meeting for the first time. Ms. Hartman invited the public to also visit the CSB web page and Face Book page to learn about CSB services.
- At the agency level we have been preparing for the BOS HSC Presentation, beginning FY 18 budget development, and anticipating Phase II of the countywide Lines of Business (LOBs) exercise. Unlike the previous extensive presentation, the HSC report on September 27th will be a brief update. Ms. Hartman explained the LOB exercise process and noted that further instructions would come after the BOS Budget Committee also on September 27th.
- Support Coordination is working on several new business processes related to the redesigned system. We have registered 130 individuals of 192 on DD Waiver and have another 337 individuals on the wait list who will also need to be registered. As a result we have more than 600 individuals in intake. Five new Support Coordinators and one Supervisor have been hired and 10 Support Coordinators are advertised. However, in the same time period, we experienced five resignations/retirements.
- The IDEAS committee is again sponsoring an all-Staff development & picnic for later this month. We will invite board members.
- Residential has been preparing a new RFP. The Intermediate Care Facility (ICF) feasibility study is progressing.

From Employment and Day, Evan Jones reported:

- With the new Medicaid waiver redesign, Employment and Day Services (EDS) providers for the most part will be operating using both the old and new service and reimbursement systems for the next year. Providers are required to change from a unit to hourly reimbursement system through ISP updates. In addition, new services are

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available for and again will be phased in during ISP updates. This is a challenge for Providers and CSB EDS staff.

- The Department of Aging and Rehabilitative Services (DARS) is on an "Order of Selection" for services implementing their requirement to service the persons with the most significant needs first. As such, they have closed down all service categories for new services except the first category which are those persons with the most significant disabilities and impairments. Generally those persons jointly served by the CSB and DARS fall into this first category. Marshal Smith, Manager of the Fairfax DARS office, has requested staff and the community to continue to make referrals as those on the "delay" list will be served when categories are again opened for service later in the year.
- It was noted the Specially Adapted Resource Club (SPARC) held an open house this month for their new site in Reston. During the proceeding, SPARC awarded and acknowledged the CSB for ongoing support and "friendship" to the program.

EDS Wage and Hour statistics have been tabulated for last fiscal year FY 2016. Highlights include:

- 821 persons earned just under $6 million dollars
- Collectively 577 persons in both group and individual supported employment earned a total of $5,824,637.
- Average hourly wage for those persons in individual supported employment was just under $12.00 per hour.

Jean Post from NVRPO announced:

- Commonwealth Autism (CA) is providing various trainings to enhance community capacity. The first was in Fairfax. Registration filled up in a day and half and 62 attended though the intended capacity was 50. CA. will also conduct a Fairfax First Responder training in October.
- The IDD Short term clinic is in full operation and demand is high.

7. **Meeting Adjourned** 7

There being no further business the meeting was adjourned at 6:30 p.m.

The next meeting is scheduled for *Wednesday, November 2, 2016 at Merrifield Center.*

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COMMUNITY SERVICES BOARD Item: 7A Type: Action Date: 9/28/16

CSB FY2018 Budget Requests

Issue
Submission of the proposed CSB FY2018 budget request.

Recommended Motion
I move that the Board approve the proposed FY2018 CSB budget submission as presented.

Background
The FY2018 CSB initial budget request is due to the County's Department of Management of Budget on October 11th, 2016. The FY2018 budget outlines the CSB's priorities and requested funding amount. Once the initial budget request is submitted, it will undergo further review in developing a proposed county wide FY2018 budget.

Timing
Immediate.

Staff
Tisha Deeghan, CSB Executive Director
G. Michael Lane, CSB Deputy Director, Administrative Operations
Valecia Witt, Senior Fiscal Officer

Community Services Board	Item 7B	Type Action	Date 9/28/16

Public Review and Comment of Proposed Changes to FY 2016 CSB Fee Related Documents

Issue:
Public review and comment of proposed changes to the CSB fee related documents which include, Ability to Pay Scale, Fee Schedule, and Fee and Subsidy Related Procedures Regulation 2120.1.

Recommended Motion:
I move the Board approve for public review and comment the CSB fee related documents which include the, Ability to Pay Scale, Fee Schedule, and Fee and Subsidy Related Procedures Regulation.

Background:
The CSB Board's Ad Hoc Fee Policy Committee met on July 21, August 17, and September 6, 2016 and voted to approve staff proposals and forward to the CSB Board for approval to post the fee related documents for public review and comment.

The recommended changes include:

- Slight changes to the Fee and Subsidy Related Procedures Regulation 2120.1 which includes adding clarifying language about liability setting.
- Synchronization of the Ability to Pay Scale income levels with Federal Poverty income guidelines released each January.
- Within the Fee Schedule:
    - Added new Developmental Disability Waiver related services as an unanticipated revision effective September 1, 2016
    - Updated services paid by Comprehensive services or Medicaid that had rate changes effective July 1, 2016

**Note: No edits proposed to Fee Policy 2120.*

After the public comment period and once approved by the CSB Board on October 26, 2016, the Fee Schedule will be submitted to the Board of Supervisors for their review on December 6, 2016. After the Board of Supervisors review, staff will proceed to inform clients, conduct staff training, and make adjustments in the Electronic Health Record, resulting in an effective date not sooner than February 1, 2016 for both the Fee Schedule and the Ability to Pay Scale.

Timing:
Immediate

Fiscal Impact:
The fee related documents provide the CSB with uniform mechanisms to maximize revenues from clients, Medicaid and other health insurance plans. The FY 2017 current budget plan for the CSB includes $18.16 million in estimated fee revenues.

Board Members and Staff:
Kat Kehoe, CSB Board Member
Sheila Coplan Jonas, CSB Board Member
Jane Woods, CSB Board Member
Staff: G. Michael Lane, Deputy Director, Administrative Operations,
Bill Belcher, Financial Specialist IV, Department of Administration for Human Services

Enclosed Document:
Summary of Proposed Changes to FY 2017 CSB Fee Related Documents

Summary of Changes to CSB 2016-2017 Fee Related Documents

Reimbursement for Services Policy 2120

- ***No Updates at this time***.

Ability to Pay Scale

- ***Synchronizes*** the Ability to Pay Scale income levels with the Federal Poverty Levels published by the federal government every January.

Fee Schedule

- ***Adds*** new Developmental Disability Waiver related services as an unanticipated revision effective September 1, 2016
- ***Updates*** services paid by Comprehensive services or Medicaid that had rate changes effective July 1, 2016

Fee and Subsidy Related Procedures Regulation 2120.1

Reduced Fees

- Changes to the Fee and Subsidy Related Procedures Regulation 2120.1 which include adding clarifying language about liability setting.
- Change the length of time a zero liability is set for an individual with out of state Medicaid, from six months to 90 days
- Delete words "for whatever reason" so the CSB can evaluate the each individual's unique financial situation
- Add additional types of income that can be considered when offering reduced fees and define documentation that is accepted as proof of income

Insurance

- Delete words "refused to disclose" and add the words "do not provide" to affirm an individual or parent's right to choose self-pay rather than using their insurance
- Delete outdated language and distinguish between Medicaid fee-for service plans and Medicaid MCOs when assigning credentialed providers

Supplemental Subsidy

- Add the sentence that 'clinical team must approve reduction of service intensity' when an individual wants to consider alternative payment arrangement or subsidies.

Upcoming Implementation of Services and Treatment for Substance Use Disorder

DMAS is rolling out a transformation of addiction and recovery treatment services (ARTS) in collaboration with DBHDS. Part of this transformation will necessitate additional updates to the Fee Related Documents when these new benefits become available effective April 1, 2017. These updates will be treated as unanticipated revisions per the Fee Regulation.

Fairfax-Falls Church Communty Services Board

Ability to Pay Scale, Effective Feb 1, 2016

Application of the CSB Ability to Pay Scale is limited to charges for services that are not covered by insurance.
Excluded are services identified on the CSB Fee Schedule as not being subject to the Ability to Pay Scale.
The income ranges on the Scale reflect the 2016 Federal Poverty Levels.

Number of Dependents. Includes individual		**1**			**2**			**3**			**4 or more**		
% Federal Poverty Levels	**Individual's share of CSB service fee**	**Annual Gross Family Income ranges**											
Over 350%	100%	$41,581	& over		$56,071	& over		$70,561	& over		$85,051	& over	
350%	80%	$35,641	to	41,580	$48,061	to	56,070	$60,481	to	70,560	$72,901	to	85,050
300%	60%	$29,701	to	35,640	$40,051	to	48,060	$50,401	to	60,480	$60,751	to	72,900
250%	40%	$23,761	to	29,700	$32,041	to	40,050	$40,321	to	50,400	$48,601	to	60,750
200%	20%	$17,821	to	23,760	$24,031	to	32,040	$30,241	to	40,320	$36,451	to	48,600
150%	**0%**	**$0**	to	**17,820**	**$0**	to	**24,030**	**$0**	to	**30,240**	**$0**	to	**36,450**

EXPLANATION:

- Individuals with incomes at or below the 150% of Federal Poverty Guidelines will not be financially liable for services rendered. The CSB covers the full fee.
- The charges for services above 150% of Federal Poverty Guidelines are assessed on a cost-sharing basis between the individual and the CSB. The individual is responsible for a percentage of the applicable service fee based on income and family size, and the CSB covers the rest.

CSB Fee Schedule, effective Sept 1, 2016 & Feb 1, 2017				
Service	**Subject to Ability to Pay Scale**	**Effective Feb 1, 2016**	**Effective Sept 1, 2016**	**Effective Feb 1, 2017**
Adolescent Day Treatment- MH	Yes	$36.53 per unit	$36.53 per unit	$36.53 per unit
Adolescent Day Treatment - SA	Yes	$4.80 per 15 minutes	$4.80 per 15 minutes	$4.80 per 15 minutes
Adult Day Treatment - MH	Yes	$34.78 per unit	$34.78 per unit	$34.78 per unit
Adult Day Treatment- SA	Yes	$4.80 per 15 minutes	$4.80 per 15 minutes	$4.80 per 15 minutes
A New Beginning Residential Treatment	Yes	$238.30 per day	$238.30 per day	$238.30 per day
GAP Case Management - Regular Intensity	Yes	$195.90 per month	$195.90 per month	$195.90 per month
GAP Case Management - High Intensity	Yes	$220.90 per month	$220.90 per month	$220.90 per month
Case Management - ID	Yes	$326.50 per month	$326.50 per month	$326.50 per month
Case Management - MH	Yes	$326.50 per month	$326.50 per month	$326.50 per month
Case Management - SA	Yes	$16.50 per 15 minutes	$16.50 per 15 minutes	$16.50 per 15 minutes
Congregate Residential ID Waiver Services	No	$17.71 per hour	$17.71 per hour	$17.71 per hour
Contracted Residential Treatment - Intermediate Rehabilitation/Reentry Services	Yes	$163 per day	$163 per day	$163 per day
Crisis Intervention	Yes	$30.79 per 15 minutes	$30.79 per 15 minutes	$30.79 per 15 minutes
Crisis Stabilization - Adult Residential	Yes	$89 per hour	$89 per hour	$89 per hour
Crossroads Adult Residential Treatment	Yes	$186.52 per day	$186.52 per day	$186.52 per day
Detoxification, Medical, Residential-setting	Yes	$750 per day	$750 per day	$750 per day
Detoxification, Social, Residential-setting	Yes	$750 per day	$750 per day	$750 per day
Drop-In Support Services, ID	Yes	Rate set by vendor(s) but no less than $2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge $2 per hour.	Rate set by vendor(s) but no less than $2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge $2 per hour.	Rate set by vendor(s) but no less than $2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge $2 per hour.
Family Therapy	Yes	$80.00 per hour	$80.00 per hour	$80.00 per hour
Group Therapy/Counseling	Yes	$4.80 per 15 minutes	$4.80 per 15 minutes	$4.80 per 15 minutes
Head Start - Services to	No	$25 per 15 minutes	$25 per 15 minutes	$25 per 15 minutes
Independent Evaluations	No	$75 each	$75 each	$75 each
Individual Therapy/Counseling	Yes	$80.00 per hour	$80.00 per hour	$80.00 per hour
Initial Evaluation/Assessment	Yes	$150 per event	$150 per event	$150 per event
Injection Procedure	Yes	$20.00	$20.00	$20.00
Intensive Community Treatment	Yes	$153 per hour	$153 per hour	$153 per hour
Intensive Outpatient - Individual or Group	Yes	$4.80 per 15 minutes	$4.80 per 15 minutes	$4.80 per 15 minutes
Interactive Complexity*	Yes	$15 add on to other clinic services when there is a factor that complicates the psychiatric service or increases the work intensity of the psychotherapy service	$15 add on to other clinic services when there is a factor that complicates the psychiatric service or increases the work intensity of the psychotherapy service	$15 add on to other clinic services when there is a factor that complicates the psychiatric service or increases the work intensity of the psychotherapy service
Lab Tests	No	Actual Cost	Actual Cost	Actual Cost
Late Cancellation or No Show	Yes	$25.00	$25.00	$25.00
Legal Testimony	Yes	$25 per 15 minutes	$25 per 15 minutes	$25 per 15 minutes

CSB Fee Schedule, effective Sept 1, 2016 & Feb 1, 2017				
Service	**Subject to Ability to Pay Scale**	**Effective Feb 1, 2016**	**Effective Sept 1, 2016**	**Effective Feb 1, 2017**
Mental Health Skill-building Service	Yes	$91 per unit	$91 per unit	$91 per unit
Multi-Family Group Therapy	Yes	$25 per event	$25 per event	$25 per event
Neurological Testing	Yes	$1168 per event	$1168 per event	$1168 per event
New Generations Residential Treatment	Yes	$120 per day	$120 per day	$120 per day
Nursing Subsequent Care	Yes	$29 per event	$29 per event	$29 per event
Physical Exam (Physician)	Yes	$167 per event	$167 per event	$167 per event
Psychiatric Evaluation	Yes	$219 per event	$219 per event	$219 per event
Psychiatric Evaluation & Management High Complexity	Yes	$144 per event	$144 per event	$144 per event
Psychiatric Evaluation & Management Low Complexity	Yes	$54 per event	$54 per event	$54 per event
Psychiatric Evaluation & Management Moderate Complexity	Yes	$90 per event	$90 per event	$90 per event
Psychological Testing	No	$150 per event	$150 per event	$150 per event
Psychological Testing Battery	Yes	$851 per event	$851 per event	$851 per event
Psychosocial Rehabilitation	Yes	$24.23 per unit	$24.23 per unit	$24.23 per unit
Release of Information: Individual	No	50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs
Release of Information: Research	No	$10.00	$10.00	$10.00
Release of Information: Third Party	No	$10 admin fee 50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	$10 admin fee 50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	$10 admin fee 50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs
Release of Information: Worker's Compensation	No	$15.00	$15.00	$15.00
Residential Fee ID Community Living Services	No	75% of gross income	75% of gross income	75% of gross income
Residential Fee MH/SA Community Living Services	No	30% of gross income	30% of gross income	30% of gross income
Returned Check (due to insuffient funds or closed account)	No	$50. 00	$50. 00	$50. 00
Skilled Nursing Waiver LPN Services	No	$7.82 per 15 min	**$7.99 per 15 min**	$7.99 per 15 min
Skilled Nursing Waiver RN Services	No	$9.02 per 15 min	**$9.22 per 15 min**	$9.22 per 15 min
Telehealth Facility Fee	No	$20.00	$20.00	$20.00
Transportation	No	$100 per month	$100 per month	$100 per month
Turning Point Program	Yes	$285.71 per month	$285.71 per month	$285.71 per month
Urine Collection & Drug Screening- Retests Only	Yes	$25.00	$25.00	$25.00
Wraparound Fairfax	No	$1230 per month	**$1270 per month**	$1270 per month
DDW Case Management	No		**$242.73 per month**	$242.73 per month
DDW Group Home Residential 5 person Tier 1	No		**$221.80 per day**	$221.80 per day
DDW Group Home Residential 5 person Tier 2	No		**$249.07 per day**	$249.07 per day
DDW Group Home Residential 5 person Tier 3	No		**$276.33 per day**	$276.33 per day
DDW Group Home Residential 5 person Tier 4	No		**$325.40 per day**	$325.40 per day
DDW Group Home Residential 6 person Tier 1	No		**$214.99 per day**	$214.99 per day
DDW Group Home Residential 6 person Tier 2	No		**$238.84 per day**	$238.84 per day
DDW Group Home Residential 6 person Tier 3	No		**$266.10 per day**	$266.10 per day
DDW Group Home Residential 6 person Tier 4	No		**$316.88 per day**	$316.88 per day
PERS Medication Monitoring	No		**$58.41**	$58.41

CSB Fee Schedule, effective Sept 1, 2016 & Feb 1, 2017				
Service	**Subject to Ability to Pay Scale**	**Effective Feb 1, 2016**	**Effective Sept 1, 2016**	**Effective Feb 1, 2017**
PERS Monitoring	No		**$35.05**	$35.05
PERS Installation	No		**$58.41**	$58.41
PERS Installation & Medication Monitoring	No		**$87.62**	$87.62
DDW Skilled Nursing, Registered Nurse	No		**$11.28 per 15 min**	$11.28 per 15 min
DDW Skilled Nursing, Licensed Practicle Nurse	No		**$9.78 per 15 min**	$9.78 per 15 min
DDW Transition Services	No		**Unit varies/$5000 yearly limit**	Unit varies/$5000 yearly limit
DDW Assistive Technology, Maintenance Costs Only	No		**Unit varies/$5000 yearly limit**	Unit varies/$5000 yearly limit
* Interactive Complexity factors may include: evidence or disclosure of sentinel event; manage maladaptive communication among participants that complicates delivery of care; and use of interpreter to overcome barriers to diagnostic or therapeutic interaction with a person who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.				

Regulation Number: 2120.1
Regulation Title: Fee and Subsidy Related Procedures
Date **(to be)** Adopted: **February 1, 2017**

PURPOSE

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

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 Board of Behavioral Health and Developmental Services.

II. Unanticipated Revisions. Revisions to the Regulation and/or the Fee Schedule as instructed by the following authorities will be implemented as near to the effective date as possible and then brought forward to the CSB Board for review and approval:

A. Fairfax County Code
B. State Code and Administrative Regulations
C. Virginia Medicaid
D. Federal regulation or law
E. American Medical Association (related to procedural codes)
F. Other required authority

III. Applicability. For services which have fees set by the CSB, these procedures shall apply to all individuals in programs operated directly by the CSB, individuals in applicable contract services for which the CSB performs the billing and retains the reimbursement, and, when required by contract, in agencies for whom the CSB provides funding.

IV. Privacy and Use of Protected Health Information. The CSB is required by law to maintain the privacy of protected health information and to provide individuals with notice of the legal duties and privacy practices with respect to protected health information. Prior to an appointment or at the first appointment, the CSB will request information from an individual in order to verify insurance, subsidy and primary care clinic information. The CSB may only check this information for individuals protected under the Health Insurance Portability and Accountability Act (HIPAA). For individuals protected by other federal rules, e.g., 42 CFR Part 2, the CSB is prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

V. Eligibility.

A. See **Appendix A** for Guidelines for Assigning Priority Access to CSB Services

B. 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 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.

C. 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.

D. Residents and Non-Residents: Assessment and evaluation, emergency services (e.g., crisis intervention, crisis stabilization, prescreening for hospital admission, emergency visit, emergency residential screening) are available to residents and non-residents when the individual is in the jurisdictional boundaries of Fairfax/Falls Church.

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

If an individual begins service pursuant to the eligibility standard in paragraph IV and subsequently loses that eligibility, the individual generally may continue to receive such services for no more than 90 days. During this 90-day period, the service provider will assist the individual to transition to services within the individual's new service area. Services may be extended by the Service Director for an additional 90 days. If the individual is still receiving services after 90 days, the individual will be charged full fee. Beyond that exceptions may be made in consultation with and approval by the Deputy Director.

Individuals participating in regional programs are exempt from this provision as the service is a regionally offered and funded service.

VII. Fees for Service.

A. Establishment of Fees

The fees shall be reasonably related to the cost of providing the service. Costs for all services will be reviewed annually.

The CSB Fee Schedule is the established fee schedule for services offered by the Board and/ or through applicable contracts.

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. All fees change when new fees go into effect. All services rendered on or after the effective date are billed at the newer fee.

C. Liability for Fees

Individuals who receive CSB services are responsible for the costs of services. Persons, guardians, legal representatives, or custodians with the responsibility of holding, managing, or controlling the income and estate of a CSB individual, acting on behalf of the service recipient, shall apply the income and estate toward the costs of services.

Based on proof of income and household size, the CSB offers all individuals the opportunity to reduce the costs of care, Basic Subsidy. The CSB liability will be determined using the Ability-to-Pay Scale derived from the most recent Federal Poverty Guidelines, and will reflect a percentage of the full fee.

Individuals, 19 years and older

Individuals who are 19 or older are responsible for the cost of their CSB services. The liability determination will be based on the individual's income.

- **Exception: Individuals, regardless of age, who qualify for and are receiving aid under a federal or state program of assistance to the blind and disabled (Social Security Disability Insurance, SSDI; Supplemental Security Income, SSI; Virginia Medicaid, if disability based; Medicare, if disability based; or any of the Virginia Disability Waivers). Persons receiving such aid are not financially liable and will be set at 0%.**
- **Parents or guardians of adult children with a disability are responsible for the cost-share fees of residential programs.**
- **Parents or guardians of adult children with disabilities are responsible for third-party payments for deductibles, co-insurance, and copayments when the consumer is covered by an insurance policy that is held by the parent or**

guardian. However, the liability for services not covered by the insurance may be based on the individual's income.

Individuals / Youth, 18 years and younger

Parents or guardians of youth who are 18 or younger are responsible for all other fees, except in any of the following situations:

- **Individuals, regardless of age, who qualify for and are receiving aid under a federal or state program of assistance to the blind and disabled (Social Security Disability Insurance, SSDI; Supplemental Security Income, SSI; Virginia Medicaid, if disability based; Medicare, if disability based; or any of the Virginia Disability Waivers). Persons receiving such aid are not financially liable and will be set at 0%.**
- **The youth is married or otherwise emancipated, in which case the emancipated minor is responsible for the costs of services. The liability is set based on the youth's income.**
- **The youth requests that his/her parents or guardian not be notified in accordance with State Law, in which case the youth is responsible for the costs of services. The liability is set based on the youth's income.**
- **Parents or guardians of children with a disability are responsible for the cost-share fees of residential programs.**
- **Parents or guardians of children with disabilities are responsible for third-party payments for deductibles, co-insurance, and copayments when the consumer is covered by an insurance policy that is held by the parent or guardian.**

D. Out of State Medicaid Insurance

The CSB will set a 0% liability for **90 days** for an individual with out of state Medicaid insurance coverage to allow sufficient time to make application and learn of their eligibility determination in Virginia.

E. Collection of Late Cancellation/No Show Fees

The CSB charges a fee for cancellations without 24-hour notification and no shows. The CSB may not charge a Medicaid member for missed or broken appointments.

VIII. Implementation Procedures.

A. Payment for Service

i. The CSB Financial Responsibility Agreement shall be explained to the individual and/or other legally responsible parties in a culturally and linguistically appropriate manner.

ii. The individual and/or other legally responsible parties shall sign the CSB Financial Responsibility Agreement.

iii. The individual or other legally responsible party will be billed full fee for services when he/she declines or refuses to sign the Financial Responsibility Agreement, to disclose income, to disclose health insurance, and/or to provide documentation.

iv. Information will be collected as soon as possible after initiation of services. Individuals who do not provide the required information will be billed full fee. Individuals are required to make a payment each time services are rendered.

v. Unpaid service fees will be billed monthly. Payment is due within a 30 day period and listed on the billing statement.

vi. The CSB will submit billable services to the insurance company of the individual or policy holder. Individuals receiving services not covered by their insurance plan ~~for whatever reason~~ will be billed at the full fee level. Individuals may apply for a consideration of a subsidy.

vii. Payment Plans may be granted upon application. The criteria for determining eligibility for a payment plan will be explained.

viii. Individuals will be made aware of the availability of supplemental subsidies for those unable to pay fees in accordance with this Regulation.

B. Payment Plans / Deferred Repayment Contracts

If the individual and/or other legally responsible parties are unable to pay the full fee as billed, Payment Plans or Deferred Repayment Contracts may be considered.

The Payment Plan is not a subsidy; it merely extends the payments over a longer period of time. Other payment methods, including the use of credit cards, will be accepted and should be considered before executing a Payment Plan. The Payment Plan amount includes fees for services and may include current services. Payment Plans must be approved by the Revenue Management Team. A Deferred Repayment Contract is a version of a Payment Plan with an initiation date at the time an individual establishes an income.

i. Payment Plan Default

Failure to comply with the terms of the payment plan may result in the account being placed with the County Department of Tax Administration (DTA). DTA employs a private collection agency to collect all debt that is 180 days delinquent. Collection actions may include wage liens, bank liens, property seizures and flagging of credit records. Upon referral, a $30 administrative fee, 10% penalty for late payment, and simple interest of 10% per annum and a 20% collection fee will be added to the amount due. A $50 fee will be assessed on

any payment returned by the bank unpaid due to non-sufficient funds or account closed.

C. Subsidy Determination

i. Basic Subsidy

The CSB may provide a basic subsidy according to the Ability to Pay Scale for individuals who are unable to pay the full fee.

The subsidy applies only to charges for services that are not covered by insurance. Subsidies are based on the individual's gross household income and number of dependents. A household usually includes the tax filer, their spouse and their tax dependents. Examples of income include **unemployment compensation, disability benefits, child/spousal support**, wages, salaries, tips, pensions and annuities, and Social Security benefits. Documentation of income is required for individuals requesting a subsidy **and may include: most recent Federal Tax Return (1040), wage statements, paystubs, unemployment compensation letters, bank statements, retirement notices, and Social Security award letters.** A full fee will be charged under the following circumstances, meaning a basic subsidy will not be provided to:

- An individual who refuses to provide documentation of income
- An individual seeking services which are covered by a health insurance plan
- An individual living outside of Fairfax County and the Cities of Fairfax and Falls Church, Virginia, unless the service rendered is a regional program
- An individual receiving services which have been determined by the CSB as ineligible for a subsidy

For individuals receiving or requesting a subsidy, their ability to pay will be reviewed and documented annually. Additional financial updates may be necessary if an individual or other legally responsible party experiences changes in income and family size used to determine ability to pay. The individual or responsible party must attest to the accuracy of the information provided on the financial agreement. The individual 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 Financial Assessment and Screening Team and Revenue Management Team designated to determine eligibility.

ii. Ability to Pay Scale

iii. The Scale will be reviewed annually and its income levels adjusted every January to align with the published Federal Poverty Levels.

iv. Supplemental Subsidy

The CSB may provide a supplemental subsidy for individuals or other legally responsible parties who are unable to pay according to the Ability to Pay Scale and can document financial hardship.

A supplemental subsidy is determined based on earned and unearned monthly income less expenses for housing, basic utilities, medical, legal, child care and tuition, and family size. Documentation of income and expenses must be provided before a supplemental subsidy is granted. Supplemental subsidies are retroactive to the beginning of the month and valid for 12 months.

Revenue Management Team or administrative staff must evaluate and review the individual's request for a supplemental subsidy and documentation of income and expenses, and file it in the individual's record. The primary counselor, therapist or service provider must review the request and documentation, attest to reviewing the documentation, approve the request and file it in the individual's record. The Central Billing Office will evaluate the request and notify the appropriate parties, including the individual, the appropriate Revenue Management Team or administrative staff, and the primary counselor, therapist or service provider.

A reduction in service intensity, e.g., service hours or days or other units of service, to reduce service costs as well as other payment methods, including the use of credit cards and Payment Plans, should be considered before requesting a supplemental subsidy. **The Clinical Team must approve the reduction in service intensity.**

If the insurance plan denies services, the basic subsidy will be applied based on the Ability to Pay Scale. Subsequently, the supplemental subsidy may be considered under the following circumstances:

a. Services that are not covered by the individual's health insurance plan

b. Services that exceed the individual's health insurance plan limits

D. Health Insurance Usage

i. Insurance companies are billed based on the Fee Schedule.

ii. Individuals are responsible for paying all co-payments, coinsurance, and deductibles which are not subject to the Ability to Pay Scale.

iii. Individuals who ~~**refuse to disclose**~~ **do not provide** their insurance coverage information shall be charged the full fee.

iv. For individuals who meet the CSB Priority Population Guidelines for Assigning Priority Services, and have insurance with behavioral health coverage, but the insurance company has a closed network, unless seen for emergency services, the staff will refer the individual back to their closed network insurance company for behavioral health services

v. For individuals who meet CSB Priority Population Guidelines for Assigning Priority Services, and have insurance with behavioral health coverage, but their insurance company does not provide behavioral health benefits/services recommended by the CSB, the CSB can serve the individual, and set the fee based on the ability to pay scale

vi. For individuals who meet CSB Priority Population Guidelines for Assigning Priority Services, and have insurance with behavioral health care coverage, and the CSB is an in-network/participating provider the CSB can serve the individual and accept payment from the insurance company

vii. For individuals who meet CSB Priority Population Guidelines for Assigning Priority Services, and have insurance with behavioral health coverage, and the CSB is an out-of- network provider, the CSB can serve the individual and accept payment as an out of network provider. However, if the individual does not want to use their out of network benefits at the CSB, the CSB will refer the individual back to their insurance company.

E. Individual Payment of Co-pay and Deductible

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

F. Advance Beneficiary Notice of Non-Coverage

Insured individuals will be notified about services they receive that won't be covered by their insurance plans. The notice alerts the individual that if their insurance plan does not pay then they will be responsible for payment.

G. Refusal to Pay

All individuals are informed during the initial appointment that they will be charged a fee for services they receive. Services to individuals who are able to pay and refuse may be discontinued. The decision to deny treatment or services will be made by the Service Director based on the clinical appropriateness to the individual.

H. Appeal.

The individual 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 a Payment Plan, a basic subsidy or a supplemental subsidy, or a Deferred Repayment Contract. The type of documentation required for the appeal may vary by situation, but the minimum level of documentation required is outlined in sections VI and VII. If the individual and/or responsible parties request an appeal based solely on financial reasons, the appeal will be considered and a decision will be made by the Revenue Management Team manager.

IX. Delinquent Accounts and Abatements.

A. Delinquent Accounts.

i. An account shall be considered delinquent the first day following the due date stated on the bill.

ii. Upon initial contact, the individual or other legally responsible parties will be informed that delinquent accounts may be subject to placement with the County Department of Tax Administration (DTA) and/or the Virginia Set-Off Debt Collection Program. DTA employs a private collection agency to collect all debt that is 180 days delinquent. Collection actions may include wage liens, bank liens, property seizures and flagging of credit records. Upon referral, a $30 administrative fee, 10% penalty for late payment, and simple interest of 10% per annum and a 20% collection fee will be added to the amount due. A $50 fee will be assessed on any payment returned by the bank unpaid due to non-sufficient funds or account closed. Authorization to pursue collection by sending financial information, name and address to DTA or its collection agency if the account becomes delinquent is included in the Financial Agreement signed by individuals entering service.

iii. The Revenue Management Team is responsible for pursuing collection of all delinquent accounts.

iv. The Revenue Management Team will notify the primary counselor, therapist or service provider periodically of an open case that is delinquent. Action to resolve the delinquency may include :

a. Obtaining payment from the individual
b. Obtaining a Payment Plan or Deferred Repayment Contract if the individual is able to pay the full balance over time or upon future date
c. Obtaining a basic subsidy or supplemental subsidy to reduce the amount the individual is required to pay.

B. Abatements

i. All billed services will be pursued under the full amount of time allowable by law.

ii. CSB has the authority to relieve (exonerate) charges for CSB services rendered. Through delegated authority of the CSB Board, the CSB Executive Director may abate fees.

X. 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 Service Director. No fee will be charged to a County or City agency.

XI. Medicaid Services.

Individuals with Medicaid coverage have the right to choose to receive services from any Medicaid enrolled provider of services.
Individuals with Medicaid **coverage that is managed by an MCO** will be assigned to licensed therapists.~~ **or to licensed eligible therapists as defined in 12VAC35-105-20.**~~
Medicaid **(Fee-for-Service Plans)** permits a mental health clinic to bill for therapy services provided by licensed eligible individuals 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.
~~**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.**~~
Individuals with Medicaid who are assigned to an ineligible, unlicensed therapist will be charged the Medicaid co-pay with all other charges relieved.
If an individual with Medicaid coverage misses an appointment, per the Medicaid Mental Health Clinic and Community Mental Health Rehabilitation Manuals, the individual will not be charged for the missed appointment.

XII. Provision of Service to Staff of Other CSBs.

Staff that work for another CSB and need to be seen elsewhere because of confidentiality concerns may receive services from the CSB. The Fee Regulation applies to these individuals and to CSBs with which a reciprocal agreement exists.

XIII. Services Provided at No Cost to the Individual.

There are no charges for the services listed below.

- Entry and Referral Services. These services include eligibility determination, referral and triage and are conducted primarily on the telephone. It would be impossible to charge for these services since a large percentage of callers are generally not identified.
- Vocational, Employment, Habilitation/Services. 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 individuals have very little income.
- Alternative House-Residential Emergency Services. The individuals of Alternative House-Residential Services are runaways with few, if any, resources. It would not be cost effective to collect fees in this program and often parents would be unwilling to pay since they did not request the service.
- Juvenile Detention Center Services provided at the Juvenile Detention Center. Services to incarcerated youth are provided at no cost to the parents/guardians.
- Care Coordination. The State defines care coordination as the management and brokering of services for individuals to ensure that needs are met, covered services are not duplicated by the care-providing organization(s), and resources are used most cost effectively. It primarily involves gate-keeping functions such as approving care plans and authorizing services, utilization management, providing follow up, and promoting continuity of care.
- Homeless Outreach Services. Individuals receiving outreach services are not well connected to CSB programs. Staff provides education, consultation and support to individuals in order to facilitate connection to needed treatment services.
- Adult Detention Center Services.
- Foster Care. Services which are not reimbursed by Medicaid for children in foster care are provided at no cost to the foster parents.
- 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.
- Hostage-barricade incidents, disaster responses, or critical incident stress debriefings. The CSB does not charge the public or non-profit agencies for these services.
- Diversion to Detoxification Center. The CSB does not charge for assessment and transport of individuals by the diversion staff.

- Services that are not requested or are refused by an individual. Examples include where there is probable cause to believe that no intervention would have resulted in serious physical harm to the individual or others or where the person requesting the civil commitment assessment is not the individual being evaluated.

Approved _____ _____

Executive Director Date

Approved: October 1984
Revised: January 1995
Revised: June 1996
Revised: May 1997
Revised: October 1999
Revised: April 26 2000
Revised: May 23, 2001
Revised: October 24, 2001
Revised: June 17, 2002
Revised: July 23, 2003
Revised: August 31, 2004
Revised: August 15, 2005
Revised: September 15, 2006
Revised: August 14, 2007
Revised: July 21, 2008
Revised: June 24, 2009
Revised: September 22, 2010
Revised: November 1, 2012
Revised: January 1, 2014
Revised: December 1, 2014
Revised TBD

APPENDIX A

Guidelines for Assigning Priority Access to CSB Services

Defining who should have priority access to services of the Fairfax-Falls Church Community Services Board (CSB) is a necessary and critically important process to ensure compliance with state and federal codes and regulations. These priorities guide state contract reporting for the CSB's allocation of state block grant funding. This process also applies to decisions about how best to use local funding dollars. Guidelines for assigning priority access need to take into consideration and include those individuals whose needs cannot be addressed except through a public system such as the CSB, which provides and coordinates multiple levels and types of services to help individuals gain a level of independence and self-determination. Effective and efficient use of resources is an inherent requirement of all CSB services so that the maximum number of people are served within the limits of federal, state and local funds available.

(1) Exclusionary Criteria
   a. Constituency – Restrict access to residents of Fairfax County and the Cities of Fairfax and Falls Church.
   b. Requests outside of the CSB's Mission – No service will be provided that is not designed, mandated or funded to be provided by a CSB.

(2) Inclusionary Criteria (in priority order)
   a. Enrolled in Service – Currently enrolled individuals who maintain the need for current services (or the equivalents) being provided.
   b. Need – All people who meet the priority population criteria with serious and imminent needs that cannot be met elsewhere.
   c. Alternative Resources – Individuals with needs for services who do not have alternative resources such as service access, insurance, or family supports.
   d. Effectiveness – Once all those who meet the above criteria have been served, anyone who shows the greatest likelihood of receiving benefit from services can be served.
   e. Comparative Need – If resources are still available, anyone who still has additional needs for service can have those service needs addressed.
   f. Selection Based on Length of Wait – First-come, first-served basis.

NOTE: These criteria do not apply to initial phone screening; acute care services; or wellness, health promotion, and prevention services, all of which are available to all residents of Fairfax County and the Cities of Fairfax and Falls Church.

CSB Priority Populations

Priority Populations

The Fairfax-Falls Church Community Services Board (CSB) has identified the following priority service populations based upon definitions from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT), and Part C of Individuals with Disabilities Education Act (IDEA).Individuals must meet the priority service population criteria below to have consistent access to non-emergency/non-acute CSB services.

Note: The following services – initial phone screening; wellness, health promotion and prevention services; and acute care and emergency CSB services – remain available to all residents of Fairfax County and the cities of Fairfax and Falls Church.

Individuals may meet the criteria for more than one priority population and receive services accordingly. Individuals who are only in one priority population receive the CSB services which address the needs of the population area they are in. For example, an individual meeting the substance use priority population criteria only cannot also receive a priority to access services designed for the Intellectual Disability population, unless that individual also meets the criteria for the Intellectual Disability population. People meeting priority population requirements will have access to cross-cutting organizational services such as medical services or housing assistance supports as available to meet service plan goals. People with co-occurring disorders, meeting the priority population criteria, will have access to services as available to address co-occurring needs.

Individuals and families who have private health insurance coverage and are able to access non-emergency/non-acute services privately will be asked to seek those services when they are available in the community. In these instances, the CSB Entry and Referral Services staff will assist in identifying resources, linking with potential non-CSB sources of services, and following up with referrals. If similar resources are not available in the community, individuals with private insurance will be screened for priority using the same criteria as is used for those without insurance.

A. **MENTAL ILLNESS POPULATION**

(1) **Adults with Serious Mental Illnesses (SMI)** assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis** through the current Diagnostic and Statistical Manual (DSM) of serious mental illness including those along the schizophrenia spectrum**,** predominantly thought and psychotic disorders, persistent major affective disorders, AND

- **Impairments** due to a serious mental illness that seriously impact, on a recurrent or continuous basis, how the individual functions in the community, to include the following:
    - Inability to consistently perform practical daily living tasks required for basic adult functioning in the community (such as keeping a living space clean, shopping for food, hygiene);
    - Persistent or recurrent failure to perform daily living tasks except with significant support or assistance by family, friends or relatives;
    - Inability to maintain employment at a living wage or to consistently carry out household management roles; or
    - Inability to maintain a safe living situation.
- The **duration** of the serious mental illness has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant psychiatric hospitalizations.

(2) **Children and Adolescents** birth through age 17 with **Serious Emotional Disability (SED)** resulting in a serious mental health problem that can be diagnosed through the DSM, which is used as the professional guidelines for diagnosis by psychiatry and other professionals, plus have at least one of the following:

- Problems in personality development and social functioning which have been exhibited over at least one year.
- Problems that are significantly disabling based upon the social functioning of most children their age.
- Problems that have become more disabling over time and service needs that require significant intervention by more than one agency.

Children with a co-occurring substance use disorder or intellectual disability diagnosis also meet the criteria for SED.

(3) **Children**, birth through age 7, who are determined to be **at risk** of developing Serious Emotional Disability by means of one of the following:

- Child exhibits behavior that is significantly different from or significantly behind most children their age, and which does not result from developmental or intellectual disability.
- Physical or psychological stressors exist that put the child at risk for serious emotional or behavioral problems.

APPENDIX A

B. SUBSTANCE USE DISORDER POPULATION

(1) Adults with a **Substance Dependence Disorder** assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis:** through the current Diagnostic and Statistical Manual (DSM) of Substance Dependence (not including sole diagnosis of nicotine dependence)
- **Functional Impairment (any of the following):**
  - Continuation or intensification of substance-related symptoms despite previous substance abuse treatment.
  - Inability to be consistently employed at a living wage or consistently carry out household management roles.
  - Inability to fulfill major role obligations at work, school or home.
  - Involvement with legal system as a result of substance use.
  - Involvement with the foster care system or child protective services as a result of substance use.
    - Multiple relapses after periods of abstinence or lack of periods of abstinence.
    - Inability to maintain family/social relationships due to substance use.
    - Inability to maintain stable housing (i.e. on their own or by contributing toward housing costs in shared housing).
    - Continued substance use despite significant consequences in key life areas (i.e., personal, employment, legal, family, etc.).
    - Hospital, psychiatric or other medical intervention as a result of substance use.
- **The duration** of the Substance Dependence has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant impairments in multiple life areas.

(2) Children and adolescents (under 18 years old) with a DSM diagnosis of substance abuse or dependence, who have used substances in the prior 12 months (or who have been in detention or in a therapeutic residential environment and have used substances within the 12 months prior to entry); who present with cognitive, behavioral or physiological symptoms; and present with impairments as a result of substance use in one or more of the following areas:

- Continuation or intensification of substance-related symptoms despite previous substance abuse treatment interventions.
- Inability to fulfill major role obligations at work, school or home.
- Involvement with legal system as a result of substance use.
- Multiple relapses after periods of abstinence or lack of periods of abstinence.
- Inability to maintain family/social relationships due to substance use.

- Continued substance use despite significant consequences in key life areas (i.e., personal, school, legal, family, etc.).
- Hospital, psychiatric or other medical intervention as a result of substance abuse or dependence.

(3) Special Priority Populations

- Pregnant women who are intravenous (IV) drug users
- Pregnant women
- Intravenous drug users
- Individuals requesting treatment for opioid drug abuse, including prescription pain medications, regardless of the route of administration.

C. **INTELLECTUAL DISABILITY AND DEVELOPMENTAL DISABILITY POPULATIONS**

(1) Infants and Toddlers: Children from birth to age three with a confirmed eligibility for Part C of the federal Individuals with Disabilities Education Act (IDEA) and their families are eligible for early intervention services through Infant and Toddler Connection (ITC).

(2) Children and Adults: Children no younger than two years old and adults with a diagnosis of Intellectual Disability (ID) with onset prior to the age of 18 who have significant deficits in at least two areas of adaptive living skills (i.e. communication, self-care, home living, social / interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure health and safety).

(3) Diagnosis of **Intellectual Disability (ID)** must be documented by:

- For children ages 2-6 years of age, a developmental evaluation with a diagnosis of developmental delay or intellectual disability **or**
- For individuals age 6 and older, a psychological evaluation completed prior to the age of 18 providing a diagnosis of intellectual disability with a full scale IQ of about 70 or below OR other medical, educational, or professional documentation showing that a disability had onset before age 18 coupled with a statement from the family that no formal IQ score had been done or is currently available and a current IQ test showing an Intellectual Disability.