

Policy Number: 2120  
Policy Title: Reimbursement for Services  
Adopted: October 28, 2015

### Purpose

To ensure eligible persons served will be based on CSB Board Guidelines for Assigning Priority Access to CSB Services (See Appendix A.)

To ensure that a system is in place to provide subsidies for individuals who are unable to pay the full fee and are only applied to services not covered by the individual's insurance plan. Subsidies are also available for individuals who do not have insurance and are unable to pay the full fee. Subsidies are based on the CSB's Ability to Pay Scale guidelines and the individual's provision of documentation of income and family size.

To provide guidance for the establishment of a reimbursement system that maximizes the collection of fees from individuals receiving services from the CSB.

To ensure that fees are established in accordance with state and local statutes and regulations.

### Policy

It is the policy of the CSB that:

1. Every service provided has a cost and source of funding.
2. 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.
3. The individual or other legally responsible parties shall be liable for the established fee and, if they have insurance, related insurance plan required deductibles and co-payments to the extent provided by law.
4. Payment of fees for services rendered shall be sought from the following funding sources: individual self-pay, third party payers/insurance companies, and other legally responsible parties, and the use of extended payment plans.
5. An individual or other legally responsible party who is unable to pay the full fee at the time service is rendered may be granted a subsidy using local and state revenue under the following guidelines:
  - a. Regulations shall be established to ascertain ability to pay and to determine subsidies.
  - b. An annual review of the ability to pay of the individual and of other legally responsible parties will be conducted.
  - c. Extended payment plans and deferred repayment contracts shall be negotiated before any subsidy using local and state revenue is considered.

6. Pursuant to County policy, delinquent accounts may be placed with the Fairfax County Department of Tax Administration (DTA) for collection. DTA employs private collection agents 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, 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.
7. Services shall not be refused to any individual solely on the basis of financial issues.
8. Every individual served by the CSB shall be subject to this fee policy whether service is obtained from a directly operated program or a contractual agency.
9. Such individual and other responsible parties shall have the right to an appeal of fee-related determinations in accordance with procedures established by the CSB.

Approved: \_\_\_\_\_



Secretary

October 28, 2015

\_\_\_\_\_  
Date

References:

Code of Virginia, §37.2-504.A7  
 Code of Virginia, §37.2-508  
 Code of Virginia, §37.2-511.  
 Code of Virginia, §37.2-814  
 Fairfax County Code § 1-1-17 and § 1-1-18

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  
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 Revision Adopted: December 21, 2005  
 Revision Adopted: June 25, 2008  
 Revision Adopted: July 28, 2010  
 Revision Adopted: October 23, 2013  
 Revision Adopted: December 1, 2014  
 Revision Adopted: October 28, 2015

### **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.

## 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.

## B. 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.