

## **Response to Questions on the FY 2010 County Lines of Business & Schools Program Review Processes Public Process - Fall 2008**

Request By: Chairman Connolly and Supervisors Bulova and Hyland

Question: Where are there opportunities to enhance revenues in the Fairfax-Falls Church Community Services Board (CSB)?

Response: The CSB's FY 2009 Revenue Plan (including revenue sources and amounts) is indicated on page eight of CSB's November 14<sup>th</sup> FY 2010 LOB Presentation to the Board of Supervisors (please see attached). The CSB has already set aggressive goals for revenue maximization in FY 2009 as part of its ongoing Quality Management Plan. The agency will continue to aggressively pursue these goals and their related activities in FY 2010. Revenue sources and proposed strategies include:

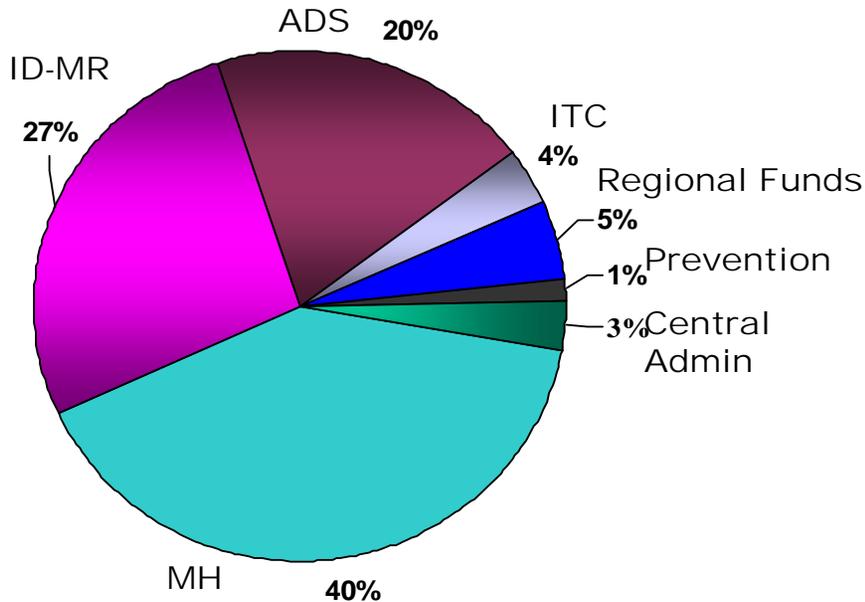
- The CSB is attempting to reduce uncompensated care by increasing enrollment of individuals receiving CSB services in Medicaid, Medicare and other state and federal payment systems for which they are eligible. Related goals incorporated into the CSB Quality Management Plan include:
  - a. Increase the number of Mental Health (MH) and Alcohol and Drug Services (ADS) consumers—adult, children and youth—enrolled in Medicaid from 33 to 40 percent (a 7 percentage point increase).
  - b. Increase the number of adult MH consumers with Medicare Part D to assist with and offset rapidly escalating prescription medication costs.
  - c. Increase by 10 percent the number of children enrolled in the State Children's Health Insurance Plan (S-CHIP).
  - d. Become a full fledged SOAR (i.e., SSI/SSDI Outreach, Access and Recovery) grant initiative site with dedicated SOAR staff. The SOAR initiative helps expedite disability determination for persons who are homeless, which translates into increased Medicaid reimbursement for CSB services. In lieu of additional funding for dedicated SOAR staff, request technical assistance from other SOAR sites in Virginia with designing an education and training program for CSB clinical and medical staff, and identify a means of obtaining representative payees.
  - e. Ensure all provider staff are properly licensed, credentialed and matched when clinically appropriate, with consumers who have insurance. This will help maximize third-party payments.
  - f. Limit program reductions of revenue-producing staff.
  - g. Ensure staff productivity standards are met.
  - h. Become an Employment Network Vendor for the recently revised federal Ticket-To-Work (TTW) program, which would enable MH and Intellectual Disabilities/Mental Retardation (ID/MR) Services to bill TTW for supporting

eligible consumers in the achievement of milestones related to securing and maintaining employment.

- i. Expand Medicaid billing into a new option for MH Support Services that are pre-vocational in nature and focus on assisting MH consumers with items such as social skills in the work place and preparation for employment (e.g., hygiene and dress issues, workplace communications, etc.).
- The CSB is enhancing internal corporate compliance efforts to maximize revenues received for County participation in activities related to the Medicaid and Deficit Reduction Act (DRA) and the Comprehensive Services Act (CSA) requirements. Related goals incorporated into the CSB Quality Management Plan include:
    - a. Ensure proper documentation for billing Medicaid fee-for-service, as measured and evidenced by obtaining prior authorization for treatment from the Department of Medicaid Assistance Services (DMAS) within five visits 100 percent of the time.
    - b. Develop and implement an enhanced agency-wide comprehensive medical record audit program to ensure compliance with various regulations, Medicaid and other third-party payer requirements.
    - c. Ensure proper documentation for CSA reimbursement 100 percent of the time.
  - The CSB reviews fees and subsidy-related procedures annually with the goal of reducing uncompensated care. A target has been set to assure annual financial reviews for adult consumers and/or parents/guardians are completed 100 percent of the time.
  - Valid estimates of increased revenues from these efforts for FY 2010 are difficult to project, particularly because clinical and administrative staff required to generate these collections will be affected either directly or indirectly by the proposed reduction options.

# Agency at a Glance: FY 2009

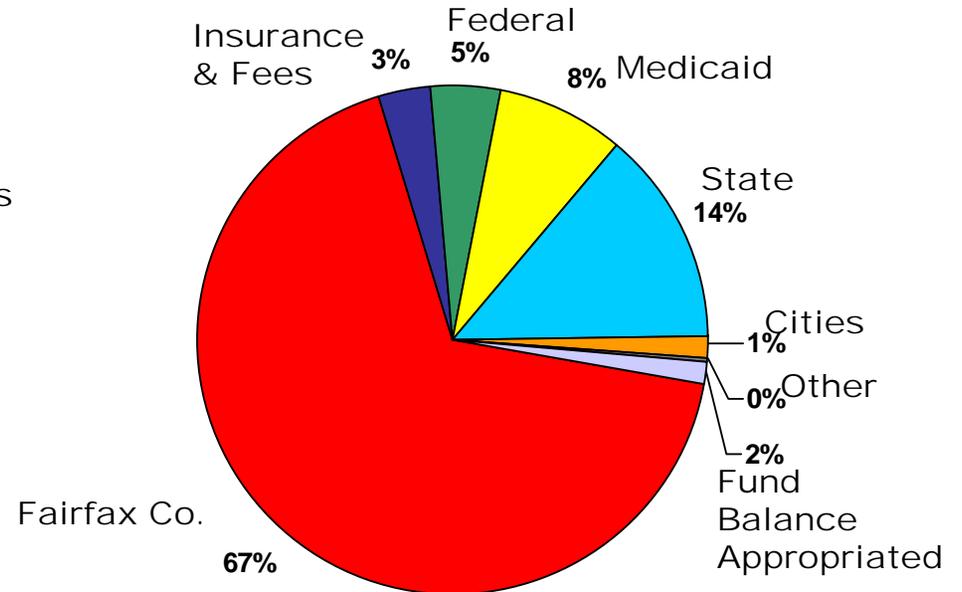
## CSB Spending Plan



Mental Health	\$61,940,210
Intellectual Disability	\$41,313,361
Alcohol & Drug	\$30,304,042
Infant & Toddler Connection	\$5,657,563
MH Regional Funding	\$7,858,161
Prevention Services	\$1,961,058
Central & Systemwide	\$4,735,762
<b>Total</b>	<b>\$153,770,163</b>

**Positions:** 881/879.5  
**Grant:** 118/116.8  
**Exempt PT:** 91.2/68.2  
**Exempt LT:** 66.3/37.2

## CSB Revenue Plan



Fx Co.	\$103,775,252
Ins./Fees	\$5,087,435
Federal	\$7,032,831
Medicaid	\$12,360,468
State	\$20,974,620
Cities	\$2,066,908
Other	\$155,624
Fund Bal/Encumbered	\$2,317,023
<b>Total</b>	<b>\$153,770,163</b>