

Fairfax-Falls Church Community Services Board

LOB #262:

OPERATIONS MANAGEMENT

Purpose

To provide vital core operational and business services necessary for the CSB to function as a health care provider to over 21,000 individuals and their families.

Description

As described herein, Operations Management has responsibility for the following core business functions: regulatory compliance; risk management and emergency preparedness; strategic planning; management of the electronic health record, computers and other technology; facilities management; and administrative operations.

Office of Compliance and Risk Management: This office is responsible for managing and mitigating clinical and financial risk and ensuring regulatory compliance with all federal, state, local and managed care programs, third party payer integrity requirements, and laws and regulations that govern reimbursement and the provision of health, behavioral health and development services. The work of this office is to ensure that services are provided, and revenue is generated by licensed programs, credentialed staff and contractors, with proper documentation. The office is tasked with preventing wrongdoing, illegal, and unethical conduct and thus preventing paybacks and possible civil monetary penalties. The office collaborates with the County Attorney, Internal Audit, Risk Management, Security, Fairfax County Police Department, and others as needed on compliance and risk management initiatives.

Primary responsibilities of the office include:

- Developing and executing the CSB Compliance Program for all staff and contractors.
- Coordinating the credentialing of CSB staff to maximize third party reimbursement.
- Leading reviews of adverse incident reports and corrective action plans.
- Performing audits of records as well as of agency policies, procedures and practices.

Strategy and Performance Management: The Office of Strategic Planning and Performance Management manages strategic activities that span the agency. The office oversees performance data at individual, program and system-wide levels; monitors and analyzes metrics to evaluate efficiency and effectiveness; measures agency performance against County, state, and federal outcome targets; and links strategy to operations.

Primary responsibilities of this office include:

- Manage or coordinate all aspects of the Community Services Performance Contract, established by the Code of Virginia §§ 37.2-508 and 37.2-608 and State Board Policy 4018 as the primary accountability and funding mechanism between the Virginia DBHDS and CSBs for the purpose of funding services in a manner that ensures accountability to DBHDS and quality of care for individuals receiving services.
- Oversee data and performance management activities: conduct analysis of qualitative and quantitative data to evaluate the impact of services; work with programs to establish goals, objectives and performance indicators; promote evaluation to assess progress toward achieving program and/or project objectives; ensure that data is collected and analyzed accurately and identifies issues in data integrity; and provide training and technical assistance to support performance measurement activities.

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- Manage all aspects of the agency strategic plan: monitor policy and assess needs and trends to ensure that the strategic plan evolves with the needs of community; work with internal and external stakeholders to set priorities and achieve strategic goals; provide ongoing evaluation of progress toward strategic goals; and coordinate the strategic planning implementation team.
- Coordinate quality improvement strategies: support the use of quality improvement tools such as the results-based accountability framework to improve program effectiveness and efficiency; collect, analyze and interpret data and information to inform quality improvement; and oversee evaluation activities to ensure program quality.
- Promote standards of best practice: research current treatment trends and work with agency leadership and staff to implement guidelines and standards of practice; monitor effectiveness of care and supports adoption and adaptation of evidence-based practices.

Informatics: Informatics functions as the technical interface for clinical and administrative operations within the agency. This office is the only County support resource for maintaining Credible, the CSB's certified Electronic Health Record (EHR), for Meaningful Use. As defined by the Centers for Medicare and Medicaid Services, Meaningful Use designation provides incentive payments for an adopted, upgraded and certified EHR. The office's primary tasks performed include the following:

- **EHR Configuration, Maintenance and Support:** Operates an EHR Help Desk for 10 hours daily, Monday through Friday, and for four hours per weekend, to respond to issues and inquiries from Credible users who can access the web-based application on a 24/7 basis. Staff monitors application updates and outages to inform clinical and administrative staff of potential impacts. Provides Credible training as an ongoing requirement for new CSB employees and additional training as needed with application updates.
- **State Community Services Performance Contract Support:** A team of business and management analysts works closely with clinical staff to maintain and report on services provided to clients in compliance with the State Community Services Performance Contract. Data exported from the EHR combine with data from other Virginia CSBs to inform regulatory, policy and budget decisions by legislators relative to behavioral health services in the Commonwealth.
- **Information System Security Support:** Configures and monitors access to client medical records to prevent information system security violations over the County network and to avoid costly penalties from HIPAA violations. Maintains a security matrix in Credible that guards against inappropriate access to programs by unauthorized clinical staff. The Informatics staff supports this daily function for more than 800 Credible user accounts.
- **Management of Mobile Communications Equipment:** As mobility becomes an increasingly important requirement for providing services in the field, Informatics staff issues and manages iPads, iPhones and other mobile communications devices for approximately 400 clinical and administrative staff.
- **Personal Computer Replacement Program:** Informatics coordinates the inventory and management of all personal computers assigned to CSB employees and orchestrates the yearly refresh of computers in accordance with County information technology standards.
- **Technical Planning and Advisor:** Informatics provides technical planning support for human services initiatives and advises the Deputy County Executive and CSB Executive Director on the use and implementation of technologies to support health care for clients served in Fairfax County.

Facilities Management: This office manages the master facility plan for the CSB's more than 130 sites. The office collaborates with CSB program staff as well as with the Facilities Management Department (FMD) of the County's Department of Public Works and Environmental Service (DPWES); Emergency Preparedness and Recovery Operations within the Department of Administration for Human Services (DAHS); and various contractors including architects, construction companies, power/utility agencies, equipment installers, HVAC and elevator repair and maintenance companies, landscapers, lawn crews, snow removal companies, pest control companies, and many others.

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Primary responsibilities of the office include:

- Manage daily operations of CSB facilities to include assessing facility conditions and coordinating responses to identified site issues to enable the delivery of clinical services.
- Coordinate management of all property-related contractual services with DAHS, and order and track installation and inventory maintenance of capital and non-capitalized equipment.
- Manage security at CSB sites and coordinate emergency planning and response for CSB and its contractors.
- Develop plans for current and future residential and commercial needs. Serve as CSB subject matter expert with architects, planners, and project managers on any construction and rehabilitation projects impacting CSB services.
- Oversee emergency Operations, master scheduling systems and medical records/archiving storage.
- Develop space utilization plans that promote service integration and manage both short and long-term renovations that support changing uses.

Enterprise Services and Administrative Operations: Enterprise Services and Administrative Operations includes administrative and business services that support individuals and families who are seeking and/or engaged in CSB services and CSB employees and contractors working in CSB centers. For optimal revenue cycle management, CSB has redesigned administrative and business staff functions such that most staff members in these positions record information, manage accounts and collect service revenue. CSB collaborates closely with DAHS, which has primary functional responsibility for financial management. While the majority of administrative staff initiates, monitors, adjusts and closes the revenue cycle for the service delivery system, some administrative staff members work outside the revenue cycle in functions that help avoid incurring costs. For example, administrative staff with the CSB's medication access program work closely with the medical staff to identify individuals who are eligible for free or low-cost brand name medications through the Patient Assistance Programs of various pharmaceutical companies. Finding a no-cost option for medications saves the CSB millions of dollars annually.

Administrative Operations includes the following functional responsibilities, in alphabetical order:

- Appointment scheduling/reconciliation.
- Benefits application assistance and enrollment in federal, state and local programs for eligible clients.
- Building management, to include interface with CSB's Facilities Management, the County's Facilities Management Department, and vendors.
- Assisting visitors in navigating the building and services offered.
- Cashiering.
- Communication with internal and external audiences.
- Crisis situation prevention or de-escalation.
- Data and database management.
- Equipment management.
- Event support, including planning and execution of events for internal and external audiences.
- Executive, senior management and management support functions.
- Fee policy, regulation and related documents – staff review, comparative analyses, business integration.
- Financial and demographic updates.
- Financial assessment and screening for uninsured clients.
- Health insurance special projects – planning, coordinating outreach and events, monitoring, and developing webpage content.

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- Information and referral.
- Interpreter services – order contractor services, track utilization, monitor, project and report on spending.
- Medication assistance and enrollment in low cost or free pharmaceutical programs for eligible individuals.
- Medications subsidized by CSB – manage preauthorized voucher process, monitor, project and report on spending.
- New client registration (including how to pay for CSB services).
- Ongoing client and staff tasks related to the Electronic Health Record.
- Pre-registration (includes insurance verification and explanation).
- Production of reports, briefings, charts, graphs and analyses.
- Records maintenance (incoming, outgoing and storage).
- Revenue/account management.
- Scheduling and meeting management.
- Security assistance.
- Supplies and deliveries, to include meals for program participants where applicable.
- Walk-in and telephone reception.

Benefits

The goal of Operations Management is to carry out the core business functions that support the overall mission of the CSB: to partner with individuals, families, and the community to empower and support Fairfax-Falls Church residents who have or are at risk for developmental delay, intellectual disability, mental illness, and alcohol or drug abuse or dependency. The CSB operates as part of Fairfax County's human services system that is designed to protect and promote the health and welfare of residents. This LOB provides the following benefits:

- Serves as the only public access point to behavioral health and intellectual disability services for the County of Fairfax and the Cities of Fairfax and Falls Church.
- Provides insurance verification and explanation of coverage for insured clients in order for them to make informed choices about paying for health care.
- Performs financial assessment and screening for individuals and families who have little or no income and/or no health insurance, to advise them of their potential eligibility for federal, state and local programs and to assist, if needed, with applications and documentation.
- Utilizes a structured approach to effecting changes in the electronic health record that result from new or different requirements of a program, service and/or payer. Develops business process maps to reinforce processes and procedures that work, modify those that do not, and support every staff member to be able to perform their work efficiently and effectively.
- Ensures that services are provided by licensed programs, credentialed staff and contractors with proper documentation.
- Utilizes an industry standard approach to new client registration in order to obtain needed information at the first appointment and maximize revenues.

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Mandates

Accessibility, Non-Discrimination

- Title VI of the Civil Rights Act of 1954
- Code of Virginia § 51.5-39.7, Ombudsman services for persons with disabilities
- PL 101-336, American with Disabilities Act of 1990
- Section 504 of the Rehabilitation Act of 1973
- Virginians with Disabilities Act
- Code of Federal Regulations 28 CFR Parts 35, 36, and 37, Nondiscrimination on the basis of disability in state & local government services; Public accommodations and commercial facilities; Accessibility Standards
- Code of Virginia § 51.5-40 through -46, Rights of Persons with Disabilities
- Code of Virginia § 51.5-39.2, Virginia Office for Protection and Advocacy (VOPA)

Language Access

- Title VI of the Civil Rights Act of 1954
- Executive Order (EO) 13166, Improving Access to Services for Persons with Limited English Proficiency (LEP), requiring federal fund recipients and all federal agencies to ensure that programs provide equal access to individuals with LEP
- Fairfax County Executive Procedural Memorandum 02-08 (April 30, 2004) requires "No person will be denied equal access to County services based on his/her inability, or limited ability, to communicate in the English language."

Compliance with DMAS Accountability Standards, Policies and Regulations

- 12VAC30-60-140. Community mental health services
- DMAS provider manuals and participation agreements require provider compliance for providers enrolled in the Virginia Medicaid Program
- 2VAC30-60-143. Mental health services utilization criteria
- 2VAC30-60-145. Intellectual disability utilization criteria
- 12VAC30-60-147. Substance abuse treatment services utilization review criteria

Compliance with Federal Fraud Waste and Abuse Requirements

- Section 6032 of the Deficit Reduction Act of 2005, Public Law Number 109-171, codified as USC Section 1396a (a)(68). Covers policies and procedures for preventing fraud, waste, abuse, identity theft and the OIG exclusion list

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Compliance with Affordable Care Act Requirements

- Administrative Simplification provisions of the Affordable Care Act of 2010 (ACA) requirements related to:
 - Participation in CMS quality reporting initiatives (PQRS, Value Options) that tie reporting outcomes to reimbursement rates;
 - Implementation of an effective compliance program overseeing CSB compliance with federal regulations
 - Oversight of documentation and record retention to ensure document availability for audits
 - Systematic auditing and monitoring to prepare for tougher federal monitoring entities for fraud and abuse

Comprehensive State Plan Development

- Code of Virginia § 37.2-315, Comprehensive State Plan for mental health, intellectual disability and substance abuse services
- Comprehensive State Plan 2014-2020 incorporate the Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia

Medical Records

- Family Educational Rights and Privacy Act: 20 U.S.C. Section 1232g
- 12 VAC 35-105: Rules and Regulations for the Licensing of Providers of Mental Health, Intellectual Disability and Substance Abuse Services
- Library of Virginia, General Schedule 18 (GS 18) Community Services Boards Records
- Medicaid (DMAS) Manuals: Chapters II, IV, VI: Mental Health Clinic Manual, Community Mental Health Rehabilitative Manual; Psychiatric Services Manual, Intellectual Disability Community Services Manual, Rehabilitation Manual

Confidentiality, Privacy and Security of Medical Records

- PL 104-191; 42 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act of 1996; Security, Breach and Privacy Regulations
- Updating and managing compliance with changes to HIPAA operating rules, including new standards for electronic funds transfer and electronic health care claims attachments
- Privacy Policies and Procedures updated to ensure CSB designates privacy and security officials; distributes privacy practice notices; manages complaints, including cooperation with HHS and oversight authorities and ensuring non-retaliation for staff cooperation with investigations; coordinates mitigation related to breaches and inappropriate disclosures; provides and monitors workforce training; oversees business associate HIPAA compliance
- 42 CFR Part 2m Confidentiality of Alcohol and Drug Abuse Patient Records
- United States Code 5 U.S.C. § 552, Freedom of Information Act (FOIA)
- United States Code 5 USC § 552A, Privacy Act of 1974
- Code of Virginia § 32.1.127.1:03: Patient Health Records Privacy Act
- Code of Virginia § 32.1-127.1:04, Privacy of Medical Record Information/Disclosures
- Code of Virginia § 2.2-3704 through -3712, Freedom of Information Act
- Fairfax County Executive Procedural Memorandum 70-05, 01 v6

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Staff Credentialing

- Code of Virginia § 54.1-2400.1 through -.4 and § 54.1-2906 through -2907, Professional Licensure: Professions and occupations regulated by Boards within the Department of Health Professions: Standards of Practice
- 12 VAC 35-105: Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services sections on staff qualifications
- Code of Virginia § 37.2-404: State Board of Behavioral Health and Developmental Services

Coordination of Services to Children

- Code of Virginia § 2.2-5200 through -5214, Comprehensive Services Act for At-Risk Youth and Families

Emergency Operations, Disaster Response

- Code of Virginia § 44-146.13 to § 44-146.28:1: CSBs must comply with State issued procedures on disaster response and emergency service preparedness
- CSB Continuity of Operations Plan (COOP) for Emergency Preparedness, Response, Recovery, and Emergency Support Functions
- Fairfax County Code, § 14-1-5, Chapter 14, Emergency Management
- Fairfax County Procedural Memorandum 25-10: Policy for Developing and Implementing Emergency Response Plans (ERPs) for Fairfax County Work Sites
- Housing and 13 VAC § 5-51-10, Statewide Fire Prevention Code and 13 VAC § 5-61-10, Uniform Statewide Building Code
- 42 U.S.C. 3601, Fair Housing Act, and PL 100-430, Fair Housing Act Amendments of 1988
- PL 93-112, Rehabilitation Act of 1973
- PL 97-35, Housing and Community Development Act of 1974
- PL 101-336, Americans with Disabilities Act; PL 110-325, Americans with Disabilities Act Amendments Act of 2008
- 28 CFR Parts 35, 36, and 37 (1991, revised 2010), Americans with Disabilities Act Regulations for Title II: nondiscrimination on the basis of disability in state and local government services, and Title III: public accommodations and commercial facilities.
- 2010 ADA Standards for Accessible Design for State and Local Government Facilities Title II and for Public Accommodations and Commercial Facilities Title III.
- Code of Virginia §§ 51.5-40 through -46, Rights of Persons with Disabilities
- Code of Virginia Title 36, Chapter 5.1 §§ 36-96.1 through 36-96.23, Virginia Fair Housing Law
- 18 VAC 135-50-10 through 135-50-550, Virginia Fair Housing Regulations
- Code of Virginia §§ 55-248.2 through 55.248.4, Virginia Residential Landlord and Tenant Act
- Fairfax County Zoning Ordinance Community Development

Workplace Safety

- PL 91-596: Occupational Safety and Health Act of 1970

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CARF Accreditation

- CARF 2015 Behavioral Health Standards Manual

Information Technology & Automated Information Systems

- Code of Virginia § 2.2-3800-3809 Government Data Collection & Dissemination Practices Act
- Code of Virginia § 37.2-308: Data Reporting: Data reporting on children and adolescents
- Code of Virginia § 37.2-507: Data collection on Children and Adolescents
- Code of Virginia § 37.2-508: Performance contract requirements that board develop & implement. Automated record-keeping systems that allow for output of fiscal, service and consumer data in a format prescribed by the Department of Behavioral Health and Developmental Services.
- State Performance Contract Partnership Agreement to develop statewide Health Information Exchange system
- US Presidential Executive Order initiating a strategic plan to guide nationwide adoption of health information technology in both the public and private sectors
- Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 (2010)
- Health Insurance Portability and Accountability Act of 1996, 45 CFR Part 160 and Part 164, Subparts A and C
- PL 111-5: American Recovery and Reinvestment Act of 2009 (ARRA)
- Health Information Technology for Economic and Clinical Health (HITECH) Act, Section 13410(d)

Trends and Challenges

The following discussion includes key public policy issues as well as critical stages in various system initiatives.

The CSB has continued, strategically and systematically, to evaluate and improve business and clinical operations to enhance delivery of behavioral health care services. As part of this effort, in FY 2014 the agency completed a multi-year project to align the County's financial management and human resources system – FOCUS – as well as the agency's electronic health record – Credible – with the CSB's redesigned organizational structure. Completion of this project represents a critical step in improving budgeting, financial management and performance evaluation and facilitating financial and programmatic analysis of resource allocation and the cost/benefit of outcomes achieved.

Trend: Integrating primary health care and behavioral health services is the trending future of health care in the United States.

Challenge: This poses a significant challenge for the CSB as the Credible electronic health record – a good product for the needs of a behavioral health system – has no plan in place for supporting primary care. In question is how, when, and at what cost the CSB will connect its repository of medical records to a Health Information Exchange (HIE) collective where the CSB could then exchange client medical information with the Virginia healthcare community and externally with other state and federal HIEs.

In FY 2015, the CSB took steps to strengthen its administrative infrastructure. The agency created a Deputy Director for Administrative Operations to oversee the daily fiscal, business, human resource, information technology, facilities and equipment management operations of the agency, including strategic planning for resource acquisition (staff and funding) for ongoing and future agency operations. Under the general direction of the CSB Executive Director, the Deputy Director for Administrative Operations is responsible for business operations, administration, and strategy, providing leadership of day-to-day, non-clinical operations including objectives such as those required for all human services agencies, policy and planning for key administrative functions such as information technology, budget, finance and billing, procurement,

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contracts and grants management, human resources, business process improvement and administrative support services, facilities, safety and disaster planning, and administrative coordination and support across all agencies and LOBs of the CSB.

Additionally, the CSB initiated a redesign of its administrative organizational structure to build a cohesive career ladder and reduce the number of administrative staff vacancies. The administrative infrastructure had lost significant ground over the last five years with the loss of positions, high vacancy rates, and deployments to other County agencies. As a result, CSB began a strategy of employing contract temporary staff to fill in the gaps; this caused unevenness in the execution of administrative tasks across the agency.

Trend: As previously stated, for optimal revenue cycle management, CSB has redesigned administrative and business staff functions such that most staff members in these positions record information, manage accounts and collect service revenue.

Challenge: The CSB's new Merrifield Center, which opened in January 2015, requires an additional level of administrative resources to supplement those provided by the various services that moved to the new, co-located site. Administrative support personnel across the CSB service system are pulled frequently to support Merrifield's multiple floors and wings, and its longer hours of operation. CSB is updating its administrative staffing priorities to move from contract temporary staff to County positions. This will better address core functions such as records management, scheduling, check-in/check-out, and proper coverage during extended hours at outpatient centers.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #262: Operations Management			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$6,931,083	\$4,781,645	\$4,835,795
Benefits	2,545,358	1,906,563	2,134,867
Operating Expenses	8,102,081	6,889,616	6,153,770
Work Performed for Others	0	(2,350)	0
Capital Equipment	102,260	0	0
Total Expenditures	\$17,680,782	\$13,575,474	\$13,124,432
Total Revenue	\$216,330	\$220,000	\$215,786
<u>Transfers In:</u>			
Transfer In from General Fund	\$17,464,452	\$13,355,474	\$12,908,646
Total Transfers In	\$17,464,452	\$13,355,474	\$12,908,646
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	88 / 88	89 / 89	88 / 88
Total Positions	88 / 88	89 / 89	88 / 88

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Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Prescription drug plan savings experienced by Medicare beneficiaries who are assisted by administrative team	\$924,662	\$556,726	\$411,217	\$444,000	\$479,644
Annual value of free medications obtained for eligible individuals assisted by administrative team	\$5,445,578	\$5,475,464	\$6,254,370	\$6,504,545	\$6,764,727

Since 2006, the CSB has dedicated administrative staff hours to assist Medicare beneficiaries with plan comparisons and enrollment in the Medicare Part D Prescription Drug Plan program. This assistance results in out-of-pocket savings to the beneficiaries. The range in drug plan savings is influenced by the number of assistance appointments made available during the Open Enrollment period, the drug formularies of the Part D Plans, and preferred pharmacies. During the FY 2015 Open Enrollment period, the administrative staff assisted 437 individuals with savings of at least \$411,217. In order to maximize the available time for appointments, the administrative staff eliminated duplicate data entries performed only to calculate precise drug plan savings. Instead the CSB used the national average savings of \$941 per beneficiary for its value computation. In prior years, staff compared current to the selected prescription drug plan in order to compute the savings to the beneficiary; the CSB client-specific drug plan savings were routinely higher than the national average. Based on the Medicare Part D plan changes for 2016, 672 individuals engaged in CSB services were determined to have the highest need for a Part D drug plan reevaluation. In total, 629 individuals, or 94 percent, scheduled appointments. Of the total appointments scheduled, 471, or 75 percent, were conducted and decisions made about Part D coverage. An 8 percent increase in drug savings is projected for individuals assisted by the CSB administrative team in both FY 2016 and FY 2017.

For nearly a decade, the CSB has provided application assistance for individuals who are eligible for free or low-cost brand name medications through the Patient Assistance Programs (PAPs) of various pharmaceutical companies. Through a contractual relationship with Northern Virginia Family Service, the CSB currently purchases the services of Medication Assistance Caseworkers who annually assist over 800 individuals with a serious mental illness. There are more than 40 different PAP medications from 17 different pharmaceutical companies prescribed by the CSB psychiatrists. PAP eligibility varies by pharmaceutical company, ranging from no stated income level to 400 percent of the Federal Poverty Level. The CSB is estimating 4 percent growth in the valuation of the free medications in both FY 2016 and FY 2017. The rate takes into consideration an anticipated increase in the Average Wholesale Price for most of the PAP medications.