



FAIRFAX - FALLS CHURCH

Community Services Board

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Suzette Kern, Chair
Merrifield Center
8221 Willow Oaks Corporate Drive
Level 3 - Room 409A
Fairfax, Virginia 22031
Wednesday, October 25, 2017
5:00 p.m.

- | | | |
|---|--------------------------------------|-----------|
| 1. Meeting Called to Order | Suzette Kern | 5:00 p.m. |
| 2. Matters of the Public | Suzette Kern | |
| 3. Amendments to the Meeting Agenda | Suzette Kern | |
| 4. Approval of CSB September 27, 2017 Board Meeting Minutes | Suzette Kern | |
| 5. Matters of the Board | | |
| 6. Committee Reports | | |
| A. Behavioral Health Oversight Committee | Gary Ambrose | |
| B. Fiscal Oversight Committee | Captain Basilio 'Sonny' Cachuela, Jr | |
| C. Developmental Disabilities Committee | Sheila Jonas/Jane Woods | |
| D. Other Reports | | |
| • CSB Board Member Retreat Summary | Suzette Kern | |
| • Update to the VACSB Conference | Gary Ambrose | |
| • Virginia General Assembly Outreach | Molly Long | |
| 7. Action Items | | |
| A. Approval of CSB 2018 Fee Related Documents | Gary Ambrose | |
| B. Approval of CSB Board Communication Policy | Ken Garnes | |
| C. FY 2019 Budget Requests | Michael Lane | |
| D. Approval of Grant Request: VA Foundation for Healthy Youth, Tobacco Use Prevention and Cessation | Jamie MacDonald | |
| 8. Director's Report | Tisha Deeghan | |
| 9. Adjournment | | |

Fairfax-Falls Church Community Services Board
September 27, 2017

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

The following CSB members were present: Suzette Kern, Chair; Jennifer Adeli, Daria Akers, Gary Ambrose, Thomas Burger, Basilio ‘Sonny’ Cachueta Jr., Ken Garnes, Sheila Coplan Jonas, Bettina Lawton, Molly Long, Paul Luisada, Edward Rose, Diane Tuininga, and Jane Woods

The following CSB members were absent:

The following CSB staff was present: Tisha Deeghan, Mark Blackwell, Belinda Buescher, Lucy Caldwell, Jean Hartman, Evan Jones, Victor Mealy, Lisa Potter, Lyn Tomlinson, and Laura Yager

1. Meeting Called to Order

Suzette Kern called the meeting to order at 5:00 p.m.

2. Recognition

New CSB Board member Thomas C. Burger, representing the Springfield District, was introduced and welcomed.

3. Matters of the Public

No members of the public requested to speak

4. Amendments to the Meeting Agenda

The agenda was provided for review and accepted as presented.

5. Approval of the Minutes

Gary Ambrose made a motion for approval of the August 23, 2017 Board meeting minutes of the Fairfax-Falls Church Community Services Board as presented, which was seconded and passed.

6. Matters of the Board.

Edward Rose requested Board member assistance with designing a CSB Board member training program, asking that members contact him with suggestions.

Diane Tuininga offered a reminder of the 16th Annual Pathways to Wellness Conference; *Resources. Resiliency. Recovery.* The conference is at the Government Center this year on Friday, October 20, 2017 from 8:30 a.m. – 2:30 p.m.

Jane Woods provided an update to recent activities of the THRIVE (Total Housing Reinvention for Individual Success, Vital Services, and Economic Empowerment) Advisory Housing Committee. Primary focus at the most recent meetings has been identification of possible changes to the housing voucher program to address concerns over an anticipated shortfall of approximately \$8M by FY 2021. Public meetings scheduled for input and

feedback, include Friday, September 29th at the Government Center and Wednesday, October 4th at the Reston Library.

Molly Long provided several updates to recent activities including the following:

Announcement that a Mental Health First Aid class for residents in the Braddock District is underway.

Notice of a Parent Resource Town Hall hosted by Supervisor Cook; *Raising Teens in the 21st Century*, Saturday, October 14th from 9:00 a.m. – 12:30 p.m.

Referring to on an email sent earlier to the Board regarding the sale of the Northern Virginia Training Center facility, Ms. Long shared that Supervisor Cook is hosting a community meeting Tuesday, October 17th at 7:30 p.m. at Robinson Secondary school. Information on the sale and an opportunity for public comment will be provided. Ms. Long will determine if residents in other districts are welcome to attend.

The U.S. Department of Justice Office of the Inspector General published a report in July 2017 examining the Federal Bureau of Prisons' (BOP) use of restrictive housing for inmates with mental illness. One of the significant findings reported was understaffing, it was noted that this is a challenge for the CSB as well.

Sheila Jonas directed board attention to a flyer included in the Board packet, *Housing Resources for People with Developmental Disabilities Information Session about the Fallstead*, an independent living residence for seniors (age 62 or older). Noting the session is Wednesday, October 25th, anyone interested was encouraged to attend.

Bettina Lawton, sharing that she hosts a television show several times each year, has scheduled an episode for Monday, November 13, 2017 with a topic of veteran's issues. Veteran Docket staff will be presenting, and Lucy Caldwell is working to identify CSB staff to provide information on CSB efforts in the area of veteran's services.

Suzette Kern, offered thanks to Sheila Jonas for initiating a tour of the Merrifield Center for Delegate Kaye Kory. The tour, which was conducted the morning of September 20th, was very successful.

Adrienne Walters was nominated by Supervisor Kathy Smith at the September 26th Board of Supervisors meeting to represent the Sully District. The appointment will be confirmed at the Board of Supervisors (BOS) meeting on October 24th.

A reminder of the VACSB (Virginia Association of Community Services Boards) Conference October 4-6 was offered, noting that Gary Ambrose and several CSB staff would be in attendance. It was confirmed that an update to conference activities would be provided at the October CSB Board meeting.

7. Committee Reports

A. *Behavioral Health Oversight Committee:*

Gary Ambrose provided brief highlights of the September meeting including the following:

- Caleb Johnson, Director of Northern Region, Virginia Department of Veteran Services shared information on the services and assistance provided to those who have served in the military.
 - It was noted that several agencies in the Commonwealth including the Veterans Administration (VA), the Substance Abuse and Mental

Health Services Administration (SAMHSA) the Department of Behavioral Health and Developmental Services (DBHDS) and the Virginia Department of Veterans Services (DVS) are all providing complementary mental health services to veterans. It was clarified that veterans diagnosed with Serious Mental Illness (SMI) are engaged with CSB programs.

- Acknowledging that the STEP-VA (System Transformation, Excellence, and Performance in VA) mandate requires CSB's to provide increased veteran's services, it was suggested that further discussion is warranted to explore how this mandate may affect increased provision of services and utilization of resources moving forward.

The next meeting is Wednesday, October 11, 5:00 p.m. at the Merrifield Center, Level 3-Room 409A.

B. Fiscal Oversight Committee:

Ken Garnes, who had chaired the September Fiscal Committee meeting in Captain Basilio 'Sonny' Cachueta's absence, provided a brief overview of the September meeting to include:

- There was a reported General Merit Vacancy of 147 in mid-September, further reporting that this translates to a weekly average of 15%.
- Committee members are drafting an agenda for the Budget 101 training scheduled for Wednesday, October 25th at 4:00 p.m., directly prior to the CSB Board meeting. Information for pre-meeting review will be provided to Board members closer to the meeting date.
- Referring to an Information Item included in the Board packet, Mr. Garnes offered clarification to the FY 2019 budget submission process noting that the funding amounts are identified in consultation with the Department of Management and Budget (DMB). As the budget request is due to the BOS on October 20th, the budget with identified funding amounts, will be presented for review to the CSB Board at the October 25th meeting having already been submitted to the BOS for approval.
- The Human Resources update included recruitment efforts for the critical positions in the areas of Emergency Services, Youth & Family, Support Coordination and ADC/Jail Diversion. It was noted a CSB Board Work Session on Human Resources efforts and activities is in the planning stages.
- Daryl Washington provided a Time to Treatment update, noting continued delays are related to the lack of bilingual (Spanish) clinical staff to provide services to adults at the Chantilly office and to youth at the Springfield office.
- Noting the FY 2017 Year End Report is included in the Board packet for approval a little later in the meeting, Mr. Garnes provided an overview of the process for developing the letter and report. Following CSB Board approval the report and cover letter will be forwarded to the BOS and the Mayors of the Cities of Falls Church and Fairfax.
- Providing highlights of the FY 2017 Carryover requests, it was noted that approximately \$12M of a requested \$13M had been approved. The requests included funding to renovate some CSB facilities and space at the Courthouse for

Diversion First activities, implementation of DD Waiver Redesign, and reserves for Opioid Treatment and Diversion First.

The next meeting is Wednesday, October 18, 4:00 p.m. at the Merrifield Center, Level 3-Room 409A *Please note the time, date and location have changed.*

C. Developmental Disabilities Committee:

Sheila Jonas provided an update to the recent meeting of the DD Committee:

- Jane Woods provided information on the primary differences between the Commonwealth Coordinated Care (CCC) Plan and CCC Plus Programs
- LaKeisha Flores, Business Operations Director, provided additional highlights of the CCC Plus Plan, some of which included enrollment deadlines and requirements, coordination of services, and the impact to the Elderly and/or Disabled with Consumer Direction Waiver and the Assisted Technology Waiver
- Jean Hartman and Evan Jones provided an overview of the summer activities related to Employment and Day services. Activities offered during the summer included an Innovation Challenge and a Resource Challenge. It was noted that continued stakeholder participation in ongoing dialogue related to continued delivery of Employment & Day Services is key.
- Dan Cronnell provided an update on recent developments in Support Coordination noting ongoing efforts to recruit for hard to fill positions. Additional updates included:
 - Support Coordination has met 104% of the State Performance Contract Goals. In support of this accomplishment five Support Coordinators were recently awarded Outstanding Performance Awards.
 - A key workforce driver includes planning for implementation of CCC Plus and the possible impact on DD Waiver recipients receiving Care Coordination as well as recipients on the Waiver waitlist.
 - The Department of Behavioral Health and Developmental Services (DBHDS) issued notification of a change for individuals under the age of 21 who access services through the DD Waiver.
- Barbara Wadley-Young provided highlights of recent activities in residential services.
- Jean Post distributed copies of the End of Year Data Report for Regional Services and Programs, including services for both adults and youth. It was confirmed by the Centers for Medicare and Medicaid Services (CMS) that the Waiver Amendment application, requesting additional DD Waiver slots, is under review.
- Evan Jones provided information on the development of a new Virginia resource, Virginia 2-1-1.

The next meeting is Wednesday, November 1, 5:30 p.m. at the Merrifield Center, Level 3-Room 409A. *Note: this meeting was rescheduled from December 6*

D. Other Matters

Directing attention to the agenda provided in the board packet, Suzette Kern offered a reminder of the CSB Board Member Retreat, noting it is Saturday, September 30 at

the Merrifield Center, level 3, Room 409-A beginning at 9:00 a.m. It was decided to invite current and prospective board members to the Retreat.

Offering thanks to Molly Long for volunteering to draft assignments matching CSB Board members to General Assembly members, Ms. Kern provided a brief overview of General Assembly Outreach efforts.

8. Information Item

CSB Board Review and Approval to Post for Public Comment, FY 2018 Fee Policy

Gary Ambrose, offered thanks to Ad Hoc Fee Policy Committee Members Suzette Kern and Jane Woods and CSB staff Michael Lane, LaKeisha Kennedy-Flores, and other involved CSB staff for all their efforts in revising CSB Fee Policy. An overview of the annual process to update the Fee Policy and related documents was given, noting that a Summary of Proposed Changes, as well as the proposed revisions to the Fee Policy, Regulation, and Schedule was provided with the Board documents. Mr. Ambrose offered a motion to post the proposed revisions for public comment which was seconded and passed.

CSB Board Approval to Post for Public Comment, CSB Board Communication Policy

Ken Garnes, directing board attention to the proposed Communication Policy, thanked Board members Bettina Lawton, Molly Long, Edward Rose and CSB staff Lucy Caldwell for their contributions in developing a CSB Board Communication Policy. Following the public review period, the policy will be presented to the Board for approval at the October 25th CSB Board meeting,

FY 2015 – FY 2017 Strategic Plan Wrap Up

Suzette Kern provided an overview to the Strategic Plan process and introduced Lisa Potter to provide more detailed information. Noting the many changes and accomplishments that have occurred in the three years covered by the first Strategic Plan which covered July 1, 2014 – June 30, 2017, Ms. Potter highlighted the information provided in the update and confirmed future plans include annual and biannual updates.

9. Action Item

CSB Board Approval of FY 2017 Year-End Report

Captain Basilio ‘Sonny’ Cachuela, Jr provided background for design and submission of the Year End report noting that it is drafted annually by CSB staff in collaboration with the Fiscal Oversight Committee. Contributing CSB staff Belinda Buescher and Lisa Potter were thanked for their hard work in drafting the report. Captain Cachuela made a motion for approval to submit the FY 2017 Year End Report and Cover Letter to the Board of Supervisors, which was seconded and passed.

Approval to Revision of CSB Board Bylaws

Bettina Lawton provided an overview of the proposed changes to the CSB Board Bylaws noting that Executive Committee membership for past Board Chairs was limited to the immediate past Chair. Proposed changes included modifying the membership to allow previous past chair(s) *still serving on the CSB Board* also be eligible to serve on the Executive Committee. Noting that no comments were received during the public comment period, Ms. Lawton made a motion to approve the CSB Board Bylaws as amended, which was seconded and passed.

Approval of FY 2019 CSB Budget in Concept

Michael Lane directing Board attention to handouts provided in the Board packet, provided an overview of the process and purpose for Board approval of the Budget in Concept. It was clarified that the budget as submitted does not display proposed funding amounts as preparation of the CSB proposed budget requires collaboration with the Department of Management and Budget (DMB) to determine funding levels. Due to the limited time between identifying the budget funding requests and the mid-October submission date to the Board of Supervisors (BOS), the proposed budget is submitted for CSB Board approval without requested funds. It was noted that DMB approved the items identified on the proposed budget submission which included Fringe Benefits, Employment and Day Services, Support Coordination, Diversion First, Opioid Use Epidemic, and Contract Rate and Lease Adjustments. Mr. Lane provided a brief synopsis of the anticipated budget funding requests, noting that the budget will be resubmitted to the CSB Board following assignment of requested amounts. Suzette Kern motioned for approval of the FY 2019 Budget in concept, which was seconded and approved.

10. Director's Report

Tisha Deeghan, encouraging attendance at the Recovery Resource Open House occurring on the first floor until 7:00 p.m., provided updates to the following topics:

- The recent hiring of a bilingual (Spanish) clinician.
- Partnering with George Mason University (GMU) on the SAMHSA (Grant funded SBIRT (Screening, Brief Intervention, Referral to Treatment) program.
- The Fairfax County Health Department has received approval to disseminate a large inventory of Narcan, working with the CSB as the administering agency.
- Directing attention to information provided with the Board materials on September events, the article titled *Innovative Housing for Homeless on the Horizon* was highlighted. Daryl Washington provided further information, noting that the facility design is still being finalized and will include both shelter beds and permanent supportive housing beds. It was also noted that the shelter beds are designed to be able to convert to permanent supportive housing beds as the homeless population declines.
- Reminding members of a presentation from VALHSO (Virginia Association of Local Human Services Officials) delivered previously via email, Ms. Deeghan encouraged members to review the presentation, advising that it contained excellent information including clarification of the role of CSB's in Virginia.
- Pat Harrison provided an overview of planned spending for carryover requests at a joint budget session on September 19th.

Lisa Potter distributed copies of the FY 2017 Quarter4/End of Year Status Report and accompanying Data Definitions, noting delay in delivery of this report is to ensure accurate data is provided. Remarking that copies of both documents would also be included in the CSB Board Retreat documentation, an overview of the data was provided. Some highlights included:

- Report of an overall increase in the individuals served in FY 2017 including in Emergency Services; Support Coordination and Developmental Disabilities services; Infant & Toddler Connection (ITC) and in Temporary Detention Orders (TDO) and Emergency Custody Orders (ECO).

- It was emphasized that comparison data collected after the opening of the Merrifield Crisis Response Center (MCRC) reflected a significant increase in TDOs and ECOs, which is anticipated to level off.
- Observing the number of individuals with a Primary Care Provider (PCP) increases and decreases throughout the year, this is attributed to the time needed to engage new individuals entering the CSB with health care services.
- Data on services provided in Peer Support Centers is anticipated to be included in the FY 2018 1st Quarter report.
- Noting a minor change to methodology, it was explained that the data provided in this report includes services provided to individuals with Developmental Disabilities who were not seen at the CSB prior to July 1.

It is anticipated that the FY 2018 1st Quarter report will be presented in November 2017.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 6:06 p.m.

Actions Taken--

- ◆ The August 23, 2017 meeting minutes were approved.
- ◆ FY 2018 Fee Policy related documents were approved to be posted for public comment
- ◆ CSB Board Communication Policy was approved to be posted for public comment.
- ◆ FY 2017 Year End Report was approved for submission to the Board of Supervisors and the mayors of Fairfax and Falls Church.
- ◆ Revisions to the CSB Board Bylaws were approved.
- ◆ CSB FY 2019 Budget in Concept was approved

Date

Staff to Board

Behavioral Health Oversight Committee Meeting Minutes

Date: September 13, 2017

Location: Merrifield Center, Third Floor, Room 3-409A East

Board and Associate Members: Board Chair, Gary Ambrose; CSB Board Members Daria Akers and Diane Tuininga; Associate Members Peter Clark, No. Virginia Mental Health Foundation; Lauren Goldschmidt, ServiceSource, Inc.; Wendy Gradison, PRS, Inc.; Sylisa Lambert Woodard, Pathway Homes, Inc.; Deanne Mullins, Community Residences; Tammala Watkins, Inova and Joe Pettit, Concerned Fairfax

Staff: Lyn Tomlinson, Assistant Deputy Director, Acute & Therapeutic Treatment Services; Lucy Caldwell, CSB Communications Director; Evan Jones, Service Director Employment & Day Services; Mark Blackwell, Director Office of Consumer and Family Affairs; Jean Hartman, Assistant Deputy Director, Community Living, Treatment & Supports; and Jean Post, Director Northern Virginia Regional Projects. Also present were other private sector staff as well as members of the public.

Topic	Action	Responsible Party	Due Date
Meeting Call to Order	Meeting was called to order at 5:05 p.m.	Gary Ambrose	
Opening Remarks Announcements	Introductions were provided.		
Approval of the July 12, 2017 Minutes	As there was not a quorum present, approval of the minutes was deferred until the next meeting.		
Associate Member Presentations and Concerns	<ul style="list-style-type: none"> • Wendy Gradison, PRS, Inc., highlighted that September is Suicide Prevention month and many activities are ongoing to spread awareness and promote available resources, including a <i>#MindsMatter</i> social media campaign and an interactive calendar. In addition, she noted Laura Mayer, CrisisLink's Program Director, provided an informative webinar showcasing the issues and efforts underway which can be accessed through the PRS Facebook page. • Peter Clark, Northern Virginia Mental Health Foundation, noted the Pathways to Wellness Conference scheduled October 20th will be offering educational credits for the first time. 	Associate Members	

Behavioral Health Oversight Committee Meeting Minutes

Topic	Action	Responsible Party	Due Date
<p>Associated Member Presentations and Concerns <i>(cont'd)</i></p>	<ul style="list-style-type: none"> • Sylisa Lambert-Woodard, Pathway Homes, Inc., shared the 18th Annual Help the Homeless Walk is scheduled October 21st in Fairfax City and registration is available through the Pathway Homes website. • Lauren Goldschmidt, ServiceSource, Inc., reported on an October 23rd benefits workshop that will be held at Merrifield and announced an awardee at next month's Service Excellence Award dinner will be an individual with experience in behavioral health recovery. In addition, the holiday campaign is being expanded to include individuals from CSBs and other programs. • Tammala Watkins, Inova, shared information on the ARCH program which assists with the bridge between inpatient and outpatient services. The 10-week program offers nurse, therapist and other services as needed during this transition. Efforts continue to expand therapists in all 27 primary care offices, with 11 currently staffed and a goal of 18 by year end. • Joe Petit, Concerned Fairfax, noted the NAMI Northern Virginia Annual Walk will take place September 23rd in Tysons. 		
<p>Veteran Services</p>	<p>Following some background on the numbers of veterans in Virginia as well as challenges they face, Gary Ambrose introduced Caleb Johnson, Director of Northern Region, Virginia Department of Veteran Services. Mr. Johnson shared a brief overview of the services and assistance his office is able to provide to those that have served in the military. With nine staff, some of which are peer specialists, the office serves Northern Virginia stretching out to Front Royal and the Stafford area.</p> <p>Some highlights of the programs available through the Regional office include:</p> <ul style="list-style-type: none"> • Virginia Care Centers, described as similar to nursing homes, are offered with two currently in place and a third being developed. It was noted 75% of those in the centers are there for the long term. • Cemeteries: There are two available for Virginia residents that have been honorably discharged. • An education transition and employment program is in place that assures each person has an opportunity to reach their potential and have access to benefits available under the GI bill. In addition, employment programs are offered to train employers, among which is the nationally recognized Virginia Values Veterans, that provides a pathway to connect veterans with employment opportunities. 		

Behavioral Health Oversight Committee Meeting Minutes

Topic	Action	Responsible Party	Due Date
Veteran Services <i>(cont'd)</i>	<ul style="list-style-type: none"> • The Military Medics and Corpsmen program assists veterans with the certification necessary to transition skills developed while serving in the military to the private sector. • Veteran Services assists those that have served in navigating through the systems to facilitate accessing benefits as well as filing claims and appeals. • In the area of behavioral health, staff coordinate and link individuals together with needed resources and ensure contact as well as engagement is actually made. The same holds true for homeless services. It was noted if an individual is on the street unsheltered, funding is available to house, stabilize and seek opportunities to move forward. • It was noted that individuals with Serious Mental Illness would be referred to the CSBs as the Veterans Services staff does not have the expertise to provide that level of support. • It was indicated that while other areas in Virginia have coordinated with the CSBs, that has not been the case in Northern Virginia. However, the Regional office is open to pursuing partnering with CSBs and other providers and would be especially interested in the area of peer supports. • It was highlighted that employment is the major challenge due to the wide range of military jobs and related skill sets. • Interest was expressed by some Associate Members to pursue the employer training program offered. 		
Future Direction/ Focus of BHOC	<p>In response to a request for suggestions in which the Committee might focus in the days ahead, the following was discussed which mostly centered on communications:</p> <ul style="list-style-type: none"> • In describing the challenges in seeking treatment for their child, especially in light of a dual diagnosis, it was indicated there is a need to enhance communication of available resources. This would include with the schools to ensure counselors and teachers are able to connect parents with community resources. • Examples were provided of insufficient communication between the schools and case managers when a child is in treatment as well as internal CSB coordination for those with dual diagnoses. 		

Behavioral Health Oversight Committee Meeting Minutes

Topic	Action	Responsible Party	Due Date
Future Direction/ Focus of BHOC <i>(cont'd)</i>	<ul style="list-style-type: none"> • Promotion of new programs as well as changes in terminology of existing programs would be helpful in trying to navigate through the system. (Systems of Care/Healthy Minds example provided.) • Overall, wide advertisement and promotion of how to access services was suggested, and in addition to online access, distribution of brochures and flyers at various venues such as with partners, schools, hospitals, private practice locations, would be beneficial. • Noting peer resources are essential in treatment and recovery, it was recommended to seek ways to enhance these services to coordinate peer visits to homes as well as educate the community on resources available. • It was suggested to look at development of a portal of collaboration between private providers and CSB to address removing barriers and share responsibility in providing wrap-around services. <p>Following the discussion, it was requested that members review the Committee charter and provide additional feedback. There was also a reminder of the September 27th Recovery Resource Open House at Merrifield, 4-7pm in which 16 partners will be represented to provide information and resources in addressing substance use treatment.</p>		
Staff Reports	Lyn Tomlinson reported that within the Fairfax County FY 2017 Carryover, \$1.1 million has been included to assist with the Opioid epidemic, which can be used to help alleviate the Detox waitlist and expand treatment to more individuals in need.	Lyn Tomlinson	
Adjournment	There being no further business to come before the Committee, the meeting was adjourned at 6:45 p.m.		

Next meeting of the Behavioral Health Oversight Committee is Wednesday, October 11, 2017.

10/11/2017

Date Approved



Prepared by

CSB Fiscal Committee Meeting Notes

Date: September 15, 2017

Attending: Ken Garnes, Acting Committee Chair; Jennifer Adeli, Gary Ambrose, Suzette Kern, Bettina Lawton and Molly Long

Staff: Tisha Deeghan, Daryl Washington, Michael Lane, Lisa Witt, and Marta Cruz

Summary of Information Shared/Decisions:

Review of meeting notes

The committee reviewed the notes of the August 18, 2017 meeting as presented.

Financial Status

Lisa Witt provided the following overview:

- *Position Status:*
As of September 11th, there are 147 vacancies. The average general merit vacancy rate to date in FY2018 is 150 positions or 15.1%.
- *Pay Metrics:*
As of the last pay period posted in FY 2017, there is a savings of approximately \$1.1 million.
- *FY 2019 Budget Concept:*
As there have been no requests for any proposed reductions as yet, it is anticipated the FY 2019 CSB budget request will include a FY 2018 baseline budget of \$166.9 million. Similar to past years, an initial concept paper has been developed with areas identified for possible additional funding which include:
 - Fringe Benefit adjustments
 - Employment & Day Services
 - Diversion First
 - Opioid Use Epidemic
 - Contract Rate and Lease adjustments

In response as to why affordable housing is not part of this ask, it was noted the Board of Supervisors has indicated they will only consider such funding within Diversion First.

As the added funding requests involve extensive discussions with the Department of Management and Budget (DMB), the specific numbers may not become defined until close to the mid-October submission date. Recognizing the challenges in CSB Board review in light of the compressed deadlines, it was indicated following a scheduled September 18th meeting with DMB, staff will share any further guidance received on the funding requests with the CSB Executive Committee at their September 20th meeting. It was also noted that in addition to providing a timeline of the budget process at the upcoming Budget 101 work session, a summary of historical budget requests can be developed, and if beneficial, a separate CSB Board work session can be held to discuss in-depth any specific areas.

- *Budget 101 Draft:*
In preparation for the September 27th CSB Board one-hour work session, a presentation from a similar Board training held previously was distributed. It was indicated this document will be updated for the upcoming session.

CSB Fiscal Committee Meeting Notes

Human Resources (HR) Updates

Marta Cruz reported on the following:

- Of the 150 vacancies, 104 are funded and approved to fill. There was review of the critical position recruitment process along with the status of pending interviews and hiring. During this discussion, it was noted candidates can fill vacancies in either Emergency and MCU.
- It was suggested an HR 101 work session might be helpful for Board members to understand this complex process and the associated constraints. In the meantime, this issue will be part of the upcoming September 30th CSB Board Retreat.

Diversion First

Daryl Washington shared the following:

- After receiving resumes for nine available staff positions, efforts are underway to identify qualified candidates, and in turn, begin scheduling interviews. It was noted to broaden the scope of the candidate pool, there is consideration to underfill some of the positions.
- Within affordable housing, efforts continue to place individuals using both state and county dollars.
- Among the outcomes at the recent Data Driven Justice Behavioral Health Design Institute Conference, it was determined that legal counsel should review how HIPAA is being applied to remove any unnecessary barriers.
- While not titled a “docket”, there will be a court proceeding held on Thursdays at 2:00pm in which cases of high utilizing, low-level offenders will be scheduled and CSB staff in attendance.
- Approval has been given to administer Vivitrol injections to individuals leaving the jail which is a 30-day medication to prevent relapse of Opioid dependence following detox.

Time to Treatment

Daryl Washington reviewed the charts noting adults at Merrifield have the longest wait time and the need for English speaking treatment has increased due to staff vacancies. Within Youth, it was highlighted there has been a decrease in wait times at the Springfield location for Spanish speaking services.

A suggestion was offered to add the two-week benchmark goal in receiving treatment to the charts as well as use consistent colors throughout the charts for the sites for easy comparisons.

FY 2017 End of Year Report for the BOS

With one requested revision, the letter will be submitted to the Executive Committee for consideration.

Follow up: Modified Fund Statement – Methodology and Projections

Michael Lane noted the ongoing discussions with DMB and indicated a summary of historical encumbrances will be provided to the Committee.

CSB Fiscal Committee Meeting Notes

FY 2017 Carryover:

Lisa Witt distributed a write up on the final carryover which includes an \$18.7 million increase in the FY 2018 budget, of which \$6.3 million is encumbered. Within the unencumbered appropriation, is \$6.7 million for Development Disabilities with an expectation a portion will be applied to FY 2019 added needs, \$1.1 million for opioid treatment and \$350,000 for renovation at the General District Court for Diversion First.

Action Items/Responsible Party Required Prior to Next Meeting:

Issues to Communicate to CSB Board:

Agenda Items for Next Meeting:

Fiscal Oversight Committee meeting

Wednesday, October 18, 2017, 4:00 p.m.

Merrifield Center

8221 Willow Oaks Corporate Drive

Level 3-Room 409A

Note: This meeting was rescheduled to accommodate the October 20, 2017 Pathways to Recovery Conference.



Community Services Board Retreat September 30, 2017

Retreat Summary

The goals of the retreat were to 1) Educate Board members, 2) Improve Board operations/effectiveness, and 3) Discuss strategic initiatives in order to understand where / how to focus Board attention going forward.

Agenda

Introduction / Ground Rules

1. Governance and Advocacy
 - a. Statutory Responsibilities of the Board
 - b. Board Member Responsibilities and Expectations for Engagement
 - c. Board / Senior Staff Relationship
2. Board Operations – How can we improve?
 - a. New Member and Ongoing Orientation
 - b. Communications
 - i. Board Communication Policy
 - ii. Planning Calendar and Other Communications
 - c. Committee Functions – How we can make our committees more effective?
3. Revised Strategic Plan Overview and Board's Role
 - a. Reporting and Accountability to the Board
4. Organizational Survey Debrief – Status to date / next steps
5. Challenges and Opportunities
 - a. Diversion First
 - b. Opioid Epidemic
 - c. Affordable Housing
 - d. Step – VA
 - e. CCC-Plus
 - f. Veterans
 - g. Workforce Challenges
 - h. External Drivers on the horizon
 - i. Impact of DD Waiver Redesign
6. Wrap up
 - a. Action Items and Follow up

Summary from Meeting

A. Statutory Responsibilities

- We are an Administrative Policy CSB

- Explore the stated responsibility from statute to “develop / review annually written agreements with local school divisions, health departments” etc.
 - ✓ Find out what we are doing in this regard / how we are complying with this
 - ✓ Review these duties with staff and codify these written responsibilities; how they are being addressed currently
 - ✓ Cindy Tianti will send copies of the October 27, 1980 MOU to the CSB Board through Erin
 - ✓ Cindy will send the Hill case to Suzette and Bettina

B. Board Members responsibilities and expectations for engagement

- ✓ We need to have a detailed conversation concerning to what extent we want to interact with the Board of Supervisors as we carry out our responsibility to advise, review, and evaluate
- ✓ Suzette requested that each CSB member touch base with their BOS member to discuss what they want the CSB to focus on

C. Board/Senior Staff Relationship (Ken Garnes)

- Discussion: For things that are sensitive or could cause issues in the community, or for the BOS, CSB members would like staff to let them know as soon as possible
- CSB Board wants no surprises

Guidelines for CSB Board / Staff Communications -- *The following agreements were made:*

- Timing:** For issues occurring between CSB Board meetings, the Board requests that the Executive Director call the Chair or Vice Chair to inform them
- Relevancy:**
 - ✓ For any item important enough to be elevated to Senior Management that needs to go to the BOS, senior staff should inform the CSB Board
 - ✓ Any significant update to agency or board priority
 - ✓ Any information being provided to the BOS should be sent to CSB
 - ✓ When in doubt, communicate the info to the CSB Board.
- Staff Contacts:** Any time a CSB Board member reaches out to a program/service director-level staff member, it is agreed that they will copy Michael, Daryl, or Tisha. **Board members should NOT be reaching out to staff below the program/service director level.**

2. Board Operations – How can we improve?

a. New Member and Ongoing Orientation

What Board Members liked about New Member Orientation:

- Handout information was condensed to one binder
- Handouts regarding scope and responsibilities of Board is helpful
- Like the “cheat sheet” of acronyms
- Getting the Organization chart - helpful

What could be improved regarding New Member Orientation:

- Add Medicaid and state government terms to the “Cheat sheet” on acronyms
- Include information on updates to Medicaid
- Include information on How the CSB works / how clients are screened

- Distribute the binders a week in advance of first Board meeting so we have some time to digest and have some context for getting started

Ideas to improve CSB Board Training in general:

- Hold special work sessions to inform Board members about special treatment areas / timely issues
- Staff to discuss how often should they update the one page listing of “key issues”
- Build ongoing knowledge of CSB operations by including a 15 – 20 minute education piece at CSB Board meetings –**OR cover this at special work sessions**
- Consider holding more frequent Board retreats for shorter durations (1/2 days) so that Board is up to date on special issues
- At Orientation, provide a quick overview of who key staff are and encourage members to use the highlight /hover function on the electronic copy of org chart
- List the types of psychiatric treatment / services provided (SA, etc.) and what types of cases CSB takes (medical detox, etc.)
- At special work sessions, include a tutorial on special populations we serve
- Make time for staff to introduce themselves at CSB Board meetings so we can put faces with names

b. **Communications-** *How can we improve Board Communications and the planning calendar?*

- ✓ The Communications subcommittee will find out from Cindy Tianti whether it is considered a “meeting” if three board members post on a social media post
- ✓ It was agreed that the Executive Director is the designated spokesperson for CSB and all media requests / comments should be vetted through her or her designee
- ✓ It was agreed that Erin will be asked to send out a list of often-used links, including the link to the Board planning calendar

c. **Committee Functions** – *What do we want from our committees? How can we make them more effective?*

- ✓ Use the same model for BHOC with DD Committee, with regard to Associate members
- ✓ Update the bylaws to conform with what we’re already doing (codify it)

The remainder of the meeting was spent with senior staff updating the CSB Board members on the status of the key challenges and opportunities facing the CSB right now. No action items were noted from these items on the agenda; they were primarily for informational purposes.

Next Steps – Action Items and Follow up:

Immediate actions: (within the next 7 days)

- 1) **DMAS Change to Credentials.** Submit Comments individually to speak out against proposed DMAS change to credentials
 - a. Tisha to talk to the Deputy County Executive and the County Executive to brief them on the issue
 - b. Tisha to send Board talking points
 - c. CSB members to talk to their appointed officials to advocate** Note: upon further research by staff, it was determined in the days following the retreat that this apparent new proposed requirement by the state was found to be made in error, therefore no action by the CSB was required.

Short term actions: (30-60 days)

- 1) Find out what we are doing in regard to how we are complying with the statutory responsibility to “advise, review, and evaluate”
 - ✓ Review these duties with staff and codify these written responsibilities; how they are being addressed currently
- 2) Cindy Tianti will send copies of the October 27, 1980 MOU to the CSB Board through Erin
- 3) Cindy will send the Hill case to Suzette and Bettina
- 4) Daryl will send Housing slides to Board.

Longer Term actions (60-120 days)

- 1) **Attend to remaining items above in red** – these are items we agreed to follow up on but were not necessarily immediate or requiring short term action

Approval of 2018 CSB Fee Related Documents

Issue:

Updates to the Reimbursement for Services Policy 2120, Ability to Pay Scale and Fee Schedule

Recommended Motion:

I move the Board approve the proposed Reimbursement for Services Policy 2120, Ability to Pay Scale and Fee Schedule, as presented.

Background:

At the CSB Board's Ad Hoc Fee Policy Committee meeting on September 6th, members voted to approve staff proposals as amended by the committee, and recommended that the CSB Board post the proposed Reimbursement for Fee and Subsidy Related Procedures Regulation 2120.1, Ability to Pay Scale, Fee Schedule for public comment. At its meeting on September 28th, the CSB Board approved the release of the proposed changes for public review.

The announcement of the public review period was handled as follows:

- published on the [Summary of Changes to CSB Fee-Related Documents](#) webpage
- appeared in the *CSB News*, the CSB's electronic newsletter

No comments were received during the public review period prior to the October 25th CSB Board meeting.

A complete list of changes to fee related documents can be found in the enclosed document. Key changes include separating the CSB Guidelines for Assigning Priority Access to CSB Services from the Reimbursement for Services Policy; synchronizing the CSB Ability to Pay Scale with the Federal Poverty Levels (FPL); updating the CSB Fee Schedule to reflect the services provided in the CSB; and updating CSB service fees to maximize Medicare reimbursement.

If approved by the Board, the Fee Schedule will be submitted to the Board of Supervisors for their review on December 5, 2017. Afterward, CSB staff training and adjustments within the Electronic Health Record will commence with a targeted effective date of February 1, 2017. Changes to the Board Policy will be effective after the CSB Board Secretary signs the Policy. Given its correlation to the Board Policy, the staff Fee and Subsidy Related Procedures Regulation is furnished here for your reference and will be forwarded to the Executive and Deputy Directors for their review and approval.

Timing:

If approved by the Board, the Fee Schedule will be forwarded to the Board of Supervisors for their review. An effective date of September 1st retroactively for the Reimbursement for Fee and Subsidy Related Procedures Regulation and February 1st for the Ability to Pay Scale and the Fee Schedule is planned

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 2018 current budget plan for the CSB includes \$18.4 million in estimated fee revenues.

Enclosed Documents:

- Summary of Proposed Changes to CSB 2017-2018 Fee Related Documents
- Reimbursement for Services Policy 2120
- Ability-to-Pay Scale
- Fee Schedule
- Fee and Subsidy Related Procedures Regulation 2120.1 – for information only

Board Members and Staff:

Gary Ambrose, CSB Board Member

Suzette Kern, CSB Board Chair

Jane Woods, CSB Board Member

Staff: G. Michael Lane, Deputy Director, Administrative Operations,
LaKeisha Flores, Business Operations, Director

Summary of Changes to CSB 2017-2018 Fee Related Documents

Reimbursement for Services Policy 2120

- **Separated** the CSB Guidelines for Assigning Priority Access to CSB Services from the Reimbursement for Services Policy. The CSB Guidelines for Assigning Priority Access to CSB Services is covered in a separate Board Policy.

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** ARTS services.
- **Removes** Substance Use services that were discontinued through the implementation of ARTS.
- **Removes** CSB services that are no longer offered.
- **Clarifies** Service names, procedure codes, and billing intervals.
- **Adds** Mental Health Peer Support Services. Fees will be made available through DMAS.
- **Adds** Psychiatric Evaluation and Management services for New Patients.
- **Adds** Individual Therapy/Counseling for 16 to 37 minutes; and 38 to 52 minutes.
- **Adds** Psychological Assessments for Adult Day Treatment, Psychosocial Rehab, GAP SMI, Intensive Community Treatment, and Mental Health Skill Building.
- **Updates** Outpatient service fees to maximize Medicare reimbursement.

Fee and Subsidy Related Procedures Regulation 2120.1

Regulation

- Delete “Regulation and/ or the” in Section II of the Regulation. The CSB Board is not required to approve revisions to the Regulation.
- Change “American Medical Association (related to procedural codes)” in Section II, F of the regulation to “Relevant Professional Associations”.

Eligibility

- Delete Appendix A, “Guidelines for Assigning Priority Access to CSB Services”.

Fees for Service

- Change the term “liability” to “subsidy” to reflect the language used in Policy 2120.

Subsidy Determination

- Delete reference to “household income” in Section VIII, C, i.
- Add clarification when applying full-fee standards to Medicaid enrollees.

Supplemental Subsidy

- Clarify supplemental subsidy determination criteria. (Section VIII, C, iv)

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.~~

~~2.1. A single fee(s)~~ 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.

~~3.2.~~ 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.

~~4.3.~~ 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.

~~5.4.~~ 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.

~~6.5.~~ 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, 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.

~~7.6.~~ Services shall not be refused to any individual solely on the basis of ~~financial issues~~ ability to pay.

~~8.7.~~ 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.

~~9.8.~~ 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



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
- Revision Adopted: June 22, 2005
- 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.~~

APPENDIX A

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 nonCSB 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~~

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- ~~• **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.~~

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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.~~

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APPENDIX A

- ~~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).~~

~~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).~~

~~(2) 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.~~

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Fairfax-Falls Church Community Services Board

Ability to Pay Scale, Effective Feb 1, ~~2017~~ 2018

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 ~~2017~~ 2018 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%	\$41,500			
350%	80%				50
300%	60%				00
250%	40%				50
200%	20%				00
150%	0%	\$0			36,450

The proposal is to update the ATP Income Levels with the new Federal Poverty Guidelines to be published in January 2018

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.

Fairfax Falls Church CSB
 Fee Schedule
 Effective February 1, 2018

Service	Billing Procedure Code	Subject to Ability to Pay Scale	Effective February 1, 2018
Adolescent Day Treatment - MH	H0035-HA	Yes	
Adolescent Day Treatment - SA	-	Yes	\$4.80 per 15 minutes
Adult Day Treatment - MH	H0035-HB	Yes	\$34.78 per unit
Adult Day Treatment - SA	H0047	Yes	
A New Beginning Residential Treatment	-	Yes	\$238.30 per day
GAP Case Management - Regular Intensity	H0023-UB	Yes	\$195.90 per month
GAP Case Management - High Intensity	H0023-UC	Yes	\$220.90 per month
Case Management - ID	Yes	Yes	
Case Management - MH	H0023	Yes	\$326.50 per month
Case Management - DD	T1017	Yes	\$326.50 per month
Case Management - SA	H0006	Yes	\$243.00 per month
Congregate Residential ID Waiver Services	97535	No	\$17.71 per hour
Contracted Residential Treatment - Intermediate Rehabilitation/Reentry		Yes	\$163 per day
Crisis Intervention	H0036 or 90839 or 90840	Yes	\$30.79 per 15 minutes
Crisis Stabilization - Adult Residential	H2019	Yes	\$89 per hour
Crossroads Adult Residential Treatment	-	Yes	\$186.52 per day
Crossroads Youth Residential Treatment	-	Yes	
Detoxification, Medical, Residential-setting	-	Yes	\$750 per day
Detoxification, Social, Residential-setting		Yes	\$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
Family Therapy w/out client	90846	Yes	\$111.24 per event
Family Therapy w/ client	90847	Yes	\$115.43 per event
Group Therapy/Counseling	90853	Yes	\$27.86 per event
Head Start - Services to	-	No	\$25 per 15 minutes
Independent Evaluations	-	No	\$75 each
Individual Therapy/Counseling (16 to 37 minutes)	90832	Yes	\$69.08 per event
Individual Therapy/Counseling (38 to 52 minutes)	90834	Yes	\$91.82 per event

Fairfax Falls Church CSB
 Fee Schedule
 Effective February 1, 2018

Service	Billing Procedure Code	Subject to Ability to Pay Scale	Effective February 1, 2018
Individual Therapy/Counseling (53 minutes or greater)	90837	Yes	\$137.74 per event
Initial Evaluation/Assessment	90791	Yes	\$150 per event
Injection Procedure	96372	Yes	\$30.20 per event
Intensive Community Treatment	H0039	Yes	\$153 per hour
Intensive Outpatient - SA	H0015	Yes	\$250.00 per day
Interactive Complexity*	90785	Yes	\$15 add on to other clinic
Lab Tests	-	No	Actual Cost
Late Cancellation or No Show	-	Yes	\$25.00
Legal Testimony	-	Yes	\$25 per 15 minutes
Medication Management	90862	Yes	
Mental Health Skill-building Service	H0046	Yes	\$91 per unit
Multi-Family Group Therapy	90849	Yes	\$25 per event
Neurological Testing		Yes	\$1168 per event
New Generations Residential Treatment	H0010	Yes	\$393.50 per month
Nursing Assessment		Yes	
Nursing Subsequent Care	99211	Yes	\$29 per event
Peer Support Services - Individual/SA	T1012	Yes	\$6.50 per 15 minutes
Peer Support Services - Group/SA	S9445	Yes	\$2.70 per 15 minutes
Peer Support Services - Individual/MH		Yes	TBD by Medicaid
Peer Support Services - Group/MH		Yes	TBD by Medicaid
Physical Exam (Physician)	99385-99387	Yes	\$167 per event
Psychiatric Evaluation	90792	Yes	\$219 per event
Psychiatric Evaluation & Management High Complexity - New Patient	99205	Yes	\$234.95 per event
Psychiatric Evaluation & Management Low Complexity - New Patient	99203	Yes	\$124.25 per event
Psychiatric Evaluation & Management Moderate Complexity - New Patient	99204	Yes	\$187.06 per event
Psychiatric Evaluation & Management High Complexity	99215	Yes	\$164.91 per event
Psychiatric Evaluation & Management Low Complexity	99213	Yes	\$83.79 per event
Psychiatric Evaluation & Management Moderate Complexity	99214	Yes	\$122.82 per event
Psychological Testing	-	No	\$150 per event
Psychological Testing Battery	96101	Yes	\$851 per event
Psychosocial Rehabilitation	H2017	Yes	\$24.23 per unit
Psychological Assessment	H0032	Yes	
Psychological Assessment, Adult Therapeutic Day Treatment	H0032 - U7	Yes	\$36.53 Per event

Fairfax Falls Church CSB
 Fee Schedule
 Effective February 1, 2018

Service	Billing Procedure Code	Subject to Ability to Pay Scale	Effective February 1, 2018
Psychological Assessment, Psychosocial Rehab	H0032 - U6	Yes	\$24.23 per event
Psychological Assessment, GAP SMI Short Form	H0032 - UB	Yes	\$37.00 per event
Psychological Assessment, GAP SMI Long Form	H0032 - UC	Yes	\$75.00 per event
Psychological Assessment, Intensive Community Treatment	H0032 - U9	Yes	\$153.00 per event
Psychological Assessment, Mental Health Skill Building	H0032 - U8	Yes	\$91.00 per event
Release of Information: Individual	-	No	50¢ per pg up to 50 pgs;
Release of Information: Research	-	No	\$10.00
Release of Information: Third Party	-	No	\$10 admin fee
Release of Information: Worker's Compensation	-	No	\$15.00
Residential Fee ID Community Living Services	-	No	75% of gross income
Residential Fee MH/SA Community Living Services	-	No	30% of gross income
Returned Check (due to insufficient funds or closed account)	-	No	\$50.00
Skilled Nursing Waiver LPN Services	T1003	No	\$7.99 per 15 min
Skilled Nursing Waiver RN Services	T1002	No	\$9.22 per 15 min
Sojourn House Residential Treatment	H2020	Yes	
Telehealth Facility Fee	GT Modifier	No	\$20.00
Transportation	-	No	\$100 per month
Turning Point Program	-	Yes	\$285.71 per month
Urine Collection & Drug Screening- Retests Only	-	Yes	\$25.00
Wraparound Fairfax	-	No	\$1270 per month
DDW Case Management		No	\$242.73 per month
DDW Group Home Residential 5 person Tier 1	H2022-U2	No	\$221.80 per day
DDW Group Home Residential 5 person Tier 2	H2022-U2	No	\$249.07 per day
DDW Group Home Residential 5 person Tier 3	H2022-U2	No	\$276.33 per day
DDW Group Home Residential 5 person Tier 4	H2022-U2	No	\$325.40 per day
DDW Group Home Residential 6 person Tier 1	H2022-U3	No	\$214.99 per day
DDW Group Home Residential 6 person Tier 2	H2022-U3	No	\$238.84 per day
DDW Group Home Residential 6 person Tier 3	H2022-U3	No	\$266.10 per day
DDW Group Home Residential 6 person Tier 4	H2022-U3	No	\$316.88 per day
DDW Group Home Residential 7 person Tier 1	H2022-U4	No	\$208.17 per day
DDW Group Home Residential 7 person Tier 2	H2022-U4	No	\$228.61 per day
DDW Group Home Residential 7 person Tier 3	H2022-U4	No	\$255.88 per day
DDW Group Home Residential 7 person Tier 4	H2022-U4	No	\$308.36 per day

Fairfax Falls Church CSB
 Fee Schedule
 Effective February 1, 2018

Service	Billing Procedure Code	Subject to Ability to Pay Scale	Effective February 1, 2018
PERS Medication Monitoring	S5185	No	\$58.41
PERS Monitoring	S5161	No	\$35.05
PERS Installation	S5160	No	\$58.41
PERS Installation & Medication Monitoring	S5160-U1	No	\$87.62
DDW Skilled Nursing, Registered Nurse	S9123	No	\$11.28 per 15 min
DDW Skilled Nursing, Licensed Practicle Nurse	S9124	No	\$9.78 per 15 min
DDW Transition Services	T2038	No	Unit varies/\$5000 yearly limit
DDW Assistive Technology, Maintenance Costs Only	T1999-U5	No	Unit varies/\$5000 yearly limit

Regulation Number: 2120.1
Regulation Title: Fee and Subsidy Related
Procedures
Date Adopted: December 6, 2016

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~~Relevant Professional Associations ~~(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 nonresidents 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. **Subsidy** 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 **subsidy** 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, 18 years and older:

Individuals who are 18 years or older are responsible for the cost of their CSB services based on the individual's income except:

- When the individual, who qualifies for and is receiving aid under a federal or state program of assistance to the blind and disabled (including but not limited to, 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). Individuals receiving such aid are not financially liable and will be set at 0%.

However, the following **subsidy** for fees still apply:

- The holder of an insurance policy providing coverage for the individual who is covered by an insurance policy is responsible for any third-party payments for deductibles, co-insurance, and copayments.
- Parents or guardians of adult children with a disability are responsible for the cost-share fees of residential programs.

Individuals / Youth, 17 years and younger:

Parents or guardians of youth who are 17 years or younger are responsible for all other fees, except:

- When the youth, who qualifies for and is receiving aid under a federal or state program of assistance to the blind and disabled (including but not limited to, 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). Youth receiving such aid and/or their parents or guardians are not financially liable and will be set at 0%.
- The youth is married or otherwise legally emancipated, in which case the youth is responsible for the costs of services. The **subsidy** is set based on the youth's income.

However, the following **subsidy** for fees still apply:

- 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.
- Parents or guardians of children with a disability are responsible for the costshare fees of residential programs.

D. Out of State Medicaid Insurance

The CSB will set a 0% **subsidy** 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 policyholder. Individuals receiving services not covered by their insurance plan 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. 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 the following: 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 the following:

- An individual who refuses to provide documentation of income
- An individual seeking services which are covered by a health insurance plan
 - ~~Clients enrolled with Virginia Medicaid must indicate that they will pay full fee for services they do not wish to have reimbursed through their insurance coverage. If the client does not indicate their willingness to pay full fee, the CSB cannot bill them for services.~~
- 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, childcare and tuition, and family size. **Clients must make six months of good faith payments on their balance to be eligible for a supplemental subsidy.** 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 that are not subject to the Ability to Pay Scale.
- iii. Individuals who 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 copays 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 will not 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 nonsufficient 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-

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.

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



December 6, 2016

Date

Executive Director

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
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Revised: September 15, 2006
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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: December 6, 2016

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.

Revised October 22, 2014

APPENPage 1 of 5 SDIX-A
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 cooccurring needs.

Individuals and families who have private health insurance coverage and are able to access nonemergency/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

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APPENDIX A

- 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.

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- 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.

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Request for Approval of CSB Board Communication Policy

Issue:

Establishment of a CSB Policy to address CSB Board Member Communication when addressing the public.

Recommended Motion:

I move that the Board approve CSB Policy 4000, CSB Board Member Communication, as presented.

Background:

To provide CSB Board members with clear direction for interactions with the public, individuals receiving services, and other interested parties. This CSB policy has been developed to provide communication guidelines including through news media, social media, blogs, and/or other online public forums.

In support of providing CSB Board members with clear guidance for communication with the public, a CSB policy has been developed, and following direction at the September CSB Board meeting, proposed CSB Policy 4000, CSB Board Communication, was issued for a public review and comment period. As of now, there have been no comments received. A final opportunity for comment will be offered at the October 2017 CSB Board meeting prior to requesting Board approval.

Timing:

Immediate

CSB Board Member:

Ken Garnes, Ad Hoc Committee Chair

CSB Staff:

Lucy Caldwell, Director of Communications

Enclosed Document:

CSB Policy 4000, CSB Board Member Communication

Policy Number: 4000
Policy Title: CSB Board Member
Communication
Date Adopted: TBD

Purpose:

Provide clear, timely and accurate information to the public, individuals receiving services, and interested parties regarding the Fairfax-Falls Church Community Services Board (CSB) and its operations, facilities, planning, programs, services and other issues of interest. Commits CSB Board to open and transparent processes, community engagement, informing and educating local constituencies and timely utilization of appropriate means and technologies to facilitate effective two-way communication.

Policy

The Fairfax-Falls Church Community Services Board (CSB) shall communicate with residents and other stakeholders in order to inform and engage the public regarding the CSB and its operations, facilities, planning, programs, services, and other issues of interest. Public engagement shall be encouraged and facilitated. Input from both the community the public entities shall be encouraged.

CSB Board members may and are encouraged to advocate and inform the public of CSB matters. The role for CSB staff is different. While CSB staff may inform, educate and engage, they may not advocate.

When representing the CSB Board during interactions with the public, information will first be coordinated with the CSB Board Chair and CSB Executive Director or designee to ensure accuracy. Members, when engaging in personal communication with the public, are not required to coordinate with the CSB Board Chair or CSB Executive Director or designee.

Additionally, CSB staff are available for consultation to Board members concerning outreach to, or interaction with, news media, social media, blogs, or other online public forums.

Approved _____

Secretary

_____ Date

References

Fairfax County Social Media Policy: <http://www.fairfaxcounty.gov/opa/fairfax-county-social-media-policy.pdf>

Policy Adopted: TBD

CSB FY 2019 Budget Requests

Issue

Submission of the CSB FY 2019 budget request.

Recommended Motion

I move that the Board approve the proposed CSB FY 2019 budget as presented.

Background

The FY2019 budget attachment outlines the CSB's priorities and requested funding amounts. Information contained in the attachment was presented at the September CSB Board meeting and has been updated to reflect the amounts associated with each of the CSB priorities and service lines. The draft FY2019 budget attachments were reviewed by the CSB Fiscal Oversight Committee at the last meeting on October 18, 2017 which recommended moving this submission forward for CSB Board approval.

Timing

Immediate. In order to meet the submission due date of October 20, 2017, the budget requests were submitted pending retroactive approval by the CSB Board.

Enclosed Document

Attachment A: CSB FY 2019 Conceptual Budget Proposal

Staff

Tisha Deeghan, CSB Executive Director

G. Michael Lane, CSB Deputy Director, Administrative Operations

Item Title

The Virginia Foundation for Healthy Youth RFP #852P019: Tobacco Use Prevention and Cessation with Youth in Virginia funding opportunity.

Issue:

Board approval is requested for the Fairfax-Falls Church Community Services Board (CSB) Wellness, Health Promotion & Prevention (WHPP) to apply for and, if awarded, accept Virginia Foundation for Healthy Youth (VFHY) funding totaling \$150,000, for three years, at \$50,000 per year. Funds will be used to implement the program *AI's Pals: Kids Making Healthy Choices*, described below, in collaboration with partner preschool organizations. WHPP has been awarded this project three times previously beginning in 2009. As this is a renewal application, it does not require Board of Supervisors (BOS) approval.

Recommended Motion:

I move that the Board approve Wellness, Health Promotion & Prevention's request to apply for and, if awarded, accept three years of Virginia Foundation for Healthy Youth funds of \$150,000.

Background:

The Virginia Foundation for Healthy Youth issued a Request for Proposals (RFP) on August 21, 2017 to fund three-year contracts to provide tobacco use prevention programs for youth. The VFHY (formerly known as Virginia Tobacco Settlement Foundation) was created in 1999 by the General Assembly to distribute monies from the Virginia Tobacco Settlement Fund for the purpose of restricting the use of tobacco products by minors. This RFP provides funds to local organizations and agencies to provide tobacco use prevention programs for youth. Programs must be selected from the VFHY approved compendium. This grant award will run from July 1, 2018 through June 30, 2021. RFP information can be found at <https://www.vfhy.org/funding-opportunities>.

The Fairfax-Falls Church CSB will collaborate with home based, private and non-profit, faith-based, and the Fairfax County Public Schools childcare education programs in implementing the program. This project will build organizational capacity to deliver proven prevention programs while strengthening skills in young children receiving the program.

The *AI's Pals* program is an early childhood prevention curriculum and teacher training program for children ages three to eight years old. Using 46 interactive lessons, *AI's Pals* develops children's pro-social skills, self-control, problem-solving abilities and an

understanding that they are not to use tobacco, alcohol, and other drugs. Program outcomes include increased pro-social skills, such as appropriate expression of feelings, demonstration of self-control, interpersonal problem-solving, healthy decision-making, and positive coping.

Timing:

Immediate. Board action is requested on October 25, 2017 as the grant submission deadline was October 16, 2017. Grant awards will be announced in early 2018; the grant award period begins July 1, 2018 and ends on June 30, 2021.

Fiscal Impact

There is no match required for the grant. No positions will be established if awarded.

Enclosed Documents:

None

Staff:

Tisha Deeghan, CSB Executive Director

Louella Meachem, Director of Nursing & WHPP, EAR & SA Case Management

Jamie MacDonald, Wellness and Health Promotion, Fairfax-Falls Church CSB

Robyn Fontaine, Acting Fiscal Administrator, Fairfax-Falls Church CSB