

Regulation Number: 2120.1
Regulation Title: Fee and Subsidy Related
Procedures
Date Adopted: December 4, 2018
Revised: February 1, 2019

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 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. Relevant Professional Associations
- 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 [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; 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 cost share 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, unless the individual is experiencing a mental health crisis such that the services provided are to prevent harm to that individual or others, including but not limited to, services provided to an individual who is the subject of proceedings pursuant to the civil commitment process.
- 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 income and number of 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
 - o 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

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

iii. 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 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.

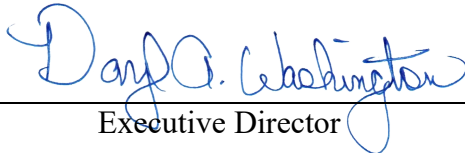
XIII. Services Provided at No Cost to the Individual. There are no charges for the services listed below.

- 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 nonprofit agencies for these services.
- Diversion to Detoxification Center. The CSB does not charge for assessment and transport of individuals by the diversion staff.

Approved


Executive Director

February 1, 2019

Date

Approved: October 1984

Revised: January 1995

Revised: June 1996

Revised: May 1997

Revised: October 1999

Revised: April 26 2000

Revised: May 23, 2001

Revised: October 24, 2001

Revised: June 17, 2002

Revised: July 23, 2003

Revised: August 31, 2004

Revised: August 15, 2005

Revised: September 15, 2006

Revised: August 14, 2007

Revised: July 21, 2008

Revised: June 24, 2009

Revised: September 22, 2010

Revised: November 1, 2012

Revised: December 1, 2014

Revised: December 16, 2016

Revised: December 6, 2017

Revised: December 4, 2018

Revised: February 1, 2019