

Arlington County Community Services Board (ACCSB)
Board Policies
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Updated May 2014

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Policy Number 112
POPULATIONS RECEIVING PRIORITY FOR MENTAL HEALTH SERVICES
Adopted January 18, 2006

Purpose:

To identify populations to be given priority for receiving Mental Health Services.

Policy:

The ACCSB has identified the following populations as the highest priority for receiving mental health services.

- Adults with serious mental illness
- Adults with serious mental illness with a co-occurring substance abuse or dependence
- Children and adolescents with a serious emotional disturbance
- Children and adolescents with a serious emotional disturbance with a co-occurring substance abuse or dependence
- Children and adolescents at risk of developing serious emotional disturbances

It is the policy of the ACCSB that in addition to serving individuals with serious mental illness, the following individuals not determined to have a serious mental illness may be served:

1. Individuals who were determined to have a serious mental illness but are stable and no longer meet the criteria, and services are necessary to maintain their stability and prevent relapse
2. Individuals who suffer from acute mental illness and do not have the financial resources to obtain short-term treatment elsewhere
3. Elderly individuals :
 - with complicated Dementia making them at risk for psychiatric hospitalization without mental health services
 - with a psychiatric diagnosis who are homebound due to frailty or cognitive impairment and need outreach ,-mental health and wrap-around services to remain stable in the community
4. Individuals with a confirmed diagnosis of intellectual disability with a serious mental health diagnosis and do not have the financial resources to obtain mental health services elsewhere.

Background

It is ACCSB policy that persons admitted to and provided continued treatment by mental health services are determined to have a serious mental illness. It is intended, thereby, to provide services to persons who most need them due to the relative seriousness of their disability. However, a recent review of individuals receiving services revealed that some individuals were not determined to have a serious mental illness, but nevertheless needed ACCSB services.

Policy Number 113
POPULATIONS RECEIVING PRIORITY FOR SUBSTANCE ABUSE SERVICES
Adopted April 20, 2005

Purpose:

To identify populations receiving priority for Substance Abuse Services.

Policy:

The ACCSB has identified the following populations as defined by the Federal Substance Abuse Prevention and Treatment Block Grant and the Virginia Department of Behavioral Health and Developmental Services as the highest priority for receiving services.

Federal Substance Abuse and Treatment Block Grant Treatment Populations

- Pregnant women who meet the criteria for substance dependence or substance abuse
- Women with dependent children who meet the criteria for substance dependence or substance abuse
- Persons with HIV/AIDS who meet the criteria for substance dependence or substance abuse
- Persons seeking treatment for intravenous drug use
- Adolescents who are demonstrating substance abuse/dependence and related behaviors

Department of Behavioral Health and Developmental Services Priority Populations

- Child/Adolescent or Adult with a Substance Dependence diagnosis
- n
- Child/Adolescent/Pregnant or Parenting Woman, with Substance Abuse diagnosis
 - *and* use within the last 12 months
 - *or* has exhibited violent behavior related to substance abuse
- Adult with Serious Mental Illness also with a Substance Abuse diagnosis
 - *and* has used substances within the last 12 months
 - *or* has exhibited violent behavior related to substance abuse
-

Other

In addition, the ACCSB has also identified other populations that may lie outside the populations defined above as eligible to receive services.

- Adults whose alcohol and/or drug problems are severe and who lack resources for services elsewhere
- Children at-risk, including those negatively impacted by the substance abuse of a parent/caretaker or family member and therefore considered at risk.

Approved _____
Chair

Date

References:

- Department of Behavioral Health and Developmental Services Populations Receiving Priority

Policy Number 114
POPULATIONS RECEIVING PRIORITY FOR INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SERVICES
Adopted April 20, 2005

Purpose:

To identify populations to receive Intellectual and Developmental Disabilities services.

Policy:

The ACCSB has identified the following populations as defined by the Virginia Department of Behavioral Health and Developmental Services as the priority for receiving services.

- Adults and children age six or older who have a confirmed diagnosis of intellectual disability (i.e., an IQ of 70 or below for adults and deficits in two or more areas of adaptive functions) with onset prior to age 18
- Children three to six years of age who have a suspected diagnosis of intellectual disability
- Children three to six years of age where there is confirmation of cognitive developmental delay
- Children under three years of age where there is confirmed eligibility for Part C of IDEA

In addition to the populations receiving priority, the ACCSB **may** serve individuals with developmental disabilities who do not have intellectual disabilities, but whose functional impairments are similar to individuals in the above populations receiving priority. Provision of services will be subject to the availability of funds.

- “Developmental disabilities” is defined by federal statute to mean individuals who have a diagnosis of autism, cerebral palsy, epilepsy or other developmental disability with onset prior to age 22, with deficits in three or more areas of adaptive functions, including self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
- In addition, individuals with deficits in at least two areas of adaptive functions may be served, if services are deemed necessary due to: (1) the severity of the impairments; and/or (2) factors affecting the support otherwise available to the individuals, such as financial resources or family support.

Approved _____
Chair

Date

References:

- Virginia Department of Behavioral Health and Developmental Services Populations

Receiving Priority

- Federal Developmental Disabilities Act, Public Law 106-402.
- Federal Developmental Disability Assistance and Bill of Rights Act, Section 102 (8)

Policy Number 202
DEFINITION OF POLICY AND PROCEDURE
Adopted June 16, 2004

Purpose

To define ACCSB policies and procedures.

Policy

The ACCSB is empowered by State Code to make policies, concerning the operation of services under its direction or supervision. Promulgation of operating procedures is delegated to the Executive Director, except when Federal, State or local law requires that the ACCSB formulate and adopt specific types of procedures or when the ACCSB determines that a matter is of such importance that the ACCSB deems it necessary to promulgate and adopt a procedure itself.

1. A policy is defined as a plan of action stating an objective and the preferred means of achieving it. Policies are adopted by the ACCSB.
2. An operating procedure is defined as a formally stated method of carrying out a policy or program practice and usually refers to a specific program area. The Executive Director or designee is responsible for creating and implementing operating procedures.
3. The ACCSB may review and amend any ACCSB policy or procedure.

Approved _____
Chair Date

Reference:
§§37.2-500-511 and 37.2-612, Code of Virginia, 1950, as amended

Policy Number 213
ORIENTATION AND TRAINING OF NEW ACCSB MEMBERS
Adopted June 16, 2004

Purpose

To insure that ACCSB members are provided sufficient orientation and training to enable them to exercise their authority and carry out their responsibilities.

Policy

It is the policy of the ACCSB that members should participate in an orientation as well as an ongoing training program. This program will consist of the following components.

1. Orientation for New ACCSB members. Orientation should be conducted by the ACCSB Chair and Executive Director within 30 days of appointment.
2. Training Sessions. Training will consist of presentations and discussion of specific programs, of trends in service delivery or individual needs, or of procedures related to management and planning.
3. Site Visitations. ACCSB members are encouraged to visit as many of the directly operated and contractual programs as possible. The committees are encouraged to organize at least one group visit, open to all ACCSB and Committee members of a selected program (or programs) annually.
4. Conferences and Seminars. ACCSB members are encouraged to attend conferences and seminars directly related to the work of the ACCSB. Members are eligible to be reimbursed for their expenses at the discretion of the Executive Director and on the advice of the ACCSB Chair.
5. Professional Literature. ACCSB members should review excerpts from professional literature and relevant articles provided to them by the Executive Director.

It is the responsibility of the Executive Committee to annually review the training requirements of the ACCSB and establish a training schedule and budget, which includes dates and topics. It is the responsibility of the Executive Director (or designee) to provide support and funding as requested by the ACCSB and as resources allow, to make all arrangements for training session, and to maintain a record of ACCSB members' attendance at training events.

Approved _____

Chair

_____ Date

Policy Number 214
CODE OF CONDUCT FOR ACCSB MEMBERS
Adopted June 16, 2004

Purpose

To state the Code of Conduct for ACCSB members.

Policy

The actions and deliberations of the Members of the ACCSB shall be guided by the following standards of conduct.

Members of the ACCSB shall, in their official capacity:

- Attend all scheduled ACCSB meetings and all scheduled meetings of the Committees of which they are a member. Whenever possible, a member must give 48 hours advanced notice of their inability to attend a meeting. A member with three consecutive absences may be requested by the ACCSB Chair to provide a written statement to show cause why they should not be recommended to the County Board for removal.
- Be prepared for discussion of items at meetings by reading all materials as required.
- Abide by established conflict of interest guidelines as established in the Bylaws and the Arlington County Handbook for Citizen Advisory Groups.
- Keep confidential all specific issues pertaining to individuals receiving services, personnel issues and other matters exempted from release by the Virginia Freedom of Information Act and/or the Federal Health Insurance Portability and Accountability Act (HIPAA).
- Acknowledge that the ACCSB Chair or his/her designee is the official spokesperson for the ACCSB and act accordingly when dealing with the public.
- Notify the ACCSB Chair in writing in the event that they move to a location outside of Arlington County.

Approved _____
Chair Date

References:

- ACCSB Principles/Values
- Virginia Freedom of Information Act
- Health Insurance Portability and Accountability Act
- Arlington County Handbook for Citizen Advisory Groups

Policy Number 215
ACCSB AWARDS
Adopted September 19, 2007

Purpose

To establish policy and procedures to ensure that ACCSB recognition and appreciation awards are awarded as required by the By-Laws.

Policy

The ACCSB shall recognize staff at nearly every regular meeting through Staff Appreciation Awards. This recognition is provided to DHS staff that continuously goes beyond the call of duty demonstrating their strong commitment and dedication to furthering the mission of the ACCSB. Awardees will be selected through a process overseen by the Executive Director.

At the last regular meeting of the fiscal year in June, the ACCSB shall honor staff, ACCSB members, and other members of the community, as appropriate, for their dedication, outstanding service and commitment to serving individuals with serious mental illness, intellectual disability, and/or those who abuse substances. The following awards with criteria shall be considered:

- *Dr. Dimitri Georgopoulos Award*

The Dr. Dimitri Georgopoulos Award shall be made to a DHS employee in an ACCSB program for meritorious service. Qualities and attributes of awardees will be those demonstrating an outstanding and exceptional contribution to the ACCSB community. Awardees will be those who have demonstrated strong dedication, outstanding service, and commitment. Examples include high quality work, creative ideas or innovation leading to an improvement in ACCSB services.

The Executive Committee, in consultation with the Executive Director, will select the recipient of the Dr. Dimitri Georgopoulos Award.

- *Dr. Audrey Moss Award*

The Dr. Audrey Moss Award shall be made to a DHS employee in an ACCSB program whose work demonstrates a fresh perspective, recovery-orientation, and visionary thinking and who is committed to community-based care.

The Executive Committee in consultation with the Executive Director, will select the recipient of the Dr. Audrey Moss Award.

- *Staff Recognition Award*

The Staff Recognition Award shall be made to a DHS employee(s) in an ACCSB program for meritorious service. Qualities and attributes of awardees will be those demonstrating an important contribution to the ACCSB community. Awardees will be those who demonstrate a longstanding commitment that benefits and supports the ACCSB population.

The Executive Committee, in consultation with the Executive Director, will select the recipient(s) of the Staff Recognition Award.

- *Chairman’s Award for Advocacy*
The Chairman’s Award for Advocacy shall be made to an ACCSB member that has demonstrated exceptional ability over the year to pursue policy changes at either the local, state, or federal level in an effective manner. Awardees will be those who have made a significant and sustainable contribution to the betterment of the ACCSB community.

The Chair will select the recipient(s) of the Chairman’s Award for Advocacy.

- *Term Ending Appreciation Award*
The Term Ending Appreciation Award shall be made to an ACCSB member that has successfully completed their 3-year term and will no longer serve on the ACCSB. Awardees will be recognized for their outstanding service and dedication to the ACCSB community.
- *Richard T. Greer Lifetime Achievement Award*
The Richard T. Greer Lifetime Achievement Award shall be bestowed upon any Arlington County resident who through his or her life’s endeavors has demonstrated a significant, tangible, and lasting contribution towards the improvement of quality of life for the ACCSB population. The awardees' contributions shall have been sustained over a significant term of service.

The Richard T. Greer Lifetime Achievement Award shall be awarded only when appropriate. Nominations can be made by the public on an ongoing basis and be submitted to a Richard T. Greer Lifetime Achievement Nominating Committee, appointed by the Chair. The Committee will select the recipient of the Richard T. Greer Lifetime Achievement Award and presented at the last regular meeting at the end of the fiscal year.

Approved _____
Chair Date

References:

- ACCSB By-Laws

Policy Number 221
PARTICIPATION BY THE PUBLIC
Adopted June 16, 2004

Purpose

To ensure that the discussion and analysis of the issues before the ACCSB are conducted in an open and orderly manner.

Policy

The public is encouraged to attend meetings of the ACCSB, to observe its deliberations and to inform the ACCSB of relevant issues. Official meeting notices, agendas and minutes are available at

<http://www.arlingtonva.us/departments/Commissions/HumanServices/CSB/CSBMain.aspx>

The public may address the ACCSB on matters, which are relevant to the ACCSB during public comment and public hearings. Persons who wish to address the ACCSB are requested to state their names, their affiliation and the subject about which they wish to speak.

1. Public Comment. Persons who wish to address the ACCSB should do so during the time for public comment, and must first be recognized by the Chair who may limit the amount of time allotted for the speaker. At all other times, members of the public may speak only at the discretion of the Chair. Members of the ACCSB and the Executive Director have the privilege of asking questions of any person who addresses the ACCSB.
2. Public Hearings. Every person who wishes to speak at public hearings must first be recognized by the Chair. The Chair shall determine whether it is in the public interest to allow the request. Should requests to speak be granted, the presentation shall be limited in time as determined in advance by the ACCSB. If there are numerous requests to address the ACCSB on the same subject, the Chair may select representatives to speak on each side of the issue. The ACCSB has the right to overrule the Chair by a majority vote of those present.
3. Complaints regarding identified ACCSB members or staff will be heard only in Executive Session.
4. County employees have the right to participate in ACCSB meetings in the same manner as other members of the public.

Approved _____

Chair

_____ Date

Policy Number 250
ACCSB EXECUTIVE DIRECTOR
Adopted June 16, 2004

Purpose

To state the authority of the ACCSB over the Executive Director, as well as the authority and responsibilities of the Executive Director.

Policy

The Executive Director is a County employee whose appointment to this position is made jointly by the ACCSB Chair and the County Manager (or designee), in compliance with County recruitment policies and procedures. The ACCSB delegates the authority and responsibility for the overall management of the Department of Human Services (DHS)/ACCSB programs to the Executive Director in accordance with ACCSB policies. The ACCSB will participate in the annual evaluation of the Executive Director in accordance with the Bylaws and the Memorandum of Agreement.

The Executive Director is responsible for the following functions:

1. Provides overall leadership and professional direction to a large-scale health care system providing behavioral health (mental health and substance abuse) and intellectual disability services for persons of all ages. This system serves as the single point of entry as well as discharge planning for publicly funded services including state training center facilities and psychiatric hospitals.
2. Manages the fiscal, physical and human resources of the agency in partnership with the Department of Human Services:
 - Monitors revenues and expenditures and adjusts them to stay within the budget.
 - Maintains a system to collect fees from Medicaid, Medicare, Title IV-E, and other third party payors as well as direct payments from individuals receiving services.
 - Manages human resources including hiring, promotions, and recommendations for separations, discipline and grievances.
 - Maintains operations at all locations and oversees all ACCSB housing resources.
 - Negotiates and manages all major service-related contracts.
3. Serves as the chief staff person to an eighteen-member Board operating under the administrative policy board model in Virginia – the ACCSB. The Executive Director provides such administrative, technical, and other assistance as appropriate to ensure that the powers and duties of the ACCSB are fulfilled and maintained, including, but not limited to, developing joint annual written agreements, consistent with the policies and procedures of the DBHDS State Board, with local school divisions, courts, sheriff, and regional Departments of Rehabilitative Services office. The ACCSB will review and approve annual written agreements with each of the service entities mentioned above. Since DHS already encompasses the services provided by the health department, Board of Social Services, the Area Agency on Aging, and housing, the ACCSB will develop no special agreements with these service entities.

4. Serves as the chief liaison to elected and appointed officials at the state level and the Arlington County local jurisdiction.
5. Develops strategic and operational plans of both a short and long term nature.
6. Builds and maintains a network of relationships with other public and private agencies, individuals receiving services and family members, as well as numerous advocacy and professional organizations.
7. Ensures that the ACCSB is in full compliance with all licensure requirements and other standards associated with the provision of health care.
8. Develops and maintains a comprehensive quality improvement program.
9. Participates in various planning, coordinating and advocacy functions at the state, regional and local level.
10. Executes County forms and documents or acts on related administrative matters on behalf of the ACCSB.

The Executive Director has overall responsibility for managing the operating programs of the ACCSB but may delegate any or all of these functions to other DHS staff in ACCSB programs.

Approved _____

Chair

_____ Date

Policy Number 251
COMPLIANCE OFFICER
Adopted June 16, 2004

Purpose

To ensure the existence of a position which monitors all ACCSB programs and services for compliance with all applicable policies and procedures, and laws.

Policy

The Executive Director shall ensure the existence of the position of Compliance Officer whose duties shall include the investigation of reports of suspected violations of law, policies and procedures and who shall present to the Executive Director, Bureau Chiefs of affected Bureaus, DHS Deputy Director (or designee), and/or the County Contracts Officer (when necessary) or other appropriate parties directly any evidence of violations. However, if such violation includes an act or omission by the Executive Director, the Compliance Officer shall report directly to the ACCSB and the DHS Deputy Director (or designee).

Approved

Chair

Date

Policy Number 301
DEVELOPMENT OF GRANT APPLICATIONS
Adopted June 16, 2004

Purpose:

To provide guidance for developing grant applications.

Policy:

Directly operated ACCSB programs shall submit applications based on the following guidelines to develop grant applications to benefit the citizens of Arlington County. Contractual agencies are required to follow these guidelines when they are submitting a joint application with DHS staff.

Grant applications:

1. Shall demonstrate that they are related to the mission of the ACCSB and its related populations receiving priority.
2. Shall be coordinated with all appropriate service providers. Joint submissions with other local agencies are strongly encouraged.
3. Must address cost assumption when grant funding for the project is expected to be reduced or terminated at the end of or during the grant period.
4. Shall, whenever possible, be submitted to the appropriate ACCSB committee(s) prior to submission to the ACCSB for approval.
5. May be forwarded directly to the funding source, when the submission time frame is short and if approved by the Executive Director, who will notify the appropriate Committee(s) of the ACCSB of this action. The ACCSB must approve the application as soon as possible, but before acceptance of a grant.
6. Must meet any County Board requirements for information on grant applications.

Approved _____
Chair

Date

References:

- Bylaws Article II.1 Mission
- ACCSB Policies 111, 112, and 113

Policy Number 311
BILLING AND COLLECTION
Adopted June 16, 2004

Purpose:

This policy is to provide guidance for the establishment, assessment and collection of fees for services rendered to individuals receiving ACCSB services through its directly operated programs and contractual agencies and to assure that such fees are established in accordance with state statutes and regulations, in recognition of fiscal constraints, and in consideration of the needs of the individual for services.

Policy:

The Department of Human Services (DHS) charges for services available to Arlington County residents based on admission criteria established by ACCSB Policies 111-113. Although tax dollars are the primary source of revenue, all Individuals receiving mental health, substance abuse or intellectual/developmental disability services and their family members should be fiscally responsible for themselves to the greatest extent possible. It is ACCSB policy that payment for services is a valuable component of the therapeutic process.

The Fee Scale shall be reviewed/revised on an annual basis or more frequently to adjust for policy additions and/or revisions.

A. Fees

Because the actual cost of services would be prohibitive to many individuals, the Arlington County Board approved the establishment of a system whereby individuals are held responsible for fees based on their ability to pay as determined by the fee schedule. State and local tax dollars, as well as Medicaid, Medicare, insurance payments and grants, subsidize the difference between the actual cost of service and the fees. It is the policy of the DHS that:

1. Charges for services are based on the actual cost of service. Fees are subject to annual review based on the directive of the County Board and/or County Manager, or to keep pace with changes to the actual cost of service. The income scale is also reviewed annually to keep pace with inflation. See attached Fee Schedule for current charges.
2. Fees for all services will be determined by income and family size of the individual receiving services, parent, or guardian and based on a sliding scale unless otherwise specified (e.g., contractual terms of funding as in a special grant). The individual's fee is the portion of the actual charge for which he/she is personally responsible.
3. The payment schedule is based upon the adjusted gross income of the family minus expenses related to medical and dependent care. The Financial Assessment Form and Fee Contract are completed at intake. The financial forms are to be completed annually at the time of the annual Treatment Plan Review or sooner if the individual reports a change in income of +/- \$1,000 and should be based on the verified gross annual income.

4. Income and family size should be verified at the time of intake using one or more of the following documents: Income tax/W-2 forms, or copies of public assistance entitlements/benefits (e.g., TANF, Medicaid, Section 8 certificate, proof of medical expenses and dependent care). Individuals will be assessed a full fee pending income verification.
5. The individual receiving services is expected to pay for each billable service received. Individuals who state they are unable to pay should notify their designated staff contact (i.e., primary therapist, case manager, support services coordinator, etc.). Individuals should be encouraged by their staff contact to make minimum payments, if necessary, to keep their account from being forwarded to collections. As necessary, the individual receiving services in conjunction with staff may process a Financial Hardship Request. Upon approval by Divisional Designee and the Financial and Information Services Division Chief, the fee will be reduced according to the Financial Hardship Policy (see Policy 312).

B. Insurance, Payment & Billing

1. Insurance providers will be billed for the cost of services (not the fee amount charged to the individual); payments from insurance providers will be applied to the cost of services (not the fee amount charged to the individual receiving services). The individual receiving services is held responsible for the balance of actual costs unpaid by the insurance provider. Individuals who are unable to pay their co-insurance, co-payment, and/or deductible may process a Financial Hardship Request (See Policy 312). Upon approval by Divisional Designee and the Financial Management Bureau Chief, the cost unpaid by the insurance provider will be reduced.
2. Individuals who choose to bill their own insurance providers will be expected to pay for the actual cost of their services rather than a reduced fee based on income and family size. Individuals who refuse to sign the assignment of benefits will be assessed full fees.
3. Individuals receiving services are expected to notify their designated staff contact at least 24-hours prior to scheduled appointments if they wish to cancel appointments. Failure to do so may result in individuals being charged for their missed appointments at their fee amounts.
4. Billing statements will be mailed out monthly for accounts with a balance of \$10 or more. Individuals with balances of less than \$10 may determine their account balances by contacting their designated staff contact.
5. Designated staff contacts will be responsible for notifying individuals receiving services when their accounts are delinquent. Individuals will also be notified that services may be denied for refusal to pay.
6. Delinquent accounts will be forwarded to the Treasurer's Office for collection after 120 days.
7. Unpaid balances may be written off under the following circumstances:

- a. Account is deemed “uncollectible.”
 - b. Case has been closed with an outstanding balance for at least three years.
 - c. Outstanding balance has been submitted to collections for five years without an outcome.
 - d. The account is less than \$50 and cannot be submitted to collections because it is not cost effective to pursue collection.
 - e. Individual receiving services files bankruptcy and DHS is named as a creditor.
 - f. Individual receiving services is deceased.
 - g. Financial Hardship Request (See Policy 312.)
8. To reflect periodic changes in rates established by Medicaid and other third party payors, the Executive Director of the ACCSB has the authority to present amendments to the fee schedule directly to the Arlington County Board without prior ACCSB approval. Upon such change, the Executive Director will notify the ACCSB.

Approved _____

Chair

_____ Date

References:

§37.2-504 (A) (7), Code of Virginia, 1950, as amended
 §37.2-511 and 37.2-612, Code of Virginia, 1950, as amended
 §20. -61, Code of Virginia, 1950, as amended
 §37.2, Code of Virginia, 1950, as amended

Policy Number 312
FINANCIAL HARDSHIP
Adopted June 16, 2004

Purpose:

To outline a policy for reducing fees for individuals experiencing financial hardship.

Policy:

The ACCSB is required to attempt to collect 100% of the amount of fees charged to the individual receiving services, including co-insurance, copayment and deductible amounts. If payment of fees creates a financial hardship for the individual receiving services, the DHS staff person may request a reduction based on financial need and potential clinical risk if treatment intensity is reduced (if applicable). The request will be reviewed and a determination made by the Division designee and the Financial and Information Services Division Chief (or designee).

There are two types of Financial Hardship Requests. They are: a) Reduced Fee for individuals with Insurance and b) Sliding Fee Subsidy

A) Reduced Fee for Individuals with Insurance

Reduced Fee for Individuals with Insurance is considered when an individual receiving services is unable to pay the co-insurance, co-payment, and/or deductible amounts assessed by insurance companies as part of their contract with policyholders. The individual receiving services and his/her designated staff contact (i.e. primary therapist, case manager, support services coordinator, etc.) may request a reduction in fee based on financial need. This request is retrospective and may include services that the individual receiving services has been unable to pay for three months prior to the request. Upon approval, the fee charged to the individual receiving services will be based on the current ACCSB Sliding Fee Scale.

B) Sliding Fee Subsidy

The Sliding Fee Subsidy can be requested when an individual receiving services is unable to pay the fee as established by the ACCSB through the sliding fee scale. The Sliding Fee Subsidy Request must be submitted with an updated Financial Assessment Form. The Sliding Fee Subsidy is effective the first day of the month submitted, not approved for longer than 12 months, and must be renewed with the annual Financial Assessment Form.

The Sliding Fee Subsidy is considered when an individual receiving services or family has significant outstanding medical, legal, other expenses or receives multiple services that reduces the individual's or family's ability to pay the fee established by the regular sliding fee scale or based on risk if the individual were to sustain a reduction in treatment intensity or disruption of service when an individual or family is unable to afford the fee even when the allowable expenses are considered. The subsidized fee will be based on a percentage of monthly charges to the individual receiving services. The subsidized fee will be determined using the Sliding Fee Subsidy Scale (see attached).

FINANCIAL HARDSHIP REQUEST

Date of Request: _____ SAI: _____

Client Name: _____ **Anasazi ID:** _____

The Arlington Community Services Board is required to attempt to collect 100% of the amount of client fees, coinsurance, co-payment and deductible assessed by insurance companies as part of their contract with policyholders. If paying these amounts creates a financial hardship, you may request a reduction based on financial need.

PART I: REQUEST: Please check appropriate statement.

___ I am unable to pay the full amount of the insurance coinsurance, co-payment or deductible amount assessed by my insurance company. I am requesting that the fees be adjusted based on my inability to pay.

___ **I am unable to pay the fee assessed based on the ability-to-pay scale. I am requesting that my fee be adjusted.**

Statement of reason: _____

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PART II: INCOME: Based on Current Financial Assessment Form

Total Adjusted Monthly Income: \$ _____ Income Level _____

PART III: SERVICES

As prescribed by the Individual Service Plan, please provide the following information:

Service Name: _____ Estimated number of services (units) per Month _____

Service Name: _____ Estimated number of services (units) per Month _____

Service Name: _____ Estimated number of services (units) per Month _____

Service Name: _____ Estimated number of services (units) per Month _____

PART IV: POTENTIAL CLINICAL RISK (IF TREATMENT INTENSITY IS REDUCED):

Comments: _____

I hereby attest that all the information I have listed is true and correct to the best of my knowledge.

Client Signature: _____ **Date:** _____

SAI Signature: _____ **Date:** _____

Division Approval: _____ **Date:** _____

=====

(Part V, Part VI, Part VII to be completed by Financial Management Bureau)

FINANCIAL HARDSHIP REQUEST

Date of Request: _____ SAI: _____

Client Name: _____ Anasazi ID: _____

=====

THIS SECTION COMPLETED BY FINANCIAL MANAGEMENT BUREAU

PART V: COST OF SERVICES PER MONTH

Total Adjusted Monthly Income : \$ _____ Income Level _____

Using Services and Estimated number of services (units) per Month from PART III complete the following

Service Name: _____ # of services (units) per Month _____ x Cost of Service* \$ _____

Service Name: _____ # of services (units) per Month _____ x Cost of Service* \$ _____

Service Name: _____ # of services (units) per Month _____ x Cost of Service* \$ _____

Service Name: _____ # of services (units) per Month _____ x Cost of Service* \$ _____

*Cost of service as defined by Sliding Fee Scale according to Income Level

Total Cost of Services Per Month \$ _____

PART VI: RECOMMENDED SLIDING FEE SUBSIDY (See Matrix) (SLIDING FEE SUBSIDY ONLY)

Supplemental Fee Subsidy is based on Cost of Services per Month and Client Income Level

Sliding Fee Subsidy Percentage Of Costs:	_____	Sliding Fee Subsidy Monthly Client Fee:	_____	Effect ive Date of Fee:	_____	End Date of Fee:	_____
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PART VII: WRITE-OFF REQUEST: (ATTACH CLIENT SERVICES MANAGEMENT REPORT)

Service Dates: From _____ To _____ Approved Write-Off Amount \$ _____

=====

Completed by : _____ **Date:** _____

Approval - FMB Signature: _____ **Date:** _____

Denial - FMB Signature: _____ **Date:** _____

I agree to pay the revised monthly fee of _____ each month. I understand that this is an amendment to the Financial

Assessment Form that I originally signed. I understand that the requested subsidy is based on an estimate of expected services. I understand that this agreement will be effective on the first day of the month that it is submitted.

Client Signature: _____ **Date:** _____

SAI Signature: _____ **Date:** _____

SLIDING FEE SUBSIDY SCALE
INCOME LEVEL 1 - 20
(to be used by Financial Management Bureau)

Assessed Level of Income	DOLLAR RANGE FOR MONTHLY FEES									
	\$1-\$50	\$51-\$100	\$101-\$150	\$151-\$200	\$201-\$250	\$251-\$300	\$301-\$350	\$351-\$400	\$401-\$450	\$451-\$500+
	PERCENT OF MONTHLY FEE TO BE PAID BY CLIENT									
1	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
2	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
3	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%
4	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
5	16%	16%	16%	16%	16%	16%	16%	16%	16%	16%
6	21%	21%	21%	21%	21%	21%	21%	21%	21%	21%
7	27%	27%	27%	27%	27%	27%	27%	27%	27%	27%
8	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
9	38%	38%	38%	38%	38%	38%	38%	38%	38%	38%
10	44%	44%	44%	44%	44%	44%	44%	44%	44%	44%
11	49%	49%	49%	49%	49%	49%	49%	49%	49%	49%
12	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%
13	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%
14	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%
15	61%	61%	61%	61%	61%	61%	61%	61%	61%	61%
16	61%	61%	61%	61%	61%	61%	61%	61%	61%	61%
17	61%	61%	61%	61%	61%	61%	61%	61%	61%	61%
18	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%
19	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%
20	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%

Policy Number 313
STAFF AS PROVIDERS WITH THIRD PARTY PAYORS
Adopted June 16, 2004

Purpose:

To provide direction to all DHS employees and relevant contractors in ACCSB programs on the requirement to enroll all direct care staff and their immediate supervisors as credentialed providers with third party payors designated by the ACCSB.

Policy

It is the policy of the ACCSB that:

1. All direct care merit and exempt, full or part-time employees, and their immediate supervisors must provide credentialing information so the ACCSB can establish and maintain provider agreements with insurance companies, HMOs, managed care companies, and third party payors. Direct care services include prevention, intervention, treatment, rehabilitation, habilitation, residential, case management, and other support services delivered by ACCSB staff to individuals who receive their services from the ACCSB.
2. Employees and relevant contractors are required to complete and maintain provider agreements with any and all responsible third party payors to maximize the collection of fees.
3. All direct service staff and their immediate supervisors must complete and keep current all required components of their credential file.

Approved _____
Chair Date

Reference:
§37.2-504 (A) (7), Code of Virginia, 1950, as amended

Policy Number 321
QUALITY IMPROVEMENT, RISK MANAGEMENT AND APPLIED RESEARCH
Adopted June 16, 2004

Purpose

To provide guidance for the development of quality improvement and risk management plans for ACCSB services rendered to individuals through its directly operated and contractual agencies and to assure that such plans are developed in accordance with required local, State and Federal performance and outcome measurement systems, including the State Comprehensive Human Rights Information data system.

Policy:

It is the policy of the ACCSB that:

- The development and implementation of the quality improvement and risk management plans are in concert with the ACCSB's Mission Statement and its Values and Principles and in accordance with Arlington County's Risk Management policies.
- The Executive Director or designee will collaborate with Federal, State, and County officials to identify the essential components of and to develop quality improvement and risk management plans.
- The Executive Director or a designee will develop a quality improvement system that reviews clinical documentation on a regular basis in order to ensure quality of services, and to reduce risk. In addition, annual program performance plans will be developed and made available to ACCSB, individuals receiving services, and the general public.
- The Executive Director or staff are encouraged to participate in applied research projects when the results of the project are likely to benefit individuals receiving ACCSB services. These projects will be carried out in accordance with State, County and DHS policy.

Approved _____

Chair

_____ Date

Reference:

- Bylaws Article II.1 Mission
- Bylaws Article II.4 Principles /Values

Policy Number 401
OUTSIDE EMPLOYMENT AND CONFLICT OF INTEREST
Adopted June 16, 2004

Purpose

To state prohibitions against DHS staff in ACCSB programming to use an Arlington County position for financial gains from private employment.

Policy

DHS staff in ACCSB programs are prohibited from using their County positions for personal or family financial gains from private employment either as an individual or in a group practice in which they have a pecuniary interest. DHS staff in ACCSB programming includes employees, private contractors, volunteers and interns. Group practice is defined as two or more service providers who work together and share profits and liabilities resulting from that work.

1. Obligation of County Employees. County employees are obligated to comply with Arlington County Administrative Regulation 2.7, Rule 12, Section 1.4's standards on Outside Employment. Supplemental employment is conditional and must be approved, in writing, by the person's supervisor as designated by the department director. Outside employment must not conflict or interfere in any way with County employment.
2. Telephone Referrals. Persons who call any directly operated ACCSB program to inquire about receiving services in the private sector shall be referred to telephone directories.
3. Referrals from Directly Operated ACCSB Programs to Private Practitioners. Staff involved in directly operated ACCSB programs may not make referrals to private practitioners or private practices, which include individuals who work for DHS in ACCSB programs or ACCSB members.
4. Receipt of Referrals. For protection of individuals receiving services, ACCSB members and DHS staff of directly operated ACCSB programs, may not accept referrals into their private practice of an individual who is currently receiving ACCSB services.
5. Advertising. Any form of advertisement or solicitation for services provided privately by a ACCSB member or DHS staff in ACCSB programs at County offices is strictly prohibited.
6. Use of County and Contract Agency Facilities. Utilization of County program facilities or property to conduct outside employment is strictly prohibited.
7. Violation of Rules. Violation of the rules on outside employment and conflict of interest as they pertain to DHS staff in ACCSB programs may be grounds for dismissal.

Approved _____

Chair

_____ Date

References: Arlington County Administrative Regulation 2.7

Policy Number 402
SCREENING
Adopted June 21, 2006

Purpose

To ensure that individuals requesting assistance but ineligible for ACCSB services are referred to other sources

Policy

In accordance with state regulations, the ACCSB will ensure that all people who request and are eligible for mental health, intellectual or developmental disability, and substance abuse services are served in a timely way with the appropriate services. Individuals requesting services who are deemed ineligible will be given appropriate (1) referral information which meets their assessed or stated need(s); (2) information concerning any elements of the screening process which may be appealed and the appeals process; and/or (3) information concerning when and how the screening process may be reinitiated.

References:

- Department of Behavioral Health and Developmental Services Licensing Regulations, 12 VAC 35-105-640

Approved _____

Chair

_____ Date

Policy Number 403
COMMITTEE MEMBERSHIP REQUIREMENTS
Adopted June 21, 2006

Purpose

To establish appropriate requirements for individuals serving on Committees of the ACCSB who are not ACCSB members

Policy

In addition to those membership requirements contained in the ByLaws or elsewhere in these Policies (including ACCSB policy 411, “Privacy, Security, and Confidentiality”), such individuals shall comply with all conflict of interest requirements placed upon members of the ACCSB except that: (1) the forms to be completed shall be adopted to specify “committee members” and retained for public review by a staff member specified by the Executive Director, and (2) rulings on compliance with conflict of interest shall be made by the ACCSB Chair.

The following policies apply to committee members who are not ACCSB members:

- Training/Orientation: Committee members are encouraged to participate in those training and orientation activities provided by the ACCSB. Committee chair members will be responsible for orienting committee members to committees.
- Removal: Committee members can be removed by committee chair. Committee members can appeal to the ACCSB Chair.
- Compensation: Committee members will not be compensated or receive reimbursement for ACCSB-related expenses.
- Expectations: Committee members are expected to prepare for meetings, read distributed materials, participate actively in committee discussions, and contribute their knowledge, skills, and expertise.
- Designation to be spokesperson: After discussion with ACCSB Chair, committee members may be designated by Committee Chair to act as spokesperson.

Approved _____

Chair

_____ Date

Policy Number 411
PRIVACY, SECURITY, AND CONFIDENTIALITY
Adopted June 16, 2004

Purpose:

The purpose of this policy is to provide guidance for the establishment and distribution of the Notice of Privacy Practices as required by Federal Regulations (see references). This notice provides individual receiving services with a clear understanding of how the information individuals provide to the ACCSB and its directly operated programs and contractual agencies will be protected and how it may be used and disclosed.

Policy

It is the policy of the ACCSB that:

1. DHS staff in ACCSB programs shall provide new and existing individuals receiving services with a copy of the DHS Notice of Privacy Practices in accordance with Federal Regulations.
2. The Executive Director shall publicly post the current Notice of Privacy Practices at each ACCSB service site. The ACCSB will post updates to the Notice of Privacy Practice at service sites, on the web page and will make them available to individuals upon request.
3. The Executive Director shall maintain records containing individually identifiable health information in accordance with Federal and/or State law.
4. Individuals receiving services from the ACCSB shall have the right to receive confidential communications concerning their treatment and handling of their protected health information. Unless the law indicates otherwise, individuals and/or their legal guardians shall have the right to access their own records and to receive a copy of their record upon request. Individuals also have the right to request an amendment to their record and to request special protections to health information in their record.
5. Individuals acting on behalf of the ACCSB shall treat all individually identifiable health information of persons receiving services as private, secure and confidential and shall not further disclose this information except as permitted by law.
6. Individuals acting on behalf of the ACCSB shall comply with Federal and State laws, State human rights regulations, State licensure regulations and standards established by accreditation organizations regarding privacy, security and confidentiality of records of individuals receiving services including protected health information.
7. Contract agencies shall be in compliance with Federal and State laws, regulations and applicable licensing, human rights regulations and standards established by accreditation organizations related to privacy, security and confidentiality of records of individuals receiving services in accordance with the Arlington County Business Associate agreement as required by HIPAA.

Approved _____
Chair _____ Date _____

References:

- Health Insurance Portability Accountability Act (HIPAA), 45 CFR Parts 160 and 164;
- Substance Abuse Confidentiality Regulation, 42 C.F.R. Part II;
- Virginia Privacy Protection Act of 1976;
- §32.1 – 127.1:03, Code of Virginia, 1950, as amended; Patient Health Records privacy;
- §54.1 – 2400.1 (A&B), Code of Virginia, 1950, as amended ; Duty to Protect Third Parties;
- Deemed Consent, §32.1 – 45.1, Code of Virginia, 1950, as amended.
- HIV/AIDS Patients, §32.1 – 36.1, Code of Virginia, 1950, as amended;
- Department of Behavioral Health and Developmental Services Licensing Regulations, Virginia Code 12 VAC 35—105—10;
- State Human Rights Regulations 12 VAC 35—115

Policy Number 421
HUMAN RIGHTS
Adopted June 16, 2004

Purpose:

To provide for the assurance of Human Rights for all individuals who receive services from the Arlington County CSB or its contractors.

Policy:

The ACCSB shall comply with the Commonwealth of Virginia “Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services”.

This shall be accomplished through compliance with ACCSB regulations to include the areas of Assurance of Rights, Abuse and Neglect, Discrimination, Emergencies, Participation in Decision Making, Confidentiality and Access to and Correction of Service Records, Restrictions of Freedom, Behavior Support and Intervention to include Restraint, Seclusion and Time Out, Work, Research, Human Rights Complaint Process and Reporting Requirements.

Approved _____
Chair Date

References:

- Commonwealth of Virginia “Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services”, November 2012.
- Arlington County Department of Human Services and ACCSB “Human Rights Policies and Procedures”

Policy Number 432
MARY MARSHALL ASSISTED LIVING FACILITY (ALF) ELIGIBILITY
Adopted June 16, 2004

Purpose

The purpose of this policy is to ensure that admission to the Mary Marshall Assisted Living Facility is determined on the basis of the approved eligibility criteria.

Policy

Admission to the Mary Marshall ALF shall be based on these eligibility criteria:

- Age 55 and older
- Mental illness, intellectual and/or developmental disability, and/or serious emotional or behavioral challenges
- Not a registered sex offender
- Maximum annual gross income level (individual) is \$37,600. The maximum Auxiliary Grant annual income is \$17,640 ((\$1470/month).
- Client must be able to pay by auxiliary grant, Section 8 project-based voucher, Section 8 tenant-based voucher, or private pay. Private pay individuals' income must not exceed the HUD limit of \$37,600.
- Minimum 0-3 Activities of Daily Living.
- Continent or able to manage own incontinence needs with minimal assistance from staff
- May need assistance with medication administration
- Within past 6 months, client did not present an imminent physical threat or danger to self or others (suicide attempt or aggressive behavior)
- Note: if a client has a violent history and will enter Mary Marshall with a Section 8 voucher, their referral needs to be screened and approved with the PHA/Section 8 office prior to referral to Mary Marshall.
- Within past 6 months, client did not present with active alcohol/substance abuse that is deemed detrimental to the individual or would be potentially disruptive to the residence within the past 6 months? (Client must be clean and sober in community setting within 6 months prior to admission.)

Individuals meeting the following additional criteria will be granted priority for admission:

- Critical housing need, such as sudden loss of sole caregiver, imminently homeless within 3 months, or in an abuse, neglectful, or unsafe situation.
- Client has no other ALF options available in the Commonwealth due to reasons related to assets and income
- Medical needs cannot optimally be met in current living environment
- Ready/willingness to transition

In considering applicants for admission at the Mary Marshall,, Individuals who otherwise meet the eligibility admission criteria should not be excluded on the basis of functioning level or ability to pay.

Approved _____
Chair

Date

Policy Number 441
OUTSOURCING
Adopted June 16, 2004

Purpose

To provide direction and guidelines for expanding services through outsourcing.

Policy

In implementing its responsibility to ensure that an adequate system of mental health, intellectual disability, and substance abuse services is available to Arlington County residents, the ACCSB may choose from a number of alternative delivery strategies. Two general approaches are available: (1) contracting with agencies of the County government, other CSBs, profit-making entities, or not-for-profit organizations, or (2) direct services provided by DHS staff for programs under the auspices of the ACCSB. It is the policy of the ACCSB to carefully determine prior to the inception of new services which delivery strategy seems best able to produce the desired result. Similarly, it is the policy of the ACCSB to regularly review existing services funded or supported by the ACCSB's resources in order to assure that the chosen delivery mechanism remains valid.

Whenever possible and practical, competitive procurement, in accordance with Arlington County procurement procedures, is the method by which third party providers are recruited and selected.

When Arlington County issues a request for proposals (RFP) for ACCSB programs, regardless of the service delivery mode or particular vendor chosen to provide a service, compliance with Federal, State, and local standards governing the service or funding, including the Arlington County Purchasing Resolution, is required.

When services are contracted for with a third party contract reviews and program audits will be used as necessary to ensure quality and state-of-the art services. A review of services may be conducted at any time during the term of the contract if concerns exist or if contract violations occur.

Approved _____
Chair Date

Reference: Arlington County Purchasing Resolution

Policy Number 252
EMERGENCY SUCCESSION
Date Adopted May 21, 2014

Purpose:

To establish continuity of operations during emergency events or the absence of greater than thirty days of the Executive Director or the Chair.

Policy:

The Executive Director, who also serves as the Chief of the Behavioral Health Division of the Department of Human Services, has overall responsibility for managing the ACCSB and has the authority to delegate functions to other ACCSB staff. The Executive Director is also responsible for ensuring the continuous ability of the ACCSB to carry out the duties and responsibilities during emergency events.

If the Executive Director is unavailable to carry out the duties and responsibilities of that position due to an emergency or if the Executive Director is absent from his/her position as the Chief of Behavioral Healthcare Division for greater than thirty days, the interim successor shall be the individual appointed by the Director of the Department of Human Services to act as Chief of the Division of Behavioral Healthcare. The interim successor will exercise all duties and responsibilities assigned to the role of Executive Director until a new Executive Director is in place.

If the Chair of the ACCB is unavailable to carry out the duties and responsibilities of that role due to an emergency or is absent or out of communication for greater than thirty days, the Executive Director shall have the authority to request the County Board to appoint a substitute member as Chair

Approved: _____
Chair Date