

Arlington County Community Services Board (ACCSB)

Board Policies

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Updated September 19, 2007

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

Purpose:

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

Policy:

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

- Adult seriously mentally ill
- Adult seriously mentally ill 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 Board that in addition to serving persons who are seriously mentally ill, the following clients not determined to be seriously mentally ill may be served:

1. Clients who were determined to be seriously mentally ill but are stable and no longer meet the criteria, and services are necessary to maintain their stability and prevent relapse
2. Clients who suffer from acute mental illness and do not have the financial resources to obtain short-term treatment elsewhere
3. Elderly clients :
 - 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 provided by the Aging and Disability Services Division to remain stable in the community
4. Clients with a confirmed diagnosis of mental retardation with a mental health diagnosis and do not have the financial resources to obtain mental health services elsewhere.

Background

It is Board policy that persons admitted to and provided continued treatment by mental health services are determined to be seriously mentally ill. 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 clients who were not determined to be seriously mentally ill revealed that there were some clients who nevertheless needed Board services.

- (1) Some clients were determined to be seriously mentally ill at admission, but due to an extended period of stability, do not currently meet the criteria. These clients do require continued services to maintain their stability and prevent relapse. For example, a person was diagnosed with a major depression on admission, but following treatment has had no psychiatric hospitalization or severe functional impairment the last four years. This client, therefore, may not appear to be seriously mentally ill due

to the current absence of significant functional disability, even though services are successful in maintaining a stable adjustment and preventing relapse.

- (2) Some clients are diagnosed with a mental illness and suffer significant distress, but the diagnostic category requires significant functional problems that are not present or sufficient for the determination of a serious mental illness. In these cases, the person can benefit from short-term treatment but has insufficient financial resources to obtain treatment elsewhere. For example, a person experienced a severe trauma due to a disaster (or political upheaval or prosecution). Despite continued and significant symptoms of distress, the person continues to work and maintain social relationships. The absence of significant functional impairment of this kind precludes the determination of a serious mental illness. Although these problems are treatable by short-term mental health treatment, the person is without the financial resources needed to obtain services.
- (3) Some elderly clients have psychiatric symptoms and problem behaviors secondary to Dementia. These behaviors jeopardize the client's ability to function in their home or day program environment and increase their risk of psychiatric hospitalization. Mental health and support services often prevent or delay institutionalization, thereby allowing these clients to remain in the least restrictive setting and allowing the family and other caregivers to manage them at home for longer periods of time.
- (4) Some clients served by the MR/DD services have psychiatric and behavioral symptoms that cause functional impairment in their work, living and social setting. Although these clients have a confirmed diagnosis of mental retardation, they may not be determined to be seriously mentally ill. These clients may have limited financial resources and may require a mental health approach that includes outreach and consultation with a variety of service providers that is best offered by the public mental health system.

Approved _____
Chair Date

References:

- Department of Mental Health, Mental Retardation, and Substance Abuse Services Populations Receiving Priority
- The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Revised (DSM IV-R)

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

Purpose:

To identify populations receiving priority for Substance Abuse Services.

Policy:

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

Federal Substance Abuse and Treatment Block Grant

- 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 Mental Health, Mental Retardation, and Substance Abuse Services

- Child / Adolescent Dependent Population Receiving Priority
- Adult Dependent Population Receiving Priority
- Child / Adolescent Abuse Population Receiving Priority
- Adult Abuse Targeted Population Receiving Priority
- Child / Adolescent SA-related Violence Population Receiving Priority
- Adult SA-related Violence Population Receiving Priority

Other

In addition, the Board 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 negatively impacted by the substance abuse of a parent/caretaker or family member and therefore considered at risk.

Approved _____
Chair Date

References:

- Department of Mental Health, Mental Retardation, and Substance Abuse Services Populations Receiving Priority
- The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Revised (DSM IV-R)

Policy Number: 114
Policy Title: POPULATIONS RECEIVING PRIORITY FOR
MENTAL RETARDATION &
DEVELOPMENTAL DISABILITIES SERVICES
Date Adopted: April 20, 2005

Purpose:

To identify populations to receive Mental Retardation/Developmental Disabilities Services.

Policy:

The Board has identified the following populations as defined by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services as the priority for receiving services.

- Adults and children age six or older who have a confirmed diagnosis of mental retardation (i.e., and 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 mental retardation
- 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 Board **may** serve clients with developmental disabilities who do not have mental retardation, but whose functional impairments are similar to clients 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 clients who have a diagnosis of autism, cerebral palsy, epilepsy or other developmental disability with onset prior to age 22. Individuals to be served will have 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 Mental Health, Mental Retardation, and Substance Abuse Services Populations Receiving Priority
- Diagnosis of Mental Retardation, in The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Revised (DSM IV-R)
- Federal Developmental Disabilities Act, Public Law 106-402.
- Federal Developmental Disability Assistance and Bill of Rights Act, Section 102 (8)

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

Purpose

To define Board policies and procedures.

Policy

The Board 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 Board formulate and adopt specific types of procedures or when the Board determines that a matter is of such importance that the Board 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 Board.
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 Board may review and amend any policy or procedure.

Approved _____

Chair

_____ Date

Reference:

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

Policy Number: 213
Policy Title: ORIENTATION OF NEW
BOARD MEMBERS
Date Adopted: June 16, 2004

Purpose

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

Policy

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

1. Orientation for New Board members. Orientation should be conducted by the Board 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 client needs, or of procedures related to management and planning.
3. Site Visitations. Board 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 Board and Committee members of a selected program (or programs) annually.
4. Conferences and Seminars. Board members are encouraged to attend conferences and seminars directly related to the work of the Board. Members are eligible to be reimbursed for their expenses at the discretion of the Executive Director and on the advice of the Board Chair.
5. Professional Literature. Board members should review excerpts from professional literature provided to them by the Executive Director.

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

Approved _____

Chair

_____ Date

Policy Number: 214
Policy Title: CODE OF CONDUCT FOR BOARD MEMBERS
Date Adopted: June 16, 2004

Purpose

To state the Code of Conduct for Arlington County Community Services Board members.

Policy

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

Members of the Board shall, in their official capacity as Board members:

- Attend all scheduled Board 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 Board 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.
- Keep confidential all client specific issues, 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 Chair of the Community Services Board or his/her designee is the official spokesperson for the Board and act accordingly when dealing with the public.
- Notify the Chair of the Board in the event that they move to a location outside of Arlington County.

Approved _____
Secretary Date

References:

- Arlington County Community Services Board Principles/Values
- Virginia Freedom of Information Act
- Health Insurance Portability and Accountability Act

Policy Number: 215
Policy Title: CSB Awards
Date Adopted: September 19, 2007

Purpose

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

Policy

The Board 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 Board. Awardees will be selected through a process overseen by the Executive Director.

At the last regular meeting of the fiscal year in June, the Board shall honor staff, Board members, and other members of the community, as appropriate, for their dedication, outstanding service and commitment to serving individuals with serious mental illness, mental retardation, 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 an employee of the DHS staff for meritorious service. Qualities and attributes of awardees will be those demonstrating an outstanding and exceptional contribution to the CSB 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 CSB services.

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

- *Staff Recognition Award*

The Staff Recognition Award shall be made to a DHS employee(s) for meritorious service. Qualities and attributes of awardees will be those demonstrating an important contribution to the CSB community. Awardees will be those who demonstrate a longstanding commitment that benefits and supports the CSB 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 a Board 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 CSB 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 a Board member that has successfully completed their 3-year term and will no longer serve on the Board. Awardees will be recognized for their outstanding service and dedication to the CSB 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 CSB 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 _____
Secretary Date

References:

- Arlington County Community Services Board By-Laws

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

Purpose

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

Policy

The public is encouraged to attend meetings of the Board, to observe its deliberations and to inform the Board of relevant issues. The public may address the Board on matters, which are relevant to the ACCSB during public comment and public hearings. Persons who wish to address the Board 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 Board 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 Board and the Executive Director have the privilege of asking questions of any person who addresses the Board.
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 Board. If there are numerous requests to address the Board on the same subject, the Chair may select representatives to speak on each side of the issue. The Board has the right to overrule the Chair by a majority vote of those present.
3. Complaints regarding identified Board members or staff will be heard only in Executive Session.
4. County employees have the right to participate in Board meetings in the same manner as other members of the public.

Approved _____
Chair Date

Policy Number: 250
Policy Title: EXECUTIVE DIRECTOR
Date Adopted: June 16, 2004

Purpose

To state the authority of the Board 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 Board Chair and the County Manager (or designee), in compliance with County recruitment policies and procedures. The Board 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 Board policies. The Board 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 developmental disability services for persons of all ages. This system serves as the single point of entry and discharge planning for publicly funded services including state mental retardation facilities and psychiatric hospitals.
2. Manages the fiscal, physical and human resources of the agency:
 - 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 client payments.
 - Manages human resources including hiring, promotions, and recommendations for separations, discipline and grievances.
 - Maintains operations at all locations and manages 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 Executive Director provides such administrative, technical, and other assistance as appropriate to ensure that the powers and duties of the Board are fulfilled and maintained, including, but not limited to, developing joint annual written agreements, consistent with the policies and procedures of the DMHMRSAS State Board, with local school divisions, courts, sheriff, and regional Departments of Rehabilitative Services office. The Arlington County CSB will review and approve annual written agreements with each of the service entities mentioned above. Since DHS already encompasses the services provided by health departments, board of social services, the area agency on aging, and housings, the Arlington County CSB 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, consumers 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 Board.

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

Approved _____
Chair Date

Policy Number: 251
Policy Title: COMPLIANCE OFFICER
Date 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 Board and the DHS Deputy Director (or designee).

Approved

Chair

Date

Policy Number: 301
Policy Title: DEVELOPMENT OF
GRANT APPLICATIONS
Date 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 Board 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 Board committee(s) prior to submission to the Board 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 Board of this action. The Board 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
- Board Policies 111, 112, and 113

Purpose:

This policy is to provide guidance for the establishment, assessment and collection of fees for services rendered to clients of the Board 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 a client 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 MHMRSAS clients 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 for Billing and Collection for Client Visits shall be reviewed/revised on an annual basis or more frequently to adjust for policy additions and/or revisions. Furthermore, a formal agreement regarding this policy will exist between DHS and the Board.

A. Client Fees

Because the actual cost of services would be prohibitive to many clients, the Arlington County Board approved the establishment of a system whereby clients 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 client 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 client, parent, or guardian and based on a sliding scale unless otherwise specified (e.g., contractual terms of funding as in a special grant). The client'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 client reports a change in income of +/- \$1000 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, copies of public assistance entitlements/benefits (e.g., TANF, Medicaid, Section 8 certificate, proof of medical expenses and dependent care). Clients will be assessed a full fee pending income verification.
5. The client is expected to pay for each billable service received. Clients who state they are unable to pay should notify their designated staff contact (i.e., primary therapist, case manager, case coordinator, etc.). Clients 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 client in conjunction with staff may process a Financial Hardship Request. Upon approval by Divisional Designee and the Financial Management Bureau Chief, the client 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 client's fee amount); payments from insurance providers will be applied to the cost of services (not the client's fee amount). The client is held responsible for the balance of actual costs unpaid by the insurance provider. Clients 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. Clients 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. Clients who refuse to sign the assignment of benefits will be assessed full fees.
3. Clients 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 clients 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. Clients 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 clients when their accounts are delinquent. Clients 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. Client files bankruptcy and DHS is named as a creditor.
 - f. Client 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 Community Services Board 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 Arlington County CSB.

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
§20.5-61, Code of Virginia, 1950, as amended
§37.2, Code of Virginia, 1950, as amended

FAMILY SIZE

Assessed Level of Income	1		2		3		4		5		6		7		8	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To	From	To
1	0	3,901	0	4,801	0	5,301	0	5,801	0	6,301	0	6,801	0	7,301	0	7,801
2	3,902	10,296	4,802	12,109	5,302	13,523	5,802	14,936	6,302	16,171	6,802	17,396	7,302	18,631	7,802	19,85
3	10,297	16,690	12,110	19,417	13,524	21,744	14,937	24,071	16,172	26,041	17,397	27,990	18,632	29,960	19,856	31,90
4	16,691	23,085	19,418	26,725	21,745	29,966	24,072	33,206	26,042	35,911	27,991	38,585	29,961	41,290	31,910	43,96
5	23,086	30,450	26,726	34,800	29,967	39,150	33,207	43,500	35,912	47,000	38,586	50,450	41,291	53,950	43,964	57,400
6	30,451	32,480	34,801	37,120	39,151	41,760	43,501	46,400	47,001	50,133	50,451	53,813	53,951	57,547	57,401	61,22
7	32,481	34,510	37,121	39,440	41,761	44,370	46,401	49,300	50,134	53,267	53,814	57,177	57,548	61,143	61,228	65,05
8	34,511	36,540	39,441	41,760	44,371	46,980	49,301	52,200	53,268	56,400	57,178	60,540	61,144	64,740	65,054	68,88
9	36,541	38,570	41,761	44,080	46,981	49,590	52,201	55,100	56,401	59,533	60,541	63,903	64,741	68,337	68,881	72,70
10	38,571	40,600	44,081	46,400	49,591	52,200	55,101	58,000	59,534	62,667	63,904	67,267	68,338	71,933	72,708	76,53
11	40,601	42,630	46,401	48,720	52,201	54,810	58,001	60,900	62,668	65,800	67,268	70,630	71,934	75,530	76,534	80,36
12	42,631	44,660	48,721	51,040	54,811	57,420	60,901	63,800	65,801	68,933	70,631	73,993	75,531	79,127	80,361	84,18
13	44,661	46,690	51,041	53,360	57,421	60,030	63,801	66,700	68,934	72,067	73,994	77,357	79,128	82,723	84,188	88,01
14	46,691	48,720	53,361	55,680	60,031	62,640	66,701	69,600	72,068	75,200	77,358	80,720	82,724	86,320	88,014	91,84
15	48,721	50,750	55,681	58,000	62,641	65,250	69,601	72,500	75,201	78,333	80,721	84,083	86,321	89,917	91,841	95,66
16	50,751	52,780	58,001	60,320	65,251	67,860	72,501	75,400	78,334	81,467	84,084	87,447	89,918	93,513	95,668	99,49
17	52,781	54,810	60,321	62,640	67,861	70,470	75,401	78,300	81,468	84,600	87,448	90,810	93,514	97,110	99,494	103,32
18	54,811	56,840	62,641	64,960	70,471	73,080	78,301	81,200	84,601	87,733	90,811	94,173	97,111	100,707	103,321	107,14
19	56,841	58,870	64,961	67,280	73,081	75,690	81,201	84,100	87,734	90,867	94,174	97,537	100,708	104,303	107,148	110,97
20	58,871	60,900	67,281	69,600	75,691	78,300	84,101	87,000	90,868	94,000	97,538	100,900	104,304	107,900	110,974	114,80

Income Level 1 is equivalent to Medicaid income levels

Income Level 5 is 100% of HUD Section 8 Very Low Income Scale (FY2002, revised annually). This is 50% of Washington, DC metro area median income.

Income Level 20 is 200% of HUD Section 8 Very Low Income Scale (FY2002, revised annually). This is 100% of Washington, DC metro area median income.

Assessed Level of Income	201			202	203	211	213
	Indiv Session Per Hour	Group Session Per Hour	Family Session Per Hour	Psychological Evaluation Per Hour	MR/MH Case Management Per Month	Substance Abuse Education Per Course	Intensive Community Treatment Per Hour
1	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2
2	\$ 5	\$ 2	\$ 5	\$ 5	\$ 13	\$ 4	\$ 6
3	\$ 8	\$ 3	\$ 8	\$ 8	\$ 23	\$ 7	\$ 11
4	\$ 12	\$ 5	\$ 12	\$ 12	\$ 33	\$ 10	\$ 15
5	\$ 19	\$ 7	\$ 19	\$ 19	\$ 51	\$ 15	\$ 24
6	\$ 26	\$ 10	\$ 26	\$ 26	\$ 69	\$ 20	\$ 32
7	\$ 32	\$ 13	\$ 32	\$ 32	\$ 88	\$ 26	\$ 41
8	\$ 39	\$ 15	\$ 39	\$ 39	\$ 106	\$ 31	\$ 50
9	\$ 46	\$ 18	\$ 46	\$ 46	\$ 124	\$ 36	\$ 58
10	\$ 53	\$ 21	\$ 53	\$ 53	\$ 143	\$ 42	\$ 67
11	\$ 59	\$ 23	\$ 59	\$ 59	\$ 161	\$ 47	\$ 75
12	\$ 66	\$ 26	\$ 66	\$ 66	\$ 180	\$ 52	\$ 84
13	\$ 73	\$ 28	\$ 73	\$ 73	\$ 198	\$ 58	\$ 93
14	\$ 80	\$ 31	\$ 80	\$ 80	\$ 216	\$ 63	\$ 101
15	\$ 86	\$ 34	\$ 86	\$ 86	\$ 235	\$ 68	\$ 110
16	\$ 93	\$ 36	\$ 93	\$ 93	\$ 253	\$ 74	\$ 152
17	\$ 100	\$ 39	\$ 100	\$ 100	\$ 271	\$ 79	\$ 127
18	\$ 107	\$ 42	\$ 107	\$ 107	\$ 290	\$ 84	\$ 136
19	\$ 113	\$ 44	\$ 113	\$ 113	\$ 308	\$ 90	\$ 152
20	\$ 120	\$ 47	\$ 120	\$ 120	\$ 327	\$ 95	\$ 153

Assessed Level of Income	401 Psychiatric Evaluation Per Hour	402 Medication Management Per Session	501 Emergency Intervention Per 15 Min	505 Pre-Admission Screening Per Session	606 Supportive Living Unit	609 Psychosocial Day Support Per Unit	605 MR Transportation Per Month
1	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2
2	\$ 5	\$ 2	\$ 2	\$ 2	\$ 4	\$ 2	\$ 9
3	\$ 9	\$ 4	\$ 2	\$ 2	\$ 6	\$ 2	\$ 16
4	\$ 13	\$ 6	\$ 3	\$ 3	\$ 9	\$ 2	\$ 23
5	\$ 20	\$ 9	\$ 5	\$ 5	\$ 14	\$ 4	\$ 37
6	\$ 28	\$ 13	\$ 7	\$ 7	\$ 19	\$ 5	\$ 50
7	\$ 35	\$ 16	\$ 8	\$ 8	\$ 24	\$ 7	\$ 63
8	\$ 42	\$ 20	\$ 10	\$ 10	\$ 30	\$ 8	\$ 76
9	\$ 50	\$ 23	\$ 12	\$ 12	\$ 35	\$ 9	\$ 89
10	\$ 57	\$ 26	\$ 13	\$ 13	\$ 40	\$ 11	\$ 102
11	\$ 64	\$ 30	\$ 15	\$ 15	\$ 45	\$ 12	\$ 116
12	\$ 72	\$ 33	\$ 17	\$ 17	\$ 50	\$ 13	\$ 129
13	\$ 79	\$ 36	\$ 19	\$ 19	\$ 55	\$ 15	\$ 142
14	\$ 86	\$ 40	\$ 20	\$ 20	\$ 60	\$ 16	\$ 155
15	\$ 93	\$ 43	\$ 22	\$ 22	\$ 65	\$ 17	\$ 168
16	\$ 101	\$ 47	\$ 24	\$ 24	\$ 71	\$ 19	\$ 181
17	\$ 108	\$ 50	\$ 26	\$ 26	\$ 76	\$ 20	\$ 195
18	\$ 115	\$ 53	\$ 27	\$ 27	\$ 81	\$ 22	\$ 208
19	\$ 123	\$ 57	\$ 29	\$ 29	\$ 86	\$ 23	\$ 221
20	\$ 130.00	\$ 60.00	\$ 30.79	\$ 30.79	\$ 91.00	\$ 24.23	\$ 234.00

Policy Number: 312
Policy Title: FINANCIAL HARDSHIP POLICY
Date Adopted: June 16, 2004

Purpose:

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

Policy:

The Arlington Community Services Board is required to attempt to collect 100% of the amount of client fees, including co-insurance, copayment and deductible amounts. If payment of fees creates a financial hardship for the client, 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 Management Bureau Chief (or designee).

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

A) Reduced Fee for Clients with Insurance

Reduced Fee for Clients with Insurance is considered when a client 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 Single Accountable Individual (SAI) and client may request a reduction in fee based on financial need. This request is retrospective and may include services that the client has been unable to pay for three months prior to the request. Upon approval, the client fee will be based on the current ACCSB Sliding Fee Scale.

B) Sliding Fee Subsidy

The Sliding Fee Subsidy can be requested when a client is unable to pay the fee as established by the Arlington Community Services Board 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 a client or family has significant outstanding medical, legal, other expenses or receives multiple services that reduces the client's or family's ability to pay the fee established by the regular sliding fee scale or based on risk if the client were to sustain a reduction in treatment intensity or disruption of service when a client 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 client. 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: _____

=====

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: _____	Effecti ve 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
Policy Title: STAFF AS PROVIDERS
WITH THIRD PARTY PAYORS
Date 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 Board.

Policy

It is the policy of the Board that:

1. All direct care merit and exempt, full or part-time employees, and their immediate supervisors must provide credentialing information so the Board 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 Board staff to consumers who receive their services from the Board.
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
Policy Title: QUALITY IMPROVEMENT,
RISK MANAGEMENT AND
APPLIED RESEARCH
Date Adopted: June 16, 2004

Purpose

To provide guidance for the development of quality improvement and risk management plans for services rendered to clients of the Board 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 Board that:

1. The development and implementation of the quality improvement and risk management plans are in concert with the Board's Mission Statement and its Values and Principles and in accordance with Arlington County's Risk Management policies.
2. 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.
3. The Executive Director or a designee will develop and the Board will approve annual Quality Improvement and Risk Management Plans based on above collaboration for approval by the Board. These plans will specify tasks to be accomplished, a timeline, and a schedule for reporting the results to the Board, as well as resources required to complete the work.
4. In addition, the Board encourages the Executive Director or staff to participate in applied research projects when the results of the project are likely to benefit Board consumers. These projects will be carried out in accordance with State policy.

Approved _____

Chair

_____ Date

Reference:

- Bylaws Article II.1 Mission
- Bylaws Article II.2 Principles /Values

Policy Number: 401
Policy Title: OUTSIDE EMPLOYMENT
AND CONFLICT OF INTEREST
Date 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 programming 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 Supplemental 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 Board members. Any exception to this policy must be approved by a program manager.
4. Receipt of Referrals. For protection of clients/consumers, Board members and DHS staff of directly operated ACCSB programs, may not accept referrals into their private practice of a person who is a current consumer of ACCSB services.
5. Advertising. Any form of advertisement or solicitation for services provided privately by a Board 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

Policy Number: 402
Policy Title: SCREENING
Date Adopted: 6/21/06

Purpose

To maintain a position to ensure that all Board programs and services are compliant with policies and procedures, and laws.

Policy

In accordance with state regulations, the Arlington County Community Services Board will ensure that all people who request and are eligible for mental health, mental retardation, developmental disability, and substance abuse services are served in a timely way with the appropriate services. Persons 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 Mental Health, Mental Retardation, and Substance Abuse Services Licensing Regulations, 12 VAC 35-105-640

Approved _____
Chair Date

12VAC35-105-640. Screening and referral services documentation and retention.

A. The provider shall maintain written documentation of each screening performed, including:

1. Date of initial contact;
2. Name, age, and gender of the individual;
3. Address and phone number, if applicable;
4. Presenting needs or situation to include psychiatric/medical problems, current medications and history of medical care;
5. Name of screening employee or contractor;
6. Method of screening;
7. Screening recommendation; and
8. Disposition of individual.

B. The provider shall retain documentation for each screening. For individuals not admitted, documentation shall be retained for six months. Documentation shall be included in the individual's record if the individual is admitted.

Statutory Authority

§§37.2-505 and 37.2-411, Code of Virginia, 1950, as amended

Historical Notes

Derived from Virginia Register Volume 18, Issue 18, eff. September 19, 2002.

Policy Number: 403
Policy Title: Committee Membership Requirements
Date Adopted: June 21, 2006

Purpose

To establish appropriate requirements for individuals serving on Committees of the Arlington County Community Services Board who are not Board Members

Policy

In addition to those membership requirements contained in the ByLaws or elsewhere in these Policies, such individuals shall comply with all conflict of interest requirements placed upon members of the Board 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 Chair of the Board.

The following policies apply to committee members who are not board 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 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 Board Chair, committee members may be designated by Committee Chair to act as spokesperson.

Approved _____
Chair Date

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

Purpose:

The purpose of this policy is to provide guidance for the establishment and distribution of the Board Notice of Privacy Practices as required by Federal Regulations (see references). This notice provides consumers with a clear understanding of how the information consumers provide to the Board 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 Board that:

1. DHS staff in ACCSB programs shall provide new and existing consumers 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 Board service site. The Board will post updates to the Notice of Privacy Practice at service sites, on the web page and will make them available to consumers upon request.
3. The Executive Director shall maintain consumer records containing individually identifiable health information in accordance with Federal and/or State law.
4. Consumers receiving services from the Board shall have the right to receive confidential communications concerning their treatment and handling of their protected health information. Unless the law indicates otherwise, consumers and/or their legal guardians shall have the right to access their own records and to receive a copy of their record upon request. Consumers 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 Board 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 Board 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 consumer records 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 consumer records 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 Mental Health, Mental Retardation and Substance Abuse Services Licensure Regulations, Virginia Code 12 VAC 35—105—10;
- State Human Rights Regulations 12 VAC 35—115

Policy Number: 421
Policy Title: HUMAN RIGHTS
Date Adopted: June 16, 2004

Purpose:

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

Policy:

The Board shall comply with the Commonwealth of Virginia “Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services”.

This shall be accomplished through compliance with Board 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 of Mental Health, Mental Retardation and Substance Abuse Services”, July 2007.
- Arlington County Department of Human Services and Board “Human Rights Policies and Procedures”

Policy Number: 432
Policy Title: ARLINGTON ASSISTED
LIVING FACILITY (ALF)
ELIGIBILITY
Date Adopted: June 16, 2004

Purpose

The purpose of this policy is to ensure that admission to the Arlington Assisted Living Facility (Formerly Known as Oak Springs) is determined on the basis of the approved eligibility criteria.

Policy

The Board report identified populations served by the Arlington Board as key populations to be served by these funds. These proposed eligibility criteria carry out this intent. Admission to the Arlington ALF shall be based on these eligibility criteria:

- Eligible individuals are those who are diagnosed with MR/DD, or diagnosed with mental illnesses, or who have dementia with either depression or psychosis, and
- Eligible individuals who need support in at least one Activity of Daily Living (ADL), which includes bathing, dressing, toileting, transferring, or eating/feeding. Individuals may need support with more than one ADL, up to but not including a level of need that would require skilled nursing care. No preference will be given those individuals with higher functioning abilities. Individuals may need support with one or more Instrumental Activities of Daily Living (IADL), which include meal preparation, housekeeping, money management, laundry, transportation, shopping and using a telephone, and
- Eligible individuals will need support in managing medications, and
- Eligible individuals will be low-income, and
- Priority will be given to the elderly.

In considering applicants for admission at the Arlington ALF, eligible individuals shall not be discriminated against due to either level of functioning or ability to pay.

The concern is the sufficiency of the Arlington ALF operating budget. Insufficient operating funds could result in the exclusion of individuals with more severe disabilities or a lesser ability to pay. It is the position of the Arlington CSB that applicants who otherwise meet the eligibility admission criteria should not be excluded on the basis of either functioning level or ability to pay.

Approved _____
Chair Date

Policy Number: 502
Policy Title: OUTSOURCING
Date Adopted: June 16, 2004

Purpose

To provide direction and guidelines for expansion of services through outsourcing.

Policy

In implementing its responsibility to ensure that an adequate system of mental health, mental retardation, and substance abuse services is available to Arlington County residents, the Board 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 Board. It is the policy of the Arlington CSB 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 Board to regularly review existing services funded or supported by the Board's resources in order to assure that the chosen delivery mechanism remains valid. The Board recognizes the advantages of contracting residential facility operations in view of the limitations of existing government personnel, purchasing, and other administrative policies.

In an effort to provide for the highest quality of residential and residential support services for consumers, the Board policy is to competitively procure new residentially based services. To ensure quality and state-of-the art services, annual contract reviews and program audits will occur. Contract amendments will be written as necessary. At any time during the term of the contract, a review may be conducted if concerns exist or if contract violations occur.

With regard to existing residential services, a stable living environment for clients should be maintained. Whenever possible and practical, competitive procurement, in accordance with Arlington County procurement procedures, is the method by which residential providers are recruited and selected. If the stability of residential placements is jeopardized by the competitive procurement process, then the Board may consider it impractical to competitively bid the service and recommend that Arlington County pursue single source procurement for services.

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.

Approved _____
Chair Date

Reference:
Arlington County Purchasing Resolution