



COMMONWEALTH of VIRGINIA

ALISON G. LAND, FACHE
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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Tuesday, March 2, 2021

Daniel Carey, M.D.
Secretary of Health and Human Resources
1111 E Broad St., 4th Floor
Richmond, VA 23219

Dear Secretary Carey:

Item 310 Y.3 of the 2019 Appropriations Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to report on the state general fund reductions taken by each Community Services Board or Behavioral Health Authority in anticipation of projected savings from the expansion of Medicaid eligibility. Specifically, the language states:

3. The Department of Behavioral Health and Developmental Services, in consultation with the Department of Medical Assistance Services, shall submit a letter to the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and Senate Finance Committees by May 15, 2019, and each fiscal quarter thereafter, that reports on: (i) the state general fund reductions taken by each Community Services Board (CSB) or Behavioral Health Authority (BHA) in fiscal year 2019 in anticipation of projected savings from the expansion of Medicaid eligibility to existing CSB clients who were previously uninsured; (ii) the actual Medicaid-generated reimbursements realized by each CSB/BHA in fiscal year 2019 as a result of the expansion of Medicaid eligibility to existing CSB clients who were previously uninsured; (iii) the state general fund reductions to be taken by each CSB/BHA in fiscal year 2020 in anticipation of projected savings from the expansion of Medicaid eligibility; and (iv) the amount of Medicaid reimbursements that each CSB/BHA would have to achieve in order to meet the anticipated general fund savings/budget reductions in fiscal year 2020, as well as any actions the Department proposes to take to address any shortfalls and to ensure continuity in the provision of services. The Department of Medical Assistance Services shall require the managed care organizations to report encounter data impacting Community Services Boards on a monthly basis, with the data submitted no later than 20 days after the end of each month in order to determine the revenue impact to fulfill the intent of this paragraph.

In accordance with these items, please find enclosed the combined report for item 310 Y.3 of the 2019 Appropriations Act. Staff are available should you wish to discuss this request.

Sincerely,

A handwritten signature in blue ink that reads "Alison Land".

Alison G. Land, FACHE

Commissioner, Department of Behavioral Health & Developmental Services

CC:

Vanessa Walker Harris, M.D.

Susan Massart

Mike Tweedy



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Tuesday, March 2, 2021

The Honorable Janet D. Howell, Chair, Senate Finance Committee
The Honorable Luke E. Torian, Chair, House Appropriations Committee
14th Floor, Pocahontas Building
900 East Main Street
Richmond, VA 23219

Dear Senator and Delegate Torian:

Item 310 Y.3 of the 2019 Appropriations Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to report on the state general fund reductions taken by each Community Services Board or Behavioral Health Authority in anticipation of projected savings from the expansion of Medicaid eligibility. Specifically, the language states:

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Alison G. Land, FACHE
Commissioner, Department of Behavioral Health & Developmental Services

CC:

Vanessa Walker Harris, MD

Susan Massart

Mike Tweedy



Report on Item 310 Y.3 of the 2019 Appropriations Act

Report on CSB Funding and Medicaid Expansion

To the Secretary of Health and Human Services and the Chairs of the Senate
Finance and House Appropriations Committees

Tuesday, March 2, 2021

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Executive Summary

The 2019 Appropriations Act requires The Department of Behavioral Health and Developmental Services (DBHDS) to provide a report to the Governor and General Assembly on the status of Community Services Board (CSB) general fund reductions resulting from anticipated new revenue generated from Medicaid Expansion. DBHDS convened a workgroup in Spring 2019 comprised of CSB financial officers to determine the best method for compiling information in a uniform fashion from the CSBs on a monthly basis. This workgroup developed a standard template which captures individuals served by the CSBs receiving Medicaid Expansion into three client types:

1. Individuals previously served on Governor's Access Program
2. Individuals uninsured previously served by a CSB
3. Individuals new to the CSB system

These client types were used to comply with the reporting requirements and provide the level of detail necessary to identify general fund resources within the CSB budget that was offset by additional new revenues from Medicaid expansion.

Using the current data to make projections about a full year is a difficult process for the following reasons:

- There is still a large difference between billings and collections due to a number of factors including the transition to Medicaid managed care and other factors.
- This data was for the first six months of FY 2020, which is prior to COVID-19, which had a profound effect on all service delivery providers.
- The services provided and billing for services may not be uniform throughout the year.
- These calculations are based on CSB-provided data.

The report provides additional details and the status of the required General Fund Reduction information by CSB.

Preface

Item 310 Y.3 of the 2019 Appropriations Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to report on the state general fund reductions taken by each Community Services Board or Behavioral Health Authority in anticipation of projected savings from the expansion of Medicaid eligibility. Specifically, the language states:

3. The Department of Behavioral Health and Developmental Services, in consultation with the Department of Medical Assistance Services, shall submit a letter to the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and Senate Finance Committees by May 15, 2019, and each fiscal quarter thereafter, that reports on: (i) the state general fund reductions taken by each Community Services Board (CSB) or Behavioral Health Authority (BHA) in fiscal year 2019 in anticipation of projected savings from the expansion of Medicaid eligibility to existing CSB clients who were previously uninsured; (ii) the actual Medicaid-generated reimbursements realized by each CSB/BHA in fiscal year 2019 as a result of the expansion of Medicaid eligibility to existing CSB clients who were previously uninsured; (iii) the state general fund reductions to be taken by each CSB/BHA in fiscal year 2020 in anticipation of projected savings from the expansion of Medicaid eligibility; and (iv) the amount of Medicaid reimbursements that each CSB/BHA would have to achieve in order to meet the anticipated general fund savings/budget reductions in fiscal year 2020, as well as any actions the Department proposes to take to address any shortfalls and to ensure continuity in the provision of services. The Department of Medical Assistance Services shall require the managed care organizations to report encounter data impacting Community Services Boards on a monthly basis, with the data submitted no later than 20 days after the end of each month in order to determine the revenue impact to fulfill the intent of this paragraph.

Background

In 2018, the Governor proposed and the General Assembly passed Medicaid expansion. As part of this process, the Executive Branch conducted and completed a financial analysis, identifying several program resources that would benefit from additional revenue generation through Medicaid expansion and where general fund support could be offset in anticipation of this new revenue. One of the program areas identified was Community Services Board (CSB) programs supported through general fund grants to localities. The analysis assumed that the CSBs would realize new revenue for the individuals that are currently receiving services who would now be eligible for Medicaid, to include those currently served through Governor's Access Program (GAP). Based on this analysis, the finalized bill Chapter 2 of the 2018 Acts of Assembly Special Session I, reduced the general fund appropriation of the CSBs by \$11.1 million in FY 2019 and \$25.0 million in FY 2020.

Based on a subsequent analysis conducted by the Department of Behavioral Health and Developmental Services (DBHDS), confirmed based on discussion with CSB leadership, it was determined that CSBs may not generate the anticipated revenue as a result of Medicaid Expansion, most certainly if GAP recipients already receiving CSB services were excluded from the methodology. Based on this feedback, the Governor's included in the proposed budget and the General Assembly later modified this language to address the concern. The 2019 Appropriations Act requires DBHDS to provide a report to the Governor and General Assembly on the status of CSB general fund reductions resulting from anticipated new revenue generated from Medicaid Expansion. The following sections provide details and status of the required General Fund Reduction information.

Methodology Used

To apply the required \$11.1 million general fund appropriation reduction by CSB, DBHDS started by looking at known areas for additional revenue generation resulting from Medicaid expansion. The focus here was the total number of uninsured individuals served in FY 2018 and the projected amount of Medicaid case management revenue that each CSB would generate based on those individuals. Case management is the only billable service used since this is what the original reduction was based on. Additionally, DBHDS identified that the case management rate under Medicaid is higher than GAP. DBHDS calculated this differential and applied it across the population currently receiving the service. These two items collectively generated \$10.4 million projected in new Medicaid revenue annually, or for FY 2019, \$4.4 million over five months. The differential of \$6.7 million was then spread based on CSB total revenue (to include all sources of funding) at a rate of 81 percent reduction in the total budget.

DBHDS was conservative in its estimate of new revenue generation resulting from Medicaid expansion due to limited information on eligible services, and the \$6.7 million remaining was spread based on the ability of which CSBs would best be able to absorb such a reduction to mitigate any impact on service delivery if revenues did not materialize. Along this same line of thinking, DBHDS identified unrestricted general fund programs or funding streams that could be used to absorb the reduction, to protect those that are restricted in the Appropriation Act or have federal requirements. DBHDS adopted this methodology based on extensive conversations with

CSB leadership on the best available option for spreading the required reduction in general fund appropriation.

FY 2020 reduction methodology is similar to FY 2019 reduction. To apply the required \$25 million general fund appropriation reduction by CSBs, DBHDS first started by looking at known areas for additional revenue generation due to Medicaid expansion. The focus was the total number of uninsured individuals served in FY 2018 and the projected amount of Medicaid case management revenue that each CSB would generate based on those individuals. DBHDS calculated this differential and applied it across the population currently receiving the service. This generated \$10.4 million projected in new Medicaid revenue for FY 2020.

To make up the remaining \$14.5 million general fund reduction, DBHDS staff applied a 1.74 percent reduction of the total revenues for FY 2018 for Mental Health and Substance Abuse services at each CSB. The formula put two ceilings on this distribution:

- 1) Ensured no CSB experienced a greater than 6 percent reduction in total revenue (most fell between 3 and 4 percent); and
- 2) Kept the replacement to less than 60 percent unrestricted funds so that they could identify non-obligated dollars to replace.

For FY 2020 only, several CSBs exceeded these thresholds, and, once capped, the remaining dollars were allocated using a VDH Healthy Opportunities Index spreading the difference to those CSBs in the Top 10 of this metric. These actions resulted in the final distribution of the projected cuts.

At the start of May, DBHDS identified unrestricted programs and funding streams that CSBs could use to absorb the general fund reduction starting with its first warrant payment here at the start of FY 2020 in July.

CSB Revenue Generation related to Medicaid Expansion

In order to ascertain the amount of Medicaid revenue resulting from Medicaid Expansion generated by the CSBs for those individuals previously served as uninsured, DBHDS convened a workgroup in Spring 2019 comprised of CSB financial officers to determine the best method for compiling information in a uniform fashion from the CSBs on a monthly basis. This workgroup developed a standard template which captures individuals served by the CSBs receiving Medicaid Expansion into three client types:

4. Individuals previously served on Governor's Access Program (**GAP**), looking specifically at the rate differential between this program and Medicaid (i.e. case management paid \$195.90 under GAP and \$326.50 under Medicaid so the incremental difference was \$130.60)
5. Individuals uninsured previously served by a CSB in Calendar year 2018 (**Prior Uninsured**)
6. Individuals new to the CSB system (**New**)

These client types were used to comply with the reporting requirements and provide the level of detail necessary to identify general fund resources within the CSB budget that were offset by additional new revenues from Medicaid expansion. The CSBs completed the template for services provided through December 31, 2020, with associated collections through April 30,

2010, and submitted this information to the department by May 31, 2020. DBHDS then spent the greater part of the next four months reviewing and validating this information to ensure its accuracy. The template layout is in attached Appendix B. The summary of this collection and billing data are presented in Appendices C & D.

Using the current data to make projections about a full year is a difficult process for the following reasons:

- There is still a large difference between billings and collections. According to discussions with CSBs, this difference is the combination of factors:
 - Some CSBs have a significant lag time upwards of 180 days between billing and collections for services rendered.
 - CSBs are still adjusting from the transition to Medicaid managed care. Each managed care organization (MCO) has different billing requirements, which can result in increased denied claims and delays in rebilling of denied claims.
 - Clients that transitioned from uninsured to expanded Medicaid continued to receive services before authorization of service from the MCO; this means these claims will never be paid.
- This data was for the first six months of FY 2020, which is prior to COVID-19, which had a profound effect on all service delivery providers.
- The services provided and billing for services may not be uniform throughout the year.
- These calculations are based on CSB-provided data.

DBHDS anticipates that this wide variance between projected billing and collections will continue to narrow as CSBs and MCOs address billing issues and fully acclimate to the transition. DBHDS also projected Medicaid Expansion revenue for FY 2020. DBHDS used 90 percent of July through December’s billing. The 90 percent billing rate was chosen to ensure CSBs maximize Medicaid collections. The actual collections for the period for all CSBs were 72 percent with some CSBs achieving over 90 percent. Annualizing July 2019-December 2019 collections would result in \$45.7 associated with Medicaid Expansion for FY 2020 or \$7.7 million more than the General Fund reduction (See Calculation Below). However, some CSBs will not generate enough revenue from expansion to cover the General Fund reduction while others are over their GF reduction amount.

The data from FY 2021 shows a transition from established clients to new clients. This is consistent with the history of CSB client churn. That said if new client revenue is excluded there is a shortfall of \$9.5 million dollars. See Appendix E for calculations by CSB.

Projected FY 2020 Medicaid Expansion Revenue using 90% using July - December Billings

	All Services	GAP Diff & Prior Uninsured
July - December Billings	22,873,021	10,471,337
Projected Collection Rate	90%	90%
Projected Collections	20,585,719	9,424,203
Projected Annual Collections	41,171,438	18,848,406
Current FY 2020 GF Reduction	24,980,796	24,980,796
Projected GF (Shortfall)/Surplus	16,190,642	(6,132,390)

Appendices

Appendix A – Community Services Boards General Fund Reduction Information

Community Service Boards	GF Reduction	GF Reduction and Amount CSBs Need to Generate in Revenue	GF Reduction Amount CSBs Absorbed as of June 30th
	FY 2019	FY 2020	
	Item 310. Y. 3 (i)	Item 310. Y. 3 (iii and iv)	
Alexandria	\$330,758	\$876,373	\$876,373
Alleghany	\$78,883	\$141,622	\$141,622
Arlington	\$636,277	\$1,627,683	\$1,627,683
Blue Ridge	\$358,453	\$811,854	\$811,854
Chesapeake	\$166,355	\$446,264	\$446,264
Chesterfield	\$201,056	\$453,906	\$453,906
Colonial	\$154,376	\$347,531	\$347,531
Crossroads	\$156,525	\$262,258	\$262,258
Cumberland Mountain	\$180,162	\$403,621	\$403,621
Danville Pittsylvania	\$159,888	\$207,730	\$207,730
Dickenson	\$112,343	\$82,230	\$82,230
District 19	\$225,075	\$511,219	\$511,219
Eastern Shore	\$60,273	\$132,676	\$132,676
Fairfax Falls Church	\$1,686,609	\$4,359,126	\$4,359,126
Goochland	\$41,868	\$91,704	\$91,704
Hampton Newport News	\$499,314	\$1,333,415	\$1,333,415
Hanover	\$176,783	\$382,283	\$382,283
Harrisonburg-Rockingham	\$125,405	\$279,120	\$279,120
Henrico	\$294,968	\$664,385	\$664,385
Highlands	\$315,819	\$573,583	\$573,583
Horizon	\$543,158	\$469,323	\$469,323
Loudoun	\$208,155	\$564,205	\$564,205
Mid. Peninsula Northern Neck	\$165,620	\$361,794	\$361,794
Mount Rogers	\$413,358	\$929,762	\$929,762
New River Valley	\$424,367	\$948,166	\$948,166

Norfolk	\$337,553	\$877,561	\$877,561
Northwestern	\$200,413	\$438,142	\$438,142
Piedmont	\$196,872	\$322,190	\$322,190
Planning District 1	\$140,766	\$315,423	\$315,423
Portsmouth	\$86,235	\$189,729	\$189,729
Prince William	\$238,384	\$642,112	\$642,112
Rapp Area	\$266,426	\$602,970	\$602,970
Rapp-Rapidan	\$132,725	\$297,417	\$297,417
Region 10	\$367,253	\$503,514	\$503,514
Richmond	\$484,980	\$1,295,101	\$1,295,101
Rockbridge	\$57,026	\$128,241	\$128,241
Southside	\$70,345	\$153,537	\$153,537
Valley	\$141,597	\$313,472	\$313,472
Virginia Beach	\$463,378	\$1,193,687	\$1,193,687
Western Tidewater	\$202,775	\$445,865	\$445,865
Totals	\$11,102,576	\$24,980,796	\$24,980,796

Appendix B – Community Service Boards Reporting Requirements

Data Field Name	Data Field Description	Additional Information
Medicaid ID	Medicaid ID for Individual Receiving Expanded Benefits	One of the four identifiers to ensure a unique valid claim
Name	Name of Individual Receiving Expanded Benefits	One of the four identifiers to ensure a unique valid claim
Date of Birth	Date of Birth of for Individual Receiving Expanded Benefits	One of the four identifiers to ensure a unique valid claim
Date of Service	Date of Service of for Individual Receiving Expanded Benefits	One of the four identifiers to ensure a unique valid claim
Pay Source (MCO)	The Managed Care Organization providing the service	Needed to validate against DMAS data
CPT Code	The Current Procedural Terminology number for the service/procedure provided	
Service Type	Description of Service	
Client Type	Prior GAP, Prior Uninsured, New to CSB	Item needed to calculate the projected Medicaid shortfall
Amount Billed	The amount of the claim billed	

Amount Collected	The amount collected	Item needed to calculate the projected Medicaid shortfall
Month Billed	The month the claim was billed	
Month Collected	The month the claim was paid	Item needed to calculate the projected Medicaid shortfall
Previous GAP Rate Billed	The amount the CSB would have billed if individual was still receiving GAP	
Incremental Amount Billed	The difference between the GAP rate and the Medicaid rate	
Prior GAP Collection	The amount that would have been collected if the individual was still receiving GAP	Item needed to calculate the projected Medicaid shortfall
Incremental Amount Collected	The amount collected for a prior GAP individual that is attributable to Medicaid Expansion	Item needed to calculate the projected Medicaid shortfall

Appendix C – CSB Collections for Services Provided as of December 31, 2019

CSB Name	Medicaid Expansion Client Type			Grand Total
	Prior GAP	Prior Uninsured	New	
Alexandria	45,132	269,632	403,256	718,020
Alleghany Highlands Community Services Board	1,400	8,592	71,011	81,003
Arlington County	7,705	153,299	40,799	201,804
Blue Ridge Behavioral Healthcare	82,656	241,779	270,983	595,418
Chesapeake Integrated	47,601	104,425	162,901	314,928
Chesterfield	72,069	178,379	75,952	326,400
Colonial Behavioral Health	42,826	66,209	87,925	196,960
Crossroads	75,428	76,515	164,231	316,175
Cumberland Mountain	51,043	114,038	299,958	465,039
Danville-Pittsylvania Community Services	65,280	119,324	80,695	265,299
Dickenson County	18,406	0	261	18,667
District 19	37,773	215,497	28,006	281,276
Eastern Shore	191,701	50,519	19,642	261,862
Fairfax-Falls Church	82,146	490,299	279,422	851,867

Goochland-Powhatan	5,004	15,586	14,591	35,181
Hampton-Newport News	50,412	31,364	156,819	238,595
Hanover County	15,244	61,878	41,973	119,094
Harrisonburg-Rockingham	20,125	214,675	49,530	284,329
Henrico Area Mental Health &	101,200	66,234	94,484	261,918
Highlands Community Services	86,945	272,143	165,435	524,523
Horizon Behavioral Health Services	153,979	199,381	483,674	837,034
Loudoun County Department of	12,710	102,647	61,484	176,841
Middle Peninsula - Northern Neck	32,644	112,864	191,800	337,307
Mount Rogers	94,325	44,071	424,566	562,963
New River Valley	52,501	362,298	312,101	726,900
Norfolk Community Services Board	95,376	146,323	187,289	428,988
Northwestern Community Services	58,200	163,235	411,801	633,236
Piedmont Community Services	41,252	33,352	244,633	319,237
Planning District One	32,585	49,854	160,212	242,651
Portsmouth Department of Behavioral Healthcare Services	4,702	89,922	130,977	225,601
Prince William County	57,949	50,326	265,041	373,316
Rappahannock Area Community Services Board	5,391	189,685	109,511	304,587
Rappahannock-Rapidan Community Services Board	20,243	68,390	287,447	376,080
Region Ten CSB	105,724	292,778	336,423	734,925
Richmond Behavioral Health	40,001	413,277	2,168,165	2,621,443
Rockbridge Area	16,697	20,204	23,476	60,377
Southside	40,206	20,660	49,225	110,091
Valley	64,363	71,284	126,556	262,203
Virginia Beach Community Services Board	225,465	215,508	178,786	619,760
Western Tidewater Community Services Board	44,818	45,865	45,557	136,241

Grand Total	\$2,299,228	\$5,442,315	\$8,706,598	\$16,448,141
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Appendix D – CSB Billings for Services Provided as of December 31, 2019

CSB Name	Medicaid Expansion Client Type			Grand Total
	Prior GAP	Prior Uninsured	New	
Alexandria	58,737	524,922	884,845	1,468,504
Alleghany Highlands CSB	1,419	9,446	76,557	87,421
Arlington County	13,582	223,870	66,994	304,447
Blue Ridge Behavioral Healthcare	124,447	303,281	353,920	781,648
Chesapeake Integrated	100,770	193,812	279,707	574,289
Chesterfield	91,881	232,076	99,255	423,212
Colonial Behavioral Health	44,414	70,803	100,426	215,643
Crossroads	75,428	77,142	166,005	318,575
Cumberland Mountain	52,088	121,465	329,064	502,617
Danville-Pittsylvania Community Services	72,624	141,645	99,690	313,958
Dickenson County	23,705	16,109	24,892	64,706
District 19	39,697	262,873	31,304	333,873
Eastern Shore	209,043	54,192	21,799	285,034
Fairfax-Falls Church	150,782	776,179	435,163	1,362,124
Goochland-Powhatan	9,650	17,951	17,029	44,630
Hampton-Newport News	51,062	36,320	179,703	267,085
Hanover County	16,751	86,202	91,666	194,619
Harrisonburg-Rockingham	31,103	251,958	65,420	348,481
Henrico Area Mental Health &	119,713	86,170	122,776	328,659
Highlands Community Services	152,622	540,351	296,399	989,372
Horizon Behavioral Health Services	171,146	203,945	499,701	874,792

Loudoun County Department of	12,841	114,387	76,782	204,010
Middle Peninsula - Northern Neck	45,252	123,050	213,244	381,545
Mount Rogers	158,844	64,532	610,439	833,815
New River Valley	97,949	405,512	328,883	832,344
Norfolk Community Services Board	111,639	162,731	213,635	488,005
Northwestern Community Services	81,511	187,128	449,284	717,924
Piedmont Community Services	47,731	48,093	301,297	397,121
Planning District One	47,719	66,826	209,606	324,151
Portsmouth BHS	4,702	89,922	130,977	225,601
Prince William County	84,467	87,323	381,205	552,995
Rappahannock Area CSB	6,426	205,211	126,927	338,564
Rappahannock-Rapidan CSB	20,243	68,540	289,983	378,766
Region Ten CSB	88,275	380,149	487,463	955,888
Richmond Behavioral Health	138,205	667,955	3,759,559	4,565,719
Rockbridge Area	24,153	26,096	39,204	89,452
Southside	50,216	25,406	68,474	144,095
Valley	70,645	78,549	149,930	299,125
Virginia Beach Community Services Board	324,775	307,821	271,497	904,093
Western Tidewater CSB	54,220	50,920	50,979	156,119
Grand Total	3,080,476	7,390,861	12,401,685	22,873,021

Appendix E – Projected FY 2020 Collections Assuming 90% Collection Rate by Annualizing April & May Billings

CSB Name	July - December Total Billings	90% of July - December Billings	Annualized	FY 2020 General Fund Reduction	Estimated Revenue Shortfall/ Surplus	GF Adjustment Needed to Reduce shortfall to 90% of Projected Billings
Alexandria	1,468,504	1,321,653	2,643,306	876,373	1,766,933	
Alleghany Highlands CSB	87,421	78,679	157,358	141,622	15,736	
Arlington County	304,447	274,002	548,005	1,627,683	(1,079,678)	971,710
Blue Ridge Behavioral Healthcare	781,648	703,483	1,406,967	811,854	595,113	
Chesapeake Integrated	574,289	516,860	1,033,720	446,264	587,456	
Chesterfield	423,212	380,891	761,782	453,906	307,876	
Colonial Behavioral Health	215,643	194,079	388,157	347,531	40,626	
Crossroads	318,575	286,718	573,435	262,258	311,177	
Cumberland Mountain	502,617	452,355	904,710	403,621	501,089	
Danville-Pittsylvania Community Services	313,958	282,562	565,124	207,730	357,394	
Dickenson County	64,706	58,236	116,471	82,230	34,241	
District 19	333,873	300,486	600,972	511,219	89,753	
Eastern Shore	285,034	256,531	513,061	132,676	380,385	
Fairfax-Falls Church	1,362,124	1,225,912	2,451,823	4,359,126	(1,907,303)	1,716,572
Goochland-Powhatan	44,630	40,167	80,334	91,704	(11,370)	10,233
Hampton-Newport News	267,085	240,376	480,752	1,333,415	(852,663)	767,396
Hanover County	194,619	175,157	350,315	382,283	(31,968)	28,772
Harrisonburg-Rockingham	348,481	313,633	627,266	279,120	348,146	

Henrico Area Mental Health &	328,659	295,793	591,586	664,385	(72,799)	65,519
Highlands Community Services	989,372	890,435	1,780,869	573,583	1,207,286	
Horizon Behavioral Health Services	874,792	787,313	1,574,626	469,323	1,105,303	
Loudoun County Department of	204,010	183,609	367,218	564,205	(196,987)	177,289
Middle Peninsula - Northern Neck	381,545	343,391	686,782	361,794	324,988	
Mount Rogers	833,815	750,434	1,500,867	929,762	571,105	
New River Valley	832,344	749,110	1,498,219	948,166	550,053	
Norfolk Community Services Board	488,005	439,204	878,408	877,561	847	
Northwestern Community Services	717,924	646,131	1,292,262	438,142	854,120	
Piedmont Community Services	397,121	357,409	714,817	322,190	392,627	
Planning District One	324,151	291,736	583,473	315,423	268,050	
Portsmouth BHS	225,601	203,041	406,082	189,729	216,353	
Prince William County	552,995	497,695	995,391	642,112	353,279	
Rappahannock Area CSB	338,564	304,707	609,415	602,970	6,445	
Rappahannock-Rapidan CSB	378,766	340,890	681,779	297,417	384,362	
Region Ten CSB	955,888	860,299	1,720,598	503,514	1,217,084	
Richmond Behavioral Health	4,565,719	4,109,147	8,218,294	1,295,101	6,923,193	
Rockbridge Area	89,452	80,507	161,014	128,241	32,773	
Southside	144,095	129,686	259,372	153,537	105,835	
Valley	299,125	269,212	538,424	313,472	224,952	
Virginia Beach Community Services Board	904,093	813,684	1,627,368	1,193,687	433,681	
Western Tidewater CSB	156,119	140,507	281,014	445,865	(164,851)	148,366

Grand Total	22,873,021	20,585,719	41,171,438	24,980,794	16,190,644	3,885,857
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