

**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD  
COMPLIANCE COMMITTEE VIRTUAL MEETING**

Will be held electronically due to the COVID-19 pandemic

**Bettina Lawton, Chair  
June 16, 2021, 4:00 p.m.**

**Dial by your location to access live audio of the meeting:**

+1 301 715 8592 US (Washington DC)	+1 669 900 9128 US (San Jose)
+1 646 558 8656 US (New York)	+1 253 215 8782 US (Tacoma)
+1 312 626 6799 US (Chicago)	+1 346 248 7799 US (Houston)

**Meeting ID: [923 6824 2846](#) • Passcode: 763975**

**MEETING AGENDA**

1. Meeting Called to Order Bettina Lawton
2. Roll Call and Audibility Bettina Lawton
3. Preliminary Motions Bettina Lawton
4. Matters of the Public
5. Amendments to the Meeting Agenda Bettina Lawton
6. Approval of May 2021 Cmte Mtg Draft Minutes
7. Follow up items from last meeting Luann Healy
8. Updates Daniel Herr & Luann Healy
  - *ComplyTrack Reports*
  - *Electronic Health Record Update*
  - *CSB Serious Incident (Level III) Report*
9. Open Discussion

***Closed Session: Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).***

10. Adjourn

Fairfax-Falls Church Community Services Board  
Compliance Committee Virtual Meeting Minutes  
May 19, 2021

The Compliance Committee of the Fairfax-Falls Church Community Services Board met electronically due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available via video and web conferencing platform to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees were offered an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

The following Committee members were present: Bettina Lawton (Vienna), Board Chair; Jennifer Adeli (Great Falls); Sheila Coplan Jonas (Dewey Beach, DE); and Garrett McGuire (Alexandria)

The following Committee members were absent:

The following staff were present: Daryl Washington, Luann Healy, Cindy Tianti, and Lyn Tomlinson

1. Meeting Called to Order

Bettina Lawton, CSB Board Chair, called the meeting to order at 4:01 p.m.

2. Roll Call and Audibility

Ms. Lawton conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of CSB Board members was present and audible. Ms. Lawton passed the virtual gavel to CSB Board Vice Chair Garrett McGuire to make several motions required to begin the meeting.

A motion was offered confirming that each member's voice was audible to each other member of the CSB Board present; this motion was seconded by Sheila Jonas and passed unanimously.

3. Preliminary Motions

CSB Board Chair Bettina Lawton made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically.

A further motion was made that this Board may conduct this meeting electronically through a video and web conferencing platform, that may be accessed via Meeting ID: 92583884440 and Passcode 537678. Motions were seconded by Sheila Jonas and unanimously approved.

Ms. Lawton made a final motion that that all the matters addressed on today's agenda are statutorily required or necessary to continue operations and the

discharge of the CSB Board's lawful purposes, duties, and responsibilities. The motion was seconded by Garrett McGuire and unanimously passed.

4. Matters of the Public.

None were offered.

5. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Acknowledging no recommendations were forthcoming, the meeting agenda was accepted as presented.

6. Review of Meeting Minutes

Meeting minutes of the April 21, 2021 Compliance Committee were provided for review and revision. As no recommendations were forthcoming, Garrett McGuire made a motion to approve the minutes as presented, which was seconded and approved.

7. Follow up items from the prior Compliance Committee Meeting and Updates

- *CSB Serious Incident Report – April 2021*

- Luann Healy provided the Serious Incident Report for the month of April 2021.

ComplyTrack Reports Update

- *Audit Report –*

- #1881, financial review results, recommendations only, no citations or paybacks.
- Developmental Disability services desk review audit was just completed with only a couple of recommendations received.

- Following review of the three reports, it was decided that some refinement is needed. Members requested additional narrative details including clarification to what prompted the review and any relationship between reviews/reports.

- It was clarified that ComplyTrack is fully implemented and is the source for the Audit, CAP (Corrective Action Plan) and Education Reports provided to the Committee.

- *Electronic Healthcare Record Update*

- Daniel Herr confirmed that discussions continue, reporting anticipation that more details will be provided at the June 2021 CSB Board meeting.

Bettina Lawton inquired whether there any matters that required discussion in closed session. As no one raised any matters or need for a closed session and there being no further business to come before the Committee, the meeting was adjourned at 4:28 p.m.

Actions Taken –

- Minutes of the April 21, 2021 Compliance Committee meeting were reviewed and approved.

---

Date Approved

---

Clerk to the Board

## Audit Report CSB Board

ItemCustomId	Audit Start Date	Entity	Audit Scope	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan
000320	Jul 1, 2020	Chantilly	New Program	Record	13	Standard business risk	Monitoring - 12 months
000327	Jul 6, 2020	Pennino	Targeted Review	Record	3	Standard business risk	Monitoring - 12 months
000329	Jul 1, 2020	Merrifield	Targeted Review	Record	226	Standard business risk	Monitoring - 12 months
000331	Jul 1, 2020	Merrifield	New Program	Record	20	Standard business risk	Monitoring - 12 months
000332	Jul 1, 2020	Chantilly	New Program	Record	9	Standard business risk	Monitoring - 12 months
000333	Jul 1, 2020	Northwest Center Reston	New Program	Record	20	Standard business risk	Monitoring - 12 months
000334	Jul 1, 2020	Gartlan	New Program	Record	23	Standard business risk	Monitoring - 12 months
000335	Jul 1, 2020	Chantilly	New Program	Record	11	Standard business risk	Monitoring - 12 months
000336	Jul 1, 2020	Chantilly	New Program	Record	15	Standard business risk	Monitoring - 12 months
000337	Jul 1, 2020	Chantilly	New Program	Record	11	Standard business risk	Monitoring - 12 months
000338	Jul 1, 2020	Chantilly	New Program	Record	48	Standard business risk	Monitoring - 12 months
000346	Jul 15, 2020	Pennino	Targeted Review	Record	13	Standard business risk	Monitoring - 12 months
000347	Jul 30, 2020	Merrifield	HIPAA Privacy	Record	153	Standard business risk	Corrective Action Plan
000461	Jul 1, 2020	South County Center	Targeted Review	Record	7	Standard business risk	Monitoring - 12 months

## **Audit Report CSB Board**

ItemCustomId	Audit Start Date	Entity	Audit Scope	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan
000465	Jul 1, 2020	Gartlan	Targeted Review	Record	3	Standard business risk	Monitoring - 12 months
000471	Jul 1, 2020	Northwest Center Reston	Targeted Review	Record	2	Standard business risk	Monitoring - 12 months
000474	Jul 1, 2020	Pennino	Targeted Review	Record	5	Standard business risk	Monitoring - 12 months
000599	Oct 1, 2020	Pennino	Targeted Review	Record	9	Standard business risk	Monitoring - 12 months
000604	Oct 14, 2020	Merrifield	Targeted Review	Record	9	Standard business risk	Monitoring - 12 months
000634	Jul 1, 2020	Merrifield	Targeted Review	Record	4	Standard business risk	Monitoring - 12 months
000636	Jul 1, 2020	Chantilly	Targeted Review	Record	7	Standard business risk	Monitoring - 12 months
000784	Dec 1, 2020	Merrifield	Targeted Review	Record	48	Standard business risk	Monitoring - 12 months
001569	Jul 1, 2020	South County Center	Monitoring	Record	2	Standard business risk	Monitoring - 3 months
001572	Jul 1, 2020	Chantilly	Monitoring	Record	2	Standard business risk	Monitoring - 3 months
001680	Jul 1, 2020	Chantilly	Monitoring	Record	2	Standard business risk	Monitoring - 3 months
001686	Jul 1, 2020	Merrifield	Monitoring	Record	2	Standard business risk	Monitoring - 3 months
001688	Jul 1, 2020	Northwest Center Reston	Monitoring	Record	2	Standard business risk	Monitoring - 3 months
001690	Jul 1, 2020	Merrifield	Monitoring	Record	2	Standard business risk	Monitoring - 3 months

## **Audit Report CSB Board**

ItemCustomId	Audit Start Date	Entity	Audit Scope	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan
001692	Jul 1, 2020	Northwest Center Reston	Monitoring	Record	2	Standard business risk	Monitoring - 3 months
001694	Jul 1, 2020	South County Center	Monitoring	Record	2	Standard business risk	Monitoring - 3 months
001768	Jan 6, 2021	Pennino	DBHDS Desk Review (Annual Review)	Record	2	Standard business risk	Waiting On A Response
001769	Jan 6, 2021	Pennino	DBHDS Desk Review (Annual Review)	Record	2	Standard business risk	Waiting On A Response
001770	Jan 6, 2021	Pennino	DBHDS Desk Review (Annual Review)	Record	2	Standard business risk	Waiting On A Response
001800	Feb 18, 2021	CSB agency wide	HIPAA Security	HIPAA Security Reports	119	Standard business risk	Monitoring - 3 months
001847	Aug 5, 2020	Pennino	DBHDS Quality Review	Record	7	Standard business risk	Corrective Action Plan Received
001848	Aug 5, 2020	Pennino	DBHDS Quality Review	Record	176	Standard business risk	Corrective Action Plan Received
001849	Feb 13, 2021	Pennino	DBHDS Quality Review	Record	4	Standard business risk	Waiting On A Response
001850	Feb 13, 2021	Pennino	DBHDS Quality Review	Record	296	Standard business risk	Waiting On A Response
001878	Apr 19, 2021	Pennino	DBHDS Triennial Review	Record	2	Standard business risk	Waiting On A Response
001879	Apr 19, 2021	Pennino	DBHDS Triennial Review	Record	2	Standard business risk	Waiting On A Response
001880	Apr 19, 2021	Pennino	DBHDS Triennial Review	Record	2	Standard business risk	Waiting On A Response
001881	Jan 26, 2021	Chantilly	CMS Billing	Record	10	Standard business risk	Recommendation Received

## Audit Report CSB Board

ItemCustomId	Audit Start Date	Entity	Audit Scope	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan
001882	Apr 15, 2021	Pennino	DMAS Quality Review	Record	9	Standard business risk	Recommendation Received
			Quality	Record	9	Standard business risk	Recommendation Received
001883	Apr 15, 2021	Pennino	DMAS Quality Review	Record	6	Standard business risk	Recommendation Received
001952	Apr 1, 2021	Pennino	DBHDS Triennial Review	Record	2	Standard business risk	Recommendation Received
001953	Apr 1, 2021	Pennino	DBHDS Triennial Review	Record	2	Standard business risk	Recommendation Received
001954	Apr 1, 2021	Pennino	DBHDS Triennial Review	Record	2	Standard business risk	Recommendation Received

## CAP Report for CSB Board

ItemCustomId	Start Date	Entity	Reviewing Agency	Corrective Action (Narrative)	Date CAP Closed
000342	Jul 13, 2020	Merrifield	DBHDS	The corrective action plan has been approved by DBHDS. This was a direct result of a review from the Incident Management Unit (IMU).	Jul 27, 2020
000343	Jul 13, 2020	Gartlan	DBHDS	The corrective action plan has been approved by DBHDS. This was a direct result of a review from the Incident Management Unit (IMU).	Jul 27, 2020
000344	Jul 13, 2020	Merrifield	DBHDS	The corrective action plan has been approved by DBHDS. This was a direct result of a review from the Incident Management Unit (IMU).	Jul 27, 2020
000345	Jul 21, 2020	Chantilly	DBHDS	The corrective action plan was approved by DBHDS. This was a direct result of a review from the Office of Human Rights (OHR).	Aug 14, 2020
000364	Aug 4, 2020	Pennino	DBHDS	The Corrective Action Plan has been submitted to DBHDS for review and approval. This was a direct result of a review from the Incident Management Unit (IMU).	Sep 1, 2020
000380	Aug 5, 2020	Pennino	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Mortality Review Committee (MRC).	Sep 4, 2020
000381	Aug 27, 2020	Pennino	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Office of Human Rights (OHR).	Nov 18, 2020
000382	Aug 27, 2020	Pennino	DBHDS	The Corrective Action Plan has been submitted to DBHDS for review and approval. This was a direct result of a review from the Office of Human Rights (OHR).	Nov 18, 2020
000383	Aug 27, 2020	Pennino	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Office of Human Rights (OHR).	Nov 18, 2020
000384	Aug 27, 2020	Pennino	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Office of Human Rights (OHR).	Nov 18, 2020
000385	Aug 27, 2020	Pennino	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Office of Human Rights (OHR).	Nov 18, 2020
000386	Aug 27, 2020	Pennino	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Office of Human Rights (OHR).	Nov 18, 2020
000388	Sep 8, 2020	Northwest Center Reston	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Incident Management Unit (IMU).	Oct 2, 2020
000417	Sep 18, 2020	Gartlan	DBHDS	The corrective action plan has been rescinded by DBHDS. This was a direct result of a review from the Incident Management Unit (IMU).	Nov 20, 2020



## CAP Report for CSB Board

ItemCustomId	Start Date	Entity	Reviewing Agency	Corrective Action (Narrative)	Date CAP Closed
000460	Sep 18, 2020	Merrifield	DBHDS	DBHDS Approved the CAP on 11-17-2020 and the approved CAP was received on 1-6-2021. This was a direct result of a review from the Incident Management Unit (IMU).	Jan 6, 2021
000593	Oct 15, 2020	Gartlan	DBHDS	The Corrective Action Plan has been approved by DBHDS effective 2-5-2021. This was a direct result of a review from the Office of Human Rights (OHR).	Feb 11, 2021
000673	Nov 13, 2020	Gartlan	DBHDS	The Corrective Action Plan has been rescinded by DBHDS. This was a direct result of a review from the Incident Management Unit (IMU).	Nov 20, 2020
000743	Nov 24, 2020	Gartlan	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Office of Human Rights (OHR).	Feb 11, 2021
000744	Dec 8, 2020	Pennino	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Mortality Review Committee (MRC).	Dec 31, 2020
000745	Oct 7, 2020	Pennino	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Office of Human Rights (OHR) and the Office of Licensing (OL).	Jan 7, 2021
000746	Dec 10, 2020	Pennino	DBHDS	The Corrective Action Plan was submitted to DBHDS for review and approval. DBHDS misplaced the submitted Corrective Action Plan and it was re-submitted to DBHDS for review and approval. The Corrective Action Plan was approved by DBHDS. This was a direct result of a review from the Office of Human Rights (OHR) and the Office of Licensing (OL).	May 4, 2021
000786	Dec 16, 2020	Pennino	DBHDS	The Corrective Action Plan has been submitted to DBHDS for review and approval. This Corrective Action Plan was initially sent to me on 11-30-2020 by Lana Hurt for a review completed on 10-7-2020. The Corrective Action Plan was approved. This was a direct result of a review from the Office of Human Rights (OHR) and the Office of Licensing (OL).	Mar 5, 2021
000924	Dec 28, 2020	Pennino	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Incident Management Unit (IMU).	Jan 25, 2021
001454	Jan 22, 2021	Pennino	DBHDS	The Corrective Action Plan has been submitted with a partial appeal to DBHDS for review. DBHDS been contacted regarding the approval status of the Corrective Action. DBHDS has approved the Corrective Action Plan. This was a direct result of a review from the Office of Human Rights (OHR).	May 6, 2021
001774	Feb 27, 2021	Pennino	DBHDS	The Corrective Action Plan was approved by DBHDS. Please reference Audit ID #001847.	Mar 12, 2021
001775	Feb 27, 2021	Pennino	DBHDS	The Corrective Action Plan has been approved by DBHDS. Please reference Audit ID #001848.	Mar 12, 2021

## CAP Report for CSB Board

ItemCustomId	Start Date	Entity	Reviewing Agency	Corrective Action (Narrative)	Date CAP Closed
001865	Mar 29, 2021	Pennino	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Mortality Review Committee (MRC).	Apr 27, 2021
001904	Apr 29, 2021	Pennino	DBHDS	The Corrective Action Plan has been approved by DBHDS. This was a direct result of a review from the Office of Human Rights (OHR).	May 25, 2021
001944	May 11, 2021	Gartlan	DBHDS	The Corrective Action Plan has been submitted to DBHDS for review and approval. This was a direct result of a review from the Office of Human Rights (OHR).	
001992	May 26, 2021	Pennino	DBHDS	The Corrective Action Plan was submitted to DBHDS for review and approval. This was a direct result of a review from the Incident Management Unit (IMU).	

## Education Report CSB Board

ItemCustomId	Start Date	Training Name	Duration	Entity	Number of Attendees	Method of Delivery	Training Type
000322	Jul 16, 2020	DMAS Training	3	Merrifield	2	Webinar	Regulatory
000323	Jul 16, 2020	DMAS Update and Refresher Training	3	Pennino	0	Webinar	Regulatory
000377	Aug 20, 2020	DMAS Training	3	Northwest Center Reston	2	Webinar	Regulatory
000378	Aug 20, 2020	DMAS Update and Refresher Training	3	Pennino	0	Webinar	Regulatory
000410	Sep 24, 2020	DMAS Training	3	Merrifield	8	Webinar	Regulatory
000411	Sep 24, 2020	DMAS Update and Refresher Training	3	Merrifield	1	Webinar	Regulatory
000428	Sep 11, 2020	QA Tool Education	2.4	Merrifield	10	Webinar	Educational
000596	Oct 22, 2020	DMAS Training	3	Gartlan	5	Webinar	Regulatory
000597	Oct 22, 2020	DMAS Update and Refresher Training	3	Pennino	0	Webinar	Regulatory
000667	Nov 19, 2020	DMAS Training	3	Merrifield	2	Webinar	Regulatory
000668	Nov 19, 2020	DMAS Update and Refresher Training	3	Northwest Center Reston	1	Webinar	Regulatory
000736	Dec 10, 2020	DMAS Training	3	Chantilly	7	Webinar	Regulatory
000737	Dec 10, 2020	DMAS Update and Refresher Training	3	Merrifield	1	Webinar	Regulatory
001696	Jan 14, 2021	SIR Training	3	Gartlan	22	Webinar	Educational
001699	Jan 27, 2021	QA Tool Education	1.5	Northwest Center Reston	6	Webinar	Educational
001700	Jan 28, 2021	DBHDS Licensure Education	1.5	Pennino	18	Webinar	Regulatory
001776	Mar 8, 2021	DBHDS Licensure Education	0.5	Pennino	38	Webinar	Regulatory
001845	Apr 7, 2021	SIR Training	2	Northwest Center Reston	15	Webinar	Regulatory
001918	May 5,	SIR Education	1	Pennino	5	Webinar	Educational

### Education Report CSB Board

ItemCustomId	Start Date	Training Name	Duration	Entity	Number of Attendees	Method of Delivery	Training Type
	2021						

# CSB Board Definitions

## Acronyms:

**CAP:** Corrective Action Plan

**DBHDS:** Department of Behavioral Health and Developmental Services

**DMAS:** Department of Medical Assistance Services

**MCO:** Managed Care Organization

**QA:** Quality Assurance (moving away from this acronym)

**QI:** Quality Improvement

**SIR:** Serious Incident Report

## Definitions for Corrective Action Plan Report Narrative:

**Office of Human Rights (OHR):** Internal component of DBHDS that monitors compliance with human rights regulations by promoting the basic precepts of human dignity, advocating for the rights of persons with disabilities in our service delivery systems, and manages the dispute resolution program.

**Office of Human Rights (OHR) & Office of Licensing (OL):** Internal components of DBDHS that monitors compliance in collaboration with both the human rights regulations and the regulations outlined by Office of Licensing.

**Incident Management Unit (IMU):** Internal component of DBDHS that triages all serious incident reports. The IMU gathers data and information and makes a determination as to whether any additional follow up is required by the provider.

**Mortality Review Committee (MRC):** Mortality reviews of deaths of individuals with an intellectual and/or developmental disability (ID/DD) diagnosis who received services in a state.

# CSB Board Definitions

**Department of Behavioral Health and Developmental Services (DBHDS)** definitions of Serious Incidents:

**Level I:** *"Level I serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does not meet the definition of a Level II or Level III serious incident. Level I serious incidents do not result in significant harm to individuals but may include events that result in minor injuries that do not require medical attention or events that have the potential to cause serious injury, even when no injury occurs."*

**Level II:** *"Level II serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident.*

*"Level II serious incident" includes a significant harm or threat to the health or safety of others caused by an individual.*

**Level III:** *"Level III serious incident" means a serious incident whether or not the incident occurs while in the provision of a service or on the provider's premises and results in:*

- *1) Any death of an individual.*
- *2) A sexual assault of an individual.*
- *3) A suicide attempt by an individual admitted for services, other than licensed emergency services, that results in a hospital admission.*

# CSB Board Definitions

## COVID Reporting Updates:

### **March 16, 2020 Reporting Guidance:**

*To report when:*

- an individual has a presumptive positive or laboratory confirmed diagnosis of COVID-19 during the provision of services, or where it is determined that the individual contracted COVID-19 during the provision of services or on the provider's premises, this shall be reported using the Department's web-based reporting application (CHRIS) as a Level II Serious Incident.

*Conditions that may Jeopardize the Health, Safety, or Welfare of Individuals - 12VAC35-105-530(F)*

- When an individual who is receiving center based or non-children's residential services has a presumptive positive or laboratory confirmed diagnosis of COVID-19, but where the illness was neither confirmed nor contracted during the provision of services or on the provider's property, a provider shall still report the confirmed case of COVID-19 to the Department. **This includes providers of case management services.** A confirmed case of COVID-19 constitutes a condition that "may jeopardize the health, safety, or welfare of individuals," as described in 12VAC35-105-530(F) and should be reported as such.

### **January 14, 2021 Reporting Guidance:**

- *Providers are **no longer required to report positive COVID-19 cases** when an individual has a COVID-19 diagnosis that occurred outside of the provision of the provider's services and off the provider's property.*
- *However, if a provider determines an individual was present at a provider's service while they were infected, and that individual does not receive licensed residential services, the center-based **provider should still report this incident** as a Level II serious incident as the individual had a condition that may jeopardize the health, safety, or welfare of other individuals.*
- *if an individual was present at a provider's service **48 hours prior to date of testing positive** for COVID-19 or **48 hours prior to the onset of symptoms of COVID-19**, these scenarios would be considered a COVID-19 serious incident that may jeopardize the health, safety or welfare of other individuals and a report should be filed following CDC guidelines. **(This language of the 48-hour benchmark timeframe is from the guidance of the CSB QI nursing team)***

# CSB Board Definitions

**Standard Risk Definition (green paying attention, no issues):** are common or normal day to day areas.

For example:

- Day to day services provided
- Serious Incident reporting
- Documentation audits
- Retractions
- HIPAA security audits

**Moderate Risk Definition (yellow for potential issues):** are day to day areas that may rise to the level of high risk if not properly addressed through regulatory requirements and internal controls.

For example:

- Regulatory changes
- Paybacks
- New programming-due to mandates/state changes/federal changes etc.
- Department of Justice (**DOJ**) settlement
- External review Corrective Action Plans (**CAPs**)
- County/Executive Director/Internal Audit/Legal/Board identified areas of concern

**High Risk Definition (red-focused attention and immediate resolution):** are susceptible to fraudulent and other improper conduct. Each healthcare entity defines their own. Fairfax CSB's high risk considerations include:

- Serious risk of psychological, emotional, or physical harm to any person (client, staff, or general public) in the community served by CSB programs (**Risk Management**)
- Significant legal, financial and/or County exposure based on discovered activities (**Compliance**)
- Subject to closed session-will remain a standing item if required