



FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD COMPLIANCE COMMITTEE MEETING

Garrett McGuire, Chair

Wednesday, December 8, 2021, 4:00 p.m.

Will be held electronically due to the COVID-19 pandemic

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

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Meeting ID: [828 4113 4961](#) • Passcode: 130275

MEETING AGENDA

- | | |
|---|-----------------|
| 1. Meeting Called to Order | Garrett McGuire |
| 2. Roll Call, Audibility and Preliminary Motions | Garrett McGuire |
| 3. Matters of the Public | Garrett McGuire |
| 4. Amendments to the Meeting Agenda | Garrett McGuire |
| 5. Approval of the November 10, 2021, Meeting Minutes | Garrett McGuire |
| 6. Follow up items from the November Meeting | Daniel Herr |
| 7. Updates | Daniel Herr |
| A. ComplyTrack Reports | |
| B. Electronic Health Record Update | |
| C. CSB Serious Incident (Level III) Report | |
| D. New Crisis Services Regulations | |
| 8. Open Discussion | |
| 9. <i>Closed Session: Discussion of a personnel matter as permitted by Virginia Code Section 2.2-3711(A)(1) and consultation with legal counsel employed 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).</i> | |
| 10. Adjournment | |

Meeting materials are posted online at www.fairfaxcounty.com/municipal/community-services-board/board/archives or may be requested by contacting Joseline Cadima at 703-324-7827 or at joseline.cadimasalvatierrade@fairfaxcounty.gov

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD
COMPLIANCE COMMITTEE VIRTUAL MEETING MINUTES
NOVEMBER 10, 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.

1. Meeting Called to Order

Committee Vice Chair Dan Sherrange called the meeting to order at 4:05 p.m.

2. Roll Call, Audibility, and Preliminary Motions

PRESENT: **BOARD MEMBERS:** DAN SHERRANGE (CHANTILLY, VA), COMMITTEE VICE CHAIR; JENNIFER ADELI (GREAT FALLS, VA); CAPTAIN DEREK DEGEARE (LOUDON COUNTY, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)

ABSENT: **BOARD MEMBERS:** BETTINA LAWTON; GARRETT MCGUIRE

Also present: Executive Director Daryl Washington, Deputy Director of Clinical Operations Lyn Tomlinson, Deputy Director of Administrative Operations Daniel Herr, County Attorney Cynthia Tianti, Communications Director Lisa Flowers and Board Clerk Joseline Cadima.

Committee Vice Chair Dan Sherrange conducted roll call, as identified above, to confirm that a quorum of Board members was present and audible. Committee Vice Chair Dan Sherrange passed the virtual gavel to Board Member Jennifer Adeli 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 Board Member Captain Derek DeGeare and passed unanimously.

Preliminary Motions

Committee Vice Chair Dan Sherrange 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: 876 1348 5422 and Passcode: 641930. Motions were seconded by Board Member Captain Derek DeGeare and unanimously approved. Committee Vice Chair Dan Sherrange made a

final motion 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 Board Member Captain Derek DeGeare and unanimously passed.

3. **Matters of the Public.**

None were presented.

4. **Amendments to the Meeting Agenda**

The meeting agenda was provided for review and no amendments were made.

COMMITTEE CONSENSUS TO APPROVE AGENDA ITEM NO. 4

AYES: BOARD MEMBERS: DAN SHERRANGE (CHANTILLY, VA), COMMITTEE VICE CHAIR; JENNIFER ADELI (GREAT FALLS, VA); CAPTAIN DEREK DEGEARE (LOUDON COUNTY, VA); ANNE WHIPPLE (GREAT FALLS, VA)

NOES: BOARD MEMBERS: NONE

ABSTAIN: BOARD MEMBERS: NONE

ABSENT: BOARD MEMBERS: BETTINA LAWTON; GARRETT MCGUIRE

5. **Approval of Minutes**

Meeting minutes of the October 20, 2021, Compliance Committee were provided for review.

MOVED BY BOARD MEMBER JENNIFER ADELI, SECONDED BY BOARD MEMBER CAPTAIN DEREK DEGEARE TO APPROVE AGENDA ITEM NO. 5.

AYES: BOARD MEMBERS: DAN SHERRANGE (CHANTILLY, VA), COMMITTEE VICE CHAIR; JENNIFER ADELI (GREAT FALLS, VA); CAPTAIN DEREK DEGEARE (LOUDON COUNTY, VA); ANNE WHIPPLE (GREAT FALLS, VA)

NOES: BOARD MEMBERS: NONE

ABSTAIN: BOARD MEMBERS: NONE

ABSENT: BOARD MEMBERS: BETTINA LAWTON; GARRETT MCGUIRE

6. **Follow up items**

Deputy Director of Administrative Operations Daniel Herr reported that Joan Rodgers, Director of Quality Improvement, is attending a conference this week but will be present during the December 8, 2021, meeting, and beginning in January 2022 she will be the CSB representative to this Committee.

7. **Updates**

A. ComplyTrack Reports

- Deputy Director of Administrative Operations Daniel Herr provided the Audit Action Plan Report, Corrective Action Plan Report, and the Education Reports.

B. Electronic Health Record Update

- Deputy Director of Administrative Operations Daniel Herr reported the completion of the first phase of discovery last month which focuses on identifying what functions are in the EHR, how well it covers the business needs, and detecting any problems that need to be addressed during the implementation phase, the go live target date is in September 2022

C. CSB Serious Incident (Level III) Report

- Deputy Director of Administrative Operations Daniel Herr provided the Serious Incident Report (SIR) Report for October 2021.

8. Open Discussion

Committee Vice Chair Dan Sherrange requested an update on the wait-list problem in Virginia Hospitals during the Executive Committee meeting.

9. Closed Session

Committee Vice Chair Dan Sherrange inquired whether there any matters that required discussion in closed session, none were raised.

10. Adjournment

Committee Member Captain Derek DeGeare made the motion to adjourn the meeting at 4:24 p.m.

AYES: BOARD MEMBERS: DAN SHERRANGE (CHANTILLY, VA), COMMITTEE VICE CHAIR;
JENNIFER ADELI (GREAT FALLS, VA); CAPTAIN DEREK DEGEARE (LOUDON COUNTY,
VA); ANNE WHIPPLE (GREAT FALLS, VA)

NOES: BOARD MEMBERS: NONE

ABSENT: BOARD MEMBERS: BETTINA LAWTON; GARRETT MCGUIRE

Date Approved

Clerk to the Board

Audit Report CSB Board For November 2021

Item Custom Id	Audit Start Date	Entity	Audit Scope	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
000784	12/1/20	Merrifield	Targeted Review	Record	87	Standard business risk	Monitoring - 12 months	The Turning Point Program moved from a grant funded status to Medicaid billable and is under review to ensure regulatory compliance
002242	7/1/21	Merrifield	Targeted Review	Record	6	Standard business risk	Monitoring - 12 months	The OBOT Program is being reviewed to ensure that it meets billable standards according to regulatory requirements
002255	7/1/21	Merrifield	Targeted Review	Record		Standard business risk	Monitoring - 12 months	The Turning Point Program is being reviewed to ensure they meet regulatory requirements
002256	7/1/21	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The Crossroads Program converted to a new license and is being reviewed as a new program due to changes in as part of the ASAM criteria being instated
002257	7/1/21	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The Detox Program converted to a new license and is being reviewed as a new program due to changes in as part of the ASAM criteria being instated
002258	7/1/21	Pennino	Targeted Review	Record		Standard business risk	Monitoring - 12 months	Continued reviews of the ACRS Supervised Living Program for FY 2022
002259	7/1/21	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The New Generations Program converted to a new license by DBHDS and is reviewed as a new program due to changes in as part of the ASAM criteria being instated

002260	7/1/21	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The A New Beginning Program converted to a new license and is being reviewed as a new program due to changes in as part of the ASAM criteria being instated
002261	7/1/21	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The Intensive Outpatient Program converted to a new license and is being reviewed as a new program due to changes in as part of the ASAM criteria being instated
002379	9/20/21	Northwest Center Reston	Monitoring	Record	1	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002380	9/20/21	South County Center	Monitoring	Record	1	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002383	9/20/21	Chantilly	Monitoring	Record	1	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002386	9/20/21	Merrifield	Monitoring	Record	2	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002392	9/20/21	Chantilly	Monitoring	Record	3	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002394	9/20/21	Chantilly	Monitoring	Record	3	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.

002424	9/20/21	Gartlan	Monitoring	Record	1	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
2426	9/22/21	Gartlan	Monitoring	Record	1	Standard business risk	Monitoring - 12 months	Routine Audit initiated by the Quality Improvement Team.
002427	9/20/21	Merrifield	Monitoring	Record	4	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002429	9/22/21	Merrifield	Monitoring	Record	4	Standard business risk	Monitoring - 12 months	Routine Audit initiated by the Quality Improvement Team.
002519	10/25/21	Chantilly	Monitoring	Routine / Ongoing	1		Monitoring - 3 months	Routine Audit initiated by the Quality Improvement Team.
002522	10/25/21	Chantilly	Monitoring	Record			Monitoring - 3 months	Routine Audit initiated by the Quality Improvement Team.
002540	10/25/21	Northwest Center Reston	Monitoring	Record	1		Monitoring - 3 months	Routine Audit initiated by the Quality Improvement Team.

AUDIT LEGEND	
Item CustomID	Identification number automatically assigned by ComplyTracker
Audit Start Date	Date the audit was initiated

Entity	Location where the audited service was provided
Audit Scope	The agency conducting the audit and the scope of the audit
Audit Type	Description of audit, e.g., record review only, onsite audit
Sample Size	Number of charts reviewed
CSB Board Reporting	Level of business risk associated with audit findings
Action Plan	Description of actions taken in response to the audit

CSB Board CAP Report For November 2021

Item Custom Id	Start Date	Entity	Reviewing Agency	Corrective Action (Narrative)	Date CAP Closed	Additional Information
002200	8/4/21	Merrifield	DBHDS	The Corrective Action Plan was submitted to DBHDS and was partially approved. The CAP was re-submitted to the Program Director for review and completion.. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002186	Resubmitted CAP and awaiting review	Client engagement in services
002328	8/9/21	Pennino	DBHDS	The Corrective Action Plan was submitted to DBHDS for review and approval. This was a direct result of a review from the Office of Licensing (OL).	10/25/2021	Care coordination was not provided for all services
002436	7/2/21	Pennino	DBHDS	Corrective Action Plan has been submitted to review and acceptance by DBHDS. This was a direct result of a review by the Office of Human Rights (OHR).		Assessment and referral for medical services
002553	11/8/21	Northwest Center	MCO	The Corrective Action Plan has been submitted to the program director for review and completion. This was a direct result of a review by Anthem Health Keepers (MCO).		Serious Incident Reporting

CAP LEGEND	
Item CustomId	Identification number automatically assigned by Comply Tracker
Audit No.	References the audit number in the Audit Report
Start Date	Date the CSB was notified of the need for a CAP
Entity	Location where the audited service was provided
Reviewing Agency	Agency requesting and reviewing the CAP

CAP Narrative	Description of the reason for the CAP
Date CAP Closed	Date the reviewing agency approved the CAP

CSB Board Education Report For November 2021

Item CustomId	Start Date	Training Name	Duration	Entity	Number of Attendees	Method of Delivery	Training Type
000667	Nov 19, 2020	DMAS Training	3	Merrifield	2	Webinar	Regulatory
000668	Nov 19, 2020	DMAS Update and Refresher Training	3	Northwest Center	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	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	15	Webinar	Regulatory
001918	May 5, 2021	SIR Education	1	Pennino	5	Webinar	Educational
002028	Jun 9, 2021	Human Rights Training Refresher	2	Chantilly	22	Live On-site	Educational
002029	Jun 9, 2021	Human Rights Training Refresher	2	Chantilly	20	Live On-site	Educational
002167	Aug 5, 2021	Root Cause Analysis	0.5	Merrifield	3	Webinar	Educational
002374	Oct 6, 2021	SIR Training	1.5	Chantilly	27	Webinar	Educational
002461	Oct 27, 2021	Root Cause Analysis	0.5	Chantilly	3	Webinar	Educational
002462	Oct 28, 2021	Root Cause Analysis	0.75	Chantilly	6	Webinar	Educational
002475	Nov 4, 2021	Root Cause Analysis	0.5	Chantilly	5	Webinar	Educational
002476	Nov 5, 2021	Root Cause Analysis	0.5	Chantilly	6	Webinar	Educational

EDUCATION REPORT LEGEND	
Item Custom ID	Number automatically assigned by ComplyTracker
Start Date	Date the education was provided
Training Name	Type of Training Provided
Duration	Length of time for the educational activity
Entity	Site receiving the education
Number of Attendees	Number of staff who participated in the educational activity
Method of Delivery	How the training was provided
Training Type	Whether the training was to address a regulatory matter or for professional development