

Fairfax-Falls Church CSB Compliance Committee

Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax

Room 1-308 A/B, West

March 20, 2019, 4:00 p.m.

Meeting Agenda

Agenda Item	Facilitator
Meeting Called to Order	Bettina Lawson
Approval of January 16, 2019 Committee Meeting Notes	Bettina Lawson
Follow up items from January meeting	Daryl Washington
Serious Incident Reporting – Levels I, II, and III	Luann Healy
Updates: <ul style="list-style-type: none">• ComplyTrack• AdvantEdge	Mike Goodrich
CSB Moderate/High Risk Compliance and Risk Management Areas: <ul style="list-style-type: none">• Complaints and Incidents requiring Executive Attention	Daryl Washington
Next Steps/Other Issues	Bettina Lawton
<i>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).</i>	
Adjourn	

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Fairfax-Falls Church Community Services Board
Compliance Committee
January 16, 2019

The Compliance Committee of the Fairfax-Falls Church Community Services Board met in regular session at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA.

The following Committee members were present: Suzette Kern, Board Chair; Gary Ambrose; Captain Basilio ‘Sonny’ Cachuela, Jr.; Ken Garnes; Sheila Coplan Jonas; Bettina Lawton; and Edward Rose

The following Committee members were absent:

The following staff were present: Daryl Washington; Luann Healy; Mike Goodrich; Cindy Tianti; and Lyn Tomlinson

- Meeting Called to Order

The meeting was called to order at 4:00 p.m.

- Review of Meeting Minutes

Meeting minutes of the December 12, 2018 Compliance Committee were provided for review and revision. Gary Ambrose made a motion to approve the minutes as presented, which was seconded and approved.

- Follow up items from November Compliance Meeting

Board Member Training Requirements

Mike Goodrich and Suzette Kern offered a reminder that per discussion at the December 2018 Compliance Committee, training in VA FOIA and Compliance would be annual requirements for all CSB Board members, noting that the other training topics listed in the CSB Board member handbook would be required by new members following orientation. Following a brief discussion this matter was unanimously agreed upon by all Committee members. Suzette Kern further offered a recommendation that as Board member training topics are documented in the handbook, no further action by the Board is needed.

- Updates

Tracking Software

Mr. Goodrich and Cindy Tianti confirmed that the contract for ComplyTrack has been fully executed. Luann Healy and ComplyTrack staff are developing implementation plans, anticipated to take 90 – 120 days. Engaging in discussion regarding reporting to the Board, it was confirmed that implementation, training and data input updates will be provided at the CSB Board Compliance Committee meeting each month, noting that data entry will not begin prior to April 2019 to allow adequate time for training and implementation.

AdvantEdge

Jerome Newsome provided a slide presentation and overview of AdvantEdge, third party billing software.

- All billing information related to insurance billing claims is provided to AdvantEdge. Reimbursement staff will continue to process self-pay, client statements. It was confirmed that Credible has an integrated billing product that presents some challenges with Credible and AdvantEdge communicating billing and revenue information.

- Mr. Newsome provided an overview of the billing process to clarify the challenge in reconciliation of revenue.
 - A unique ID is created and attached to each service/claim when billing information is prepared in Credible. When the billing information is forwarded and billed through AdvantEdge, a secondary claim/batch ID is attached. This creates a conflict in tracking payments for reconciliation as two separate and unrelated ID numbers for each claim/service have been created.
- Acknowledging the complex challenges unique to behavioral health services billing, Mr. Newsome confirmed the further complication related to ensuring AdvantEdge can appropriately bill for these services with Credible as a billing information source.
- Mr. Newsome further confirmed that the original go-live date of February 1, 2019 would not be met.
- Based on the issues raised, Daryl Washington stated that he was putting a “pause” on this process while he evaluated the options. Committee members requested that Mr. Washington provide additional information on the value of using either AdvantEdge or Credible for third party billing at the January 23, 2019 CSB Board meeting. Committee members pointed out that in an earlier Compliance Committee meeting, when they expressed concern over whether there would be problems with a Credible interface, they were assured that AdvantEdge had experience working with Credible. Committee members noted that, in fact, this turned out not to be true as AdvantEdge does not have experience with Credible.

• CSB Moderate/High Risk Compliance and Risk Management Areas

Mike Goodrich provided highlights of the revisions to the CSB Compliance Program Tracking table some highlights of which are:

- Changes to the ranking (status colors) were highlighted, including clarification of the decision and notification process.
- The definitions are provided on the back of the table.

Daryl Washington, referring to the Moderate – Contracted category, offered a reminder that one contracted vendor bills under CSB licensure. Mr. Washington recommended that this category be revised to and remain yellow indicating consistent monitoring. Following involved Committee discussion and feedback, it was decided that maintaining a yellow status was appropriate and should be employed until any licensure change may occur.

Suzette Kern inquired whether there was anything that needed to be discussed in closed session. No one raised any issues or need for a closed session.

There being no further business to come before the Committee, the meeting was adjourned at 5:16 p.m.

Actions Taken –

- Minutes of the December 12, 2018 Compliance Committee meeting were reviewed and approved.
- *Daryl Washington will provide additional information related to Credible – AdvantEdge usage prior to any final contract decision with AdvantEdge.*

Date Approved

Staff to the Board



SERIOUS INCIDENT REPORT

NAME: _____ **RELATIONSHIP TO CSB:** **Individual**

DOB: _____ **CREDIBLE CASE #** **Adult Youth**

GENDER: Male Female Other

MEDICAID # _____ **CCC+** **Magellan**

ETHNICITY/RACE: African American (Black) Caucasian (White) American Indian Alaskan Native
Asian/Pacific Islander Other Unknown

INCIDENT DATE: _____ **INCIDENT TIME:** _____ **REPORT DATE:** _____
REPORT TIME: _____ **DISCOVERY DATE:** _____ **DISCOVERY TIME:** _____

SOURCE OF CRITICAL INCIDENT DATA (If staff did not witness, who reported it?):

INCIDENT ADDRESS:

INCIDENT LOCATION (e.g. bathroom, bedroom, gym, etc.):

INCIDENT CATEGORY: Level 1 Level 2 Level 3

Infectious disease or public health issues (including bed bug infestation)

Incident has potential for high-level of public scrutiny or needs to come to the attention of CSB management (e.g., involves the media, elected officials and /or members of the community/neighbors, legal issues, or other-if questions, check with your supervisor)

Other

SERVICE TYPE :

PROGRAM NAME:

DESIGNATED STAFF CONTACT:

STAFF PHONE NUMBER:

SERVICE PROVIDER TYPE: Directly Operated Contractual Services Other

REPORT ORIGINATOR(reporter): _____ **RELATION TO THE INDIVIDUAL:** _____

ID/DD WAIVER RECIPIENT: Yes No

Waiver Type: CL FIS BI CCC+ Waiver Other



SERIOUS INCIDENT REPORT

DETAILED DESCRIPTION OF THE INCIDENT: (Report facts as they occurred) Include relevant antecedents to the incident. Describe what occurred before, during and after the incident. Describe actions/interventions of staff in response to the incident. Include all involved, whether the individual lost consciousness or was non-responsive.

(MAX. CHARACTERS 800. CONTINUE ON A SEPARATE PAGE AS NEEDED)

MEDICAL ATTENTION TYPE: **Emergency** **Non-Emergency** **First Aid** **N/A**

Date of Medical Treatment:

MEDICAL TREATMENT AND FINDINGS: (Treatment provided/Diagnosis/Outcome/Discharge plan)

(MAX. CHARACTERS 400. CONTINUE ON A SEPARATE PAGE AS NEEDED)

PROVIDER'S FOLLOW-UP PLAN:(Current location and status of the individual, steps taken to ensure the safety of the individual)



SERIOUS INCIDENT REPORT

HUMAN RIGHTS ALLEGATION: Abuse Neglect Exploitation
Verbal Physical Sexual Mental/Psychological Exploitation Financial Exploitation

HUMAN RIGHTS COMPLAINT: Dignity Services Decision Making and Consent Confidentiality
Access to Amendment of Service Record Restrictions on Freedoms of Everyday life
Use of Seclusion/Restraint/Time Out Work, Research Complaint/Fair Hearing

MEDICATION ERROR: (Only complete if staff is responsible for error)

<u>Medication Name</u>	<u>Medication Amt.</u>	<u>No. of times error occurred</u>

Supervisor's Name:

All Staff Responsible for Error:

Type of Error: Medication Omission Wrong Individual Wrong Medication Wrong Dose Wrong Time
Wrong Route Med given but not documented Other

Factors Related to Error: Transcription Error on MAR Error Due to Illegible Handwriting Unusual Loss or
Theft of Schedule I through VI Pharmacy Product or Labeling Error Giving Discontinued Medication
Left Medication Unattended Verbal Order Not signed Within 10 days Other

RESTRAINTS: Were restrictive techniques used Yes No

Physical Restraint/Manual Hold Mechanical Restraint Physical Escort Chemical Restraint
Time -Out Self-Restraint Other

Duration of restraint technique: (Minutes/seconds- for each restraint technique used)

Purpose of the Restraint: Behavioral Medical Protective



SERIOUS INCIDENT REPORT

NOTIFICATIONS MADE AS NEEDED:

Affiliation	Name	Contact made by	Date of contact	Time of contact	Contact Method Phone, Fax, E-mail, Other
911					
Program Supervisor					
Other CSB staff					
Police					
Law Enforcement					
Family/AR/Guardian/ Emergency Contact (Level II & III)					
Physician Nurse Medical Hospital Staff					
Poison Control					
Pharmacist					
Other provider(s)					
Office of Compliance and Risk Management					
ADMINISTRATIVE USE ONLY:					
State Licensure Representative					
Service Director					
Human Rights Advocate					
APS/CPS					
Medical Examiner					

The material may contain information that is privileged, confidential and exempt from disclosure under HIPAA, 42 CFR Part 2, and other applicable law. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or persecute any alcohol or drug abuse patient



SERIOUS INCIDENT REPORT

REPORTING STAFF PERSON:

SIGNATURE & TITLE:

PRINT NAME & DATE OF REPORT:

SUPERVISOR OR MANAGER REVIEW BELOW

ADMINISTRATIVE USE ONLY: (Program Manager, Service Director, OCRM staff, Investigator, etc.)

NO# OF PREVIOUS INCIDENTS AND OR RELATED INCIDENTS WITHIN THE PAST QUARTER:

HUMAN RIGHTS COMPLAINTS AND ALLEGATIONS OF ABUSE, NEGLECT AND EXPLOITATION:

Investigation initiated: Yes No

Date investigation initiated:

CHECK ALL THAT APPLY:

*Sentinel Event Quality of Care Other

Root Cause Analysis: Yes No

***Clarification:** A **Quality of Care** incident is defined as any incident that calls into question the competence or professional conduct of a healthcare provider while providing medical services and has adversely affected, or could adversely affect, the health or welfare of a member. These are incidents of a less critical nature than those defined as sentinel events. A **Sentinel Event** is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following: [1] Death, [2] Permanent harm, [3] Severe temporary harm and intervention required to sustain life.



SERIOUS INCIDENT REPORT

SUPERVISOR/DESIGNEE COMMENTS AND DISPOSITION:

PRINT NAME:

SIGNATURE AND TITLE:

DATE:

SERVICE DIRECTOR/DESIGNEE COMMENTS & DISPOSITION:

PRINT NAME:

SIGNATURE AND TITLE:

DATE:

Please fax completed SIR report(s) to the OCRM Confidential Fax: 703-653-7083



SERIOUS INCIDENT REPORT (SIR) INSTRUCTION SHEET

SIR Form Completion

Complete the demographic section with information from the EHR

- Date of Incident: Date the incident occurred, NOT the date staff was informed of the incident
Time of incident: Time incident occurred or if not known indicate "Unknown"
Date of report: Date report is being completed and submitted
Time of report: Time report is being completed and submitted
Source if Critical Incident Data: Source of report information, i.e., who informed staff of the Incident
Address of Incident: Where the incident occurred
Location of incident: Specific location- bathroom, in staff office, lobby, recreation, medication room, etc.
Incident Category: Check all that apply
Service Type/Service Area: See attached list
Name of Program: Emergency, BHOP, RIC, Crossroads, etc.
Designated staff contact: Staff member with knowledge of the incident who is available to provide information/clarification as needed
Originator of report: Staff member writing the report
Relationship to the individual: Professional relationship to the individual, staff, nurse, receptionist, etc.

Complete all other areas of the form as is relevant to the incident and as comprehensively as possible.

Indicate "Not Applicable" (N/A) as needed

Fax the completed SIR to OCRM fax # 703-653-7083 as soon as the health and safety of the individual is secured and no later than the end of the reporting staff work day.

CSB Serious Incident Reporting (SIR) Requirements (Effective 9/1/18):

Please note definitions/expectations around incident reporting:

"Serious incident" means any event or circumstance that causes or could cause harm to the health, safety, or well-being of an individual. The term serious incident includes death and serious injury.

"Serious injury" means any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician, Doctor of Osteopathic Medicine, physician assistant, or nurse practitioner

"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.

(The provider shall collect, maintain, and review at least quarterly all Level I serious incidents as part of the quality improvement program in accordance with 12VAC35-105-620 to include an analysis of trends, potential systemic issues or causes, indicated remediation, and documentation of steps taken to mitigate the potential for future incidents.)

"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" also includes a significant harm or threat to the health or safety of others caused by an individual

*"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: Any death, suicide attempt by individual admitted to services that results in a hospital admission, serious injury that will result in or likely result in permanent physical/psychological impairment, sexual assault. **(Most of these also get reported to the MCO's)***

(root cause analysis shall be conducted by the provider within 30 days of discovery of Level II and Level III serious incidents. The root cause analysis shall include at least the following information: (i) a detailed description of what happened; (ii) an analysis of why it happened, including identification of all identifiable underlying causes of the incident that were under the control of the provider; and (iii) identified solutions to mitigate its reoccurrence)

Please note: with level III, if we are aware of an incident, it is to be reported even if it results in multiple SIRs being submitted to DBHDS.

12/1/18-2/28/19- number of incidents processed by one OCRM staff member:

Level I: 134

Level II: 91

Level III: 26