

Fairfax-Falls Church CSB Compliance Committee

Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax

Room 3-314, West

October 16, 2019, 4:00 p.m.

Meeting Agenda

<u>Agenda Item</u>	<u>Facilitator</u>
1. <u>Meeting Called to Order</u>	Bettina Lawton
2. <u>Review of September 18th Committee Meeting Minutes</u>	Bettina Lawton
3. <u>Follow up items from September meeting</u> <ul style="list-style-type: none">• <i>CSB Risk Management Policy - Draft</i>	Daryl Washington
4. <u>Updates</u> <ul style="list-style-type: none">• <i>ComplyTrack</i><ul style="list-style-type: none">○ <i>Revised Sample Reports</i>• <i>Credible Operation Update</i>• <i>CSB Serious Incident (Level III) Report</i>	Bill Hanna/Luann Healy
5. <u>CSB Board Policy Review Update</u> <ul style="list-style-type: none">• <i>#2300 – Corporate Compliance Program</i>• <i>#2600 – Risk Management</i>	Sheila Jonas
6. <u>Open Discussion</u>	
<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 Section 2.2-3711(A)(8).</i>	
7. <u>Adjourn</u>	

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Fairfax-Falls Church Community Services Board
Compliance Committee Meeting Minutes
September 18, 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: Bettina Lawton, Board Chair; Jennifer Adeli; Ken Garnes; Sheila Coplan Jonas; Suzette Kern; and Diane Tuininga

The following Committee members were absent: Nancy Scott

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

1. Meeting Called to Order

The meeting was called to order at 4:01 p.m.

2. Review of Meeting Minutes

Meeting minutes of the August 21, 2019 Compliance Committee were provided for review and revision. As no recommendations were forthcoming, Diane Tuininga made a motion to approve the minutes as presented, which was seconded and unanimously approved.

3. Follow up items from the prior Compliance Committee Meeting

Risk Management Policy

Daryl Washington distributed a draft Risk Management Procedure designed to address mitigation and management of risk across the CSB. It was further clarified that a modified version of this procedure will be used as a guidance document in a contract monitoring process with agency partners that will include quarterly reviews. Offering a reminder of the dissolution of the Department of Administration of Human Services (DAHS), Mr. Washington offered a further reminder that DAHS contract staff was absorbed into the County Department of Procurement and Material Management (DPMM). Due to this transfer, a meeting has been scheduled with DPMM to define and refine roles and responsibilities with contract staff to ensure appropriate supervision and monitoring of contracts, requests for proposal (RFP), etc. Members engaged in robust discussion regarding design of the procedure including expectations for reporting to the CSB Board. Mr. Washington will provide a revised draft at the October 2019 Compliance Committee meeting.

Mr. Washington provided an overview of the Contract Partner Performance Report, also provided in the meeting materials, that is designed to guide and support the quarterly monitoring process with agency partners as noted above.

4. Updates

ComplyTrack Reports

Mr. Hanna reviewed each of the three sample reports, reminding members that the data provided was fictitious and inviting feedback on design and data categories. A further reminder was offered that confidentiality must be observed in the design of the reports as well as during committee discussion once the reports are finalized and factual data is provided.

- Audit Report – the report tracks audits conducted by the compliance team.

- Revision requests included 1) clarification of the Audit Results descriptions, 2) clarification of the Audit Scope descriptions, and 3) revise to include triggering event/cause for the audit.
- Corrective Action Plan (CAP) Report – tracks both internally (issued by the compliance team) and externally, e.g. DMAS (Department of Medical Assisted Services), DBHDS (Department of Behavioral Health and Developmental Services), etc. issued CAPs.
 - Revision requests included 1) use of control number (assigned by ComplyTrack) to track audits through each report, 2) removal of program license number column, and 3) removal of compliant (status) column.
- Education Report – in addition to ongoing education, a CAP may result in training/re-education tracked in this report.
 - Revision requests included 1) use of control number (assigned by ComplyTrack) to track audits through each report where appropriate.

Luann Healy reported the August 2019 CSB serious (level III) incidents.

5. CSB Board Policy Review Update

Referring to the prior risk management discussion, review of CSB Board policies #2300 and #2600 was tabled until the October Compliance Committee meeting.

6. Next Steps/Other Issues

None were raised.

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 5:03 p.m.

Actions Taken –

- Minutes of the August 21, 2019 Compliance Committee meeting were reviewed and approved.
- Bill Hanna and Luann Healy will apply recommended revisions to the sample ComplyTrack reports for submission at the October Compliance Committee meeting.

Date Approved

Clerk to the Board

Policy Number: 2300
Policy Title: ~~Corporate~~ Compliance Program
Date Adopted: TBD

Purpose

To define the CSB's compliance program and the role of the Board's Compliance Committee.
~~provide guidance for the establishment of the Community Services Board's Corporate Compliance Program.~~

Policy

~~It is the policy of the Community Services Board that:~~

1. The CSB is committed to conducting its operations consistent with the best interests of its clients, employees, contractors, vendors, community partners, and others.
2. ~~The delivery of~~ CSB directly operated and contracted program services will ~~it~~ adhere to strict conformance with the highest standards of accountability for administration, clinical, business, ~~marketing,~~ information technology, and financial management.
 1. -
3. The ~~CSB Board is fully committed to the need to prevent, detect, and correct fraud, fiscal mismanagement and misappropriation of funds and therefore, to the development of a formal corporate~~ compliance program will ~~to~~ ensure ongoing self-assessment, monitoring and conformance with all corporate, legal and regulatory requirements. The program will emphasize:
 - a. ~~The Board is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes (a)~~ prevention of wrong doing – whether intentional or unintentional,
 - b. ~~(b)~~ immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and †
 - c. † timely correction of any situation which puts the Board, CSB staff, funding sources or consumers at risk.
4. The Board's Compliance Committee provides oversight and direction to the CSB Compliance Program assisting the CSB Board in meeting its statutory responsibilities as outlined in the Code of Virginia, Section 37.2-504. The Committee works closely with the CSB Executive Director, Compliance Officer and legal counsel.

5. The Board authorizes the Executive Director of the Community Services Board to designate a ~~Corporate~~ Compliance Officer, monitor the CSB's ~~Corporate~~ Compliance program and ensure that the Board's Compliance Committee is sufficiently informed in order carry out responsibilities outlined in the Compliance Committee Charter.
~~provide periodic reports to the Board on matters pertaining to the program.~~

Approved

CSB Board Secretary

Date

Policy Adopted: February 25, 2004
Readopted: December 16, 2009
Policy Readopted: November 20, 2013

Policy Number: 2300
Policy Title: Compliance Program
Date Adopted: TBD

Purpose

To define the CSB’s compliance program and the role of the Board’s Compliance Committee.

Policy

1. The CSB is committed to conducting its operations consistent with the best interests of its clients, employees, contractors, vendors, community partners, and others.
2. CSB directly operated and contracted program services will adhere to strict conformance with the highest standards of accountability for administration, clinical, business, information technology, and financial management.
3. The CSB compliance program will ensure ongoing self-assessment, monitoring and conformance with all corporate, legal and regulatory requirements. The program will emphasize:
 - a. prevention of wrong-doing – whether intentional or unintentional,
 - b. immediate reporting and investigation of questionable activities and practices without consequences to the reporting party, and
 - c. timely correction of any situation which puts the Board, CSB staff, funding sources or consumers at risk.
4. The Board’s Compliance Committee provides oversight and direction to the CSB Compliance Program assisting the CSB Board in meeting its statutory responsibilities as outlined in Va. Code § 37.2-504. The CSB Board Compliance Committee works closely with the CSB Executive Director, Compliance Officer and legal counsel.
5. The Board authorizes the Executive Director of the Community Services Board to designate a Compliance Officer, monitor the CSB’s Compliance program and ensure that the Board’s Compliance Committee is sufficiently informed in order carry out responsibilities outlined in the Compliance Committee Charter.

Approved _____
CSB Board Secretary

Date

References

- Code of Virginia: 37.2-504 Community Services Boards; local government department; powers and duties

Policy Adopted: February 25, 2004
Readopted: December 16, 2009
Policy Readopted: November 20, 2013
Policy Revised: TBD

DRAFT

Title: CSB Risk Management Process-Procedure or Program

Date Adopted: ????

Purpose: To establish guidance on how the CSB will mitigate and manage risk across the organization.

Definitions: Risk Management is the identification of and evaluation of risks as well as the identification of, selection and implementation of control measures that might alter risks.

Responsibility:

1. ~~Fairfax County has an established Risk Management Program which sets expectations for an absolute and demonstrated commitment by all levels of staff to the Risk Management Program. CSB leadership, including supervisors, will~~
2. ~~CSB Leadership and Supervisors: Fairfax County expects an absolute and demonstrated commitment by all levels of management to the Risk Management Program. All levels of leadership are responsible for promptly resolving risk producing exposures within reason and ensuring compliance by employees with applicable policies and procedures.~~
1. _____
3. ~~Employees: All employees shall adhere to safety regulations and practices and report to management any potential hazards or deficiencies in the design or maintenance of equipment, facilities, or personal protective gear which may constitute a safety or health hazard. Willful or flagrant violations of established or accepted safety practices are unacceptable and will subject the employee to appropriate disciplinary action consistent with personnel regulations. Such violations may also adversely affect compensability of an employee's compensation claim consistent with provisions of Virginia law. Each CSB Supervisor will ensure every staff person has an awareness of the three major risk management divisions of Claims Management, Insurance Management, and Loss Prevention & Safety Management, and where to access claim forms.~~
2. ~~Additionally, the CSB has its own established its own risk management process/program under the supervision of the Deputy Director of Administrative Operations which expands on the County's Risk Management Program.~~
- 4.3. ~~The CSB Board established a CSB Board Compliance Committee to provide oversight and direction to the CSB's compliance program.~~

Procedures:

1. ~~Every six months~~ the CSB's Internal Compliance Committee, which is comprised of the CSB Executive leadership team, county attorney, and CSB Compliance Director, will at the beginning of each fiscal year annually identify the agency's review high risk related issues areas which covering at least the following areas:
 - a. Personnel
 - b. Facilities and equipment
 - c. Emergency Preparedness

d. Contracting

~~e. Level I, II, and III serious incidents as well as root cause analysis.~~

~~f.e.~~ Healthcare compliance

~~g.f.~~ Finances

The CSB Executive Director will advise the CSB Board Compliance Committee and the CSB Board of the specific items of high-risk identified and the plans to mitigate the risk and the possible consequences to the CSB.

2. At least quarterly, ~~Every six months~~ the CSB's Internal Compliance Committee will:

~~a. Review the status of previously or newly identified high risk related areas to ensure that necessary actions are being taken to mitigate risk. Content experts in each of the above areas will attend as needed based upon the identified risk issue.~~

~~b.a. The CSB's leadership team will take action to mitigate risk~~ based on any trends or gaps identified in any of the above categories during the prior sixthree-month risk review period, and

b. Monitor any actions previous undertaken to ensure that they have been effective in mitigating the identified risk(s).

The CSB Executive Director will advise the CSB Board Compliance Committee and the CSB Board of the effectiveness of the actions taken and, what, if any, action is needed to further mitigate the risk.

~~3. The CSB Executive Director will promptly notify the Chair of the CSB Board of any unanticipated risk situation that may substantially affect a CSB program, its clients or the CSB's reputation in the community. The Executive Director will notify the CSB Board as soon as reasonably possible.~~

4.3.

Comments Received, CSB Board Policy #2600 Risk Management

KERN QUESTION - the “Responsibility” section refers to a risk management program and risk management divisions for claims, insurance, loss prevention etc. I’m assuming this refers to a County Risk Management Program. If yes, this document should clearly delineate the County and CSB risk management programs/processes.

(S Kern, 9/19/19)

I thought I'd provide some further comment on what I mean by defining high risk areas. For example, the US GAO annually publishes its high-risk areas for the government. Each year, new risk areas may be added, and others dropped. Here are a few from this year’s list — you can see that they are broad programmatic areas:

- Government-wide Personnel Security Clearance Process
- VA Acquisition Management
- 2020 Decennial Census
- Medicare Program & Improper Payments
- NASA Acquisition Management
- Strengthening Department of Homeland Security Management Functions.

For the CSB, given the recent areas which have been in the forefront, I would think that some risk areas might include:

Implementing STEP-VA

Medicaid Billing

Credible Viability

etc.

The only additional language I would add is that...annual reviews of high-risk areas or as needed...

K Garnes 10/4/19 and 10/7/19)

Risk Mgt. policy with one minor additional change, (regarding ...annual review ...we need to add ...unless deemed more frequently...), I agree with other comments.

Policy Number: 2600
Policy Title: Risk Management
Date Adopted: TBD

Purpose:

To establish guidance on how the CSB will mitigate and manage risk across the organization.

Definition:

Risk Management is the identification of and evaluation of risks as well as the identification of, selection and implementation of control measures that might alter risks.

Responsibility:

1. Fairfax County has an established Risk Management Program which sets expectations for an absolute and demonstrated commitment by all levels of staff to the Risk Management Program. CSB leadership, including supervisors, will promptly resolve risk producing exposures within reason and ensure compliance by employees with applicable policies and procedures.
2. The CSB established its own risk management program under the supervision of the Deputy Director of Administrative Operations which expands on the County's Risk Management Program.
3. The CSB Board established a CSB Board Compliance Committee to provide oversight and direction to the CSB's compliance program.

Process:

1. The CSB's Internal Compliance Committee, which is comprised of the CSB Executive leadership team, county attorney, and CSB Compliance Director, will at the beginning of each fiscal year identify the agency's high-risk areas covering at least the following areas:
 - a. Personnel
 - b. Facilities and equipment
 - c. Emergency Preparedness
 - d. Contracting
 - e. Healthcare compliance
 - f. Finances

The CSB Executive Director will advise the CSB Board Compliance Committee and the CSB Board of the specific items of high-risk identified and the plans to mitigate the risk and the possible consequences to the CSB.

2. At least quarterly, the CSB's Internal Compliance Committee will:
 - a. Review the status of previously or newly identified high risk related areas to ensure that necessary actions are being taken to mitigate risk based on any trends or gaps identified in any of the above categories during the prior three-month period, and
 - b. Monitor any actions previous undertaken to ensure that they have been effective in mitigating the identified risk(s).

The CSB Executive Director will advise the CSB Board Compliance Committee and the CSB Board of the effectiveness of the actions taken and, what, if any, action is needed to further mitigate the risk.

3. The CSB Executive Director will promptly notify the Chair of the CSB Board of any unanticipated risk situation that may substantially affect a CSB program, its clients or the CSB's reputation in the community. The Executive Director will notify the CSB Board as soon as reasonably possible.

Approved _____
CSB Board Secretary _____ Date _____

References

- Code of Virginia: 37.2-504-A.1 Community Services Boards; local government department; powers and duties
- Code of Virginia: 37.2-508-Performance Contract for mental health, mental retardation and substance abuse services. Section on Board responsibilities 6.b.2-Quality Improvement and Risk Management
- Code of Virginia: 8.01-581.16 (civil immunity for members of certain boards or committees) and 8.01-581.17 (privileged communications of certain committees and entities).

Policy Adopted: June 24, 2009
Replaces Policy 2200 Dated September 19, 2001

Policy Readopted: November 20, 2013

Revision Adopted: TBD