

# Fairfax-Falls Church CSB Compliance Committee

Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax

Room 1-308 A/B

November 14, 2018, 4:00 p.m.

## Meeting Agenda

Agenda Item	Facilitator
Meeting Called to Order	Bettina Lawton
Approval of October 17, 2018 Committee Meeting Notes	Bettina Lawton
Tracking Software Update	Mike Goodrich
CSB Compliance and Risk Management of Moderate and High Risk Areas <ul style="list-style-type: none"><li>• Current Areas of Concern</li><li>• Risk Management Issue(s)</li></ul>	Mike Goodrich and Luann Healy
<b><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></b>	
Next Steps	
Adjourn	

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Fairfax-Falls Church Community Services Board  
Compliance Committee  
October 17, 2018

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, Chair; Gary Ambrose; Ken Garnes; Sheila Coplan Jonas; Bettina Lawton; and Edward Rose

The following Committee members were absent: Captain Basilio 'Sonny' Cachuela, Jr.

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

1. Meeting Called to Order

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

2. Review of Meeting Notes

Meeting notes of the September 19, 2018 Compliance Committee were provided for review and revision. As no recommendations were forthcoming, Gary Ambrose made a motion to approve the notes as presented, which was seconded and approved.

3. Tracking Software Update

Luann Healy and Cynthia Tianti provided an update to the contract review and approval process noting the process is ongoing.

4. High Risk Areas

This topic was included in the tracking software update just above offering a reminder that any new process is considered high risk at implementation (Item 3).

5. Current Areas of Concern

Mike Goodrich, referring to reported incidents, noted that of the 70 reports in September, only 36 met the threshold of reporting to the state and the involved MCO (Managed Care Organizations). It was clarified that only incidents occurring in programs licensed by the Department of Behavioral Health and Developmental Services (DBHDS) are reported. Ms. Healy, reported that as this is the first month of the recently implemented DBHDS regulations, the reports are likely to increase, before decreasing, as staff becomes familiar with the new regulations. It was further reported that there are three ratings for incidents. The ratings span from #1 for minor incidents that are internally tracked, #2 for psychiatric admissions, and other new regulation implementations, to #3 for serious incidents including deaths and suicide attempts.

Daryl Washington noting the new regulations are concerning, largely based on the size of the CSB, reported a review of the new regulations is underway to identify regulations that do not add value to client care and negatively impact staff time. Advocacy for waivers related to the regulations that meet this criterion will be pursued with DBHDS Commissioner, S. Melton Hughes.

Mike Goodrich and Daryl Washington offered a reminder that some time ago, the CSB discontinued working with a number of developmental disability provider vendors based on poor performance. DMAS has recently initiated a review of records related to working with these vendors that is anticipated to involve the CSB. It was further reported that it is likely the CSB will not be able to produce requested records related to working with these vendors, further reporting this may result in a finding/citation.

## 6. Risk Management

Review of the provided list of Memorandums of Agreement and Understanding resulted in several revision recommendations to the list including:

- Add a brief description of the contracted service (Comments column),
- Development of a method to illustrate the areas of concern for each MOU/MOA on the list, and
- That the list should be provided for review when circumstances dictate, noting the information will be included in the Risk Management report.

Mike Goodrich distributed a handout and provided an overview of the information that clarified identification and processing of compliance matters. Luann Healy clarified areas that are typically considered high-risk including a brief description of how risk assessment is determined.

Directing attention to page 2 of the handout, Mike Goodrich highlighted that the information provided details of current matters of compliance that were discussed at the monthly internal committee meeting. It was reported that the internal meeting discussions will identify which areas meet the threshold of CSB Board notification at the next CSB Board Compliance Committee meeting. Ms. Kern asked that staff further develop this area in writing to serve as a more complete definition of the process/procedures to be used in identifying issues of concern to be presented to the Board. The definition should include:

- how often the Executive leadership meets with Directors,
- how high/medium risk areas are identified,
- what criteria are used to determine if an issue warrants early notification to the board,
- how the board is notified,
- any other relevant information.

Ms. Lawton expressed concern at information missing from the provided list including expiration dates, noting that the Board is responsible by statute for oversight of some MOUs/MOAs. Requesting a reporting mechanism, it was noted that some information related to these documents may require a Closed Session.

Members and staff engaged in robust discussion.

Mr. Washington provided information related to Meaningful Use standards, a federal program that requires an Electronic Health Record (EHR) be implemented by medical facilities including behavioral health providers. Integral to the standards is the ability of EHR's to share information, noting the successful use of this program results in incentive payments. In the interest of transparency, it was reported that there are occasional audits related to the incentive payments that requires verification of information sharing that may, on occasion, result in a payback.

Members were informed that the contract with the third-party billing company AdvantEdge has been signed, noting the implementation is expected in late December 2018. Efforts to initiate data sharing towards the implementation of billing are ongoing, including an on-site visit tentatively scheduled for early November. Members requested that updates include reporting if the implementation is on target, or if any glitches have been experienced.

Ms. Kern noted a need for review and possible revision of the Compliance Committee Charter, offering to make first efforts.

There being no further business to come before the Compliance Committee, the meeting was adjourned at 5:08 p.m.

Actions Taken –

- Notes of the September 19, 2018 Compliance Committee meeting were reviewed and approved.
- Members requested that comments illustrating the contracted services be added to the MOU/MOA list
- Members requested ongoing updates related to the third-party billing contract until the service has been successfully implemented.
- Members requested staff further develop Board notification of Risk Management concerns in writing for presentation at the November Compliance Committee Meeting.

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Date Approved

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Staff to the Board