

Fairfax-Falls Church CSB Compliance Committee

Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax

Room 1-308 A/B, West

April 17, 2019, 4:00 p.m.

Meeting Agenda

Agenda Item	Facilitator
Meeting Called to Order	Suzette Kern
Approval of March 20, 2019 Committee Meeting Notes	Suzette Kern
Follow up items from March meeting <ul style="list-style-type: none">Confidentiality disclaimer is now on the least page of the Serious Incident Report (SIR) form -- COMPLETELevel III Report	Lyn Tomlinson
Updates: <ul style="list-style-type: none">ComplyTrackAdvantEdge	Mike Goodrich
CSB moderate/high risk compliance and risk management areas:	Mike Goodrich
<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>	
Next Steps/Other Issues	Suzette Kern
Adjourn	

Fairfax County is committed to a policy of nondiscrimination in all county programs, services and activities and will provide reasonable accommodations upon request. To request special accommodations call 703-324-7000 or TTY 711. Please allow seven working days in advance of the event in order to make the necessary arrangements. These services are available at no charge to the individual.

Fairfax-Falls Church Community Services Board
Compliance Committee
March 20, 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, Vice Chair; Gary Ambrose; Captain Basilio 'Sonny' Cachuela, Jr.; Ken Garnes; Edward Rose; and Jane Woods

The following Committee member(s) were absent: Suzette Kern, Board Chair

The following staff were present: Daryl Washington, 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 February 20, 2019 Compliance Committee were provided for review and revision. As no recommendations were forthcoming, Edward rose made a motion to approve the minutes as presented, which was seconded and approved.

- Follow up items from January 2019 Compliance Meeting

AdvantEdge Methodology

Daryl Washington offered a reminder that the full Board was provided a status update at the February CSB Board meeting on contracting with and implementation of third-party billing with AdvantEdge. Additional information was provided that confirmed the contract with AdvantEdge had been fully executed, and weekly implementation meetings were ongoing. Noting that Case Management is the first service that will be billed outside of the test environment, the goal is to bill for April Case Management services in May 2019. It was further confirmed that once Case Management billing is launched successfully, the balance of billable services will be added to the services billed by AdvantEdge by the end of the Fiscal Year.

- Serious Incident Reporting – Levels I, II, and III

Luann Healy directed attention to several handouts distributed in the meeting materials. It was clarified that the Serious Incident Report (SIR) form included in the materials (pages 6 – 10) are designed to illustrate the format of the DBHDS reporting system - CHRIS (Computerized Human Rights Information System) with some elements of the numerous MCO (Managed Care Organization) reporting processes added to provide a comprehensive reporting form. Highlights of the material presented included:

- Department of Behavioral Health and Developmental Services (DBHDS) reporting requirements were revised on September 1, 2018, greatly complicating the process for reporting that all licensed programs in the Commonwealth are required to follow.
- It was further noted that, per DBHDS guidance, all incidents are considered Serious with a definition/filtering structure to help differentiate between levels I, II, and III.

- Managed Care Organizations (MCOs) have separate reporting requirements that must be followed, noting some differentiation from CHRIS as well as each other.
 - It was further noted that Human Rights investigations and reporting have a third, separate reporting process.
 - A recent update requires that recommended follow up procedures are confirmed in writing, e.g. a staff reprimand is confirmed as having been done.
 - The SIR form is completed by involved staff and faxed to OCRM to report incidents. Qualified OCRM staff enters the incident information, as appropriate, into the correct reporting system. The SIR form is retained to initiate and support root-cause analysis and trend identification, following which the form is shredded.
 - It was confirmed that program may impact reporting requirements, i.e. residential, home, outpatient, etc. It was further confirmed that service area including Developmental Disabilities, Behavioral Health, and/or Substance Use Disorder also impacts reporting requirements.
 - Members requested that a confidentiality disclaimer be moved to the last page of the form to better illustrate that the information on the entire form is covered by the disclaimer.
- CSB Moderate/High Risk Compliance and Risk Management Areas
Daryl Washington, in support of Luann Healy's presentation on Incident Reporting, directed attention to the last page of the meeting packet, specifically to the number of incidents reported in the three-month period from Dec. 1, 2018 – Feb. 28, 2019. Further information provided included:
 - Noting that Level III incidents include deaths, it was clarified that the majority of the deaths are attributed to natural causes including complications from medical conditions. Noting that this level also includes violent incidents, serious injury, etc., members requested additional filtering of the data to identify types of incidents and trends that may be related to location, staff, or individual.
 - Due to the complexity of the definitions, DBHDS may be consulted for assistance with identification of level.
 - Members requested a follow up report, including the additionally filtered Level III results, at the April Compliance Committee meeting and followed by monthly updates.

- Updates

- *ComplyTrack*

- Mike Goodrich confirmed that the contract with ComplyTrack has been fully executed. Luann Healy, confirming the Risk Manager started in February and the QA (Quality Assurance) Manager begins April 15th, noted implementation is scheduled to start May 1st to allow for both of these critical positions to engage fully in the implementation process, further noting that the process will take 12 weeks. During the implementation phase, reporting functions will be identified.

- *AdvantEdge*

- Mr. Goodrich, noting the update provided previously, will continue to provide monthly updates as a regularly scheduled agenda item.

- Next Steps/Other Issues

Daryl Washington, offering a reminder of a recent high-public scrutiny incident involving contracted agency MVLE, reported the county had received a FOIA request from the Washington Post, for various pieces of information including CSB material related to reporting and contract information.

CLOSED SESSION

At 4:57 p.m. a motion was offered, seconded and passed to meet in closed session for consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel on a reimbursement matter, as permitted by Virginia Code Section 2.2-3711(A)(8).

At 5:07 p.m. the Board reconvened the open session at which time a motion was offered, seconded and passed, certifying to the best of the Board's knowledge that only public business matters lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such public business matters identified in the motion to convene a closed meeting, were heard, discussed or considered by the Community Services Board in closed session.

Immediately following, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 5:08 p.m.

Actions Taken –

- Minutes of the January 2019 Compliance Committee meeting were reviewed and approved.
- A serious incident report, revised to incorporate filtered Level III results, will be provided monthly, beginning with the April Compliance Committee meeting.

Date Approved




Staff to the Board

CSB COMPLIANCE PROGRAM TRACKING

APRIL 17, 2019

Risk Area	Category	Description	Feb. 2019 Status*	Mar. 2019 Status*	Apr. 2019 Status*
HIGH					
	Person		Green	Green	Green
	Legal		Green	Green	Green
	Financial		Green	Green	Green
	Other		Green	Green	Green
MODERATE					
	Human Rights				
	HIPAA				
	Security		Green	Green	Green
	Staff related		Green	Green	Green
	Technical Assistance				
	AdvantEdge		Yellow	Yellow	Red
	ComplyTrack		Green	Green	Green
	Environmental				
	OSHA		Green	Green	Green
	Emergency Preparedness		Green	Green	Green
	Facility Issues		Green	Green	Green
	Client		Green	Green	Green
	Contracted		Green	Green	Green
	DMB Meetings		Green	Green	Green
	County Internal Audits		Green	Green	Green
	Programs				
	State Waivers		Green	Green	Green
	Addiction Recovery Services (ARTs)		Green	Green	Green
	Developmental Disabilities		Green	Green	Green
* Status would mean issue within a category was not resolved within 60 days.					

* Status Key:

-  Attention, no issues
-  Careful attention, potential issues
-  Focused attention, immediate resolution