

## Fairfax-Falls Church CSB Compliance Committee

Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax

Room 1-308 A/B, West

June 19, 2019, 4:00 p.m.

### Meeting Agenda

Agenda Item	Facilitator
Meeting Called to Order	Suzette Kern
Approval of May 15, 2019 Committee Meeting Notes	Suzette Kern
Follow up items from May meeting	Daryl Washington
Updates: <ul style="list-style-type: none"><li>• ComplyTrack</li></ul>	Luann Healy
CSB Serious Incident (Level III) Report Update	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/Other Issues	Suzette Kern
Adjourn	

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Fairfax-Falls Church Community Services Board  
Compliance Committee Meeting Minutes  
May 15, 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.; Sheila Coplan Jonas; and Edward Rose

The following Committee members were absent: Ken Garnes and Bettina Lawton

The following staff were present: Daryl Washington, 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 Minutes

Meeting minutes of the April 17, 2019 Compliance Committee were provided for review and revision, following which, Edward Rose made a motion to approve the minutes as presented, that was seconded and approved.

3. Follow up items from April 2019 Compliance Committee Meeting

*AdvantEdge*

Daryl Washington reported that following a meeting with Bryan Hill, Tisha Deeghan, Joe Mondoro and DMB (Department of Management and Budget) a decision was made to terminate the contract with AdvantEdge, noting that a plan to notify the Board of Supervisors (BOS) is in development. A written notice of termination has been mailed to AdvantEdge.

The alternative billing plan includes reinstatement of the internal billing process with increased internal controls and the hiring and training of additional billing staff. Further plans include meetings with Utilization Maximization staff who work with prior- and re-authorizations. As some steps have already been implemented, it was reported that there has been a decrease in billing denials. Jessica Burris will provide further details of the revenue maximization plan at the May 17, 2019 Fiscal Oversight Committee meeting.

Updates

*ComplyTrack*

Luann Healy directed attention to the two handouts included in the meeting materials, noting that one of the handouts is the implementation schedule provided by Wolters Kluwer, parent company of ComplyTrack. There was a kickoff meeting on Wednesday, May 1<sup>st</sup> and a second implementation meeting held earlier that day. The second handout provided some additional details on the steps already taken and further steps planned during the implementation phase. It was confirmed that reports to the Board are anticipated to be generated beginning in August 2019, noting that some Board input on data formatting and delivery is possible.

*AdvantEdge*

Noting this information was provided earlier during Agenda Item #3, no further information was provided.

#### 4. CSB Moderate/High Risk Compliance and Risk Management Areas

Luann Healy provided an update to incidents reported in April.:

- Ms. Healy, clarifying that incidents are classified using DBHDS standard, reported there were five level III incidents reported that included two deaths, two suicide attempts, and one incident of permanent harm.
- Recommendations to revise the agenda included adding the Serious Incident (Level III) Reporting update and discontinuation of the CSB Compliance Program Tracking report. Incident level definitions will be included in support of the Serious Incident (Level III) Reporting update standing agenda item.

Ms. Healy provided an update to vacancies in the Office of Compliance and Risk Management as follows:

- Positions filled include a Risk Manager, a Quality Assurance Manager, and three Quality Assurance Analysts.
- Interviews are scheduled for four Quality Assurance Analysts and the Compliance Program Coordinator.

#### CLOSED SESSION

At 4:22 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 4:53 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, there being no further business to come before the Committee, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 4:54 p.m.

#### Actions Taken –

- Minutes of the April 17, 2019 Compliance Committee meeting were reviewed and approved.
- The CSB Compliance Program Tracking Tool will be removed from the agenda.
- The Serious (Level III) Incident Report with definitions will be added as a Standing Agenda Item.

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Date Approved

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Staff to the Board

## CSB Board Compliance Committee Meeting

### Incident Definitions

*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. \**

**Level III serious incident** is a serious incident regardless if the incident occurs while in the provision of a service or on the provider's premises and results in:

- Any death of an individual;
- A sexual assault of an individual;
- A serious injury of an individual that results in or likely will result in permanent physical or psychological impairment; or
- A suicide attempt by an individual admitted for services that results in a hospital admission.

**Level II serious incident** is 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. The incident does not meet the definition of a Level III serious incident and includes a significant harm or threat to the health or safety of others caused by an individual. Examples include:

- A serious injury;
- An individual who is missing;
- An emergency room or urgent care facility visit when not used in lieu of a primary care physician visit;
- An unplanned psychiatric or unplanned medical hospital admission;
- Choking incidents that require direct physical intervention by another person;
- Ingestion of any hazardous material; or
- A diagnosis of A decubitus ulcer or an increase in severity of level of previously diagnosed decubitus ulcer; a bowel obstruction; or aspiration pneumonia.

**Level I serious incident** is 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. The incident does 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.

*\*DBHDS Office of Licensing Guidance for Serious Incident Reporting: 12VAC35-105-20. Definitions.*  
<http://dbhds.virginia.gov/assets/QMD/licensing/draft.dbhds.seriousincidentguidance.2018.08.06.pdf>

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

Purpose

To 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 delivery of CSB directly operated and contracted program services will adhere to strict conformance with the highest standards of accountability for administration, clinical, business, marketing, information technology, and financial management.
2. The 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 to ensure ongoing self-assessment, monitoring and conformance with all corporate, legal and regulatory requirements.
3. 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) 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 authorizes the Executive Director of the Community Services Board to designate a Corporate Compliance Officer, monitor the CSB’s Corporate Compliance program and 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: 2600  
Policy Title: Risk Management  
Date Adopted: TBD

### Purpose

A Risk Management Program shall focus on improving individual recovery and outcomes by addressing potential areas of liability. This includes the identification, evaluation, and reduction or elimination of operational policies and procedures to ensure they have been designed in a way that promotes recovery and positive outcomes, reduces the occurrence of adverse events, and ensures program integrity.

Risk management shall monitor corporate compliance requirements for reporting to third party payers, commercial insurance companies, Virginia's Department of Behavioral Health and Developmental Services (DBHDS) licensing regulations, Medicaid and Medicare, the Commission on Accreditation of Rehabilitation Facilities, and other regulatory agencies.

A confidential organized approach for managing risks and liabilities to both individuals receiving services and the Fairfax-Falls Church Community Services Board (CSB) Service System is crucial.

### Policy

It is the policy of the Community Services Board that all individuals receive services in a safe and protected environment. The CSB's Risk Management Program is designed to maximize recovery and positive individual outcomes, minimize adverse incidents, ensuring compliance with regulatory agencies, and best practices and thereby reduce risk of potential harm to individuals and staff.

The Risk Management Program:

- Ensures CSB staff promptly report, investigate and initiate appropriate improvement plans to all adverse incidents.
- Places adverse incident trend data into a decision making framework so management decisions are data driven.
- Establishes a critical incident review system, including creating and maintaining a process to use peer review as a tool for service and practice improvement.
- Collaborates with State and County officials on risk management initiatives.
- Reviews, evaluates, and makes recommendations on safety for individuals served, and staff pursuant to 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).

- Ensures compliance with regulatory agencies at the local, state and federal levels.
- Focuses on overall education and training associated with continuous quality improvement initiatives resulting from analysis of CSB policies, regulations, and practices to reduce program risk.

It is the responsibility of the Executive Director to work with the Board and staff to implement this policy.

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