

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD COMPLIANCE COMMITTEE MEETING

Garrett McGuire, Chair

Wednesday, September 15, 2021, 4:00 p.m.

Will be held electronically due to the COVID-19 pandemic

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Meeting ID: [870 4735 3445](#) • Passcode: 923207

MEETING AGENDA

- | | |
|---|------------------|
| 1. Meeting Called to Order | Garrett McGuire |
| 2. Roll Call, Audibility and Preliminary Motions | Garrett McGuire |
| 3. Matters of the Public | Garrett McGuire |
| 4. Amendments to the Meeting Agenda | Garrett McGuire |
| 5. Approval of the August 18, 2021, Meeting Minutes | Garrett McGuire |
| 6. Follow up items from August meeting | Daryl Washington |
| 7. Updates | Daniel Herr |
| A. ComplyTrack Reports | |
| B. Electronic Health Record Update | |
| C. CSB Serious Incident (Level III) Report | |

8. Open Discussion

Closed Session: Discussion of a personnel matter as permitted by Virginia Code Section 2.2-3711(A)(1) and consultation with legal counsel employed 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).

9. Adjournment

Meeting materials are posted online at www.fairfaxcounty.com/municipal-services-board/board/archives or may be requested by contacting Joseline Cadima at 703-324-7827 or at joseline.cadimasalvatierrade@fairfaxcounty.gov

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD
COMPLIANCE COMMITTEE VIRTUAL MEETING MINUTES
AUGUST 18, 2021**

The Compliance Committee of the Fairfax-Falls Church Community Services Board met electronically due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available via video and web conferencing platform to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees were offered an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

1. Meeting Called to Order

Board Chair Garrett McGuire called the meeting to order at 4:05 p.m.

2. Roll Call and Audibility

PRESENT: **BOARD MEMBERS:** GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR;
JENNIFER ADELI (FALLS CHURCH, VA); CAPTAIN DEREK DEGEARE (LOUDOUN
COUNTY, VA); BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE
(CHANTILLY, VA)

ABSENT: **BOARD MEMBERS:** ANNE WHIPPLE

Also present: Deputy Director of Clinical Operations Lyn Tomlinson, Deputy Director of Administrative Operations Daniel Herr, Deputy County Attorney Cynthia Bailey, and Board Clerk Joseline Cadima.

Board Chair Garrett McGuire conducted roll call, as identified above, to confirm that a quorum of Board members was present and audible. Board Chair McGuire passed the virtual gavel to Board Vice Chair Dan Sherrange to make several motions required to begin the meeting. A motion was offered confirming that each member's voice was audible to each other member of the CSB Board present; this motion was seconded by Board Member Captain Derek DeGeare and passed unanimously.

3. Preliminary Motions

Board Chair McGuire made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically. A further motion was made that this Board may conduct this meeting electronically through a video and web conferencing platform, that may be accessed via Meeting ID: 951 7203 2162 and Passcode: 522247. Motions were seconded by Bettina Lawton and

unanimously approved. Board Chair McGuire made a final motion that all the matters addressed on today's agenda are statutorily required or necessary to continue operations and the discharge of the CSB Board's lawful purposes, duties, and responsibilities. The motion was seconded by Board Member Bettina Lawton and unanimously passed.

4. **Matters of the Public.**

None were presented.

5. **Amendments to the Meeting Agenda**

The meeting agenda was provided for review, no amendments were made.

MOVED BY BOARD MEMBER BETTINA LAWTON, SECONDED BY VICE CHAIR DAN SHERRANGE TO APPROVE AGENDA ITEM NO. 5

AYES: BOARD MEMBERS: GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; JENNIFER ADELI (FALLS CHURCH, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE (CHANTILLY, VA)

NOES: BOARD MEMBERS: NONE

ABSENT: BOARD MEMBERS: ANNE WHIPPLE

6. **Approval of Minutes**

Meeting minutes of the July 17, 2021, Compliance Committee were provided for review.

MOVED BY VICE CHAIR DAN SHERRANGE, SECONDED BY BOARD MEMBER CAPTAIN DEREK DEGEARE TO APPROVE AGENDA ITEM NO. 6

AYES: BOARD MEMBERS: GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; JENNIFER ADELI (FALLS CHURCH, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE (CHANTILLY, VA)

NOES: BOARD MEMBERS: NONE

ABSENT: BOARD MEMBERS: ANNE WHIPPLE

7. **Follow up items**

Deputy Director of Administrative Operations Daniel Herr reported on the committee's request to develop a process for trending and tracking audits and corrective plans over time, an end product will be presented at the next compliance meeting. Noted that additional licenses were required to develop the report that extracts the essential information requested, the Office of Compliance and Risk Management began their training on reporting, the tracking method will be done by regulatory codes and can be further refined as more feedback is provided. Mentioned an unsuccessful recruitment for the Director of Office of Compliance and Risk Management position,

and after careful review of the job description met with Department of Human Services to make revisions to the job posting, the job recruitment was re-posted and will close at the end of the first week in September.

8. Updates

A. **ComplyTrack Reports**

- Deputy Director of Administrative Operations Daniel Herr provided the Audit Action Plan Report, Corrective Action Plan Report, and the Education Report. Stated that the next Compliance Committee meeting will receive detailed information in regard to the tri-annual review of licenses completed by the Department of Behavioral Health and Development Services in which ten programs were reviewed and three general areas of focus that were noted for improvement were the annual training requirements, individualized service commands, and supported living programs.

B. **Electronic Health Record Update**

- Deputy Director of Administrative Operations Daniel Herr reported a smooth and on-time implementation process with Welligent.

C. **CSB Serious Incident (Level III) Report**

- Deputy Director of Administrative Operations Daniel Herr provided the Serious Incident Report (SIR) Report for July 2021.

9. Open Discussion

Board Chair McGuire inquired whether there any matters that required discussion in closed session, none were raised.

10. Adjournment

Board Vice Chair Dan Sherrange made the motion to adjourn the meeting at 4:53 p.m.

AYES: BOARD MEMBERS: GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR;
JENNIFER ADELI (FALLS CHURCH, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE (CHANTILLY, VA)

NOES: BOARD MEMBERS: NONE

ABSENT: BOARD MEMBERS: ANNE WHIPPLE

Date Approved

Clerk to the Board

Audit Report CSB Board

Item Custom Id	Audit Start Date	Entity	Audit Scope	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
000599	Oct 1, 2020	Pennino	Targeted Review	Record	9	Standard business risk	Monitoring - 12 months	The ACRS Supervised Living Program under review due to having been reduced annual license during the 2018 Triennial Review
000604	Oct 14, 2020	Merrifield	Targeted Review	Record	9	Standard business risk	Monitoring - 12 months	The CHRP Program transitioned from a grant funded status to Medicaid billable and is reviewed to ensure regulatory compliance
000784	Dec 1, 2020	Merrifield	Targeted Review	Record	87	Standard business risk	Monitoring - 12 months	The Turning Point Program moved from a grant funded status to Medicaid billable and is under review to ensure regulatory compliance
002186	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Potential risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002187	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002188	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002189	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002191	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information

002192	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002194	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002196	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002198	Jun 15, 2021	Gartlan	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002199	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002242	Jul 1, 2021	Merrifield	Targeted Review	Record	6	Standard business risk	Monitoring - 12 months	The OBOT Program is being reviewed to ensure that it meets billable standards according to regulatory requirements
002255	Jul 1, 2021	Merrifield	Targeted Review	Record		Standard business risk	Monitoring - 12 months	The Turning Point Program is being reviewed to ensure they meet regulatory requirements
002256	Jul 1, 2021	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The Crossroads Program converted to a new license and is being reviewed as a new program due to changes in as part of the ASAM criteria being instated
002257	Jul 1, 2021	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The Detox Program converted to a new license and is being reviewed as a new program due to changes in as part of the ASAM criteria being instated
002258	Jul 1, 2021	Pennino	Targeted Review	Record		Standard business risk	Monitoring - 12 months	Continued reviews of the ACRS Supervised Living Program for FY 2022

002259	Jul 1, 2021	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The New Generations Program converted to a new license by DBHDS and is reviewed as a new program due to changes in as part of the ASAM criteria being instated
002260	Jul 1, 2021	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The A New Beginning Program converted to a new license and is being reviewed as a new program due to changes in as part of the ASAM criteria being instated
002261	Jul 1, 2021	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The Intensive Outpatient Program converted to a new license and is being reviewed as a new program due to changes in as part of the ASAM criteria being instated

AUDIT LEGEND	
Item CustomID	Identification number automatically assigned by ComplyTracker
Audit Start Date	Date the audit was initiated
Entity	Location where the audited service was provided
Audit Scope	The agency conducting the audit and the scope of the audit
Audit Type	Description of audit, e.g., record review only, onsite audit
Sample Size	Number of charts reviewed
CSB Board Reporting	Level of business risk associated with audit findings
Action Plan	Description of actions taken in response to the audit

CAP Report for CSB Board

Item Custom Id	Start Date	Entity	Reviewing Agency	Corrective Action (Narrative)	Date CAP Closed	Additional Information
001992	May 26, 2021	Pennino	DBHDS	The Corrective Action Plan was submitted to DBHDS for review and approval. This was a direct result of a review from the Incident Management Unit (IMU).		Late submission of a Serious Incident Report
002101	Jun 21, 2021	Pennino	DBHDS	The Corrective Action Plan has been submitted to DBHDS for review and approval. This was a direct result of a review from the Office of Licensing (OL).		The ISP did not include change in medical and mental health treatment needs
002120	Jul 14, 2021	Pennino	DBHDS	A Corrective Action Plan was submitted for review and approval. This was a direct result of a Quality Service Review by the Office of Licensing (OL). Please reference Audit ID #001850.		Each month the CSB requests an update from DBHDS on status of the CAP
002158	Jul 23, 2021	Pennino	DBHDS	The Corrective Action Plan has been submitted to DBHDS for review and approval. The CAP was due to ACRS' late entry of a Serious Incident Report.		Each month the CSB requests an update from DBHDS on status of the CAP
002200	Aug 4, 2021	Merrifield	DBHDS	The Corrective Action Plan was submitted to DBHDS and was partially approved. The CAP was re-submitted to the Program Director for review and completion.. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002186		Please see attached summary of licensing citations for additional information
002201	Aug 10, 2021	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002187		Please see attached summary of licensing citations for additional information
002202	Aug 10, 2021	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002188	Sep 7, 2021	Please see attached summary of licensing citations for additional information

002203	Aug 10, 2021	Merrifield	DBHDS	The Corrective Action Plan was submitted to DBHDS for review and approval. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002189		Please see attached summary of licensing citations for additional information
002204	Aug 12, 2021	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021.. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002191	Sep 7, 2021	Please see attached summary of licensing citations for additional information
002207	Aug 12, 2021	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002192	Sep 7, 2021	Please see attached summary of licensing citations for additional information
002208	Aug 10, 2021	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002194	Sep 7, 2021	Please see attached summary of licensing citations for additional information
002209	Aug 12, 2021	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021.. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002196		Please see attached summary of licensing citations for additional information
002210	Aug 12, 2021	Gartlan	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002198		Please see attached summary of licensing citations for additional information
002211	Aug 10, 2021	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002199	Sep 7, 2021	Please see attached summary of licensing citations for additional information
002297	Aug 24, 2021	Pennino	DBHDS	The Corrective Action Plan was submitted to DBHDS for review and approval. This was a direct result of an investigation by the Office of Licensing (OL) and Office of Human Rights (OHR).		Documentation did not include all services provided and did not address all risk factors

CAP LEGEND	
Item CustomId	Identification number automatically assigned by Comply Tracker
Audit No.	References the audit number in the Audit Report
Start Date	Date the CSB was notified of the need for a CAP
Entity	Location where the audited service was provided
Reviewing Agency	Agency requesting and reviewing the CAP
CAP Narrative	Description of the reason for the CAP
Date CAP Closed	Date the reviewing agency approved the CAP

Summary Of Triennial Licensing Review

1. Ten Licensed Services audited by DBHDS

- a. Mental Health Supported Living
- b. Crisis Care
- c. Emergency Services
- d. Mental Health Support Services
- e. Youth Mental Health Case Management
- f. Adult Mental Health Case Management
- g. Outpatient Services
- h. Substance Abuse Case Management
- i. Partial Hospitalization
- j. Outpatient Crisis Stabilization

2. Summary Of Findings

- a. New employee training completed within 15 days
 - i. Serious incident and Confidentiality
- b. Annual employee retraining completed within one year
 - i. Serious Incident training, Behavioral management training, Emergency preparedness, Human rights, and Infection control
- c. Physical Plant & Emergency Preparedness (one location)
 - i. Emergency water supplies, Water temperatures, and Smoke detectors
- d. Quality of Documentation
 - i. Individual service plans were not updated within required time periods
 - ii. Individual was not cooperative with the service plan
 - iii. Discharge summary did not include all required information

Education Report CSB Board

Item CustomId	Start Date	Training Name	Duration	Entity	Number of Attendees	Method of Delivery	Training Type
000322	Jul 16, 2020	DMAS Training	3	Merrifield	2	Webinar	Regulatory
000323	Jul 16, 2020	DMAS Update and Refresher Training	3	Pennino	0	Webinar	Regulatory
000377	Aug 20, 2020	DMAS Training	3	Northwest Center Reston	2	Webinar	Regulatory
000378	Aug 20, 2020	DMAS Update and Refresher Training	3	Pennino	0	Webinar	Regulatory
000410	Sep 24, 2020	DMAS Training	3	Merrifield	8	Webinar	Regulatory
000411	Sep 24, 2020	DMAS Update and Refresher Training	3	Merrifield	1	Webinar	Regulatory
000428	Sep 11, 2020	QA Tool Education	2.4	Merrifield	10	Webinar	Educational
000596	Oct 22, 2020	DMAS Training	3	Gartlan	5	Webinar	Regulatory
000597	Oct 22, 2020	DMAS Update and Refresher Training	3	Pennino	0	Webinar	Regulatory
000667	Nov 19, 2020	DMAS Training	3	Merrifield	2	Webinar	Regulatory
000668	Nov 19, 2020	DMAS Update and Refresher Training	3	Northwest Center Reston	1	Webinar	Regulatory
000736	Dec 10, 2020	DMAS Training	3	Chantilly	7	Webinar	Regulatory
000737	Dec 10, 2020	DMAS Update and Refresher Training	3	Merrifield	1	Webinar	Regulatory
001696	Jan 14, 2021	SIR Training	3	Gartlan	22	Webinar	Educational
001699	Jan 27, 2021	QA Tool Education	1.5	Northwest Center Reston	6	Webinar	Educational
001700	Jan 28, 2021	DBHDS Licensure Education	1.5	Pennino	18	Webinar	Regulatory
001776	Mar 8, 2021	DBHDS Licensure Education	0.5	Pennino	38	Webinar	Regulatory
001845	Apr 7, 2021	SIR Training	2	Northwest Center Reston	15	Webinar	Regulatory
001918	May 5, 2021	SIR Education	1	Pennino	5	Webinar	Educational
002028	Jun 9, 2021	Human Rights Training Refresher	2	Chantilly	22	Live On-site	Educational
002029	Jun 9, 2021	Human Rights Training Refresher	2	Chantilly	20	Live On-site	Educational
002167	Aug 5, 2021	Root Cause Analysis	0.5	Merrifield	3	Webinar	Educational

EDUCATION REPORT LEGEND	
Item Custom ID	Number automatically assigned by ComplyTracker
Start Date	Date the education was provided
Training Name	Type of Training Provided
Duration	Length of time for the educational activity
Entity	Site receiving the education
Number of Attendees	Number of staff who participated in the educational activity
Method of Delivery	How the training was provided
Training Type	Whether the training was to address a regulatory matter or for professional development

Item CustomId	Date	Program	Chapter 105 Licensing Citations	Chapter 115 Human Rights Citations
000364	Aug 6, 2020	DD Case Management	12VAC35-105-160. Reviews by the Department; Requests for Information	
000744	Dec 8, 2020	DD Case Management	12VAC35-105-1240. Service Requirements for Providers of Case Management Services	
002101	Jul 9, 2021	DD Case Management	12VAC35-105-1240. Service Requirements for Providers of Case Management Services	
000381	Aug 27, 2020	ID Group Homes (ACRS)	12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies	12VAC35-115-230. Provider Requirements for Reporting
000382	Aug 27, 2020	ID Group Homes (ACRS)	12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies	12VAC35-115-50. Dignity
000383	Aug 27, 2020	ID Group Homes (ACRS)	12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies	12VAC35-115-230. Provider Requirements for Reporting
000384	Aug 27, 2020	ID Group Homes (ACRS)	12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies	12VAC35-115-230. Provider Requirements for Reporting
000385	Aug 27, 2020	ID Group Homes (ACRS)	12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies	12VAC35-115-50. Dignity
000386	Aug 27, 2020	ID Group Homes (ACRS)	12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies	12VAC35-115-230. Provider Requirements for Reporting
000745	Nov 30, 2020	ID Group Homes (ACRS)	12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies	12VAC35-115-60. Services
000746	Dec 10, 2020	ID Group Homes (ACRS)	12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies	12VAC35-115-230. Provider Requirements for Reporting
000786	Dec 16, 2020	ID Group Homes (ACRS)	12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies	12VAC35-115-60. Services
001904	Apr 29, 2021	ID Group Homes (ACRS)	12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies	
002115	Jun 28, 2021	ID Group Homes (ACRS)	12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies	
001944	May 11, 2021	Intensive Case Management (ICM)	12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies	
000924	Dec 28, 2020	DD Case Management	12VAC35-105-160. Reviews by the Department; Requests for Information	
001992	May 26, 2021	DD Case Management	12VAC35-105-160. Reviews by the Department; Requests for Information	
000745	Nov 30, 2020	ID Group Homes (ACRS)	12VAC35-105-160. Reviews by the Department; Requests for Information	12VAC35-115-60. Services

002158	Jul 23, 2021	ID Group Homes (ACRS)	12VAC35-105-160. Reviews by the Department; Requests for Information	
000673	Nov 13, 2020	MH Case Management (Adult)	12VAC35-105-160. Reviews by the Department; Requests for Information	
000417	Sep 18, 2020	Outpatient Adult	12VAC35-105-160. Reviews by the Department; Requests for Information	
002061	Jun 30, 2021	ID Supervised Living (ACRS)	12VAC35-105-170. Corrective Action Plan	
000460	Sep 18, 2020	MH Group Home (New Horizons)	12VAC35-105-580. Service Description Requirements	
002062	Jun 30, 2021	DD Case Management	12VAC35-105-620. Monitoring and Evaluating Service Quality	
002061	Jun 30, 2021	ID Supervised Living (ACRS)	12VAC35-105-620. Monitoring and Evaluating Service Quality	
002061	Jun 30, 2021	ID Supervised Living (ACRS)	12VAC35-105-645. Initial Contacts, Screening, Admission, Assessment, Service Planning, Orientation,	
000380	Aug 5, 2020	DD Case Management	12VAC35-105-665. Isp Requirements	
001865	Apr 5, 2021	ID Group Homes (ACRS)	12VAC35-105-665. Isp Requirements	
000343	Jul 13, 2020	MH Case Management (Adult)	12VAC35-105-665. Isp Requirements	
001865	Apr 5, 2021	ID Group Homes (ACRS)	12VAC35-105-675. Reassessments and ISP reviews	
000342	Jul 13, 2020	Jail Based Services-ADC	12VAC35-105-675. Reassessments and ISP reviews	
000343	Jul 13, 2020	MH Case Management (Adult)	12VAC35-105-675. Reassessments and ISP reviews	
000388	Sep 8, 2020	MH Supervised Living Program (RIC)	12VAC35-105-675. Reassessments and ISP reviews	
000344	Jul 13, 2020	Outpatient Youth	12VAC35-105-675. Reassessments and ISP reviews	
002061	Jun 30, 2021	ID Supervised Living (ACRS)	12VAC35-105-693. Discharge	
001865	Apr 5, 2021	ID Group Homes (ACRS)	12VAC35-105-770. Medication Management	
000744	Dec 8, 2020	DD Case Management	12VAC35-105-920. Review Process for Records	

001865	Apr 5, 2021	ID Group Homes (ACRS)	12VAC35-105-920. Review Process for Records	
001454	Jan 25, 2021	ID Group Homes (ACRS)		12VAC35-115-50. Dignity
743	Nov 24, 2020	ICM		12VAC35-115-60. Services
000593	Oct 15, 2020	PACT		12VAC35-115-60. Services
000345	Jul 21, 2020	SA Medical Detox Residential		12VAC35-115-50. Dignity

Corrective Action Trends by Service Area For FY 2021

