

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD
COMPLIANCE COMMITTEE MEETING MINUTES
AUGUST 16, 2023**

The CSB Compliance Committee met in regular session at the Sharon Bulova Center, 8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West, Fairfax, VA 22031

1. Meeting Called to Order

Committee Chair Dan Sherrange called the meeting to order at 4:00 PM.

2. Roll Call, Audibility, and Preliminary Motions

PRESENT: **BOARD MEMBERS:** COMMITTEE CHAIR DAN SHERRANGE; GARRETT MCGUIRE, BETTINA LAWTON; CLAUDIA VOLK; ANDREW SCALISE

ABSENT: **BOARD MEMBERS:** ANNE WHIPPLE; CAPTAIN DANIEL WILSON

Also present: Executive Director Daryl Washington, Deputy Director of Community Living Barbara Wadley-Young, Deputy Director of Administrative Operations Jean Post, Director of Clinical Operations Abbey May, Healthcare Systems Director Jennifer Aloï, Legislative and Grants Analyst Elizabeth McCartney, Director of Quality Improvement Joan Rodgers and Board Clerk Sameera Awan.

3. Matters of the Public

None were presented.

4. Amendments to the Meeting Agenda

The meeting agenda was presented for review, and no amendments were made by the consensus of the Committee. The meeting agenda was adopted unanimously.

5. Approval of Minutes

April 19, 2023, Compliance Committee minutes were distributed for review.

MOTION TO ADOPT APRIL 19, 2023, MEETING MINUTES AS AMENDED WAS MOVED BY COMMITTEE MEMBER BETTINA LAWTON, SECONDED BY COMMITTEE MEMBER GARRETT MCGUIRE.

MOTION TO ADOPT WAS APPROVED BY DAN SHERRANGE, ANDREW SCALISE AND CLAUDIA VOLK.

6. Follow up Items

Director of Quality Improvement Joan Rodgers presented the Audit Action Plan Report, the Correct Action Plan Report, and the Education Reports. No follow-up occurred after the July meeting, but a debrief happened on August 10th regarding the Health Services Advisory Group (HSAG) fifth-round review. These audits evaluate the quality of home and community-based services within the DD waiver program through quality service reviews. In the review, HSAG staff examined 45 support coordination records. It's important to note that a quality improvement plan was submitted in response to their

findings, addressing issues mainly related to individual service plans. However, it's worth mentioning that correcting inaccuracies in the HSAG audit review doesn't reconcile with the data submitted to the Department of Behavioral Health and Developmental Services (DBHDS). I expressed concern about the submission of inaccurate data to the state. Another noteworthy point is that, in the quality service review results and recommendations for improvement, the report states that the results in the appendices are not statistically significant. This means a deficiency in an individual record should not be generalized as a program-wide deficiency.

7. Updates

A. Comply Track Reports

- **Director of Quality Improvement Joan Rodgers** provided the CSB Board Audit Report, the CSB Board CAP Report, and the CSB Annual Training Data

B. CSB Serious Incident (Level III) Report

- **Director of Quality Improvement Joan Rodgers** provided the Serious Incident Report (SIR) Report for August 2023.

8. Open Discussion

None were raised.

9. Adjournment

A motion to adjourn the meeting was made by Committee Member Garrett McGuire and seconded by Committee Member Bettina Lawton. The motion was approved unanimously, and the meeting was adjourned at 4:30 PM.

11/07/2024 | 15:17:06 EST

Date Approved

DocuSigned by:

Sanaera Awan

Clerk to the Board