



COMPLIANCE COMMITTEE MEETING August 20, 2025

The Compliance Committee of the Community Services Board met in regular session at the Sharon Bulova Center for Community Health located at 8221 Willow Oaks Corporate Drive, Fairfax, Virginia 22031, in room 3-314 West.

1. Meeting Called to Order

Board Chair Andrew Scalise called the meeting to order at 5:11 P.M.

2. Roll Call, Audibility, and Preliminary Motions

PRESENT BOARD MEMBERS: BOARD CHAIR ANDREW SCALISE; VICE CHAIR EVAN JONES; KAREN ABRAHAM; SARAH COUGHTER; BETTINA LAWTON; DANIEL SHERRANGE; DR. PATRICIA ZISSIOS

Staff in Attendance: Deputy Director of Administrative Operations Jean Post; Deputy Director Clinical Operations Dr. Barbara Wadley-Young; Deputy Director Clinical Operations, Abbey May; Director of Medical Services Dr. Debra O'Beirne; Director of Analytics & Evaluation, Linda Mount; Senior Strategy Director, Shweta Adyanthaya; Chief Financial Officer, Elif Ekingen; Director of Quality Improvement, Joan Rogers; Administrative Assistant, Katherine Guerrero and Board Clerk Pura Valdez

3. Matters of the Public

None were present.

4. Amendments to the Meeting Agenda

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

5. Approval of Minutes

Minutes from the meeting held on April 16, 2025, were provided for review, and no amendments were made.

BOARD MEMBER, DANIEL SHERRANGE MOVED TO ADOPT THE MINUTES OF THE COMPLIANCE COMMITTEE MEETING HELD ON APRIL 16, 2025. COMMITTEE MEMBER BETTINA LAWTON SECONDED THIS MOTION. MOTION TO ADOPT WAS APPROVED UNANIMOUSLY.

6. Director of Quality Improvement, Joan Rodgers reported on the audit updates

External Audit Activities

- Ongoing:
 - Health Services Advisory Group (HSAG) Round 7 (began April 21, 2025) has submitted their report to the CSB this week.
 - Datavant (Optum/Anthem) requested 167 charts with a June deadline that was completed, with the remainder with due dates of August 28, 2025, and August 29, 2025.
- Completed in July 2025:
 - Department of Behavioral Health and Developmental Services (DBHDS) Service Members, Veterans, and Families (SMVF): Four measures were reviewed, including staff training, military

status identification, suicidality screening, and community-based support referrals. Three of these measures are currently on hold, and revised versions will be determined due to inconsistent statewide data collection. The Military Cultural Competence training measure remains in place, and the CSB achieved a 99% compliance rate, just below the 100% state goal.

- DBHDS Support Coordination Quarterly Review (SCQR): 27 charts were examined. The audit serves as a "look-back" to evaluate compliance and accuracy in SCQR activities.
- Internal audits conducted in July 2025 reviewed 7 program areas and 52 records across Developmental Disabilities (DD) Case Management, Intellectual Disabilities (ID) Group Homes, Intensive Case Management, Youth Office-Based Addiction Treatment, Mental Health (MH) Supportive In-Home Services, and Crossroads residential services.
- Totals Audits for FY26 YTD (July): 7 internal and 2 externals were conducted, and 83 individual audits occurred.
- CSB Records Administration handled 74 insurer requests in July, predominantly from Anthem.
- Upcoming reviews in August 2025:
 - Completion of Datavant Records Request.
 - Review of Assertive Community Treatment license.
 - Expected review of all substance use disorder programming.
 - Anticipated review by the Department of Corrections that will include CSB behavioral health services in the jail.
 - Expected review of Mental Health services for 10 licensed areas.

DBHDS Operational Review (Due July 31, 2025)

- DBHDS Operational Review update:
 - Update to the Mental Health Initiative Fund Policy and Protocol: completed and approved by the Community Policy and Management Team (CPMT) on July 25, 2025.
 - Accounts Payable – Expenditures: Findings related to segregation of duties likely based on older records; updated CSB P-Card policy was completed in May 2024, and a supplemental CSB staff training was in place in June 2025.
 - Remaining Items (fiscal): Aged Accounts Receivable, Receivable Adjustments, and Accounts Receivable Process were referred to the fiscal committee for follow-up.
- An Aetna review of records in the early summer determined some billing errors, and we are seeking further information to analyze what the errors were.

7. Adjournment

COMMITTEE MEMBER BETTINA LAWTON MADE A MOTION TO ADJOURN THE MEETING, WHICH WAS SECONDED BY THE BOARD MEMBER DANIEL SHERRANGE. THE MOTION WAS UNANIMOUSLY APPROVED AND THE MEETING WAS ADJOURNED AT 5:32 P.M.

December 10, 2025

Date Approved

Signed by:

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Clerk to the Board