FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
COMPLIANCE COMMITTEE MEETING

Andrew Scalise, Chair

Wednesday, April 15, 2026, 5:00 PM

Sharon Bulova Center for Community Health
8221 Willow Oaks Corporate Drive, Room 3-314 West
Fairfax, VA 22031

MEETING AGENDA

1.	**Meeting Called to Order**	**Andrew Scalise**
		Andrew Scalise
3.	**Matters of the Public**	**Andrew Scalise**
		Andrew Scalise
5.	**Approval of Meeting Minutes (December 10, 2025)**	**Andrew Scalise**
6.	**Follow Up Items**	**Andrew Scalise**
7.	**Updates**	**Joan Rodgers**
	A. Compliance Audit Report	
	B. Board CAP Report	
8.	**Open Discussion**	**Andrew Scalise**
9.	**Adjournment**	

Meeting materials are posted online at www.fairfaxcounty/community-services-board/board/archives or may be requested by contacting the CSB Board Clerk at 703-324-7000 or at CSBBoardClerk@fairfaxcounty.gov.

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Fairfax-Falls Church Community Services Board
COMPLIANCE COMMITTEE MEETING
December 10, 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 5:03 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; DR. PATRICIA ZISSIOS; CAPTAIN JAMIE POPIK

   Staff in Attendance: Deputy Director of Administrative Operations Jean Post; Deputy Director Clinical Operations Dr. Barbara Wadley-Young; Deputy Director Clinical Operations, Abbey May; Senior Strategy Director, Shweta Adyanthaya; Director of Quality Improvement, Joan Rogers; Division Director of Adult Behavioral Health Outpatient & Case Management, Eileen Bryceland; Administrative Assistant, Executive Assistant Aferdita Balla 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 August 20, 2025, were provided for review. Bettina Lawton provided her edits to the minutes.

   BOARD MEMBER, BETTINA LAWTON MOVED TO ADOPT THE MINUTES OF THE COMPLIANCE COMMITTEE MEETING HELD ON AUGUST 20, 2025, AS AMENDED. COMMITTEE MEMBER ANDREW SCALISE SECONDED THIS MOTION. MOTION TO ADOPT WAS APPROVED UNANIMOUSLY.

6. **Director of Quality Improvement, Joan Rodgers,** reported on the Compliance Updates:

   Corrective Action Plans (CAPs)
   Six CAPs were reported for the period. Three involved late serious incident reports, both attributed to new staff who were unaware of reporting requirements. In each case, supervisors identified the oversights, and the staff involved were retrained.

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The CAP issued following a Department of Medical Assistance Services (DMAS) review of Support Coordination services was also discussed. The review, conducted from September 8, 2025, through October 10, 2025, examined 114 recipient records and 89 personnel files across three waiver programs. The DMAS Quality Management Review confirmed that DD Waiver services are sound and highlighted areas for improvement in documentation and training, rather than indicating systemic quality issues.

Committee members asked about trends, controls, and preventive measures. Staff explained that most issues noted within the review were linked to newer employees and that multiple layers of internal review, checklists, and monthly audits are already in place. CAPs are integrated into each service area's Quality Improvement Plan (QIP), which is monitored monthly and reviewed quarterly. The committee emphasized the importance of preventive controls and maintaining the CSB's high statewide performance.

Two additional CAPs were issued regarding the relocation of the Crossroads residential program from the hotel and Bulova site to two county-owned locations. Although the new sites were not yet licensed, occupied, or operational, licensing staff issued CAPs for water temperature and needed flooring repairs and window coverings. Staff noted that CAPs are typically issued only for licensed sites, but the concerns were addressed promptly.

Internal and External Audits
Nine internal audits were conducted in November across seven licensed programs, including case management, outpatient services, diversion and jail-based services, intensive outpatient programs, and support coordination.

External audit activity from insurance companies increased significantly, with 289 record requests in November alone, comprised of requests from Anthem, Optum, Optima, Aetna, Cigna, Kaiser, and Sentara. Staff noted that this volume is unusually high and places substantial strain on the records administration team. Contractors are assisting, and extensions are routinely requested when needed. Committee members discussed the possibility of long-term staffing adjustments and the need for statewide advocacy through VACSB to address the growing burden.

Audit Totals
In November 2025, compliance activities included 52 internal clinical record audits and 289 external insurance record requests, for a total of 341 audit-related activities. For Fiscal Year 2026 to date, the CSB has completed 939 individual audits and responded to 593 insurance record requests. These activities reflect ongoing monitoring of service quality, documentation compliance, and external payer oversight across CSB programs.

Closing Discussion
Committee members expressed appreciation for staff diligence, especially given the increasing audit workload. Suggestions were made to document internal processes as potential best-practice models for other CSBs.

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7. Adjournment

COMMITTEE Chair Andrew MADE A MOTION TO ADJOURN THE MEETING, WHICH WAS SECONDED BY THE BOARD MEMBER. THE MOTION WAS UNANIMOUSLY APPROVED AND THE MEETING WAS ADJOURNED AT 5:33 P.M.

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Date Approved Clerk to the Board

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Audit Report CSB Board for March 2026

Item Custom ID	Audit Start Date	Entity	Audit Scope	Department	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
007417	3/1/2026	Support Coordination (Northwest/Reston)	CSB Internal Review	DD Case Management	Clinical Records	6	Standard Business Risk	Quality Review	Completion: 3/31/2026
007418	3/2/2026	Assisted Community Residential Services (Pennino)	CSB Internal Review	ID Group Homes (ACRS)	Clinical Records	6	Standard Business Risk	Quality Review	Completion: 4/1/2026
007434	3/6/2026	Residential Treatment & Detox Services (Chantilly)	CSB Internal Review	ASAM 3.5-A New Beginning	Clinical Records	10	Standard Business Risk	Quality Review	Completion: 4/3/2026
007435	3/6/2026	Emergency & Crisis Services (Merrifield)	CSB Internal Review	Crisis Care Program (Wellness Circle)	Clinical Records	10	Standard Business Risk	Quality Review	Completion: 4/3/2026
007436	3/6/2026	Community Residential Services (Gartlan)	CSB Internal Review	MH Supportive-In Home (SHP)	Clinical Records	5	Standard Business Risk	Quality Review	Completion: 4/3/2026
007437	3/6/2026	Community Residential Services (Reston)	CSB Internal Review	MH Supportive-In Home (SHP)	Clinical Records	5	Standard Business Risk	Quality Review	Completion: 4/3/2026

Audit Report CSB Board for March 2026

Item Custom ID	Audit Start Date	Entity	Audit Scope	Department	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
	3/24/2026	DBHDS	License Inspection	Support Coordination Assisted Community Residential Services	Clinical Records Staff Files Environmental Review	Charts, SC-4, ACRS-3, Staff Files, SC-3, ACRS-4, Environmental 2 (SLP & Group Home)	Standard Business Risk	License Review	Completion: 3/26/2026
	3/26/2026	DBHDS	TMACT Review	ACT Medium	Clinical Records Interview	Charts: 10 Interview: 8 staff/1 client	Standard Business Risk	Fidelity Review	Completion: 3/31/2026
	3/1/2026	Aetna=2 Anthem=6 Highmark=1 Kaiser=5 Optum=10 United Healthcare=11	Insurance Coverage Review	CSB-wide	Clinical Records	25	Standard Business Risk	Service/Billing Review	Rolling Completion: 4/2026

FY2026	Total Service Areas audited in the current month	Total Individual Audits in the current month	Total Individuals audits completed in FY 26	Total Insurance Record Request in FY26
	6 internal (5 program areas) 3 external audits	42 Internal, 3 external: 2 audits – 34 Insurance – 25 Total Review = 101	1,556	1,022

AUDIT LEGEND

Item Custom ID	Item Custom Numbers will be entered on 12/8/2023, a day after the CSB Board Compliance Committee data is required for submission for the Board package
Audit Start Date	Date the audit was initiated
Entity	Location where the audited services was provided
Audit Scope	The agency conducting the audit and scope of the audit
Department	Service area
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
Audit Action Plan	Description of actions taken in response to the audit

CSB Board CAP Report for March 2026

Item Custom ID	Start Date	Entity	Reviewing Agency	Corrective Action (Narrative)	CAP Status	Additional Information
7419	March 30, 2026	Assisted Community Residential Services ID Group Homes	DBHDS	The Corrective Action Plan was submitted to DBHDS for review	Pending	License Inspection: 1 staff training record incomplete

CAP LEGEND

Item	Identification number automatically assigned by Comply Tracker
Audit No.	References for 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 requesting and reviewing the CAP
CAP	Description of the reason for the CAP
Date CAP	Date the reviewing agency approve the CAP