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.

   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.

7. Adjournment

COMMITTEE CHAIR ANDREW SCALISE 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.

April 15, 2026 — Date Approved

Pura Valdez — Clerk to the Board