Fairfax-Falls Church Community Services Board
COMPLIANCE COMMITTEE MEETING
April 15, 2026

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 5:01 P.M.

2. **Roll Call, Audibility, and Preliminary Motions**

   PRESENT BOARD MEMBERS: BOARD CHAIR ANDREW SCALISE; VICE CHAIR EVAN JONES; KAREN ABRAHAM; BETTINA LAWTON; DR. PATRICIA ZISSIOS; DANIEL SHERRANGE; JESPER SULLIVA DEN BURGH

   Staff in Attendance: Acting Executive Director Barbara Wadley-Young; Deputy Director of Clinical Operations, Abbey May; Deputy Director of Administrative Operations, Jean Post; Senior Strategy Director, Shweta Adyanthaya; Director of Medical Services, Dr. Debra O'Beirne; Director of Quality Improvement, Joan Rodgers; and Board Clerk, Pura Valdez

   Online: Division Director of Adult Behavioral Health Outpatient & Case Management, Eileen Bryceland

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. Then April 15, 2026, meeting agenda was approved unanimously.

5. **Approval of Minutes**
   Minutes from the meeting held on December 10, 2025, were provided for review.

   BOARD MEMBER, DANIEL SHERRANGE MOVED TO ADOPT THE MINUTES OF THE COMPLIANCE COMMITTEE MEETING HELD ON DECEMBER 10, 2025. COMMITTEE MEMBER BETTINA LAWTON SECONDED THIS MOTION. MOTION TO ADOPT WAS APPROVED UNANIMOUSLY.

6. **Director of Quality Improvement, Joan Rodgers,** reported on the Compliance March 2026. The Compliance team completed a wide range of internal and external audit activities across multiple program areas. A total of 101 audit-related activities were conducted, including 42 internal audits, 34 external reviews, and 25 insurance record requests. Year-to-date totals include 1,556 audits and 1,022 insurance requests.

DRAFT

Internal quality reviews were completed for five licensed program areas, with 42 clinical records audited. These reviews covered Support Coordination (Northwest/Reston), ACRS (Pennino), Residential Treatment and Detox Services/A New Beginning, Emergency and Crisis Services (Wellness Circle), and two Mental Health Supportive In-Home program locations (Gartlan and Reston).

External oversight activity included a DBHDS licensing review conducted March 24–26, 2026, for the Support Coordination and ACRS programs. The review consisted of client and staff record audits, along with two environmental site visits. One finding was identified involving an incomplete staff training record within the ACRS program. A Corrective Action Plan has been submitted, and the final report is pending.

An ACT Fidelity Review (TMACT) was completed on March 26, 2026, in collaboration with DBHDS and the University of North Carolina Institute for Best Practices. Strengths included effective community engagement, stable staffing, and proactive client outreach. Recommendations centered on workflow refinement, team structure, and enhanced client-centered documentation. The full report is expected in approximately 10 weeks.

Insurance audit activity decreased significantly this month, with 25 record requests from six payors (Aetna, Anthem, Highmark, Kaiser, Optum, and United Healthcare), marking a lower volume than in previous months. Staff will continue to monitor trends in payer requests.

Audit Totals

In March 2026, compliance activity included 42 internal audits, 34 external audits (including licensing and fidelity reviews), and 25 insurance record requests, for a total of 101 audit activities. To date in Fiscal Year 2026, the CSB has completed 1,556 audits and responded to 1,022 insurance record requests.

Upcoming Audit Activities

The Committee was briefed on the following upcoming reviews.:

- IPS Fidelity Review (April 20, 2026): Evaluation of adherence to the evidence-based supported employment model.
- HSAG Quality Service Review (Round 8) (April–May 2026): Preparation activities are underway.
- DBHDS Block Grant Site Visit (May 19, 2026): Low-risk compliance review of federally funded services.

One new Corrective Action Plan (CAP 7419) was submitted to DBHDS addressing the staff training documentation identified during the ACRS inspection. The CAP is awaiting review.

7. Adjournment

COMMITTEE Dan Sherrange 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 5:28 P.M.

August 19, 2026 — Pura Valdez

Date Approved — Clerk to the Board