FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
COMPLIANCE COMMITTEE MEETING
Andrew Scalise, Chair
August 19, 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
2.	Roll Call, Audibility and Preliminary Motions	Andrew Scalise
3.	Matters of the Public	Andrew Scalise
4.	Amendments to the Meeting Agenda	Andrew Scalise
5.	Approval of Meeting Minutes (April 15, 2026)	Andrew Scalise
6.	Follow Up Items	Andrew Scalise
7.	Updates	Joan Rodgers
	a. Compliance Audit Report	
	b. Board CAP Report	
8.	Open Discussion – Meeting Structure	Jean Post
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
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.

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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 DANIEL 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.

Date Approved

Clerk to the Board

Audit Report CSB Board for July 2026

Item Custom ID	Audit Start Date	Entity	Audit Scope	Department	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
7688	7/2/2026	CSB Internal Review	Support Coordination (Pennino)	DD Case Management	Clinical Records	6	Standard Business Risk	Quality Review	Completion:7/30/2026
7689	7/2/2026	CSB Internal Review	Assisted Community Residential Services (Pennino)	ID Group Homes (ACRS)	Clinical Records	6	Standard Business Risk	Quality Review	Completion:7/30/2026
7726	7/6/2026	CSB Internal Review	Behavioral Health Outpatient Services (Gartlan)	Intensive Outpatient (IOP)	Clinical Records	8	Standard Business Risk	Quality Review	Completion:7/31/2026
7728	7/6/2026	CSB Internal Review	Behavioral Health Outpatient Programs (Northwest Center/ Reston)	MH Case Management-Adult	Clinical Records	8	Standard Business Risk	Quality Review	Completion:7/31/2026
7729	7/6/2026	CSB Internal Review	Intensive Case Management (Gartlan)	Intensive Case Management (ICM)	Clinical Records	8	Standard Business Risk	Quality Review	Completion:7/31/2026

Audit Report CSB Board for July 2026 cont.

Item Custom ID	Audit Start Date	Entity	Audit Scope	Department	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
	4/14/2026	HSAG	ID/DD Services	ACRS Support Coordination	Clinical Charts: ACRS - 3 Support Coordination - 67 and Staff/Client Interviews	70 and Staff/Client Interviews	Standard Business Risk	Quality Service Review Round 8	Completion: July 2026
	5/11/2026	Fairfax County Department of Finance/External Auditor	CSB Block Grants for Prevention and Treatment of Substance Use	MH/SUD Block Grants Step-VA Recovery (Peer) Services Child and Family Services	Fiscal	Grant Awards, Budget, and Expenditure documents	Standard Business Risk	Compliance	Completion: Ongoing
	6/22/2026	DBHDS	CSB	Mental Health and Substance Use Disorder Services	Clinical Records	30	Standard Business Risk	Unannounced License Review	Completed: 6/23/2026
	6/30/2026	DBHDS	CSB	Support Coordination Quality Review (SCQR)	Clinical Records	30	Standard Business Risk	Unannounced Quality Review	Completed: 6/30/2026

Audit Report CSB Board for July 2026 cont.

Item Custom ID	Audit Start Date	Entity	Audit Scope	Department	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
	7/1/2026	Anthem - 18 CareFirst - 1 Kaiser Perm - 2 Optum - 7 United Healthcare - 15	Insurance Coverage Review	Medical Records	Clinical Records	43	Standard Business Risk	Service/ Billing Review	Rolling Completions: 7/2026

Audit Report CSB Board for July 2026 cont.

FY2027	Total service areas audited in the current month	Total individual audits in the current month	Total individual audits completed in FY27	Total Insurance Record Requests in FY27
	5 internal (5 program areas) 1 external audit (insurance reviews)	36 Internal, Insurance Reviews - 43 Total Reviews = 79	79	43

AUDIT LEGEND	
Item Custom ID	*Item Custom ID 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 service was provided
Audit Scope	The agency conducting the audit and the scope of the audit
Depart-ment	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

No CAPs to report for July 2026