

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, August 15, 2019
Central Florida Cares Health System, Inc.
Training Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Ian Golden, Brevard County Housing & Human Services
Jules Brace, Orange County Sheriff Office
Luis Delgado, Surf Monkey Media/Consumer Advocate
Tara Hormell, Children's Home Society

Central Florida Cares Health System, Inc. Staff

Maria Bledsoe, Chief Executive Officer
Geovanna Gonzalez, Risk Manager
Karla Pease, Executive Assistant and Recording Secretary

Guests

Deanne Rothenberg, Aspire Health Partners
Jill Krohn, DCF
Michelle Gharssoubsalgado, SAMH

Meeting Called to Order

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, August 15 at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The meeting was called to order at 1:32 p.m.

Compliance Charter

The Compliance Charter was discussed where membership was noted, but the charter did not clarify what constituted a quorum. Under Procedures, #2 Membership, it mentions Board Members and staff constitute a quorum. This charter should be modified to remove "and staff" since staff do not constitute a quorum or vote. The CEO will look into and revise.

Ian Golden opened up discussion for nominations for a chair person. After discussion among members, it was decided that Ian Golden would be the most appropriate candidate for the chair of this committee.

Ian Golden nominated himself for chair of the Compliance/Quality Improvement Committee, Luis Delgado seconded, motion passed.

Introduction to the Compliance/Quality Improvement Committee

Ian mentioned instead of following the agenda for today's meeting, for the Risk Manager to give an overview of the committee and go over anything that needs to be addressed at this time.

The Risk Manager discussed in detail what the Compliance program actually is, how the program is divided into Quality Improvement and Compliance, the duties of the committee, the compliance hotline, and the reports that will be emailed to them one week prior to the meetings.

The Risk Manager spoke next about the Enterprise Risk Management exercise which addressed every perceived or real risk to the agency and scored them and making sure mitigating factors are in place to address the risks. This is a prevention mechanism to make sure the agency is in compliance.

The Compliance Plan will be emailed out to the committee for their review.

Quality Improvement

- a. The Client Satisfaction Survey was discussed being implemented electronically via Survey Monkey and the use of phones/tablets for client input. The cost of man hours with paper copies and input versus digital input was discussed.
- b. Utilization Management shows a waiting list for priority populations and shows which programs for substance abuse and detox residential were at 90% capacity.
- c. Performance Measures were projected.
- d. Risk Management shows incidents reported to CFCHS for the quarter and any incidents CFCHS has generated.

Compliance

The following items will be discussed at each meeting:

- a. CFCHS Compliance Line Reports
- b. FWA/Complaints & Grievances/Investigations
- c. HIPAA Privacy/Security
- d. Training
- e. Network Monitoring
- f. Public Records Requests
- g. Whistleblower Reports
- h. CARF

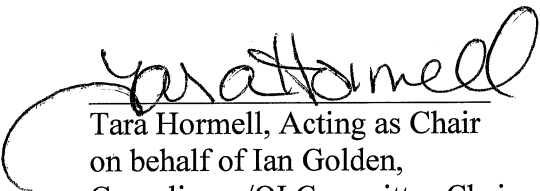
Other/Public Input – None

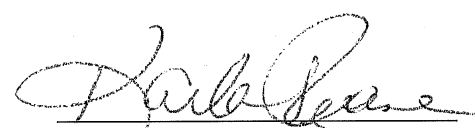
Next Meeting

The next meeting will be October 17, 2019 at 1:30 pm.

Tara Hormell made a motion to adjourn, Jules Brace, seconded, motion passed.

The meeting adjourned at 2:42 p.m.


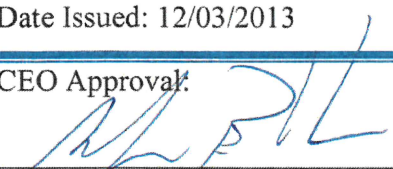

Tara Hormell, Acting as Chair
on behalf of Ian Golden,
Compliance/QI Committee Chair


Karla Pease
Recording Secretary

**Compliance/Quality Improvement
Committee Agenda
Thursday, August 15, 2019
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I. Welcome/Introductions	Ian Golden	5 minutes
II. Compliance/Introduction	Geovanna Gonzalez	10 minutes
III. Quality Improvement		
a) Client Satisfaction Survey Report	Geovanna Gonzalez	10 minutes
b) Utilization Management	Geovanna Gonzalez	5 minutes
<ul style="list-style-type: none"> • High Utilizers • Waiting List 		
c) Performance Measures	Geovanna Gonzalez	5 minutes
d) Risk Management	Geovanna Gonzalez	10 minutes
<ul style="list-style-type: none"> • Incident Reports Data 		
IV. Compliance	Geovanna Gonzalez	5 minutes
a) CFCHS Compliance Line Reports		
b) FWA/Complaints & Grievances/Investigations		
c) HIPAA Privacy/Security		
d) Training		
e) Network Monitoring		
f) Public Records Requests		
g) Whistleblower Reports		
h) CARF		
V. Other/Public Input	Group	3 minutes/person
VI. Adjourn - Next Meeting	Group	1 minute
<ul style="list-style-type: none"> • October 17, 2019 at 1:30 pm 		

Policy Title: Compliance/Quality Committee Charter		
Date Issued: 12/03/2013	Revised Date: 08/29/2016 Review Date: 08/29/2016	
CEO Approval: 	Effective Date: 9/9/2016	

POLICY:

It is the policy of Central Florida Cares Health System, Inc. (CFCHS) to outline in charters the purpose and responsibility of each of the Board Committees.

RELATED POLICIES: Board Committee Composition Second Related Policy

PURPOSE:

To help committee members understand the committees' goals and how their role and functions contribute to the committee and the organization overall.

PROCEDURES:

1. Establishment and Authority: The Compliance/Quality Committee is a subcommittee of the CFCHS Board of Directors established to oversee processes and advise on changes to improve the effectiveness of the system of care services, data collection, customer satisfaction approaches, and CFCHS compliance program.
2. Membership: The Committee shall be composed of at least three (3) Board members, and CFCHS staff such as Quality Specialist, Utilization Management Specialist, Risk Manager/Compliance Officer and Chief Operations Officer. The meetings are open to the Provider Network, public, clients, family members, and CFCHS staff. Any member of CFCHS Board of Directors may attend, and is encouraged to attend, the Compliance/Quality Committee Meetings.
3. Leadership
 - a. CFCHS Board shall appoint one of the committee members to serve as the Compliance/Quality Committee's Chair.
 - b. Committee Chair shall manage the committee and its meetings.
 - c. CFCHS Quality Specialist and Risk Manager will assist in organizing the agenda for the Committee Chair.
 - d. CFCHS Executive Assistant will take minutes.
4. Meetings
 - a. Committee shall agree on the time and place of its meetings, provided that it shall meet at least once every three (3) months.
 - b. Committee shall determine the procedures for its meetings.
 - c. Committee meetings shall occur in person.
 - d. Meeting notices shall be posted according to the Sunshine Law and on CFCHS website.
 - e. All meeting minutes shall be posted on the CFCHS' website subject to the Sunshine Law.
5. Quality Responsibilities:
 - a. Participate and advise on the automation of processes to increase validity and accuracy of data.

- b. Review and analyze reports related to:
 - Incident report data for analysis and trending.
 - Levels of satisfaction reflected in CFCHS surveys.
 - Complaints and grievances.
 - Network Performance Measures.
 - CFCHS Performance Measures.
 - Utilization Management Reports, including but not limited to Bed Count Utilization, High End Utilizers, and Waiting List reports.
 - Public Record requests.
 - c. Review network performance measures.
6. Compliance Responsibilities:
- a. Oversight and evaluation of CFCHS' Compliance Program.
 - b. Develop and review of standards of ethics and conduct.
 - c. Promote and organizational culture that encourages ethical practices and commitment to compliance with laws and regulations.
 - d. Be aware of auditing and monitoring activities.
 - e. Maintain open lines of communication to ensure access to the Board.
 - f. Ensure CFCHS has an adequate Whistleblower policy and procedures.
 - g. Monitor the CFCHS Compliance Line.
 - h. Be the point of contact for the reporting, notification and investigation of compliance issues that implicate CFCHS' CEO, COO, or any of the Compliance Line Administrators (Compliance Officer/Risk Manager and Human Resources Generalist).
 - i. Know how the organization responds to identified problems, and as applicable, represent the Board in the mediation and resolution of compliance issues that involve employees, subcontractors, vendors, consultants or CFCHS agents.
 - j. Review and analysis of specific risk areas.
 - k. Be aware of, and ensure resolution of, reports made to the CFCHS Compliance Line.
 - l. Evaluate FWA or compliance trends.
 - m. Ensure proper protocols for the disclosure and handling of conflicts of interest.
 - n. Report FWA and compliance activities to the Board of Directors via standard agenda item.
 - o. Perform functions as delegated by the CFCHS Board.

Reporting: Committee shall report to CFCHS Board on its activities and recommendations for full Board vote when applicable.

Charter revisions: Committee shall review this charter on an annual basis and recommend any changes to the Board.