

**Compliance/Quality Improvement  
Committee Meeting Minutes  
Thursday, October 21, 2021  
Central Florida Cares Health System, Inc.  
Board Room**



**ATTENDANCE**

**Central Florida Cares Health System Board of Directors**

Thomas Todd, Chair, Connection Church/Consumer Advocate  
Jules Brace, Orange County Sheriff Office  
Sherri Gonzalez, Children's Home Society  
Natalie Mullett, Park Place Behavioral Health Care

**Central Florida Cares Health System, Inc. Staff**

Geovanna Gonzalez, Compliance Director  
Maria Bledsoe, Chief Executive Officer  
Trinity Schwab, Chief Operations Officer  
Mike Lupton, Chief Information Officer  
Miralys Martinez, Risk Management Specialist  
Karla Pease, Executive Assistant and Recording Secretary

**Guests**

Anne Sutherland, Department of Children and Families  
Amy Hammett, Department of Children and Families

**Meeting Called to Order**

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, October 21, 2021 at 1:00 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The Chair called the meeting to order at 1:02 p.m.

**Minutes**

*Natalie Mullett made a motion to approve the minutes from August 19, 2021, Sherri Gonzalez seconded; motion passed.*

**Quality Improvement**

- a) Client Satisfaction Survey  
Quarter 1 results were shown. Quarter 2 will reflect a new process implemented by DCF which is still being developed, but these results were obtained via Survey Monkey. During the FY2122 Quarter 1, Central Florida Cares Health System, Inc. (CFCHS) received 578 consumer satisfaction surveys from the provider network, of which 547 were valid and 31 invalid. There were more female surveys received than men this quarter. The network met the 85% target threshold for all the survey domains.
- b) Provider Satisfaction Surveys – Each of the 28 questions was reviewed with the committee and discussed. The survey was open from September 1-30, 2021. CFCHS received 60 respondents mostly completed by management/administrators and executives. Comments from respondents were discussed among members. A member

suggested to have a general comment box so anything could be stated, rather than just if you disagree. Another suggestion was to add a line where they can add their name if they want to be contacted.

- c) Performance Measures – The Chief Information Officer (CIO) stated that DCF produces a guidance document incorporated into our contract called Guidance 24 Performance Measures. Guidance 24 is in review and being revised for the new data system, FASAMS, that went live July 1. There are no approved algorithms for it or approved code. The CIO adapted DCF’s original draft code to work in our environment for reporting. A bigger issue is providers have had difficulty getting data out of their EHR systems and into the system. CFCHS is missing data from the four largest providers and another provider in the top seven. Although we can report on performance measures, this is not a reasonable representation of what is true. DCF’s new system is still a work in progress.

### **Risk Management**

- a) Incident Reports data was reviewed and explained. Trends were discussed. The three categories receiving the largest numbers of incidents in Q1 were in employee misconduct, death, and elopements. Thirteen employee misconducts were unsubstantiated. CFCHS met with the provider who reported 19 employee misconducts and investigated and determined half of the misconducts were from non-funded CFCHS clients.

### **Compliance**

- a) CFCHS Compliance Line Reports – none
- b) FWA/Complaints & Grievances/Investigations – none
- c) HIPAA Privacy/Security – A hacked email was received from an apparent provider requesting a change in their bank account information. The email and the form looked legitimate, but was not. The deposit was made to other than the provider. CFCHS contacted our bank to reinstate the funds since we were in the 5-day grace period. Payment was reversed and funds returned to CFCHS. CFCHS has implemented policy changes with a two-step process to verify the request.
- d) Training – a chart was shown with numerous trainings for CFCHS and Network providers completed this quarter.
- e) Network Monitoring-Schedule, Findings, Issues – A chart was shown with the status of FY 21-22 monitoring. The Compliance Director asked for non-provider members to volunteer to be a part of a monitoring process. There are still two providers with corrective action plans outstanding from last fiscal year’s monitoring cycle.
- f) Public Records Requests – none, but DCF asked for a PRTS progress report.
- g) Whistleblower Reports - none
- h) CARF – The virtual audit will take place around the end of the year.

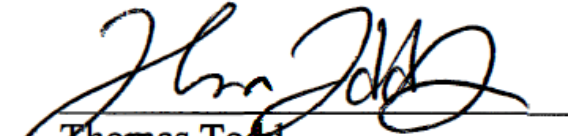
**Other/Public Input** – none

### **Next Meeting**

The next meeting will be February 17, 2022 at 1:00 pm.


*Jules Brace made a motion to adjourn, Natalie Mullett seconded, motion passed.*

The meeting adjourned at 2:02 p.m.



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**Thomas Todd**  
Compliance/QI Committee Chair



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Karla Pease  
Recording Secretary

**Compliance/Quality Improvement  
Committee Agenda  
Thursday, October 21, 2021  
Central Florida Cares Health System, Inc.  
Board Room**



<b>I. Welcome/Introductions</b>	Thomas Todd	5 minutes
<b>II. Approve Minutes</b>	Thomas Todd	5 minutes
<b>III. Quality Improvement</b>		
<ul style="list-style-type: none"> <li>• Client Satisfaction Surveys</li> <li>• Provider Satisfaction Survey</li> <li>• Performance Measures</li> </ul>	<ul style="list-style-type: none"> <li>Miralys Martinez</li> <li>Miralys Martinez</li> <li>Geovanna Gonzalez</li> </ul>	<ul style="list-style-type: none"> <li>5 minutes</li> <li>20 minutes</li> <li>5 minutes</li> </ul>
<b>IV. Risk Management</b>	Miralys Martinez	10 minutes
<ul style="list-style-type: none"> <li>• Incident Reports Data</li> <li>• Complaints and Grievances</li> </ul>		
<b>V. Compliance</b>	Geovanna Gonzalez	10 minutes
<ul style="list-style-type: none"> <li>a) CFCHS Compliance Line Reports</li> <li>b) FWA/Complaints &amp; Grievances/Investigations</li> <li>c) HIPAA Privacy/Security</li> <li>d) Training</li> <li>e) Network Monitoring-Schedule, Findings, Issues</li> <li>f) Public Records Requests</li> <li>g) Whistleblower Reports</li> <li>h) CARF</li> </ul>		
<b>VI. Other/Public Input</b>	Group	3 minutes/person
<b>VII. Adjourn</b>	Group	1 minute
February 17, 2022		

**Compliance/Quality Improvement  
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Thursday, August 19, 2021  
Central Florida Cares Health System, Inc.  
Board Room**



**ATTENDANCE**

**Central Florida Cares Health System Board of Directors**

Ian Golden, Chair, Brevard Housing & Human Services  
Luis Delgado, Surf Monkey Media/Consumer Advocate  
Sherri Gonzalez, Children's Home Society  
Natalie Mullet, Park Place Behavioral Health Care  
Thomas Todd, Connection Church/Consumer Advocate

**Central Florida Cares Health System, Inc. Staff**

Geovanna Gonzalez, Compliance Director  
Maria Bledsoe, Chief Executive Officer  
Miralys Martinez, Risk Management Specialist  
Trinity Schwab, Chief Operations Officer  
Karla Pease, Executive Assistant and Recording Secretary

**Guests**

None

**Meeting Called to Order**

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, August 19, 2021 at 1:00 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The Chair called the meeting to order at 1:04 p.m.

**Minutes**

*A motion to approve the minutes from April 15, 2021 was made by Thomas Todd; Luis Delgado seconded; motion passed.*

**Quality Improvement**

a) Client Satisfaction Survey

Quarter 4 results were shown. During the FY2021 Quarter 4, Central Florida Cares Health System, Inc. (CFCHS) received 348 consumer satisfaction surveys from the provider network, of which 343 were valid. Adult Mental Health has 173 valid surveys and Adult Substance Use had 79 valid surveys. CFCHS sends a reminder to providers to complete surveys which impacted completion numbers this quarter. There were more female surveys received than men this quarter. The network met the 85% target threshold for all the survey domains.

DCF has created a new electronic Client Satisfaction Survey to be taken directly on a DCF website link. Neither CFCHS nor its network providers were requested input. Apparently, there are only 10 questions in the survey, and it is still unclear how the MEs and the providers will receive data from the survey results.

- b) Performance Measures - All performance measures were met for the quarter.

### **Risk Management**

- a) Incident Reports data was reviewed and explained. Trends were discussed. The three categories receiving the largest numbers of incidents in Q4 were in elopements, death, and “other” category. It was suggested by a member to spell out the acronym OBD (one business day). Another suggestion was to place a dash in between the fiscal years. Compliance with Attestation reporting was at 75%. Follow up was suggested to clarify the causes of death when unknown, so death incidents do not remain as cause “not listed” or “pending” at each meeting.

### **Compliance**

- a) CFCHS Compliance Line Reports - none
- b) FWA/Complaints & Grievances/Investigations – internally when conducting the Inventory Review to DCF, it was found that two new Surfaces purchased on May 20<sup>th</sup> were missing and not inventoried. DCF will be paid back for the Surfaces through non-restricted funds and charged to the two employees responsible. Steps were taken to improve the processes.
- c) HIPAA Privacy/Security – One of the network providers experienced a cyberattack, but forensic investigators concluded no breach had taken place.
- d) Training – a chart was shown with numerous trainings for CFCHS and Network providers completed this quarter.
- e) Network Monitoring-Schedule, Findings, Issues – A chart was shown with the status of FY 20-21 monitoring. Also, the results of the Network Monitoring Survey were shown with the supplied provider feedback. There was discussion about the 2-day turnaround for IRMS responses. Recommendations will be brought back to the committee at the next meeting.
- f) Public Records Requests - none
- g) Whistleblower Reports - none
- h) CARF – CFCHS is working through the process for re-accreditation.

**Other/Public Input** – The Chair is stepping down from this committee.

### **Next Meeting**

The next meeting will be October 21, 2021 at 1:00 pm.

The meeting adjourned at 2:50 p.m.

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Thomas Todd  
Compliance/QI Committee Chair

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Karla Pease  
Recording Secretary