

**Compliance/Quality Improvement  
Committee Meeting Minutes  
Thursday, April 21, 2022  
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  
Luis Delgado, Consumer Advocate  
Sherri Gonzalez, Children's Home Society  
Lisa Portelli, City of Orlando

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

Geovanna Gonzalez, Compliance Director  
Miralys Martinez, Risk Management Specialist  
Jerry Foster, Quality Improvement Specialist  
Karla Pease, Executive Assistant and Recording Secretary  
Valentina Melnichuk, HR Director

**Guests**

Vanessa Suarez, Department of Children and Families  
Amy Hammett, Department of Children and Families  
Anne Sutherland, 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, April 21, 2022, 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**

*Luis Delgado made a motion to approve the minutes as written, Sherri Gonzalez seconded; motion passed.*

**Quality Improvement**

The Compliance Director welcomed the new employee, Jerry Foster, to the Compliance Team.

- a) Employee Satisfaction Survey (ESS)  
The HR Director reviewed the ESS results with Board members along with CFCHS initiatives in response to the employee feedback. A suggestion by the Chair was to know how many surveys were completed by new employees. There was discussion about the ways employees could do the survey in more anonymity and incentives for employees to complete the surveys.
- b) Board Satisfaction Survey  
The Risk Management Specialist reviewed the responses to each of the questions on the annual board satisfaction survey.

- c) Person Served Satisfaction Survey  
Quarter 3 results were shown. The survey reflects the new process implemented by DCF. The number of questions went from 34 to 12, so CFCHS cannot compile what was collected in Quarter 1 for comparison due to the reduced number of questions. Quarter 1 is N/A, Quarter 2 collected 369 (324 valid), and Quarter 3 there were 300 surveys (272 were valid). When CFCHS managed the survey, no questions could be skipped which reduced the number of invalid surveys. However, in the current survey, persons served can submit the survey after answering only one question, causing the invalids to be higher. DCF made additional changes to the demographic sections to include 'transgender' options. The survey Compliance Threshold domains in red were discussed. The new DCF survey does allow providers to identify feedback for specific programs. Anne Sutherland will ask DCF headquarters if this can be revisited.

### **Risk Management**

- a) Incident Reports data was reviewed and explained. Trends were discussed in each of the areas. The largest numbers of incidents in Q3 were in employee misconduct at 19, of which 15 were unsubstantiated, 3 were substantiated, and one is pending investigation results. A continued decrease in this category is expected since a provider was submitting data on programs not related to CFCHS funding.
- b) Complaints & Grievances – last quarter a complaint was received about a provider's new supervisor making programmatic changes not aligned to the intent of the program and to DCF's guidance documents. The complaint was referred to the provider who investigated and is requiring that the new supervisor takes training on leadership, and communication to improve the interaction with staff.

The Chair asked for the number of incidents versus the number of clients served. The Compliance Director informed the committee that this may soon be possible since there were conversations with Five Points for the automation of reports instead of the manual reporting current reporting.

### **Compliance**

- a) FWA - none
- b) HIPAA Privacy/Security – The CIO completed the HIPAA risk assessment for our CARF accreditation process and is also covered in the COU monitoring taking place now.
- c) Training – information was shared on the numerous trainings provided this quarter to CFCHS staff and Network providers.
- d) Network Monitoring-Schedule, Findings, Issues – A table was shown with the status of FY 21-22 monitoring.
- e) Public Records Requests - none
- f) Whistleblower Reports - none
- g) CARF – Received reaccreditation for 3 more years. No findings or recommendations. Only 3% of surveyed entities receive no findings or recommendations.

**Other/Public Input** – Members agreed to the meeting schedule for the next fiscal year.

### **Next Meeting**

The next meeting will be August 18, 2022, at 1:00 pm.

*Luis Delgado made a motion to adjourn, Sherri Gonzalez seconded, motion passed.*

The meeting adjourned at 2:14 p.m.

*Sherri Gonzales*  
*Sherri Gonzales co-chair*

Thomas Todd  
Compliance/QI Committee Chair

*Karla Pease*

Karla Pease  
Recording Secretary

**Compliance/Quality Improvement  
Committee Agenda  
Thursday, April 21, 2022  
Central Florida Cares Health System, Inc.  
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<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>• Employee Satisfaction Surveys</li> <li>• Board Satisfaction Survey</li> <li>• Person Served Satisfaction Surveys</li> </ul>	Valentina Melnichuk Miralys Martinez Miralys Martinez	20 minutes 15 minutes 10 minutes
<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	15 minutes
<ul style="list-style-type: none"> <li>• CFCHS Compliance Line Reports</li> <li>• FWA/Complaints &amp; Grievances/Investigations</li> <li>• HIPAA Privacy/Security</li> <li>• Training</li> <li>• Network Monitoring-Schedule, Findings, Issues</li> <li>• Public Records Requests</li> <li>• Whistleblower Reports</li> <li>• CARF</li> </ul>		
<b>VI. Other/Public Input</b>	Group	3 minutes/person
<b>VII. Next Meeting</b>	Group	1 minute
<ul style="list-style-type: none"> <li>• August 18, 2022</li> </ul>		

**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

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