

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, April 20, 2023
Central Florida Cares Health System, Inc.
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Mark Broms, Consumer Advocate
Sherri Gonzales, Children's Home Society
Alex Greenberg, Orange County Sheriff Dept.
Natalie Mullett, Park Place Behavioral Health Care

Central Florida Cares Health System, Inc. Staff

Maria Bledsoe, Chief Executive Officer
Geovanna Gonzalez, Compliance Director
Jerrymar Foster, Quality Improvement Specialist
Trinity Schwab, Chief Operating Officer
Karla Pease, Executive Assistant and Recording Secretary

Guests

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, April 20, 2023, at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The acting Chair called the meeting to order at 1:33 p.m.

Minutes

Natalie Mullett made a motion to approve the minutes as written, Mark Broms seconded; motion passed.

Thomas Todd has stepped down as a board member. Sherri Gonzales has expressed an interest in becoming the next Chair. Members discussed and a motion was made.

Natalie Mullett made a motion to approve Sherri Gonzales as Chair of the Compliance/Quality Improvement Committee, Mark Broms seconded, motion passed.

Risk Management

- Incident Reports data for FY22-23 was reviewed and explained. February had an increase in incidents. Also, in February, a provider had a new Risk Management team, and they reported some incidents that did not meet the criteria. The CEO suggested tying the type of incidents to the peaks.
- Year-to-date Compliance with Reporting in One-Business-Day (OBD) decreased in February due to external events and notification not received by the provider within the

required timeframe. Providers are compliant with reporting on the date of discovery. An automated email is sent to providers reminding them of OBD requirements.

- Attestations with providers have increased during this fiscal year reminding providers to provide an attestation.
- Incident types were compared and reviewed with members. FY22-23 Q3 showed a slight increase compared to the prior fiscal year in these categories: Other = 39 vs.37, Security Incident = 6 vs. 5, Sexual Abuse = 4 vs. 3, Suicide Attempt = 2 vs. 0. The largest increase was in the Death category = 33 vs 23. None of these incidents involve children. It was suggested by the Chair to identify if any of these incident categories ever involves a child.

Quality Improvement

- Community Person Served Satisfaction Surveys (CPSSS) – The Compliance Director shared Qt 3 survey results compared with the prior fiscal year as a point of reference. A member asked about the red numbers in the category of Social Connectedness. The member determined that the satisfaction percentages may remain the same based on the survey questions included in this domain.

Compliance

- a) CFCHS Compliance Line Reports – During Quarter 3 seven complaints were received and two were duplicates. One did not provide enough details or contact information for follow-up. Most complaints were resolved at the provider level. One report has not been satisfactorily resolved for the complainant despite multiple efforts to answer questions and provide information about the provider’s processes and protocols.
- b) FWA – none this quarter.
- c) HIPAA Privacy/Security – one potential breach reported as an incident report.
- d) Training – a chart of training and technical assistance was shown for Qt 3.
- e) Network Monitoring-Schedule, Findings, Issues – A table showing the CAPs follow-up in progress was shown. Eighteen providers will be monitored in FY 22-23. Board members, who are not providers, were invited to attend the entrance and exit interviews with providers.
- f) Public Records Requests – One, from a provider requesting provider rates for services.
- g) Whistleblower Reports – none
- h) CARF – Accreditation expires December 31, 2024.
- i) Performance Measures – Meeting all standards but housing.

Other/Public Input – None


Next Meeting

The next fiscal year meeting dates will be determined.

Natalie Mullet made a motion to adjourn, Mark Broms seconded, motion passed.

The meeting adjourned at 2:45 pm.


Sherri Gonzales
Chair


Karla Pease
Recording Secretary

**Compliance/Quality Improvement
Committee Agenda
Thursday, April 20, 2023
Central Florida Cares Health System, Inc.
Board Room**



I. Welcome/Introductions	Acting Chair	2 minutes
II. New Chair Discussion	Geovanna Gonzalez	5 minutes
III. Approve Minutes	Chair	2 minutes
IV. Risk Management • Incident Report Data & Trends	Miralys Martinez	10 minutes
V. Quality Improvement • Person Served Satisfaction Surveys	Jerrymar Foster	20 minutes
VI. Compliance a) CFCHS Compliance Line Reports b) FWA/Complaints & Grievances/Investigations c) HIPAA Privacy/Security d) Training e) Network Monitoring-Schedule, Findings, Issues f) Public Records Requests g) Whistleblower Reports h) CARF	Geovanna Gonzalez	15 minutes
VII. Other/Public Input	Group	3 minutes/person
VIII. Adjourn	Group	1 minute

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, February 16, 2023
Central Florida Cares Health System, Inc.
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Luis Delgado, Consumer Advocate
Sherri Gonzales, Children's Home Society
Natalie Mullett, Acting as Co-Chair, Park Place Behavioral Health Care
Lisa Portelli, City of Orlando

Central Florida Cares Health System, Inc. Staff

Maria Bledsoe, Chief Executive Officer
Geovanna Gonzalez, Compliance Director
Miralys Martinez, Risk Management Specialist
Jerry Foster, Quality Improvement Specialist
Trinity Schwab, Chief Operating Officer
Karla Pease, Executive Assistant and Recording Secretary

Guests

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 20, 2022, at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The acting Chair called the meeting to order at 1:30 p.m.

Minutes

Luis Delgado made a motion to approve the minutes as written, Lisa Portelli seconded; motion passed.

Risk Management

- Incident Reports data for FY22-23 was reviewed and explained. FY22-23 reported less events than FY21-22 - months September and November were months with higher reported events.
- Year-to-date compliance with reporting in one business day showed a decline in August due to the IRMS system being transferred to FivePoints' servers, but after August attestations have been steady.
- One business day report had a dip in December due to a number of non-reported incidents that were discovered during monitoring and incidents reported after it occurred not being informed timely.
- Incident types were compared. Far less incidents reported this quarter than last quarter. "Other" incidents had the highest numbers where incidents don't meet the classification categories. These incidents were reviewed with members.

Quality Improvement

- Person Served Satisfaction Surveys – The Quality Improvement Specialist shared Qt 2 survey results compared with Qt 1 results with members.
- Provider Network Satisfaction Surveys – The results of the 2021-22 survey were shared with members. The Chief Executive Officer commented that next year to add “peer support” to the list of “completed by” on Q1. Members suggested language change from “Subcontractor” to “your organization” throughout. The Chief Operating Officer will clarify and follow up with provider comments during the monthly provider meetings. Anything data related the Chief Information Officer can address in his monthly meetings with providers.

Compliance

- a) CFCHS Compliance Line Reports – three complaints received for Qt 2 not related to individuals that we serve and referred them to the provider and resolved at the provider level. A complaint about one of our providers went to DCF. Although not reporting on Qt 3 yet, three reports were received through Navex and were reviewed with members.
- b) FWA – none
- c) HIPAA Privacy/Security – one, shown in incident reports shown earlier.
- d) Training – lots of training and technical assistance have occurred in Qt 2.
- e) Network Monitoring-Schedule, Findings, Issues – A table showing the CAPs follow-up in progress was shown. Eighteen providers will be monitored in FY 22-23. Board members, who are not providers, were invited to attend the entrance and exit interviews with providers.
- f) Public Records Requests - none
- g) Whistleblower Reports - none
- h) CARF – Reaccreditation is due 2 years from December.

Other/Public Input – None

Next Meeting

The next meeting will be April 20, 2023, at 1:30 pm.

Luis Delgado made a motion to adjourn, Lisa Portelli seconded, motion passed.

The meeting adjourned at 2:35 pm.

Natalie Mullett
Acting as Chair

Karla Pease
Recording Secretary