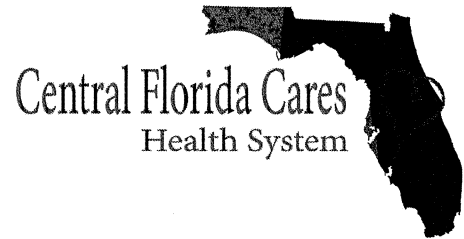


Compliance/Quality Committee Agenda
Thursday, April 26, 2018
Central Florida Cares Health System, Inc.
Board Room



I. Welcome/Introductions	Mary Kogut Lowell	5 minutes
II. Approve Minutes	Mary Kogut Lowell	5 minutes
III. Quality Improvement		
a) Client Satisfaction Survey Report	Miralys Martinez	10 minutes
b) Provider Satisfaction Survey (sent in January 2018)		
c) Utilization Management	Angela Gambino	5 minutes
• High Utilizers		
• Waiting List		
d) Performance Measures	Geovanna Gonzalez	5 minutes
e) Risk Management	Geovanna Gonzalez	10 minutes
• Incident Reports Data		
IV. Compliance	Geovanna Gonzalez	30 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. Public Comment		3 minutes
VI. Other/Next Meeting		
• July 26, 2018 at 3:00 pm		

**Compliance/Quality Committee Meeting
Minutes
Thursday, January 25, 2018
Central Florida Cares Health System, Inc.
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Mary Kogut Lowell, Attorney, Chair
Tara Hormell, CHS
Linda Clarke, Consumer Advocate

Central Florida Cares Health System, Inc. Staff

Geovanna Gonzalez, Risk Manager
Miralys Camelo, Quality Specialist
Maria Bledsoe, CEO
Karla Pease, Executive Assistant and Recording Secretary

Guests

Ken Jacobs, Aspire Health Partners
Jasmin Funnye, Aspire Health Partners
Sharon Wiss-Jacob, Aspire Health Partners
Mary Christie, DCF (via phone)

Meeting Called to Order

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, January 25 at 3:00 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The CFCHS Chair, Mary Kogut Lowell, called the meeting to order at 3:04 p.m.

Review of Minutes

Tara Hormell made a motion to approve the Compliance Quality Improvement minutes dated October 26, 2017, Linda Clarke seconded, motion passed.

Quality Improvement

Client Satisfaction Survey

The Risk Manager reviewed quarter two client satisfaction surveys. Quarter 2 had 1,009 surveys of which 927 were valid and 82 were invalid. The invalidation is due to 63 being client or provider error and 19 due to unanswered questions within a domain. Levels of satisfaction were presented in the seven domains. There was only one area, Social Connectedness, below the 85% threshold.

Utilization Management

The Risk Manager reviewed the number of injection users in Quarter 2 by provider. She then reviewed the average days from referral to actually going into treatment. Providers were 100%

compliant in providing interim services. Reasons why clients were removed from the waitlist were shown. Pregnant women data was discussed, followed by substance abuse capacity.

Performance Measures

The Risk Manager informed members that all targets were meeting and exceeding for all programmatic areas except for two. The percent of adults with substance abuse who live in a stable housing environment at the time of discharge continues to be a challenge, and trends with prior years. The percent of children with emotional disturbances who improve their level of functioning was slightly below the target (60% instead of 64%). CFCHS will continue monitoring this measure and working with the network.

Risk Management

The Risk Manager reviewed a comparison between Quarters 1 and 2 incident reports, noting an increase of incidents reported due to monitoring of providers. YTD compliance with one business day reporting to DCF decreased in Quarter 2 due to providers submitting incidents as a result of monitoring follow up. The Risk Manager also reported on compliance with incident report attestation and explained that Quarter 2 steadily increased. A breakdown of categories of all incidents received was discussed for the second quarter.

Compliance

CFCHS Compliance Line Reports - None

FWA Complaints/Investigations - None

HIPAA Privacy/Security - None

Training

Changes to policies and procedures are being presented to employees.

Network Monitoring

This is on-going and CFCHS provides one-on-one assistance to providers.

Public Records Requests

A media request was submitted regarding the opioid crisis. All information was provided and DCF was notified.

Whistleblower Requests – None

CARF

Policies and Procedures are currently being reviewed, as well as plans, as part of the requirements to have CFCHS accredited by CARF. The certification is for those who manage networks. CFCHS is on target with the process. CFCHS must be accredited by 2019, and the network has to be practicing CARF standards for at least one year. Unaccredited providers at some point will need to seek accreditation on their own if they want to continue to be part of CFCHS' network. CFCHS contracts with six providers, all small agencies, who do not have any type of accreditation.

Public Comment - None

Next Meeting

The next meeting will be April 26, 2018 at 3:00 pm.

The meeting adjourned at 3:46 p.m.

Mary Kogut Lowell
Compliance/QI Committee Chair

Karla Pease
Recording Secretary

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