

**Compliance/Quality Improvement
Committee Agenda
Thursday, December 17, 2020
Central Florida Cares Health System, Inc.
Board Room**



I. Welcome/Introductions	Ian Golden	5 minutes
II. Approve Minutes	Ian Golden	10 minutes
III. Quality Improvement		
a) Board Satisfaction Survey	Geovanna Gonzalez	15 minutes
b) Provider Satisfaction Survey	Geovanna Gonzalez	10 minutes
c) Client Satisfaction Survey	Miralys Martinez	10 minutes
d) Performance Measures	Miralys Martinez	10 minutes
e) Risk Management	Miralys Martinez	10 minutes
• Incident Reports Data		
IV. Compliance	Geovanna Gonzalez	10 minutes
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		
V. Other/Public Input	Group	3 minutes/person
VI. Adjourn - Next Meeting	Group	1 minute
o February 18, 2021 at 1 pm		

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, August 20, 2020
Central Florida Cares Health System, Inc.
Via Zoom**



ATTENDANCE

Central Florida Cares Health System Board of Directors

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

Central Florida Cares Health System, Inc. Staff

Maria Bledsoe, Chief Executive Officer
Geovanna Gonzalez, Director of Compliance
Miralys Martinez, Risk Management Specialist
Trinity Schwab, Chief Operations Officer
Daniel Nye, Chief Financial 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 20, 2020 at 1:00 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825, via Zoom. Ian Golden, Chair, called to order at 1:02 p.m.

Minutes

A motion to approve the minutes from February 20, 2020 was made by Tara Hormell, Jules Brace seconded, motion passed. There were 4 ayes and 0 nays.

Quality Improvement

- a) Employment Satisfaction Survey

The Director of Compliance asked the CEO to share a PowerPoint presentation showing the results of the Employee Satisfaction Survey Feedback Follow Up and Leadership Action Items with the members. There were nine surveys received. The following topics were discussed the members:

- Benefits Package
- Telephone and front door
- Salaries and positions
- Remote work
- Transparency and communication
- Equal application

Suggestions/Comments by members:

It was suggested by the Chair that another option for a benefit to employees is PTO based on longevity and accrue more leave time the longer an employee is with the agency (1-5 years this amount, 5-10 years this amount, etc.). This rewards and encourages longevity for some employees. Another idea is to reward employees who don't have unplanned absences (call outs). The Chair mentioned he did not know what the financial impact would be. The CEO will look into this comparing the fiscal impact to the budget.

Luis Delgado asked if CFCHS does any follow-up calls to clients who ask for services. The CEO said we can look into this as quality management of the network, like how responsive are they to consumers.

Jules Brace asked what basepoints were used to determine salaries and if people who are certified and licensed were compared with other licensed personnel.

The Chair asked if there were any drop off in productivity since working remotely. The CEO said she had heard of no complaints and all employees have reported out at dashboard meetings. The COO said in her department they are being more productive working remotely due to less interruptions at the office.

The Chair asked when the current office space lease expires and the penalty for a break in the lease in order to downsize our current space. The CEO will explore options and report back at the next Compliance Quality Improvement Committee.

The Chair said he would be present when this PowerPoint is presented to staff. He suggested that if changes are to be made according to the suggestions, then make those changes before that information is to be presented to staff.

Luis Delgado made a motion to accept the staff recommendations put together on the follow-up Employee Satisfaction Survey with the potential of adding the committee recommendations assuming the fiscal impact is allowable, Tara Hormell seconded; motion passed. There were 4 ayes and 0 nays.

b) Client Satisfaction Survey

The CSS is fully electronic this year. The numbers are much lower on the report since providers could not collect data until they opened up telehealth services and implement the electronic version of the survey.

c) Utilization Management

- o Wait list - 62 individuals entered the waiting list from one provider. There were questions back in February about the accuracy of 100% of individuals received care and 0% were on the wait list. This is still pending, as FASAMS will change how data is reported; however, the data CFCHS received back in February was 0% awaiting services. Since COVID-19, there was no opportunity to go back to providers for explanations as to why they submitted a zero or N/A.

- Bed capacity – same providers reaching 90% or higher were reported. DCF and CFCHS have been closely monitoring service capacity within the network since COVID-19.

d) Performance Measures

All performance measures were met during the last fiscal year.

Compliance

- One complaint is still being worked through and the CFCHS Ad-Hoc Committee is working this through filed by the past CFO.
- The second complaint received about a FACT provider and has been reported to the Chair. The allegations were determined to be unsubstantiated.

CFCHS has on its website an option to submit complaints and grievances which are tracked manually. There is another option for Fraud, Waste, Abuse to be reported through the third-party vendor, Navex, costing \$2800 year for the compliance line. CFCHS would like to maximize the use of compliance hotline and have Navex track all complaints. The Director of Compliance mentioned changes happening in the Compliance Department with additional personnel being hired and monitoring duties being shifted.

The Director of Compliance commented there were zero Fraud, Waste, Abuse reports, zero privacy inappropriate disclosures, monitoring in the last quarter is taxing for staff so it is suggested to only monitor during the remaining quarters, zero public record requests, and zero whistleblower reports,

CARF accreditation will take place again in 2021.

Other/Public Input – None

Next Meeting

The next meeting will be December 17, 2020 at 1:00 pm.

Tara Hormell made a motion to adjourn, Jules Brace seconded. Motion passed. The meeting adjourned at 2:18 p.m.

Ian Golden
Compliance/QI Committee Chair

Karla Pease
Recording Secretary