

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, December 17, 2020
Central Florida Cares Health System, Inc.
Board Room and 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 (virtually)

Central Florida Cares Health System, Inc. Staff

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, December 17, 2020 at 1:00 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825, via CFCHS offices and Zoom. Ian Golden, Chair, called to order at 1:02 p.m.

Minutes

A motion to approve the minutes from August 20, 2020 was made by Tara Hormell, Luis Delgado seconded, motion passed. There were 3 ayes and 0 nays.

Quality Improvement

- a) Board Satisfaction Survey
The Compliance Director indicated CFCHS received nine responses out of 21 board members, as opposed to last year receiving 12 responses. This survey had 21 questions. The results were positive and board members' survey comments were shared in each category.

It was suggested to make mention that one-third participation is less than stellar at the next board meeting and perhaps reduce the number of questions.

- b) Provider Satisfaction Survey
The Compliance Director said CFCHS received 76 responses as opposed to last year receiving 61 responses. This survey had 46 questions and the comments were summarized.

It was suggested to look at things mentioned from the survey outside of CFCHS' control. Then provide a generalized document back to the providers with a list of things brought forward from the survey along with suggestions for them to implement. Providers should explain to their staff that monitoring is a requirement of their contract. Suggest to providers that converting their policies and procedures to electronic versions will be easier for annual updates and for monitoring. CFCHS is being contractually responsive and should continue providing suggestions to provider's leadership who need to make the difference.

Monitoring questions will be removed from the survey next year. There will be a separate monitoring survey administered to each provider's monitoring has been completed.

- c) Client Satisfaction Survey
Quarter 1 results were shown. CFCHS received notice from DCF they would like surveys completed but did not have to be collected in person so not all providers responded. A moratorium was put in place but ends on Dec. 31, 2020. There were 256 surveys completed. The number of invalid surveys were reduced by going electronically. DCF is working on an initiative to reduce the number of survey questions. Currently there are 34 questions.
- d) Performance Measures - All performance measures were met during through nearly the second quarter except for percentage change in clients who are employed from admission to discharge and stable housing.
- e) Risk Management
 - o Incident Reports data was reviewed and explained. Trends were discussed.

Compliance

- a) CFCHS Compliance Line Reports
 - o Investigation allegations from former employee were determined unsubstantiated.
 - o Not a complaint, but a provider shared information about a client with the Inspector General. This was mentioned in case it further escalates and if a board member is contacted to direct the response to the CEO like a Media Inquiry.
- b) FWA/Complaints & Grievances/Investigations
 - o Seven complaints received; 3 were client related, 4 non-funded clients.

The Compliance Director commented there were zero Fraud, Waste, Abuse reports, zero public record requests, and zero whistleblower reports. She is currently updating the department's policies and procedures. Network Monitoring Schedule is going well so far with two providers monitored virtually. CARF accreditation will take place again in 2021 and will be working on an end of the year report for the third-year quality seal.

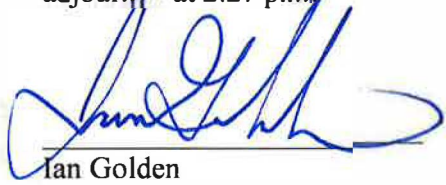
Other/Public Input – The Chair indicated on other boards he serves; small agencies know who says what on anonymous surveys. What ways exist to make surveys more anonymous? Valid

responses may be limited based on the ability to figure out who said what and this impacts willingness to provide negative comments. Another member stated it is easy to figure out who is commenting by their nuances in writing style and know what they are referring to. You can have all identifying references removed. In small organizations removing the comment section may help. A third party could be involved. This member's organization uses UCF for their surveys and has improved the return rate. She will provide a contact name from UCF to explore costs. Members suggested moving ahead and price for all three surveys (employee, board, and provider).

Next Meeting

The next meeting will be February 18, 2021 at 1:00 pm.

Luis Delgado made a motion to adjourn, Tara Hormell seconded. Motion passed. The meeting adjourned at 2:27 p.m.



Ian Golden
Compliance/QI Committee Chair



Karla Pease
Recording Secretary

**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
○ 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
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Guests

None

Meeting Called to Order

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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

- 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