

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, February 15, 2024
Central Florida Cares Health System, Inc.
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Sherri Gonzales, Chair, Children's Home Society
Mark Broms, Advocate
Luis Delgado, Advocate
Alex Greenberg, Orange County Sheriff's Office
Garrett Griffin, Park Place Behavioral Health Care
Ana Scuteri, Department of Health Seminole County

Central Florida Cares Health System, Inc. Staff

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

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, February 15, 2024, at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The Chair called the meeting to order at 1:31 p.m.

Minutes

The minutes from October 19, 2023, were approved by Luis Delgado; Sherri Gonzalez seconded; motion passed.

Risk Management

- Incident Reports compared FY22-23 to FY23-24 data. Data was reviewed and explained.
- Year-to-date Compliance with Reporting in One-Business-Day (OBD) trends were shown. An automated email is sent to providers reminding them of OBD requirements.
- Compliance attestations compared FY 22-23 to FY23-24 where 84% attested due to automated e-mail reminding providers to submit the attestation.
- Incident types (Death, Elopements, and Employee Misconduct) were compared (FY22-23 to FY23-24) and were reviewed with members.

Quality Improvement

- Community Person Served Satisfaction Surveys (CPSSS) – The Quality Improvement Specialist shared the second quarter survey results as well as compared FY22-23 to FY23-24 survey results as a point of reference. Also shared were domains with percentages.
- FY 22-23 Board Satisfaction Survey results were shared with members.
- FY 22-23 Provider Satisfaction Survey results were also shared with members.

Complaints and Grievances

- Quarter two had five reported complaints and two of those were for non-funded clients. The provider reviewed and resolved them. For the third complaint, the person who made the report left their name, but never returned CFCHS calls. For the fourth report, was filed anonymously making it not possible to get clarification or ask further questions. The fifth complaint was about billing for a person receiving services from a funded provider. The investigation showed that the billing was accurate.
- So far for Q3, CFCHS has received two complaints. One related to a non-funded child who needed a prescription for their medication. The provider was notified and resolved it. The other complaint was about an employee being rude and disrespectful and is being investigated.

Compliance

- a) Network Monitoring-Schedule, Findings, Issues – A table showing FY22-23 provider monitoring status of one open CAP was presented and discussed with members. A table showed thirteen providers to be monitored in FY23-24 and board members were asked to participate in the monitoring pre, entrance and exit conferences, if they are available.
- b) Training – a chart of internal training and technical assistance to the network was shown.
- c) Performance measures – stable housing is still below target and is a challenge to meet.
- d) FWA – none
- e) HIPAA Privacy/Security – none
- f) Public Records Requests – none
- g) Whistleblower Reports – none
- h) CARF – Accreditation expires December 31, 2024.

The Pharming incident was discussed with members and will be reiterated in more detail at the Board of Director's meeting following this meeting. No data was compromised.

The Phishing incident was discussed with members. No systems were jeopardized. The final report is pending to close out.


Other/Public Input – None

Next Meeting

The next meeting will be April 18, 2024, at 1:30 pm.

Luis Delgado made a motion to adjourn, Alex Greenberg seconded, motion passed.

The meeting adjourned at 2:39 pm.


Sherri Gonzales, Chair


Karla Pease, Recording Secretary

**Compliance/Quality Improvement
Committee Agenda
Thursday, February 15, 2024
Central Florida Cares Health System, Inc.
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I. Welcome/Introductions	Sherri Gonzales	2 minutes
II. Approve October 19, 2023, Minutes	Sherri Gonzales	2 minutes
III. Risk Management	Miralys Martinez	10 minutes
<ul style="list-style-type: none"> • Incident Report Data & Trends 		
IV. Quality Improvement		
<ul style="list-style-type: none"> • Person Served Satisfaction Surveys • FY 22-23 Board Satisfaction Survey • FY 22-23 Provider Satisfaction Survey 	<p>Jerry Foster</p> <p>Jerry Foster</p> <p>Jerry Foster</p>	<p>10 minutes</p> <p>10 minutes</p> <p>10 minutes</p>
V. Compliance	Geovanna Gonzalez	15 minutes
<ul style="list-style-type: none"> 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 		
VI. Other/Public Input	Group	3 minutes/person
VII. Adjourn	Group	1 minute
<ul style="list-style-type: none"> • Next meeting April 18, 2024 		

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ATTENDANCE

Central Florida Cares Health System Board of Directors

Sherri Gonzales, Chair, Children's Home Society
Luis Delgado, Advocate
Alex Greenberg, Orange County Sheriff's Office

Central Florida Cares Health System, Inc. Staff

Maria Bledsoe, Chief Executive Officer
Geovanna Gonzalez, Compliance Director
Trinity Schwab, Chief Operating Officer
Miralys Martinez, Risk Management Specialist
Jerrymar Foster, Quality Improvement Specialist
Michelle Ball, Contracts Director

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 19, 2023, at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The Chair called the meeting to order at 1:34 p.m.

Minutes

The minutes from April 20, 2023 and August 17, 2023 were approved by Luis Delgado; Alex Greenberg seconded; motion passed.

Risk Management

- Incident Reports compared Quarter 1 data for FY22-23 was at 39 events and data for FY23-24 was at 46 events. Data was reviewed and explained.
- Year-to-date Compliance with Reporting in One-Business-Day (OBD) trends were shown. An automated email is sent to providers reminding them of OBD requirements.
- Compliance attestations are steady this quarter due to automated e-mail reminding providers to submit the attestation.
- Incident types (Death, Elopements, and Employee Misconduct) were compared (Qt 1 FY22-23 to Qt 1 FY23-24) and were reviewed with members.

Complaints and Grievances

- Quarter 1 had two reported complaints from the same provider. The complaint was dealt with earlier, but the complaint was brought up again. It was then resolved and was a non-funded client.

Quality Improvement

- Community Person Served Satisfaction Surveys (CPSSS) – The Quality Improvement Specialist shared the 1st quarter survey results as well as compared the 1st quarter survey results of the prior fiscal year as a point of reference. Also shared were domains with percentages.

Compliance

- a) Smart goals (specific, measurable, attainable, relevant, time-based goals) were met for FY22-23 from all departments and were shown.
- b) Network Monitoring-Schedule, Findings, Issues – A table showing FY22-23 provider monitoring status and follow up of four open CAPs was presented. Discussion ensued with members. A table showed 13 providers to be monitored in FY23-24 and board members were asked to participate in the monitoring pre, entrance and exit conferences, if they are available.
- c) Training – a chart of internal trainings and technical assistance to the network was shown for Qt 1.
- d) Performance measures – stable housing is still below target and is a challenge to meet.
- e) FWA – none
- f) HIPAA Privacy/Security – none
- g) Public Records Requests – none
- h) Whistleblower Reports – none
- i) CARF – Accreditation expires December 31, 2024.

DCF's Contract Oversight Unit just reviewed CFCCHS' HR and Contracts Departments. CFCCHS will be requesting an exit interview.

CORE Contract Brevard– The CEO reported on the activities regarding CORE and the agreements and requirement of October 1st execution. Two agreements were executed prior to October 1st. The Brevard EMS was not executed by October 1st due to County processes. DCF notified CFCCHS of CAP with penalties effective October 12th. The Brevard EMS agreement was executed on October 10th prior to October 12th. The CAP is closed.

Other/Public Input – None

Next Meeting

The next meeting will be February 15, 2024, at 1:30 pm.

Luis Delgado made a motion to adjourn, Alex Greenberg seconded, motion passed.

The meeting adjourned at 2:15 pm.

MINUTES TAKEN FROM
TRANSCRIPTION

Sherri Gonzales
Chair

DRAFT