

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, October 19, 2023
Central Florida Cares Health System, Inc.
Board Room**



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 CFCHS' HR and Contracts Departments. CFCHS 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 CFCHS 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

**Compliance/Quality Improvement
Committee Agenda
Thursday, October 19, 2023
Central Florida Cares Health System, Inc.
Board Room**



I. Welcome/Introductions	Sherri Gonzales	2 minutes
II. Approve April 20 & August 17, 2023, Minutes	Sherri Gonzales	2 minutes
III. Risk Management • Incident Report Data & Trends	Miralys Martinez	10 minutes
IV. Quality Improvement • Person Served Satisfaction Surveys	Jerrymar Foster	10 minutes
V. 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
VI. Other/Public Input	Group	3 minutes/person
VII. Adjourn • Next meeting February 15, 2023	Group	1 minute

**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
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, 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

DRAFT

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, August 17, 2023
Central Florida Cares Health System, Inc.
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Mark Broms, Consumer Advocate
Luis Delgado, Consumer Advocate
Sherri Gonzales, Chair, Children's Home Society

Central Florida Cares Health System, Inc. Staff

Geovanna Gonzalez, Compliance Director
Trinity Schwab, Chief Operating Officer
Dan Nye, Chief Financial Officer
Miralys Martinez, Risk Management Specialist
Karla Pease, Executive Assistant and Recording Secretary
Jerrymar Foster, Quality Improvement Specialist

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, August 17, 2023, 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

There was no quorum present, so the minutes were not passed. The minutes will be presented at the next meeting.

Risk Management

- Incident Reports compared data for FY21-23 and FY22-23. 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.
- Attestations compliance has increased during this fiscal year due to automated e-mail reminding providers to submit the attestation.
- Incident types (Death, Elopements, and Employee Misconduct) were compared (FY21-22 to FY22-23) and were reviewed with members. Training was provided across the network to help with incident reporting compliance.

Quality Improvement

- Community Person Served Satisfaction Surveys (CPSSS) – The Quality Improvement Specialist shared the 4th quarter survey results as well as compared the prior fiscal year as a point of reference.

Members agreed they preferred the data in the new graph format.

Compliance

- a) Network Monitoring-Schedule, Findings, Issues – A table showing FY 22-23 provider monitoring status and the pending follow up of four open CAPs was presented. Eighteen providers out of 34 were monitored in FY 22-23. The providers who were monitored completed a Network Monitoring Survey. Results were shown in graph form, as well as their comments. Members discussed. Board members were asked to participate in the monitoring pre, entrance and exit conferences, if they are available.
- b) Performance Measures – Meeting all standards but housing.
- c) CFCHS Compliance Line Reports – 6 complaints were received and all were from individuals not funded by CFCHS but pertaining to the same provider. Three of those complaints were about a customer service and lack of courtesy from a staff member at the provider's place of business. The provider will investigate.
- d) Training – a chart of training and technical assistance was shown for Qt 4.
- e) FWA – none
- f) HIPAA Privacy/Security – none
- g) Public Records Requests – none
- h) Whistleblower Reports – none
- i) CARF – Accreditation expires December 31, 2024. Policy and Procedures review will be starting soon.

Other/Public Input – None

Next Meeting

The next meeting will be October 19, 2023, at 1:30 pm.

The meeting adjourned at 2:34 pm.

Sherri Gonzales
Chair

Karla Pease
Recording Secretary