

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, April 18, 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, April 18, 2024, at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The Chair called the meeting to order at 1:30 p.m.

Minutes

The minutes from February 15, 2024, were approved by Luis Delgado; Garrett Griffin seconded; motion passed.

Policies and Charter Review

- Compliance Committee Charter – members agreed with the suggested changes.
- Fraud, Waste, and Abuse Plan – members agreed with the suggested changes.
- Incidental Expense Preauthorization – policy is being revised and will be reviewed with the Contracts department policies by the Ad-Hoc Committee in June.
- Rights of Persons Served – members agreed with the suggested changes.
- Satisfaction Survey – members agreed with the suggested changes.
- Internal Incident Reporting – members agreed with the suggested changes.

Luis Delgado made a motion to approve the policies and charter with the omission of the Incidental Expense Preauthorization policy, Alex Greenberg seconded, motion passed.

Risk Management – Incident Report Data & Trends

- Incident Reports compared Quarter 3 FY22-23 (129 submissions) to Quarter 3 FY23-24 (140 submissions) data. Data was reviewed and explained.
- Compliance attestations compared FY 22-23 to FY23-24. Reporting numbers have increased this year over last fiscal year due to automated e-mail reminding providers to submit the attestation.
- Year-to-date Compliance with Reporting in One-Business-Day (OBD) trends were shown due to the type of incident.
- Incident types were compared (FY22-23 to FY23-24) and were reviewed with members. Injury to staff and employee arrest increased from last year. Elopement remained the same.

Quality Improvement – Person Served Satisfaction Surveys

The Quality Improvement Specialist shared the Quarter 3 survey results and compared FY22-23 to FY23-24 survey results as a point of reference. Also shared were domains with percentages.

Compliance - Complaints and Grievances

- Quarter 3 had eight reported complaints; the first was unsubstantiated. The second, third, and seventh complaints were for non-funded clients. The fourth complaint was resolved by the provider. The fifth complaint was anonymous where the claim was that the provider staff were rude, but the provider did not have a staff member by that name. The last complaint is being reviewed by the provider and CFCHS is awaiting an update from the provider.
- Internal Training - a chart of internal training and technical assistance to the network was shown for Quarter 3.
- Network Monitoring – a table was shown showing the progress on FY 23-24 monitoring. Monitoring closed for two providers with a CAP from last FY. CFCHS will continue to work with Lotus for outpatient services. CFCHS allowed Lotus to open up admissions again and will have a follow-up meeting in June. FY 23-24 Fiscal Monitoring's are pending for 6 providers. Four providers will be monitored in Quarter 4.
- Public Records – none, but CFCHS had a few media requests.
- Whistleblower – none
- Performance Measure – meeting all measures but two. Adult Mental Health Crisis stable housing usually is met. The CIO is reviewing the data and providers usually correct mistakes and then CFCHS is able to meet the measure. Adult Substance Use stable housing is very hard to meet. The target is 94% and CFCHS is at 93.4%.
- CARF – CFCHS is processing and reviewing all documents. A member volunteered to represent CFCHS if CARF asks for board member interviews.

Proposed meeting dates

The proposed Compliance Quality Improvement Committee meeting dates in FY24-25 were approved.

Luis Delgado made a motion to accept the meeting dates as presented, Alex Greenberg, motion passed.

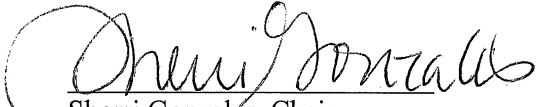
Other/Public Input – None

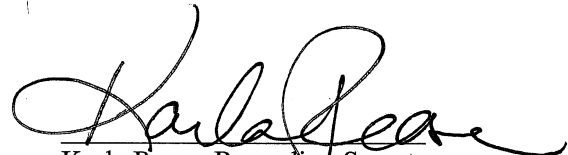
Next Meeting

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

A motion to adjourn was made by Luis Delgado, Mark Broms seconded, motion passed.

The meeting adjourned at 2:18 pm.


Sherri Gonzales, Chair


Karla Pease, Recording Secretary

**Compliance/Quality Improvement
Committee Agenda
Thursday, April 18, 2024
Central Florida Cares Health System, Inc.
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I. Welcome/Introductions	Sherri Gonzales	2 minutes
II. Approve February 2023 Minutes	Sherri Gonzales	2 minutes
III. Policies and Charter Review	Geovanna Gonzalez	15 minutes
IV. Risk Management • Incident Report Data & Trends	Miralys Martinez	10 minutes
V. Quality Improvement • Person Served Satisfaction Surveys	Jerryamar Foster	10 minutes
VI. 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
VII. Proposed meeting dates for next FY August 15 - Review of prior FY Q4 October 17 - Review of current FY Q1 February 20 - Review of Q2 April 17 - Review of Q3	Geovanna Gonzalez	5 minutes
VIII. Other/Public Input	Group	3 minutes/person
IX. Adjourn	Group	1 minute

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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