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December 19, 2023

Dr. Sandra Braham, President/CEO  
Gulf Coast Jewish Family and Community Services  
14041 Icot Boulevard  
Clearwater, FL 33760

Dear Dr. Braham,

Enclosed is the 2023 Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Homemaker program.

The purpose of monitoring is to perform a programmatic review of operations and to verify that corrective actions resulting from previous monitoring reviews have been implemented. The monitoring objective is to ensure programs, policies and practices comply with state and federal rules and meet standards of good governance and practices.

The 2023 monitoring produced one finding and two recommendations. Please note, a corrective action plan addressing the finding and written response to identified recommendations must be completed. Please submit to [Programs@aaapp.org](mailto:Programs@aaapp.org) by Monday, January 8, 2024. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Marie Winter".

Ann Marie Winter  
Executive Director

Enclosures

cc: Elizabeth Samuelson, Board Chair  
Christine Krohn, Senior Director  
Kara Forsythe, OAA Program Director  
Nicole Guincho, Vice President of Clinical Services



Area Agency on Aging  
of Pasco - Pinellas, Inc.

**Area Agency on Aging of Pasco-Pinellas, Inc.**  
**2023 OAA/LSP**  
**HOMEMAKING SERVICE MONITORING**

**PROVIDER:** Gulf Coast Jewish Family and Community Services  
Homemaker Service Provider

**DATE(S) OF VISIT:** November 9, 2023

**PARTICIPANT(S):** Christine Krohn, Senior Director  
Kara Forsythe, OAA Program Director  
Nicole Guincho, Vice President of Clinical Services

**MONITOR(S):** Michelle Tavares, Program Manager

**FUNDING PERIOD:** 2022- 2023

**SITES VISITED:** GCJFCS Administrative Office

## **REPORT SUMMARY**

*(This section provides an overview of minor recommendations, significant, findings and positive/noteworthy activities recognized during the monitoring period. Details are outlined in the Contract Compliance and Service Delivery section of the report).*

### **I. Recommendations for Improvement**

*(Recommendations require a written response from the provider)*

- Review of staff training certificates indicate that provider staff did not complete the 701S web-based training. All assessors completing the 701S must complete the 701S webinar training and complete the 701S attestation document.
- Review of waitlisted (APCL) client files indicate that one (1) client did not have an annual rescreening, 701S, completed. Provider is responsible for completing the annual rescreening for clients who are waitlisted for provider homemaking services only.

### **II. Findings/Corrective Action**

*(Findings result in a formal corrective action plan)*

- Review of ten (10) waitlisted (APCL) client files indicate that eight (8) clients did not have prioritization tools completed in accordance with the provider prioritization policy and procedure and as outlined in their 2023 continuing application.



## CONTRACT COMPLIANCE AND SERVICE DELIVERY

*Each standard will note at least one of the following:*

- *Achieved*
- *Partially Achieved*
- *Not Achieved*
- *Not Applicable*
- *Follow-Up Required*

### **Standard #1 – Previous Programmatic Monitoring**

*All issues from the previous programmatic monitoring have been resolved within an established and reasonable timeframe.*

**Response:** Unresolved.

2022 monitoring resulted in a recommendation that the provider completes a prioritization tool for all new referrals and annually, if applicable, and in accordance with their prioritization policy and procedure.

### **Standard #2 – Targeting, Prioritization, and Waitlist**

*A targeting plan with specific targeting objectives is in place:*

- Provider has implemented the approved plan to target individuals with greatest economic need, older individuals with greatest social needs, older individuals at risk for institutional placement, older minority individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (Pasco only).*
- Provider is serving the proposed number and percentage of older individuals with greatest economic need, older minority individuals, older individuals at risk for institutional placement, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (Pasco only).*
- Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy.*
- A random sample of client files from the Assessed Prioritized Consumer List (APCL) in eCIRTS will be requested for review during the monitoring visit. Please have all waitlist information, files, policies, and procedures available.*

**Response:** Partially Achieved/Follow Up Required.

- Provider outlined their plan to target individuals in their 2023 Continuing Service Application and the plan is being implemented properly.*
- Review of contract year 2022 quarter four report indicates that the provider met the proposed number of older individuals in all categories with both LSP and OAA funding.*

As of contract year 2023 quarter three report, the provider has met proposed target number of older individuals in all categories with LSP funding and appears on track to serve proposed number of individuals with OAA funding.

- C. Review of ten (10) waitlisted (APCL) client files, indicate that the provider is not utilizing the OAA Prioritization Instrument in accordance with the providers prioritization policy and procedure.
- D. Review of ten (10) waitlisted (APCL) client files and provider internal waitlist does not support that clients are not being prioritized in accordance with the provider prioritization policy and procedure. Technical assistance was provided at the monitoring visit.

### **Standard #3 – Staff Training**

*Provider staff has received training pertinent to the performance of required functions:*

- A. *Utilizing the appropriate DOEA Assessment Tool including the 701S, 701A and/or 701C (Registered Services only) in accordance with the DOEA Programs and Services Handbook.*
  - *Review of policies and procedures for DOEA Assessment Tools including the 701S, 701A, and/or 701C to ensure assessments are being completed as outlined in the DOEA Programs and Services Handbook.*
  - *Ensure requirements for face-to-face visits are being adhered to.*
- B. *Quality assurance activities to include use of the Assessment Instructions (DOEA 701D), direct observation, coaching, and training of screening staff to ensure the accuracy and quality of the screenings being conducted.*
- C. *DOEA standards for specific service training as outlined in the most current DOEA Program and Services Handbook is being utilized:*
  - *DOEA web-based training with receipt of a certificate of completion. The certificate must be submitted to the AAAPP for all 701 assessors and will be verified during monitoring.*
  - *DOEA 701S Training Webinar with appropriate documentation of completion is required per the AAAPP.*
- D. *Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training is conducted annually for all applicable program staff.*

**Response:** Partially Achieved.

- A. The ADRC performs the DOEA 701S assessments to initially screen clients for Homemaker Assessed Prioritized Consumer List (APCL) enrollment. All clients placed on the APCL (waitlist) in eCIRTS by the ADRC are contacted by GCFJFCS and prioritized for OAA services. The provider is responsible for annually re-screening clients that remain on their waitlist (APCL) and in accordance with hierarchy. The provider performs client assessments utilizing the DOEA 701A assessment tool for all active clients.
  - Requirements for face-to-face visits are being adhered to.
- B. The provider outlines internal quality assurance methods in their 2023 continuing application. Quality Assurance methods include peer reviews, internal audits, focus



tools, etc. Methods are completed by the GCJCS Program Director and Quality Improvement Department.

- C. All 701 assessors are trained using DOEA's web-based training as confirmed with receipt of certificate of completion. DOEA 701S training webinar with appropriate documentation was not completed. Technical assistance provided. The provider followed up with completion of 701S training webinar as confirmed with appropriate documentation.
- D. Provider completed annual training on suspected abuse, neglect, self-neglect, and exploitation of the elderly for all applicable program staff.

#### **Standard #4 – Programmatic Reporting**

*All required programmatic reports are accurate and submitted in a timely manner:*

- A. *Annual Outreach and Public Education Report*
- B. *Quarterly Reports*
- C. *Detailed meeting minutes from the agency Board of Director meetings are submitted regularly.*
- D. *Surplus/Deficit Reports*

**Response:** Achieved.

- A. The provider has submitted the 2022 Annual Outreach and Public Education Report.
- B. Quarterly reports have been submitted in a timely manner and they are considered accurate.
- C. Provider has submitted all meeting minutes from the agency Board of Director meetings. Most recent signed BOD meeting minutes received dated September 12, 2023.
- D. Provider has submitted all surplus/deficit reports on time and they are considered accurate.

#### **Standard #5 – Outcome Measures**

*Outcome measures referenced in the current Standard Contract are achieved:*

*The provider has implemented the strategies detailed in the current Service Provider Application including:*

- *using available eCIRTS reports to track outcome achievement*
- *each exception is addressed on the outcome measures report monthly detailing the factors that enhance or inhibit ability to achieve outcome measures*
- *appropriate actions, including staff training to address outcomes which are not achieved, are included in the quarterly narrative of the outcome measures report*

**Response:** N/A

Outcome Measure reports have not been available since implementation of eCIRTS in December 2021.

## **Standard #6 – Case Record Compliance**

*Using the AAAPP Client File Monitoring Tool, case records sampled showed:*

- A. *Compliance with requirements for client eligibility, intake, and service delivery.*
- B. *eCIRTS records of assessment/reassessment, program enrollment and received services are accurate, entered in eCIRTS in a timely manner and agree with client and project records:*
  - *701S attempts are made within three business days after receipt of a client referral and completion of assessments are no later than 14 business days from initial contact.*
  - *Reassessments are completed 365 days after the prior assessment through the end of the month.*

**Response:** Partially Achieved/Follow Up Required. Please see Attachment I and II for specific details.

- A. Ten (10) active client records and ten (10) waitlisted (APCL) client records were randomly selected for review. Review of active client records indicate that the provider is in compliance with the requirements for client eligibility, intake, and service delivery. Review of waitlisted client records indicate that prioritization instruments are not completed in accordance with the providers prioritization policy and procedure. In addition, one client was overdue for annual 701S. Technical assistance provided at the monitoring visit.
- B. Review of client records demonstrate that assessments/reassessments, program enrollment and received services are accurate, entered in a timely manner and agree with client and project records.
  - The ADRC performs the DOEA 701S forms to initially screen clients for Homemaker Assessed Prioritized Consumer List (APCL) enrollment. The provider is responsible for annually re-screening clients that remain on their waitlist (APCL) and are owned by their program.
  - Review of client records demonstrate that the provider is completing reassessments within 365 days after the prior assessment

## **Standard #7 – eCIRTS Exception Reports**

*eCIRTS Exception Reports are reviewed on a regular basis and exemplify accuracy Specific Older Americans Act Reports include:*

- *Assessment Due Report;*
- *ACTV, APPL, APCL Clients Moved to Another PSA;*
- *ACTV Clients Not Served in A Time Range (Defaults To 14 Months);*
- *Clients Served Not Enrolled;*
- *Consumer Age Verification;*
- *Possible Duplicate Clients;*
- *ACTV Pace Clients Who Are ACTV, APCL, Or APPL In Another Program;*
- *eCIRTS Data Clean Up;*



- *ACTV MLTC Clients Who Are ACTV, APCL, Or APPL In Another Program, and*
- *Data Inconsistencies Found When Comparing Vital Statistics Death Certificates With eCIRTS*

**Response:** Achieved.

Since the implementation of eCIRTS in December 2021, not all exception reports have been available. The provider is encouraged to run and review current available exception reports monthly. AAAPP will continue to provide updates on report availability.

### **Standard #8 – Budgetary Compliance**

*Budgetary Compliance:*

- Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.*
- The provider has a clear audit trail for units of service entered in eCIRTS as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.*

**Response:** Achieved.

- In contract year 2022, the provider fully expended LSP funds and expended 79% of OAA funds. Per the provider, OAA funds were not fully expended due to worker shortage. Review of contract year funds, the provider has fully expended LSP funds and appears on track to fully expend OAA funds.
- Review of client files, service logs, and billing reports for April 2023 supports that the provider has a clear audit trail for units of service entered in eCIRTS.

### **Standard #9 – Consumer Satisfaction**

*Consumer satisfaction and effective delivery of service has been verified through:*

- Policies and procedures related to consumer satisfaction detailing how satisfaction will be measured annually.*
- Home visits and/or client interviews (including service observation, if possible) in order to reveal effective delivery of service.*
- Client satisfaction surveys accompanied by a satisfaction survey summary report for the last fiscal year.*
- Provide status on the timeframe for the client satisfaction survey in the current fiscal year (will vary depending on when monitoring visit occurs).*

**Response:** Achieved.

- Provider has policies and procedures related to consumer satisfaction and detailing how satisfaction will be measured annually.
- Two (2) clients were randomly selected for a client interview. Monitor spoke with both clients via telephone. Both clients reported overall satisfaction with homemaker



services and provided the additional comments “I love my homemaker” and “I am elated and blessed to have the services.”

- C. Provider submitted a sample of ten (10) completed surveys and a survey summary report completed in 2023. Surveys and analysis indicate overall client satisfaction with services.
- D. The providers policies and procedures related to consumer satisfaction indicate that client satisfaction surveys are provided to every service recipient annually and upon discharge from services.

### **Standard #10 – Grievances, Complaints, and Incidents**

*Consumer satisfaction and effective delivery of service has been verified through:*

- A. *Provider has approved grievance policies, procedures, and logs, including documentation of the service provider’s response and resolution.*
- B. *Provider has approved complaint policies and procedures. Complaints are recorded using the appropriate AAAPP narrative and log which will include documentation of the service provider’s response and resolution.*
- C. *Provider has approved incident policies, procedures, and logs, including documentation of the service provider response and resolution.*

**Response:** Achieved.

- A. Provider has approved grievance policies, procedures, and logs. Review of August 2022 – July 2023 grievance logs indicate that no grievances were reported.
- B. Provider has approved complaint policies, procedures, and logs. Provider submitted complaint logs for August 2022 – July 2023. Three (3) complaints were documented. Documentation included the providers response and resolution.
- C. Provider has approved incident policies, procedures, and logs. Review of August 2022– July 2023 incident logs indicate that two (2) incidents were documented. Documentation included the providers response and resolution.

### **Standard #11 – Voluntary Contributions**

*Provider has a voluntary contribution system in place conforming with the Older Americans Act:*

- A. *Approved Voluntary Contributions Policy/Procedure*
- B. *Sample letter and/or sign related to voluntary contributions which provides each recipient with an opportunity to voluntarily and confidentially contribute to the cost of the service.; clearly informs each recipient that there is no obligation to contribute, and that the contribution is purely voluntary; and all contributions shall be used to increase service availability.*

**Response:** Achieved

- A. The provider has an approved voluntary contributions policy/procedure on file.
- B. Sample letter related to voluntary contributions was reviewed and indicated that contributions are voluntary and are used to increase service availability.

## **Standard #12 – Regulatory Compliance**

*OAA Provider is in Regulatory Compliance with:*

- A. OAA services reviewed are being provided in accordance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application*
- B. Provider complies with all pertinent to the service being provided (I.E, fire, health inspections, licensure, etc.)*
- C. Provider is acting in accordance with the Florida Statute 119.071 (5) requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for collection. regulations*
- D. Health Insurance Portability and Accountability Act (HIPAA) requirements including policies/procedures.*
- E. Provider is in compliance with the Provider Conflict of Interest Program Procedure (PR 132) issued 12/2017.*
- F. Provider submits their Comprehensive Emergency Management Plan/Continuity of Operations Plan annually as required.*

**Response:** Achieved.

- A. Overall, homemaker services are provided in compliance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application. Technical assistance provided on utilization of prioritization instruments in accordance with the providers prioritization policy and procedure.
- B. The provider has an active and current AHCA license with expiration date of January 29, 2024, and complies with all pertinent to homemaking services being provided.
- C. The provider is acting in accordance with the Florida Statute 119.071(5) and provides a written explanation to individuals explaining reason for collecting social security numbers.
- D. The provider is in compliance with HIPAA and has approved policies and procedures on file.
- E. The provider is in compliance with the provider conflict of interest program procedure (PR 132). An approved conflict of interest policy and procedure is on file.
- F. The CEMP/COOP is submitted to AAAPP Director of Planning as required.

## **Standard #13 – Involvement with the ADRC**

*Provider is involved with the Aging and Disability Resource Center (ADRC) and abides by the no-wrong-door system:*

- A. Maintains partnership with the ADRC, state, and community agencies to ensure that regardless of which agency people contact for help, they can access information about the options available across all the agencies and in their communities.*



- B. *Services not arranged through agency contracts should be obtained through referrals to other community resources (i.e., ADRC, volunteer agencies, informal networks and/or proprietary agencies that charge fees).*
- C. *If applicable, essential information is captured about the nature of the person's physical, mental, and functional abilities, concerns, limitations, or problems, as well as general background information during the 701S intake process to assist in screening for eligibility and applicable program and service referrals. Potential LTCC clients are referred to the ADRC for the appropriate screening measure.*

**Response:** Achieved.

- A. The provider continues to maintain a positive partnership with the ADRC and other community agencies. The provider abides by the no-wrong-door system. If the provider receives a referral from someone in need of additional services, a referral is made to the ADRC.
- B. The provider ensures referrals are made to other community resources as appropriate.
- C. The provider utilizes the 701S assessment tool to capture essential information and to assist in screening for eligibility and applicable program and service referrals. When a potential LTCC client is identified, the provider refers to the ADRC for appropriate screening measures.

#### **Standard #14 – Subcontractors**

*Provider shall monitor, at least once per year, each of its subcontractors that are paid from OAA/LSP funds as required by the Standard Contract and will:*

- A. *Submit a copy of the programmatic monitoring record to the AAAPP upon completion to ensure contractual compliance.*
- B. *Submit a copy of all subcontracts to the AAAPP within thirty (30) days of execution of each subcontract agreement.*

**Response:** N/A.

The provider does not utilize any subcontractors to provide homemaker services.

#### **Standard #15 – Volunteers**

*Provider has policies/procedures governing the utilization of volunteers and submits the Department of Elder Affairs Volunteer Activity Report annually as required.*

**Response:** Achieved.

The provider has policies/procedures governing the utilization of volunteers and submitted the 2022 volunteer activity report to DOEA.

#### **Standard #16 – Background Screening**

Provider completes Level II Background Screening, as necessary. Documentation to include a signed and dated Privacy Policy, Eligibility Statement with proof of Employment History from DOEA, and a signed and dated Affidavit of Compliance Candidate Form.

**Response:** Achieved.

Review of documentation for newly hired direct service employees submitted by the provider supports that Level II Background Screenings were completed and included documentation as required.

**Signatures:**

*Michelle Tavares*

\_\_\_\_\_  
Michelle Tavares, Program Manager

Dec 19, 2023

Date

*Christine Didion*

\_\_\_\_\_  
Christine Didion, Director of Program Accountability

Dec 19, 2023

Date

*Kerry Marsalek*

\_\_\_\_\_  
Kerry Kimball Marsalek, Chief Operating Officer

Dec 20, 2023

Date





**Area Agency on Aging of Pasco-Pinellas, Inc.**  
**Client File Monitoring Tool for Registered Services**  
 Specific to 701S

**Organization:** Gulf Coast Jewish Family & Community Services  
**Registered Service:** Homemaking

Attachment I

Questions	1765410 P.S.	1704346 K.D.	1683268 A.K.	287660 V.M.	1513703 I.L.	1525742 S.B.	1502097 K.R.	1450844 B.S.	1160766 N.R.	1333206 A.M.	
Was the most current intake/701S assessment completed and entered into eCIRTS correctly?	ADRC	N	ADRC	ADRC	Y	701B entered by other provider	701A entered by other provider	Y	ADRC	ADRC	K.D. - Annual 701S was required to be completed by 5/31/23. Provider is the only program client is waitlisted for, therefore provider is responsible for completing the annual rescreening.
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established using an approved prioritization tool?	Y	N	Y	N	Y	N	Y	Y	Y	N	N.R, B.S, K.R., I.L., P.S.,A.K. - all tools dated 11/1/23. Tools were not completed according to the date/month client was added on eCIRTS (APCL) waitlist. K.D. - No priority tool. A.M. - Last tool completed 12/27/21.
Was the client notified of why their SS# is collected?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Is the client correctly enrolled on the waitlist for this program/service in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Notes											

Yes = Compliant  
 No = Non-compliant and comment is required  
 N/A = Not applicable



**Area Agency on Aging of Pasco-Pinellas, Inc.**  
**Client File Monitoring Tool for Registered Services**  
 Specific to 701A/701C

Organization: Gulf Coast Jewish Family and Community Services  
 Registered Service: Homemaking

Attachment II

Questions	474223 N.W.	1490871 K.V.	1322363 G.S.	1077890 C.P.	1339370 K.M.	1496321 K.L.	505298 P.J.	970335 S.H.	529628 M.D.	285323 O.A	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into eCIRTS correctly?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established and recorded using an approved prioritization tool?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the provider obtain a signed Release of Information/HIPAA form?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Was the client notified of why their SS# is collected?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the provider notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Is the client correctly enrolled for this program and service in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Based on the audit trail month selected for review, do the received services in eCIRTS balance with provider's internal recordkeeping?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Do notes within the client's file reflect the current status of the client as indicated in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Notes											

Yes = Compliant  
 No = Non-compliant and comment is required  
 N/A = Not applicable














# GCJFCS Homemaker 2023 Monitoring Report

Final Audit Report

2023-12-20

Created:	2023-12-19 (Eastern Standard Time)
By:	Michelle Tavares (Michelle.Tavares@aaapp.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA389FJvGYihdoBvXtREGwOLhO8FRkIoLK

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✔ Agreement completed.

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