

Corrective Action Plans

- September 2017
 - Resulted from 2017 Programmatic Monitoring that identified deficiencies related to vendor reconciliation and entering units into CIRT. Vendor services were not reconciled appropriately or entered into CIRT accurately for correct vendor payment.
 - Corrective actions taken:
 - CARES created, submitted, and implemented a vendor reconciliation procedure and were monitored on the use of this standard.
 - Financial penalty occurred (see below)
- March 2018
 - Resulted from 2018 Programmatic Monitoring that identified serious concerns with lack of client follow-up (especially for APS high-risk) and lack of semi-annual and annual reassessment follow-up.
 - Corrective actions taken:
 - 100% File review
- September 2021
 - Resulted from 2021 DOEA monitoring file review containing a significant number of issues including care plan errors, technical errors, lack of follow-up and lack of appropriate case management justification for billing time.
 - Corrective actions taken:
 - Written plan addressing how newly hired and existing case managers will be training on an ongoing basis regarding appropriate case narrative documentation, care plan formation, and tracking of appropriate two-week follow-ups.
 - Nine files must be reviewed by CARES staff monthly.
 - AAAPP staff conducted all-staff care plan training using new materials and formula-driven care plans.
 - Additional files reviewed each month by AAAPP staff for technical assistance.
 - Best practices meeting help with all Lead Agency Project Directors
- July 2022
 - Resulted from 2022 Programmatic Monitoring which included 5 findings:
 - No submission of Surplus/Deficit Reports
 - Lack of educational documentation and proof of care plan training for one staff member
 - Late annual reassessments
 - Continued file issues related to care plans and lack of 14-day follow-ups.
 - Corrective actions taken:
 - Procedure requested on how future waitlist releases will be contacted and assessed within DOEA timeframes. Procedure had to account for potential future staffing challenges.
 - Procedure requested on how complaints are handled.
 - Procedure requested on surplus/deficit reporting and budget review.
 - Procedure requested on how new employee training will be tracked.
 - Procedure requested on how annual due dates for all clients will be tracked in absence of functioning eCIRT report.
 - Continued proof that nine peer reviewed file reviews were completed monthly.
 - Continued increase file reviews by AAAPP staff monthly.

- December 2022
 - Resulted from AAAPP 2022 Client Satisfaction Survey of all GR programs. CARES Program Evaluation rates were 57.99%. Several responses received mentioned no follow-up completed by case managers, clients not knowing who their case managers were, and case managers not following up with clients promptly.
 - Corrective actions taken:
 - CARES hired a designated staff person to complete 14-day follow-ups.
 - Created detailed "call list" for clients with case manager's information, case aide information, main case manager office number, supervisor number, and alternative contacts. Clients receive this at initial assessment and each annual reassessment.
 - When a case manager ends employment, an alternative case manager is assigned who must telephone all clients on the new caseload to identify themselves and provide contact information.
 - Designated a Client Support Case Manager who handles all client needs in times of low staffing and addresses all complaints received.
- January 2023
 - HCE client passed away in May 2022, CARES was made aware in June 2022 of client's passing by AAAPP as client appeared on Date of Death report. It was discovered that monthly HCE contacts were not being done, client was not terminated in eCIRTS, and CARES continued to authorize Basic Subsidy from June 2022 – October 2022.
 - Corrective actions taken:
 - Caregiver did not deposit checks, so no pay back was required.
 - Tracking log created to track monthly contact and improved communication forms between case managers and data entry specialists were created to ensure only clients/caregivers that had a monthly contact completed were authorized to receive basic subsidy service. Caregivers will also be encouraged to submit monthly written verification; however, this is not the sole source of confirmation of BASI eligibility.
- March 2023
 - Assessments due. See details under Financial Penalties and payback section.
- Between October 2021 – April 2022, 168 files have been reviewed by AAAPP staff. Continued file errors are observed related to late or missing semi-annual care plan review home visits, no or late two-week follow-ups, lack of appropriate follow-up with APS cases, etc.
- Currently completing annual programmatic monitoring for 2022-2023 FY. No comments to provide right now.

Financial Penalties and payback

- September 2017
 - 2% penalty = \$4,584.43 regarding inadequate procedures and completion of vendor billing in a timely manner (see September 2017 CAP above).
- December 2021 – February 2022
 - \$160. HCE active client was found to be over income/assets for MLTC and, thus, was no longer eligible for HCE. CARES was informed on 12/03/2021 of client's status; however, client remained enrolled in HCE, received Basic Subsidy payment and continued case management and case aide, under HCE. Client was dual enrolled in ADI and was eligible to remain active in ADI.

- May 2022
 - \$88.20. In February 2022, Case manager authorized meals prior to assessment and meals were provided. CARES required to submit payment to vendor. CARES required several follow-up attempts throughout March and April to submit payment
 - \$800. HCE client was found to be ineligible due to caregiver being enrolled in CCE. Technical Assistance sought from DOEA who confirmed that caregiver could not serve as HCE caregiver if receiving CCE services. Notice for the payback first brought to CARES attention 4/04/2022, and reminders sent throughout June. They continued to authorize and bill Basic Subsidy services for client through June 2022.
 - \$205. HCE client received increase in supplies without AAAPP approval. Against mandates outlined in DOEA NOI 022219-1-I-SWCBS.
- March 2023
 - \$13,242.51 (could have been \$192,992.91) 57 clients were identified to not have had their annual reassessment completed within DOEA due date requirements. CARES was not required to submit payment of \$192,992.91 due to absence of Assessment Due report in eCIRTS; however, payback was required for services provided to clients after their annual reassessment was due and they had since terminated from the program without having an assessment completed.
 - TA provided on alternative available reports.
 - Correction actions taken:
 - Payback
 - Maintaining an internal client roster and comparing information to that in eCIRTS to ensure data accuracy. Case managers are responsible for providing updates to their individual client roster on a monthly basis. Assessment due dates will be listed and tracked by Director.

Deficit

- CCE
 - CARES was made aware of growing deficit in December 2022 and CARES identified the need to review care plans for efficient and appropriate service provision to eliminate unnecessary spending.
 - Despite these plans, CARES CCE deficit has grown to (\$1,013,887.27).
 - Case Aide: Surplus \$29,005.45
 - Case Management: Surplus \$16,473.65
 - Vendor Services: Deficit (\$1,059,366.37)
 - CARES CCE spending by month has increased despite communication of rapid spending and projected deficit since December 2022 (spending increased by 16% between January and March).
 - December: \$419,501.37
 - January: \$447,556.77
 - February: \$410,777.62
 - March: \$518,563.44
- ADI
 - As of 3/31/2023, \$260,100.80 left in CARES ADI budget