AGENDA ITEM #7 G (3)
04/17/2023

Area Agency on Aging
of Pasco - Pinellas, Inc.

9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • www.agingcarefl.org

March 10, 2023

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

Dear Dr. Braham,

Enclosed is the Annual Programmatic Monitoring report for the Alzheimer's Disease Initiative, Community Care for the Elderly, and Home Care for the Elderly programs for contract year July 1, 2022 – June 30, 2023.

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.

Please find attached the completed monitoring report. Please note, a corrective action plan addressing finding and written response to identified recommendations must be completed. Please submit to Programs@aaapp.org by Friday, March 31, 2023. The cooperation of your staff throughout the monitoring process was appreciated. We look forward to our continued partnership serving elders in these programs throughout the Pinellas County community.

Sincerely,

AnnMarie Winter (Mar 10, 2023 10:03 EST)

Ann Marie Winter
Executive Director

Enclosures

cc: Elizabeth Samuelson, Board Chair
Nicole Guincho, Vice President of Clinical Services
Christine Krohn, Senior Director
Katrina Harris, Assistant Director

Department of ELDER AFFAIRS
STATE OF FLORIDA

Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.

GENERAL REVENUE MONITORING

PROVIDER:	Gulf Coast Jewish Family and Community Services
DATE(S) OF VISIT:	February 14, 2023
PARTICIPANT(S):	Dr. Sandra Braham, GCJFCS, President and Chief Executive Officer Dr. Eliza McCall-Horne, GCJFCS, Senior Vice President Nicole Guincho, GCJFCS, Vice President for Clinical Services Christine Krohn, GCJFCS, Senior Director, Elder and Disabled Services Katrina Harris, GCJFCS, Assistant Program Director, Elder Services Erika Voigts, GCJFCS, Case Manager Supervisor Gabriella Conicelli, GCJFCS, Director of Human Resources Stacey Welton, GCJFCS, Director of Quality Improvement Kristina Jalazo, AAAPP, Director of Program Accountability Christine Didion, AAAPP, Program Manager Sara Jones, AAAPP, Program Manager
MONITOR(S):	Christine Didion, AAAPP, Program Manager Sara Jones, AAAPP, Program Manager
FUNDING PERIOD:	July 1, 2022 – June 30, 2023
SITES VISITED:	Gulf Coast Jewish Family and Community Services 14041 Icot Boulevard Clearwater, Florida 33760

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. Positive/Noteworthy Activities

A. Lead Agency presented three noteworthy client stories related to case management coordination and the positive impact General Revenue services have had on clients' ability to remain in their home with dignity and safety.

   a. A CCE client, living with an advanced memory disorder, and her son, who serves as the client's primary caregiver, spent time without a home health aide due to immense staffing shortages and incompatibility with available workforce. The case manager provided multiple resources for community assistance, including hospice care and caregiver support groups which the client and son have been involved in. The son also is a recent recipient of the $160 basic subsidy through the HCE program which he has noted has and continues to help tremendously. Due to the case manager's advocacy for client and caregiver and the dedication of CCE service vendor, Mind and Mobility, a home health aide was located that caregiver describes as "conscientious, punctual, hardworking, and compassionate". The son feels confident to leave the client for short periods of time and can finally realize the importance of respite for his mental and physical well-being.

   b. An ADI client was identified as being in an unsafe environment due to residing in a mother-in-law suite on the second floor. Client could not exit the home without emergency services transporting client. Due to case manager's activism and resourcefulness, case manager was able to arrange ADI and private grant funding to have a stair lift installed at the client's home allowing him to enter and exit his home safely. Client and family report a "significant increase" in the client's quality of life.

   c. An HCE caregiver reported that due to the $160 stipend provided every month, they have been able to bridge gaps in client's nutrition due to client requiring a strict, specialized diet. The stipend allows caregiver and client to afford the specialized food items to promote client's health and wellness.

II. Recommendations for Improvement

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

A. Per Department of Elder Affairs Programs and Services Handbook, Appendix A, all case managers must complete the care plan training and achieve a score of 80 percent on the post training test to complete care

plans independently. Two case managers, Kathleen Boccio and Angela Wheeler, were employed for a six-month period and did not complete the care plan training offered by the Area Agency on Aging of Pasco-Pinellas (AAAPP). A written response must be provided demonstrating that all care plans completed by these two staff members were reviewed and approved by a certified case manager or supervisor throughout their time of employment. Written response must also address how Lead Agency will track the completion of these required trainings for the future.

B. During monthly file review of Adult Protective Service referrals in the 2022-2023 fiscal year, three clients were observed to demonstrate that the Case Manager did not document thoroughly attempting to staff client's services with a variety of available vendors to begin the crisis resolving service within the mandated 72-hour period, per the Adult Protective Services Referrals and Operations Manual (MC 1728589, LL 1735181, PP 575330). Written response is required demonstrating that case managers have been and/or will be trained on this requirement and the appropriate documentation of all attempts to coordinate the crisis resolving service within the mandated 72-hour timeframe.

C. Review of files across a variety of case managers demonstrate a trend of missing and/or late 14-day follow-up contacts of new or revised services. Per Department of Elder Affairs Programs and Services Handbook, Chapter Two, 14-day follow-up contact must be completed following the ordering of services to determine service satisfaction and quality of service. Written response is required demonstrating that education and training will be provided to case managers on this requirement.

III. Findings/Corrective Action

(Findings result in a formal corrective action plan)

A. All case managers and case aides employed in the calendar year 2022 were observed to have completed Level 2 background screening through the Care Provider Background Screening Clearinghouse before start of employment and every five years, as applicable. Per Department of Elder Affairs Programs and Services Handbook, Appendix E, however, several case manager personnel files were observed to not have the appropriate forms completed in relation to Level 2 background screening. Several staff members were observed to not have the Attestation of Compliance completed after the screening results were obtained or annually thereafter; did not have an Attestation of Compliance in their personnel files (three employees); did not have the Privacy Practices signed prior to screening; or did not have the Privacy Practice form in their personal files (eight employees). Lead Agency must submit written corrective action plan detailing their procedure for completing Level 2 background

screening in relation to Appendix E of the Department of Elder Affairs Program and Services Handbook. Correction Action Plan must document how background screening records will be reviewed annually to maintain compliance with state of Florida and Department of Elder Affairs requirements.

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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: Achieved.

One recommendation for improvement was produced in the 2021-2022 programmatic monitoring regarding file review and case manager review of trending file errors. A written response was received addressing recommendation and no outstanding concerns remain.

Standard #2 – Surplus/Deficit Reports

Lead Agency Submits surplus/deficit reports to the Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) and uses these projections to plan and coordinate spending.

Response: Achieved.

Lead Agency submits Surplus/Deficit reports each month. Submissions include required narrative detailing their current spending and status of past releases. Lead agency appropriately and accurately refers to their Surplus/Deficit report in their justifications for new releases for all General Revenue programs. Lead Agency identifies and corrects when errors may be present in their report and seeks appropriate assistance when needed. Lead Agency is recommended to review all appropriate formulas and calculations in Surplus/Deficit reports prior to submitting each month. Lead Agency participates in monthly surplus/deficit meetings and provides appropriate feedback when discussing program budgets. Lead Agency is reminded that Surplus/Deficit Reports are due the 20th of each month.

Standard #3 – eCIRTS

A. *Lead Agency has written procedures for verifying accuracy of client/service data in eCIRTS.*
B. *File reviews demonstrate minimal data integrity errors.*
C. Lead Agency *is utilizing eCIRTS reports routinely to assure integrity of their data. The report categories include:*
    - *Client Reports*
    - *Monitoring Reports*
    - *Services Reports*

- *Fiscal Reports*
- *Outcome Measurement Reports*

Response: Achieved.

A. The Lead Agency maintains written procedure for verifying the accuracy of client and service data in eCIRTS as indicated by their Peer Review Policy and Procedure. Lead Agency is reminded that enrollment lines must be updated in a timely manner when clients are terminated from the program.
B. Lead Agency Case Managers have opted to complete the 701B assessment directly in eCIRTS at the client's home, during the assessment interview. Therefore, there were only few files containing turnaround and written assessments. When a turnaround and written assessment exist, there were minimal data integrity errors.
C. Since the transition to eCIRTS in December 2022, eCIRTS reports have slowly become available to verify accuracy of client data. Several monitored reports, including Outcome Measures, continue to not be available in eCIRTS as of February 2023. AAAPP Program Manager runs available eCIRTS monitored and required reports on a routine basis. When exceptions do exist, Lead Agency swiftly provides any background information needed to identify why the exception exists and/or corrects the exception quickly. Lead Agency rarely requires continued follow-up to address report issues. It is strongly recommended Lead Agency begin to examine available reports in eCIRTS and run all monitored reports on a monthly basis and address all applicable exceptions.

Standard #4 – Outcome Measures

A. State Fiscal Year Outcome Measures are being achieved.
B. Lead Agency implements the strategies to achieve outcome measures, as outlined within the state fiscal year application.
C. Lead Agency submits monthly Outcome Measure reports with explanations and narratives.

Response*:* Not Applicable.

As of February 2023, Outcome Measures remain unavailable in eCIRTS. No Outcome Measure data is available for review for the 2022-2023 fiscal year. Based on file review, Lead Agency case managers continue to address clients' changing needs by frequent and appropriate client contact and follow-up on service delivery.

Standard #5 – Satisfaction Surveys and Analysis

A. Lead Agency regularly surveys clients to ensure consumer satisfaction with service delivery.
B. Lead Agency completes a comprehensive survey analysis that is used to improve services.
C. Satisfactory procedures exist to objectively resolve service complaints and evaluate the quality of services for older adults and people with disabilities.

Response: Achieved.

A. Lead Agency demonstrated that surveys are mailed to clients on a regular basis. Lead Agency reported a satisfaction survey is mailed to every active client, across all General Revenue programs, at the time of the client's annual reassessment. Lead Agency submitted ten (10) sample surveys from clients across all General Revenue programs from the 2022 calendar year. No concerns noted. Several returned surveys contain comments from respondents describing appreciation for case managers and provided services.
B. Lead Agency submitted comprehensive survey analysis for each of the General Revenue programs. Analysis covered fifty-one (51) surveys that were sent to clients across all General Revenue Programs from 1/01/2022 to 12/31/2022. Only one survey returned an answer less than "strongly agree" or "agree". This answer was for questions "the telephone calls I make to the agency are answered promptly and courteously" and "I feel satisfied with my daily routine". In their analysis, Lead Agency acknowledged clients did report issues getting a hold of their internal billing department to pay copays. Clients are alerted, on the copay policy, to the days and times when the billing department is available to take over-the-phone payments. Lead agency also maintains a policy for case management staff to return phone calls within 24 hours (business days).

   Additionally, AAAPP Program Manager selected three clients, across the three funding sources, at random, to complete telephonic satisfaction calls. All clients and/or caregivers responded with favorable comments regarding their case manager, their services, and the overall program. No concerns were noted during any of the satisfaction calls.
C. Lead Agency maintains a written grievance and complaint procedure, in accordance with Department of Elder Affairs' standards, to address any client complaints regarding services.

Standard #6 – Complaint Policy and Procedures

A. *Lead Agency has written policy and procedure regarding the handling of complaints.*
B. *Complaint procedures address the quality and timeliness of services; Lead Agency and direct service worker complaints; or any other complaints not related to termination, suspension, or reduction in services.*
C. *Complaint procedures include notification to all clients of the complaint procedure and include tracking the date, nature of the complaint and the determination of each complaint.*
D. *Complaint log is maintained, and documents actions taken or resolution of all complaints including date of resolution.*

Response: Achieved.

A. Lead Agency has submitted their written Complaint policy and procedure, revised November 2022.

B. Procedures are written in accordance with Department of Elder Affairs requirements. Procedures demonstrate Lead Agency must address complaints related to the quality and timeliness of services; Lead Agency and direct service worker complaints; or any other complaints not related to termination, suspension, or reduction in services.
C. Complaint procedures address all required aspects regarding the nature and timing of complaints. File reviews documented clients are made aware of grievance and complaint procedures. File reviews also demonstrated clients receive a copy of complaint and grievance procedure at the initial assessment home visit and subsequent annual reassessment home visits.
D. Lead Agency maintains a client complaint log which includes all appropriate and required aspects: date of complaint, nature or details of complaint, appropriate follow-up steps and dates follow-up was attempted, and appropriate resolution. Lead Agency has also completed a simple analysis of complaints received in the 2022 calendar year. Lead Agency documented 21 complaints in 2022. Most recorded complaints were related to vendor quality and/or vendor staffing shortages. The complete complaint log for the 2022 calendar year was reviewed and no concerns remain. It is suggested Lead Agency ensure recorded complaints have an appropriate documented resolution in the log and appropriate back-up documentation is collected at the time of the complaint.

Standard #7 – Grievance Policy and Procedures

A. Lead Agency has written policy and procedure regarding the handling of grievances to address complaints regarding termination, suspension, or reduction of services.
B. The Lead Agency's procedures comply with the Minimum Guidelines for Recipient Grievance Procedures in Appendix D of the Department of Elder Affairs (DOEA) Programs and Services Handbook.
C. Grievance log is maintained, and documents actions taken or resolution of all grievances including date of resolution.

Response: Achieved.

A. Lead Agency has submitted written Grievance policies and procedures which appropriately address complaints regarding termination, suspension, or reduction in services.
B. Lead Agency's Grievance policy and procedure meets minimum requirements, as outlined in Appendix D of the Department of Elder Affairs Programs and Services Handbook.
C. Lead Agency submitted grievance log for the 2022 calendar year and written attestation stating no grievances were received during the 2022 calendar year. Submitted grievance log contains all appropriate required fields to accurately track any grievances.

Standard #8 – SMMCLTCP Referrals

Potential Statewide Medicaid Managed Care Long Term Care Program (SMMC LTCC) clients are identified and referred to the ADRC for placement on the SMMCLTCP wait list.

Response: Achieved.
Due to Medicaid Waiver Eligible eCIRTS report not functioning correctly throughout the 2022 calendar year, it is difficult to ascertain clients who appear financially eligible for SMMC LTCC; however, routine file review and periodic client eCIRTS record review demonstrates that Lead Agency case managers continue to refer CCE clients appropriately to the ADRC for screening and placement for SMMC LTCC. When the Medicaid Waiver Eligible eCIRTS report was functioning during the 2022 calendar year, Lead Agency addressed appropriate clients for referral to the SMMC LTCC waitlist.

AAAPP Program Manager completes regular updates on the Enrollment Management Log of CCE clients who are actively applying to SMMC LTCC services. Lead Agency typically addresses and assists clients who appear on this log. During the 2022 calendar year, the number of clients who entered a 30-day grace period due to noncompliance increased. Most clients entering the grace period, and who are at risk of the losing CCE services, are appropriately addressed by case managers. Two clients remained in grace periods throughout the 2022 calendar year and became ineligible for a second chance. Lead Agency has assisted these clients in completing a new screening with the ADRC for SMMC LTCC waitlist placement, in accordance with CCE requirements.

Standard #9 – Prioritization
Clients with the greatest need are served first and are prioritized for service delivery in accordance with contractual requirements. The Lead Agency has a prioritization policy and procedure and is administering the appropriate DOEA assessment to determine the order of enrollment, ensuring services are provided to individuals in the most need and at the highest risk of institutionalization.

Response: Achieved.
Lead Agency addresses all APS high-risk and Aging Out referrals timely and in the correct prioritization order. The AAAPP releases CCE, ADI, and HCE clients based on priority ranking and Lead Agency receives these referrals as they are released. Lead Agency maintains an appropriate Prioritization Policy and Procedure. It is suggested Lead Agency update this procedure to reflect correct database name to eCIRTS from CIRTS. Lead Agency utilizes the appropriate 701B assessment within the required timeframes. To date, this fiscal year, Lead Agency has received 161 waitlist releases across all General Revenue programs. Lead Agency maintains a new release tracking log that demonstrates received referrals are contacted in a timely fashion and initial assessments are attempted to be completed within fourteen business (14) days of the receipt of the referral.

Standard #10 – Use of Non-DOEA funded services
Lead Agency promotes and utilizes non-DOEA services prior to DOEA services being implemented. Documentation supports these efforts.

Response: Achieved.
Files reviewed during this annual monitoring and during monthly and quarterly reviews demonstrate Case Managers are familiar with non-DOEA funded services in Pinellas County and utilize them whenever possible. During site visit, AAAPP staff were shown Lead Agency's large food donation pantry. Case Managers can access this pantry whenever needed and can bring donated food items to client's homes. Additionally, Lead Agency obtained several grants over the past year providing grocery gift cards to low-income clients.

Standard #11 – High-Risk Nutrition Scores
Lead Agency documents clients with nutrition screening score of 5.5 or higher are being referred to a Registered Dietitian for nutritional counseling.

Response: Achieved.
Lead Agency continues to use the 701B Assessment instrument to identify potential nutritional needs and deficits. The file review has demonstrated Case Managers are appropriately offering nutritional services, including home delivered meals and nutritional counseling, to clients who are noted to be at nutritional risk. Case Managers document services the clients have accepted or declined in relation to addressing high-risk nutrition scores. It is suggested case managers continue to review client's nutrition score in relation to justification for home delivered meals, nutritional supplements, and/or nutritional counseling services.

Standard #12 – Case Management

A. *Case managers meet educational requirements to provide case management according to DOEA standards.*
B. *Case managers are knowledgeable of formal and informal community services.*
C. *Case managers understand program eligibility guidelines.*
D. *Case Managers maintain reasonable caseloads and a waiver from the AAAPP is obtained if a caseload is more than 100.*
E. *Case managers complete Level II Background Screening prior to employment following standards set forth in the standard contract and Appendix E of the DOEA Programs and Services Handbook.*

Response: Partially achieved.

A. A total of twenty-five (25) Case Managers were employed during the 2022 calendar year. All Case Managers meet education and/or experience requirements. Lead Agency has submitted to AAAPP appropriate college degree, or resume with AAAPP approval, if applicable, of all hired case managers.
B. Thirteen files were reviewed from thirteen different case managers. File reviews demonstrated Case Managers are knowledgeable of formal and informal community services. No concerns were noted during file review of this substandard.

C. Thirteen files were reviewed from thirteen different case managers. File reviews demonstrated Case Managers understand program eligibility guidelines. One file reviewed indicated an ADI client was arranged to receive Emergency Alert Response (EAR) service. This service is not available under ADI funding and case manager authorized the service under CCE without prior approval from AAAPP. Lead Agency is reminded that request and approval must be received and maintained in client file if client requires services under an additional funding source to meet prioritization requirements.
D. Using the Case Manager Verification and Training log, Lead Agency demonstrated Case Managers maintain caseloads under 100 clients per Case Manager. No concerns were noted.
E. All case managers employed in the calendar year 2022 were observed to have completed Level 2 background screening through the Care Provider Background Screening Clearinghouse before start of employment and every five years, as applicable. Per Department of Elder Affairs Programs and Services Handbook, Appendix E, however, several case manager personnel files were observed to not have the appropriate forms completed in relation to Level 2 background screening. Several staff members were observed to not have the Attestation of Compliance completed after the screening results were obtained or annually thereafter; did not have an Attestation of Compliance in their personnel files; did not have the Privacy Practices signed prior to screening; or did not have the Privacy Practice form in their personal files. Lead Agency must submit written corrective action plan detailing their procedure for completing Level 2 background screening in relation to Appendix E of the Department of Elder Affairs Program and Services Handbook. Correction Action Plan must document how background screening records will be reviewed annually to maintain compliance with state of Florida and Department of Elder Affairs requirements.

Standard #13 – Case Aide

A. *Staff providing case aide services have graduated from high school (or GED and job experience approved by the AAAPP)*
B. *Case aide records are signed and maintained in case files.*
C. *Case aides complete Level II Background Screening prior to employment following standards set forth in the standard contract and Appendix E of the DOEA Programs and Services Handbook.*

Response: Achieved.

A. A total of seven (7) Case Aides were employed by Lead Agency during the 2022 calendar year. All Case Aides meet education and/or experience requirements. Lead Agency has submitted to AAAPP appropriate educational degrees or diplomas of all Case Aides.
B. File review demonstrated Case Aide documentation and records are maintained in case files appropriately with date, time billed, units billed, and signature.
C. All case managers employed in the calendar year 2022 were observed to have completed Level 2 background screening through the Care Provider Background

Screening Clearinghouse before start of employment and every five years, as applicable. Per Department of Elder Affairs Programs and Services Handbook, Appendix E, however, several case manager personnel files were observed to not have the appropriate forms completed in relation to Level 2 background screening. Several staff members were observed to not have the Attestation of Compliance completed after the screening results were obtained or annually thereafter; did not have an Attestation of Compliance in their personnel files; did not have the Privacy Practices signed prior to screening; or did not have the Privacy Practice form in their personal files. Lead Agency must submit written corrective action plan detailing their procedure for completing Level 2 background screening in relation to Appendix E of the Department of Elder Affairs Program and Services Handbook. Correction Action Plan must document how background screening records will be reviewed annually to maintain compliance with state of Florida and Department of Elder Affairs requirements.

Standard #14 – Internal Audits/Case Manager Supervision
Lead Agency utilizes internal audits to ensure file integrity, confirm that clients enrolled in and receiving GR funded services meet eligibility requirements, and ensure Program and Services Manual requirements are met.

Response: Achieved.
Lead Agency maintains appropriate written internal audit/peer review policy and procedure. Lead Agency employs and utilizes a Case Manager supervisor who completes quality assurance.

Standard #15 – Conflict of Interest
Lead Agency maintains a current Conflict of Interest Policy

Response: Achieved.
Lead Agency maintains a Conflict of Interest policy.

Standard #16 – Health Insurance Portability and Accountability Act (HIPAA) requirements

A. *Satisfactory procedures have been established to protect the confidentiality of records that include the names and personal information of older adults and people with disabilities.*
B. *Whenever possible, the Lead Agency submits report and provides documentation to the AAAPP with client identifying information using the assigned client eCIRTS identification, in lieu of an individual's social security number. The Lead Agency has implemented technical security measures to guard against unauthorized access to electronic protected health information (e-PHI) that is being transmitted over electronic communication networks (email is sent securely).*

Response: Achieved.

A. Appropriate procedures are in place to address the protection of confidential information of clients. Lead Agency utilizes locked room requiring key card entry for client file storage. Several locked shred bins were observed throughout the building for staff use for proper and secure discarding client information.
B. Lead Agency utilizes appropriate secure channels to submit client information. Lead Agency maintains confidentiality of client information by using eCIRTS identification numbers when possible and submits reports through encrypted email when protected client information needs to be transmitted.
C. Lead Agency utilizes a password protected, encrypted email system. Lead Agency maintains a Workstation Security procedure requiring a screensaver to activate within 15 minutes of no activity on all workstations. There have been no concerns or issues related to HIPAA or confidentiality requirements.

Standard # 17 – Training

A. Lead Agency has developed an in-service training program for case management staff. Training includes a minimum of six hours of annual in-service training encompassing the minimum standards referenced in the DOEA Programs and Services Manual.
B. New Case Managers and Case Aides receive the necessary education and pre-service training requirements. This includes successful completion of the DOEA web-based 701B Assessment training, Care Plan training and completion of the ARTT Tutorial within 3 months of hire.

Response: Partially achieved.

A. Lead Agency has submitted training records for all current Case Managers and Case Aides that exceeded the required six (6) hours of in-service training in 2022. Training topics include security/HIPAA/confidentiality, communicating and working with individuals living with various medical conditions including hard of hearing and memory disorders, office safety, DCF Civil Rights, communication and relationship skills, cultural competency, and trauma-informed care. AAAPP provided training includes overview of home and community-based care services, aging network overview, training on memory disorders and caregiver needs, and overview of APS and reporting suspected abuse, neglect, and exploitation. Four employees did not meet the required six hours of training; however, all four employees were only employed for two months or less of calendar year 2022. Lead Agency also completes monthly in-service meetings with staff. It is highly recommended Lead Agency collect attendance of staff at these meetings to properly document all steps taken to education and train staff on DOEA requirements.
A. All case managers and case aides employed in 2022 have completed the required Department of Elder Affairs 701B Assessment Training as indicated by completion certificates. Lead Agency collaborates with AAAPP Program Manager to schedule new staff for the Quarterly New Case Manager/Case Aide training and Care Plan training, provided by the AAAPP. Two staff members were identified to not have attended the Quarterly New Case Manager/Case Aide training but are scheduled to attend the next Quarterly training in April 2023. Per Department of Elder Affairs Programs and Services

Handbook, Appendix A, all case managers and case aides must complete the care plan training and achieve a score of 80 percent on the post training test to complete care plans independently. Two case managers, Kathleen Boccio and Angela Wheeler, were employed for a six-month period and did not complete the care plan training offered by AAAPP. This has resulted in a formal recommendation and a written response must be provided demonstrating that all care plans completed by these two staff members were reviewed and approved by a certified case manager or supervisor throughout their time of employment. Written response must also address how Lead Agency will track the completion of these required trainings for future new case managers and case aides.

Standard #18 – File Review Analysis

A. *Assessments are completed timely and appropriately.*
B. *Lead Agency is in compliance with care plan requirements.*
C. *Case narratives meet all requirements and include:*
   i. *14-day follow-up after the ordering of services to determine client satisfaction and quality of service.*
   ii. *Required face-to-face visits.*
   iii. *Address the client/caregiver's rapport with the service worker, service worker's attitude toward job performance, and the service worker's compliance with assigned duties and dependability.*
   iv. *In instances where dissatisfaction is noted, resolutions are provided in a timely manner.*
D. *Required forms are included in the file and are updated annually.*
E. *Program specific requirements are met.*

Response: Partially achieved.

A total of thirteen files were reviewed for this monitoring period. Each file was completed by a different case manager.

A. Of the thirteen files reviewed, all reviewed assessments were completed in a timely manner congruent with initial assessment and reassessment standards. One file reviewed demonstrated the semi-annual care plan review was completed two months late. Case Manager documents attempts to reschedule canceled semi-annual home visit. This is considered an anomaly. All assessments reviewed were completed in full. Most assessments were completed fully and with minimal assessment error. Nine assessments were observed to provide answers to 701B assessment question 66 (66a in eCIRTS) inquiring about sensory assistive devices. Case Managers were found to list ADL and IADL assistive devices in this answer instead of in Sections D and E.
B. File reviews demonstrated case managers maintain updated and current care plans. Most care plan errors were related to care plans not containing begin dates, end dates, or revision dates and/or the dates were not congruent with service provision as listed in eCIRTS. Lead Agency is reminded that clients enrolled in HCE must have a care plan signed by the caregiver, in addition to the client's signature. Any identified areas of concern of monitored care plans have been corrected by Lead Agency.

C. Case Aide and Case Management narratives were reviewed in all submitted files.
   i. File reviews demonstrated Case Managers typically follow-up with clients within 14-days of order of services; however, of the thirteen files reviewed, there were four instances of 14-day follow-ups completed outside of the required timeframe and six instances of no 14-day follow-ups completed on new or revised services. This has resulted in a formal recommendation. Per Department of Elder Affairs Programs and Services Handbook, Chapter Two, 14-day follow-up contact must be completed following the ordering of services to determine service satisfaction and quality of service. Written response is required demonstrating that education and training will be provided to case managers on this requirement.
   ii. Case narratives demonstrated face-to-face visits were completed for client's initial assessments, annual reassessments, and/or semi-annual care plan reviews as required. Due to COVID-19, initial assessments, annual reassessments, and semi-annual care plan reviews can be conducted by phone when requested by the client. Case Managers appropriately documented when this flexibility was requested by the client.
   iii. All reviewed files demonstrated that case managers contacted clients regarding service provision, rapport with service workers, and other aspects of quality service. Almost all case files reviewed demonstrated verification of client receipt of services in accordance with the care plan. Lead Agency is reminded that appropriate justification for service provision must be present in the narrative. Appropriate justification must include client agreeance to service and documentation that the service or item is being used to meet an existing need in client's ability to live independently and safely.
   iv. Of the thirteen files reviewed, two files had a documented complaint regarding services. In both instances, case managers promptly addressed reported service issue with vendor and client in a timely manner. No concerns were noted of this substandard.
D. All reviewed files contain appropriate forms. No concerns were noted of this substandard.
E. Review of files demonstrated no concerns or noted issues with program specific requirements. All reviewed clients were eligible for the General Revenue program they were active in.

Standard #19 – Appropriate and Justified Billing

A. Service billing in eCIRTS matches care plan, date of service, and worker logs.
B. For HCE expenditures, documentation supports payment to respite workers.
C. Case Management and Case Aide time billed is justified by supporting documentation, including case narratives.

Response: Achieved.

A. eCIRTS is consistently updated with appropriate service billing. Per Department of Elder Affairs, client non-specific, monthly aggregate billing was allowed for January 2022 – March 2022 due to eCIRTS implementation. Lead Agency submitted internal tracking logs to confirm case management and case aide service documentation was billed accurately. There were minimal errors related to appropriate case management and case aide billing.
B. Three HCE files were reviewed for this monitoring. Due to Department of Elder Affairs Notice of Instruction #022219-1-I-SWCBS, most HCE clients receive Basic Subsidy only with additional services provided under other funding sources. For this reason, only one of the HCE files reviewed included direct payments to respite workers. All supporting documentation was present and no concerns or discrepancies were noted.
C. Of the thirteen files reviewed, only one file was observed to have an error involving justification of time billed. Case Managers document appropriate explanation of tasks completed with or on behalf of the client clearly and thoroughly. There are no concerns regarding this substandard.

Standard # 20 – Mandatory Reporting of Abuse, Neglect, Exploitation
Lead Agency immediately reports knowledge or reasonable suspicion of abuse, neglect, or exploitation of and older adult or person with a disability to the Florida Abuse Hotline, as required by Chapters39 and 415 F.S.

Response: Achieved.
Review of case files and submitted incident logs demonstrate Lead Agency immediately reports any potential cases of abuse, neglect, self-neglect, or exploitation to the Florida Abuse Hotline. All instances of reports are appropriately documented in client files.

Standard #21 – APS High-Risk Referrals
Lead Agency meets all APS High-Risk referral requirements:
A. Lead Agency is compliant with APS specific timeframes, including accepting referrals on the date of receipt and ensuring services are implemented within 72-hours.
B. Lead Agency communicates with DCF as appropriate and updates the ARTT as required.
C. APS High-Risk file reviews demonstrate compliance.

Response: Partially Achieved.
AAAPP conducts full file reviews on all received APS high-risk referrals each month.
A. During monthly file review of Adult Protective Service referrals in the 2022-2023 fiscal year, three clients were observed to demonstrate that the Case Manager did not document thorough attempts to staff client services with a variety of available vendors to begin the crisis resolving service within the mandated 72-hour period, per the Adult Protective Services Referrals and Operations Manual (Clients: MC 1728589, LL 1735181, PP 575330). Written response is required demonstrating that case managers will be trained on this requirement and the

appropriate documentation of all attempts to coordinate the crisis resolving service within the mandated 72-hour timeframe. This documentation must include contact of all appropriate and applicable service vendors to exhaust all options to meet the required start of the crisis resolving service.

During the 2022-2023 fiscal year, Lead Agency communicated inability to accept high-risk referrals in ARTT during December 2022 and January 2023. Lead Agency maintained communication between their own Information and Technology department and AAAPP Information and Technology department to rectify the concerns. This did not limit Lead Agency's ability to accept high-risk clients and begin services within all other APS specific timeframes and requirements. Lead Agency confirms all ARTT concerns have been rectified and staff are able to accept referrals within the same of day of receipt.

B. Communication with APS investigators and Case Managers are documented in client files. ARTT is updated as required within an appropriate time frame.
C. APS high-risk file reviews demonstrated Lead Agency complies with all APS standards and mandates except in situations notated above.

Standard #22 – Regulatory Compliance

A. Lead Agency complies with all regulations pertinent to the services being provided (i.e., fire inspections, health inspections, accessibility, etc.).
B. GR services reviewed are being provided in accordance with the DOEA Program and Services Handbook, AAAPP/Provider Contracts, and the approved Service Provider Application.
C. Clients are provided a written explanation to individuals as to the reason for the collection of social security numbers in accordance with Florida 119.071 (5).

Response: Achieved.

A. Lead Agency has complied with regulations, as required.
B. State General Revenue funded services are provided in accordance with the Department of Elder Affairs Program and Services Handbook and programmatic contractual requirements.
C. Files reviewed demonstrated clients are provided sufficient notification of the reason for collection of social security numbers.

End of page

Signatures:

Christina Didion	Mar 10, 2023
Program Manager	Date
Sara Jones Sara Jones (Mar 10, 2023 09:22 EST)	Mar 10, 2023
Program Manager	Date
Kristina Jalazo	Mar 10, 2023
Director of Program Accountability	Date