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December 30, 2022

Brian Hoben, Community Services Director
Pasco County Community Services
8620 Galen Wilson Blvd.
Port Richey, FL 34668

Dear Mr. Hoben,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-C/LSP Nutrition program for contract year January 1, 2022-December 31, 2022.

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 2022 monitoring produced no findings and five recommendations. The cooperation of your staff throughout the monitoring process was greatly appreciated.

Sincerely,


Ann Marie Winter, Jan 3, 2023 10:04 EST

Ann Marie Winter
Executive Director

Enclosures

cc: Thomas Snee, Senior Services Manager





Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.

2022 OAA/LSP

NUTRITION SERVICE MONITORING

PROVIDER:	Pasco County Senior Services Nutrition Service Provider
DATE(S) OF VISIT:	Site visit waived due to COVID-19.
PARTICIPANT(S):	Josephine Benson; Thomas Snee
MONITOR(S):	Michelle Tavares, Program Manager
FUNDING PERIOD:	January 1, 2022-December 31, 2022
SITES VISITED:	Monitoring completed via desk review

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)

- Recommendation that the provider review client program enrollment lines in eCIRTS to ensure clients are not dually enrolled.
- Recommendation that the provider maintains an internal tracking system for tracking client reassessment dates.
- Recommendation that the provider complete congregate nutrition education sessions for a minimum of 15 minutes in length.
- Recommendation and technical assistance provided on Level II background screenings and proper completion of the attestation of compliance candidate form.
- Recommendation is made that dated sign in sheets are completed at all advisory council meetings.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- There were no findings, and no corrective action is necessary.

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: N/A

Standard #2 – Targeting, Prioritization, and Waitlist

A targeting plan with specific targeting objectives is in place:

- A. 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).*
- B. 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).*
- C. Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy.*
- D. 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: Achieved.

- A. The provider has been implementing their approved plan to target individuals in all OAA targeting categories as outlined in their 2022 Provider Application.
- B. A review of provider's quarterly reports (1,2, &3) support that the provider has exceeded in meeting the proposed number of clients in all LSP targeting categories except for older individuals at risk for institutional placement. Thus far, the provider has exceeded in meeting the proposed number of clients in all OAA targeting categories except for older individuals residing in rural areas.
- C. The Provider is utilizing an approved prioritization instrument, as outlined in their OAA Service prioritization policy and procedures.

- D. A review of APCL client files and eCIRTS data indicates that clients are prioritized correctly and in compliance with their prioritization policy and procedures. One of ten APCL files reviewed contained a late reassessment.

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: Achieved.

- A. The provider utilizes the required 701S assessment tool for screening and re-screening individuals in need of home delivered meals. All clients placed on the APCL (waitlist) in eCIRTS are contacted by PCSS for OAA service placement. Appropriate DOEA assessment tools are being used (701S for screening, 701C for congregate dining and 701A for home-delivered meals). Provider is completing 701A assessments face-to-face. If a virtual assessment is requested by the client due to Covid, the provider documents and submits the virtual assessment log monthly to AAAPP.
- B. Quality assurance activities include use of assessment instructions, training, and direct supervisor observation.
- C. The provider submitted training certificates of completion for four (4) 701 assessors.
- D. The provider submitted an attendance sign in sheet and training materials that support training on mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly was completed in May 2022.

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 submitted their 2021 annual outreach and public education report in a timely manner.
- B. All quarterly reports are submitted timely with no issues noted.
- C. Detailed meeting minutes from the Board of Directors are submitted regularly.
- D. Surplus/Deficit reports are submitted monthly on a timely basis with no issues noted.

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

Since implementation of eCIRTS in December 2021, outcome measure reports have been unavailable.

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.

- A. Twenty (20) client files (ten congregate dining and ten home delivered meals) were randomly selected and reviewed. Compliance with all requirements for client eligibility, intake, and service delivery was observed.
- B. Review of twenty client files demonstrate that eCIRTS records of assessment/reassessment, program enrollment and received services of seventeen (17) are accurate, entered in eCIRTS in a timely manner and agree with client records and projects. One client was dually enrolled in ADI and O3C2. Two (2) client files contained late reassessments.
 - 701S attempts are made within three business days after receipt of referral and assessments are completed no later than fourteen business days from initial contact.
 - Two (2) client files out of twenty (20) contained late reassessments.

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 implementation of eCIRTS, not all reports have been available. The provider is encouraged to review current available reports on a regular basis. The provider edits eCIRTS data entries as necessary.

Standard #8 – Budgetary Compliance

Budgetary Compliance:

- A. *Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.*
- B. *For the month of June 2022, 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: Partially Achieved. See attachments I, II, and III

- A. Review of quarter 1, 2, and 3 reports demonstrates that LSP funding has been fully expended and the provider met the proposed number of units. The provider is currently utilizing OAA and ARP funds. Proposed number of units have been met for home delivered meals, outreach, nutrition education and nutrition counseling. As of the end of quarter 3, 85% of the congregate dining budget has been spent.
- B. Provider utilizes an internal database, Servtracker. A review of eCIRTS billing in June of 2022 was compared to provider logs, eCIRTS reports, client records and Servtracker reporting. There was a clear audit trail for units of service for congregate meals (O3C1) and nutrition counseling (NUCOI) units. For home delivered meals (O3C2), it was noted that the provider billed twenty-eight (28) O3C2 units for a client that was enrolled in the ADI program. Due to the provider fully expending outreach (OTR) and nutrition education (NTED) units in the beginning of 2022, a review of eCIRTS billing in January of 2022 was compared to provider logs, eCIRTS reports, and client records. There was a clear audit trail for OTR units. There was a clear audit trail for NTED units, although, it was noted that the provider documented 10 minutes of nutrition education provided at the Land O' Lake's site in January 2022. Per 2020 DOE Programs and Services Handbook, congregate nutrition education sessions shall be a minimum of 15 minutes in length.

Standard #9 – Consumer Satisfaction

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

- A. *Policies and procedures related to consumer satisfaction detailing how satisfaction will be measured annually.*
- B. *Home visits and/or client interviews (including service observation, if possible) in order to reveal effective delivery of service.*
- C. *Client satisfaction surveys accompanied by a satisfaction survey summary report for the last fiscal year.*
- D. *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.

- A. The provider has a policy and procedure related to consumer satisfaction detailing how satisfaction will be measured annually.
- B. This program manager called and spoke with four clients, two are recipients of home delivered meals and two attend congregate dining. Three of four clients reported the food as being fair, one reported it as excellent. All clients reported that the staff, volunteers and meal delivery drivers are always courteous and helpful.
- C. The provider submitted client satisfaction surveys conducted in 2022 along with a survey analysis. One hundred (100) diners completed satisfaction surveys. 68% of the diners are satisfied with the food always or most of the time. 82% report that the

- nutrition education presented at the dining sites helped them eat healthier. 100% report that attending the dining center, has helped them make new friends. Two hundred and seventy-five (275) recipients of home delivered meals completed the satisfaction survey. 72% of the recipients are satisfied with the food always or most of the time. 45% of the recipients feel their health has improved since receiving meals. 86% of the recipients are generally satisfied with the services provided to them.
- D. The provider completes client satisfaction surveys annually with all active clients.

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. The provider has an approved grievance policy and procedure in place. Provider submitted a grievance log for the period of October 2021- October 2022. Provider had one grievance documented. Upon further review, it was determined that since no formal grievance request or process took place, it should have been documented as a complaint.
- B. The provider has an approved complaint policy and procedure in place. Provider submitted a complaint log and supportive documentation for the period of October 2021- October 2022. One complaint was documented and included an appropriate provider response and resolution.
- C. The provider has an approved incident policy and procedure in place. Provider submitted an incident log and supportive documentation for the period of October 2021- October 2022. Seventeen (17) incidents were documented and included appropriate provider responses and resolutions.

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 clearly convey that services are free of charge and all contributions shall be used to increase service availability.*

Response: Achieved.

- A. The provider has an approved voluntary contributions policy that conforms with the Older Americans Act.
- B. The provider submitted a sample letter provided to clients related to voluntary contributions which convey that services are free of charge and all contributions shall be 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.*
- 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. Nutrition services are provided in compliance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application.
- B. The provider complies with all pertinent to the service being provided. Documentation supported all required inspections were completed.
- C. The 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. Supportive documentation submitted with client files.
- D. 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 measures.*

Response: Achieved.

- A. The provider maintains a positive partnership with the ADRC and other community partner agencies to ensure referrals receive the assistance they need. If the provider receives a referral from someone in need of additional services, a referral is made to the ADRC or directly to the appropriate program/resource.
- B. The provider ensures referrals are made to community resources as appropriate.
- C. 701S assessments are completed in accordance with DOEA standards.

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. *The Provider maintains copies of current Nutrition Consultant(s) agreement (s) and all pertinent licensure requirements.*

Response: Achieved.

- A. The provider monitors its sub-contractor, GA Foods, as required on an annual basis. A complete report dated July 29, 2022 was submitted. Health inspection reports completed by the Department of Business and Professional Regulation indicate a total of nine high priority violations. AAAPP has followed up on the violations, which include a meeting with GA Foods and notifying DOEA.
- B. Provider maintains a current agreement with Florida Department of Health, Pasco County Health Department for nutrition consultant services. Provider submitted a signed agreement.

Standard #15 – Volunteers

Provider's utilization of volunteers:

- A. *Policies/Procedures supporting the utilization of volunteers*
- B. *Documentation supporting volunteers under C1 and C2 have been trained appropriately on safe food handling.*

Response: Achieved.

- A. The provider has policies and procedures supporting the utilization of volunteers.
- B. The provider submitted documentation supporting volunteers under C1 and C2 have been trained appropriately on safe food handling. Trainings are conducted quarterly or as needed.

Standard #16 – Background Screening

Provider completes Level II Background Screening as necessary.

Response: Partially Achieved.

Background Screenings were reviewed for two (2) staff members and three (3) volunteers. Technical assistance provided on proper completion of the attestation of compliance candidate form.

Standard #17 – Nutrition Specific Service Compliance

- A. *There is an established Advisory Council that meets two (2) times per year.*
- B. *Provider maintains legible daily food temperature logs and temperatures are in compliance.*
- C. *Home delivered meal temperature checks are completed and are performed at least annually for each route on a random, rotating basis.*
 - C1. *Potentially hazardous foods are held and transported in a method that ensures hot food temperatures are 140 degrees F or higher and cold food temperatures are 41 degrees F or lower. Frozen meals are frozen solid.*
- D. *Menu substitutions policies and procedures and menu substitution list are developed and approved by the nutrition program's qualified dietitian. Menu substitution logs are legible and contain required documentation.*
- E. *The Dietitian/Nutritionist is licensed in accordance with Chapter 468.509, FS, and Chapter 64B8-42, FAC*
- F. *A licensed dietitian who is covered by liability insurance provides counseling*
- G. *Menus are approved by a Florida Registered Dietitian at least 4 weeks prior to use, are dated and posted in a conspicuous location in each meal site and are kept on file for one year.*
- H. *NPCR forms are completed appropriately.*
- I. *All appropriate Nutrition Services staff instrumental to food service delivery has received appropriate training relevant to their food service function (I.E., certified food protection, Serv Safe, etc.)*

Response: Achieved.

- A. Review of Advisory Council documentation supports that the council meets twice per year and the provider reports that the council membership includes 51% or more of clients. Meeting documents were reviewed. It was noted that the February 2022 meeting did not have a sign in sheet but members in attendance were listed on the meeting minutes. Per 2020 DOEA Programs Services and Handbook, dated sign in sheets are required.
- B. The provider maintains legible daily food temperature logs. Review of Q1,2, and 3 logs support that temperatures are in compliance. Omission of some meal arrival times were noted. Provider was informed to ensure all meal components are listed on temperature log for "picnic days".
- C. Review of temperature logs indicate that home delivered meal temperature checks are completed and performed at least annually for each route on a random, rotating basis. Temperatures were in compliance.
 - C1. Potentially hazardous foods are transported and held in appropriate equipment to ensure hot food temperatures are 140 degrees F or higher and cold food temperatures are 41 degrees F or lower. Frozen meals are frozen solid.
- D. Provider's menu substitutions policies and procedures and menu substitution list are developed and approved by the nutrition program's qualified dietician. Menu substitution logs are legible and contain required documentation. The provider communicated with AAAPP mid-year to alert of increase substitutions related to nationwide shortages.
- E. The Dietitian/Nutritionist is licensed in accordance with Chapter 468.509, FS, and Chapter 64B8-42, FAC
- F. N/A – Provider maintains agreement with Florida Department of Health, Pasco County Health Department which is covered under Florida Statute 768.28.
- G. Provider maintains all menus appropriately. Provider has submitted all menus for fiscal year 2022 as required. Review of menus demonstrate that not all menus were approved at least 4 weeks prior to use. AAAPP has implemented a policy requesting that all meal subcontractors submit draft menus to the provider at the minimum of eight (8) weeks prior to menu implementation to allow more time for review, cross communication, and revisions. Menus are posted in a conspicuous location in each meal site and are kept on file for one year.
- H. Review of Quarter 1,2, and 3 NPCR forms are being completed appropriately.
- I. All appropriate Nutrition Services staff instrumental to food service delivery has received appropriate training relevant to their food service function (I.E., certified food protection, Serv Safe, etc.)

Signatures:

Michelle Tavares

Dec 30, 2022

Michelle Tavares, Program Manager

Date

Kristina Jalazo

Dec 30, 2022

Kristina Jalazo, Director of Program Accountability

Date



Area Agency on Aging of Pasco-Pinellas, Inc.
Client File Monitoring Tool for Registered Services
Specific to 7015

Organization: Pasco County Senior Services
Registered Service: Home Delivered Meals

Questions	1664728	1701047	1727525	1710391	1151124	1543195	1732659	746680	1737261	1396871	
Was the most current intake/7015 assessment completed and entered into eCIRTS correctly?	Y	Y	ADRC	Y	ADRC	ADRC	Y	Y	Y	ADRC	746680 - Reassessment completed late
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	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	
Is the client correctly enrolled on the waitlist for this program/service in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the provider utilize the use of recorded telephone calls?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
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: Pasco County Senior Services
 Registered Service: Congregate Meals

Questions	1467727	289796	1522476	611947	844504	269839	1513460	1553333	1708982	1401990	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)?	N/A	Y	N/A	Y	Y	N	Y	Y	N/A	Y	269839 - Late reassessment
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?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No waitlist. Prioritization tool not required.
Did the worker 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 worker notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Provided in Welcome Packet
Is the client correctly enrolled for this program and service in eCIRTS?	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	844504 - Clients program enrollment line was not terminated in eCIRTS. Should have been terminated 8/16/22. Provider followed up and updated clients enrollment line.
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?	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A	Y	N/A	
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: Pasco County Senior Services
 Registered Service: Home Delivered Meals

Questions	784005	1389142	323450	1333882	552967	1359037	1527993	1190349	1381491	949576	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)?	N/A	N/A	Y	Y	N	Y	N/A	N/A	N/A	Y	552967- Late reassessment
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 worker 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 SSN is collected?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the worker 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	N	Y	1381491- Client was dually enrolled in ADI and O3C2
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	N	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	N	Y	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	N/A	Y	Y	N/A	Y	N/A	Y	N/A	N/A	N/A	
Copy of DOE Form 2017 Completed	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Notes											

Yes = Compliant

Non-Non-compliant and comment is required

N/A = Not applicable