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July 26, 2022

Ms. Jemith Rosa, President / CEO
Community Aging and Retirement Services, Inc.
14041 Icot Boulevard
Clearwater, Florida 33760

Dear Ms. Rosa,

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, 2021 – June 30, 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.

Please find attached the completed monitoring report. Please note, a written response to the recommendations and findings is required. Please submit response by August 5, 2022. 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 Pasco County community.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Marie Winter', is written over a horizontal line.

AnnMarie Winter (Jul 26, 2022 09:53 EDT)

Ann Marie Winter
Executive Director

Enclosures

cc: Barbara Sharp, Board Chair
Trudi Zayac, COO
Nancy Gepner, Program Director
Donald Kapp, Quality Assurance Manager





Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
GENERAL REVENUE MONITORING

PROVIDER: Community Aging and Retirement Services, Inc. dba
CARES

DATE(S) OF VISIT: June 29, 2022

PARTICIPANT(S): Jemith Rosa, CARES, President/CEO
Trudi Zayac, CARES, COO
Nancy Gepner, CARES, Program Director
Donald Kapp, CARES, Quality Assurance Manager
Kristina Jalazo, AAAPP, Director of Program Accountability
Christine Didion, AAAPP, Program Manager

MONITOR(S): Christine Didion, AAAPP, Program Manager

FUNDING PERIOD: July 1, 2021 – June 30, 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. Positive/Noteworthy Activities

- Provider is commended for continuing to provide case management services to clients under all General Revenue Programs during the continued COVID-19 pandemic, increased staffing and turnover challenges, and during the transition to eCIRTS. Provider has shown great flexibility and perseverance in continuing to maintain appropriate communication with clients, client and record data management, and enrolling large amounts of waitlist releases throughout the last year.

II. Recommendations for Improvement

(Recommendations require a written response from the provider)

- In the 2021-2022 fiscal year, as of May 27, 2022, Provider has received 372 General Revenue waitlist releases. This is a significant increase of releases compared to previous fiscal years. During this current fiscal year, it was found that Provider was not completing 701B initial assessments within the timeframe of fourteen (14) business days as outlined by the Department of Elder Affairs Programs and Services Handbook, chapter two, section III. As of May 2, 2022, provider had thirteen (13) January 2022 releases, (12) February 2022 releases, and fourteen (14) March 2022 releases, across all General Revenue programs, that had not yet been enrolled. Provider communicated to Area Agency on Aging Program Accountability staff of Provider's staff shortages and efforts made to hire additional staff. As of June 2022, Provider has significantly decreased the amount of referred clients awaiting an assessment and service arrangement.
- Due to the significant increase in client complaints and concerns received by the Area Agency on Aging of Pasco-Pinellas by clients enrolled in case managed General Revenue Programs and the number of repeat requests by Area Agency on Aging of Pasco-Pinellas staff for appropriate follow-up from Provider, a written response must be provided which addresses how Provider will review the complaint, address the complaint with the client, and submit appropriate action and resolution to the Area Agency on Aging of Pasco-Pinellas within an appropriate timeframe.

III. Findings/Corrective Action

- In this current fiscal year, Provider has only submitted six (6) Surplus/Deficit reports. Per 2021-2022 Area Agency on Aging Standard Contract, Section II.E.4, the Surplus/Deficit Report must be submitted to the Area Agency on Aging of

Pasco-Pinellas by the twentieth of each month. Surplus/Deficit reports must follow format provided by the Area Agency on Aging of Pasco-Pinellas and must include:

- A list of all subcontractors and their current status regarding surplus/deficit;
 - The Sub-Recipient's detailed plan on how the surplus/deficit spending exceeding the threshold specified by the Area Agency on Aging of Pasco-Pinellas will be resolved;
 - Input from the Sub-Recipient's Board of Directors on resolution of spending issues, if applicable;
 - Number of clients currently on the APCL that receive a priority ranking score of 4 or 5; and
 - Number of clients currently on the APCL designated as Imminent Risk.
- Provider could not produce educational documentation nor proof of completion of care plan training for one Case Aide, hired June 14, 2021, through October 19, 2021. Per the Department of Elder Affairs Programs and Services Handbook, Appendix A, case aides must complete training and certification on the Department of Elder Affairs assessment instrument and care plan forms. At the time of employee's hire, care plan training was conducted by the Area Agency on Aging of Pasco-Pinellas via recorded PowerPoint presentation with voiceover due to COVID-19. Employees submitted completed online test to Area Agency on Aging of Pasco-Pinellas staff to receive confirmation of completion. As of October 2021, the Area Agency on Aging of Pasco-Pinellas holds care plan training on a bi-monthly basis for new staff in a live, virtual format. Additionally, minimum requirements for case aides include a high school diploma or GED. Job-related experience may be substituted for a high school diploma or GED upon approval of the Area Agency on Aging.
 - Of the twelve files reviewed during this annual monitoring, two files contained annual reassessments that were completed late. Per Department of Elder Affairs' Programs and Services Handbook, chapter two, section III, the annual reassessment must be completed 365 days after the prior assessment, through the end of the month. Additionally, reassessments may be completed up to 30 days prior to clients' annual reassessment due date. Services that occurred between the assessment's due date and when the assessment was completed, were deleted from eCIRTS, including case management and case aide services, and vendor payments were appropriately adjusted.
 - Of the twelve files reviewed during this annual monitoring, all files contained significant care plan errors, including care plans missing for rendered services. Per the Department of Elder Affairs' Programs and Services Handbook, chapter two, section V, attachment 3, the care plan must include all Department of Elder Affairs-funded services. Additionally, a complete care plan contains problems/gaps and challenges as derived from the client's assessment, service or activity, frequency, dates of service start and end, when applicable, and dates services are revised or resolved, when applicable. All care plan errors identified during annual monitoring have been corrected by Provider, where applicable.

- Of the twelve files reviewed, eight were observed to not have 14-day follow-up contact documented to determine the client's service satisfaction, quality of service, and confirm service is being provided as authorized by care plan. Per the Department of Elder Affairs' Programs and Services Handbook, chapter two, section III, the case manager or case aide must telephone or visit the client within 14-business days following the ordering of services to determine service satisfaction and quality of service. Additionally, case narratives must reflect those services continue to be consistent with the care plan and are delivered accordingly.

Due to findings and recommendations listed above, Provider will remain on a Corrective Action Plan. As part of this Corrective Action Plan, Provider must submit the following:

- A written response addressing how future waitlist releases will be contacted and assessed within the (14) business days after receipt of referral. Written response must specifically account for potential future staff shortages.
- A written response addressing how Provider will review complaints received by the Area Agency on Aging from clients currently enrolled in General Revenue programs. Response should address how the complaint is reviewed or discussed with the client and how, and when, appropriate action and resolution will be submitted to the Area Agency on Aging of Pasco-Pinellas within an appropriate timeframe.
- A written response addressing how future Surplus/Deficit reports will be maintained and provided to the Area Agency on Aging based on contractual obligations.
- Provider must produce policy or procedure addressing how newly hired case manager and case aide educational documentation, 701B assessment training certification, and care plan training completion will be tracked, obtained, and/or maintained.
- A written response addressing how annual assessment due dates for all clients enrolled in General Revenue funded programs will be tracked in absence of a functioning eCIRTS Assessments Due report.
- Provider will be required to continue to send documentation that at least nine files across all general revenue programs are reviewed by a supervisor or quality assurance manager each month. This process will continue until file reviews produce significantly less file errors related to care plans and case narratives.
- Area Agency on Aging of Pasco-Pinellas General Revenue Program Manager will continue to request three randomly selected files each month, in addition to APS file reviews and quarterly 1% file reviews, until reviews produce significantly less errors related to care plans and case narratives.

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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: Partially achieved.

There were no findings or recommendations for the 2020-2021 monitoring; however, Provider was placed on a Corrective Action Plan effective September 30, 2022, following file review as part of preparation for the annual monitoring by the Department of Elder Affairs. Provider was found to have numerous file issues including lack of two-week follow-up, missing care plans for services, and case narrative errors including, but not limited to, limited justification for case management and case aide time billed and billing for non-billable activities. As part of this plan, Provider was requested to complete the following actions:

- Provide a written plan addressing how newly hired and existing case managers will be trained on an ongoing basis regarding appropriate case narrative documentation, care plan formation, and tracking of appropriate two-week follow-ups.
- Complete nine (9) supervisor file reviews per month to include 3 ADI, 3 CCE, and 3 HCE until 100% of files are reviewed.

Provider completed written plan which included the following actions taken:

- Provider indicated the case management department was restructured to include two lead case managers and adding a quality assurance specialist. During this annual monitoring, Provider confirmed the hiring of a Quality Assurance Manager. Provider has returned to a Project Director, Case Manager Supervisor supervisory model to focus on appropriate training for new case managers. Provider reports their goal is to employ twelve (12) case managers and, at the time of exit interview, Provider had six (6) case managers employed.
- Case narrative training was completed on October 14, 2021, with all case management and case aide staff. Topics in this training included writing skills, active voice, individualized case narratives, terminology, use of standardized format, billable vs. non-billable activities, two-week follow-ups, and care plan formation. Provider submitted the agenda, sign-in sheets, and materials used for this meeting. Provider reports they continue to provide quarterly in-service training, staff

meetings twice a month, and complete intensive, week-long training for new case managers and case aides.

- Provider committed to completing narrative refresher training quarterly with all case managers and case aides. Provider confirmed during this annual monitoring this standard continues.
- Care plans developed by case managers, in their first 30 days of case load assignment, have to be reviewed for completion and accuracy by the lead case manager. Provider confirmed during this annual monitoring this standard continues.
- Lead case managers will review five (5) care plans a month for current case managers for at least 90 days post care plan training provided by the Area Agency on Aging of Pasco-Pinellas completed on October 27, 2021. Provider confirmed this occurred.
- Case Managers must maintain a 14-day follow-up log. Lead case managers will review the logs twice a month. Additionally, case aides will be utilized to assist in timely follow-up. Provider confirmed case aides assist in making timely follow-up with clients and maintain a two-week follow-up log to track outstanding actions.
- All case managers will complete refresher Department of Elder Affair 701B training by December 31, 2021.

Beginning October 30, 2021, Provider began to submit documentation that at least nine files had been reviewed by a supervisor using provided file monitoring tools. Documentation was received through January 31, 2022. Provider has not submitted documentation since. Provider will be required to continue to send documentation that at least nine files across all general revenue programs are reviewed by a supervisor or quality assurance manager each month. This process will continue until file reviews produce significantly less file errors related to care plans and case narratives.

In addition to the steps taken by Provider as part of the Corrective Action Plan, the Area Agency on Aging of Pasco-Pinellas completed the following actions to support and assist the Provider:

- Care plan training was provided to all case managers and case aides on October 27, 2021. This training reviewed the role of the case manager, role of the care plan, how to set up a new care plan, revising an existing care plan, and utilizing a person-centered approach to care plan creation and maintenance. Additionally, examples of completed care plans were provided to attendees. The materials and presentation used for this training is now used for all new case managers and case aides throughout the Planning and Service Area.
- Case Management Training was provided for all case managers and case aides on December 8, 2021. Information presented focused on care plan formation and revisions, completing assessments accurately, appropriate case narrative documentation, working with clients experiencing mental health or behavioral challenges, and appropriate and timely follow-up with clients and services.
- On March 23, 2022, a best practices meeting was held with Project Directors from both Lead Agencies to discuss ideas, practices, and promote improvement with case

managed, General Revenue programs. Supervisory staff from lead agencies discussed how their agencies are completing workflows and overcoming challenges with eCIRTS; how agencies track their new releases; tracking assessment due dates considering the absence of a functioning assessment due report in eCIRTS; staff retention issues; and peer file reviews.

- Area Agency on Aging of Pasco-Pinellas General Revenue Program Manager began to complete monitoring of three randomly selected files each month beginning in November 2021. Program Manager will continue this process until file reviews produce significantly less file errors related to care plans and case narratives.
- In October 2021, care plan templates were created by Area Agency on Aging of Pasco-Pinellas Program Accountability staff and shared with Provider for case managers to utilize. Templates included formulas to calculate the total cost of the care plan. Additionally, training was held with Provider supervisory staff on October 14, 2021, to review this template.
- On March 8, 2022, Area Agency on Aging of Pasco-Pinellas General Revenue Program Manager completed training with Provider Quality Assurance Manager to review the file monitoring tools. During this training, an APS case was reviewed, and corrections needed were discussed.

Standard #2 – Surplus/Deficit Reports

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

Response: Partially achieved.

During the 2021-2022 fiscal year, provider submitted Surplus/Deficit reports by the due date of the twentieth (20th) of the month in July, August, October, November, December, and June. Provider is reminded that submission of the Surplus/Deficit Report is a contractual obligation. Submissions received did include required narrative detailing the Provider's current spending and status of past releases. Submissions received did appropriately and accurately refer to the Surplus/Deficit report in the justifications for new releases for all General Revenue programs. Provider is recommended to review all appropriate formulas and calculations in Surplus/Deficit reports prior to submitting each month. Provider participates in monthly surplus/deficit meetings.

Standard #3 – CIRTS/eCIRTS

- A. Provider has written procedures for verifying accuracy of client/service data in CIRTS/eCIRTS.*
- B. File reviews demonstrate minimal data integrity errors.*

C. *Provider is utilizing CIRTS/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 provider maintains written procedure for verifying the accuracy of client and service data in CIRTS/eCIRTS as indicated by their Peer Review Policy and Procedure.
- B. File reviews conducted during the desk review produced few data integrity errors. Provider is commended for their improvement in this area of case file review.
- C. Area Agency on Aging of Pasco-Pinellas Program Manager runs CIRTS/eCIRTS monitored reports on a routine basis. When exceptions do exist, Provider corrects the exception(s) when appropriate. It is recommended Provider also maintain a regular schedule of running monitored reports and clear identified exceptions.

Standard #4 – Outcome Measures

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

Response: Partially achieved.

- A. As of May 2022, Outcome Measures are not available in eCIRTS. Outcomes Measures for Provider were run using CIRTS for the period of 07/01/2021-12/07/2022 as complete data stopped being entered in CIRTS December 7, 2021.

Most Outcome Measures are being achieved by provider. It is worth noting that Outcome Measures, especially in the ADL and IADL categories, are fluid due to changing needs. This is particularly true when clients are living with progressive diseases such as Alzheimer's disease. Provider demonstrates case managers appropriately address client's needs and services when clients are living with a progressive health condition, as evidenced in care plan reviews, and submitted Outcome Measure reports. It is also important to note that Outcome Measure reports are examining a client's total assessment history and may be, at times, comparing different assessment types.

- i. Available Outcome Measure results for the 07/01/2021-12/07/2021 period are as follows:

ADL – statewide goal is 65%

- CCE program – 78.57%
- ADI program – 50.00%
- HCE program – 100.00%

IADL – statewide goal is 62.30%

- CCE program – 33.33%
- ADI program – 66.67%
- HCE program – 50.00%

APS – statewide goal is 99.11%

- CCE program – 100.00%

Caregiver Ability – statewide goal is 90% (both assessor and caregiver)

- CCE program
 - Caregiver ability – 76.00%
 - Assessor ability – 100.00%
- ADI program
 - Caregiver ability – 100.00%
 - Assessor ability – 100.00%
- HCE program
 - Caregiver ability – 100.00%
 - Assessor ability – 100.00%

Environment – statewide goal is 79.30%

- CCE program – 100.00%
- ADI program – 100.00%
- HCE program – 100.00%

Imminent Risk Referrals – statewide goal is 90%

- CCE program – no data – meeting goal
- ADI program – no data – meeting goal
- HCE program – no data – meeting goal

Nutrition – statewide goal is 66%

- CCE program – 66.67%
 - ADI program – 100.00%
 - HCE program – 100.00%
- B. The provider implements strategies to achieve Outcome Measures to their ability, as outlined in their approved application.
- C. During the 2021 calendar year, Provider has completed monthly submission of Outcome Measure reports. Reports contain appropriate explanations of exceptions and identifies where possible reporting errors may be occurring. Submitted reports always address appropriate service implementation and supports provided to clients to address needs. Provider will resume submitting monthly submission of Outcome Measures report once reports become available in ECIRTS.

Standard #5 – Satisfaction Surveys and Analysis

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

Response: Achieved.

- A. Provider has demonstrated that surveys are mailed to clients on a regular basis. Provider submitted ten (10) sample surveys from clients across all General Revenue programs from the 2021 calendar year. No concerns noted. Several returned surveys contained comments from respondents thanking Provider for services and indicating they would not be able to remain at home without these services. Additionally, Provider uses coded system to ensure any surveys reflecting complaints or concerns can be followed up with appropriately.
- B. Provider submitted comprehensive survey analysis for each of the General Revenue programs. Analysis covered sixty-six (66) surveys that were sent to clients across all General Revenue Programs from 1/01/2021 to 12/31/2021. One survey indicated the respondent was dissatisfied with their overall services. Two respondents were dissatisfied with their case manager. Additionally, Area Agency on Aging of Pasco-Pinellas Program Manager selected three clients, across the three funding sources, at random, to complete telephonic satisfaction calls. All respondents reported they did not know who their case manager was. Two respondents required follow-up to discuss client needs and ongoing services. Provider completed necessary follow-up and there are no outstanding concerns. All respondents reported staff who have worked with them in the past were courteous and respectful. It is recommended Provider maintain procedure for new Case Managers to contact and document their case load to provide appropriate and direct contact information for new case manager.

- C. Provider maintains a written grievance and complaint procedure to address any client complaints regarding services.

Standard #6 – Complaint Policy and Procedures

- A. *Provider has written policy and procedure regarding the handling of complaints.*
- B. *Complaint procedures address the quality and timeliness of services; provider 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. Provider has submitted their written Complaint and Grievance policy and procedure. This policy was last updated in 2018. It recommended Provider review and update all policies and procedures on an annual basis.
- B. Procedures demonstrate provider addresses the quality and timeliness of services; Provider 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.
- D. Provider 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. In addition to submitted log, Provider maintains back-up documentation including case narratives and other correspondences with clients, representatives, and/or vendors, and clearly documents actions by Provider to address complaints. Provider has also completed a simple analysis of complaints received in the 2021 calendar year. Per Provider, thirteen (13) complaints were received in the calendar year 2021. Eight (8) complaints were related to home health agency issues (not enough staff available, home health aides not arriving on time for shifts, etc.). Three complaints were related to case managers including case managers not returning phone calls or care planned services not meeting client needs. Two (2) complaints were logged as miscellaneous issues. Provider does note that of the thirteen (13) complaints received, seven (7) were from the same two clients. All logged complaints were observed to have appropriate actions and resolution documented by Provider.

- a. It is important to note the increase of client complaints or concerns received by the Area Agency on Aging of Pasco-Pinellas regarding Provider in this fiscal year, to date, when compared to previous fiscal year. In the 2020-2021 fiscal year, thirty-three (33) complaints or concerns were logged by Area Agency on Aging staff related to lead agency and general revenue programs. In the current 2021-2022 fiscal year, as of May 27, 2022, Area Agency on Aging staff have logged sixty-three (63) complaints or concerns reported by General Revenue clients and/or client representatives. Provider has addressed and completed appropriate follow-up with complaints received by the Area Agency on Aging; however, Provider requires several requests for follow-up by Area Agency on Aging staff to reach resolution. Provider reports they are implementing a new procedure to address complaints received within the same business day.

Standard #7 – Grievance Policy and Procedures

- A. *Provider has written policy and procedure regarding the handling of grievances to address complaints regarding termination, suspension, or reduction of services.*
- B. *The provider'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. Provider has submitted written Grievance policies and procedures which appropriately address complaints regarding termination, suspension, or reduction in services. Policy was last revised in 2018 and reviewed in 2019. It recommended Provider review and update all policies and procedures on an annual basis.
- B. Provider's Grievance policy and procedure meets minimum requirements, as outlined in Appendix D of the Department of Elder Affairs Programs and Services Handbook.
- C. Provider submitted grievance log for the 2021 calendar year and written attestation stating no grievances were received during the 2021 calendar year. Submitted grievance log contains appropriate and required fields.

Standard #8 – SMMCLTCP Referrals

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

Response: Partially achieved.

Prior to transition to eCIRTS, Area Agency on Aging of Pasco-Pinellas Program Manager completed monthly running of the Medicaid Waiver Eligible CIRTS report. Provider did not address clients appearing on report in August 2021, October 2021, November 2021, or December 2021. Provider is reminded of requirement that clients with self-reported income and assets appearing within limits of established standards per the SSI-Related Programs Financial Eligibility Standards are required to be waitlisted for SMMC LTCC services as a condition of receiving CCE services, per the Department of Elder Affairs Programs and Services Handbook. The Medicaid Waiver Eligible report became available in eCIRTS in May 2022. Provider will return to addressing exceptions appearing on this report monthly.

Area Agency on Aging of Pasco-Pinellas Program Manager completes routine updates on the Enrollment Management Log of CCE clients who are in the eligibility process for SMMC LTC services, as is a condition of receiving CCE services. In this fiscal year, several CCE clients fell into the 30-day grace period due to the client not meeting the required timeframes in the currently established Enrollment Management System (EMS). Appropriate follow-up on CCE status was not completed by Provider and several clients remained active and enrolled in CCE services despite several requests for follow-up from Area Agency on Aging staff. Provider has recently improved on following-up with CCE clients at risk of losing CCE services due to noncooperation with SMMC LTC eligibility process. Provider is encouraged to continue this level of follow-up to appropriately assist clients when needed and complete enrollment terminations as is outlined in the Department of Elder Affairs Programs and Services Handbook.

Standard #9 – Prioritization

Clients with the greatest need are served first and are prioritized for service delivery in accordance with contractual requirements. The provider 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: Partially achieved.

Provider addresses all APS high-risk and Aging Out referrals timely and in the correct prioritization order. The Area Agency on Aging of Pasco-Pinellas releases CCE, ADI, and HCE clients based on priority ranking in the CIRTS/eCIRTS database and Provider receives these referrals as they are released. Provider maintains an appropriate Prioritization Policy and Procedure. Provider utilizes the appropriate 701B assessment to enroll released clients.

Compared to 2020-2021 fiscal year, Provider has received a significant increase of General Revenue waitlist releases this current fiscal year. In the 2020-2021 fiscal year, 236 clients were released from the General Revenue waitlist and referred to Provider for service provision. In the 2021-2022 fiscal year, as of May 27, 2022, Provider has received 372 General Revenue waitlist releases. During this current fiscal year, it was found that Provider was not completing

701B initial assessments within the timeframe of fourteen (14) business days as outlined by the Department of Elder Affairs Programs and Services Handbook. As of May 2, 2022, based on eCIRTS enrollment information, Provider had 39 outstanding releases across all three General Revenue programs from January, February, and March 2022. It is acknowledged that Provider maintained communication with Area Agency on Aging staff regarding case management staffing concerns. After request from Area Agency on Aging Programmatic staff, Provider completed schedule to address the current backlog of releases and enroll clients in appropriate General Revenue programs. Provider is also reminded to enter appropriate assessments, enrollment lines, and care planned services in eCIRTS in a timely fashion following the initial assessment of a referred client.

Standard #10 – Use of Non-DOEA funded services

Provider promotes and utilizes non-DOEA services prior to DOEA services being implemented. Documentation supports these efforts.

Response: Achieved.

Files reviews and routine monitoring demonstrate Case Managers are familiar with non-Department of Elder Affairs services in Pasco County and utilize them whenever possible.

File reviews did produce corrections related to the inclusion of community resources in clients' care plan as a non-DOEA funded service. In addition to the care plan, these non-Department of Elder Affairs resources should also be included in the client's case narratives, as is required in the Department of Elder Affairs Programs and Services Handbook. These identified file errors have been corrected by Provider.

Standard #11 – High-Risk Nutrition Scores

Provider documents clients with nutrition screening score of 5.5 or higher are being referred to a Registered Dietitian for nutritional counseling.

Response: Achieved.

Provider 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. Provider is reminded that case narratives should reflect and justify when clients receive nutritional supplements.

Standard #12 – Case Management

- A. *Case managers meet 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 AREA AGENCY ON AGING OF PASCO-PINELLAS is obtained if a caseload is more than 100.*
- E. *Case managers conduct follow up contacts on service arrangements and referrals within two weeks to ensure services have begun (14-day follow ups).*

Response: Partially achieved.

- A. A total of fifteen (15) Case Managers were employed with Provider during the 2021 calendar year. It is noted that of the fifteen (15) Case Managers employed by Provider in 2021, only four case managers are currently still employed with Provider, as of May 2, 2022. All Case Managers met education and/or experience requirements. Provider has submitted to Area Agency on Aging of Pasco-Pinellas appropriate college degree, or resume with Area Agency on Aging approval, if applicable, of all hired case managers. Additionally, provider submitted required certificates confirming completion of Department of Elder Affairs 701B Training for all new case managers within the first three months of employment. Provider has had all case managers complete ARTT/APS training within three months of hire date. APS/ARTT requirements are also reviewed during Quarterly New Case Manager/Case Aid training by the Area Agency on Aging of Pasco-Pinellas which is attended by all new staff within three months of hire. Provider works with Area Agency on Aging Program Manager to sign up new staff for Care Plan training and Quarterly new Case Manager/Case Aid training. Provider is reminded to send case manager education documentation, 701B certificates, and ARTT certificates to the Area Agency on Aging of Pasco-Pinellas upon completion.
- B. At least one file was reviewed for each Case Manager assigned a case load in calendar year 2021. File reviews demonstrated Case Managers are knowledgeable of formal and informal community services. No concerns were noted during file review of this substandard.
- C. During this current fiscal year, as part of Corrective Action Plan monitoring, files reviewed demonstrated case managers were not aware of HCE requirements. In one instance, caregiver was not an eligible HCE caregiver. Caregiver continued to receive basic subsidy service despite communication from Area Agency on Aging Program manager. Provider has submitted requested payback for services rendered that caregiver/client was not eligible for.
- D. Using the Case Manager Verification and Training log, Provider has demonstrated case managers maintain caseloads under 100 clients. No concerns noted.
- E. Of the twelve files reviewed, eight were found to lack appropriate two-week follow-up on new or revised services. In some files, follow-up was completed on care planned services; however, these follow-ups did not occur within fourteen days of service

arrangement.

Standard #13 – Case Aide

- A. *There is documentation that all case aides have completed training and are certified on DOEA assessment tools, as necessary.*
- B. *Staff providing case aide services have graduated from high school (or GED and job experience approved by the Area Agency on Aging of Pasco-Pinellas).*
- C. *Case aide records are signed and maintained in case files.*

Response: Partially achieved.

- A. A total of eleven (11) case aides were employed with Provider during the 2021 calendar year. It is noted, of the eleven (11) employed in 2021, three (3) continue to be employed as of May 2, 2022. Provider submitted required certificates confirming completion of Department of Elder Affair 701B Training for all new case aides within the first three months of employment. Additionally, Provider has had all case aides hired, in 2021, complete ARTT/APS training within three months of hire date. APS/ARTT requirements are also reviewed during Quarterly New Case Manager/Case Aid training by the Area Aging on Aging of Pasco-Pinellas which is attended by all new staff within three months of hire. Provider works with the Area Agency on Aging Program Manager to sign up new staff for Care Plan training. One case aide, hired June 14, 2021 through October 19, 2021, does not have documentation of attending care plan training. Per Department of Elder Affairs Programs and Services Handbook, Appendix A, training and certification on the Department of Elder Affairs assessment instrument and care plan forms are required for case aides. Provider is reminded to send case aide education documentation, 701B certificates, and ARTT certificates to the Area Agency on Aging of Pasco-Pinelals upon completion.
- B. Of the seven case aides hired in 2021, educational documentation was only received for six case aides. Per Department of Elder Affairs' Program and Services Handbook, minimum qualifications for case aides include a high school diploma or GED. Provider must maintain documentation confirming attainment of educational requirements.
- C. File reviews completed for this monitoring reveal case aide notes and service documentation are signed and maintained in case files.

Standard #14 – Internal Audits/Case Manager Supervision

Provider 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.

Provider maintains appropriate written internal audit/peer review policy and procedure. Provider employs and utilizes a case manager supervisor and quality assurance manager whose roles include regular file review. During the 2021-2022 fiscal year, files reviewed as part of 1% quarterly monitoring and monthly APS monitoring were found to have a significant increase in file errors related to APS file and documentation standards, care plans, case management billing, and case narrative requirements. As part of the Corrective Action Plan, Provider was required to submit documentation that at least nine files had been reviewed by a supervisor using provided file monitoring tools. Documentation was received through January 31, 2022. Provider has not submitted documentation since. Provider will be required to continue to send documentation that at least nine files across all general revenue programs are reviewed by a supervisor each month. This process will continue until file reviews produce significantly less file errors related to care plans and case narratives.

Standard #15 – Conflict of Interest

Provider maintains a current Conflict of Interest Policy

Response: Achieved.

Provider maintains a Conflict of Interest policy. Current policy was last revised in 2018. It is recommended Provider review and update all policies and procedures on an annual basis.

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 provider submits report and provides documentation to the AREA AGENCY ON AGING OF PASCO-PINELLAS with client identifying information using the assigned client CIRTS identification, in lieu of an individual's social security number.*
- C. *The provider 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.
- B. Provider utilizes appropriate secure channels to submit client information. Provider maintains confidentiality of client information by using CIRTS/eCIRTS identification numbers when possible and submits reports through encrypted email.
- C. Provider utilizes a password protected, encrypted email system. There have been no concerns or issues related to unsecure emails or with the exchange of client information during this review period.

Standard # 17 – Training

- A. *Provider 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 (Page 2-31).*
- 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: Achieved.

- A. Provider has submitted training records for all case managers and case aides employed by Provider in calendar year 2021. Documentation reflects staff completed a variety of training topics throughout the year that exceeded the required six (6) hours of in-service training. Only one case aide was not documented as receiving the six (6) hours of training; however, this employee was only employed for a two-month period in 2021. No further concerns are noted regarding this standard. Training topics completed by Provider included confidentiality, abuse, neglect, and exploitation, communicating with Alzheimer's clients, and Understanding dementia. Additionally, Provider completed an additional nine (9) in-service staff meetings which covered topics including file requirements, APS standards, communication information, non-DOEA-funded community resource information, and an array of other topics. Any applicable topics that were not covered in Provider in-service trainings were covered during the Annual Case Management training conducted by the Area Agency on Aging of Pasco-Pinellas in December 2021.
- B. Provider submits required 701B training certificates of completion for all new case management staff within the first three (3) months of employment. Additionally, Provider has had all case managers and all case aides complete ARTT/APS training within three months of hire date. Provider works with the Area Agency on Aging Program Manager to sign up new staff for Care Plan training. The Area Agency on Aging of Pasco-Pinellas also provides Quarterly New Case Manager and Case Aid training completed by new staff within three months of hire. Topics reviewed during this training include an overview of the aging network; overview of CIRT/eCIRT, reports, and assessment forms; interviewing techniques; record keeping and confidentiality requirements, and Adult Protective Services/ARTT requirements.

Standard #18 – File Review Analysis

- A. *Assessments are completed timely and appropriately.*
- B. *Provider is in compliance with care plan requirements.*
- C. *Case narratives meet all requirements and include:*

- i. *14-day follow following the ordering of services to determine client satisfaction to determine if clients are satisfied with services.*
 - 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: Not achieved.

A total of twelve (12) files were reviewed for this monitoring period. At least one file was reviewed for each Case Manager who held a case load in calendar year 2021.

- A. Of the twelve files reviewed, two files contained annual reassessments that were completed late. Provider is reminded, per Department of Elder Affairs Programs and Services Handbook, the annual must be completed 365 days after the prior assessment, through the end of the month. Additionally, reassessments may be completed up to 30 days prior to the client's annual reassessment due date. Services that occurred between the assessment's due date and when the assessment was completed, were deleted from eCIRTS, including case management and case aide services, and vendor payments were appropriately adjusted.
- B. All files reviewed contained several care plan errors. Several files had missing care plans for services authorized and rendered. Care plans observed were missing applicable problem dates, begin dates, or appropriate cost information. All care plan errors identified during annual monitoring have been corrected by Provider, where applicable.
- C. All files reviewed contained multiple case narrative concerns:
 - i. Of the twelve files reviewed, eight were found to lack documentation of two-week follow-ups on new or revised services. In some files, follow-up was completed on care planned services; however, these follow-ups did not occur within fourteen days of service arrangement.
 - ii. Case narratives reviewed demonstrate face-to-face visits were completed for client's initial assessments, annual reassessments, and/or semi-annual care plan reviews. Due to COVID-19, initial assessments, annual reassessments, and semi-annual reviews could be conducted by phone when requested by the client. Provider is reminded to document this appropriately in client's file and to submit virtual assessment log on a monthly basis. One file reviewed contained a phone assessment, as requested by client, in January 2022, but this instance is not recorded on the virtual assessment log. Provider has not submitted virtual assessment log since April 2022.
 - iii. All reviewed narratives provide documentation of the case manager following up with clients regarding general satisfaction with some services. Provider is

reminded case narratives should reflect client information on service provision, rapport with service workers, and other aspects of quality assurance for all care planned services. Several case files did not demonstrate verification of client receipt of services in accordance with the care plan.

- iv. Of the twelve files reviewed, one file contained client complaint that does not appear to have been followed up on. Client reported they were not receiving the authorized service of homemaking and no follow-up was documented in file for several months. Provider is reminded that complaints and concerns from clients require appropriate follow-up and resolution in a timely manner. Additionally, all attempts to locate appropriate service providers or vendors must be documented in the case narrative. This is needed for justification of case management time billed, documentation of appropriate service arrangement on clients' behalf, and, when applicable, appropriate follow-up to client complaints.
- D. All reviewed files contain appropriate forms. No concerns noted regarding this substandard.
- E. Of the files reviewed, the only program requirements requiring attention from Provider were HCE monthly eligibility verification call documentation and review of special subsidy receipts. Provider is reminded receipts submitted by caregiver must be in file and available for review. All missing receipts were submitted, and receipts match totals rendered to caregiver. Per Department of Elder Affairs Programs and Services Handbook, Appendix A, the case manager or case aide must confirm that the caregiver provided care to the client during the month. The caregiver may sign a form attesting to eligibility each month and submit it to the case manager, or confirmation may be made by a telephone contact with the caregiver. The confirmation shall be documented in the case narrative of the client's file. Where telephone contact was not made, signed attestation was received from the caregiver for all files in question.

Standard #19 – Appropriate and Justified Billing

- A. *Service billing in CIRTS/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: Partially achieved.

- A. CIRTS/eCIRTS is consistently updated with appropriate service billing. Per Department of Elder Affairs, client non-specific, monthly aggregate billing was allowed for December 2021-February 2022 due to eCIRTS implementation. Provider continued to complete case management and case aide billing by client. Provider is commended for their efforts in implementing new eCIRTS workflows and standards.
- B. Three (3) HCE files were reviewed for this monitoring. Due to DOEA 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, none of the HCE files reviewed included direct payments to respite workers; however, file review did include HCE client eligible for and receiving special subsidy. Provider is reminded receipts submitted by caregiver must be in file and available for review. All missing receipts were submitted, and receipts match special subsidies rendered to caregiver.

- i. During Corrective Action Plan monitoring and routine review of HCE client records in CIRTS/eCIRTS, an error was discovered which required payback from Provider. Case Manager authorized new specialized medical equipment, services, and supplies for HCE client despite direction from Department of Elder Affairs Notice of Instruction #022219-1-I-SWCBS indicating new, not previously enrolled, HCE clients are not eligible for any services under HCE which are available through other funding sources.
- C. Of the twelve (12) files reviewed, all files were observed to contain either documentation that time billed was for non-billable activities and/or lack of justification in case narrative for time billed. Per the Department of Elder Affairs Programs and Services Handbook, Appendix A, case management activities considered non-billable include billing, filing, vouchering, entering data into CIRTS/eCIRTS and reconciling case narratives and time sheets to billing hours; home visits and telephone calls made but not received by client/caregiver; and general program administration functions. Additionally, files were observed to have excessive billing with little to no documentation of the activities completed on behalf of the client.
- i. To further justify time billed, the following corrections and suggestions were identified in file reviews:
 - i. Documentation of any changes to care plan must be documented in the case narrative.
 - ii. Documentation of working and communicating with vendors or community resources to arrange for client in-home services should be present in the case narratives. This includes all attempts to locate appropriate service providers.
 - iii. Case Managers should keep billable activities client centric including encouraging clients to remain active participants in their care, when possible, by including clients in assessment contact and care plan creation.
 - iv. Notation should be included in case narratives to indicate billed and non-billed activities. It is further recommended for case managers and case aides to notate amount of time spent on each activity when several actions are completed on behalf of the client.