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October 10, 2022

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

Dear Dr. Braham,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Homemaker 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 one recommendation. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

AnnMarie Winter (Oct 10, 2022 17:00 EDT)

Ann Marie Winter
Executive Director

Enclosures

cc: Elizabeth Samuelson, Board Chair, GCJFCS
Christine Krohn, Project Director



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2022 OAA/LSP
HOMEMAKING SERVICE MONITORING

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

DATE(S) OF VISIT: Site visit waived due to COVID – 19

PARTICIPANT(S): Christine Krohn, Program Director
Tracey Bourne, Program Supervisor

MONITOR(S): Michelle Tavares, Program Manager

FUNDING PERIOD: January 1, 2022 – December 31, 2022

SITES VISITED: N/A due to COVID-19.

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 is made that the provider completes a prioritization tool for all new referrals and annually, if applicable, and in accordance to their prioritization policy and procedure.

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: There were no unresolved issues from the October 12, 2021, monitoring review.

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: Partially Achieved.

- Provider outlined their plan to target individuals in their 2022 Continuing Service Application and the plan is being implemented properly.
- Per review of Quarterly Reports (Quarter 1 and 2), the provider utilized all LSP funding within the first quarter and exceeded serving the proposed number of clients in each targeting category. The provider is now serving clients under OAA funding and is currently on track to meeting targeting proposals in all categories.
- The provider is utilizing an approved prioritization instrument as outlined in their OAA 2022 Continuing Service Application. The prioritization instrument is not being utilized in accordance with the Providers Prioritization Policy.

- D. Four random APCL client files were chosen for review. Of the four files, 3 did not have an initial prioritization tool completed at time of referral. Please see Attachment I for specific details.

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 ADRC performs the DOEA 701S assessments to initially screen clients for Homemaker Assessed Prioritized Consumer List (APCL) enrollment. All clients placed on the APCL (waitlist) in eCIRTS by the ADRC are contacted by GCFJFCS and prioritized for OAA services. The provider is responsible for annually re-screening clients that remain on their waitlist (APCL) and in accordance with hierarchy. The provider performs client assessments utilizing the DOEA 701A assessment tool for all active clients.
- Review of the providers virtual assessment log indicate that the provider has been completing all assessments face to face.
- B. The provider outlines internal quality assurance methods in their 2022 continuing application. Methods which include client file reviews are overseen by their Program Director and Quality Improvement Specialist.
- C. Appropriate staff members are trained using DOEA's web-based training.
- D. Provider submitted successful completion of training on suspected abuse, neglect, self-neglect, and exploitation of the elderly for twenty homemaking program staff completed in 2021.

Standard #4 – Programmatic Reporting

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

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

Response: Achieved.

- A. The provider has submitted FY 2021 Annual Outreach and Public Education Report.
- B. Quarter one and two reports were submitted past due date, quarter one required revisions.
- C. Provider has submitted all meeting minutes from the agency Board of Director meetings. Most recent signed BOD meeting minutes received dated May 26, 2022.
- D. Provider has submitted all surplus/deficit reports on time and are they are considered accurate.

Standard #5 – Outcome Measures

Outcome measures referenced in the current Standard Contract are achieved:

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

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

Response: N/A

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

Standard #6 – Case Record Compliance

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

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

Response: Achieved

- A. The provider submitted ten (10) client records. Review of records demonstrate that the provider is in compliance with the requirements for client eligibility, intake, and service delivery. Please see Attachment II for specific details.
- B. Review of client records demonstrate that assessments/reassessments, program enrollment and received services are accurate, entered in a timely manner and agree with client and project records.
 - The ADRC performs the DOEA 701S forms to initially screen clients for Homemaker Assessed Prioritized Consumer List (APCL) enrollment. The provider is responsible for annually re-screening clients that remain on their waitlist (APCL) and are owned by their program.
 - Review of client records demonstrate that the provider is completing reassessments within 365 days after the prior assessment

Standard #7 – eCIRTS Exception Reports

CIRTS 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;*
- *CIRTS 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 CIRTS*

Response: Achieved.

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

Standard #8 – Budgetary Compliance

Budgetary Compliance:

- A. Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.
- B. For calendar year 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: Achieved.

- A. In fiscal year 2022, the provider met the number of proposed served individuals with LSP funding. The provider is currently utilizing IIIB funding and per review of surplus deficit reports, it appears the provider will have a surplus at the end of year. The provider is encouraged to continue to enroll potential clients from the waitlist.
- B. Review of client files, service logs, and billing reports for April 2022 supports that the provider has a clear audit trail for units of service entered in eCIRTS.

Standard #9 – Consumer Satisfaction

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

- 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. Provider has policies and procedures related to consumer satisfaction and detailing how satisfaction will be measured annually.
- B. Three (3) clients were randomly selected for a client interview. Monitor spoke with all three (3) clients who reported overall satisfaction with homemaker services and one client commented “I don’t know what I would do without them”.
- C. Provider submitted a sample of ten (10) completed surveys and a survey summary report completed in 2022. Overall, the provider received positive feedback.
- D. The providers policies and procedures related to consumer satisfaction indicate that client satisfaction surveys are provided to every service recipient annually and upon discharge from services.

Standard #10 – Grievances, Complaints, and Incidents

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

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

Response: Achieved.

- A. Provider has approved grievance policies, procedures, and logs. Review of August 2021 – August 2022 grievance log indicate that no grievances were reported.
- B. Provider has approved complaint policies, procedures, and logs. Provider submitted complaint log for August 2021 – August 2022. One (1) complaint was documented. Details of complaint were vague. An outcome/resolution was documented. Provider is encouraged to document clear details of complaint.
- C. Provider has approved incident policies, procedures, and logs. Review of August 2021 – August 2022 incident log indicate that no incidents were reported.

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/procedure on file.
- B. The provider has a letter related to voluntary contributions which clearly conveys that services are free of charge and all contributions are used to increase service availability.

Standard #12 – Regulatory Compliance

OAA Provider is in Regulatory Compliance with:

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

Response: Achieved.

- A. Homemaker 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 homemaking services being provided. The provider has an active and current AHCA license with expiration date of 3/2/2024.

- C. The provider is acting in accordance with the Florida Statute 119.071(5) and provides a written explanation to individuals explaining reason for collecting social security numbers.
- D. The provider is in compliance with HIPAA and has approved policies and procedures on file.
- E. The provider is in compliance with the provider conflict of interest program procedure (PR 132). An approved conflict of interest policy and procedure is on file.
- F. The CEMP/COOP is submitted to AAAPP Director of Planning as required.

Standard #13 – Involvement with the ADRC

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

- A. *Maintains partnership with the ADRC, state, and community agencies to ensure that regardless of which agency people contact for help, they can access information about the options available across all the agencies and in their communities.*
- B. *Services not arranged through agency contracts should be obtained through referrals to other community resources (i.e., ADRC, volunteer agencies, informal networks and/or proprietary agencies that charge fees).*
- C. *If applicable, essential information is captured about the nature of the person’s physical, mental, and functional abilities, concerns, limitations, or problems, as well as general background information during the 701S intake process to assist in screening for eligibility and applicable program and service referrals. Potential LTCC clients are referred to the ADRC for the appropriate screening measure.*

Response: Achieved.

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

Standard #14 – Subcontractors

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

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

Response: N/A.

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

Standard #15 – Volunteers

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

Response: Achieved.

The provider has policies/procedures governing the utilization of volunteers and submitted the 2021 volunteer activity report to DOEA.

Standard #16 – Background Screening

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

Response: Achieved.

Review of documentation for three (3) employees submitted by the provider supports that Level II Background Screenings were completed as required for all employees.

Signatures:

Michelle Tavares

Michelle Tavares, Program Manager

Oct 10, 2022

Date

Kristina Jalazo

Kristina Jalazo, Director of Program Accountability

Oct 10, 2022

Date



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

GCJFCS

Homemaking

Questions	E.A.	N.R.	R.B.	K.B.						
Was the most current intake/701S assessment completed and entered into eCIRTS correctly?	ADRC	ADRC	ADRC	ADRC						
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y						
Has OAA priority for service delivery been established using an approved prioritization tool?	*Y	*Y	Y	*Y						*E.A.- Client was added to APCL list on 06/01/22. Tool submitted is dated 8/26/22. *N.R.- Client was added to APCL list on 03/02/22. Tool submitted is dated 8/26/22. *K.B.- Client was added to APCL list on 12/29/19. Tool submitted is dated 8/26/22. Prioritization tools should have been completed when referral received and annually.
Was the client notified of why their SS# is collected?	N/A	N/A	N/A	N/A						
Is the client correctly enrolled on the waitlist for this program/service in eCIRTS?	Y	Y	Y	Y						
Did the provider utilize the use of recorded telephone calls?	N/A	N/A	N/A	N/A						
Notes										

Yes = Compliant
 No = Non-compliant and comment is required
 N/A = Not applicable
 Revised 5/18/22



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

Organization: GCIFCS
 Registered Service: Homemaking

Questions	M.B.	F.C.	D.F.	M.H.	T.J.	J.K.	M.N.	L.R.	M.S.	S.S.	Comments
Was the most current assessment completed in a timely manner and entered into eCIRTS correctly?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	Y	Y	N/A	Y	Y	Y	Y	Y	Y	N/A	
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 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	
Is the client correctly enrolled for this program and service in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Based on the audit trail month selected for review, do the received services in eCIRTS balance with provider's internal recordkeeping?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Do notes within the client's file reflect the current status of the client as indicated in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	Y	N/A	Y	Y	Y	Y	N/A	Y	N	N	M.S. & S.S - Further explanation requested. Provider updated client notes upon request.
Notes											

Yes = Compliant
 Also Non-compliant and comments if required
 N/A = Not applicable