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October 20, 2022

Jemith Rosa, President/CEO
Community Aging & Retirement Services, Inc.
12417 Clock Tower Parkway
Hudson, Florida 34667

Dear Ms. Rosa,

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 one recommendation and one finding. The finding is described in the report summary and a written Plan of Corrective Action will be required. This will be a formal plan that is expected to identify steps and actions that will be implemented to ensure the deficiency is not repeated and due to AAAPP by Thursday, November 3, 2022. Please include a written response to the recommendation as well. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

Ann Marie Winter
Ann Marie Winter
Executive Director

Enclosures

Cc: Barbara Sharp, Board Chair, CARES
Trudi Zayac, COO



Area Agency on Aging
of Pasco - Pinellas, Inc.

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

PROVIDER: Community Aging and Retirement Services, Inc. (CARES)
Homemaker Service Provider

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

PARTICIPANT(S): Trudi Zayac, COO
Jemith Rosa, President CEO

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)

- Standard #2: Recommendation that the provider complete client prioritization forms in accordance with their prioritization policy and procedure.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- Standard #6 and #10: Review of client documentation demonstrate that two clients were improperly terminated.

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:

- 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).*
- 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).*
- Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy.*
- A random sample of client files from the Assessed Prioritized Consumer List (APCL) in CIRT 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 Service Provider Application and has implemented the plan.
- Per review of 2022 quarter 1 & 2 reports, the provider utilized all LSP funding within the first quarter and met or exceeded proposed numbers in all target categories. The provider is currently serving clients under OAA funding and met all proposed numbers in all target categories in quarter 2.
- The provider is utilizing an approved prioritization instrument as outlined in their Prioritization Policy and Procedure.

- D. Four client files from the APCL list were reviewed. All client files contained a prioritization form although forms were not fully completed in accordance with the providers Prioritization Policy and Procedure and lacked a tallied final score (sum of B through G plus H). Please see Attachment I.

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. The provider is responsible for annually re-screening clients that remain on their waitlist (APCL) and in accordance with hierarchy.
- a. Review of the providers virtual assessment log indicate that the provider has been completing all assessments face to face.
- B. The provider conducted a training with their Screening and Assessment Specialist staff on August 10, 2022. Training agenda included review of prioritization form and client assessments.
- C. The provider submitted certificates of completion of 701 training for two staff members/assessors.
- D. The provider submitted documentation supporting that thirty-nine staff members completed annual training related to Elder Abuse in 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 the 2021 Annual Outreach and Public Education Report accurately and on time.
- B. Quarter 1 & 2 reports were submitted on time. Quarter 2 report required revisions.
- C. The provider has submitted Board of Director meeting minutes.
- D. Provider has submitted all surplus/deficit reports on time and 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 CIRTS 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: Follow Up Required.

Please see Attachment II.

- A. Ten (10) client records were randomly selected for review by AAAPP Program manager. Overall compliance with client files was documented.
- Two (2) client files were found to have turnaround errors. One (1) client file had inconsistent documentation related to client status. Upon further review, it was noted that the provider terminated the client due to lack of homemaking staff.
- B. Ten (10) client records were randomly selected for review by AAAPP Program manager. Overall compliance with client files was documented.
- 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 completed reassessments within 365 days after the prior assessment. Three (3) assessments were in pending status in eCIRTS.

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 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. Review of quarter 1 and 2 reports indicate that the provider has expended LSP funding and exceeded the number of proposed units. The provider has also expended OAA funding and met proposed number of units. The provider is currently utilizing American Rescue Plan funding.
- B. The provider has a clear audit trail for units of service entered in eCIRTS for April 2022 as indicated by review of client files, service logs, monthly summaries, and quarterly reports.

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 outlined their procedures on how they measure customer satisfaction annually in their 2020 Service Provider Application.
- B. Program Manager called and surveyed three active clients. All three clients reported the service as being excellent or good and all three are satisfied with services.
- C. Provider submitted 2022 Client satisfaction surveys and summary. Surveys and a survey summary were reviewed. A total of forty-nine surveys were completed. Of the forty-nine surveys, forty-seven clients reported homemaking services as being excellent or good. Client comments included “happy for the help and grateful to receive service” and “thankful for the service and CARES”.
- D. Per documentation reviewed, the provider completed satisfaction surveys in August 2022.

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: Follow Up Required.

- A. Provider has an approved grievance policy, procedure, and log on file. Provider submitted log which included the providers response and resolution.
- B. Provider has an approved complaint policy and procedure on file. Provider complaint logs reviewed. One client complaint noted to have inconsistent documentation related to reason for termination of services entered in eCIRTS. Upon further review, it was noted that the provider terminated the client due to lack of homemaking staff.
- C. Provider has an approved incident policy and procedure on file. Provider submitted incident logs. No incidents have been 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 and procedure.
- B. The provider submitted a sample letter related to voluntary contributions that convey 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.*
- 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 2020 Service Provider Application.*
- B. *Review of Florida Health Finder confirms that the provider has an active Agency for Healthcare Administration (AHCA) license # 19967959 with expiration date of 7/3/2023.*
- 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 measures.*

Response: Achieved.

- A. The provider maintains a positive partnership with the ADRC and other community 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.
- B. The provider ensures referrals are made to other community resources as appropriate.
- C. Provider uses 701S assessment tool to capture essential information. Clients are referred to the ADRC for any additional services identified including LTCC.

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: N/A

The provider reports that they do not utilize volunteers for the program.

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.

Provider submitted all documentation of Level II Background screening for two new staff members hired within this monitoring period.

Signatures:

Michelle

Michelle Tavares, Program Manager

Oct 20, 2022

Date

Kristina Jalazo

Kristina Jalazo, Director of Program Accountability

Oct 20, 2022

Date



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

Organization: _____
Registered Service: _____

Questions	J.B.	M.L.	N.M.	R.S.														
Was the most current intake/7015 assessment completed and entered into eCIRTS correctly?	ADRC	ADRC	PCSS	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?	N	N	N	N														J.B./M.L./N.M./R.S.-Tools lacked tallied final score (sum of B through G plus H).
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: CARES
Registered Service: HOMEEMING 2022

Questions	A.M.	A.W.	C.E.	C.G.	G.S.	J.D.	K.P.	L.B.	L.M.	R.S.	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into eCIRTS correctly?	N	Y	N	N	N	N	Y	Y	Y	Y	A.M. - May 2022 701A was in pending status. C.E. - Turn around errors #19, 47, 48, 49, 50, 51h C.G. - Turn around error #19 G.S. - Jan 2022 701A was in pending status. J.D. - April 2022 701A was in pending status.
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	Y	Y	Y	Y	Y	Y	N/A	Y	Y	Y	
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	Y	Y	G.S. - Update program service line to "HMK". J.D. - Two active OASB 51063 lines
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	C.G. - Inconsistent documentation.
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	N/A	N/A	Y	N	Y	Y	N/A	Y	N/A	Y	
Notes											

Y = Complete
N = Not complete and comment is required
N/A = Not applicable

Signature: *Michelle Tavares*

Email: Michelle.Tavares@aaapp.org

Signature: 

AnnMarie Winter (Oct 20, 2022 16:45 EDT)

Email: annmarie.winter@aaapp.org

Signature: *Kristina Jalazo*

Email: kristina.jalazo@aaapp.org