



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

August 9, 2023

Pattye Sawyer, Executive Director
Pinellas Opportunity Council, Inc.
501 First Avenue North
Suite 517
St. Petersburg, FL 33701

Dear Ms. Sawyer,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Chore program for contract year January 1, 2023 - December 31, 2023.

The purpose of monitoring is to perform a programmatic review of operations and to verify that corrective actions resulting from previous monitoring reviews have been implemented. The monitoring objective is to ensure programs, policies, and practices comply with state and federal rules and meet standards of good governance and practices.

The 2023 monitoring produced one recommendation and four findings. Please review the attached monitoring report and submit requested written response and corrective action plans by Thursday, August 31, 2023. The cooperation of your staff throughout the monitoring process was appreciated.

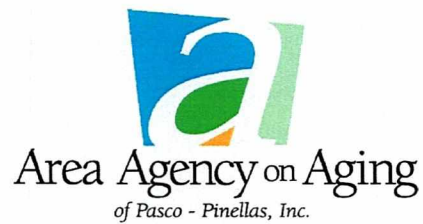
Sincerely,


AnnMarie Winter (Aug 11, 2023 17:18 EDT)

Ann Marie Winter
Executive Director

Enclosures

cc: Steve Cleveland, Board President, POC, Inc.
Alonda Vaughn, Director of Administration, POC, Inc.
Qawiyia Austin, Program Director, POC, Inc.



Area Agency on Aging of Pasco-Pinellas, Inc.
2023 OAA/LSP
CHORE SERVICE MONITORING

PROVIDER: Pinellas Opportunity Council

DATE(S) OF VISIT: May 19th, 2023

PARTICIPANT(S): Pattye L. Sawyer, Executive Director
Alonda Vaughan, Director of Administration
Marcy Skiff, Fiscal Coordinator
Qawiyyia Austin, Project Manager

MONITOR(S): Melanie Gress, Program Manager

FUNDING PERIOD: January 1, 2023 – December 31, 2023

SITES VISITED: 501 1st Avenue North, Suite 517, Saint
Petersburg, Florida 33701

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)

- Per OAA contract, the Provider is required to monitor all subcontractors at least once per year. Provider indicates they monitor subcontractor throughout the year to ensure contractual and programmatic compliance. Provider failed to submit a copy of the monitoring record of the provider's subcontractors to the AAAPP. Provider must complete and submit copy of monitoring report by October 31, 2023, to the AAAPP.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- Per OAA contract, Provider failed to submit Quarterly reports and Surplus/Deficit reports in a timely manner to the AAAPP. Provider must provide timeline for completing reports and submitting to AAAPP within contractual standards.
- Per the Department of Elder Affairs Programs and Services Handbook, Provider failed to utilize an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy and approved Continuing Application for the 2022 contract year as evidenced by reviewed client files. Provider must submit completed Prioritization Tools each month for clients served as requested by the AAAPP. Provider must provide written explanation for how staff are trained on the prioritization tool and how the tool is utilized.
- Per the Department of Elder Affairs Programs and Services Handbook and OAA contract, Provider is required to maintain data entry into eCIRTS prior to submitting any Requests for Payment. During routine monitoring activities earlier in the year, it was discovered Provider failed to maintain accurate eCIRTS records of assessment/reassessment, program enrollment, and received services. This resulted in a corrective action plan in March 2023 and provider was required to submit payback for services performed without the appropriate assessment completed. Client files reviewed of clients served in 2022 during this monitoring demonstrate that clients were served without an assessment being completed, without an assessment being entered into eCIRTS, and/or without applicable enrollment lines entered. Since March 2023, AAAPP has performed

monthly auditing of clients served to confirm appropriate eCIRTS entries and assessments have been completed. Of the clients served in 2023, Provider has improved on this measure since original corrective action plan. The AAAPP will continue to perform a review of eCIRTS data for a sampling of clients who received services each month.

- Based on the Provider's submitted Continuing Application for the 2022 contract year, Provider failed to meet proposed number and percentage of clients to be served in all targeted areas. Based on the 2023 submitted quarterly reports thus far, Provider is on track to meet all proposed number of clients for targeted areas. Provider must submit plan on how proposed targeted numbers will be reached by the end of the 2023 contract year.

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 previous annual monitoring.

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 eCIRTS will be requested for review during the monitoring visit. Please have all waitlist information, files, policies, and procedures available.*

Response: Not Achieved; Follow-up Required

- The provider outlined their plan to target individuals in their 2023 Continuing Service Application. Review of policies, procedures and client files reflected the plan is not being implemented appropriately.
- In review of quarterly reports submitted by the provider during the monitoring period, the provider was successful in serving the proposed number of clients in each targeted population for Quarter 1 and Quarter 2, as outlined in the approved plan encompassed in the providers' 2023 Continuing Service Application with the AAAPP. In Quarter 3, the provider was successful in serving the proposed number and percentage of older individuals with greatest social need.

However, in Quarter 3, the provider failed to serve the proposed number and percentage of older individuals with greatest economic need, older minority individuals, older limited income individuals, older individuals at risk for institutional placement, low-income minority older individuals, and older individuals with limited English proficiency; with percentages of clients served not exceeding 52% of the proposed number of clients in each listed target area.

Furthermore, the provider failed to submit a Quarter 4 report to the AAAPP for the monitoring period. The Quarter 4 report was requested a total of five times with each request date documented by the AAAPP's Older Americans Act Program Manager. The provider has since submitted this report at the time of this report's completion. In review of the provider's Quarter 4 report, the provider failed to serve the proposed number and percentage of older individuals with greatest economic need, older minority individuals, older limited income individuals, older individuals at risk for institutional placement, low-income minority older individuals, and older individuals with limited English proficiency; with percentages of clients served not exceeding 46% of the proposed number of clients in each listed target area.

- C. The provider failed to utilize an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy. The provider's prioritization tool was provided to the monitor for review.

The prioritization tool the provider states they utilize for the service being monitored, is a single sheet of paper that contains a scoring sheet. Upon completion of the prioritization tool, the scoring sheet will indicate a prioritization score in line with the provider's Prioritization Policy. This tool is kept within the client's physical file. The prioritization tool the provider states they utilize is consistent with what the provider has outlined within their 2023 Continuing Service application.

In review of sample client files, the monitor discovered the provider's prioritization tool was not being implemented or utilized. The prioritization tool was blank within the random sample of client files the monitor selected for monitoring and review.

- D. A random sample of client files from the Assessed Prioritized Consumer List (APCL) in eCIRTS were selected for review. All sample files reviewed demonstrated that the Prioritization Instrument was not utilized and clients do not appear to have been prioritized for services following the provider's OAA Service Prioritization policy and procedure. The monitor confirmed that the provider did not have these prioritization scoring sheets completed and stored elsewhere. Please reference Attachment II for additional monitoring notes on these files.

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 Chore 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. Provider performs face-to-face client assessments utilizing the DOEA 701A assessment. Current DOEA flexibility does allow for virtual assessments citing COVID-19 health concerns on a case-by-case basis. The provider reported no virtual assessments were conducted during the monitoring period.
- B. The provider's 2023 Continuing Service Provider Application to the AAAPP, outlines quality assurance activities that include the use of the Assessment Instructions (DOEA 701D), direct observation, coaching, and training of staff to ensure the accuracy and quality of the screenings being conducted.
- C. The provider adheres to DOEA standards for specific service training as outlined in the most current DOEA Program and Services Handbook utilized for the monitoring period. Provider utilizes DOEA web-based training with receipt of a certificate of completion. Certificates for all staff conducting assessments during the monitoring period were submitted for annual monitoring. All staff members conducting assessments are trained using DOEA's web-based training. 701B online training certificates were reviewed for each assessor.
- D. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training is conducted annually for all applicable program staff. The provider submitted training certificates for all applicable program staff for annual monitoring. Abuse, Neglect, and Exploitation training certificates were reviewed for each applicable staff member.

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: Partially Achieved; Follow-up Required

- A. The provider submitted an accurate Annual Outreach and Public Education Report for FY 2022 to the AAAPP. The report was submitted in a timely manner.
- B. The provider submitted Quarterly Reports to the AAAPP throughout the monitoring period. Reports for Quarter 2 and 3 were submitted to the AAAPP in a timely manner. Reports for Quarter 1 were not submitted to the AAAPP in a timely manner.

Furthermore, the provider failed to submit a Quarter 4 report to the AAAPP during the monitoring period. The Quarter 4 report was requested a total of five times with each request date documented by the AAAPP's Older Americans Act Program Manager. The provider has since submitted their Quarter 4 report at the time of this monitoring report's completion. The AAAPP Older Americans Act Program Manager provided comprehensive technical assistance for Quarterly report submission to the provider throughout the monitoring period.

- C. The provider regularly submitted detailed meeting minutes from the provider's Board of Directors meetings throughout the monitoring period.
- D. The provider submitted a majority of the Surplus/Deficit Reports accurately and in a timely manner to the AAAPP throughout the monitoring period. The provider failed to submit Surplus/Deficit Reports for the months of October, November, and December of 2022 to the AAAPP during the monitoring period. The monitor requested the provider submit Surplus/Deficit Reports for the months of October, November, and December of 2022 for the monitor's review. The provider ultimately submitted Surplus/Deficit Reports for October, November, and December of 2022 in July of 2023.

Standard #5 – Outcome Measures

Outcome measures referenced in the current Standard Contract are achieved:

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

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

Response: N/A

Since eCIRTS migration in December 2021, Outcome Measure reports have been unavailable. Provider is unable to measure outcome achievement.

Standard #6 – Case Record Compliance

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

- 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: Not Achieved; Follow-up Required

- A. The monitor randomly selected nine (9) client files of individuals who received Chore services from the provider during the monitoring period. In review of these client files, the monitor found that the provider failed to comply with requirements for client eligibility, intake, and service delivery. Please reference Attachment I for additional monitoring notes on these files.
- B. Evaluation of this substandard was conducted utilizing the nine (9) randomly selected client files noted above. In review of these client files, the monitor found that the provider failed to maintain accurate eCIRTS records of assessment/reassessment, program enrollment, and services clients received. Please reference Attachment II for additional monitoring notes on these files.

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;*
- *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

Due to eCIRTS data migration from Legacy CIRTS in December 2021, the aforementioned reports for this standard are only partially available in some measure. The AAAPP has utilized some work arounds to produce reports similar to those listed above to notify the provider of exceptions. The provider reviews current reports, clears exceptions, and follows up as necessary.

Standard #8 – Budgetary Compliance

Budgetary Compliance:

- Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.*
- 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; No follow-up required

- The provider has a plan to serve the number of proposed units as outlined in provider's 2023 Continuing Service Provider Application to the AAAPP.
- The monitor randomly selected a month within the monitoring period to review and evaluate the provider's budgetary compliance. The monitor randomly selected the month of December 2022 to review and requested budgetary compliance documentation from the provider.

In review of client service lists, billing logs, and quarterly reports, the provider was successful in having a clear audit trail for units of service entered in eCIRTS as indicated in the budgetary documentation provided.

Standard #9 – Client Satisfaction

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

- Policies and procedures related to consumer satisfaction detailing how satisfaction will be measured annually.*
- Home visits and/or client interviews (including service observation, if possible) in order to reveal effective delivery of service.*
- Client satisfaction surveys accompanied by a satisfaction survey analysis report for the last fiscal year.*
- Provide status on the timeframe for the client satisfaction survey in the current fiscal year (will vary depending on when monitoring visit occurs).*

Response: Partially Achieved; Follow-up required

- A. The provider has implemented policies and procedures related to consumer satisfaction detailing how satisfaction will be measured annually as outlined in the provider's 2023 Continuing Service Application.
- B. The Project Director and Supervisor make home visits and/or conduct client interviews in order to reveal effective delivery of service as outlined in the provider's 2023 Continuing Service Application.
- C. The provider submitted ten (10) client satisfaction surveys to the AAAPP for annual monitoring. In the monitor's review, it was found that a majority of the surveys received were positive in nature and clients expressed gratitude for the Chore service the provider completed. Client satisfaction surveys provided were accompanied by a satisfaction survey analysis report for the monitoring period.
- D. As per provider 2023 continuing application, every client served is provided a Client Evaluation of Service form and a self-addressed stamped envelope at the time of service.

Standard #10 – Grievances, Complaints, and Incidents

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

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

Response: Achieved

- A. The provider's grievance policies, procedures, and logs were reviewed. No grievances were reported during the monitoring period.
- B. The provider's complaint policies, procedures, and logs were reviewed. No complaints were reported during the monitoring period.
- C. The provider's incident policies, procedures, and logs were reviewed. No incidents were reported during the monitoring period.

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 submitted a Voluntary Contribution System policy and procedure to the AAAPP for annual monitoring and review. The provider utilizes an approved Voluntary Contribution System policy and procedure in place that adheres to the Older Americans Act.
- B. The provider submitted a sample letter related to voluntary contributions to the AAAPP for annual monitoring and review. The provider utilizes a letter related to voluntary contributions which clearly conveys that services are free of charge and that all contributions shall be used to increase service ability.

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 regulations 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: Partially Achieved; Follow-up required.

- A. Chore services are not being provided in accordance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application. Please reference above standards and Attachments I and II for additional details.
- B. The provider is compliant with all regulations pertinent to the service provided.
- C. The provider acts in accordance with the Florida Statute 119.071 (5). The aforementioned randomly selected client files the monitor reviewed included a written explanation to the reason for collecting clients' social security numbers.

- D. The provider submitted HIPAA policies and procedures to the AAAPP for annual monitoring and review. The provider is in compliance with this requirement.
- E. The provider submitted Provider Conflict of Interest Program policies and procedures to the AAAPP for annual monitoring and review. The provider is in compliance with this requirement.
- F. A current CEMP/COOP is on file with the AAAPP as confirmed by the current AAAPP Director of Planning and Emergency Coordinating Officer.

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 of the agencies and in their communities.*
- B. *Services not arranged through agency contracts should be obtained through referrals to other community resources (i.e., ADRC, volunteer agencies, informal networks and/or proprietary agencies that charge fees).*
- C. *If applicable, essential information is captured about the nature of the person's physical, mental and functional abilities, concerns, limitations or problems, as well as general background information during the 701S intake process to assist in screening for eligibility and applicable program and service referrals. Potential LTCC clients are referred to the ADRC for the appropriate screening measures.*

Response: Achieved

- A. The provider maintains a positive partnership with the ADRC and other community partner agencies to ensure that regardless of which agency individuals contact for help, they can access information about the options available across all of the agencies and in their communities.
- B. The provider supplies information and referrals to other community resources when services are not arranged through agency contracts.
- C. N/A

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: Partially Achieved; Follow-up Required

- A. The provider utilizes Suncoast Business Solutions Goodwill Temporary Staffing to subcontract for Chore services staff to solely complete Chore work. The provider failed to submit a copy of the programmatic monitoring record to the AAAPP upon completion during the monitoring period.
- B. The provider has a long standing agreement with their subcontractor that has not been renewed since its creation several years ago. The provider is aware of and understands that if the subcontract were to be renewed or if the provider were to enter into a new agreement with a subcontractor, that the provider must submit a copy of all subcontracts to the AAAPP within thirty (30) days of execution of each subcontract agreement.

Standard #15 – Volunteers

Provider has policies/procedures governing the utilization of volunteers and submits the Department of Elder Affairs Activity Report Annually.

Response: Achieved

The provider submitted a Volunteer policy and procedure to the AAAPP for annual monitoring and review. The provider's Volunteer policy and procedure outlines the utilization of volunteers. Additionally, the provider submits the Department of Elder Affairs Volunteer Activity Report Annually as evidenced by documentation maintained by the AAAPP's Director of Planning and Emergency Coordinating Officer.

Signatures:

Mela Gress

Melanie Gress, Program Manager

Aug 9, 2023

Date

Christine Didion

Christine Didion, Director of Program Accountability

Aug 9, 2023

Date

Kerry Marsalek
Kerry Marsalek (Aug 11, 2023 17:07 EDT)

Kerry Kimball Marsalek, Chief Operating Officer

Aug 11, 2023

Date



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

Organization: PINELLAS OPPORTUNITY COUNCIL

Registered Service: CHORES

Questions	VM 287660	YT 1308400	RJ 980980	AC 1177746	NT 886603	KJ 792931	BS 1189160	JT 1338810	EG 1497116	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into eCIRTS correctly?	Not entered in eCIRTS. Completed on paper.	No paper and no online	No paper. KR completed 1/2022. Serviced without reassessment.	No paper. Serviced without assessment	No paper assessment and no online. Serviced without assessment.	No paper. 701A completed by NCN NUT 9.22.22	No paper and no online.	No paper and no online.	No paper. 701A completed by NCN NUT 1.21.22	
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established and recorded using an approved prioritization tool?	N	N	N	N	N	N	N	N	N	
Did the provider obtain a signed Release of Information/HIPAA form?	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	
Did the provider notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Is the client correctly enrolled for this program and service in eCIRTS?	N	N	N	N	Y	N	N	N	N	
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	
Do notes within the client's file reflect the current status of the client as indicated in eCIRTS?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notes										

Yes = Compliant

No = Non-compliant and comment is required

N/A = Not applicable

Revised 2/22/18



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

Specific to 7015

Organization: PINELLAS OPPORTUNITY COUNCIL

Registered Service: CHORE

Questions	WM 1093291	EM 689759	JM 1479623	LD 1510624	GZ 1551585	TC 1183025	KC 1177234	ER 1261781	PA 1667371	LG 1656329	
Was the most current intake/7015 assessment completed and entered into eCIRTS correctly?	ADRC COMPLETED	ADRC COMPLETED	ADRC COMPLETED	ADRC COMPLETED	ADRC COMPLETED	ADRC COMPLETED	ADRC COMPLETED	ADRC COMPLETED	ADRC COMPLETED	ADRC COMPLETED	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established using an approved prioritization tool?	N	N	N	N	N	N	N	N	N	N	
Was the client notified of why their SS# is collected?	N/A	N/A	N/A	N/A	N/A	N/A	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	Y	Y	Y	Y	Y	Y	
Notes											

Yes = Compliant

No= Non-compliant and comment is required

N/A = Not applicable

Revised 5/18/22












Final POC CHO 2023 Monitoring Report


Final Audit Report


2023-08-11


Created:	2023-08-09 (Eastern Daylight Time)
By:	Christine Didion (christine.didion@aaapp.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA2I-PTETmCnQtX6yvb2qyYrXpgRw9fY3q


"Final POC CHO 2023 Monitoring Report" History

-  Document created by Christine Didion (christine.didion@aaapp.org)
2023-08-09 - 9:54:21 AM EDT- IP address: 47.207.41.210
-  Document emailed to Melanie Gress (melanie.gress@aaapp.org) for signature
2023-08-09 - 9:55:16 AM EDT
-  Email viewed by Melanie Gress (melanie.gress@aaapp.org)
2023-08-09 - 9:56:14 AM EDT- IP address: 104.47.56.126
-  Document e-signed by Melanie Gress (melanie.gress@aaapp.org)
Signature Date: 2023-08-09 - 9:56:24 AM EDT - Time Source: server- IP address: 47.207.41.156
-  Document emailed to Christine Didion (christine.didion@aaapp.org) for signature
2023-08-09 - 9:56:26 AM EDT
-  Email viewed by Christine Didion (christine.didion@aaapp.org)
2023-08-09 - 9:56:51 AM EDT- IP address: 47.207.41.210
-  Document e-signed by Christine Didion (christine.didion@aaapp.org)
Signature Date: 2023-08-09 - 9:57:01 AM EDT - Time Source: server- IP address: 47.207.41.210
-  Document emailed to Kerry Marsalek (kerry.marsalek@aaapp.org) for signature
2023-08-09 - 9:57:02 AM EDT
-  Email viewed by Kerry Marsalek (kerry.marsalek@aaapp.org)
2023-08-09 - 2:49:06 PM EDT- IP address: 104.47.56.126
-  Email viewed by Kerry Marsalek (kerry.marsalek@aaapp.org)
2023-08-11 - 4:32:10 PM EDT- IP address: 47.207.41.156
-  Document e-signed by Kerry Marsalek (kerry.marsalek@aaapp.org)
Signature Date: 2023-08-11 - 5:07:54 PM EDT - Time Source: server- IP address: 47.207.41.156

 Document emailed to AnnMarie Winter (annmarie.winter@aaapp.org) for signature
2023-08-11 - 5:07:55 PM EDT

 Email viewed by AnnMarie Winter (annmarie.winter@aaapp.org)
2023-08-11 - 5:17:43 PM EDT- IP address: 47.198.213.172

 Document e-signed by AnnMarie Winter (annmarie.winter@aaapp.org)
Signature Date: 2023-08-11 - 5:18:24 PM EDT - Time Source: server- IP address: 47.198.213.172

 Agreement completed.
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