



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

October 12, 2021

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, 2021 - December 31, 2021.

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 2021 monitoring produced no findings and no recommendations. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Marie Winter".

AnnMarie Winter (Oct 12, 2021 11:11 EDT)

Ann Marie Winter
Executive Director

Enclosures

cc: Eric Feder, Board Chair, GCJFCS
Gail Holton, COO, GCJFCS
Stephen Cardona, Project Director, GCJFCS



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2021 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):

MONITOR(S): Michelle Tavares, Program Manager

FUNDING PERIOD: January 1, 2021 – December 31, 2021

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)

- There were no recommendations.

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 June 25, 2020, monitoring visit.

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

Response: Achieved.

- A. Provider outlined their plan to target individuals in their 2021 Continuing Service Application and the plan is being implemented properly.
- B. Per review of Quarterly Reports (Quarter 1 and 2, the provider utilized all the 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 exceeding targeting proposals in all categories.
- C. The provider is utilizing an approved prioritization instrument as outlined in their OAA 2021 Continuing Service Application and in accordance with the Providers Prioritization Policy.
- D. OAA APCL client file reviews waived due to COVID – 19.

Standard #3 – Staff Training

Provider staff has received training pertinent to the performance of required functions:

- A. *Utilizing the appropriate DOEA Assessment Tool including the 701S, 701A and/or 701C (Registered Services only) in accordance with the DOEA Programs and Services Handbook.*
 - *Review of policies and procedures for DOEA Assessment Tools including the 701S, 701A, and/or 701C to ensure assessments are being completed as outlined in the DOEA Programs and Services Handbook.*
 - *Ensure requirements for face-to-face visits are being adhered to.*
- B. *Quality assurance activities to include use of the Assessment Instructions (DOEA 701D), direct observation, coaching, and training of screening staff to ensure the accuracy and quality of the screenings being conducted.*
- C. *DOEA standards for specific service training as outlined in the most current DOEA Program and Services Handbook is being utilized:*
 - *DOEA web-based training with receipt of a certificate of completion. The certificate must be submitted to the AAAPP for all 701 assessors and will be verified during monitoring.*
 - *DOEA 701S Training Webinar with appropriate documentation of completion is required per the AAAPP.*
- D. *Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training is conducted annually for all applicable program staff.*

Response: Achieved.

- A. The provider performs 701S assessments for screening and re-screening individuals requesting homemaker services. All clients placed on the APCL (waitlist) in CIRT by the ADRC are contacted by GCFJFCS and prioritized for OAA services. Staff performs client assessments utilizing the DOEA 701A assessment tool for all active clients. Face to face assessments have been waived for a period of 2021 and were conducted by phone. This flexibility ended on September 1, 2021. Provider is now required to conduct face to face assessments unless client requests a phone or virtual assessment. Provider is required to maintain a log of phone assessments conducted in lieu of face to face and submit to AAAPP monthly.
- B. Waived due to COVID – 19
- C. Appropriate staff members are trained using DOEA’s web-based training upon hire. The provider reported that there have not been any new employees hired in 2021
- 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 2020 Annual Outreach and Public Education Report.
- B. Quarterly reports are submitted on time and are considered accurate.
- C. Provider has submitted all meeting minutes from the agency Board of Director meetings. Most recent BOD meeting minutes received dated May 27, 2021.
- 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 CIRTS 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: Achieved.

The provider submits monthly outcome measures reports as required. The reports address exceptions, if any, by providing comments on the client's status and score change. It is recommended that the provider update the quarterly narrative of the outcome measures report.

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. CIRTS 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: 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 – CIRTS 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.

Throughout the year, minor CIRTS exceptions were found and noted to provider. Provider quickly corrects any exceptions found. There are no trending issues observed and no concerns noted.

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 2021, the provider has a clear audit trail for units of service entered in CIRTS as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.

Response: Achieved.

- A. In fiscal year 2021, the provider exceeded the number of proposed served individuals with LSP funding and expended all LSP funding in Quarter 1. The provider is currently utilizing IIIB funding and per review of quarter2 report, the provider is significantly underspent and needs to review the budget to enroll additional number of clients. This is most due to a carryforward amount provider did not expend in FY 2020.
- B. Review of client files, service logs, and billing reports for May 2021 supports that the provider has a clear audit trail for units of service entered in CIRTS. It was noted that the provider did not submit 3 hours of services rendered in May 2021 for client E.S. Client has a signed timesheet to support services were received on May 31, 2021.

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. Waived due to COVID-19.
- C. Provider submitted a sample of ten (10) completed surveys and a survey summary report. Overall, the provider received positive feedback from clients. One client indicated that they felt frustrated due to shortage of caregivers. No issues were noted in summary.
- 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 2021 grievance log indicates that no grievances were reported YTD.
- B. Provider has approved complaint policies, procedures, and logs. Provider submitted complaint log for 2021. One (1) complaint was noted. Complaint was logged on August 20, 2021. However, documentation was very vague and did not provide detail of the complaint. It is suggested that complaints are thoroughly documented and to include full details of the complaint.
- C. Provider has approved incident policies, procedures, and logs. One incident was documented YTD. Provider documented response and resolution.

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 3/2/2022.*
- 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 2020 volunteer activity report to DOEA.

Standard #16 – Background Screening

Provider completes Level II Background Screening as necessary.

Response: Achieved.

The provider submitted Level II Background Screenings for five employees. Provider completes screening appropriately and new staff are cleared by the Department of Elder Affairs prior to beginning services

Signatures:

Michelle Tavares

Michelle Tavares, Program Manager

Oct 12, 2021

Date

Kristina Jalazo

Kristina Jalazo, Director of Program Accountability

Oct 12, 2021

Date



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

Organization: GJCJFS
 Registered Service: HOMEMAKING 2021

Questions	C.H. 1001925556	E.C. 1001921867	E.S. 1000848554	J.O. 1001644803	J.L. 1001665448	M.B. 1001187680	M.F. 1001111617	P.J. 1000622999	S.T. 100149601	L.R. 1001239621	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into CIRTS correctly?	*Y	*Y	Y	Y	Y	Y	Y	Y	Y	Y	C.H. - Section J #88 "Physical" not checked off in CIRTS E.S. - Section a #32 Not checked off on written assessment
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	Y	N/A	Y	Y	N/A	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 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 CIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Based on the audit trail month selected for review, do the received services in CIRTS balance with provider's internal recordkeeping?	Y	Y	*Y	Y	Y	Y	*N/A	Y	Y	*N/A	E.S. - Client/Employee timesheet for 5/31/21 indicates client had 3 hours of service. In comparison to GJCJFS log, they did not bill for this date of service. M.F. - Admitted on 5/12/2021. No services billed for May 2021. L.R. - Services on hold in May 2021. Terminated 8/18/2021
Do notes within the client's file reflect the current status of the client as indicated in CIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	N/A	N/A	Y	N/A	N/A	Y	Y	N/A	N/A	N/A	
Notes											

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

2021 OAA / GCJCFS HMK Monitoring Report

Final Audit Report

2021-10-12

Created:	2021-10-12
By:	Michelle Tavares (Michelle.Tavares@aaapp.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA3n_PdJvnXva3OsSohv0dYDWU3I-UZk4

"2021 OAA / GCJCFS HMK Monitoring Report" History

-  Document created by Michelle Tavares (Michelle.Tavares@aaapp.org)
2021-10-12 - 2:58:10 PM GMT- IP address: 97.79.31.237
-  Document e-signed by Michelle Tavares (Michelle.Tavares@aaapp.org)
Signature Date: 2021-10-12 - 2:59:45 PM GMT - Time Source: server- IP address: 97.79.31.237
-  Document emailed to Kristina Jalazo (kristina.jalazo@aaapp.org) for signature
2021-10-12 - 2:59:47 PM GMT
-  Email viewed by Kristina Jalazo (kristina.jalazo@aaapp.org)
2021-10-12 - 3:03:06 PM GMT- IP address: 97.79.31.237
-  Document e-signed by Kristina Jalazo (kristina.jalazo@aaapp.org)
Signature Date: 2021-10-12 - 3:04:05 PM GMT - Time Source: server- IP address: 97.79.31.237
-  Document emailed to AnnMarie Winter (annmarie.winter@aaapp.org) for signature
2021-10-12 - 3:04:07 PM GMT
-  Email viewed by AnnMarie Winter (annmarie.winter@aaapp.org)
2021-10-12 - 3:10:50 PM GMT- IP address: 47.198.192.180
-  Document e-signed by AnnMarie Winter (annmarie.winter@aaapp.org)
Signature Date: 2021-10-12 - 3:11:56 PM GMT - Time Source: server- IP address: 47.198.192.180
-  Agreement completed.
2021-10-12 - 3:11:56 PM GMT