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October 28, 2021

David Lomaka, Executive Director
Neighborly Care Network
13945 Evergreen Ave.
Clearwater, Florida 33762

Dear Mr. Lomaka,

Enclosed is the 2021 Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Adult Day Care program.

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 greatly appreciated.

Sincerely,


AnnMarie Winter (Oct 28, 2021 14:56 EDT)

Ann Marie Winter
Executive Director

Enclosures

cc: Neil Brickfield, Board Chair, NCN
Maribeth Braden, Adult Day Services Director, NCN



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2021 OAA/LSP
ADULT DAY CARE SERVICE MONITORING

PROVIDER: Neighborly Care Network
Adult Day Care 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: Monitoring completed via desk review

REPORT SUMMARY

(This section provides an overview of minor recommendations, significant, findings and positive/noteworthy activities recognized during the monitoring period. Details are outlined in the Contract Compliance and Service Delivery section of the report).

I. Recommendations for Improvement

(Recommendations require a written response from the provider)

- There are no recommendations at this time

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 are no outstanding items or unresolved issues from the prior monitoring occurring October 5, 2020.

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

Response: Achieved.

- Provider outlined their targeting plan in their 2020 Continuing Service Application. The most recent policy and procedure on file reflects plan is being implemented properly.
- Review of first and second quarter reports indicate that the provider expended all LSP funding but did not meet proposed targeting numbers. The provider is currently expending OAA funds and is actively pursuing goal of meeting proposed target numbers.
- The provider is utilizing an approved prioritization instrument in accordance with the providers prioritization policy.

- D. Two APCL client files were selected for review. Clients were screened and prioritized using proper prioritization instrument and in accordance with the provider's prioritization policy.

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 completes 701S assessments over the telephone for the screening and re-screening of individuals requesting Adult Day Care (ADC). Active clients are assessed with the 701A assessment tool. Assessments are conducted face-to-face at the Adult Day Care Centers.
- B. Observation could not be completed due to COVID-19.
- C. The provider submitted certificates of completion for seven (7) staff members who are considered 701 assessors.
- D. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training was provided to fourteen (14) staff members in 2021. Certificates of completion received for all staff members.

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 2020 annual outreach and public education report. The report was submitted on time and are considered accurate.
- B. Three quarterly reports have been submitted for 2021. The reports are submitted on time and are considered accurate.
- C. Minutes from Neighborly Care Network Board of Directors meetings are submitted to AAAPP regularly. Last report on file dated August 2021.
- D. All surplus/deficit reports are submitted 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 regularly submits all required monthly outcome measure reports and utilizes the CIRTS reports to track outcome achievement. The provider addresses exceptions as required. The provider submits quarterly narrative details which address barriers to outcome achievement, community resources that have been identified and developed to increase achievement, and staff training on outcome measures.

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 Program Manager randomly sampled ten (10) client files for review purposes. Overall compliance with client files was documented. **Please see Attachment II. for specific details.**
- B.) All CIRTS records of 701A assessments, reassessments, program enrollment and received services were accurate, entered in CIRTS in a timely manner and agree with client and project records. The ADRC performs the DOEA 701S assessments to initially screen clients for enrollment on the ADC Assessed Prioritized Consumer List (APCL). The provider is responsible for annually re-screening clients that remain on their waitlist (APCL) and are owned by their program.

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.

During program year, any minor CIRT exceptions found are shared with provider, who quickly makes corrections. No trending issues were observed and no other concerns were 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 **June 2021**, the provider has a clear audit trail for units of service entered in CIRT 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 expended all LSP funds and met the proposed number of units identified in the service provider application. The provider is currently utilizing OAA funds.
- B. Review of client files, service logs, monthly summaries, and quarterly reports indicate that the provider has a clear audit trail for units of service, including telephone reassurance units entered for the month of June 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. The provider has a policy and procedure on file related to consumer satisfaction.
- B. Waived due to Covid 19.
- C. The provider completed client satisfaction surveys in 2020. Satisfaction surveys and analysis were reviewed. Overall, clients and/or their caregivers feel that ADC services are excellent or good and have enhanced their quality of life.
- D. Per the provider policy and procedure, all clients are surveyed annually.

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 has an approved grievance policy and procedure. Provider submitted 2021 grievance log. No grievances were reported YTD.
- B. The provider has an approved complaint policy and procedure. Provider submitted 2021 complaint log. 1 complaint documented and includes the providers response and resolution.
- C. The provider submitted 2021 incident logs. YTD the provider has documented ten (10) incidents. All incidents had documentation to support the providers response and resolution including corrective action plans to prevent certain incidents from occurring again.

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 submitted a sample letter related to voluntary contributions which convey that services are free of charge and contributions are used to increase service delivery.

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. Adult Day Care services are provided in compliance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application.
- B. Waived due to COVID-19.
- C. The provider is acting in accordance with Florida Statute 119.071 (5) and provides a written explanation to all clients the reason for collection.
- D. The provider is in regulatory compliance with HIPAA requirements and have a policy and procedure in place.
- E. The provider is in compliance with the provider conflict of interest program procedure (PR 132). Provider 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 partner 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 or directly to the appropriate program/resource.

- B. The provider ensures referrals are made to community resources as appropriate.
- C. 701S assessments are completed as appropriate and referrals are made to the ADRC as necessary.

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: Achieved.

- A. The provider maintains agreements with two subcontractors, GA Foods, a meal service provider and All Ways Caring, for additional staff coverage. A programmatic monitoring report for GA foods is on file and last dated July 13, 2021. The provider submitted supportive documentation ensuring that All Ways Caring is in compliance with all required licenses. The provider has also ensured that staff utilized through All Ways Caring are properly licensed and have a Level II background screening.
- B. Copies of each subcontract agreement were reviewed. No concerns noted.

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 a policy and procedure on file governing the utilization of volunteers. The provider submitted their 2020 Volunteer Activity Report to DOEA as required.

Standard #16 – Background Screening

Provider completes Level II Background Screening as necessary. Adult day care workers who have direct contact with clients have a screening in compliance with requirements of the DOEA process.

Response: Achieved.

As required by DOEA, provider sufficiently performed Level II Background Screenings for five (5) new hired ADC workers and one (1) volunteer who maintain direct contact with clients.

Standard #17 – Adult Day Care Service Provision

- A. *At least one onsite staff member is trained in CPR*
- B. *Provider maintains a current calendar or schedule of specific daily activities*
- C. *If the ADC is an ADI facility, staff receive 4 hours of MDC training*
- D. *Provider maintains a daily attendance log and it is accurate.*
- E. *Onsite visit demonstrates that at least two staff members, one of which is CPR trained, is on the premises all the time during the center’s hours of operation. There is one (1) staff member for every six (6) clients.*
- F. *Provider is licensed by the Agency for Health Care Administration in accordance with Chapter 428, Part III, Florida Statutes, and Chapter 58A-6 Florida Administrative Code.*

Response: Achieved.

- A. Provider submitted proof of CPR training for three (3) staff members. 1 staff member is trained per site.
- B. Provider supplied a current calendar with all scheduled daily activities.
- C. N/A – Provider is not an ADI facility.
- D. Provider’s daily attendance logs for the week of 6/21/2021-6/25/2021 were provided and reviewed. No concerns were noted.
- E. N/A – Site visits are waived due to COVID-19.
- F. Provider submitted current, active licenses from the Agency for Healthcare Administration pursuant to *Chapter 428, Part III, Florida Statutes, and Chapter 58A-6 Florida Administrative Code.*

Signatures:

Michelle Tavares

Oct 28, 2021

Michelle Tavares, Program Manager

Date

Kristina Jalazo

Oct 28, 2021

Kristina Jalazo, Director of Program Accountability

Date



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

Organization: Neighborly Care Network
 Registered Service: ADC

Questions	1001363533 SF	1001848804 CM	1001835552 JS	1001723406 NB	1001957653 EG	1001146214 VP	100160995 AD	1000519574 DR	1002018711 GT	1001485959 NR	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	
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	N/A	N/A	Y	N/A	Y	Y	Y	Y	N/A	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	Complaint Procedure is provided to clients in their admission packet.
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	Y	N/A	N/A	N/A	N/A - Client did not receive services in audit month of June 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	Y	Y	Y	Y	Y	N/A	N/A	
Notes											

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

NCN ADC 2021 Monitoring Report - Complete

Final Audit Report

2021-10-28

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