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February 4, 2025

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

Dear Mr. Lomaka,

Enclosed is the 2024 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 2024 monitoring produced one finding and no recommendations. Please provide a written response to the finding by February 14, 2025. The cooperation of your staff throughout the monitoring process was greatly appreciated.

Sincerely,

A handwritten signature in black ink that reads "Ann Marie Winter".

Ann Marie Winter
Executive Director



Area Agency on Aging of Pasco-Pinellas, Inc.
2024 OAA/LSP
ADC SERVICE MONITORING

PROVIDER: Neighborly Care Adult Day Care

DATE(S) OF VISIT: 11/29/2024

PARTICIPANT(S): Maribeth Braden, LPN Adult Day Care Director
Georgie Darrah, Assistant Director of Programs
Yesenia Rivera OAA Program Manager

MONITOR(S): Georgie Darrah, Assistant Director of Programs
Yesenia Rivera OAA Program Manager

FUNDING PERIOD: ***2023-2024***

SITES VISITED: Sunny Harbor Day Care

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.

II. Findings/Corrective Action

(Findings result in a written formal corrective action plan from the provider)

- Only two (2) out of 14 volunteers reviewed as part of this monitoring completed an Attestation of Compliance Candidate Form claiming an exception to the level 2 background screening. Per the Department of Elder Affairs Programs and Services Handbook, Appendix E, all volunteers who assist fewer than twenty (20) hours per month are required to complete an Attestation of Compliance Candidate Form claiming an exception to the level 2 background screening. Provider completed all other required background screening requirements.

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: Partially Achieved

- Recommendation is made that the provider review and implement their approved 2024 continuing application targeting plan to achieve serving the proposed number of older adults in each target category. In review of Quarter 4 report, submitted by Provider, Provider has far exceeded targeting goals for all categories in both LSP and OAA.
- Per contract requirements, the provider shall respond to additional, routine, or special requests for information and reports required by the AAAPP in a timely manner as determined by the AAAPP. Provider is required to submit copies of Board of Director meeting minutes to AAAPP thirty days following the meeting. Provider has submitted Provider Board of Director minutes in a timely manner in 2024.
- Per contract requirements, provider is required to conduct annual client satisfaction surveys to evaluate and improve service delivery. Satisfaction surveys for this monitoring did not include a date. Recommendation is made that a date is included on each individual survey to reflect and support the time period that surveys were completed in.
- Recommendation is made that the provider run the eCIRTS *Assessment Due* report monthly and maintain an internal assessments due log to ensure reassessments are completed annually in accordance with DOEA Programs and Services Handbook. Review of the Assessment Due Report by AAAPP monthly in 2024 has found that Provider rarely, if ever, has any overdue 701A assessments.
- Per the Department of Elder Affairs Programs and Services Handbook, Appendix E, all volunteers who assist fewer than twenty (20) hours per month are required to complete an Attestation of Compliance Candidate Form claiming an exception to the level 2 background screening. Provider was found to not be completing this requirement.

Standard #2 – Targeting, Prioritization, and Waitlist

A targeting plan with specific targeting objectives is in place:

- A. Provider has implemented the approved plan to target individuals with greatest economic need, older individuals with greatest social needs, older individuals at risk for institutional placement, older minority individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (Pasco only).*
- B. Provider is serving the proposed number and percentage of older individuals with greatest economic need, older minority individuals, older individuals at risk for institutional placement, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (Pasco only).*
- C. Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy.*
- D. A random sample of client files from the Assessed Prioritized Consumer List (APCL) in eCIRTS will be requested for review during the monitoring visit. Please have all waitlist information, files, policies, and procedures available.*

Response: Achieved

- A. Provider outlined their targeting plan in their approved 2024 Continuing Service Application.*
- B. Review of 2023 quarterly report analysis indicates that the provider did not meet proposed LSP targeting numbers. With OAA funding, the provider did not meet the proposed targeting numbers. Review of 2024 quarter three (3) report indicates that the provider met and/or exceeded the proposed LSP targeting numbers. With OAA funding, the provider met and/or exceeded the proposed targeting numbers.*
- C. The provider is utilizing an approved prioritization instrument in accordance with the providers prioritization policy.*
- D. Five APCL client files were selected for review. Clients were screened and prioritized using the proper prioritization instrument and in accordance with the provider's prioritization policy. Please see Attachment I for specific details.*

Standard #3 – Staff Training

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

- A. Utilizing the appropriate DOEA Assessment Tool including the 701S, 701A and/or 701C (Registered Services only) in accordance with the DOEA Programs and Services Handbook.*
 - Review of policies and procedures for DOEA Assessment Tools including the 701S, 701A, and/or 701C to ensure assessments are being completed as outlined in the DOEA Programs and Services Handbook.*
 - Ensure requirements for face-to-face visits are being adhered to.*
- B. Quality assurance activities to include use of the Assessment Instructions (DOEA 701D), direct observation, coaching, and training of screening staff to ensure the accuracy and quality of the screenings being conducted.*
- C. DOEA standards for specific service training as outlined in the most current DOEA Program and Services Handbook is being utilized:*

- *DOEA web-based training with receipt of a certificate of completion. The certificate must be submitted to the AAAPP for all 701 assessors and will be verified during monitoring.*
 - *DOEA 701S Training Webinar with appropriate documentation of completion is required per the AAAPP.*
- D. *Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training is conducted annually for all applicable program staff.*

Response: Achieved

- A. The ADRC performs all 701S assessments for the provider, which initially screens their clients for eligibility to be placed on the Assessed Prioritized Consumer List (APCL). The provider is responsible for the annual re-screening of any clients remaining waitlisted for their program. Assessments are being completed face-to-face with clients utilizing the 701A assessment tool during the admission process for active clients.
- B. The provider outlined their quality assurance activities in their 2024 continuing application which includes staff training.
- C. The provider submitted certificates of completion for nine (9) staff members who are considered 701B assessors. The provider also submitted copies of the 701S attestation form for all staff members considered assessors.
- D. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training was provided to twenty (20) staff members in 2024. 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 2024 annual outreach and public education report semi-annually.
- B. Quarterly reports are submitted on time and are considered accurate.
- C. Minutes from Neighborly Care Network Board of Directors meetings were submitted timely.
- D. 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 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 implementation of eCIRTS in December 2021, outcome measure reports have been unavailable.

Standard #6 – Case Record Compliance

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

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

Response: Achieved

- A.) The Program Manager randomly sampled nine (9) files for review purposes. Overall compliance with client files was documented. Please see Attachment II for specific details.
- B.) eCIRTS records of 701A assessments, reassessments, program enrollment and received services were reviewed. 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. Provider appears to be completing annual 701A assessments in accordance with DOEA standards. Provider maintains correct enrollment lines and updates eCIRTS in an appropriate timeframe.

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 CIRTS*

Response: Achieved.

Since implementation of eCIRTS in December 2021, not all reports have been available. The provider is encouraged to review current available reports on a regular basis. The provider edits eCIRTS data entries as necessary. AAAPP staff run monitored eCIRTS reports monthly. Provider rarely, if ever, has exceptions on monitored reports. When exceptions do appear, Provider completes corrections timely.

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 2024**, the provider has a clear audit trail for units of service entered in eCIRTS as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.*

Response: Achieved.

- A. In contract year 2024, OAA funding was 100% expended by Provider along with ARP funds. Provider began using available LSP funds in December 2024. Provider projects serving seniors with all available funding provided through 2025.
- B. Review of client files, attendance logs, eCIRTS, and client service unit reports indicate that the provider has a clear audit trail for units of service entered for the month of June 2024.

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. AAAPP monitor met with clients at the Sunny **Harbor site** Day Care. All reported enjoyment of attending the Adult Day Care program and reported satisfaction with services.
- C. Satisfaction surveys and analysis were reviewed. Overall, clients and/or their caregivers feel that ADC services are excellent.
- D. All clients are surveyed annually. All reported that enjoyed attending the Adult Day Care program and satisfied with 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: Partially Achieved

- A. The provider has an approved grievance policy and procedure. Provider submitted grievance logs from the previous monitoring review date through YTD. No grievances were reported.
- B. The provider has an approved complaint policy and procedure. Provider submitted complaint logs from the previous monitoring review date through YTD. No complaints were reported. However, there are three (3) complaints logged in the 2024 AAAPP Complaint log. Provider responded to these inquiries and provided appropriate resolution in a timely manner. AAAPP will make it clear in future communications when calls from clients to the ADRC are complaints so Provider will update their log accordingly.
- C. The provider submitted incident logs from the previous monitoring review date through document submission date. All incidents had documentation to support the providers 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 provides each recipient with an opportunity to voluntarily and confidentially contribute to the cost of the service.; clearly informs each recipient that there is no obligation to contribute, and that the contribution is purely voluntary; and all contributions shall be used to increase service availability.*

Response: Achieved.

- A. The provider has an approved voluntary contributions policy and procedure on file.
- B. The provider submitted a sample letter related to voluntary contributions which indicates that contributions are voluntary and 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. 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. The provider complies with all pertinent requirements to services being provided. Copies of AHCA licenses and fire inspections were reviewed.
- C. The 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. The provider is in regulatory compliance with HIPAA requirements. A policy and procedure is on file.
- 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 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 an agreement with Bright Start Care, a healthcare staffing agency, and Metz Culinary Management and Rebuilt Meals, meal providers. Provider submitted documentation which supports monitoring of the subcontractor, Bright Start Care was completed on February 09, 2023. Monitoring of subcontractor, Metz Meals, was completed by Neighborly Care Network Dietician on September 25, 2024, and of subcontractor, Rebuilt Meals, on January 19, 2024 .
- B. Copies of the subcontractor agreements are on file.

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 2023 Volunteer Activity Report to AAAPP as required.

Standard #16 – Background Screening

Provider completes Level II Background Screenings, as necessary. Documentation to include:

- *Signed and dated Privacy Policy;*
- *“Eligibility Statement” with proof of Employment History from DOEA;*
- *Signed and dated Affidavit of Compliance Employee Candidate Form*

Response: Partially Achieved

Background Screenings were reviewed for seven (7) ADC workers and nine (9) volunteers. *Provider completed ADC Workers’ Level II Background Screenings and submitted: signed and dated Privacy Policy; eligibility Statement with proof of Employment History from DOEA; and signed and dated Affidavit of Compliance Employee Candidate Form. Provider completed FDLE and SO Screenings and submitted results for ADC volunteers who completed less than 20 hours per month of service. All volunteers passed their background screenings. Only two (2) volunteers completed an Attestation of Compliance Candidate Form claiming an exception to the level 2 background screening. Per Department of Elder Affairs Programs and Services Handbook, Attachment E, and Department of Elder Affairs Attestation of Compliance, any volunteer or employee claiming exception to the background screening must document as such on the most recent Attestation of Compliance form.*

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 thirteen (13) staff members. All CPR certifications are current.
- B. Provider supplied a current calendar with all scheduled daily activities.
- C. N/A – Provider is not an ADI facility.
- D. The provider maintains a daily attendance log with time in and time out for each client and appeared accurate.
- E. The onsite visit demonstrated that at least two (2) staff members, one of which is CPR trained is on the premises all the time during the center’s hour of operation. A one (1) to six (6) staff to client ratio is maintained.
- 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:

Yesenia Rivera

Yesenia Rivera , Program Manager

Feb 4, 2025

Date

Georgie Darrah

Georgie Darrah, Assistant Director of Programs

Feb 4, 2025

Date

Christine Didion

Christine Didion, Director of Programs

Feb 4, 2025

Date

K Marsalek

Kerry Kimball Marsalek, Chief Operating Officer

Feb 4, 2025

Date



Area Agency on Aging of Pasco-Pineallas, Inc.
 Client File Monitoring Tool for Unregistered Services with Waitlist

Organization: Area Agency on Aging of Pasco-Pineallas, Inc.
 Unregistered Service: 2025

Attachment 1

Question	1/8/2025 (APL) Month: 01/2025	1/15/2025 (APL) Month: 01/2025	1/22/2025 (APL) Month: 01/2025	2/5/2025 (APL) Month: 02/2025	2/12/2025 (APL) Month: 02/2025	2/19/2025 (APL) Month: 02/2025	3/5/2025 (APL) Month: 03/2025	3/12/2025 (APL) Month: 03/2025	3/19/2025 (APL) Month: 03/2025	3/26/2025 (APL) Month: 03/2025		
Was the most current Annual/FY assessment completed and entered into AARP Connect?	Y	Y	Y	Y	Y	Y	Y	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 using an approved procedure tool?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Was the client notified of any wait list collection, if applicable?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Is the client currently enrolled in the waitlist for this program/service?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Total	Terminated by date 01/26/2025			Terminated by date 02/11/2025			Total of 6 OAA's by date			Terminated by date 03/13/2025		

APL Connect
 APL Connect user manual
 APL Connect



Area Agency on Aging of Prince Georges, Inc.
 Closed To Marketing List for Registered Services
 Specific to 70A/70B/C

Organization: Adult Day Care Services

Attachment: 6

Question	1346176.Archive 07/21/2014	721860.Archive 07/21/2014	1483255.Archive 06/27/2012	381824.Archive 07/06/2014	1307764.Archive 07/15/2014	1434911.Archive 07/06/2014	202766.Archive 07/15/2014	1346763.Archive 07/21/2014	1270791.Archive 07/06/2014	Comments
Was the most current assessment (70A and/or 70B/C) completed in a timely manner and entered into eCRIS (correctly)?	Y 06/11/2014	Y 06/26/2014	Y 06/12/2014 7016/701A 06/22/2013	Y 06/11/2014	Y 06/12/2014	Y 06/18/2014	Y	Y 07/07/2013 (Completed when Active)	Y 6/13/2013	
If applicable, was the assessment completed 300 days after the prior assessment (for use of the word "if")	N/A	N/A	06/22/2013-701 A	N/A	N/A	N/A	N/A	7013-07/06/2014	N/A	
Was client eligibility verified (see "Service Eligibility for OAA Programs")	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	
Has OAA priority for services delivery been established and recorded using an approved print/scan tool?	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	
Did the provider obtain a signed Release of Information (ROI), form?	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	
Was the client notified of any fee that is collected?	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	
Did the provider verify the client of that correct completion (Therapist)?	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	
Is the client currently enrolled for this program and service in eCRIS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Based on the audit trail search conducted for reason, do the records of services in eCRIS reflect the provider's internal recordkeeping?	Y 7/7/14 LS	Y 8/10 LS	Y 14/0 LS	Y 4/2 LS	Y 8/7 LS	Y 11/21	Y 10/10	Y	Y 11/21	
Do names within the client's file reflect the current status of the client as indicated in eCRIS?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	
If services frequency has been established, record it and then during the fiscal year, were rates updated accordingly?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	
Notes	File Received	File Received	File Received	File Received	File Received	File Received	File Received	Terminated, 07/06/2013	File Received	

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












2024 NCN ADC Monitoring Report - Review II


Final Audit Report

2025-02-04

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 Agreement completed.

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