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November 16, 2023

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

Dear Ms. Rosa,

Enclosed is the 2023 Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Homemaker 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 2023 monitoring produced four recommendations and three findings. The findings are described in the report summary and a written Plan of Corrective Action will be required. This will be a formal plan that is expected to identify steps and actions that will be implemented to ensure the deficiency is not repeated and due to AAAPP by Tuesday, December 5, 2023. Please also include a written response to the 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'.

Ann Marie Winter  
Executive Director

Enclosures

Cc: Mr. Rick Soriano, Board Chair, CARES



Area Agency on Aging  
of Pasco - Pinellas, Inc.

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

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

**DATE(S) OF VISIT:** October 18, 2023

**PARTICIPANT(S):** Jemith Rosa, President CEO  
Kristin Amato, Director of Nursing  
Lisa Arroyo, Finance Director  
Sxyndriyne Krogmann, OAA Intake Coordinator  
Krystal Bernabe, OAA Intake Coordinator

**MONITOR(S):** Michelle Tavares, Program Manager

**FUNDING PERIOD:** 2022 – 2023

**SITES VISITED:** 12417 Clock Tower Pkwy, Hudson, FL 34667

## 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. Positive/Noteworthy Activities

- A. A 93-year-old female who lives alone in Wesley Chapel. She has vision loss, high blood pressure and diabetes. She came to CARES needing assistance with everyday homemaking tasks. Client stated this program has given her a sense of peace, and she would not be able to continue living in her own home if it were not for the help of CARES. Client raves weekly about her caregiver and how big of a blessing she has been to her.
- B. A 64-year-old female that is a long-term partial quadriplegic client with a history of diabetes and neurogenic bladder, requiring a foley catheter. She is chairbound to her electric wheelchair and requires assistance for all tasks. She is recently a widow. Her husband suffered from Parkinson's disease and was able to help maintain home until the end stages took over. He was unable to perform tasks. She has been a client with CARES since April of 2022. She received homemaking services every Tuesday. She has reported to our staff that she is "thrilled and grateful!" for CARES. She states that CARES has been a shining star and loves the services and the caregivers. CARES has had an impact and made a difference in her life.

### II. Recommendations for Improvement

*(Recommendations require a written response from the provider)*

- A. Recommendation that all assessors complete the 701S web-based training prior to completing a 701S. Attestations must be signed and submitted to the AAAPP Program Manager. AAAPP monitor provided the web based 701S training link and copy of the 701S training attestation.
- B. Recommendation is made that the provider ensures signed and dated client service logs (task sheets) are available for each unit of service that is billed for. Review of October 2022 billing indicated that one (1) client did not have a signed service log to support receiving three (3) hours of service on October 26, 2022.
- C. Recommendation is made that the provider implement quality assurance measures to include training to onboarding staff in the areas of OAA prioritization, completion of assessments, eCIRTS procedures, billing procedures, and completion of all required reports. AAAPP monitor provided technical assistance to new staff via email, teams meeting, and during on site monitoring visit.
- D. Recommendation is made that the provider document all complaints reported by the AAAPP. Provider submitted complaint log which



indicated no complaints were received in 2022. AAAPP reported three (3) complaints to the provider in 2022 which were not documented.

### **III. Findings/Corrective Action**

*(Findings result in a formal corrective action plan)*

- A. Two (2) clients waitlisted for homemaking service had an initial prioritization tool completed but did not have an annual prioritization tool completed. Clients who remain waitlisted must be reviewed annually using the approved provider prioritization tool and in accordance with the provider prioritization policy and procedure. Additionally, clients who remain waitlisted for homemaking services only, require an annual rescreening, 701S. One (1) out five (5) waitlisted client files reviewed had an overdue screening, 701S. AAAPP monitor provided technical assistance during the onsite monitoring visit.
- B. Ten (10) client files who were serviced in October 2022 were randomly selected for review. Nine (9) of ten (10) client files did not have an annual reassessment completed and entered in eCIRTS as required, 365 days after the prior assessment through the end of the month. The provider shall 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.
- C. Corrective action plan implemented after the 2022 monitoring regarding improper termination of clients to continue. Review of the 2023 monitoring documents indicated that two (2) clients terminated in eCIRTS as “lost contact” did not have a written notice of adverse action mailed to them in accordance with 2023 DOEA Programs and Services Handbook, Appendix D.

## **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:**

- A. Recommendation that the provider complete client prioritization forms in accordance with their prioritization policy and procedure. Unresolved. Review during 2023 monitoring indicate that client prioritization tools are not being reviewed and completed annually for clients who remain waitlisted. AAAPP monitor provided CARES staff with technical assistance during the onsite monitoring visit.
- B. Finding related to review of client documentation which demonstrated that two clients were improperly terminated. Provider placed on a corrective action plan. Unresolved. Review during the 2023 monitoring indicate two (2) clients were terminated in eCIRTS as “lost contact”. Provider unable to provide copy of ten (10) day written notice of adverse action. OAA Program Manager provided technical assistance provided via email on October 13, 2023.

### **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:** Partially Achieved.

- A. Provider outlined their plan to target individuals in their 2023 Service Provider Application and is implementing the plan.
- B. Per review of 2022 quarter four (4) report, the provider served the proposed number of older adults with both LSP and OAA funding. In addition, the provider met or exceeded in serving the proposed number of older adults in all target categories with both LSP and OAA funding. Review of 2023 Quarter 1, 2, & 3 reports support that the provider expended both LSP and OAA funding. ARP funds are currently being utilized. Provider served the proposed number of clients with LSP funding and served the proposed number of older adults residing in rural areas and those at risk for institutional placement. The provider appears to be on track to meet proposed numbers in each target category with OAA funding in 2023.
- C. The provider is utilizing an approved prioritization instrument as outlined in their Prioritization Policy and Procedure.
- D. Five (5) client files from the APCL list were reviewed. One (1) client is listed in eCIRTS as APCL for HMK service only. Provider is responsible for completing the annual 701S. The 701s is overdue. Two (2) client files did not have an annual prioritization completed. Prioritization tools are required to be reviewed and completed annually while the client remains waitlisted. Please see Attachment I. AAAPP monitor provided CARES staff with technical assistance during the onsite monitoring review.

**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:** Follow Up Required.

- A. The ADRC performs the DOEA 701S assessments to initially screen clients for Homemaker Assessed Prioritized Consumer List (APCL) enrollment. The provider is responsible for annually re-screening clients that remain on their waitlist (APCL) and in accordance with hierarchy.
- Review of five (5) APCL client files, indicated that one (1) client did not have an annual rescreening completed.
  - Assessments are being completed face to face.
- B. The provider completed staff training on August 10, 2022, and included training on prioritization forms, assessments, and eCIRTS. It is recommended that the provider ensure all onboarding staff responsible for the latter are provided with internal training. AAAPP monitor provided CARES staff with technical assistance during the onsite monitoring visit.
- C. The provider completed web-based training and submitted 701B training certificates for three (3) assessors. Current assessors did not complete 701S webinar training. AAAPP monitor provided the web based 701S training link and 701S training attestation form.

#### **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.

- A. The provider submitted the 2022 Annual Outreach and Public Education Report accurately and on time.
- B. 2022 Quarter 4 reports was not submitted on time. 2023 quarter three (3) report was not submitted on time.
- C. The provider has submitted Board of Director meeting minutes.
- D. Provider has submitted all surplus/deficit reports on time and are considered accurate.



### **Standard #5 – Outcome Measures**

*Outcome measures referenced in the current Standard Contract are achieved:*

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

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

**Response:** N/A

Outcome Measure reports have not been available since implementation of eCIRTS in December 2021.

### **Standard #6 – Case Record Compliance**

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

- A. *Compliance with requirements for client eligibility, intake, and service delivery.*
- B. *eCIRTS records of assessment/reassessment, program enrollment and received services are accurate, entered in 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:** Partially Achieved.

Please see Attachment II.

- A. Ten (10) active client records were randomly selected for review by AAAPP Program manager. All clients were eligible for service and all records contained signed and dated intake forms. One (1) client record was noted to not contain a signed task service to support three (3) hours of service received on 10/26/22.
- B. Ten (10) active client records were randomly selected for review by AAAPP Program manager. All assessments and program enrollment lines were entered in eCIRTS. AAAPP monitor provided technical assessment on updating eCIRTS enrollment lines.
  - 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. One (1) of the five (5) waitlisted client files did not have an annual rescreening completed as required.



- Nine (9) of the ten (10) active client files did not have the annual reassessment completed within the required timeframe of 365 days after the prior assessment through the end of the month. Improvement noted on recent provider service validations.

**Standard #7 – eCIRTS Exception Reports**

*eCIRTS Exception Reports are reviewed on a regular basis and exemplify accuracy. Specific Older Americans Act Reports include:*

- *Assessment Due Report;*
- *ACTV, APPL, APCL Clients Moved to Another PSA;*
- *ACTV Clients Not Served in A Time Range (Defaults To 14 Months);*
- *Clients Served Not Enrolled;*
- *Consumer Age Verification;*
- *Possible Duplicate Clients;*
- *ACTV Pace Clients Who Are ACTV, APCL, Or APPL In Another Program;*
- *eCIRTS Data Clean Up;*
- *ACTV MLTC Clients Who Are ACTV, APCL, Or APPL In Another Program, and*
- *Data Inconsistencies Found When Comparing Vital Statistics Death Certificates With eCIRTS*

**Response:** Achieved.

Due to eCIRTS data migration in December 2021, the aforementioned reports have been partially available. The AAAPP has created work arounds to produce reports similar to those listed above to notify the provider of exceptions, when the original monitoring report is not available or does not function. The provider follows up and clears exceptions, 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 October 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:** Partially Achieved.

- Review of 2022 quarter four (4) report indicate that the provider fully expended LSP funds and expended 96.3% of OAA funds. Per review of 2023 quarter one (1), two (2), and three (3) reports, the provider has fully expended LSP and OAA funding. The provider is currently utilizing American Rescue Plan funding. AAAPP and provider staff meeting held on October 26, 2023, to review funding and spending for 2024. AAAPP

requested that the provider submit a 2024 spending plan which was submitted on November 13, 2023.

- B. Review of October 2022 billing included review of client files, service logs, monthly summaries, and eCIRTS entries. Billing of three (3) service hours on October 26, 2022, for client G.S., did not have a signed client service log to support service received. It is recommended that the provider maintain signed and dated service logs to support all client hours served.

### **Standard #9 – Consumer Satisfaction**

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

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

**Response:** Achieved.

- A. Provider outlined their procedures on how they measure customer satisfaction annually in their 2020 Service Provider Application.
- B. Program Manager called and surveyed two active clients. Both clients reported being satisfied with services. One client reported she was upset that her hours were recently reduced. Client reported being blind and currently had a broken ankle. Monitor requested CARES reassess client due to status change due to broken ankle.
- C. Provider submitted 2022 Client satisfaction surveys and summary. Surveys and a survey summary were reviewed. A total of forty-nine surveys were completed. Of the forty-nine surveys, forty-seven clients reported homemaking services as being excellent or good. Client comments included “happy for the help and grateful to receive service” and “thankful for the service and CARES”.
- D. Per documentation reviewed, the provider completed satisfaction surveys in August 2022.

### **Standard #10 – Grievances, Complaints, and Incidents**

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

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



- C. *Provider has approved incident policies, procedures, and logs, including documentation of the service provider response and resolution.*

**Response:** Partially Achieved.

- A. Provider has an approved grievance policy, procedure, and log on file. Provider submitted 2022 grievance log. No grievances reported.
- B. Provider has an approved complaint policy and procedure on file. Provider submitted 2022 complaint log. No client complaints reported. However, AAAPP complaint log indicates that three (3) CARES HMK program complaints were received in 2022. Provider reported one civil rights complaint on their 2022 civil rights compliance checklist, EEOC Charge No: 511-2022-02347. On September 14, 2023, the provider reported that the complaint was “closed” and submitted supportive documentation. It is recommended that the provider document client complaints received and reported by the AAAPP.
- C. Provider has an approved incident policy and procedure on file. Provider submitted 2022 incident logs. No incidents reported.

#### **Standard #11 – Voluntary Contributions**

*Provider has a voluntary contribution system in place conforming with the Older Americans Act:*

- A. *Approved Voluntary Contributions Policy/Procedure*
- B. *Sample letter and/or sign related to voluntary contributions which 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.
- 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. Homemaker services are provided in compliance with the most current DOEA Program and Services Handbook and the 2020 Service Provider Application.
- B. Review of Florida Health Finder confirms that the provider has an active Agency for Healthcare Administration (AHCA) license # 19967959 with expiration date of July 3, 2025.
- C. The provider is acting in accordance with the Florida Statute 119.071(5) and provides a written explanation to individuals explaining reason for collecting social security numbers.
- D. The provider is in compliance with HIPAA and has approved policies and procedures on file.
- E. The provider is in compliance with the provider conflict of interest program procedure (PR 132). An approved conflict of interest policy and procedure is on file.
- F. The CEMP/COOP is submitted to AAAPP Director of Planning as required.

**Standard #13 – Involvement with the ADRC**

*Provider is involved with the Aging and Disability Resource Center (ADRC) and abides by the no-wrong-door system:*

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

**Response:** Achieved.

- A. The provider maintains a positive partnership with the ADRC and other community agencies to ensure referrals receive the assistance they need. If the provider receives a referral from someone in need of additional services, a referral is made to the ADRC.
- B. The provider ensures referrals are made to other community resources as appropriate.



- C. Provider uses 701S assessment tool to capture essential information. Clients are referred to the ADRC for any additional services identified including LTCC.

**Standard #14 – Subcontractors**

*Provider shall monitor, at least once per year, each of its subcontractors that are paid from OAA/LSP funds as required by the Standard Contract and will:*

- A. Submit a copy of the programmatic monitoring record to the AAAPP upon completion to ensure contractual compliance.
- B. Submit a copy of all subcontracts to the AAAPP within thirty (30) days of execution of each subcontract agreement.

**Response:** N/A.

The provider does not utilize any subcontractors to provide homemaker services.

**Standard #15 – Volunteers**

*Provider has policies/procedures governing the utilization of volunteers and submits the Department of Elder Affairs Volunteer Activity Report annually as required.*

**Response:** Achieved.

The provider has a policy/procedure governing the utilization of volunteers and submits the DOEA Volunteer Activity Report annually as required.

**Standard #16 – Background Screenings**

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 Candidate Form

**Response:** Achieved.

Background screenings for three direct service employees were reviewed as a desk review and at the onsite monitoring visit. All aforementioned documents were contained in each employee file. All documents were signed and dated in accordance with 2023 DOEA Programs and Services Handbook, Appendix E.

**Signatures:**

*Michelle Tavares*

Nov 16, 2023

\_\_\_\_\_  
**Michelle Tavares, Program Manager**

\_\_\_\_\_  
**Date**

*Christine Didion*

Nov 16, 2023

\_\_\_\_\_  
**Christine Didion, Director of Program Accountability**

\_\_\_\_\_  
**Date**

*Kerry Marsalek*

Nov 16, 2023

\_\_\_\_\_  
**Kerry Kimball Marsalek, Chief Operating Officer**

\_\_\_\_\_  
**Date**



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

**Organization:** Community Aging and Retirement Services (CARES)

**Registered Service:** Homemaking

Questions	M.B. 1370189	L.B. 1468543	S.B 611602	M.C. 1452824	L.C. 839379	
<b>Was the most current intake/701S assessment completed and entered into eCIRTS correctly?</b>	ADRC	ADRC	ADRC	N	ADRC	M.C- APCL only for HMK. Must have 701S completed annually.
<b>Was client eligibility verified? (see "Service Eligibility for OAA Programs")</b>	Y	Y	Y	Y	Y	
<b>Has OAA priority for service delivery been established using an approved prioritization tool?</b>	N	Y	Y	N	Y	M.B. / M.C. - Remain APCL. Must have tool reviewed and completed annually.
<b>Was the client notified of why their SS# is collected?</b>	N/A	N/A	N/A	N/A	N/A	
<b>Is the client correctly enrolled on the waitlist for this program/service in eCIRTS?</b>	Y	Y	Y	Y	Y	
<b>Notes</b>	APCL	TERMED	APCL	APCL HMK Only	APCL	

*Yes = Compliant*

*No= Non-compliant and comment is required*

*N/A = Not applicable*



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

Organization: Community Aging and Retirement Services (CARES)  
 Registered Service: Homemaking

Attachment II.

Questions	R.B. 257979	G.S. 1315943	S.S. 905252	J.M. 1294442	B.H. 748384	B.S. 1393755	S.K. 1152953	S.P. 1447451	S.P. 1461470	R.S. 1072071	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into eCIRTS 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	Y	N	N	N	N	N	N	N	N	
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 provider 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 provider notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Is the client correctly enrolled for this program and service in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Based on the audit trail month selected for review, do the received services in eCIRTS balance with provider's internal recordkeeping?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	*GS Billed 3 hours on 10/26/22. Client task sheet does not have staff time in/out listed nor client/staff signature to support service received.
Do notes within the client's file reflect the current status of the client as indicated in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Notes											

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














# CARES HMK 2023 Monitoring Report

Final Audit Report

2023-11-16

Created:	2023-11-16 (Eastern Standard Time)
By:	Michelle Tavares (Michelle.Tavares@aaapp.org)
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✔ Agreement completed.

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