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October 28, 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 2021 Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Counseling 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 appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Marie Winter', is positioned above a horizontal line.

AnnMarie Winter (Oct 28, 2021 15:25 EDT)

Ann Marie Winter
Executive Director

Enclosures

cc: Eric Feder, Board Chair, GCJFCS
Christine Krohn, Program Director, GCJFCS



Area Agency on Aging
of Pasco - Pinellas, Inc.

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

PROVIDER: Gulfcoast Jewish Family and Community Services
Mental Health and Gerontological Counseling Provider

DATE(S) OF VISIT: Site visits waived due to COVID – 19

PARTICIPANT(S):

MONITOR(S): Michelle Tavares, Program Manager

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

SITES VISITED: No sites visited 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 are no recommendations.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- There are no findings.

CONTRACT COMPLIANCE AND SERVICE DELIVERY

Each standard will note at least one of the following:

- *Achieved*
- *Partially Achieved*
- *Not Achieved*
- *Not Applicable*
- *Follow-Up Required*

Standard #1 – Previous Programmatic Monitoring

All issues from the previous programmatic monitoring have been resolved within an established and reasonable timeframe.

Response: There were no unresolved issues from the previous programmatic monitoring conducted in September 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 CIRTSS will be requested for review during the monitoring visit. Please have all waitlist information, files, policies, and procedures available.*
- E.*

Response: Achieved.

- Provider outlined their plan to target individuals in their Continuing Application.
- Per review of Quarter 1 and 2 reports, the provider has met or exceeded in serving the proposed amount of MHSI clients in each target category for both counties.
- The provider is utilizing an approved prioritization instrument, as outlined in their prioritization policy on file with the AAAPP.
- Counseling clients are not assessed using the 701S screening assessment and clients are not on the CIRTSS APCL. However, the provider utilizes a prioritization tool in accordance with their prioritization policy to maintain an internal waitlist. Client waitlist reviewed.

Each client has a completed prioritization form on file and are prioritized in accordance with the providers prioritization policy and procedure.

Standard #3 – Staff Training

Provider staff has received training pertinent to the mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training is conducted annually for all applicable program staff.

Response: Achieved.

The provider submitted documentation supporting that training on abuse, neglect, self-neglect, and exploitation is received by all staff annually.

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 in a timely manner and appeared to accurately document outreach and education efforts.
- B. Quarter 1, 2, and 3 reports were submitted past scheduled deadline date. Guidance was provided in Quarter 1 to ensure accurate documentation of proposed total number of clients to be served and to be proposed number of clients to be served in each targeting categories.
- C. Board of Director meeting minutes are submitted regularly to the AAAPP. Last meeting minutes on file occurring on May 27, 2021.
- D. Surplus/deficit reports are submitted by the 20th of each month and are accurate.

Standard #5 – Case Record Compliance

Using the AAAPP Client File Monitoring Tool, case records sampled showed compliance with requirements for client eligibility, intake, and service delivery.

Response: Achieved.

Ten (10) random client files were chosen for review. All files sampled showed compliance with requirements for client eligibility, intake, and service delivery.

Standard #6 – 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 CIRT5 as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.

Response: Achieved.

- A. The provider has a plan in place to serve the number of proposed units as identified in their Service Provider Application. Per Quarter 3 report, the provider has met the proposed number of units with LSP funding. OAA funding is currently being utilized and provider appears on track to meeting proposed number of units.
- B. Review of client files, service logs, monthly summaries and reports for May 2021, support that the provider has a clear audit trail.

Standard #7 – 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 policies and procedures related to consumer satisfaction which includes annual schedule of for completing surveys.
- B. Waived due to Covid 19.
- C. Review of client satisfaction survey and analysis indicate that clients are overall satisfied with the counseling program. No trends noted.
- D. The provider completes client satisfaction surveys annually and upon client discharge.

Standard #8 – 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 on file. The client grievance log was reviewed. There were no grievances reported YTD.
- B. The provider has an approved complaint policy and procedure on file. The client complaint log was reviewed. There were no complaints reported YTD.
- C. The provider has an approved incident policy and procedure on file. The client incident log was reviewed. There were no incidents reported YTD.

Standard #9 – 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 and procedure on file.
- B. The provider has a voluntary contribution letter on file which indicates that services are free of charge and all contributions shall be used to increase service availability.

Standard #10 – 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. Counseling 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 submitted current licenses from the Florida Department of Health for all staff providing counseling services on file.
- C. The provider complies with F.S. 119.071(5) that requires a written explanation to the individual for collection of social security numbers (*Consent for Service/Treatment form*).
- D. The provider has submitted their HIPAA policy.
- E. The provider is in compliance with the Provider Conflict of Interest Program Procedure (PR 132).
- F. The 2020 CEMP/COOP was submitted as required.

Standard #11 – 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. If the provider receives a referral from someone in need of additional services, a referral is made to the ADRC.
- B. The provider completes referrals to community resources as necessary.
- C. Not applicable.

Standard #12 – 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 subcontractors.

Standard #13 – Volunteers

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

Response: Achieved.

- A. The provider has a policy and procedure on file governing the utilization of volunteers. The provider is not currently utilizing volunteers.

Standard #14 – Background Screening

Provider completes Level II Background Screening as necessary.

Response: Achieved.

Documentation of background screening was reviewed for four (4) new employees. All employees successfully passed Level II background screening.

Signatures:

Michelle Tavares

Michelle Tavares, Program Manager

Oct 28, 2021

Date

Kristina Jalazo

Kristina Jalazo, Director of Program Accountability

Oct 28, 2021

Date



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

Organization: Gulf Coast Jewish Family and Community Services
Unregistered Service: Counseling

Questions	E.R.	H.L.	J.K.	L.V.	T.K.	J.W.	P.L.	Z.L.	B.R.	F.C.	Comments
Was an intake/registration form completed and, if applicable, updated annually?	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	E.R. - None in file
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established using an approved prioritization tool?	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 being 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	
Based on the audit trail month selected for review (May 2021), do the units entered in CIRTS balance with the provider's internal recordkeeping?	No service received	Y	Y	Y	No service received	No service received	Y	N/A/	N/A	N/A	*N/A - Clients admitted after the review month selected (May 2021).
Do notes within the client's file reflect the current status of the client?	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	N/A	N/A	N/A	N/A	
Notes											

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

2021 GC CNSL / OAA Monitoring Report

Final Audit Report

2021-10-28

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