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November 19, 2024

Mark A. Hamid, MBA
President | Chief Experience Officer
First Light Home Care of North Tampa & East Pasco
20701 Bruce B. Downs Blvd. Suite 201
Tampa, FL 33647

Dear Mr. Hamid,

Enclosed is the 2024 First Light 90-day Programmatic Monitoring report for the Older Americans Act Title IIIB 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 objective of monitoring 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 no finding and no recommendations. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

Ann Marie Winter
Executive Director

CC: Valeria Rodriguez, Client Success Manager & Administrator



Area Agency on Aging of Pasco-Pinellas, Inc.
2024 90 Day Monitoring OAA
Older Americans Act Homemaker Expansion Project

PROVIDER: First Light Home Care

DATE(S) OF VISIT: October 10, 2024

PARTICIPANT(S): Mark A. Hamid, MBA
President | Chief Experience Officer
Valeria Rodriguez
Client Success Manager & Administrator
Christine Didion, Director of Programs
Georgie Darrah Assistant Director of Programs
Yesenia Rivera, OAA Program Manager

MONITOR(S): Yesenia Rivera, OAA Program Manager

FUNDING PERIOD: April 1, 2024, to December 31, 2024

SITES VISITED: First Light Home Care of North Tampa & East Pasco
20701 Bruce B. Downs Blvd. Suite 201
Tampa, FL 33647

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

There are no recommendations during this monitoring period.

II. Findings/Corrective Action

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

There are no findings during this monitoring period.

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: N/A. This is the provider's first monitoring.

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

Response: Achieved.

- Provider outlined their plan to target individuals in their 2024 Service Provider Application and is implementing the plan. Provider is serving clients that were made active in the Older Americans Act program by previous Older Americans Act Homemaker provider. Provider is serving clients that were selected and agreed to move to alternative homemaker provider.
- Provider is part of a provider expansion project and has not completed a Quarterly Report as this targeting information is tracked by the AAAPP. Provider is serving the proposed number and percentage of older individuals in compliance with OAA Guidelines. Currently active homemaker clients with existing homemaker provider were hand selected and agreed to move to new provider as part of this expansion project. Clients were made active by previous provider in accordance with previous provider's prioritization policy and procedure and Older Americans Act requirements. Provider did not engage in selecting clients; however, is serving clients within the targeting and prioritization requirements of the Older Americans Act.

- C. Clients served by the provider were current active Older Americans Act clients, prioritized by previous Older Americans Act provider, CARES. All clients transferred to provider maintain prioritization forms. Provider is not prioritizing or enrolling new clients at this time.
- D. Provider is part of a provider expansion project and does not have Assessed Prioritized Consumer List (APCL) currently. All currently served Clients were transferred from previous OAA provider, CARES.

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. Provider is not waitlisting clients nor is responsible for the management of a waitlist and is not completing any 701S assessments. Provider is encouraged to complete the 701S training webinar to better understand waitlist management and other assessment requirements.
- B. The provider has worked with the AAAPP to receive several sessions of technical assistance and training on this project to continue to provide necessary services to seniors with Older Americans Act funding. The Provider continues to work with AAAPP to have staff complete trainings as needed. AAAPP will continue to provide technical assistance, as needed.
- C. The provider administrative team completed web-based training and submitted 701B training certificates for three (3) assessors. Current assessors did not complete 701S webinar training; however, Provider is not waitlisting clients nor is responsible for the management of a waitlist. Provider is not completing any 701S assessments. AAAPP program manager provided the web based 701S training link and 701S training attestation form for Provider to complete by the end of the year for additional training and information.
- D. Provider is working with the AAAPP Outreach Coordinators to schedule the mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training

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. N/A. This is Provider's first year as a Provider. Provider will complete any information related to outreach completed for the year in January 2025.
- B. N/A. Clients served by the provider were current active Older Americans Act clients, prioritized by previous Older Americans Act provider, CARES. All clients transferred to provider maintain prioritization forms. Provider is not prioritizing or enrolling new clients at this time. AAAPP is maintaining appropriate reports capturing Older Americans Act targeting categories for clients served.
- C. N/A. Provider is for-profit organization and does not have a board of directors.
- D. AAAPP is working with Provider to complete surplus/deficit reports. Provider is not enrolling new clients and clients were transferred to this provider to serve within the limited budget.

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: 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.
- B. 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. All assessments and program enrollment lines were entered in eCIRTS.
 - 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.
 - All files had annual reassessments completed within the required timeframe of 365 days after the prior assessment through the end of the month. AAAPP staff complete monthly service validations of provider to ensure this standard is maintained. Provider is commended for performing assessments that were overdue prior to this provider inheriting the client and ensuring timely compliance.

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:

- A. *Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.*
- B. *For April 1, 2024, to June 30, 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. Provider is serving assigned clients.
- B. Review of **April 1, 2024, to June 30, 2024** billing included review of client files, service logs, monthly summaries, and eCIRTS entries. Provider maintains 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 2024 Service Provider Application.
- B. Program Manager called and surveyed two active clients. Both clients reported being satisfied with services.
- C. Provider submitted 2024 Client satisfaction surveys and summary. Surveys and a survey summary were reviewed. A total of ten (10) surveys were completed. All clients reported homemaking services as being excellent or good.
- D. Per documentation reviewed, the provider completed satisfaction surveys between **April 1, 2024 and June 30, 2024**

Standard #10 – Grievances, Complaints, and Incidents

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

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

Response: Achieved.

- A. Provider has an approved grievance policy, procedure, and log on file. Provider submitted 2024 grievance log. No grievances reported.
- B. Provider has an approved complaint policy and procedure on file. Provider submitted 2024 complaint log. No client complaints reported.
- C. Provider has an approved incident policy and procedure on file. Provider submitted 2024 incident logs. No incidents reported. Provider did experience a situation where an APS report had to be filed due to concern for client's safety. Provider is reminded that any APS reports submitted by Provider staff should be documented in Provider's Incident log or other tracking method.

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 2024 Service Provider Application.
- B. Review of Florida Health Finder confirms that the provider has an active Agency for Healthcare Administration (AHCA) license.
- 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 staff 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.

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.












FirstLight Monitoring Report Packet 2024

Final Audit Report

2024-12-02

Created:	2024-11-19 (Eastern Standard Time)
By:	Yessie Rivera (yessie.rivera@aaapp.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAALYA7jLau2TizKG4il0IAhoL5T7M-g1mh

"FirstLight Monitoring Report Packet 2024" History

-  Document created by Yessie Rivera (yessie.rivera@aaapp.org)
2024-11-19 - 1:52:06 PM EST - IP address: 47.207.41.210
-  Document e-signed by Yessie Rivera (yessie.rivera@aaapp.org)
Signature Date: 2024-11-19 - 1:54:32 PM EST - Time Source: server- IP address: 47.207.41.210
-  Document emailed to Georgie Darrah (georgie.darrah@aaapp.org) for signature
2024-11-19 - 1:54:33 PM EST
-  Email viewed by Georgie Darrah (georgie.darrah@aaapp.org)
2024-11-20 - 12:28:53 PM EST - IP address: 104.47.51.126
-  Document e-signed by Georgie Darrah (georgie.darrah@aaapp.org)
Signature Date: 2024-11-20 - 12:29:14 PM EST - Time Source: server- IP address: 47.207.41.156
-  Document emailed to Christine Didion (christine.didion@aaapp.org) for signature
2024-11-20 - 12:29:15 PM EST
-  Email viewed by Christine Didion (christine.didion@aaapp.org)
2024-11-20 - 12:29:26 PM EST - IP address: 47.207.41.210
-  Document e-signed by Christine Didion (christine.didion@aaapp.org)
Signature Date: 2024-11-20 - 12:30:57 PM EST - Time Source: server- IP address: 47.207.41.210
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2024-11-20 - 12:30:58 PM EST
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Signature Date: 2024-11-26 - 3:45:08 PM EST - Time Source: server- IP address: 47.207.41.156
-  Document emailed to AnnMarie Winter (annmarie.winter@aaapp.org) for signature
2024-11-26 - 3:45:10 PM EST



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2024-11-26 - 4:38:04 PM EST - IP address: 47.198.194.154



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Agreement completed.

2024-12-02 - 9:15:59 AM EST