



9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • [www.aaapp.org](http://www.aaapp.org)

---

May 11, 2022

Ms. Jemith Rosa, President/CEO  
CARES, Inc.  
12417 Clock Tower Parkway  
Hudson, FL 34667

Dear Ms. Rosa:

Enclosed is the report for your Older Americans Act, Title IIID Disease Prevention & Health Promotion Program (#EA-022). This Desk Review was conducted on March 18<sup>th</sup>, 2022, by Jason Martino, Director of Planning. This monitoring report will also serve as the programmatic close-out of your EA-022 contract given it has been terminated as of March 31<sup>st</sup>, 2022.

This report is intended to provide an overview of the program's operations as of the date of the monitoring visit. The cooperation of Jill Jordan throughout the Desk Review was greatly appreciated.

All monitoring standards were denoted as appropriate given the context of the monitoring. One follow-up will need to occur in order for the AAAPP to maintain our integrity in state required reporting. Standard #2.b will identify a due date for a required quarterly report taking into consideration the 10 evidenced based courses your agency conducted between January 01 through March 31, 2022. Please submit that Quarterly Report to Jason Martino, Director of Planning by the established due date.

Your commitment to serving the Health and Wellness needs of the elderly in Pasco and Pinellas Counties for many years is greatly appreciated. Your staff are commended for their quality and meaningful work throughout those years. Should you have a question or concern about the monitoring report, please do not hesitate to contact our office.

Sincerely,

  
AnnMarie Winter (May 11, 2022 15:30 EDT)

Ann Marie Winter  
Executive Director



## 2022 OAA IIID Disease Prevention & Health Promotion Programmatic Monitoring Standards

<b>Date of Visit(s):</b>	March 18 <sup>th</sup> , 2022 (Desk Review & IIID Contract Closeout)
<b>Date of Report:</b>	May 11, 2022
<b>Provider:</b>	CARES, Inc.
<b>Monitor:</b>	Jason Martino, Director of Planning Terri Toner, Health & Wellness Coordinator
<b>Contract Review Period:</b>	January 01, 2022 through March 31, 2022
<b>Participants:</b>	

Standard #1	Compliance Measure
<p>A staff member is designated to act as liaison and facilitator for health promotion programs between volunteer organizations and community agencies.</p>	<p>Achieves <input checked="" type="checkbox"/></p> <p>Partially Achieves <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-Up Required <input type="checkbox"/></p>
<p><b>Description:</b></p> <p>The most current organizational chart illustrated in the 2022 OAA Grant Application denotes several key individuals working with the program in both Pinellas and Pasco Counties. The following positions are reflected: "Project Director", "Health &amp; Wellness Coordinator", "Health &amp; Wellness Educators", and a "Health and Wellness Assistant". Generally, the Program's Project Director is the liaison between CARES, Inc. and the AAAPP.</p> <p>At the beginning of the calendar year, the Chief Operating Officer, Gail Holton was the acting Project Director. During the final months of this contract, ending March 31<sup>st</sup>, 2022, Jill Jordan was the interim Project Director and the AAAPP's point of contact for CARES, Inc's IIID Contract.</p>	



Standard #2	Compliance Measure
<p>All programmatic reports are correct and submitted timely to AAAPP.</p> <ul style="list-style-type: none"> <li>a. DOEA Monthly Report</li> <li>b. AAAPP OAA Quarterly Report</li> <li>c. AAAPP Quarterly Volunteer Report</li> </ul>	<p>Achieves [ ]  Partially Achieves [X]  Not Achieved [ ]  Not Applicable [ ]  Follow-Up Required [ ]</p>
<p><b>Description:</b></p> <ul style="list-style-type: none"> <li>a. The interim Project Director submitted required DOEA monthly reports covering OAA IIID services provided during the first quarter of CY2022. These reports were submitted punctually and reconcile easily to inputted CIRTS data.</li> <li>b. The IIID Provider is required to submit a Quarterly report every 10<sup>th</sup> of January, April, July, and October. Given the OAA IIID contract terminates on March 31<sup>st</sup>, 2022, the provider is only required to submit a Quarterly Report covering the first quarter (January 01 – March 31, 2022). As of the date of this monitoring report, the provider has not submitted this quarterly report and will need to submit by Monday, May 23<sup>rd</sup>, 2022, COB.</li> <li>c. The Provider is required to submit a report on an annual basis including the number and type of service(s) where volunteers are utilized. This Volunteer Report is due in the current Calendar Year yet covers CY2021. The provider did submit the CY2021 Volunteer Report punctually.</li> </ul>	

Standard #3	Compliance Measure
<p>Highest Level Evidence-Based Programs meet program requirements:</p> <ul style="list-style-type: none"> <li>a. Marketing is appropriate and contains mandatory elements.</li> <li>b. Required licensure is current and on file.</li> <li>c. Credentials of program facilitators.</li> <li>d. Provider has procedures in place to ensure the fidelity of programs and procedures are followed.</li> <li>e. The Program utilizes appropriate DoEA Sign-In Sheets and accurately accounts for eligible clientele.</li> </ul>	<p>Achieves [X]  Partially Achieves [ ]  Not Achieved [ ]  Not Applicable [ ]  Follow-Up Required [ ]</p>
<p><b>Description:</b></p> <p>During FY2022, CARES had conducted two of their five Highest Level Evidence-Based Programs they normally offer within the entire PSA. All five are listed below yet only Tai Chi and Matter of Balance were offered throughout the first quarter.</p> <ol style="list-style-type: none"> <li>1. Chronic Disease Self-Management Program (CDSMP)</li> <li>2. Diabetes Self-Management (DSMP)</li> <li>3. Chronic Pain Self-Management (CPSMP)</li> <li>4. Matter of Balance (MOB)</li> <li>5. Tai Chi/Tai Ji Quan Moving for Better Balance (TCMB)</li> </ol>	

**Of the "A Matter of Balance" and "Tai Chi" courses conducted, the monitor reviewed the following for compliance with requirements:**

1. Pasco – Matter of Balance – Dates (1/4/22 – 1/27/22) – Galen Wilson Congregate Meal Site – 11 Starters/11 Completers (100% Completers)

**A. Marketing is appropriate and contains mandatory elements:**

The one Evidenced Based (EB) event reviewed was appropriately marketed. Marketing contained the required information: "Event Title", "Date", "Time", "Length of Event", "Location, Date, and Address", "How to Register" & "Instructions on if Further Information is Needed".

**B. Required licenses are on file:**

For the (1) service monitored, the AAAPP is in receipt of the current license for the A Matter of Balance (MOB) Program.

**C. Credentials of program facilitators:**

Program records listed the trainers for the program reviewed. Appropriate credentials were on file for these trainers.

**D. Provider has procedures in place to ensure the fidelity of programs:**

To ensure program fidelity, the provider has established and uses the following forms for all EB Events:

1. Checklist for the instructor to complete at the beginning of the program.
2. Checklists are completed by the Health and Wellness Educators at the end of each final class and/or by the Health and Wellness Coordinator sometime during the class date range and conducted on a random basis yet covering each of the (5) offered EB classes.
3. Prior to the provider's monthly report being submitted to the AAAPP for reconciliation, the Project Director further reviews the fidelity of each completed class and for purposes of requesting reimbursement.
4. Additionally, the Project Director and/or Health & Wellness Coordinator completes a final fidelity review before processing the monthly report with a submission to the DOEA Contract Manager.

The records reviewed for the (1) program verified:

1. All classes met the standards for minimum and maximum number of participants.
2. All classes and records complied with DOEA standards.
3. All required client forms were completed and on file.
4. All clients met eligibility requirements.
5. The correct number of program participants and completers was reported in the Provider's monthly report.
6. The programs were billed correctly in CIRTS.

**E. The Program utilizes DOEA Sign-In Sheets and accurately accounts for eligible clientele:**

In review of the (1) service, it was observed that the provider is utilizing the appropriate and applicable DOEA formatted sign-in sheets.



Standard #4	Compliance Measure
<p>The Program records/inputs data appropriately</p> <ul style="list-style-type: none"> <li>a. Services are accurately recorded in CIRTS.</li> <li>b. Information is entered into the NCOA CHA Community online data system when applicable.</li> </ul>	<p>Achieves <input checked="" type="checkbox"/></p> <p>Partially Achieves <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-Up Required <input type="checkbox"/></p>
<p><b>Description:</b></p> <ul style="list-style-type: none"> <li>a. E-CIRTS Data on a monthly basis is inputted accurately and reflects the full completion of an EB class and units.</li> <li>b. Information is entered in to the NCOA CHA Community Online database when EB classes are complete and only for the Self-Management classes. Supporting documentation of the aforementioned is included with the submission of the monthly report and observed during monitoring</li> </ul>	

Standard #5	Compliance Measure
<p>Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.</p>	<p>Achieves <input type="checkbox"/></p> <p>Partially Achieves <input type="checkbox"/></p> <p>Not Achieved <input checked="" type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-Up Required <input type="checkbox"/></p>
<p><b>Description:</b></p> <p>Based on the information detailed in Standard #8, CARES is not able to meet their proposed amount of units/evidenced based courses as detailed in their 2022 service provider application.</p>	

Standard #6	Compliance Measure
<p>The provider establishes collaborations and partnerships with other agencies to assist with Evidence Based Disease Prevention and Health Promotion activities. Documentation is maintained for partnerships listed in the DOEA Report.</p>	<p>Achieves <input checked="" type="checkbox"/></p> <p>Partially Achieves <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-Up Required <input type="checkbox"/></p>
<p><b>Description:</b></p> <p>The Monitor reviewed back-up documentation regarding partnerships the Program has created and/or maintained. Not all partnerships have formal agreements or MOUs/MOAs. The review of one distinct partnership occurred and the correspondence reflecting an agreement is acceptable. All documentation is maintained by CARES for partnerships listed in the monthly DOEA Report. Partnerships reviewed were:</p> <ol style="list-style-type: none"> <li>1. Pasco County – “Pasco County Senior Services – Galen Wilson Congregate Meals Site”</li> </ol>	


Standard #7	Compliance Measure
Consumer satisfaction and effective delivery of service has been verified through: a. Client Interview b. Review of consumer satisfaction surveys. (Evaluations and/or pre and post surveys)	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/> Follow-Up Required <input type="checkbox"/>
<b>Description:</b>  A. Given this monitoring was a desk review and final oversight for finalizing the contract ending March 31st, the Monitor did not have an opportunity for a one-on-one participant interview given a service observation did not occur. B. In review of the (1) EB service documentation, the monitor concentrated on feedback to the program based upon the post course Surveys. All comments reflected satisfaction with the content of classes, instructors, and manner of service delivery.	

Standard #8	Compliance Measure
Verify that all corrective actions and follow-up have been appropriate, adequately and timely implemented.	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Follow-Up Required <input type="checkbox"/>
<b>Description:</b>  CARES, Inc. was put on a Corrective Action Plan (CAP) at the end of CY2021 based on excessive budgetary surpluses for three consecutive years. CARES did respond in writing to the AAAPP's request for a plan to correct the aforementioned. CARES submitted information regarding deficiencies in the Evidenced Based programs based on the pandemic and fiscal losses within the IIID programs and concluded that they are requesting to cease providing OAA IIID services by March 31 <sup>st</sup> . This correspondence was followed up by the AAAPP requesting a virtual meeting for clarification purposes and concluded with our written response agreeing to CARES's request to end their IIID portion of the OAA contract as of March 31 <sup>st</sup> , 2022.	



Standard #9	Compliance Measure
Service observation indicates appropriateness in the manner it is being conducted. <ul style="list-style-type: none"> <li>a. Provider follows the fidelity of the program.</li> <li>b. Provision of space allotted for class was appropriate.</li> <li>c. Participants were allowed to engage and participate.</li> </ul>	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Follow-Up Required <input type="checkbox"/>
<b>Description:</b> <ul style="list-style-type: none"> <li>A. The monitor did not conduct a face-to-face fidelity review of the program with the exception of reviewing submitted documentation. The program did perform a pre-fidelity review.</li> <li>B. The space observed was appropriate given the monitor is very aware of the congregate meal site where this course was conducted.</li> <li>C. No service observation was conducted in order to witness engagement.</li> </ul>	

Standard #10	Compliance Measure
Participant completion analysis. <ul style="list-style-type: none"> <li>a. Provider has a plan to achieve appropriate participant class completion percentages</li> <li>b. Provider demonstrates effectiveness regarding participant class completion percentages</li> </ul>	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/> Follow-Up Required <input type="checkbox"/>
<b>Description:</b> <ul style="list-style-type: none"> <li>A. Cares, Inc. does have a plan to achieve appropriate participant class completion percentages</li> <li>B. Based on review of the monthly report and a tabulation for the first quarter, Cares, Inc. made great strides to retain participants in each class. While some completion rates per class varied from high to low, the overall as of the date of this report is 71.84% for the period January through March. A total of 10 classes were conducted during this period.</li> </ul>	

<b>Completed By:</b>	Jason Martino, Director of Planning, AAAPP 
	Terri Toner, Health & Wellness Coordinator, AAAPP
<b>Date:</b>	May, 11, 2022