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January 8, 2025

Dave Heinze
Pasco Senior Home Care dba Home Instead
6719 Gall Blvd., Ste. 104
Zephyrhills, FL 33542

Dear Mr. Heinze,

Enclosed is the 2024 Pasco Senior Home Care dba Home Instead 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 one finding and no recommendations. Please submit written response and corrective action plan in response to the finding within ten business days of receiving this report. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

Ann Marie Winter
Executive Director



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

PROVIDER: Home Instead East Pasco

DATE(S) OF VISIT: Monday, August 19th, 2024

PARTICIPANT(S): Jessica Farias, Service Coordinator
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: Desk Review

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 findings during this monitoring period.

- II. Findings/Corrective Action
(Findings result in a written formal corrective action plan from the provider)
 - Per the Department of Elder Affairs Programs and Services Handbook, Appendix E, Background Screening Instructions, all approved Department Candidates are required to sign and date the current DOEA Attestation of Compliance Candidate Form 236 after receiving and reviewing the "Eligibility Statement". DOEA Attestation of Compliance Candidate Form 236 must be signed and dated by the employee annually thereafter and attached to the "Eligibility Statement". Further, the DOEA Privacy Policy must be signed and dated prior to completing the screening. Three (3) direct service employee files were reviewed. The files contained Background Screening Results. Files were missing signed and dated Privacy Policy forms and signed and dated Attestation of Compliance Employee Forms.

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:

- 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 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.
- B. 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. The provider is not prioritizing or enrolling new clients at this time.
- D. The 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. Despite numerous requests, the previous provider, CARES, failed to provide one (1) file (AM 1330053) to new provider. CARES 'noncompliance has been documented. Provider has submitted their file created when client transferred, and no concerns are noted.

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. The provider is encouraged to complete the 701S training webinar to better understand waitlist management and other assessment requirements.
- B. 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 training as needed. AAAPP will continue to provide technical assistance, as needed.
- C. Provider administrative team completed web-based training and submitted 701B training certificates for one (1) assessor. Current assessor did not complete 701S webinar training; however, Provider is not waitlisting clients nor is responsible for the management of a waitlist. The 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 has attended AAAPP's offering of abuse, neglect, self-neglect, and exploitation prevention and reporting training in this contract year.

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 the 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. The 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. The 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 the 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. Eight (8) active client records were randomly selected for review by the AAAPP Program manager. One file was found to be missing prioritization forms and previous OAA Provider forms. Multiple attempts were made of previous OAA Provider to provide client file with no successful submission. This is not a reflection of current Provider. Current Provider file was received with appropriate documentation and forms completed when client was transitioned to new provider.
- B. Eight (8) active client records were randomly selected for review by the 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.
 - 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. The provider is commended for performing assessments that were overdue prior to this provider inheriting the clients 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. The 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. The 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. The Program Manager called and surveyed one active client. Client 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 ADRC for any additional services identified including MLTC.

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: Partially Achieved

Three (3) direct service employee files were reviewed. The files contained Background Screening Results. Files are missing the signed and dated Privacy Policy and signed and dated current Attestation of Compliance Employee Form, as required by the DOEA Programs and Services Handbook, Appendix E.

Signatures:

Yesenia Rivera

Jan 8, 2025

Yesenia Rivera, Program Manager

Date

Georgie Darrah

Jan 8, 2025

Georgie Darrah, Assistant Director of Programs

Date

Christine Didion

Jan 8, 2025

Christine Didion, Director of Programs

Date

K Marsalek

Jan 14, 2025

Kerry Kimball Marsalek, Chief Operating Officer

Date



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

Questions	Specific to 701A/701C									Attachment II
	Organization: Home Instead East Pasco Florida									
	Registered Services: None									
	RS 141861	ES 132044	MG 140138	LP 143407	FK 67709	BH 714334	WT 26065	AK 133053	Comments	
Was the most current assessment (28A and/or 701C) completed in a timely manner and entered into eSIS (correctly)?	10/16/2024 by FARAL, JISDCA	05/13/2024 by FARAL, JISDCA	Last assessment 10/7/2023, terminated from services 4/26/2024	09/26/2024 by FARAL, JISDCA	4/15/2024 by FARAL, JISDCA	Last assessment 1/15/2024, terminated from services 10/24/2024	Last assessment 5/19/2023, terminated from services 4/5/2024	04/19/2024 by Emerald, Dely		
If applicable, was the assessment completed 90 days after the prior assessment (through the end of the assessment)?	Yes	Yes	N/A	Yes	Yes	N/A	N/A	Yes		
Was client eligibility verified? (see "Service Eligibility for OAA Program")	Y-86.7 years old	Y-85.8 years old	Y-89 years old	Y-83.1 years old	Y-81.9 years old	Y-84.6 years old	Y-85.4 years old	Y-87 years old		
Has OAA priority for service delivery been established and received using an approved application tool?	Y-Attached to File	Y-Attached to File	Y-Attached to File	Y-Attached to File	Y-Attached to File	Y-Attached to File	Y-Attached to File	N-Previous provider did not complete		
Did the provider submit a signed Release of Information (ROI) form?	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form		
Was the client notified of why their SSI is affected?	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form	Y-Attached Acknowledgment Form	N-Previous provider completed last assessment and did not notify		
Did the provider notify the client of their current Copayment/Paid/Free?	Y-Attached to File	Y-Attached to File	Y-Attached to File	Y-Attached to File	Y-Attached to File	Y-Attached to File	Y-Attached to File	Y-Attached Acknowledgment Form		
Is the client currently enrolled for this program and services as of 05/31/2024?	Y-SEVC Services on Hold	Y	Y-terminated 4/26/2024	Y	Y	Y-Placed in Nursing Home	Y-terminated by Client	Y		
Based on the audit trail search indicated for review, do the received services in eSIS align with provider's latest assessment?	6.0 UOS	12.0 UOS	0.00 UOS May 2024	12.0 UOS	8.0 UOS	0.00 UOS May 2024	0.00 UOS May 2024	12.0 UOS		
Do notes within the client's file reflect the current status of the client as indicated in eSIS?	N/A	N/A	N/A	N/A	N/A	Placed in Nursing Home	Terminated by Client	N/A		
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	Y-SEVC Services on Hold	N/A	Last Date of Service 04/05/2024, Terminated from services due to ALJ decision	N/A	N/A	Last Service 01/01/2024 by CANES	Base Service 09/23/2024 by CANES	N/A		
Notes										
File Complete										
Are there any open items to be reported?										
File #									Revised 10/21/24	











2024 Pasco Senior Home Care dba Home Instead Programmatic Monitoring Report Packet

Final Audit Report

2025-01-14

Created:	2025-01-08 (Eastern Standard Time)
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