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June 13, 2023

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

Dear Ms. Rosa,

Enclosed is the Annual Programmatic Monitoring report for the Alzheimer's Disease Initiative, Community Care for the Elderly, and Home Care for the Elderly programs for contract year July 1, 2022 – June 30, 2023.

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.

Please find attached the completed monitoring report. Please note, a written response to the recommendations and findings is required. Please submit response by **June 23, 2023**. Any outstanding file corrections and noted paybacks must be submitted by **June 23, 2023**. The cooperation of your staff throughout the monitoring process was appreciated. We appreciate the important work completed by CARES staff to serve older adults in these programs.

Sincerely,

  
AnnMarie Winter (Jun 13, 2023 14:11 EDT)

Ann Marie Winter  
Executive Director

Enclosures

cc: Ricardo Soriano, Board Chair  
Mary Stahl, Grant Manager



Area Agency on Aging  
of Pasco - Pinellas, Inc.

**Area Agency on Aging of Pasco-Pinellas, Inc.**  
**GENERAL REVENUE MONITORING**

**PROVIDER:** Community Aging and Retirement Services, Inc. dba  
CARES

**DATE(S) OF VISIT:** April 11, 2023

**PARTICIPANT(S):** Jemith Rosa, CARES, President/CEO  
Mary Stahl, CARES, Grant Manager  
Jillian Vincent, CARES, Accounting Supervisor  
Paula Moore, AAAPP, CFO  
Hubert Ayers, AAAPP, Finance Manager  
Zakiya Waller, AAAPP, Senior Accountant  
Christine Didion, AAAPP, Director of Program  
Accountability  
Michelle Tavares, AAAPP, Program Manager  
Sara Jones, AAAPP, Program Manager

**MONITOR(S):** Christine Didion, AAAPP, Director of Program  
Accountability  
Michelle Tavares, AAAPP, Program Manager  
Sara Jones, AAAPP, Program Manager

**FUNDING PERIOD:** July 1, 2022 – June 30, 2023

**SITES VISITED:** CARES  
12417 Clock Tower Parkway  
Hudson, Florida 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**

- 1.** A Case Manager received the case of a client who was living with severe edema in the legs which was causing severe client mobility issues. The client was unable to bend her knees to get into her bathtub. With the assistance of the case management team, the client was accepted into the Enhanced Home Care for the Elderly (EHCE) program which allowed the client to receive a bathroom remodel – the client's bathtub was converted to a roll-in shower. This gave the client the ability to safely access her shower and the ability to take baths regularly in the comfort of her home. The client's quality of life improved dramatically as a result, and she has expressed gratitude to both the CARES team as well as the generosity of programs such as EHCE.
- 2.** In December 2022, CARES partnered with Duke Energy and distributed 200 Walmart gift cards. 200 vulnerable seniors and their families received these gift cards intended to purchase a healthy Holiday dinner. These clients expressed their happiness knowing that they would be able to enjoy their Holidays with a traditional dinner. For the clients not able to do grocery shopping or prepare meals on their own, CARES provided clients with this assistance.
- 3.** In celebration of CARES 50th Anniversary, the staff at the two CARES Enrichment Centers are actively coordinating monthly events to include all CARES' clients and the community. Some of the events are "Lunch and Learns Seminars" that are well attended at the Rao Musunuru, MD Enrichment Center every week. Each participant receives information, a free healthy lunch, and the opportunity to socialize with fellow friends and family. For these seniors, this is a weekly outing with the purpose of staying active, connected, informed and independent. This is an opportunity to encourage older adults in the community to be active and engage without utilizing State or Federal funding. Presenters vary every week and include doctors of different specialties, lawyers, nutritionists, bankers, funeral homes, assisted living facilities, government representatives, etc. Congressman Gus Bilirakis' "Community Expo" brought in over 250 seniors in one meeting.
- 4.** During FY 2022-2023 CARES was successful in accessing, enrolling, and coordinating homecare services for over 250 new clients referred to CARES from the Department of Children and Families, Adult Protective Services and from the AAAPP. This was a great accomplishment for CARES as the Case Management Team was scarce at times



and CARES invested over \$500K in training and onboarding sufficient Case Managers and Case Aides to assist this extraordinary number of referrals. All clients were enrolled and are actively receiving services.

## **II. Recommendations for Improvement**

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

1. Per the Department of Elder Affairs Programs and Services Handbook, chapter 9, the Lead Agency must ensure that all other funding sources available have been exhausted before targeting state of Florida funds. Additionally, the Lead Agency is responsible for coordination with all community-based health and social services for clients to provide a continuum of care. Files reviewed and routine monitoring demonstrate Case Managers authorize durable medical equipment such as but not including wheelchairs, walkers, and canes, without first exploring non-DOEA funded resources. These may include contacting client's primary medical physician, client's insurance, or donated resources.
2. Per the Department of Elder Affairs Programs and Services Handbook, Appendix E, all approved Department Candidates are required to sign the current Attestation of Compliance Candidate Form and attach the "Eligibility Statement" on a yearly basis. Further, the signed and dated Privacy Policy must be dated prior to the Eligibility Statement. The initial signed and dated Attestation of Compliance Employer Form must be dated after the Eligibility Statement. Several staff members were observed to not have the Attestation of Compliance completed after the screening results were obtained or annually thereafter.

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

1. Per Standard CCE contract, Attachment I, Section E, the Lead Agency must provide a detailed plan on how the surplus/deficit spending exceeding the threshold specified by the AAAPP will be resolved and input from the Lead Agency's Board of Directors on resolution of spending issues must exist as applicable. These contractual requirements were not present in submitted Surplus/Deficit reports. These contractual requirements were not present in submitted Surplus/Deficit reports. Despite communication of growing deficit, Lead Agency spending continued until Lead Agency had a projected deficit, in CCE, of over \$1,000,000. Lead Agency has had to take extreme measures of holding incontinence supplies and reducing other core and supportive home- and-community-based services.
2. Per Department of Elder Affairs, Programs and Services Handbook, Appendix D, all service providers must inform the recipient in writing of the adverse action to be taken not less than ten (10) calendar days prior to the effective date of the adverse action. In April - May 2023, complaints were received by AAAPP from five clients reporting their services were reduced and clients



were not made aware, in writing, prior to reduction in service, in accordance with the referenced requirement.

3. Per the Department of Elder Affairs Programs and Services Handbook, Chapter 9, individuals who have been identified as being potentially Medicaid eligible must be advised of their responsibility to apply for SMMC LTC services as a condition of receiving CCE services during the eligibility determination process. Individuals enrolled in CCE who have been terminated from the Medicaid waiver eligibility process for not meeting the required timeframes may only remain active in CCE for an additional 30 days following termination from the process. In this fiscal year, several CCE clients fell into the 30-day grace period due to the client not meeting the required timeframes in the currently established Enrollment Management System (EMS). Appropriate follow-up on CCE status was not completed by Lead Agency and several clients remained active and enrolled in CCE services despite several requests for follow-up and technical assistance from Area Agency on Aging program managers.
4. Per the Department of Elder Affairs Programs and Services Handbook, Chapter 7, clients eligible for HCE must have self-declared income and assets which do not exceed the ICP limits established by Medicaid and DCF. File reviewed as part of this monitoring (CE 1401044) included a 701B completed in June 2022 listing client's individual assets to be over \$2000. Burial costs form was not signed, and client's assets appear to be over ICP eligibility and, thus, HCE eligibility. Client is not eligible for any services received 7/01/2022-current. Lead Agency was made aware of this issue and indicated that client has since been terminated. Lead Agency is responsible for payback of 10 episodes of BASI (\$1600). Lead Agency must deduct all case management and case aide rendered between 7/01/2022-current.
5. Per the Department of Elder Affairs Programs and Services Handbook, Chapter 7, BASI can only be authorized after it is confirmed the caregiver provided care to the client during the month. File reviewed as part of this monitoring (DK 784471) indicated four separate authorizations of BASI without determination of caregiver eligibility. Lead Agency is responsible for payback of 4 episodes of BASI (\$640).
6. Per the Department of Elder Affairs Programs and Services Handbook, Appendix A, case management activities considered non-billable include billing, filing, and vouchering, file reviews conducted for monitoring purposes, and general program administration functions. In addition, Appendix A also specifies case management reporting requires documentation and sign-off on case management activities in the client's case record. Of the twelve (12) files reviewed, all files were observed to contain either missing documentation matching time billed, documentation that time billed was for non-billable activities, and/or there was a lack of justification in case narrative for time billed. Files were observed to have excessive billing with little to no documentation of the activities completed on behalf of the client. This includes utilizing copy and pasted narratives and

reconstructing notes from other client files without changing details to reflect current client history.

7. Per the Department of Elder Affairs Programs and Services Handbook, Chapter two, a care plan review and home visit must be conducted at least semi-annually (180 calendar days after the initial service delivery). Of the twelve files reviewed, six files were discovered to have no semi-annual care plan review home visit completed. One file was observed to have this review completed two months late.
8. Per the Department of Elder Affairs' Programs and Services Handbook, chapter two, the case manager, or case aide, must telephone or visit the client within 14-business days following the ordering of services to determine service satisfaction and quality of service. Additionally, case narratives must reflect those services continue to be consistent with the care plan and are delivered accordingly. Of the twelve files reviewed, seven were observed to not have 14-day follow-up contact documented to determine the client's service satisfaction, quality of service, and confirm service is being provided as authorized by care plan.

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## **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:** Partially Achieved.

2021-2022 Annual Monitoring resulted in several findings and Corrective Action Plans. Several actions were required:

- A written response addressing how future waitlist releases will be contacted and assessed within the (14) business days after receipt of referral. Written response must specifically account for potential future staff shortages.
- A written response addressing how Provider will review complaints received by the Area Agency on Aging from clients currently enrolled in General Revenue programs. Response should address how the complaint is reviewed or discussed with the client and how, and when, appropriate action and resolution will be submitted to the Area Agency on Aging of Pasco-Pinellas within an appropriate timeframe.
- A written response addressing how future Surplus/Deficit reports will be maintained and provided to the Area Agency on Aging based on contractual obligations.
- Provider must produce policy or procedure addressing how newly hired case manager and case aide educational documentation, 701B assessment training certification, and care plan training completion will be tracked, obtained, and/or maintained.
- A written response addressing how annual assessment due dates for all clients enrolled in General Revenue funded programs will be tracked in absence of a functioning eCIRTS Assessments Due report.
- Provider will be required to continue to send documentation that at least nine files across all general revenue programs are reviewed by a supervisor or quality assurance manager each month. This process will continue until file reviews produce significantly less file errors related to care plans and case narratives.
- Area Agency on Aging of Pasco-Pinellas General Revenue Program Manager will continue to request three randomly selected files each month, in addition to APS file reviews and quarterly 1% file reviews, until reviews produce significantly less errors related to care plans and case narratives.

These responses and plans were created by Lead Agency and submitted appropriately; however, several trending issues and corrective actions have been required throughout the 2022-2023 fiscal year:

- Results of AAAPP 2022 Client Satisfaction Survey of all General Revenue Programs throughout PSA 5 demonstrated CARES' program evaluation rates were 57.99%. Several responses received mentioned no follow-up completed by case managers, clients not knowing who their case managers were, and case managers not following up with clients promptly. The following corrective actions were taken by CARES:
  - Hired a designated staff person to complete 14-day follow-ups.
  - Created a detailed call list for clients with both case manager's and support staffs' contact information.
  - Assigned a designated case manager to take on additional caseloads when a case manager ends employment.
  - Designated a Client Support Case Manager who handles all client complaints.
- An HCE client, who was made aware to CARES to have passed away in June 2022, continued to receive BASI, as authorized by case manager, despite no monthly contacts being completed and client being confirmed to have passed away in May 2022 by caregiver. The following corrective actions were taken by CARES:
  - No pay back was required as caregiver did not deposit checks.
  - Tracking log was created to track monthly contact and improved communication between case managers and data entry specialists to ensure only clients/caregivers that had a monthly contact completed were authorized to receive basic subsidy service. Caregivers were also be encouraged to submit monthly written verification; however, this form would not be used by CARES as the sole source of confirmation of BASI eligibility.
- Despite indicating that an internal log would be created and utilized to track annual reassessment due dates of active clients, in accordance with Department of Elder Affairs requirements, and, in absence of a functioning eCIRTS Assessments Due report, 57 clients were found to be overdue for the annual reassessments. \$192,992.91 worth of services were provided to clients who did not have the appropriate annual reassessment or subsequent reauthorization. The following corrective actions were taken by CARES:
  - Due to lack of Assessment Due report in eCIRTS, CARES was required to provide pay back for services rendered to clients whose annual reassessments were overdue and their program enrollment was terminated. This amounted to \$13,242.51.
  - In addition to maintaining an internal client roster, this information had to be compared to available information in eCIRTS to ensure data accuracy. Case managers are also responsible for providing updates to their individual client roster. Assessments due are tracked by Director.



## **Standard #2 – Surplus/Deficit Reports**

*Lead Agency Submits surplus/deficit reports to the Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) and uses these projections to plan and coordinate spending.*

**Response:** Partially achieved.

During the 2022-2023 fiscal year, Lead Agency improved on their submission of Surplus/Deficit reports, as required by standard contract. Significant technical assistance has been provided to Lead Agency to review all appropriate formulas and calculations in Surplus/Deficit Report each month. Submissions received, however, did not include narratives that referred appropriately and accurately to the Surplus/Deficit report in the justifications for new releases and/or for service spending. Per Standard CCE contract, the Lead Agency must provide a detailed plan on how the surplus/deficit spending exceeding the threshold specified by the AAAPP will be resolved and input from the Lead Agency's Board of Directors on resolution of spending issues must exist as applicable. These contractual requirements were not present in submitted Surplus/Deficit reports. Lead Agency participates in monthly surplus/deficit meetings; however, did not provide adequate plans or actions to reduce spending even when provided with detailed information on spending patterns. Lead Agency was made aware of growing deficit of CCE in December 2022. Despite communication of growing deficit, Lead Agency spending continued until Lead Agency had a projected deficit, in CCE, of over \$1,000,000. Lead Agency had to take extreme measures of holding incontinence supplies and reducing other core and supportive home-and-community-based services.

## **Standard #3 – eCIRTS**

- A. *Lead Agency has written procedures for verifying accuracy of client/service data in eCIRTS.*
- B. *File reviews demonstrate minimal data integrity errors.*
- C. *Lead Agency is utilizing eCIRTS reports routinely to assure integrity of their data. The report categories include:*
  - *Client Reports*
  - *Monitoring Reports*
  - *Services Reports*
  - *Fiscal Reports*
  - *Outcome Measurement Reports*

**Response:** Achieved.

- A. The Lead Agency maintains written procedure for verifying the accuracy of client and service data in eCIRTS as indicated by their Peer Review Policy and Procedure.
- B. Files reviewed produced few data integrity errors. It is suggested Lead Agency Case Managers begin to utilize eCIRTS functions of mobile assessments where 701B assessment can be entered directly into client record negating the need for paper

assessments and potential data integrity errors. Lead Agency data support staff are commended for their understanding and learning of eCIRTS over the past year.

- C. Since the transition to eCIRTS in December 2022, eCIRTS reports have slowly become available to verify accuracy of client data. Several monitored reports, including Outcome Measures, continue to not be available in eCIRTS as of May 2023. AAAPP Programmatic staff runs available eCIRTS monitored and required reports on a routine basis. When exceptions exist, Lead Agency provides any background information needed to identify why the exception exists and/or corrects the exception. It is strongly recommended Lead Agency begin to examine available reports in eCIRTS and run all monitored reports on a monthly basis and address all applicable exceptions.

#### **Standard #4 – Outcome Measures**

- A. *State Fiscal Year Outcome Measures are being achieved.*
- B. *Lead Agency implements the strategies to achieve outcome measures, as outlined within the state fiscal year application.*
- C. *Lead Agency submits monthly Outcome Measure reports with explanations and narratives.*

**Response:** Not Applicable.

As of February 2023, Outcome Measures remain unavailable in eCIRTS. No Outcome Measure data is available for review for the 2022-2023 fiscal year.

#### **Standard #5 – Satisfaction Surveys and Analysis**

- A. *Lead Agency regularly surveys clients to ensure consumer satisfaction with service delivery.*
- B. *Lead Agency completes a comprehensive survey analysis that is used to improve services.*
- C. *Satisfactory procedures exist to objectively resolve service complaints and evaluate the quality of services for older adults and people with disabilities.*

**Response:** Achieved.

- A. Provider has demonstrated that 387 clients responded to surveys in calendar year 2022. Lead Agency completes surveys as phone screenings and allows clients to leave a name and phone number if the client requests a follow-up on issues. Provider has duplicated their efforts to achieve annual satisfaction survey for each client by completing surveys with the same client twice in on year. Provider is recommended to develop client satisfaction procedures for reaching their goal of surveying all active clients each year without duplicating clients surveyed.
- B. Lead Agency submitted comprehensive survey analysis for each of the General Revenue programs. Analysis covered 387 surveys completed as either mailings or phone screenings. Lead Agency results indicated an 86% overall satisfaction rate. One client



reported being “unhappy with all services”. Three clients reported dissatisfaction with homemaking (irregular schedule; unhappy with homemaker; homemaker does not always show up). Two clients reported dissatisfaction with respite services (irregular schedule; not happy aide sometimes shows on time and sometimes does good job). Two clients reported dissatisfaction with their home health aide (aide quit no replacement; aide show up whenever they want to). Two clients reported dissatisfaction with their Case Manager (don’t know who their case manager is; no response to messages left). Additionally, Area Agency on Aging of Pasco-Pinellas Program Manager selected three clients, across the three funding sources, at random, to complete telephonic satisfaction calls. Of the two (2) clients who completed phone screenings both expressed total satisfaction with the providers and workers who conduct their services. One client stated their aide of five years is “wonderful” and spoke of the tremendous impact her assistance has on the client’s ability to age in place. The same client expressed dissatisfaction with the Case Manager and reduction to hours stating her phone calls are not returned in a timely manner and she does not receive proper notice of changes. This client’s complaint is being followed up on by AAAPP staff.

- C. Provider maintains a written grievance and complaint procedure to address any client complaints regarding services. Provider did not submit a specific Client Satisfaction Policy and Procedure. Provider follows Complaint Procedures to resolve dissatisfaction expressed on a satisfaction survey in a three-step process. Provider policies are written in accordance with Department of Elder Affairs requirements and express provider will take appropriate measures necessary to implement corrective actions to all complaints.

#### **Standard #6 – Complaint Policy and Procedures**

- A. *Lead Agency has written policy and procedure regarding the handling of complaints.*
- B. *Complaint procedures address the quality and timeliness of services; Lead Agency and direct service worker complaints; or any other complaints not related to termination, suspension, or reduction in services.*
- C. *Complaint procedures include notification to all clients of the complaint procedure and include tracking the date, nature of the complaint and the determination of each complaint.*
- D. *Complaint log is maintained, and documents actions taken or resolution of all complaints including date of resolution.*

#### **Response: Achieved.**

- A. Lead Agency has submitted their written Complaint policy and procedure, revised November 2022.
- B. Procedures are written in accordance with Department of Elder Affairs requirements. Procedures demonstrate Lead Agency must address complaints related to the quality and timeliness of services; Lead Agency and direct service worker complaints; or any other complaints not related to termination, suspension, or reduction in services.

- C. Complaint procedures address all required aspects regarding the nature and timing of complaints. File reviews documented clients are made aware of grievance and complaint procedures. File reviews also demonstrated clients receive a copy of complaint and grievance procedure at the initial assessment home visit and subsequent annual reassessment home visits.
- D. Lead Agency maintains a client complaint log which includes all appropriate and required aspects: date of complaint, nature or details of complaint, appropriate follow-up steps and dates follow-up was attempted, and appropriate resolution. Lead Agency has also completed a simple analysis of complaints received in the 2022 calendar year. Lead Agency documented 24 complaints in 2022. The majority of recorded complaints were related to vendor quality or clients not receiving their allocated services. In comparison, AAAPP programmatic staff recorded 56 complaints received by clients and/or client representatives in 2022. The majority of these complaints were related to not having adequate contact with case manager or quality of case management services. The complete complaint log for the 2022 calendar year was reviewed and no concerns remain. It is suggested Lead Agency ensure recorded complaints have an appropriate documented resolution in the log and appropriate back-up documentation is collected at the time of the complaint.

#### **Standard #7 – Grievance Policy and Procedures**

- A. *Lead Agency has written policy and procedure regarding the handling of grievances to address complaints regarding termination, suspension, or reduction of services.*
- B. *The Lead Agency's procedures comply with the Minimum Guidelines for Recipient Grievance Procedures in Appendix D of the Department of Elder Affairs (DOEA) Programs and Services Handbook.*
- C. *Grievance log is maintained, and documents actions taken or resolution of all grievances including date of resolution.*

#### **Response: Partially Achieved.**

- A. Lead Agency has submitted written Grievance policies and procedures which appropriately address complaints regarding termination, suspension, or reduction in services.
- B. Lead Agency's Grievance policy and procedure meets minimum requirements, as outlined in Appendix D of the Department of Elder Affairs Programs and Services Handbook.
- C. Lead Agency submitted grievance log for the 2022 calendar year. One grievance was logged; however, documentation received confirming client withdrew grievance and hearing was not completed. Submitted grievance log contains all appropriate required fields to accurately track any grievances. Written response to client's grievance and arranging of hearing was completed within required timeframes. In April - May 2023, complaints were received by AAAPP from five clients reporting their services were reduced and clients were not made aware, in writing, prior to reduction in service as is



required by the Department of Elder Affairs Programs and Services Handbook. Lead Agency confirmed prior written notice was not provided to these clients. Lead Agency confirmed services were reinstated. Finding identified due to noncompliance with Department of Elder Affairs grievance requirement that "service provider shall inform the recipient in writing of the adverse action to be taken not less than ten (10) calendar days prior to the effective date of the adverse action", Department of Elder Affairs, Programs and Services Handbook, Appendix D.

#### **Standard #8 – SMMCLTCP Referrals**

*Potential Statewide Medicaid Managed Care Long Term Care Program (SMMCLTCP) clients are identified and referred to the ADRC for placement on the SMMCLTCP wait list.*

**Response:** Partially achieved.

Prior to transition to eCIRTS, AAAPP Program Manager completed monthly running of the Medicaid Waiver Eligible CIRTS report. This report has functioned infrequently in eCIRTS since transition; however, technical assistance was provided to Lead Agency through file reviews to identify high-risk APS referred clients who appeared financially eligible and who were not enrolled on the SMMC LTCC waitlist. In April 2023, it was identified that 27, financially eligible high-risk APS referred clients were not referred to the ADRC for waitlist placement. Provider is reminded of requirement that clients with self-reported income and assets appearing within limits of established standards per the SSI-Related Programs Financial Eligibility Standards are required to be waitlisted for SMMC LTCC services as a condition of receiving CCE services, per the Department of Elder Affairs Programs and Services Handbook. Technical assistance has recently been provided to Lead Agency on process for referring clients for appropriate screening and waitlist placement.

AAAPP Program Manager completes routine updates on the Enrollment Management Log of CCE clients who are in the eligibility process for SMMC LTC services, as is a condition of receiving CCE services. In this fiscal year, several CCE clients fell into the 30-day grace period due to the client not meeting the required timeframes in the currently established Enrollment Management System (EMS). Appropriate follow-up on CCE status was not completed by Lead Agency and several clients remained active and enrolled in CCE services despite several requests for follow-up from Area Agency on Aging staff. Per the Department of Elder Affairs Programs and Services Handbook, Chapter 9, individuals who have been identified as being potentially Medicaid eligible must be advised of their responsibility to apply for SMMC LTC services as a condition of receiving CCE services during the eligibility determination process. Individuals enrolled in CCE who have been terminated from the Medicaid waiver eligibility process for not meeting the required timeframes may only remain active in CCE for an additional 30 days following termination from the process.

**Standard #9 – Prioritization**

*Clients with the greatest need are served first and are prioritized for service delivery in accordance with contractual requirements. The Lead Agency has a prioritization policy and procedure and is administering the appropriate DOE A assessment to determine the order of enrollment, ensuring services are provided to individuals in the most need and at the highest risk of institutionalization.*

**Response: Achieved.**

Lead Agency addresses all APS high-risk and Aging Out referrals timely and in the correct prioritization order. The AAAPP releases CCE, ADI, and HCE clients based on priority ranking and Lead Agency receives these referrals as they are released. Lead Agency maintains an appropriate Prioritization Policy and Procedure. It is suggested Lead Agency update this procedure to reflect correct database name to eCIRTS from CIRTS. Lead Agency utilizes the appropriate 701B assessment within the required timeframes. To date, this fiscal year, Lead Agency has received 165 waitlist releases across all General Revenue programs. Lead Agency maintains a new release tracking log that demonstrates received referrals are contacted in a timely fashion and initial assessments are attempted to be completed within fourteen business (14) days of the receipt of the referral.

**Standard #10 – Use of Non-DOEA funded services**

*Lead Agency promotes and utilizes non-DOEA services prior to DOE A services being implemented. Documentation supports these efforts.*

**Response: Partially achieved.**

Files reviews and routine monitoring demonstrate Case Managers authorize durable medical equipment such as but not including wheelchairs, walkers, and canes, without first exploring non-DOEA funded resources. These may include contacting client's primary medical physician, client's insurance, or donated resources. In compliance with Department of Elder Affairs Programs and Services Handbook, chapter 9, the Lead Agency must ensure that all other funding sources available have been exhausted before targeting state of Florida funds. Additionally, the Lead Agency is responsible for coordination with all community-based health and social services for clients to provide a continuum of care.

**Standard #11 – High-Risk Nutrition Scores**

*Lead Agency documents clients with nutrition screening score of 5.5 or higher are being referred to a Registered Dietitian for nutritional counseling.*

**Response: Achieved.**



Provider continues to use the 701B Assessment instrument to identify potential nutritional needs and deficits. The file review has demonstrated Case Managers are appropriately offering nutritional services, including home delivered meals and nutritional counseling, to clients who are noted to be at nutritional risk. Case Managers document services the clients have accepted or declined in relation to addressing high-risk nutrition scores. Provider is reminded that case narratives should reflect and justify when clients receive nutritional supplements.

**Standard #12 – Case Management**

- A. *Case managers meet educational requirements to provide case management according to DOEA standards.*
- B. *Case managers are knowledgeable of formal and informal community services.*
- C. *Case managers understand program eligibility guidelines.*
- D. *Case Managers maintain reasonable caseloads and a waiver from the AAAPP is obtained if a caseload is more than 100.*
- E. *Case managers complete Level II Background Screening prior to employment following standards set forth in the standard contract and Appendix E of the DOEA Programs and Services Handbook.*

**Response:** Partially achieved.

- A. A total of nineteen (19) Case Managers were employed with Lead Agency during the 2022 calendar year. All Case Managers meet education and/or experience requirements. Lead Agency has submitted to AAAPP appropriate college degree, or resume with AAAPP approval, if applicable, of all hired case managers.
- B. Twelve files were reviewed from twelve different case managers. As is noted above, case managers do not demonstrate utilizing informal sources to meet client needs. Case Managers often authorized durable medical equipment such as, but not including, wheelchairs, walkers, and canes, without first exploring non-DOEA funded resources. It is unknown, based on file reviews if case managers are aware of informal supports and resources. File reviews demonstrate case managers are aware formal supports and DOEA-funded services.
- C. File reviews conducted during this fiscal year and during this annual monitoring demonstrate that case managers are not aware of program eligibility requirements for HCE. This included clients being authorized for continued HCE enrollment despite not meeting financial eligibility requirements and authorizing BASI services despite no monthly eligibility contact being completed. Details provided below in Standard 18.
- D. Using the Case Manager Verification and Training log, Lead Agency has demonstrated case managers maintain caseloads under 100 clients. Client file reviews and follow-up on client complaints during this fiscal year, however, demonstrate clients are often not assigned to a specific case manager due to staffing shortages. It is recommended Lead Agency follow their submitted procedures that clients are assigned a temporary case manager for continued follow-up when the previous case manager exits employment.

Lead Agency should consult with AAAPP Program Manager if case loads exceed maximum, as prescribed by DOEA, and when staffing shortages exist.

- E. All case managers employed in the calendar year 2022 were observed to have completed Level 2 background screening through the Care Provider Background Screening Clearinghouse. It was observed, however, that one case manager had a listed start date (7/18/2022) that occurred before their eligibility determination was obtained (7/28/2022). An additional case manager had a start date of 5/25/2022 and the background screen eligibility results contained a determination date of 7/6/2022. Further, this case manager was determined to be ineligible for employment by the aging network. Lead Agency clarified that case managers are hired contingent on background screen completion and only complete onboarding training. This training occurs in a separate part of the building where there is no change of contact with client information or client contact prior to the background eligibility screening being completed. It is strongly suggested Lead Agency maintain this crucial separation from client contact to avoid any potential issues of ineligible access to client information. Per Department of Elder Affairs Programs and Services Handbook, Appendix E, case manager personnel files were observed to have the appropriate forms completed in relation to Level 2 background screening; however, several staff members were observed to not have the Attestation of Compliance completed after the screening results were obtained or annually thereafter. It is a formal recommendation that Lead Agency comply with Department of Elder Affairs Programs and Services Handbook and maintain all appropriate forms and screenings related to background screening eligibility.

### **Standard #13 – Case Aide**

- A. *Staff providing case aide services have graduated from high school (or GED and job experience approved by the AAAPP)*
- B. *Case aide records are signed and maintained in case files.*
- C. *Case aides complete Level II Background Screening prior to employment following standards set forth in the standard contract and Appendix E of the DOEA Programs and Services Handbook.*

**Response:** Partially achieved.

- A. A total of twelve (12) case aides were employed with Provider during the 2022 calendar year. All Case Aides meet education and/or experience requirements. Lead Agency has submitted to AAAPP appropriate educational degrees or diplomas of all Case Aides.
- B. File review demonstrated Case Aide documentation and records are maintained in case files appropriately with date, time billed, units billed, and signature. AAAPP offers the suggestion to Lead Agency to maintain a copy of the authorization used for billing justification in separate location of file for ease of identification of billing justification.
- C. All case aides employed in the calendar year 2022 were observed to have completed Level 2 background screening through the Care Provider Background Screening



Clearinghouse. It was observed that one case aide had a listed start date (11/3/2021) that occurred before their eligibility determination was obtained (11/12/2021). Lead Agency clarified that case managers are hired contingent on background screen completion and only complete onboarding training. This training occurs in a separate part of the building where there is no change of contact with client information or client contact prior to the background eligibility screening being completed. It is strongly suggested Lead Agency maintain this crucial separation from client contact to avoid any potential issues of ineligible access to client information. Per Department of Elder Affairs Programs and Services Handbook, Appendix E, case aide personnel files were observed to have the appropriate forms completed in relation to Level 2 background screening; however, several staff members were observed to not have the Attestation of Compliance completed after the screening results were obtained or annually thereafter. It is a formal recommendation that Lead Agency comply with Department of Elder Affairs Programs and Services Handbook and maintain all appropriate forms and screenings related to background screening eligibility.

**Standard #14 – Internal Audits/Case Manager Supervision**

*Lead Agency utilizes internal audits to ensure file integrity, confirm that clients enrolled in and receiving GR funded services meet eligibility requirements, and ensure Program and Services Manual requirements are met.*

**Response:** Partially achieved.

Lead Agency maintains appropriate written internal audit/peer review policy and procedure. Lead Agency employs and utilizes a Quality Assurance Manager who completes file monitoring activities. Files reviewed during this fiscal year identify several concerns with file compliance and reviews. These concerns are outlined in this report.

**Standard #15 – Conflict of Interest**

*Lead Agency maintains a current Conflict of Interest Policy*

**Response:** Achieved.

Lead Agency maintains a Conflict of Interest policy.

**Standard #16 – Health Insurance Portability and Accountability Act (HIPAA) requirements**

- A. Satisfactory procedures have been established to protect the confidentiality of records that include the names and personal information of older adults and people with disabilities.*

- B. Whenever possible, the Lead Agency submits report and provides documentation to the AAAPP with client identifying information using the assigned client eCIRTS identification, in lieu of an individual's social security number. The Lead Agency has implemented technical security measures to guard against unauthorized access to electronic protected health information (e-PHI) that is being transmitted over electronic communication networks (email is sent securely).*

**Response:** Achieved.

- A. Appropriate procedures are in place to address the protection of confidential information of clients. Lead Agency utilizes locked filing cabinets in offices that can be locked. Several locked shred bins were observed throughout the building for staff use for proper and secure discarding of client information.
- B. Lead Agency utilizes appropriate secure channels to submit client information. Lead Agency maintains confidentiality of client information by using eCIRTS identification numbers when possible and submits reports through encrypted email when protected client information needs to be transmitted.

Lead Agency utilizes a password protected, encrypted email system. Lead Agency maintains a Workstation Security procedure requiring a screensaver to activate within 15 minutes of no activity on all workstations. There have been no concerns or issues related to HIPAA or confidentiality requirements during this fiscal year.

#### **Standard # 17 – Training**

- A. Lead Agency has developed an in-service training program for case management staff. Training includes a minimum of six hours of annual in-service training encompassing the minimum standards referenced in the DOEA Programs and Services Manual.*
- B. New Case Managers and Case Aides receive the necessary education and pre-service training requirements. This includes successful completion of the DOEA web-based 701B Assessment training, Care Plan training and completion of the ARTT Tutorial.*

**Response:** Achieved.

- A. Lead Agency has submitted training records for all current Case Managers and Case Aides that exceeded the required six (6) hours of in-service training in 2022. Training topics include mental health needs, file and APS requirements, service vendor in-services, elder, abuse, neglect, and exploitation; confidentiality requirements, communicating with clients living with Alzheimer's Disease, and various employee safety trainings. AAAPP provided training includes overview of home and community-based care services, aging network overview, training on memory disorders and caregiver needs, and overview of APS and reporting suspected abuse, neglect, and exploitation. Eight (8) employees did not meet the required six hours of training; however, all eight employees were only employed for a short time period in 2022. Lead Agency reported employees attending trainings but did not sign in. All employees must sign-in to ensure



appropriate justification and back-up exists to support employee attendance and completion.

- B. Most staff hired in 2022 completed the required DOEA web-based 701B Assessment training, Care Plan training, and ARTT Tutorial. Four staff members hired in 2022 did not complete one or more of the required trainings; however, these staff members were employed for less than one month and there is no evidence of completion of care plans or 701B assessments completed by these staff members. No concerns remain with this standard.

Lead Agency has had all case managers and all case aides complete ARTT/APS training within three months of hire date. Lead Agency works with AAAPP Program Manager to sign up new staff for Care Plan training. AAAPP also provides Quarterly New Case Manager and Case Aid training completed by new staff within three months of hire. Topics reviewed during this training include an overview of the aging network; overview of CIRTSeCIRTSe, reports, and assessment forms; interviewing techniques; record keeping and confidentiality requirements, and Adult Protective Services/ARTT requirements.

#### **Standard #18 – File Review Analysis**

- A. *Assessments are completed timely and appropriately.*
- B. *Lead Agency is in compliance with care plan requirements.*
- C. *Case narratives meet all requirements and include:*
  - i. *14-day follow-up after the ordering of services to determine client satisfaction and quality of service.*
  - ii. *Required face-to-face visits.*
  - iii. *Address the client/caregiver's rapport with the service worker, service worker's attitude toward job performance, and the service worker's compliance with assigned duties and dependability.*
  - iv. *In instances where dissatisfaction is noted, resolutions are provided in a timely manner.*
- D. *Required forms are included in the file and are updated annually.*
- E. *Program specific requirements are met.*

**Response:** Not achieved.

A total of twelve files were reviewed for this monitoring period. Each file was completed by a different case manager.

9. Of the twelve files reviewed, one file contained an annual reassessment that was completed late. As previously stated, Lead Agency was found to have 57 clients overdue for the annual reassessments. \$192,992.91 worth of services were provided to clients who did not have the appropriate annual reassessment or subsequent reauthorization. Lead Agency was placed on corrective action plan at the time of this discovery. Lead Agency is reminded, per Department of Elder Affairs Programs and Services Handbook, the annual reassessment must be completed 365 days after the

prior assessment and may be completed through the end of the month. Additionally, reassessments may be completed up to 30 days prior to the client's annual reassessment due date.

- 10.** Of the twelve files reviewed, six files were discovered to have no semi-annual care plan review home visit completed. One file was observed to have this review completed two months late. Per DOEA Programs and Services Handbook, chapter 2, a care plan review and home visit must be conducted at least semi-annually (180 calendar days after the initial service delivery).

Case Managers have improved on ensuring care plans are present for all authorized services but, are reminded that all care plans must have appropriate problem, begin, end, revised, and/or resolved dates, as applicable. Additionally, Lead Agency is reminded to review care plans to ensure there are not duplicate pages, duplicated services, and that problem/gap statements are specific to the service, program, and client.

- 11.** All files reviewed contained multiple case narrative concerns:

- a. Of the twelve files reviewed, seven were found to lack documentation of two-week follow-ups on new or revised services. In some files, follow-up was completed on care planned services; however, these follow-ups did not occur within fourteen days of service arrangement.
- b. Case narratives reviewed demonstrate face-to-face visits were completed for client's initial assessments, annual reassessments, and/or semi-annual care plan reviews, when completed. Due to COVID-19, initial assessments, annual reassessments, and semi-annual reviews could be conducted by phone when requested by the client specifically for client health and safety related to COVID-19.
- c. All reviewed narratives provide documentation of the case manager following up with clients regarding general satisfaction with some services. Provider is reminded case narratives should reflect client information on service provision, rapport with service workers, and other aspects of quality assurance for all care planned services. Several case files did not demonstrate verification of client receipt of services in accordance with the care plan, addressing changing needs of the client and/or caregiver in a timely manner, and/or justification for services and changes in services.
- d. None of the reviewed files documented complaints; however, several of the files demonstrated that clients reported issues with scheduling of aides. Case managers did document attempts to work with vendor to attempt to rectify situation; however, case managers often documented that vendor would report they had no staff available. Case managers did not document offers of alternative service vendors nor communicating this lack of staff with clients.

- 12.** All reviewed files contain appropriate forms. No concerns noted regarding this substandard.



**13.** Files monitored for clients enrolled in ADI and CCE did not result in any concerns or corrections related to program eligibility. Two HCE files reviewed require attention and payback from vendor:

- a. CE 1401044 – Per 701B completed in July 2022, client’s individual assets were listed to be over \$2000. Burial costs form was not signed, and client’s assets appear to be over ICP eligibility and, thus, HCE eligibility. Client is not eligible for any services received 7/01/2022-current. Lead Agency was made aware of this issue and indicated that client has since been terminated. Lead Agency is responsible for payback of 10 episodes of BASI (\$1600). Lead Agency must deduct all case management and case aide rendered between 7/01/2022-current. Per DOEA Programs and Services Handbook, Chapter 7, clients are eligible for HCE must have self-declared income and assets which do not exceed the ICP limits established by Medicaid and DCF.
- b. DK 784471 – Case Manager did not complete required monthly eligibility determination for the below time periods and BASI continued to be authorized. These four episodes of BASI must be returned by Lead Agency (\$640). Per DOEA Programs and Services Handbook, BASI can only be authorized after it is confirmed the caregiver provided care to the client during the month. No eligibility call nor signed attestation from caregiver was received for these below time periods:
  - i. 7/16/2022-8/15/2022
  - ii. 10/16/2022-11/15/2022
  - iii. 12/16/2022-1/15/2023
  - iv. 2/16/2023-3/15/2023

**Standard #19 – Appropriate and Justified Billing**

- A. *Service billing in eCIRTS matches care plan, date of service, and worker logs.*
- B. *For HCE expenditures, documentation supports payment to respite workers.*
- C. *Case Management and Case Aide time billed is justified by supporting documentation, including case narratives.*

**Response:** Partially achieved.

- A. AAAPP completes service billing and ensures eCIRTS care plans reflect services vendors are billing for authorized services. Lead Agency works to ensure eCIRTS care plans match file care plans and subsequent authorizations. Lead Agency completes additional billing reconciliation to ensure clients were appropriately authorized for services rendered.
- B. Three HCE files were reviewed for this monitoring. Due to DOEA Notice of Instruction #022219-1-I-SWCBS, most HCE clients receive Basic Subsidy only with additional services provided under other funding sources. For this reason, none of the HCE files reviewed included direct payments to respite workers.

- C. Of the twelve (12) files reviewed, all files were observed to contain either missing documentation matching time billed, documentation that time billed was for non-billable activities, and/or there was a lack of justification in case narrative for time billed. Per the Department of Elder Affairs Programs and Services Handbook, Appendix A, case management activities considered non-billable include billing, filing, and vouchering, file reviews conducted for monitoring purposes, and general program administration functions. In addition, Appendix A also specifies case management reporting requires documentation and sign-off on case management activities in the client's case record. Files were observed to have excessive billing with little to no documentation of the activities completed on behalf of the client. This includes utilizing copy and pasted narratives and reconstructing notes from other client files without changing details to reflect current client history.

**Standard # 20 – Mandatory Reporting of Abuse, Neglect, Exploitation**

*Lead Agency immediately reports knowledge or reasonable suspicion of abuse, neglect, or exploitation of and older adult or person with a disability to the Florida Abuse Hotline, as required by Chapters 39 and 415 F.S.*

**Response:** Achieved.

Review of case files throughout the contract year demonstrate Lead Agency immediately reports any potential cases of abuse, neglect, self-neglect, or exploitation.

**Standard #21 – APS High-Risk Referrals**

*Lead Agency meets all APS High-Risk referral requirements:*

- A. *Lead Agency is compliant with APS specific timeframes, including accepting referrals on the date of receipt and ensuring services are implemented within 72-hours.*
- B. *Lead Agency communicates with DCF as appropriate and updates the ARTT as required.*
- C. *APS High-Risk file reviews demonstrate compliance.*

**Response:** Achieved.

Area Agency on Aging of Pasco-Pinellas conducts full file reviews on received APS high-risk referrals each month.

- A. As of April 11, 2023, Lead Agency has received 74 high-risk APS referrals. All APS high-risk cases reviewed this fiscal year, to date, have received the identified crisis resolving service within the required 72-hour timeframe. Instances of missing service vendor billing, service logs, or timesheets have been observed this fiscal year and are addressed directly with service vendors. There are no outstanding issues or concerns noted on the Lead Agency's part. Two APS referred case files were reviewing during this annual monitoring. Lead Agency met all case management requirements for accepting, responding to, and arranging services for referred clients.



- B. Communication with APS investigators and Case Managers are documented in client files. ARTT is updated as required within an appropriate time frame.
- C. APS high-risk file reviews demonstrated Lead Agency complies with all APS standards and mandates. Lead Agency is reminded case managers must continue to follow-up with client services beyond the first 31-days, if client continues services, to ensure services are provided in accordance with the care plan.

#### **Standard #22 – Regulatory Compliance**

- A. *Lead Agency complies with all regulations pertinent to the services being provided (i.e., fire inspections, health inspections, accessibility, etc.).*
- B. *GR services reviewed are being provided in accordance with the DOEA Program and Services Handbook, AAAPP/Provider Contracts, and the approved Service Provider Application.*
- C. *Clients are provided a written explanation to individuals as to the reason for the collection of social security numbers in accordance with Florida 119.071 (5).*

**Response:** Partially achieved.

- A. Lead Agency has complied with regulations, as required.
- B. As stated in previous sections of this report, several items related to State General Revenue funded services were not provided in accordance with the Department of Elder Affairs Program and Services Handbook and programmatic contractual requirements.
- C. Files reviewed demonstrated clients are provided sufficient notification of the reason for collection of social security numbers.

Signatures:

*Michelle Tavares*

Program Manager

Jun 13, 2023

Date

*Sara Jones*  
Sara Jones (Jun 13, 2023 11:44 EDT)

Program Manager

Jun 13, 2023

Date

*Christine Didion*

Director of Program Accountability

Jun 13, 2023

Date