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June 15, 2023

Tawnya Martino, ADRC Director
Area Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Boulevard, Suite 100
St. Petersburg, FL 33702

Dear Mrs. Martino,

Enclosed please find the 2023 programmatic monitoring report for the Information and Assistance/Referral & Intake and Screening departments completed by the AAAPP's Program Manager, Melanie Gress.

This report is intended to provide an overview of the ADRC's operations as of the date of the monitoring visit. It should also be a useful instrument in the evaluation of your programs. There is one recommendation and no findings.

Your program is commended for meeting all standards for contract compliance and service delivery.

Should you have any questions or comments concerning this report, please feel free to contact the Program Manager at (727) 570-9696, extension 165. Thank you for your continued commitment to serve the seniors of Pinellas & Pasco County.

Sincerely,


AnnMarie Winter (Jun 15, 2023 13:08 EDT)

Ann Marie Winter
Executive Director



Area Agency on Aging of Pasco-Pinellas, Inc.
2023 AAAPP ADRC HELPLINE AND INTAKE DEPARTMENT

PROVIDER: AAAPP ADRC Helpline and Intake Department

DATE(S) OF VISIT: May 5 ,2023
Desk review completed

May 31st, 2023
Observation completed

PARTICIPANT(S): Tawnya Martino, ADRC Director
Tracy Barrows, ADRC Helpline Manager
Arlene Sanchez, ADRC Intake Manager
Natalia Garcia, ADRC Intake Specialist
Madeline Daniels, ADRC Information & Assistance Specialist

MONITOR(S): Melanie Gress, OAA Program Manager

REPORT SUMMARY

(This section provides an overview of minor recommendations, significant findings and positive/noteworthy activities recognized during the monitoring period. Details are outlined in the Contract Compliance and Service Delivery section of the report).

I. Recommendations for Improvement

(Recommendations require a written response from the provider)

- Per policies and procedures, recorded messages on the Helpline's voicemail system must be responded to within the next business day, when possible. Exceptions will be during periods when the Helpline is experiencing higher than normal call volume as referenced in the current OAA contract. Due to a 41% overall increase in call volume for the period of January through May 2023 compared to the same period in 2022, the ADRC has not been able to consistently respond to messages within the next business day. It is recommended the ADRC continue to review and implement strategies to meet the contracted call back timeframes.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- There are no findings, and no corrective action is necessary.

CONTRACT COMPLIANCE AND SERVICE DELIVERY

Each standard will note at least one of the following:

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

Standard #1 – Previous Programmatic Monitoring

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

Response: There are no unresolved issues from the previous annual monitoring.

Standard #2 – Outreach and Targeting

The Helpline is the entry point for the ADRC and serves the entire community of older individuals, particularly older individuals with the greatest economic social need, older individuals with the greatest economic need, older individuals with limited English proficiency, older individuals residing in rural areas, older individuals at risk of institutional placement, and adults with a disability. The Helpline and Intake have documentation of:

- A. Outreach to increase awareness of the Helpline, using a variety of methods.*
- B. Special needs groups being identified, and targeted outreach being provided. At least 2 outreach projects targeting low-income older individuals including low-income minority, older individuals with limited English proficiency and older individuals residing in rural areas must be completed annually.*
- C. I&R service provided to targeted individuals.*
- D. Procedures address how APCL clients are released to active status in order of Prioritization.*

Response: Achieved

- A. The ADRC's Outreach Activity Reports for 2022 and 2023 were reviewed. In 2023, most outreach activities increased to in-person versus virtually in comparison with 2022. A variety of outreach methods, including health fairs and presentations are being used.
- B. ADRC's Outreach Activity Reports show thirty- one (31) outreach events have been held from January 2023 through May 2023. Documentation supports that twelve (12) outreach projects have been held in 2023 that target low-income older individuals, minority, limited English proficiency and individuals residing in rural areas.
- C. Statistical reports were reviewed for the period of 5/1/22 to 3/31/23 which reflected the following:
 - I. 4,731 individuals, or 19% of all contacts, identified their race as a minority (Black, Asian/Pacific Islander, Native American, Other) and 1,656 individuals identified their ethnicity as Hispanic during phone contacts with the Helpline.
 - II. 1,669 individuals, or 2.2% of all contacts, self-reported that their monthly income was at or below \$1,562.00 to designate low-income.
 - III. 2,319 individuals or 3.11% of all contacts were made with callers who reside in rural areas (based on zip codes).
 - IV. 474 individuals, or 1.2% of all contacts were Spanish speaking.
- D. The ADRC operates under Instruction 104b, outlining prioritization and the release procedures for the state funded, general revenue programs – Community Care for the Elderly (CCE), Home Care for the Elderly (HCE) and Alzheimer's Disease Initiative (ADI).

Standard #3 – Staff Training

The Helpline has a training plan to ensure that staff receives training pertinent to the performance of required functions. Training is consistent with ABC's or I&R published by AIRS or the Department of Elder Affairs Information and Referral/Assistance training module:

- A. Pre-service training
- B. Communication/interview skills, Customer service skills, Community Resources
- C. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly

Intake has received required training of:

- D. Pre-service training
- E. DOEA web-based Assessment Training, with a score of 90% or higher
- F. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly.

Response: Achieved

Helpline:

- A. Seven (7) new Helpline staff have been hired since the last monitoring. Three (3) Helpline staff have been since terminated. One staff member did not complete training prior to termination. There were no concerns with this incomplete training due to the brief time period of employment for this staff member. One staff member hired in April

of 2023 is still in training and has not completed all new hire training. Pre-service training checklists were submitted and reviewed for seven staff.

- B. Pre-service training documents indicate that communication/interview skills, customer service skills and community resources are all reviewed during pre-service training for all new Helpline staff.
- C. Mandatory reporting of suspected abuse, neglect and exploitation training was last held on July 20, 2022 and will again be held in the first quarter of SFY 23-24 (July to Sept) for the new staff.

Intake:

- D. There have been two (2) new Intake staff members hired since the last monitoring. Pre-service training documentation was provided and reviewed. Training was completed as outlined.
- E. Two (2) new Intake staff members have been trained on DOEA 701 B Assessment. 701 B Assessment training certificates for these staff members are on file.
- F. One (1) Intake staff member was trained on requirements of mandatory reporting. ARTT/APS training certificate is on file. One (1) Intake staff member will attend the next ARTT/APS training with the newly hired helpline staff.

Standard #4 – Programmatic Reporting

All required programmatic reports are accurate and submitted in a timely manner:

- A. *Monthly SHINE reports to the DOEA*
- B. *Monthly units of I&R in CIRTIS, supported by REFER reports.*
- C. *Monthly SMMCLTCP reports to the DOEA.*
- D. *Monthly report of language translation service use (Propio) to DOEA by the 9th*
- E. *Quarterly QA report to DOEA of consumer satisfaction service survey for clients receiving 701S screening and data on QA review of staff performing screening calls.*

Response: Achieved

- A. A three-month sample of SHINE reports were reviewed (August 2022, December 2022, February 2023) and found accurate. Reports were submitted to DOEA as supported by email documentation.
- B. A three- month sample of Monthly I&R Units in CIRTIS were reviewed (August 2022, December 2022, February 2023) and are supported by monthly reports submitted to AAAPP Fiscal Dept. Reports were found accurate.
- C. A three-month sample of Monthly SMMCLTCP reports were reviewed (August 2022, December 2022, February 2023) and found accurate. Since eCIRTIS implementation in December 2021, the report has not been made available.
- D. A three-month sample of Language Translation Service reports were reviewed (August 2022, December 2022, February 2023). Reports were found accurate and submitted to DOEA by the 9th as supported by email documentation.

- E. FY 22-23 Q1, Q2, and Q3 reports of customer satisfaction service surveys were submitted to DOEA as supported by email documentation. Documentation provided also supports that a QA review of staff performing screening calls was performed for each quarter.

Standard #5 – Service Provision

The Helpline meets DOEA standards for staffing and service provision:

- A. *The Helpline has a minimum of 2.5 FTE non-exempt staff trained to provide I&R services.*
- B. *Formal, written job descriptions outlining I&R and Intake functions are dated within the last 2 years.*
- C. *Procedures confirm that hours of operation are 8:00am to 5:00pm Monday through Friday, except state and national holidays and that DOEA is notified of closures during regular office hours.*
- D. *Voicemail system for the Helpline offers options for urgent calls and an option for callers to leave a voice mail while in queue.*
- E. *Helpline procedures address return of afterhours and voice mail messages.*
- F. *The Helpline maintains a record of all voice mail messages received, including date received and telephone number.*
- G. *Helpline procedures define 'timely' service and require I&R Specialists to ensure inquirers are served in a timely manner.*
- H. *Procedures address privacy, confidentiality, and security of personal information and compliance with HIPAA rules.*
- I. *Policy for use of Florida Relay for individuals and groups who have special needs including communication methods for people with hearing or speech impairment.*

Response: Achieved

- A. The Helpline currently has nine (9) full-time employees dedicated to I&R services.
- B. Formal, written job descriptions outlining I&R and Intake were reviewed. Job descriptions outline I&R and Intake functions and are dated within the last two years.
- C. ADRC Instruction Procedures 101a and 101b were reviewed. Procedures confirm that hours of operation are 8:00 am. to 5:00 p.m. Procedures provide instructions for office closures, including notification to DOEA.
- D. Voicemail system was observed and offers options for urgent callers and option to leave a voice mail while in queue. The message advises callers experiencing police, fire, or medical emergencies to hang up and dial 9-1-1.
- E. ADRC Instruction Procedure 102a outlines return of after-hour calls and voice mail messages.
- F. Voicemail records were reviewed for sample months August 2022, December 2022, and February 2023. ADRC maintains a record of all voicemail messages received including date received and telephone number.

- G. ADRC Instruction Procedure 102a defines timely service and the procedure provides instructions to ensure callers are served in a timely manner. Voicemail reports were reviewed. It is recommended that policies and procedures are reviewed to ensure missed calls/voicemails are returned by the next business day except during periods in which the Helpline experiences higher than normal call volume.
- H. ADRC Instruction Procedure 101a addresses privacy, confidentiality, and security procedures in accordance with HIPAA standards.
- I. ADRC Instruction Procedure 101c provides the policy and instructions on the use of Florida Relay and confirms that the AAAPP is a registered business partner of Florida Relay Service.

Standard #6 – Contact Record Compliance

Contact records sampled show compliance with requirements for service delivery:

Helpline:

- A. *Three resources are provided when available.*
- B. *For-profit resources are provided when available.*
- C. *Documentation for units of Referral show that follow-ups are provided within 14 days.*

Intake:

- D. *Enrollment screens show that the client was referred to/made APCL for program(s) that are appropriate for the needs identified.*
- E. *Discussion of eligibility and appropriate steps to determine eligibility.*

Response: Achieved

Helpline: See Attachment I

- A. The Helpline specialist was observed providing the caller with three (3) transportation and housing assistance resources. Specialist documented in Refer appropriately.
- B. N/A.
- C. Of 24,773 information referral units, 2,363 of the follow up calls were made within 14 business days making them units of referral. The remaining units were documented as information.

Intake: See Attachment II

- D. eCIRTS enrollment screen was reviewed after the Intake observation and the client who was observed being screened was entered on all appropriate waiting lists.
- E. The Intake Specialist was observed discussing eligibility for state and federal programs with the caller being screened. Discussion of the appropriate steps to determine eligibility for the programs was also observed.

Standard #7 – Responsiveness

Intake meets standards for responsiveness:

- A. *APS medium and low risk referrals – enter 701S screening or demographic assessment into eCIRTS within 14 calendar days.*
- B. *Helpline Referrals – Staff attempt to contact caller within 3 business days to complete a 701S or document unsuccessful attempts to contact within 3 days, as workload demands allow.*
- C. *At least 3 telephone attempts are made to contact clients requesting screening. A letter is sent to those who are not reached with information on how to contact staff for screening and the date that the request will be closed.*
- D. *Re-screening of clients who are APCL for case managed programs: APCL clients are rescreened on an annual basis, regardless of Priority Score. Annual re-screening is conducted within 365 days after the prior assessment through the end of the month as workload demands allow.*
- E. *Staff strive to conduct 701S screening within 14 business days and annual re-screening within 395 days of due date as workload demands allow.*
- F. *All contacts, including unsuccessful attempts, are documented in the Refer system.*
- G. *Clients with additional needs are sent to the Helpline for resources.*

Response: Achieved

- A. Review of APS referral reports, client eCIRTS files and REFER files, support that Intake staff adhered to ADRC Instruction Procedure 104c and made contact attempts to complete assessments for all referrals within the 14-calendar day requirement.
- B. ADRC Instruction Procedure 104a details that staff must attempt to contact callers within three (3) business days to complete the 701S and document unsuccessful attempts. Screenings are scheduled at the Helpline level during the initial call, therefore ensuring scheduling within three (3) business days.
- C. ADRC Instruction Procedure 104a details that staff must attempt to contact clients requesting screening at least three (3) times. A letter is sent to those who are not reached with information on how to contact staff for screening and the date that the request will be closed.
- D. ADRC Instruction Procedure 104a details the procedures for re-screening of clients who are APCL for case managed programs. APCL clients are rescreened on an annual basis, regardless of Priority Score. Annual re-screening is conducted within 365 days after the prior assessment through the end of the month.
- E. ADRC Instruction Procedure 104a details the assurance that staff strive to conduct 701S screenings within 14 business days and that staff strive to conduct an annual re-screening within 365 days after the prior assessment through the end of the month.
- F. ADRC Instruction Procedure 104a details that all contacts, including unsuccessful attempts, are documented in the Refer system.
- G. ADRC Instruction Procedure 104a details that clients with additional needs are referred to the Helpline for additional resources.

Standard #8 – Observation of Contacts

Observation of contacts shows that the Helpline staff provides accurate information to inquirers in response to direct requests for such information. Further, observation of contacts shows that Intake staff provides screening, prioritization, and options counseling.

Response: Achieved

Program Manager observed one (1) Helpline staff. Helpline staff was observed utilizing REFER to provide accurate information and connection to resources that can meet the needs of the inquirer. Program Manager observed (1) Intake staff. Intake staff was observed adhering to ADRC procedure 104a and included screening a client, reviewing prioritization, and providing options counseling as necessary. Please refer to Attachments AI and All.

Standard #9 – Crisis

The Helpline shall be prepared to assess and meet the immediate, short-term needs of inquirers who are experiencing crisis situations and contact the Helpline service for assistance:

- A. Procedures address the handling of crisis calls.*
- B. Staff has the skills to recognize when an inquirer is experiencing a crisis, to determine whether the individual is in immediate danger, and to take steps to ensure that inquirer is safe.*
- C. Lethality assessment is used.*
- D. Crisis calls are documented in REFER.*
- E. Procedures document a protocol for debriefing I&R specialists, as needed, following a crisis call.*

Response: Achieved

- A. ADRC Instruction Procedure 101c details the instructions for the handling of crisis calls.
- B. ADRC Instruction Procedure 101c details that staff are trained to develop the skills to recognize when an inquirer is experiencing a crisis, to determine whether the individual is in immediate danger, and to take steps to ensure that the inquirer is safe. Additional documentation supports that staff are undergoing this training in relation to crisis calls.
- C. A lethality assessment tool, received from 2-1-1 Tampa Bay Cares, is utilized and in Refer for staff to access and complete during crisis calls.
- D. Refer statistical report from May 1, 2022 to March 31, 2023 confirm crisis calls have been documented in Refer.
- E. ADRC Instruction Procedure 101c outlines the debriefing process for I&R staff following a crisis call.

Standard #10 – Program Evaluation and Quality Assurance

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

- A. Tracking key performance measures, including Helpline call volume, abandoned call rate, average speed of answer and average talk time.*
- B. Consumer satisfaction surveys are collected through a statewide system. I&R specialists and Intake/screening staff offer every client the opportunity to complete a 5-question*

phone survey at the end of the call. Data is available through Plum Survey website and is collected for submission to DOEA.

- C. Procedures address the handling of complaints.*
- D. A process is in place to ensure a random selection of live or recorded calls are reviewed and staff provided feedback.*

Response: Achieved

- A. The ADRC Client Tracking reports were reviewed for sample months of August 2022, December 2022, and February 2023. Documentation supports those reports were submitted to DOEA monthly and includes the tracking of key performance measures.
- B. Consumer Satisfaction surveys are collected through the PLUM survey. Staff were observed offering the clients the opportunity the answer the 5-question survey at the end of the call. Documentation supports that the survey data is available and collected for quarterly submission to DOEA. Review of surveys collected from April 1st, 2022 – March 31st, 2023 demonstrate overall caller satisfaction.
- C. ADRC Instruction Procedure 101c addresses the handling of complaints.
- D. ADRC Instruction Procedure 101d outlines the QA process including call monitoring and ensures a random selection of live or recorded calls are reviewed and staff are provided feedback. Staff are provided feedback using a call review form as indicated in 101d.

Standard #11 – Resource Database Management

The Helpline meets standards included in the DOEA contract for maintaining the resource database:

- A. Inclusion/Exclusion criteria*
- B. Data Elements*
- C. Taxonomy*
- D. Maintenance and updating information.*

Response: Achieved

- A. The ADRC Integrated Statewide Information & Referral Database Inclusion/Exclusion Criteria was provided and reviewed.
- B. Application for inclusion in the REFER database was reviewed. Information requested from organizations applying contain the data elements required as outlined in the ADRC Integrated Statewide Information & Referral Database Inclusion/Exclusion Criteria.
- C. Data spreadsheet listing taxonomy terms currently included in the REFER database was provided and reviewed.
- D. The database is reviewed and maintained by the ADRC Helpline Manager. The database is updated regularly to ensure data is as current as possible. As of May 5th, 2023, there are currently 294 organizations available in the I&R database within PSA5. Documentation provided supports this observation.

Standard #12 – Disaster Preparedness

The Helpline shall provide I&R services to the community during (when appropriate) and following a disaster or other emergency. Review policies and procedures to confirm that the Helpline and Intake:

- A. Are included in the emergency operations and continuity of operations addressed through the AAAPP COOP and disaster plans.*
- B. Has a plan for relocation in the event a disaster impacts the Helpline's site, including mutual aid agreements such as an MOU if alternative sites are at other agencies.*
- C. Participates in a statewide mutual assistance MOU to manage I&R functions.*
- D. Includes local, state, and national disaster related resources in the database.*

Response: Achieved

- A. ADRC Instruction Procedure 101b outlines disaster/emergency procedures. Helpline and Intake are included in the emergency operations and continuity of operations as addressed through the AAAPP COOP and 101b.
- B. ADRC Instruction Procedure 101b outlines a relocation plan in the event a disaster impacts the Helpline's site per the AAAPP COOP.
- C. ADRC maintains a statewide Memorandum of Understanding for mutual assistance to manage I & R functions. MOU with an effective date of July 31, 2020, was provided and reviewed.
- D. Documentation was provided from the Refer database for disaster and recovery related resources, containing local, state, and national resources such as County Emergency Management information, 2-1-1, Florida Division of Emergency Management, American Red Cross, Salvation Army, FEMA, and information on emergency shelters.

Standard # 13 – Cooperative Relationships

The ADRC Helpline and Intake maintains cooperative relationships within the I&R system and service providers:

- A. Membership in AIRS/FLAIRS*
- B. MOU with 2-1-1 provider(s).*
- C. Provides screening to access OAA funded programs.*
 - i. Procedures address handling OAA Referrals*
- D. Procedures address how DCF CCDA and HCDA clients are transferred as they turn 60.*
 - i. Documentation CCDA/HCDA of cases transitioned to CCE or HCE.*

Response: Achieved

- A. A copy of the current AIRS Membership, expiring on 12/31/23, was provided and reviewed.

- B. An MOU between 2-1-1 Tampa Bay Cares dated 12/8/22 was provided and reviewed. MOU states that the agreement will continue as long as both parties have an overlapping service area.
- C. The ADRC provides "no wrong door" access to OAA funded programs:
 - i. ADRC Instruction Procedure 104a addresses how the ADRC handles Older American Act referrals.
- D. ADRC Instruction Procedure 104d addresses the handling of DCF Community Care for Disabled Adults (CCDA) and Home Care for Disabled Adults (HCDA) Aging Out referrals. CCDA/HCDA clients are marked as Aging Out referrals in CIRTS and receive priority for services.
 - i. Documentation of CCDA/HCDA cases transitioned to CCE or HCE is maintained by ADRC in REFER as indicated in 104d.

Standard #14 – Regulatory Compliance

Procedures document that I&A/R and Intake are in Regulatory Compliance with:

- A. *Florida Statute 119.071(5) requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for its collection.*
- B. *Health Insurance Portability and Accountability Act (HIPAA) requirements*

Response: Achieved

- A. ADRC Instruction Procedure 104a indicates that a HIPAA packet is sent to the client or caregiver that includes a HIPAA acknowledgment form and notice regarding the collection of their Social Security Number in compliance with Florida Statute 119.071(5).
- B. ADRC Instruction 104a addresses HIPAA requirements. Intake sends a HIPAA packet to the client or their designated representative, requesting them to sign an acknowledgement of receipt of and mail back to the AAAPP. Additionally, when a screening appointment is scheduled, the caller is asked by ADRC staff if they would consent to receiving their HIPAA information electronically and the answer is recorded in the ADRC TimeTap scheduling platform. Callers then receive a text or email. The HIPAA form will request callers to acknowledge receipt of by typing their name and phone number.

Signatures:



Melanie Gress, Program Manager

6/15/23

Date



Christine Didion, Director of Program Accountability

Jun 15, 2023

Date



Helpline Observation Checklist 2023 Monitoring Tool

I&R Specialist: M.D.

Date observed: 5.31.23

Task observed: Information or Referral

STANDARD	NOTES/ACHIEVEMENT
a) Identify themselves and the Helpline according to agency guidelines.	The Specialist identified herself and the agency according to agency guidelines.
b) Establish rapport with the inquirer and use active listening skills and empathy to discern the presenting problem.	The Specialist was observed using active listening skills to discern needs of inquirer. Inquirer is experiencing transportation and housing issues. Specialist displayed empathy and shared similar experiences with the inquirer.
c) Respond to each inquirer in a professional, nonjudgmental, culturally appropriate, and timely manner.	The Specialist was observed responding to the inquirer in a professional, nonjudgmental, culturally appropriate, and timely manner.
d) Use clear, jargon-free language and an appropriate tone of voice and inflection to convey empathy and engagement with the inquirer's situation.	The Specialist was observed using clear, jargon-free language and an appropriate tone of voice. Specialist was observed using a calm tone of voice and speaking slowly enough for the inquirer to understand what was being said.
e) Confirm whether there are specific preferences or requirements such as language needs, evening or week-end hours, proximity to public transportation or disability access.	The Specialist was observed confirming the inquirers' availability to follow up with resources provided.
f) Clarify and confirm the inquirer's need(s) using techniques such as paraphrasing before providing referrals/resources.	The Specialist was observed confirming the inquirers' needs and used paraphrasing as a method. Specialist used phrases such as, "Does ... sound like something that could benefit you?" and "Have you ever applied for or looked into..."

g) If additional demographic information (such as SSN) is collected, explain the reason the information is needed.	N/A. Inquirers' SSN was not collected at the time of call.
h) Effectively utilize the resource information system to identify resources to meet the inquirer's needs.	The Specialist effectively utilized the resource information system, ReferNET, to identify resources to meet the inquirers' needs.
i) When possible and practical, provide at least 3 referrals to give the inquirer a choice.	The Specialist was observed in the provision of 3 referrals to the inquirer. Specialist informed inquirer of transportation and housing resources and programs. Referrals were provided verbally and via email. The Specialist also offered to email additional referrals if she believed they would be beneficial to the inquirer.
j) Encourage inquirers to call back if the information proves incorrect, inappropriate, or insufficient to link them with the needed services.	The Specialist encouraged the inquirer to call the Helpline for any follow-up or with any questions or concerns.
k) Accurately record what occurred during the inquiry, the call/contact type, the problems and needs that were addressed.	The Specialist accurately recorded the inquiry and call type. The inquirers' needs were addressed.
l) Specialists offer advocacy, when necessary, to ensure people receive the benefits and services for which they are eligible. This may include 3-way calls or additional calls to help them obtain services.	N/A. Inquirer's situation did not illicit an offer for Specialist to provide advocacy.
m) Follow-ups are scheduled/provided for units of referral. Follow-ups are always provided if the specialist believes the inquirers do not have the necessary capacity to follow through and resolve their problems. Follow-up for units of referral is scheduled/provided within 14 days of the contact.	N/A. Inquirer was not scheduled for a screening.



Intake Observation Checklist 2023 Monitoring Tool

Intake Specialist: N.G.

Date observed: 5.31.23

Task observed: 701S

Initial _____ Annual Reassessment _____ Significant Change ____X____

STANDARD	NOTES/ACHIEVEMENT
Specialists demonstrate professional communication skills, including listening skills, avoiding interrupting, avoiding opinions, etc.	The Specialist demonstrated professionalism, used good communication skills and was an active listener. Specialist was observed using clear language and adjusted voice level as appropriate.
Specialists screen the caller's needs using a 701S Screening tool, including introduction of each section, asking all questions individually, in order without skipping or grouping, and asking clarifying questions, as needed.	The Specialist explained each section of the 701S, asked questions individually, and completed the screening in order as required. Clarification was provided throughout the screening as needed. 701S tool utilized.
Specialists correctly identify a primary caregiver and complete the caregiver section according to DOEA 701S instructions.	The Specialist was observed correctly identifying a primary giver and completed the caregiver section accordingly. Client's caregiver is her son in this case.
Specialists correctly identify client needs and match needs and eligibility to waitlist placement. Additional needs identified are addressed at the end of the call and may be sent to the Helpline.	The Specialist correctly identified the callers needs and eligibility for programs she was not currently enrolled in or waitlisted for. Specialist added caller to waitlist appropriately. At the end of the call, the Specialist attempted to identify any additional needs she did not already cover. No additional needs identified at the end of the call.

Specialists are knowledgeable of funded programs and community resources.	The Specialist was observed reviewing information on funded programs and community resources with the caller. The Specialist outlined eligibility, possible co-payments, and program services.
Specialists inform potential clients or referring parties about the APCL list and prioritization of releases.	The Specialist was observed explaining APCL list and prioritization of releases. The caller stated they understood the waitlist and release process.
Specialists explain annual reassessment and encourage clients to call back if their situation changes.	The annual reassessment process was explained to the client during the call. This intake was completed due to a significant change. The client was encouraged to call back if their situation changes again.
Calls are documented in Refer appropriately.	The Specialist documented the call in REFER, including the reason for screening.
eCIRTS. Screening documentation matches screening, notes sections are completed appropriately, and client is added to waitlist for all appropriate programs.	The Specialist directly entered answers to screening questions as caller answered them. Assessment in eCIRTS and eCIRTS program enrollment lines were reviewed. All were appropriately entered.