



9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • www.agingcarefl.org

December 16, 2021

Bryan Adams , CEO
Best Buy Health dba Critical Signal Technologies
27475 Meadowbrook Rd
Novi, MI 48377

Dear Mr. Adams,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Emergency Alert Response service for contract year January 1, 2021-December 31, 2021.

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.

The 2021 monitoring produced the following, of thirteen standards, six standards were not achieved and four were partially achieved. The monitoring review demonstrates that as a provider, you have not met the contractual obligations and have not met the standards set forth in the 2020 DOEA Handbook and Services.

You have not submitted a 2021 continuing application nor does the AAAPP intend to renew OAA contract. Service to clients will end on December 31, 2021. We appreciate your support for a seamless transition.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Marie Winter".

AnnMarie Winter (Dec 17, 2021 09:27 EST)

Ann Marie Winter
Executive Director

Enclosures
cc: Geoff Jefferson, Health Compliance



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2021 OAA/LSP
EMERGENCY ALERT RESPONSE SERVICE MONITORING

PROVIDER: Best Buy Health / Critical Signal Technologies
Emergency Alert Response Service Provider

DATE(S) OF VISIT: Site visit waived due to COVID – 19

PARTICIPANT(S):

MONITOR(S): Michelle Tavares, Program Manager

FUNDING PERIOD: January 1, 2021 – December 31, 2021

SITES VISITED: Monitoring completed via 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

(Recommendations require a written response from the provider)

II. Findings/Corrective Action

The provider was scheduled for monitoring on July 7, 2021. The provider responded to the request for monitoring documents on October 18, 2021. Upon review of all documents submitted and reviewed for the 2021 monitoring, it is indicative that the provider has not been in compliance with contractual obligations and with the standards in the 2020 DOEA handbook and services. Of thirteen standards, the provider did not achieve six standards and partially achieved four standards.

Due to findings noted in standard six, budgetary compliance, further review was conducted. Review of the providers active client list, client files, and CIRT, indicated that of the three-hundred seventy-four (374) clients, one hundred sixty-seven (167) clients were eligible to receive services and one hundred ninety-seven (197) were ineligible. The AAAPP has been taking vigorous follow up measures to the findings.

- The AAAPP determined that Best Buy Health will require to refund the AAAPP \$22,587.84 in ineligible billing. Reimbursement has been received.
- The provider did not submit a 2021 Continuing Application nor does the AAAPP intend to renew OAA EAR contract with the provider. Service to clients will end on December 31, 2021.

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 were no unresolved issues from the September 25, 2020 programmatic monitoring visit.

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

Response: Not Achieved.

- A. Provider outlined their plan to target individuals in their 2020 Request for Proposal. The provider has not submitted any reports YTD. Monitor is unable to confirm that the provider is implementing their plan.
- B. The provider has not submitted any reports YTD. Monitor is unable to confirm that the provider is serving the proposed number of older individuals in each targeting category.

- C. The provider submitted a Prioritization Policy and prioritization tool with their 2020 RFP and reported that both are being implemented. However, review of provider submitted active and waitlist log, does not support that prioritization tool or policy was used nor implemented when receiving referrals in 2021.
- D. Review of provider submitted waitlist log, does not support that prioritization tool nor policy was used nor implemented for all referrals received in 2021. Documentation does not support that the clients were contacted by the provider for initial screening or annual rescreening.

Standard #3 – Staff Training

Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training is conducted annually for all applicable program staff.

Response: Not Achieved.

The provider was unable to provide supportive documentation indicating that staff received annual mandatory training of reporting suspected abuse, neglect, self-neglect, and exploitation of elders.

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: Not Achieved.

- A. The provider submitted their 2020 Annual Outreach and Public Education Report.
- B. The provider has not submitted any quarterly reports YTD.
- C. The provider has not submitted any Board of Directors meeting notes YTD.
- D. The provider has not submitted Surplus/Deficit reports YTD.

Standard #5 – Case Record Compliance

Using the AAAPP Client File Monitoring Tool, case records sampled showed: Compliance with requirements for client eligibility, intake, and service delivery.

Response: Partially Achieved. See attachment I.

Provider submitted an active client list which listed all ten clients requested for review. Client list supports those nine of the ten clients were screened using a prioritization tool. All ten clients appeared to have been verified for service eligibility based on age requirement, date of

birth documented for each. Two of ten client files do not have supporting documentation demonstrating clients were informed of complaint procedure and a signed HIPAA release form was not available. Provider did not submit supportive documentation demonstrating that clients were notified of why their Social Security number is collected. All client files provided did not have a client social security number printed on them.

Standard #6 – 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 calendar year 2021, the provider has a clear audit trail for units of service entered in CIRTS as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.*

Response: Not Achieved.

- A. This monitor is unable to confirm if the provider is serving the proposed units as identified in the service provider application. Provider has not submitted any reports for most of 2021 and has not submitted billing for August 2021 thru YTD.
- B. Review of client files, service logs, and CIRTS demonstrate that five of ten clients should not have been billed for services rendered in January 2021 due to having a date of death or have become MLTC ACTV. One client was not able to be found in CIRTS, but this monitor spoke with client and confirmed that client was receiving services. Due to these findings, further review conducted and outlined in s summary.

Standard #7 – 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: Not Achieved.

- A. The provider did not submit policies and procedures related to consumer satisfaction.
- B. Random clients were selected from the providers active client list. Thirty-five clients who did not have a record in CIRTS were contacted. Nine clients answered or returned a call confirming that they are receiving services and did not offer any complaints.
- C. Provider reports that they have not conducted any client satisfaction surveys in 2021 due to Covid 19.

- D. Provider did not submit a consumer satisfaction policy supporting timeframe of surveys nor did they conduct surveys in 2021.

Standard #8 – 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: Partially Achieved.

- A. The provider submitted grievance policies or procedures required for review. The provider did not submit any logs and reported via email that no grievances were received in 2021 through YTD.
- B. The provider submitted complaint policies or procedures required for review. The provider did not submit any logs and reported via email that no complaints were received in 2021 through YTD.
- C. The provider submitted incident policies or procedures required for review. The provider refers to policy titled “Care Escalation”. The provider did not submit any logs and reported via email that no incidents occurred in 2021 through YTD.

Standard #9 – 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 clearly convey that services are free of charge and all contributions shall be used to increase service availability.*

Response: Partially Achieved.

- A. The provider did not submit a voluntary contributions policy for this monitoring. However, one is included in the providers 2020 RFP.
- B. The provider did not submit a sample letter related to voluntary contributions for this monitoring. However, there is a sample letter in the providers 2020 RFP. This monitor is unable to confirm if clients are receiving letter as no supporting documentation was provided.

Standard #10 – 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. regulations*
- 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: Partially Achieved.

- A. EAR services are not being provided in compliance with the most current DOEA Program and Services Handbook. See report summary for details.
- B. The provider did not submit documentation to support that the provider is in compliance with the provider qualifications as listed in DOEA Program and Services Handbook.
- C. The provider did not submit any documentation supporting that provider is acting in accordance with the Florida Statute 119.017.
- D. The provider includes notice of Privacy/HIPAA practices in their "Getting Started Guide". Clients acknowledge receipt of policy and practices with a signature page. However, two of the ten client files reviewed, did not support that client received notice of HIPAA policy and practice.
- E. The provider submitted a Conflict of Interest' policy supporting that they are in regulatory compliance.
- F. The 2021 CEMP/COOP was submitted, as required.

Standard #11 – 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).*

Response: Partially Achieved.

- A. The provider maintains a partnership with the ADRC and continues to receive referrals. However, active and waitlisted client files submitted for review, do not support that the clients referred in 2021 were initially screened or assessed by the provider.

- B. Due to the lack of documentation supporting that the clients were screened or assessed, this monitor is unable to determine if the provider is assessing client needs and making appropriate referrals as needed.

Standard #12 – 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: Not Achieved.

- A. No supportive documentation provided.
- B. No supportive documentation received.

Standard #13 – Volunteers

Provider has policies/procedures governing the utilization of volunteers and submits the Department of Elder Affairs Volunteer Activity Report annually as required.

Response: N/A

The provider does not utilize volunteers.

Signatures:

Michelle Tavares

Michelle Tavares, Program Manager

Dec 17, 2021

Date

Kristina Jalazo

Kristina Jalazo, Director of Program Accountability

Dec 17, 2021

Date



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

Organization: Best Buy Health/Critical Signal Technologies
Unregistered Service: Emergency Alert Response

Questions	DB	AD	GG	LK	FL	NP	RP	HV	VP	AF	Comments
Was an intake/registration form completed and, if applicable, updated annually?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established using an approved prioritization tool?	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Provider submitted excel sheet with client information and prioritization/targeting categories. *RP - listed on sheet but does appear to have been assessed for prioritization.
Did the worker obtain a signed Release of Information/HIPAA form?	Y	Y	Y	Y	Y	Y	Y	Y	N	N	VP, AF - No documentation provided.
Was the client notified of why their SS# is being collected?	N	N	N	N	N	N	N	N	N	N	Review of all client did not have any supportive documentation to demonstrate this.
Did the worker notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Via "Getting Started Guide" reviewed and received at time of installation. Clients have signed form indicating receipt of getting started guide. VP, AF- No documentation provided.
Based on the audit trail month selected for review, January 2021, do the units entered in CIRT's balance with the provider's internal recordkeeping?	Y	N	N	Y	Y	N	N	N	Y	N	The following clients were all billed for but should have not due to: AD - Date of Death 5/12/2019 NP - Date of Death 11/29/2020 RP - MLTC ACTV 1/13/2019 HV - MLTC ATCV 4/30/2020 AF - Date of Death 4/30/2015 GG- Client is not in CIRT's but confirmed via phone call that she receives service.
Do notes within the client's file reflect the current status of the client?	Y	N	N	Y	Y	Y	N	N	Y	N	AD,GG,RP,HV,SF - Providers internal client log indicate that clients are active. Clients should have been discharged due to DOD or MLTC ACTV. NP- Note indicates client died 11/2020, but provider billed for client in January 2021.
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	N/A										
Notes											

Yes = Compliant
No = Non-compliant and comment is required
N/A = Not applicable