



AGENDA ITEM #7H(2)
3/18/2024

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March 1st, 2024

Brian Hoben, Director of Community Service
Pasco County Senior Services
8600 Galen Wilson Boulevard
Port Richey, FL 34668

Dear Mr. Hoben,

Enclosed is the 90-Day Programmatic Monitoring report for the Alzheimer's Disease Initiative, Community Care for the Elderly, and Home Care for the Elderly programs. The monitored time frame was September 1st, 2023 through November 30th, 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. No findings or recommendations were noted. No further response is required. The cooperation of your staff throughout the monitoring process was appreciated. We are very happy to have you as our new Lead Agency for Pasco County and look forward to our continued partnership serving elders in these programs throughout the community.

Sincerely,

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

Ann Marie Winter
Executive Director

Enclosures

cc: Tom Snee, Assistant, Director of Community Services
Josephine Benson, Senior Services Manager
Veronica Ignat, Senior Services Assistant Manager
Stefanie Meyer, Program Coordinator
Davia Turauckas, Program Coordinator



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
GENERAL REVENUE MONITORING
90-day New Lead Agency Monitoring

PROVIDER: Pasco County Board of County Commissioners
Pasco County Senior Services

DATE(S) OF VISIT: March 1, 2024

PARTICIPANT(S): Kerry Marsalek, AAAPP, Chief Operating Officer
Christine Didion, AAAPP, Director of Programs
Victoria Anci, AAAPP, Program Manager
Cynthia Galvan, AAAPP, Program Manager
Tom Snee, Pasco County Senior Services, Assistant
Director of Community Services
Josephine Benson, Pasco County Senior Services, Senior
Services Manager
Veronica Ignat, Pasco County Senior Services, Senior
Services Assistant Manager
Stefanie Meyer, Pasco County Senior Services, Program
Coordinator
Davia Turauckas, Pasco County Senior Services, Program
Coordinator

MONITOR(S): Christine Didion, AAAPP, Director of Programs
Victoria Anci, AAAPP, Program Manager

FUNDING PERIOD: September 1, 2023 – November 30, 2023

SITES VISITED: Desk review completed. On-site visit to occur during
annual monitoring in spring of 2024.

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

- A. Following an emergency procurement, Pasco County Senior Services became the CCE Lead Agency beginning September 1, 2023. Pasco County Lead Agency leadership, case managers, case aides, and support staff have been, and continue to remain, resilient, flexible, and proactive in their approach to providing high-quality and comprehensive case management services to clients they have inherited and newly enrolled clients, alike. Through this initial review, it is evident that Lead Agency is working to set themselves up for success and are proactive in their approach to solve client and programmatic concerns and put measures into place to improve their efficacy and efficiency.
- B. The AAAPP completed its annual, PSA-wide case management satisfaction survey in the fall of 2023, after Pasco County Senior Services began in September of 2023. Overall client satisfaction of case management services was rated at an 80.24% approval rate. Compared to the 2022 client satisfaction rate of 57.59%, it is evident that Pasco County Senior Services is taking the necessary steps to improve on case manager follow-up, client relations, and care plan reviews.

II. Recommendations for Improvement

(Recommendations require a written response from the provider)

- A. None.

III. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- A. None.

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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: Not applicable.

This is Lead Agency's first monitoring.

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: Achieved.

Lead Agency has begun to submit Surplus/Deficit reports each month beginning with November expenses after technical assistance provided by AAAPP. Technical assistance will continue to ensure Lead agency appropriately and accurately refers to their Surplus/Deficit report in their justifications for new releases for all General Revenue programs and to assist in identifying and correcting errors in reports. Lead Agency participates in monthly surplus/deficit meetings and provides appropriate feedback when discussing program budgets.

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 in their Lead Agency application and in review of eCIRTS data by AAAPP staff. Lead Agency is reminded that APPL enrollment lines must be updated in a timely manner when clients are terminated from the program. Lead Agency has shared several of their practices occurring to enhance and verify service expenditures for CCE and ADI clients. In review of files, few, if any, files required corrections to eCIRTS data.
- B. In review of files, most Lead Agency Case Managers have opted to complete the 701B assessment directly in eCIRTS at the client's home, during the assessment interview. Therefore, there were only few files containing turnaround and written assessments. When a turnaround and written assessment exist, there were minimal data integrity errors.
- 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 February 2023. It is evident that Lead Agency has begun to examine available reports in eCIRTS and run all monitored reports on a monthly basis and address all applicable exceptions. AAAPP Program Managers will continue to examine available eCIRTS monitored and required reports on a routine basis and provide further assistance on these reports to Lead Agencies and Providers.

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 December 2021, Outcome Measures remain unavailable in eCIRTS. No Outcome Measure data is available for review. Based on file review, Lead Agency case managers continue to address clients' changing needs by frequent and appropriate client contact and follow-up on service delivery.

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. Not applicable for 90-day review. Lead Agency will be monitored on their satisfaction surveys and procedures during annual monitoring occurring in the Spring of 2024.
- B. Not applicable for 90-day review. Lead Agency will be monitored on their satisfaction surveys and procedures during annual monitoring occurring in the Spring of 2024; however, the AAAPP completed PSA-wide case management satisfaction survey in the fall of 2023, after Lead Agency began in September of 2023. Overall client satisfaction of case management services was rated at an 80.24% approval rate. Compared to the 2022 client satisfaction rate of 57.59%, it is evident that new Lead Agency is taking necessary steps to improve on case manager follow-up, client relations, and care plan reviews. Additionally, AAAPP Program Managers selected three clients, across the three funding sources, at random, to complete telephonic satisfaction calls. All clients and/or caregivers responded with favorable comments regarding their case manager, their services, and the overall program. No concerns were noted during any of the satisfaction calls. Lead Agency has also identified further methods of improving on the review of appropriate care planned services by implementing a short-term process of additional home visits. This will also allow new case managers to become more familiar with their clients, needs, and how to assess changes in their future needs.
- C. Lead Agency maintains a written grievance and complaint procedure, in accordance with Department of Elder Affairs' standards, to address any client complaints regarding services. It is a strong suggestion that Lead Agency add date created, date revised/updated, and date reviewed categories to all policies and procedures.

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. It is a strong suggestion that Lead Agency add date created, date revised/updated, and date reviewed categories to all policies and procedures.
- 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.
- 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 documented eleven complaints between September 1, 2023 – November 30, 2023. Most recorded complaints were related to requesting review of current care plan and vendor incompatibility. Two complaints were documented to indicate potential or suspected abuse, neglect, or exploitation. Lead Agency took appropriate steps to notify APS. 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: Achieved.

- A. Lead Agency has submitted written Grievance policies and procedures which appropriately address complaints regarding termination, suspension, or reduction in services. It is a strong suggestion that Lead Agency add date created, date revised/updated, and date reviewed categories to all policies and procedures.
- 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 period of September 1, 2023 – November 30, 2023, along with written attestation stating no grievances were received during this

period. Submitted grievance log contains all appropriate required fields to accurately track any grievances.

Standard #8 – SMMCLTCP Referrals

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

Response: Achieved.

Lead Agency has remained flexible in updated AAAPP policies and procedures for properly referring financially eligible CCE clients to the ADRC for screening and placement on the waitlist for MLTC. Lead Agency received technical assistance during annual case manager training in December 2023 on proper procedures. AAAPP Program Managers will work closely with the Lead Agency for properly identifying financially eligible CCE clients for referral to the ADRC utilizing the Medicaid Waivers Probably report.

AAAPP Program Managers completes regular updates on the Enrollment Management Log of CCE clients who are actively applying to MLTC services. Lead Agency typically addresses and assists clients who appear on this log. During the monitored period, Lead Agency has assisted several CCE clients who appeared in a grace period and at risk of losing their CCE services, per CCE programmatic requirements. Several CCE clients were in grace periods over a six-month period once new Lead Agency took over case management services. Lead Agency has assisted these clients in completing a new screening with the ADRC for SMMC LTCC waitlist placement, in accordance with CCE requirements to avoid potential crisis situations.

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 DOEA 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, as applicable, 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 a strong suggestion that Lead Agency add date created, date revised/updated, and date reviewed categories to all policies and procedures. Lead Agency utilizes the appropriate 701B assessment within the required timeframes.

Standard #10 – Use of Non-DOEA funded services

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

Response: Achieved.

Files reviewed during this annual monitoring and during monthly and quarterly reviews demonstrate Case Managers are familiar with non-DOEA funded services in Pasco County. Lead Agency leadership and case managers have met with Department of Children and Families and Pasco County Sheriffs Office to discuss high-risk seniors and provide alternative resources to reduce the risk of a crisis situations.

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.

Lead Agency 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. It is suggested case managers continue to review client's nutrition score especially in relation to justification for home delivered meals, nutritional supplements, and/or nutritional counseling services.

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: Achieved.

- A. A total of eight (8) Case Managers were employed during the monitored time period along with two (2) case manager supervisors. 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. File reviews demonstrated Case Managers are knowledgeable of formal and informal community services. No concerns were noted during file review of this substandard.
- C. File reviews demonstrated Case Managers understand program eligibility guidelines.

- D. Using the Case Manager Verification and Training log, Lead Agency demonstrated Case Managers maintain caseloads under 100 clients per Case Manager. No concerns were noted.
- E. Level II Background screens will be reviewed during annual monitoring occurring Spring 2024.

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: Achieved.

- A. A total of five (5) Case Aides were employed by Lead Agency during this monitored period along with one (1) case aide supervisor. 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, and units billed. Lead Agency is encouraged to ensure all case aides sign documentation appropriately.
- C. Level II Background screens will be reviewed during annual monitoring occurring Spring 2024.

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: Achieved.

Lead Agency maintains appropriate written internal audit/peer review policy and procedure. Lead Agency is encouraged to add date created, date revised/updated, and date reviewed categories to all policies and procedures. Lead Agency employs and utilizes two (2) Case Manager supervisors who complete quality assurance.

Standard #15 – Conflict of Interest

Lead Agency maintains a current Conflict of Interest Policy

Response: Achieved.

Lead Agency maintains a Conflict of Interest policy. Lead Agency is encouraged to add date

created, date revised/updated, and date reviewed categories to all policies and procedures.

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 has had all staff trained on HIPAA and security matters.
- 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. Per submitted procedures, 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.

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 within 3 months of hire.*

Response: Achieved.

- A. Not applicable. Lead Agency has submitted in-service training plan with provider application. Lead Agency's in-service training will be reviewed during annual review occurring in Spring of 2024.
- A. All case managers and case aides employed in monitored timeframe have completed the required Department of Elder Affairs 701B Assessment Training as indicated by completion certificates. Lead Agency collaborates with AAAPP Program Manager to

schedule new staff for the Quarterly New Case Manager/Case Aide training and Care Plan training, provided by the AAAPP.

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: Achieved.

A total of six files were reviewed for this monitoring period.

- A. Of the six files reviewed, all reviewed assessments were completed in a timely manner congruent with initial assessment standards. Semi-Annual and Annual assessments are not applicable due to all client files being under six months old. All assessments reviewed were completed fully and with minimal assessment error. One assessment was completed on paper and resulted in three integrity errors. Four assessments showed 701B section C and K were left blank. It has been highly recommended to have all Case Managers complete 701Bs electronically to avoid future discrepancies. Additionally, the lead agency has been recommended to ensure Case Managers fill all summary sections in the assessment.
- B. File reviews demonstrated case managers maintain updated and current care plans. Most care plan errors were related to care plans not containing begin dates/end dates, service impact codes, or care plan costs. However, the lead agency has informed AAAPP that they have transitioned into eCIRTS care plans only in accordance with DOEA guidelines and will no longer have paper care plans. This should mitigate any of the above findings going forward and will be re-evaluated upon annual monitoring.
- C. Case Aide and Case Management narratives were reviewed in all submitted files.
 - i. File reviews demonstrated Case Managers typically follow-up with clients within 14 days of order of services; however, of the six files reviewed, there were four instances of 14-day follow-ups completed outside of the required timeframe. However appropriate follow-up was completed, and client satisfaction was addressed. Per Department of Elder Affairs Programs and Services Handbook, Chapter Two, 14-day follow-up contact must be completed following the ordering of services to determine service satisfaction and quality of service. Due

to the Lead Agency being new, review of this standard will be re-evaluated during Annual Monitoring in April 2024. The lead agency must address this standard with all staff.

- ii. Case narratives demonstrated face-to-face visits were completed for client's initial assessments. Semi-annual and annual visits were not applicable to these files. No concerns were noted of this substandard.
 - iii. All reviewed files demonstrated that case managers contacted clients regarding service provision, rapport with service workers, and other aspects of quality service. Almost all case files reviewed demonstrated verification of client receipt of services in accordance with the care plan. Lead Agency is reminded that appropriate justification for service provision must be present in the narrative. Appropriate justification must include client agreement to service and documentation that the service or item is being used to meet an existing need in client's ability to live independently and safely.
 - iv. Of the six files reviewed, no clients were noted to have any formal complaint of services. No concerns were noted of this substandard.
- D. Of the six files reviewed, most documentation was present. One HCE client had two incomplete forms. The lead agency has been notified to correct these documents. Three clients' files were missing a physical 701B and corresponding Case Manager signature however the 701B was completed in eCIRTS.
- E. All reviewed clients were eligible for the General Revenue program they were active in. Upon review of clients in eCIRTS, two were found to still be active with OAA programs. The lead agency was notified to collaborate with OAA providers to close out appropriate lines.

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. eCIRTS is consistently updated with appropriate service billing. There were no concerns regarding service dates or any discrepancies identified when reviewing received services and care planned services.
- B. Two HCE files were reviewed for this monitoring. Due to the Department of Elder Affairs Notice of Instruction #022219-1-I-SWCBS, all HCE client files reviewed receive Basic Subsidy only with additional services provided under other funding sources.
- C. Of the six files reviewed, ten errors involving justification of time billed were found. Two of the errors were noted due to Case Managers billing for documentation on initial assessment narratives and then billing for documentation again on the following day. If the lead agency is utilizing templates, these should be reviewed after completion to ensure no double billing for an activity is occurring. Nine errors were noted through

Case Aide narratives due to time being unsupported by listed activities or the narrative had the inclusion of non-billable activities such as arranging co-pay with administration. One error was found of a Case Aide and Case Manager completing the same billable activity for an HCE client's monthly contact. It is recommended that going forward, Case Aides and Case Managers review their documentation carefully after completion and note any additional billable activities if completed or reduce time if unsupported. The Lead agency will be correcting the instances of unjustified billing, and the standard will be re-evaluated at annual Monitoring in April 2024. Of the Case Aide and Case Manager narratives reviewed, six narratives were found to be missing from the files but appear billed for in eCIRTS. The lead agency has been made aware of this standard and will provide documentation or appropriate deductions will occur.

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 and submitted incident logs demonstrate Lead Agency immediately reports any potential cases of abuse, neglect, self-neglect, or exploitation to the Florida Abuse Hotline.

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.

AAAPP conducts full file reviews on all received APS high-risk referrals each month. Two APS high risk client files were reviewed during this monitoring.

- A. Of the six files reviewed, two were APS high-risk referrals. Both clients' referrals were accepted on the day of receipt and services were implemented within 72 hours.
- B. Communication with APS investigators and Case Managers are documented in client files apart from two instances occurring within one client file. One instance was the absence of documentation notifying the APS Investigator of services being initiated/ accepted by client in the initial 72 hours and then an absence of documentation notifying the APS Investigator of a subsequent delay in services. ARTT was updated within the appropriate time frame but both files showed the number #36 box was left blank. Lead agency is reminded that box #30, #31, #36,

and #37 must be entered into ARTT within five (5) business days of receipt of the referral.

- C. APS high-risk file reviews demonstrated Lead Agency complies with all APS standards and mandates except in situations notated above.

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: Achieved.

- A. Lead Agency has complied with regulations, as required.
- B. State General Revenue funded services are 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:

Victoria Anci

Program Manager

Mar 1, 2024

Date

Christina Didion

Director of Programs

Mar 1, 2024

Date

K Mandell

Chief Operating Officer

Mar 1, 2024

Date