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September 29, 2021

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

Dear Ms. Rosa,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Homemaker program 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 no findings and no recommendations. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Marie Winter', is written over a horizontal line.

AnnMarie Winter (Sep 29, 2021 11:14 EDT)

Ann Marie Winter
Executive Director

Enclosures

Cc: Edith Golden, Program Director, CARES
Gail Holton, COO, CARES



Area Agency on Aging
of Pasco - Pinellas, Inc.

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

PROVIDER: Community Aging and Retirement Services, Inc. (CARES)
Homemaker 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: N/A due to COVID – 19

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)

- No recommendations.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- No findings were found.

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:** Recommendation was made on the 2020 monitoring report that the provider keep detailed documentation for complaints and grievances showing provider and consumer actions and communication. Recommendation was achieved.

Standard #2 – Targeting, Prioritization, and Waitlist

A targeting plan with specific targeting objectives is in place:

- 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).*
- 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).*
- Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy.*
- A random sample of client files from the Assessed Prioritized Consumer List (APCL) in CIRT will be requested for review during the monitoring visit. Please have all waitlist information, files, policies, and procedures available.*

Response: Achieved.

- Provider outlined their plan to target individuals in their 2021 Service Provider Application and has implemented the plan.
- Per review of 2021 quarter 1 & 2 reports, the provider utilized all LSP funding within the first quarter. Provider exceeded all targeting proposals under LSP except for greatest

economic need and limited English. The provider is now serving clients under OAA funding and is on track to serve the proposed number of clients with OAA funding.

- C. The provider is utilizing an approved prioritization instrument as outlined in their OAA Service Prioritization Policy.
- D. Waived due to COVID-19.

Standard #3 – Staff Training

Provider staff has received training pertinent to the performance of required functions:

- A. *Utilizing the appropriate DOEA Assessment Tool including the 701S, 701A and/or 701C (Registered Services only) in accordance with the DOEA Programs and Services Handbook.*
 - *Review of policies and procedures for DOEA Assessment Tools including the 701S, 701A, and/or 701C to ensure assessments are being completed as outlined in the DOEA Programs and Services Handbook.*
 - *Ensure requirements for face-to-face visits are being adhered to.*
- B. *Quality assurance activities to include use of the Assessment Instructions (DOEA 701D), direct observation, coaching, and training of screening staff to ensure the accuracy and quality of the screenings being conducted.*
- C. *DOEA standards for specific service training as outlined in the most current DOEA Program and Services Handbook is being utilized:*
 - *DOEA web-based training with receipt of a certificate of completion. The certificate must be submitted to the AAAPP for all 701 assessors and will be verified during monitoring.*
 - *DOEA 701S Training Webinar with appropriate documentation of completion is required per the AAAPP.*
- D. *Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training is conducted annually for all applicable program staff.*

Response: Achieved.

- A. The ADRC performs the DOEA 701S assessments to initially screen clients for Homemaker Assessed Prioritized Consumer List (APCL) enrollment. The provider is responsible for annually re-screening clients that remain on their waitlist (APCL) and are owned by their program.
 - a. During this monitoring period, 701A client assessments have been completed by phone, due to COVID-19, or face-to face and in accordance with their approved transition plan. All assessments are completed prior to client receiving services.
- B. Observation could not be completed due to COVID-19.
- C. The provider submitted certificates of completion of 701 training for three new staff members/assessors.
- D. The provider submitted documentation supporting that staff completed annual training related to Elder Abuse in 2020.

Standard #4 – Programmatic Reporting

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

- A. Annual Outreach and Public Education Report*
- B. Quarterly Reports*
- C. Detailed meeting minutes from the agency Board of Director meetings are submitted regularly.*
- D. Surplus/Deficit Reports*

Response: Achieved.

- A. The provider submitted the 2020 Annual Outreach and Public Education Report accurately and on time.
- B. Quarter 1 & 2 reports were submitted on time and are considered accurate.
- C. Provider has submitted all meeting minutes from the agency Board of Director meetings. No issues noted.
- D. Provider has submitted all surplus/deficit reports on time and are considered accurate.

Standard #5 – Outcome Measures

Outcome measures referenced in the current Standard Contract are achieved:

The provider has implemented the strategies detailed in the current Service Provider Application including:

- using available CIRTS reports to track outcome achievement*
- each exception is addressed on the outcome measures report monthly detailing the factors that enhance or inhibit ability to achieve outcome measures*
- appropriate actions, including staff training to address outcomes which are not achieved, are included in the quarterly narrative of the outcome measures report*

Response: Achieved.

The provider submits monthly outcome measures reporting as required. The reports address exceptions as necessary. It is suggested that nutritional outcomes are reviewed and compared in detail to ensure that the nutritional component of the 701 assessments were completed accurately. It is also suggested that the quarterly narrative is updated, and percentages are indicated in achievement section.

Standard #6 – Case Record Compliance

Using the AAAPP Client File Monitoring Tool, case records sampled showed:

- A. *Compliance with requirements for client eligibility, intake, and service delivery.*
- B. *CIRTS records of assessment/reassessment, program enrollment and received services are accurate, entered in CIRTS in a timely manner and agree with client and project records:*
 - *701S attempts are made within three business days after receipt of a client referral and completion of assessments are no later than 14 business days from initial contact.*
 - *Reassessments are completed 365 days after the prior assessment through the end of the month.*

Response: Achieved.

- A. The provider submitted ten (10) client records. Review of records demonstrate that the provider is in compliance with the requirements for client eligibility, intake, and service delivery. **Please see Attachment II. for specific details.**
- B. Review of client records demonstrate that assessments/reassessments, program enrollment and received services are accurate, entered in a timely manner and agree with client and project records.
 - The ADRC performs the DOEA 701S forms to initially screen clients for Homemaker Assessed Prioritized Consumer List (APCL) enrollment. The provider is responsible for annually re-screening clients that remain on their waitlist (APCL) and are owned by their program.
 - Review of client records demonstrate that the provider is completing reassessments within 365 days after the prior assessment

Standard #7 – CIRTS Exception Reports

CIRTS Exception Reports are reviewed on a regular basis and exemplify accuracy Specific Older Americans Act Reports include:

- *Assessment Due Report;*
- *ACTV, APPL, APCL Clients Moved To Another PSA;*
- *ACTV Clients Not Served In A Time Range (Defaults To 14 Months);*
- *Clients Served Not Enrolled;*
- *Consumer Age Verification;*
- *Possible Duplicate Clients;*
- *ACTV Pace Clients Who Are ACTV, APCL, Or APPL In Another Program;*
- *CIRTS Data Clean Up;*
- *ACTV MLTC Clients Who Are ACTV, APCL, Or APPL In Another Program, and*

- *Data Inconsistencies Found When Comparing Vital Statistics Death Certificates With CIRTS*

Response: Achieved.

Throughout the year, minor CIRTS exceptions were found and noted to provider. Provider quickly corrects any exceptions found. There are no trending issues observed and no concerns noted.

Standard #8 – Budgetary Compliance

Budgetary Compliance:

- A. Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.
- B. For 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: Achieved.

- A. In fiscal year 2021, the provider exceeded the number of proposed clients to be served with LSP funding. The provider is on track to meet proposed number of clients through OAA funding for 2021.
- B. The provider has a clear audit trail for units of service entered in CIRTS for May 2021 as indicated by review of client files, service logs, monthly summaries, and quarterly reports.

Standard #9 – Consumer Satisfaction

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

- A. *Policies and procedures related to consumer satisfaction detailing how satisfaction will be measured annually.*
- B. *Home visits and/or client interviews (including service observation, if possible) in order to reveal effective delivery of service.*
- C. *Client satisfaction surveys accompanied by a satisfaction survey summary report for the last fiscal year.*
- D. *Provide status on the timeframe for the client satisfaction survey in the current fiscal year (will vary depending on when monitoring visit occurs).*

Response: Achieved.

- A. Provider outlined their procedures on how they measure customer satisfaction annually on their 2020 Service Provider Application.
- B. Waived due to COVID-19.
- C. Provider submitted 2021 Client satisfaction surveys and summary. Surveys and summary were reviewed. Of the ten surveys received, five clients reported an overall

rating of the program as excellent and the other five reported it as good. There were no issues or trends noted.

D. Per documentation reviewed, provider completed satisfaction surveys in May 2021.

Standard #10 – Grievances, Complaints, and Incidents

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

- A. *Provider has approved grievance policies, procedures, and logs, including documentation of the service provider's response and resolution.*
- B. *Provider has approved complaint policies and procedures. Complaints are recorded using the appropriate AAAPP narrative and log which will include documentation of the service provider's response and resolution.*
- C. *Provider has approved incident policies, procedures, and logs, including documentation of the service provider response and resolution.*

Response: Achieved.

- A. Provider has an approved grievance policy, procedure, and log on file. The provider logged three grievances for 2021. Supportive documentation of the providers response and resolution to the grievances were provided.
- B. Provider has an approved complaint policy and procedure on file. The provider logged three complaints for 2021. Supportive documentation of the providers response and resolution to the complaints were provided.
- C. Provider has an approved incident policy and procedure on file. The provider logged no incidents for 2021.

Standard #11 – Voluntary Contributions

Provider has a voluntary contribution system in place conforming with the Older Americans Act:

- A. *Approved Voluntary Contributions Policy/Procedure*
- B. *Sample letter and/or sign related to voluntary contributions which clearly convey that services are free of charge and all contributions shall be used to increase service availability.*

Response: Achieved.

- A. The provider has an approved voluntary contributions policy and procedure.
- B. The provider submitted a sample letter related to voluntary contributions that convey services are free of charge and all contributions are used to increase service availability.

Standard #12 – Regulatory Compliance

OAA Provider is in Regulatory Compliance with:

- A. OAA services reviewed are being provided in accordance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application.*
- B. Provider complies with all pertinent to the service being provided (I.E, fire, health inspections, licensure, etc.).*
- C. Provider is acting in accordance with the Florida Statute 119.071 (5) requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for collection.*
- D. Health Insurance Portability and Accountability Act (HIPAA) requirements including policies/procedures.*
- E. Provider is in compliance with the Provider Conflict of Interest Program Procedure (PR 132) issued 12/2017.*
- F. Provider submits their Comprehensive Emergency Management Plan/Continuity of Operations Plan annually as required.*

Response: Achieved.

- A. Homemaker services are provided in compliance with the most current DOEA Program and Services Handbook and the 2020 Service Provider Application.
- B. The provider has an active Agency for Healthcare Administration (AHCA) license # 19967959. Confirmed on Florida Health Finder.
- C. The provider is acting in accordance with the Florida Statute 119.071(5) and provides a written explanation to individuals explaining reason for collecting social security numbers.
- D. The provider is in compliance with HIPAA and has approved policies and procedures on file.
- E. The provider is in compliance with the provider conflict of interest program procedure (PR 132). An approved conflict of interest policy and procedure is on file.
- F. The CEMP/COOP is submitted to AAAPP Director of Planning as required.

Standard #13 – Involvement with the ADRC

Provider is involved with the Aging and Disability Resource Center (ADRC) and abides by the no-wrong-door system:

- A. Maintains partnership with the ADRC, state, and community agencies to ensure that regardless of which agency people contact for help, they can access information about the options available across all the agencies and in their communities.*
- B. Services not arranged through agency contracts should be obtained through referrals to other community resources (i.e., ADRC, volunteer agencies, informal networks and/or proprietary agencies that charge fees).*
- C. If applicable, essential information is captured about the nature of the person's physical, mental, and functional abilities, concerns, limitations, or problems, as well as general background information during the 701S intake process to assist in screening for*

eligibility and applicable program and service referrals. Potential LTCC clients are referred to the ADRC for the appropriate screening measures.

Response: Achieved.

- A. The provider maintains a positive partnership with the ADRC and other community agencies to ensure referrals receive the assistance they need. If the provider receives a referral from someone in need of additional services, a referral is made to the ADRC.
- B. The provider ensures referrals are made to other community resources as appropriate.
- C. Provider uses 701S assessment tool to capture essential information. Clients are referred to the ADRC for any additional services identified including LTCC.

Standard #14 – Subcontractors

Provider shall monitor, at least once per year, each of its subcontractors that are paid from OAA/LSP funds as required by the Standard Contract and will:

- A. Submit a copy of the programmatic monitoring record to the AAAPP upon completion to ensure contractual compliance.
- B. Submit a copy of all subcontracts to the AAAPP within thirty (30) days of execution of each subcontract agreement.

Response: N/A. The provider does not utilize any subcontractors to provide homemaker services.

Standard #15 – Volunteers

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

Response: N/A

The provider reports that they do not utilize volunteers for the program.

Standard #16 – Background Screening

Provider completes Level II Background Screening as necessary.

Response: Achieved.

Provider submitted documentation of Level II Background screening for three new staff members.

Signatures:

Michelle Tavares

Michelle Tavares (Sep 29, 2021 10:02 EDT)

Michelle Tavares, Program Manager

Sep 29, 2021

Date

Kristina Jalazo

Kristina Jalazo, Director of Program Accountability

Sep 29, 2021

Date

2021 OAA - CARES HMK Monitoring Report

Final Audit Report

2021-09-29

Created:	2021-09-29
By:	Michelle Tavares (Michelle.Tavares@aaapp.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAABUK98gRI-fCokO7KfOIJXPYvMKTvHrE

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