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October 17, 2023

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

Dear Ms. Rosa,

Enclosed is the 2023 Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Chore program.

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 2023 monitoring produced three findings and two recommendations. Please note, a written response to the recommendations and findings is required. Please submit response by October 31, 2023. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

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

Ann Marie Winter
Executive Director

Enclosures

cc: Mr. Rick Soriano, Board Chair, CARES





Area Agency on Aging of Pasco-Pinellas, Inc.
2023 OAA/LSP
CHORE SERVICE MONITORING

PROVIDER: Community Aging and Retirement Services, Inc. (CARES)

DATE(S) OF VISIT: May 26, 2023

PARTICIPANT(S): Jemith Rosa, CEO
Erik Kline, Director of Programming
Mary Stahl, Contract Manager

MONITOR(S): Melanie Gress, Program Manager
Michelle Tavares, Program Manager

FUNDING PERIOD: 2022 -2023

SITES VISITED: 12417 Clock Tower Pkwy, Hudson, FL 34667

REPORT SUMMARY

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

I. Recommendations for Improvement

(Recommendations require a written response from the provider)

- Per contract requirements, provider is required to conduct annual client satisfaction surveys to evaluate and improve service delivery. Satisfaction surveys for this monitoring did not include a date. Recommendation is made to include a date on each individual survey to reflect and support the time period that surveys were completed in.
- Per the Department of Elder Affairs Programs and Services Handbook, Appendix E, all approved Department Candidates are required to sign the current Attestation of Compliance Candidate Form and attach the "Eligibility Statement" on a yearly basis. Further, the signed and dated Privacy Policy must be dated prior to the Eligibility Statement. The initial signed and dated Attestation of Compliance Employer Form must be dated after the Eligibility Statement. Several staff members were observed to not have the Attestation of Compliance completed after the screening results were obtained or annually thereafter.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- In 2022, the provider spent a total of 28.31% of the OAA Title IIIB budget allocation, thus not serving the number of clients proposed in the 2022 continuing application. As of September 30, 2023, the provider has expended 52.5% of the OAA Title IIB budget allocation. Per contract requirements, the provider is responsible for the programmatic, fiscal, and operational management of the OAA Title IIIB program and provide program services in a manner consistent with the providers application. Provider should review surplus/deficit reports, monthly spending, monthly projections and enroll additional clients as appropriate. Provider did not submit quarterly report due on October 10, 2022. AAAPP made three requests for the report. Report submitted on November 14, 2022. Quarterly report due on January 10, 2023, was submitted on January 17, 2023. Per contract requirements, the provider shall respond to additional, routine, or special requests for information and reports required by the AAAPP in a timely manner as determined by the AAAPP.

- Provider has been submitting surplus/deficit reports, however, the reports are not fully completed and reviewed for accuracy Per contract requirements, provider shall submit surplus deficit reports in the format provided by the AAAPP and must include a detailed plan on how the surplus/deficit spending which exceeds the threshold specified by the AAAPP will be resolved, recommendations to transfer funds to resolve surplus/deficit spending, and input from the providers board of directors on resolution of spending issues if applicable.

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: Previous programmatic monitoring was completed on July 11, 2022, and produced the following recommendations:

- A. Recommendation is made to submit Board of Director Meeting Minutes upon approval of minutes to the AAAPP. Resolved.
- B. Recommendation is made to submit Surplus Deficit reports on time and reviewed for accuracy. Unresolved. See response to Standard #4D.
- C. Recommendation is made to review monthly spending and projected Surplus Deficit reports and enroll additional clients as appropriate. Based on January 2022-May 2022 expenditures, the provider will not meet the number of proposed units and total number of clients served as identified in the provider service application. Unresolved. See response to Standard #2B.
- D. Recommendation that the provider review quality assurance policies and procedures. Quality assurance activities should include use of assessment instructions, direct observation, coaching, and training of screening staff to ensure the accuracy and quality of screenings being conducted. Resolved.

On March 15, 2023, a corrective action plan was implemented due to the following:

- E. Chore clients were enrolled without a completed assessment, or the assessment was completed and entered in eCIRTS after the service date. Improvement noted. AAAPP to continue to monitor.
- F. eCIRTS Program enrollment lines did not accurately reflect client's status. Improvement noted. AAAPP to continue to monitor.

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 Assessed Prioritized Consumer List (APCL) client files from eCIRTS report Client List by Program and Status will be requested for review during the monitoring visit. Please have all waitlist information, files, policies, and procedures available.*

Response: Partially Achieved

- A. Provider outlined their plan to target individuals in their 2022 Continuing Service Application. Review of 2022 quarterly reports indicate the provider served or exceeded serving the proposed number of clients with LSP funding for clients with greatest social need, greatest economic need, minority, and Limited English Proficiency. Provider did not meet the proposed number of individuals in any target category with OAA funding.
- B. In the 2022 provider continuing application, the provider proposed to serve a total of two hundred (200) clients with LSP funding and a total of two hundred and eighty (280) clients with OAA funding. Review of the provider 2022 quarterly reports indicate that the provider served one hundred forty-three (143) with LSP funding and served sixty-one (61) clients with OAA funding. The provider fully expended their 2022 LSP allocation and only expended 28.31percent of their 2022 OAA allocation. The provider attributed staffing shortages to lack of spending the 2022 OAA allocation. Review of 2023 Quarter 1 & 2 reports indicate thus far the provider has served forty-two (42) of the proposed one-hundred and forty-five (145) clients with LSP allocation and twenty-five (25) of the proposed three-hundred and eighty (380) proposed clients with OAA allocation. 2023 LSP allocation has been fully expended. As of September 30, 2023, the provider has expended 52.5% of the OAA allocation.

- C. Provider has an approved Older Americans Act Prioritization Instrument which is being utilized in accordance with the Provider's Prioritization Policy.
- D. A random sample of client files from the Assessed Prioritized Consumer List (APCL) in eCIRTS were selected for review. All files provided were prioritized following the provider's OAA Service Prioritization policy and procedure. Please reference Attachment I for additional monitoring notes on these files.

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 Chore Assessed Prioritized Consumer List (APCL) enrollment. The provider is responsible for annually re-screening clients that remain on their waitlist (APCL). Provider performs face-to-face client assessments utilizing the DOEA 701A assessment. In 2022, DOEA flexibility allowed for virtual assessments, citing COVID-19 health concerns, on a case-by-case basis. The provider reported no virtual assessments were conducted during the monitoring period.
- B. Provider's 2022 Continuing Service Provider Application outlines quality assurance activities that include the use of the Assessment Instructions (DOEA 701D), direct observation, coaching, and training of staff to ensure the accuracy and quality of the screenings being conducted.
- C. Provider adheres to DOEA standards for specific service training as outlined in the most current DOEA Program and Services Handbook utilized for the monitoring period. Certificates for all staff conducting assessments during the monitoring period were

submitted and reviewed. All staff members conducting assessments are trained using DOEA's web-based training.

- D. Provider submitted training certificates for mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training for all applicable program staff. Certificates support training is held annually.

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: Partially Achieved

- A. The provider submitted an Annual Outreach and Public Education Report for FY 2022 to the AAAPP. The report was accurate and submitted in a timely manner.
- B. The provider submitted Quarterly Reports to the AAAPP throughout the monitoring period. Reports for Quarter 1 and 2 were submitted to the AAAPP in a timely manner. Revisions were required for Quarter 2 report. Reports for Quarter 3 and 4 were not submitted to the AAAPP in a timely manner.
- C. The provider submitted detailed meeting minutes from the provider's Board of Directors meetings to AAAPP on a quarterly basis.
- D. The provider submitted monthly Surplus/Deficit Reports in a timely manner to the AAAPP throughout the monitoring period, however, the provider did not complete section for number of new and unduplicated clients enrolled for the reporting month.

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 eCIRTS 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: N/A

Since eCIRTS migration in December 2021, Outcome Measure reports have been unavailable. Provider is unable to measure outcome achievement.

Standard #6 – Case Record Compliance

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

- A. *Compliance with requirements for client eligibility, intake, and service delivery.*
- B. *eCIRTS records of assessment/reassessment, program enrollment and received services are accurate, entered in eCIRTS 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: Partially Achieved.

- A. Ten (10) client files were randomly selected for review for services rendered in December 2022. Provider complies with client eligibility, intake, and service delivery.
- B. Ten (10) selected client files noted above were reviewed. Assessments were completed and entered in eCIRTS for each client. It was noted that the provider did not accurately enter or update eCIRTS program enrollments for seven (7) of ten (10) clients.

Standard #7 – eCIRTS Exception Reports

eCIRTS 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;*
- *eCIRTS 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 eCIRTS*

Response: Achieved.

Due to eCIRTS data migration in December 2021, the aforementioned reports have been partially available. The AAAPP has created work arounds to produce reports similar to those listed above to notify the provider of exceptions, when the original monitoring report is not available or does not function. The provider follows up and clears exceptions as necessary.

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 selected month of review in 2022, the provider has a clear audit trail for units of service entered in eCIRTS as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.*

Response: Partially Achieved.

- A. Provider outlined a plan to serve the number of proposed units in the 2022 Continuing Service Provider Application. Provider served the proposed number of units with 2022 LSP allocation but did not meet the proposed number of units with 2022 OAA allocation. The provider attributed staffing shortages to lack of meeting proposed number of OAA units. As of September 30, 2023, the provider has fully expended the 2023 LSP allocation and 52.5% of the 2023 OAA allocation.
- B. The monitor randomly selected the month of December 2022 month to review and evaluate the provider's budgetary compliance. Client files, service logs, and provider billing were reviewed. The provider has a clear audit trail for units of service entered in eCIRTS and is supported by the documentation provided to the monitor.

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. The provider outlined quality assurance procedures related to consumer satisfaction in the 2022 Continuing Service Application. Provider indicated that phone surveys are completed monthly, and surveys are mailed quarterly to clients served.
- B. The Project Director and Supervisor conduct client phone interviews to reveal effective delivery of service as outlined in the provider's 2022 Continuing Service Application.
- C. The provider submitted twenty-two (22) client satisfaction surveys and a survey analysis covering service dates from January 2022 through April 2023. Surveys were conducted over the phone and indicated overall satisfaction with chore services. Surveys did not include a date. It is recommended that surveys contain date survey completed.

- D. Per provider 2022 continuing application, surveys are completed with 35% of clients that have received chore services. Phone surveys are completed monthly, and surveys are mailed quarterly.

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 submitted an approved grievance policy and procedure. The provider submitted a signed attestation indicating no grievances were reported from January 2022 through December 2022. Review of AAAPP internal grievance log indicate no grievances were received in 2022.
- B. Provider submitted an approved complaint policy and procedure. The provider submitted a signed attestation indicating no complaints were reported from January 2022 through December 2022. Review of AAAPP internal complaint log indicate no complaints were received in 2022.
- C. Provider submitted an approved incident policy and procedure. The provider submitted a signed attestation indicating no incidents were reported from January 2022 through December 2022. Review of AAAPP internal incident log indicate no incidents were reported in 2022.

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 a Voluntary Contributions Policy in place that is consistent with the Older Americans Act.
- B. The provider submitted a sample letter provided to clients that states that no payment is required for services and contributions will be 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. 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.** Overall services provided are in accordance with DOEA Program and Services Handbook and the approved provider continuing application. In review of client files for services rendered in December 2022, it was noted that client program enrollment lines of seven (7) out of ten (10) clients were not accurately entered and updated in eCIRTS. Improvement noted since implementation of the March 2023 corrective action plan.
- B.** The provider is compliant with all regulations pertinent to the service provided.
- C.** The provider complies with F.S. 119.071(5) that requires a written explanation to the individual for collection of social security numbers.
- D.** HIPAA requirements are being adhered to. Policies and procedures are in place.
- E.** The provider is in compliance with the Provider Conflict of Interest Program Procedure.
- F.** A current CEMP/COOP is on file with the AAAPP.

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 partner 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 or directly to the appropriate program/resource. The provider implements the "no wrong door" concept.
- B. The provider ensures referrals are made to community resources as appropriate.
- C. N/A

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.*
- C.

Response: N/A

The provider does not utilize any subcontractors to provide Chore 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: Achieved.

The provider submitted a policy and procedure governing the utilization of volunteers. The provider has submitted a 2022 DOE A Volunteer Activity Report.

Standard #16 – Background Screenings

Provider completes Level II Background Screenings, as necessary. Documentation to include:

- Signed and dated Privacy Policy;
- "Eligibility Statement" with proof of Employment History from DOE A;
- Signed and dated Affidavit of Compliance Employee Form

Response: Partially Achieved.

Background screenings for five direct service chore employees were reviewed as a desk review and at the onsite monitoring visit. All aforementioned documents were contained in each employee file. Three employees signed the affidavit of compliance attestation prior to the eligibility determination date.

Signatures:

Michelle Tavares

Michell Tavares, Program Manager

Oct 17, 2023

Date

Christine Didion

Christine Didion, Director of Program Accountability

Oct 17, 2023

Date

Kerry Marsalek

Kerry Kimball Marsalek, Chief Operating Officer

Oct 19, 2023

Date



Area Agency on Aging of Pasco-Pinellas, Inc.
Client File Monitoring Tool for Registered Services
Specific to 701S

Organization: CARES (Community Aging and Retirement Services)
Registered Service: Chore

Questions	MA 1172045	GS 1767053	VV 1389135	JB 1667528	DF 1768048	LK 1485016	BS 1200311	LA 1670697	AV 1664728	MG 1674755	
Was the most current intake/701S assessment completed and entered into eCIRTS correctly?	ADRC	ADRC	ADRC	ADRC	ADRC	ADRC	ADRC	ADRC	ADRC	ADRC	
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	Y	Y	Y	Y	
Was the client notified of why their SS# is collected?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Is the client correctly enrolled on the waitlist for this program/service in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Notes											

Yes = Compliant

No = Non-compliant and comment is required

N/A = Not applicable



Area Agency on Aging of Pasco-Pinellas, Inc.
Client File Monitoring Tool for Registered Services
 Specific to 701A/701C

Organization: Community on Aging and Retirement Services
 Registered Service: Chore

Questions	SH 1739733	BH 748384	RS 1484870	JS 1666978	DL 1703879	PS 1322667	PA 921572	DA 742771	MD 1322351	SP 1447451	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into eCIRTS correctly?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?											
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 and recorded using an approved prioritization tool?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the provider obtain a signed Release of Information/HIPAA form?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Was the client notified of why their SS# is collected?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the provider notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Is the client correctly enrolled for this program and service in eCIRTS?	Y	Y	N	N	N	N	N	N	N	Y	
Based on the audit trail month selected for review, do the received services in eCIRTS balance with provider's internal recordkeeping?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Do notes within the client's file reflect the current status of the client as indicated in eCIRTS?											
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?											
Notes											

Yes = Compliant

No= Non-compliant and comment is required

N/A = Not applicable