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June 20, 2021

David Lomaka, Executive Director
Neighborhood Care Network
13945 Evergreen Ave.
Clearwater, Florida 33762

Dear Mr. Lomaka,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Transportation program for contract year January 1, 2021-December 31, 2021. CIRTS data, client information, and quarterly reports were reviewed through current date.

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 greatly appreciated.

Sincerely,

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

AnnMarie Winter (Jul 20, 2021 15:58 EDT)

Ann Marie Winter
Executive Director

Enclosures

cc: Neil Brickfield, Board Chair, NCN
Kris Shroyer, Transportation Director, NCN



Area Agency on Aging
of Pasco - Pinellas, Inc.

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

PROVIDER: Neighborly Care Network
Transportation 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)

- There are no recommendations for this monitoring period.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

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

CONTRACT COMPLIANCE AND SERVICE DELIVERY

Each standard will note at least one of the following:

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

Standard #1 – Previous Programmatic Monitoring

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

Response: Achieved. There were no outstanding issues or areas of follow-up from last monitoring occurring October 2020.

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 CIRTS 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 Continuing Service Application. Review of FY2021 Quarter 1 report indicates that the provider is implementing their targeting plan.

- B. Review of the providers FY 2021 Quarter 1 report indicates that the provider met LSP targeting numbers in all categories except greatest social need and at risk of placement. The provider continues to expend LSP funding and is on track to meet proposed numbers for each targeting categories. Quarter 1 report also supports that the provider is on track in serving proposed OAA target numbers in each category.
- C. The provider is utilizing an approved prioritization instrument as outlined in their *OAA Service Prioritization Policy and Procedures*.
- D. Waived due to COVID-19.

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: Achieved.

Provider submitted certificates confirming completion of training on mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly for 24 employees in 2021.

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 their 2020 Annual Outreach and Public Education Report in a timely manner.
- B. FY 2021 Quarter 1 report was submitted on time and considered accurate.
- C. Minutes from Neighborly Care Network Board of Directors meetings for FY 2021 have been submitted to the AAAPP regularly.
- D. All FY 2021 surplus/deficit reports are submitted on time and are considered accurate.

Standard #5 – 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 program enrollment and received services are accurate, entered in CIRTS in a timely manner.*

Response: Achieved. Review client SS/HIPAA.

- A. Five (5) client files were randomly selected for review. Review of client files support compliance for client eligibility, intake, and service delivery.
- B. Review of CIRT program enrollment and client files support that the provider accurately enrolled clients and entered them into CIRT in a timely manner.

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 the month of **January 2021**, the provider has a clear audit trail for units of service entered in CIRT as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.

Response: Achieved

- A. Review of CIRT reports and provider service logs support that the provider is serving the proposed number of units identified in the 2021 service provider application.
- B. Review of client files and provider service logs supports that the provider has a clear audit trail for units of service entered CIRT.

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: N/A – this section is waived due to COVID-19.

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: Achieved.

- A. Review of grievance policies and procedures waived due to COVID-19. Provider submitted grievance log for 2021. Provider noted no grievances YTD.
- B. Review of complaint policies and procedures waived due to COVID-19. Provider submitted complaint log for 2021. Provider noted no complaints YTD.
- C. Review of incident policies and procedures waived due to COVID-19. Provider submitted incident logs for FY 2021. One incident was logged. Provider documented response and resolution to incident.

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 those services are free of charge and all contributions shall be used to increase service availability.*

Response: N/A – This section waived due to COVID-19.

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: Achieved.

- A. Transportation services are provided in compliance with the most current DOE Program and Services Handbook and the most current approved Service Provider Application.
- B. Waived due to COVID-19.
- C. Waived due to COVID-19.
- D. Waived due to COVID-19.
- E. Waived due to COVID-19.
- F. The CEMP/COOP is submitted to AAAPP Director of Planning 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:

- 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.
- B. The provider ensures referrals are made to community resources as appropriate.

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: Achieved.

- A. Provider reports that they did not monitor their subcontractor in 2020 due to Covid 19.
- B. The provider has not executed any new subcontractor agreements for 2021.

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 – this section waived due to COVID-19.

Standard #14 – Background Screening

Provider completes Level II Background Screening, as necessary.

Response: Achieved.

Provider submitted proof of Level II Background Screening for seven (7) new employees.

Signatures:

Michelle Tavares

Michelle Tavares (Jul 20, 2021 15:41 EDT)

Michelle Tavares, Program Manager

Jul 20, 2021

Date

Kristina Jalazo

Kristina Jalazo, Manager of Program Accountability

Jul 20, 2021

Date



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

Organization: Neighborly Care Network
Registered Service: Transportation

Questions	1001875044 J.H.	1000100728 M.C.	1000129623 V.L.	1001864280 J.R.	1000102532 J.W.	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into CIRTS correctly?	N/A	N/A	N/A	N/A	N/A	
If applicable, was the reassessment completed 365 days after the prior assessment (through the end of the month)?	N/A	N/A	N/A	N/A	N/A	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Yes	Yes	Yes	Yes	Yes	
Has OAA priority for service delivery been established and recorded using an approved prioritization tool?	Yes	Yes	Yes	Yes	Yes	Older tool used for JW dated 2016. Provider reports that most recent tool updated March 2020.
Did the worker obtain a signed Release of Information/HIPAA form?	Yes	Yes	Yes	Yes	Signed form not on file. *Of note, signed form only required with release of information.	Most current tool adapted March 2020 provides statement related to Privacy Practices and receipt of same.
Was the client notified of why their SS# is collected?	Yes	Yes	Yes	Yes	Written statement was not identified in client file.	Most current tool adapted March 2020 provides written statement of why SS# is collected.
Did the worker notify the client of their current Complaint Procedure?	Yes	Yes	Yes	Yes	Yes	
Is the client correctly enrolled for this program and service in CIRTS?	Yes	Yes	Yes	Yes	Yes	
Based on the audit trail month selected for review, do the received services in CIRTS balance with provider's internal recordkeeping?	Yes	Yes	Yes	Yes	Yes	
Do notes within the client's file reflect the current status of the client as indicated in CIRTS?	Yes	Yes	Yes	Yes	Yes	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	N/A	N/A	N/A	N/A	N/A	
Notes -						

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

2021 NCN Monitoring Report

Final Audit Report

2021-07-20

Created:	2021-07-20
By:	Michelle Tavares (Michelle.Tavares@aaapp.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA4_kAyZyWD4EZ8IN61FGB3KvbOkbv1zuT

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New Vendor

Provider Name: Sophies Angel Care dba Mind and Mobility

Services Area: Pinellas and Pasco Counties

Program(s): Community Care for the Elderly, Home Care for the Elderly, Alzheimer's Disease Initiative, Older Americans Act Title III E

Licensure and Insurance: Licensed Homemaker and Companion Services and has General Liability Insurance

Complaints: Pinellas Consumer Protection: *No results found*
Better Business Bureau: *No complaints found*
AHCA Background Screening: *Completed and Eligibility Confirmed*
DOEA Agency Review: *Completed and cleared*
Department of Health: *No public complaints*

References: References were reviewed with no concerns

History: Provides in-home services for homemaking and companionship. Provider has been doing business for 10 years.

Rates: Homemaking- \$21/hour
Companion - \$21/hour

- Rates are acceptable