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December 19, 2023

Brian Hoben, Community Services Director  
Pasco County Community Services  
8620 Galen Wilson Blvd.  
Port Richey, FL 34668

Dear Mr. Hoben,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-C/LSP Nutrition 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 no findings and one recommendation. Please submit a written response to the recommendation to [programs@aaapp.org](mailto:programs@aaapp.org) by Monday, January 8, 2024. 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".

Ann Marie Winter  
Executive Director

Enclosures

cc: Thomas Snee, Assistant Director of Community Services  
Josephine Benson, Senior Services Manager  
Veronica Ignat, Senior Services Assistant Manager



Area Agency on Aging  
of Pasco - Pinellas, Inc.

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

**PROVIDER:** Pasco County Senior Services  
Nutrition Service Provider

**DATE(S) OF VISIT:** November 27, 2023

**PARTICIPANT(S):** Thomas Snee, Assistant Director of Community Services  
Josephine Benson, Senior Services Manager  
Veronica Ignat, Senior Services Assistant Manager

**MONITOR(S):** Michelle Tavares, Program Manager

**FUNDING PERIOD:** 2022-2023

**SITES VISITED:** Galen Wilson Senior Center  
8600 Galen Wilson Blvd. Port Richey, FL 34668

## **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)*

- Review of volunteer background screenings indicate that volunteers who volunteered less than twenty (20) hours per month did not sign an attestation of compliance candidate form claiming exception to the Level II background screening. Per current DOEA Programs and Services Handbook, Appendix E, it is required that volunteers who volunteer less than twenty (20) hours per month sign the current attestation of compliance candidate form claiming exception to a Level II background screening.

### **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:**

- Recommendation that the provider review client program enrollment lines in eCIRTS to ensure clients are not dually enrolled. Resolved.
- Recommendation that the provider maintains an internal tracking system for tracking client reassessment dates. Resolved.
- Recommendation that the provider complete congregate nutrition education sessions for a minimum of 15 minutes in length. Resolved.
- Recommendation and technical assistance provided on Level II background screenings and proper completion of the attestation of compliance candidate form. Partially Resolved.
- Recommendation was made that dated sign in sheets are completed at all advisory council meetings. Resolved.

### **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.*



- D. *A random sample of client files from the Assessed Prioritized Consumer List (APCL) in eCIRTS will be requested for review during the monitoring visit. Please have all waitlist information, files, policies and procedures available.*

**Response:** Achieved.

- A. The provider has been implementing their approved plan to target individuals in all OAA targeting categories as outlined in their 2023 Provider Application.
- B. Review of the provider's 2023 quarter three report indicates that the provider has served or exceeded in serving the proposed number of older individuals in all targeting categories with both LSP and OAA funding.
- C. The Provider is utilizing an approved prioritization instrument, as outlined in their OAA service prioritization policy and procedures.
- D. A review of ten (10) waitlisted (APCL) client files and eCIRTS data indicates that clients are prioritized correctly and in compliance with the provider's prioritization policy and procedures.

### **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.*
- E. *All appropriate Nutrition Services staff instrumental to food service delivery has received appropriate training relevant to their food service function (I.E., certified food protection, Serv Safe, etc.)*

**Response:** Achieved.

- A. The provider utilizes the required 701S assessment tool for screening and re-screening individuals in need of home delivered meals. Clients placed on the O3C2 (home delivered meals) waitlist in eCIRTS by the ADRC are prioritized by the provider and contacted when funding becomes available to release clients from the waitlist. Appropriate DOEA assessment tools are being used (701S for screening, 701C for congregate dining and 701A for home-delivered meals). Provider is completing 701A assessments face-to-face. If the client requests a virtual assessment due to Covid, the provider documents and submits the virtual assessment log monthly to AAAPP.
- B. Per the providers 2023 continuing application, quality assurance activities include an evaluation of the organization's efficiency and effectiveness by a Process Improvement Team.
- C. The provider submitted training certificates of completion for five (5) 701 assessors and submitted appropriate documentation for completion of the 701S training webinar.
- D. The provider submitted an attendance sign in sheet and training materials that support training on mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly was completed in May 2023.
- E. Review of staff and volunteer training logs and certifications indicate that staff and volunteers have received training relevant to their food service function.

**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 2023 annual outreach and public education report in a timely manner.
- B. All quarterly reports are submitted timely with minimal corrections needed.
- C. Detailed meeting minutes from the Board of Directors are submitted regularly.
- D. Surplus/Deficit reports are submitted monthly on a timely basis with no issues noted.

**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 implementation of eCIRTS in December 2021, outcome measure reports have been unavailable.

**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. *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:** Achieved.

- A. Thirty (30) client files were reviewed. Files included active HDM clients, active CNML clients, and HDM APCL clients. Review of client files indicate compliance with all requirements for client eligibility, intake, and service delivery.
- B. Review of thirty (30) client files indicate that information, including assessments, enrollments, and services received were entered in eCIRTS in a timely manner and agree with client and project records.
  - The provider completes 701S assessments to screen and re-screen individuals requesting home delivered meals. Attempts to complete 701S are made within three (3) business days after receipt of referral. Assessments are completed no later than fourteen (14) business days from initial contact. All assessments were completed in a timely manner.
  - Review of client files demonstrate that reassessments are completed 365 days after the prior assessment or through end of month as applicable.

**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.

Since implementation of eCIRTS, not all reports have been available. The provider is encouraged to review current available reports on a regular basis. The provider edits eCIRTS data entries as necessary.

### **Standard #8 – Budgetary Compliance**

*Budgetary Compliance:*

- Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.*
- For the month of **June 2023**, 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:** Achieved. See attachments I, II, and III

- Review of 2022 Surplus Deficit Reports and the Provider Service application indicates that the provider met the proposed units in 2022 utilizing 2021 carryforward funds, LSP, OAA, and ARP funds for home delivered meals (HDM), congregate meals (CNML), nutrition education (NTED) and nutrition counseling (NUCOI). Review of October 2023 surplus deficit report indicates that the provider fully expended and met the proposed units utilizing LSP funds and OAA funds for congregate meals (CNML), nutrition education (NTED), and nutrition counseling (NCUOI). OAA funds for home delivered meals (HDM) are at 65% expenditure. In 2023, provider has also utilized ARP funds and 2022 carryforward funds.
- Provider utilizes an internal database, ServTracker. A review of eCIRTS billing for June of 2023 was compared to provider logs, eCIRTS reports, client records and ServTracker reporting and support a clear audit trail.

### **Standard #9 – Consumer Satisfaction**

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

- Policies and procedures related to consumer satisfaction detailing how satisfaction will be measured annually.*
- Home visits and/or client interviews (including service observation, if possible) in order to reveal effective delivery of service.*
- Client satisfaction surveys accompanied by a satisfaction survey summary report for the last fiscal year.*
- 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 has a policy and procedure related to consumer satisfaction detailing how satisfaction will be measured annually.
- B. Monitor met with congregate diners at the Galen Wilson site. Diners reported being pleased with meals and expressed that the meals have improved since change in meal vendor to Metz. Diners reported being grateful for the meals, the opportunity to socialize, and have the support of PCSS staff. Monitor randomly selected three (3) home delivered meal clients to survey via telephone. All three (3) clients reported overall satisfaction with the meals and service.
- C. The provider submitted client satisfaction surveys conducted in 2023 along with a survey analysis. One hundred twenty-seven (127) diners completed satisfaction surveys. 71% of the diners are satisfied with the food always or most of the time. Two hundred nine (209) recipients of home delivered meal clients completed the satisfaction survey. 98% of the recipients reported being generally satisfied with the services and meals provided to them always or most of the time.
- D. The provider completes client satisfaction surveys annually with all active clients.

**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. The provider has an approved grievance policy and procedure in place. Provider submitted a grievance log for the period of October 2022- October 2023. No grievances were received.
- B. The provider has an approved complaint policy and procedure in place. Provider submitted a complaint log and supportive documentation for the period of October 2022- October 2023. One complaint was documented and included an appropriate provider response and resolution.
- C. The provider has an approved incident policy and procedure in place. Provider submitted an incident log and supportive documentation for the period of October 2022- October 2023. Twelve (12) incidents were documented and included appropriate provider responses and resolutions. Provider is encouraged to obtain copies of police reports when incidents involve police assistance.

**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 provides each recipient with an opportunity to voluntarily and confidentially contribute to the cost of the service.; clearly informs each recipient that there is no obligation to contribute, and that the contribution is purely voluntary; and all contributions shall be used to increase service availability.*

**Response:** Achieved.

- A. The provider has an approved voluntary contributions policy that conforms with the Older Americans Act.
- B. Sign and letter related to voluntary contributions were reviewed and indicate that contributions are voluntary and 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. Nutrition services are provided in compliance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application.
- B. The provider complies with all pertinent to the service being provided. Documentation supported all required inspections were completed.
- C. The 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. Supportive documentation submitted with client files.
- D. The provider is in regulatory compliance with HIPAA requirements which include policies and procedures.
- E. The provider is in compliance with the Provider Conflict of Interest Program Procedure.
- 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).*

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

**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. The Provider maintains copies of current Nutrition Consultant(s) agreement (s) and all pertinent licensure requirements.*

**Response:** Achieved.

- A. Provider completed a monitoring of subcontractor, GA Foods, in April 2023. Due to the sub-contractor receiving twelve (12) high priority violations issued by the Department of Business and Professional Regulation within a twelve-month period, the provider did not renew their contract which ended on September 19, 2023. Provider is currently subcontracted with Metz Culinary Management, effective date April 10, 2023. Annual monitoring of Metz Culinary Management to occur prior to April 2024.
- B. Provider maintains a current agreement with Florida Department of Health, Pasco County Health Department for nutrition consultant services. Provider submitted a signed agreement.

**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 has policies/procedures governing the utilization of volunteers and submitted the 2022 volunteer activity report to DOEA.

**Standard #16 – Background Screening**

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

- *Signed and dated Privacy Policy;*
- *“Eligibility Statement” with proof of Employment History from DOEA;*
- *Signed and dated Attestation of Compliance Candidate Form*

**Response:** Partially Achieved.

Background Screenings were reviewed for three (3) staff members and five (5) volunteers. Screenings were completed as required. It was noted that volunteers who volunteered less than twenty (20) hours per month did not sign an attestation of compliance candidate form claiming an exception to the Level II background screening.

**Standard #17 – Nutrition Specific Service Compliance**

- A. *There is an established Advisory Council that meets two (2) times per year.*
- B. *Provider maintains legible daily food temperature logs and temperatures are in compliance.*
- C. *Home delivered meal temperature checks are completed and are performed at least annually for each route on a random, rotating basis.*
  - C1. *Potentially hazardous foods are held and transported in a method that ensures hot food temperatures are 140 degrees F or higher and cold food temperatures are 41 degrees F or lower. Frozen meals are frozen solid.*
- D. *Menu substitutions policies and procedures and menu substitution list are developed and approved by the nutrition program’s qualified dietician. Menu substitution logs are legible and contain required documentation.*
- E. *The Dietitian/Nutritionist is licensed in accordance with Chapter 468.509, FS, and Chapter 64B8-42, FAC*
- F. *A licensed dietitian who is covered by liability insurance provides counseling*
- G. *Menus are approved by a Florida Registered Dietitian at least 4 weeks prior to use, are dated and posted in a conspicuous location in each meal site and are kept on file for one year.*
- H. *NPCR forms are completed appropriately.*
- I. *A qualified dietician participates in developing and approval (as indicated by an authorizing signature and date) of the annual and monthly nutrition education plan and coordinates the provision of nutrition education so it is effective and appropriate.*

**Response:** Achieved.

- A. *Review of Advisory Council documentation supports that the council meets twice per year and that the council membership includes 51% or more of clients.*

- B. The provider maintains legible daily food temperature logs. Review of Q1,2, and 3 logs support that temperatures are in compliance.
- C. Review of temperature logs indicate that home delivered meal temperature checks are completed and performed at least annually for each route on a random, rotating basis. Temperatures were in compliance.
  - C1. Potentially hazardous foods are transported and held in appropriate equipment to ensure hot food temperatures are 140 degrees F or higher and cold foot temperatures are 41 degrees F or lower. Frozen meals are frozen solid.
- D. Provider's menu substitutions policies and procedures and menu substitution list are developed and approved by the nutrition program's qualified dietician. Menu substitution logs are legible and contain required documentation.
- E. The Dietitian/Nutritionist is licensed in accordance with Chapter 468.509, FS, and Chapter 64B8-42, FAC.
- F. N/A – Provider maintains agreement with Florida Department of Health, Pasco County Health Department which is covered under Florida Statute 768.28.
- G. Provider maintains all menus appropriately. Provider has submitted all menus for calendar year 2023 as required. Review of menus indicate that menus were approved at least 4 weeks prior to use. Metz Q1/Q2 menu was signed on March 15, 2023, and noted implementation date on the menu is April 3, 2023. Contract with Metz effective date is April 10, 2023. Menus are posted in a conspicuous location in each meal site and are kept on file for one year. Monitor provided technical assistance and discussed that due to Metz following the component meal pattern, it may be deficient in vitamin E, vitamin B12, and Zinc, therefore, additional nutrition education for participants on the selection of foods that are good sources of these nutrients should be provided.
- H. Review of Quarter 1,2, and 3 NPCR forms are being completed appropriately.
- I. Review of the providers nutrition education plan indicates that the plan is appropriate. Review of client surveys indicate that the education provided is effective.

**Signatures:**

*Michelle Tavares*

Dec 19, 2023

**Michelle Tavares, Program Manager**

**Date**

*Christine Didion*

Dec 19, 2023

**Christine Didion, Director of Program Accountability**

**Date**

*Kerry Marsalek*

Dec 19, 2023

**Kerry Kimball Marsalek, Chief Operating Officer**

**Date**





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

**Organization:** Pasco County Senior Services  
**Registered Service:** Home Delivered Meals

Attachment I

Questions	1515532 A. B.	1701359 A.L.	1731864 G.Y.	1735077 M.T.	1215449 B.W.	1752644 E. I.	1410561 L.W.	1736290 L.S.	1796683 R.K.	1817092 R. E.	
Was the most current intake/7015 assessment completed and entered into eCIRTS correctly?	Y	Y	Y	ADRC	Y	Y	Y	ADRC	ADRC	Y	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established using an approved prioritization tool?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Was the client notified of why their SS# is collected, if applicable?	Y	Y	Y	N/A	Y	Y	Y	N/A	N/A	Y	
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	Terminated	Terminated	Terminated		Terminated						

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: Pasco County Senior Services  
 Registered Service: Congregate Dining

Attachment II

Questions	475909 S.C.	1740162 V.F	1749905 I.H.	987242 V.L.	1790654 A.P.	1663649 J.S.	1453351 C.B.	568568 D.D.	833513 C.L.	1679397 J.S.	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)?	Y	Y	N/A	Y	Y	Y	Y	Y	N	N	
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?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
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	Y	Y	Y	Y	Y	Y	Y	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?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	N/A	Y	N/A	N/A	N/A	N/A	Y	N/A	N/A	N/A	
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: Pasco County Senior Services  
 Registered Service: Home Delivered Meals

Attachment III

Questions	1759987 L.C.	1416141 F.K.	1736547 A.P.	674621 L.W.	1512936 D.B.	1527623 T.D.	1442323 A.H.	1333577 M.L.	1534739 N.L.	1502584 A.R.	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)?	N/A	Y	N/A	N/A	Y	Y	Y	Y	N/A	N/A	
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	Y	Y	Y	Y	Y	Y	Y	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?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
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	N/A	N/A	N/A	N/A	N/A	
Notes									NUCOI June 2023. All required documentation available.	NUCOI June 2023. All required documentation available.	

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














# PCSS Nutrition Monitoring Report 2023

Final Audit Report

2023-12-19

Created:	2023-12-19 (Eastern Standard Time)
By:	Michelle Tavares (Michelle.Tavares@aaapp.org)
Status:	Signed
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## "PCSS Nutrition Monitoring Report 2023" History

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-  Document e-signed by Michelle Tavares (Michelle.Tavares@aaapp.org)  
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