



An Aging & Disability Resource Center

Agenda Item # 9 D
01/09/17

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Virginia Rowell

November 17th, 2016

VICE PRESIDENT
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Jason Martino, Director of Planning
Area Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Boulevard, Suite 100
St. Petersburg, FL 33702

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Attached is the report for the Annual Programmatic Monitoring visit for the OAA Title III-E program conducted November 1-2, 2016 by Program Coordinator, Peggy Herlache.

Client files reviewed reflected compliance with program requirements. Caregiver Specialists Jody Ferguson-Hensler and Nicole Day should be commended for their hard work and dedication to serving clients and caregivers in Pasco and Pinellas Counties.

All required corrections were completed prior to completion of the monitoring report. As a result, no follow-up response is required.

If you have any questions please do not hesitate to contact Peggy Herlache at extension 243.

EXECUTIVE DIRECTOR
Mike Isaacson

Sincerely,

Mike Isaacson
Executive Director

Enclosures

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Area Agency on Aging of Pasco-Pinellas, Inc.
2016 LSP/ IIIB/IIIEG PROGRAMMATIC MONITORING CHECKLIST

PROVIDER	AAAPP OAA Title IIIE National Caregiver Support Program
SERVICE(S)	Screening and Assessment
DATE(S) OF VISIT	November 1 st – 2 nd , 2016
PARTICIPANT(S)	Jason Martino, Director of Planning Jody Ferguson-Hensler, Caregiver Specialist Coordinator Nicole Day, Caregiver Specialist
MONITOR(S)	Peggy Herlache, Program Coordinator

CONTRACT COMPLIANCE AND SERVICE DELIVERY

STANDARD #1 – Previous Programmatic Monitoring

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

RESPONSE:

There are no outstanding issues from the 2015 programmatic monitoring.

Achieved
 Partially Achieved
 Not Achieved
 Not Applicable
 Follow-up Necessary

STANDARD #2 – Targeting, Prioritization and Waitlist

A targeting plan with specific targeting objectives is in place:

- A. The 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, older individuals residing in rural areas, and older low income minority individuals with limited English Proficiency.
- 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, older individuals residing in rural areas, and older low income minority individuals with limited English Proficiency.
- C. The Provider currently utilizes prioritization instruments in accordance with the Provider's Prioritization Policy.
- D. If applicable, the Provider's waitlist policies and procedures have been appropriately established, maintained, and utilized as necessary.

RESPONSE:

- A. *Per the OA3E Prioritization Policy, clients are placed on the OA3E wait list by AAAPP Intake staff. Prioritization Form is used for wait list management. It contains targeting criteria as well as OA3E prioritization requirements. This, along with the Waiting List Tracking Tool is used by the Caregiver Specialists to prioritize clients for enrollment to ensure that services are being targeted to older individuals with greatest economic and social needs, older individuals with English proficiency and older individuals residing in rural areas. The tracking tool is regularly reconciled with CIRT5 APCL reports to ensure all clients are captured. All files reviewed during this monitoring visit contained the completed Prioritization Form. See notes regarding priority and targeting for each file reviewed on the Client File Review checklist comments.*
- B. *Not applicable*
- C. *See above under A. Per III E prioritization policy, the assessment is utilized along with the Waitlist Tracking Tool and Prioritization Form.*
- D. *See above under A. The policies and procedures appear to appropriately ensure that waiting list is properly maintained and that appropriate clients are targeted for services.*

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #3 – Staff Training

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

- A. Utilizing the appropriate DOEA assessment tool (Registered Services only).
- B. DOEA standards for specific service training as outlined in the most current DOEA Program and Services Handbook is being utilized.
- C. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training has been conducted.

RESPONSE:

- A. *Current Assessment training certificates are on file for both Caregiver Specialists.*
- B. *Documentation reviewed reflects that DOEA standards for services under the OAA Title III E Program are being followed. No concerns were noted.*
- C. *Caregiver Specialists are aware of the mandate to report suspected abuse, neglect or exploitation of the elderly. There were no incidents reported in 2016. The Caregiver Specialists have attended the following trainings in 2016:*
 - *USF Memory Disorder Clinic Trainings: March 2nd, 2016 and April 13th, 2016*
 - *HIPAA Training – AAAPP Staffing Meeting, August 2016*
 - *CIRTS and Outcome Measure Refresher Training: June 1st, 2016*

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

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:

- A. *Caregiver Specialists participate in outreach activities as applicable and documentation is kept on file.*
- B. *Not applicable.*
- C. *Not applicable.*
- D. *IIIE Budget is monitored on a monthly basis and Agency report is submitted to the Department of Elder Affairs.*

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #5 – Outcome Measures

*Outcome measures referenced in the current Standard Contract are achieved:
(OAA REGISTERED SERVICES ONLY)*

- A. Provider has implemented the strategies detailed in the current Service Provider Application.
- B. Provider uses available CIRT reports to track outcome achievement.
- C. Provider submits quarterly reports including review of outcome exceptions.
- D. Provider analyzes factors that enhance or inhibit ability to achieve outcome measures.
- E. Provider takes appropriate action including staff training to address outcomes, which are not achieved.

RESPONSE:

- A. *Not applicable*
- B. *Caregiver Specialists complete Outcome Measure reports on a monthly basis utilizing reports run by the Data Manager and distributed to all staff.*
- C. *Caregiver Specialists review each exception appearing under OA3E Owner ID 50100 and submit a report to the Program Coordinator on a monthly basis.*
- D. *Caregiver Specialists complete monthly Outcome Measure reports that provide explanation for each exception under CIRT Owner ID 50100. Caregiver Specialists review factors that enhance or inhibit ability to achieve outcome measures.*
- E. *Program Coordinator receives monthly Outcome Measure Reports and provides technical assistance and training as needed. Caregiver Specialists attended the CIRT and Outcome Measure Refresher Training on June 1st, 2016.*

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #6 – Case Record Compliance

Case records sampled showed:

- A. Compliance with requirements for client eligibility, intake, and service delivery.
- B. CIRTS records of assessment, program enrollment and received services are accurate, entered in CIRTS in a timely manner and agree with client and project records.

RESPONSE:

- A. *All client files reviewed contained Screening Assessments completed to determine eligibility prior to placement on the OA3E Waiting List. Caregiver Specialists review client and caregiver eligibility and prioritize using the Prioritization Form and the Waiting List Tracking Tool. Caregiver Specialists verify eligibility upon completion of the initial assessment. File documentation reviewed revealed no concerns related to service delivery or client eligibility. See attached Client File Review Checklist for details.*
- B. *Two Assessment errors were noted in the ten client files reviewed. These items have been corrected. See the Client File Review Checklist for details regarding corrections requested. Assessment Due report is reviewed by the Program Coordinator on a monthly basis and no concerns are noted regarding OA3E assessments being entered into CIRTS in a timely manner.*

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #7 – CIRT Data Integrity

CIRT Exception Reports are accurate and exemplify 100% accuracy (OAA REGISTERED SERVICES ONLY):

RESPONSE:

Program Coordinator compared handwritten assessments with CIRT turnaround documents for the ten client files being reviewed. Out of the ten assessments reviewed, one contained a turnaround error. The error was corrected prior to the completion of this monitoring report.

Program Coordinator reviewed case narrative and Received Services screen to ensure billing appears to be appropriate. Notes are entered in the file to reflect activities conducted for each date of billing. No discrepancies were noted.

No clients appeared on the Assessment Due CIRT report indicating overdue assessments.

Program Coordinator runs CIRT exception reports on a monthly basis and follows-up as needed. Program Coordinator notes that OA3E exceptions are rare and any exceptions noted are addressed and corrected in a timely manner. Data accuracy for OA3E is noted to be in compliance.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up 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 the month of September, 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:

- A. *Not applicable.*
- B. *Monthly review of billing is conducted and reconciled by Program Coordinator. Ten client files were reviewed this monitoring visit including review of service authorizations and case file documentation in relation to CIRTS Received Services. Billing was reviewed in comparison with CIRTS Received Services. No discrepancies were noted. There is a clear audit trail for units of service entered in CIRTS.*

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #9 – Consumer Satisfaction

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

- A. Home visits and/or Client Interviews (including service observation, if possible) in order to reveal effective delivery of service.
- B. Client satisfaction surveys accompanied by a Satisfaction Survey Summary Report.

RESPONSE:

- A. *Caregiver Specialists conduct annual home visits with clients and verify client receipt of and satisfaction with services. All ten client files reviewed contained documentation that this is being completed. Any identified issues are follow-up on and addressed. When necessary, additional home visits are conducted to ensure needs are being addressed.*
- B. *Program Coordinator reviewed documentation that client satisfaction surveys were sent out to clients in September 2016. Overall results are reflecting clients are very satisfied with services being provided and with the Caregiver Specialist services.*

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

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 response and resolution.
- B. Provider has approved Complaint Policies, Procedures and Logs, including documentation of the Service Provider response and resolution.
- C. **(LEGAL PROVIDERS ONLY)** Provider has internal Grievance policies and procedures that address both denial of service and complaints by clients about manner or quality of legal assistance.
- D. Provider has approved Incident Policies, Procedures, and Logs, including documentation of the Service Provider response and resolution.

RESPONSE:

- A. *Program Coordinator received the current Grievance Policy and Procedure with no concerns noted. No grievances have been logged in 2016. The log contains area to complete response and resolution including dates to ensure timeliness of response is reviewed.*
- B. *Program Coordinator received the current Complaint Policy and Procedure with no concerns noted. No complaints have been logged in 2016. The log contains area to complete response and resolution including dates to ensure timeliness of response is reviewed.*
- C. *Not applicable.*
- D. *AAAPP has Incident Policies and Procedures included in the Agency Safety Plan.*

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #11 – Voluntary Contributions

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

- A. Approved Voluntary Contributions Policy/Procedures
- B. Sample letter provided to client requesting voluntary contributions and clearly conveying that services are free of charge.

RESPONSE:

- A. *Program Coordinator received current Voluntary Contributions Policy and Procedure and no concerns were noted.*
- B. *All ten files review contained documentation that the letter was provided to clients. When a contribution is received, a letter is sent by the Deputy Director to the client verifying receipt and to acknowledge the donation.*

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

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 regulations pertinent to the service being provided (I.E, fire, health inspections, Licensure, etc.)
- 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 its collection.
- D. Health Insurance Portability and Accountability Act (HIPAA) requirements including policies/procedures.

RESPONSE:

- A. *File documentation reviewed indicates that services are being provided in accordance with the current DOEA Program and Services Handbook. No concerns noted.*
- B. *Not applicable.*
- C. *All ten files reviewed contained documentation that clients and caregivers are being provided with a written explanation for the collection of Social Security numbers.*
- D. *All files reviewed during the monitoring visit contained documentation that clients and caregivers are being provided with information about HIPAA and AAAPP Privacy Policy*

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

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.

RESPONSE:

Per Prioritization Policy and documentation noted in the client files reviewed, referrals are made to the ADRC to add clients to the waiting lists for other programs as needs are identified and per client / caregiver request.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #14 – Subcontractors

Provider monitors subcontractors as required by the Standard Contract (if applicable).

RESPONSE:

Vendor billing monitoring is completed on an annual basis by the Caregiver Specialists. Caregiver Specialists conducted desk review of vendor billing in September 2016. Billing Monitoring Summary Sheets have been completed. Billing discrepancies noted during monthly billing reconciliation are also addressed with vendors. If trends or ongoing issues are noted, corrective action and technical assistance are provided as needed. The Service Analyst has completed Administrative review in October 2016 that includes review of licensure, insurance, vendor complaint log and background screening.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #15 – Volunteers

Provider has policies/procedures governing the utilization of volunteers.

RESPONSE:

AAAPP has policies and procedures for use of volunteers. The OA3E program regularly provides field experience for BSW or MSW interns who shadow the Caregiver Specialists.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

Submitted by: Peggy Herlache, Program Coordinator

Date: November 17th, 2016

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



Organization: Area Agency on Aging of Pasco - Pinellas
Program: OAA Title III-E National Family Caregiver Support Program

November 1 - 2, 2016

Questions	M.C.	E.G.	S.H.	R.A.	M.L.	C.C.	G.D.	J.K.	W.M.	S.S.	Comments
Was the most current Intake/Assessment Form completed and entered into CIRTS correctly?	✓	✓	See notes	✓	✓	✓	✓	See notes	✓	✓	All files contained intake information. 2 701A / CIRTS errors noted.
Was Client Eligibility Verified? (see "Service Eligibility for OAA Programs")	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	All files contained documentation that reflected eligibility for program.
Has OAA Priority for Service Delivery been established?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	All files contained prioritization documents.
Did the worker obtain a signed Release of Information/HIPAA form?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	All files contained signed HIPAA form.
Was the client notified of why their SS# information is being used? (if applicable)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	All files contained SS information document.
Did the worker notify the client of their current Complaint Procedure?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	All files contained signed complaint / grievance forms.
Is the client correctly enrolled for this Program and service in CIRTS?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	CIRTS enrollment was correct.
Is the CIRTS Received Service Screen correct?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Received Services are being entered appropriately.
Do Progress Notes reflect the last contact?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Monthly progress notes found in files.
Does documentation support a change in service delivery?	✓	✓	✓	✓	✓	✓	✓	See notes	✓	✓	Changes in services are documented in the notes.
M.C.	M.C.	E.G.	S.H.	R.A.	M.L.	C.C.	G.D.	J.K.	W.M.	S.S.	Client in IRLE ACTV since 3/22/2016. Client was placed on hold in 2013 and closed TRBC on 3/21/2012. Client was most recently reopened in March 2016. Client is also on the waiting list for CCE, SMMC LTC and OAA HMK. Client receives Respite Care and SCSM through vendor under IRLE funding. Client appears to have been prioritized appropriately. Waitlist Prioritization Form in the file reflects client has 2+ ADL deficits, advanced age 80+, multiple health conditions, unable to be left alone. Notes reflect the changes in the services including short term increases and one time only purchases. Notes reflect client status and client / caregiver satisfaction with and receipt of services. Services appear to be benefiting both the client and the caregiver to facilitate ongoing CG ability to continue to provide care. Notes indicate that caregiver is having her own health problems and caregiver / family are looking at possible AIF placement for both of them here or back in NY. Increased services have been approved short term to assist and client / family also private paying for additional help. Suggests if caregiver continues to need additional help to assist client due to own medical conditions, assessment should be updated to reflect the current ability of caregiver to provide care / possible crisis. Priority score may increase if client is in need of more help which may enable client to be released for another program that could cover more services such as CCE or SMMC LTC.
E.G.	Client is IRLE ACTV as of 11/18/2014. Client has been placed on hold several times (May 2015, August 2016) and most recently restarted services 8/22/2016. Client is also O3C2 ACTV for HDM's. Client is on the waiting list for ADI, CCE and SMMC LTC. Client receives Respite Care and SCSM. Waitlist Prioritization Form reflects client has 2+ ADL deficits, advanced age 80+, dementia diagnosis and multiple health conditions. Caregiver Specialist has made referrals to Alzheimer's Association to review additional support that can be provided. Caregiver should continue to be encouraged to attend support group and / or apply for Respite grant via resources offered. Caregiver appears to continue to be under a lot of stress and refuses counseling.										
S.H.	Client is IRLE ACTV as of 1/26/2016. Client is also on the waiting list for ADI, CCE, HCE and SMMC LTC. Client receives SCSM and received RESP OTD. Client appears to have been prioritized appropriately. Based on Waitlist Prioritization Form in the file, prioritization based on low income, 2 ADL deficiency, dementia diagnosis and multiple health conditions. Caregiver is assessed to be in emotional crisis but refuses additional services that may help to alleviate stress such as Respite Care and Counseling. Client's daughter moved nearby and provides some relief to caregiver. Client received MHT treatment as a Non-DOEA funded service through this insurance which includes medications and counseling. 701A Turn Around Error: D: ADI's #17e is not completed on the written 701A (how much assistance does client have with Transferring. Turn Around shows No Help Needed / Receives No Help) Please review and make correction the written assessment and in CIRTS if response indicated is not correct. THIS HAS BEEN CORRECTED PRIOR TO COMPLETION OF THIS REPORT.										

R.A.	<p>Client is IIE ACTV since 12/10/2014. Client is also on the waiting list for ADI, CCE, SMMC LTC and OAA HKM / Chore. Client receives Respite and SCGM under Title III E program. RESP began in August 2016 and prior to that client received SCGM monthly and CHO OTO. Client appears to have been prioritized appropriately using the Waitlist Prioritization Form. Based on documentation, client is low income, lives usually, advanced age 80+, has dementia diagnosis and multiple health conditions and is unable to be left unsupervised.</p> <p>No Assessment errors or turn around errors noted.</p> <p>Notes reflect changes in services and document client / caregiver satisfaction with and receipt of services.</p>
M.L.	<p>Client is IIE ACTV since 3/19/2013. Client is also OSCZ ACTV for HDM's. Client is on the waiting list for ADI and CCE programs. Client received Respite Care services under Title III E using a vendor. Client has also received SCGM and Chore services as needed, also through a vendor. Client appears to have been prioritized appropriately based on low income, advanced age 80+, Client has dementia and multiple health conditions, client cannot be left alone and CG has no respite or informal support.</p> <p>No Assessment errors or turn around errors noted.</p> <p>Notes reflect changes in services and document client / caregiver satisfaction with and receipt of services. Client began receiving Hospice Care in July 2016 and notes indicate verification of non-duplication between programs was discussed with caregiver. IIE Respite and SCGM supplies are not covered under the Hospice program and supplement the care client receives under that funding source.</p>
C.C.	<p>Client was IIE ACTV as of 2/23/2016. Client is TRCD 10/2/2016. Client was also on the waiting list for ADI, CCE, HCE and other OAA services. All enrollments have been closed out appropriately. Client was receiving Respite Care services under Title III E funding. Client had been receiving Respite Care. Prioritization Form shows that priority factors include low income, advanced age 80+, multiple health conditions and dementia diagnosis, need for supervision / can't be left alone.</p> <p>No Assessment errors or turn around errors noted. Notes reflect service changes.</p> <p>Notes reflected client / caregiver choice of providers.</p>
G.D.	<p>Client is IIE ACTV since 3/17/2012. Client is also OABH ACTV for Adult Day Care since 3/21/2016. Client received ADC hours at NCN under both funding sources. 1 day / week is authorized under III E Program. Prioritization Form shows that factors include: client is a minority, has 2+ ADL deficits, advanced age 80+, multiple health conditions. Client's sister is his caregiver and he resides with her.</p> <p>No Assessment errors or turn around errors noted. Notes reflect service changes.</p>
J.K.	<p>Client has been IIE ACTV since 1/26/2015. Client is on the waiting list for ADI, CCE, HCE, SMMC LTC and OABH HKM. Client receives Respite Care and Mental Health Counseling. Waitlist Prioritization Form shows client is low income, has dementia diagnosis and multiple health conditions and is in need of supervision / can't be left alone.</p> <p>702A indicates that client lives with Primary Caregiver. Address for client is on Mexican Way. Caregiver is listed as living at a different address on Radcliffe way. Caregiver is client's Sister-in-Law per the documentation and she lives "around the corner" from the client. Although CG appears to provide sufficient support to the client to be considered CG even though she is not living in the residence, the 702A should reflect that client lives alone. THIS HAS BEEN CORRECTED PRIOR TO THE COMPLETION OF THIS REPORT.</p> <p>Notes do not address why the Counseling Services ended on September 30th, 2015. Per the authorizations, services ended and then restarted with another provider in January 2016. Received Services reflects this gap in Counseling receipt as well. THIS HAS BEEN CORRECTED PRIOR TO THE COMPLETION OF THIS REPORT.</p>
W.M.	<p>Client was IIE ACTV 1/29/2015. Nursing Home assessment was completed in July 2016 and client is now MLTC ACTV as of 10/1/2016. IIE ACTV was closed 9/30/2016. Client had been placed on hold during Nursing Home stay. Client received only SCAS / REFE assistance in July - Sept and remained on hold. Prior to that, client was receiving Respite Care. Prioritization Form shows that client has 2 + ADL Deficits, Advanced age 80+, has dementia diagnosis and multiple health conditions and needs supervision / can't be left alone.</p> <p>No Assessment errors or turn around errors noted. Notes reflect service changes.</p>
S.S.	<p>Client is IIE ACTV since 5/9/2014. Client is also on the waiting list for ADI, CCE and SMMC LTC. Client receives Respite Care and SCGM. Prioritization Form shows client review for priority factors included 2+ ADL deficits, advanced age 80+, dementia diagnosis and multiple medical conditions, need for supervision / can't be left alone.</p> <p>No Assessment errors or turn around errors noted. Notes reflect service changes.</p>
<p>Yes = Compliant No = Non-Compliant and Comment is required N/A = Not Applicable</p>	