



9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • www.aaapp.org

March 20th, 2017

Carolyn King, Executive Director
Pinellas Opportunity Council, Inc.
501 First Ave N, Ste 517
St. Petersburg, FL 33701

Dear Ms. King:

Enclosed is the report for the Older Americans Act Title III-B/LSP (#17-21) Chore Program. This visit was made on March 9th, 2017 by Shannon Fernandez, Program Manager. The cooperation of Kathleen Russell and her staff throughout the visit was greatly appreciated.

This report is intended to provide an overview of the program's operations as of the date of the monitoring visit. It should also be a useful instrument in the evaluation of your programs.

Your program appropriately met all standards for contract compliance and service delivery.

Should you have any questions or comments concerning this report, please feel free to contact Shannon Fernandez, Program Manager, at (727) 570-9696, extension 271. Thank you for your continued commitment to serve the seniors of Pinellas County.

Sincerely,

A handwritten signature in cursive script that reads 'Helen D. King'.

Helen King
Acting Executive Director

Enclosures

cc: Jeannette Crabbe, Board President, POC, Inc.
Kathleen Russell, Program Director, POC, Inc.



Area Agency on Aging of Pasco-Pinellas, Inc.
2017 LSP/ IIIB/IIIEG PROGRAMMATIC MONITORING CHECKLIST

PROVIDER	Pinellas Opportunity Council, Inc.
SERVICE(S)	OAA Title IIIB/LSP Chore Service
DATE(S) OF VISIT	March 9, 2017
PARTICIPANT(S)	Kathy Russell, Program Director, POC, Inc. Carolyn King, Executive Director, POC, Inc.
MONITOR(S)	Shannon Fernandez, Program Manager, AAAPP

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 unresolved issues resulting from the Monitoring Visit that took place on March 10, 2016.

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, 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. The Provider currently utilizes an Older Americans Act Prioritization Instrument 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) The Provider has an approved Service Provider Application on file with the AAAPP. This application denotes the Program’s proposed efforts to target older 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, and older individuals with limited English proficiency.
- b) The Program Director indicated the Program is currently on track with serving the proposed number and percentage of clients to be served in each category; placing them in the range of meeting their proposed goals within the First Quarter.
- c) Client files reviewed contained appropriate Prioritization forms in accordance with the Providers Prioritization Policy on file with the AAAPP.
- d) The Provider is appropriately maintaining the waitlist as required. POC, Inc. utilizes an internal Access Database to capture information on clients waiting for services and the database is reconciled to CIRTS monthly. The Program Director indicates there are approximately 524 individuals on the waiting list. The Program Manager ran a CIRTS Report which also verified this number of waitlisted individuals.

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 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; a score of 90 percent or above on the multiple-choice test is required.
 - 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 has been conducted.

RESPONSE:

- a) The ADRC performs all DOEA 701S Forms for screening and re-screening individuals for Chore Assessed Prioritized Consumer List (APCL) enrollment. All clients placed APCL in CIRTs are contacted by POC, Inc. and prioritized for OAA services. At the time Chore Services are initiated POC, Inc. staff performs face-to-face client assessments utilizing the DOEA 701A Assessment tool.
- b) All Assessment information is being entered in accordance with the Assessment Instructions (DOEA 701D).
- c) All staff conducting client assessments utilizing the DOEA 701A Assessment tool has been certified through the DOEA 701 Comprehensive Training.
- d) The Provider abides by the mandatory reporting requirement for persons suspected of being abused, neglected and/or exploited.

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) Outreach and Public Education Reports are due in March of FY2017 but pertinent to activities performed in FY2016. The Program Director reported no current issues regarding the upcoming Outreach and Public Education Report.

b) Quarterly Reports are due by the tenth of every April, July, October and January. The Program Director reported no current issues regarding the First Quarterly Report due in April 2017.

c) All Meeting Minutes from the POC, Inc. Board of Directors are submitted to and received by the AAAPP upon completion.

d) Surplus/Deficit Reports are due by the 20th of each month. All Surplus/Deficit Reports are submitted and received by the Program Manager on a monthly basis.

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 CIRTS 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) The Provider has implemented all strategies detailed in their current Service Provider Application as it pertains to the understanding and meeting of legislatively mandated Outcome Measures.
- b) The Provider uses all available DOEA reports to track and report on Outcome Measures.
- c) The Provider submits Monthly and Quarterly Outcome Measure Reports punctually. The reports include the review of Outcome exceptions, if applicable.
- d) Please see sub-topic C.
- e) Other staff members are involved when taking appropriate actions to address Outcome Measures, which are not achieved.

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

RESPONSE:

- a) The Program Manager randomly sampled ten (10) clients for file review purposes. Files reviewed were in good order and were in compliance with requirements for client eligibility, intake, and service delivery. **Please see Attachment I. for specific details.**
 - b) All CIRTS records of 701A assessments, program enrollment and received services are accurate, entered in CIRTS in a timely manner and agree with client and project records. The ADRC performs all DOEA 701S Forms for screening and re-screening individuals for Chore Assessed Prioritized Consumer List (APCL) enrollment.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #7 – CIRTS Exception Reports

CIRTS Exception Reports are accurate and exemplify 100% accuracy (OAA REGISTERED SERVICES ONLY). Specific Older Americans Act Reports include:

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

RESPONSE:

The Program Manager ran several CIRTS reports prior to the monitoring visit that were used for the purpose of data integrity reviews through the provider's use of CIRTS. The exception reports indicated 100% accuracy as it pertains to CIRTS, Services Received data, Enrollment data and Assessment data. Client files and records were in very good order. The Program Director is commended for consistently maintaining all CIRTS Exception Reports for data accuracy.

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 January, 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) The Provider is serving and has a plan to serve the number of proposed units as identified in their most current service provider application.
- b) A total of 604.25 LSP units of service were reported to the AAAPP in the month of January 2017. The Program Manager ran a CIRTS Report which also verified this number of units. The provider tracks billing on a daily basis and for each individual client served. Daily and monthly reports are run for reconciliation purposes and requests for reimbursement, related to the monthly reports, are submitted on a monthly basis.

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) The Program Manager had the opportunity to interview a OAA Title IIIB/LSP CHORE Service recipient. **Please see Attachment II. for specific details.**
- b) The CHORE Program disseminates satisfaction surveys at the time that the service delivery is completed. The Program Manager reviewed copies of completed surveys for 2016 YTD as well as Satisfaction Survey Results, all of which denote a high level of satisfaction with the services received. Through these results, it is clear the CHORE Program is a valuable service in the community for seniors.

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) The Provider has Grievance Policies, Procedures, and Logs pertinent to contractual requirements. No registered grievances have occurred for 2016 and 2017 YTD. Additionally, all clients are notified of their right to grieve at the inception of service delivery.
- b) The Provider has separate Complaint Policies, Procedures, and Logs pertinent to contractual requirements on file. The Program reported two complaints for 2016 and none for 2017 YTD. All complaints were documented and handled appropriately.
- c) N/A.
- d) The Provider has separate Incident Policies, and Logs pertinent to contractual requirements on file. The Program reported no incidents for 2016 & 2017 YTD.

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) The Provider has a Voluntary Contribution policy consistent with the Older Americans Act.
 - b) Clients are notified of their right to contribute voluntarily at the point the service is instituted. Agreements for service denote the organizations acceptance of donations strictly on a voluntary basis.

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.
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RESPONSE:

- a) OAA services reviewed are being provided in accordance with the most current DOEA Program and Services Handbook. Services are also being provided in accordance with POC Inc.'s approved Service Provider Application.
- b) The Provider is compliant with all regulations pertinent to the service being provided.
- c) The Provider is compliant with Florida Statute 119.071(5), in that it notifies every client they serve with information on why they collect their individual Social Security information. Clients receive this at the intake process, just prior to the service being performed.
- d) The Provider has policies within their approved Service Provider Application to address the Health Insurance Portability and Accountability Act, (HIPAA) requirements.

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:

- 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:

- a) The Provider 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) All services not arranged through agency contracts are obtained through referrals to other community resources.
- c) N/A.

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:

The Provider does not utilize any sub-contractors to provide CHORE Services. However, the Provider does use agreements with Goodwill Temp Services, Inc. for the provision of staff to complete necessary client projects. All Temp Services staff have complete a Level I background screening through Goodwill, and a Level II background screening is performed by POC, Inc. prior to a start date. The AAAPP is satisfied with the management of this long standing (20+ yrs.) agreement for supplemental staff resources.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #15 – Volunteers

Provider has policies/procedures governing the utilization of volunteers.

RESPONSE:

The Provider utilizes volunteers for office work, yard work, and their MLK Volunteer Day; Volunteers work several days completing yard work for multiple clients. Volunteers who assist on an intermittent basis for less than 20 hours per month and who are not listed on the FDLE Career Offender Search database or the Dru Sjodin National Sex Offender Public Website are exempt from any Background Screening requirements.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

Submitted by: Shannon Fernandez, Program Manager, AAAPP

Date: 3/14/2017

Signature: Shannon Fernandez



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

Organization: Pinellas Opportunity Council, Inc.
 Registered Service: OAA Title IIIB/LSP Chore

Questions	FJ4121	JM1510	ML4020	ES5174	LM7166	IA5309	SM0394	CS4688	FD1139	MP4178	Comments
Was the most current Intake/Assessment Form (701A, and/or 701C) completed and entered into CIRTS correctly?	Y	Y	Y	Y	Y	Y	Y	Y	Y	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?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the worker 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# information is being used? (if applicable)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the worker 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 CIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Is the CIRTS Received Service Screen correct for the current?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Do Progress Notes reflect the last contact?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Does documentation support a change in service delivery?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notes	GOAH	GOAH	GOAH	GOAH	GOAH	GOAH	GOAH	GOAH	GOAH	GOAH	

Yes = Compliant
 No = Non-Compliant and Comment is required
 N/A = Not/Applicable

OAA CLIENT INTERVIEW QUESTIONNAIRE

AGENCY & SERVICE: Pinellas Opportunity Council, Inc. (POC, Inc.)

1. **How did you hear about the service you are currently receiving?** "I went into the hospital for my knees and the social worker there must have signed me up for the services".
2. **How long have you been receiving services from this agency?** "Well I remember getting the service last year so this is the second time".
3. **Do you have a particular contact person you speak with about services?** "Oh, I have all their numbers here so I can call them if I need to".
4. **Do you know how to contact him/her or the agency providing the service?** See question #3.
5. **How often do you receive this service?** "I was told it was once a year they do this".
6. **Do you feel this service allows you to remain home independently?** "Well I certainly can't clean this stuff myself. I was diagnosed with A.D.D. at 67 and I know that's one of the reasons I can't keep a clean house".
7. **Have you ever had to make a complaint about the services you receive or the person providing the services?** "No, not once".
8. **How do you rate the quality of the service you are currently receiving and/or the agency providing it?**

Excellent	Good	Fair	Poor
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. **What is the reasoning for your choice rating regarding question #8?** "They get the job done, even when you know they don't want to do it. Who would want to? I don't blame them".
10. **If you could change anything about the service you receive or the agency providing it, what would you change?** "Can't think of anything".

INTERVIEWER OBSERVATIONS: The Program Manager arrived at the client's house early in the afternoon while Chore Services were being performed. It should be noted the client's house has a foul odor of urine and is infested with small German cockroaches; they were present on the walls and throughout the home during the visit. She also has a cat living in the home who suffers from feline AIDS. The client was referred to Chore Services through the Department of Children and Families as an Adult Protective Services case. She has three sons but does not see them often. She still cooks, arranges transportation through DART, and is not in need of any additional services. The client also receives Physical Therapy twice a week to regain strength in her legs. The client reported satisfaction with the Chore Program. During the day of service, POC, Inc. provided her with a new microwave as her current one did not work. She was very appreciative of the help and said she would recommend the service to anyone.

The Program Manager inquired with POC, Inc. regarding pest control. Program Director Kathy Russell confirmed that Chore Services sprayed throughout the home while they were present. Mrs. Russell also completed follow-up with the Adult Protective Investigator, Lisa Miller, who stated, "Ms. Rote advised she was going to hire a private company as she did in the last investigation". Based upon this information, no further follow-up is needed.

Submitted by: Shannon Fernandez, Program Manager

Date: March 14, 2017

For OAA Use Only