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March 31st, 2017

Dr. Sandra Braham, President / CEO  
Gulf Coast Jewish Family and Community Services  
14041 Icot Boulevard  
Clearwater, FL 33760

Dear Dr. Braham,

Enclosed is the Annual Programmatic Monitoring report for the Alzheimer's Disease Initiative, Community Care for the Elderly and Home Care for the Elderly programs monitoring visit made March 28th – 30th, 2017 by Program Coordinator, Peggy Herlache. The report is intended to provide an overview of the program operations during the 2016– 2017 fiscal year.

The cooperation of your staff throughout the monitoring process was appreciated. Please note that file corrections identified within the report have already been submitted to the Area Agency on Aging. No additional follow-up response is requested.

Please do not hesitate to contact me if there are any questions.

Sincerely,

A handwritten signature in black ink that reads "Helen D. King".

Helen King  
Acting Executive Director

Enclosures

Cc: Julie Klavans, Board Chair  
Ann Marie Winter, Chief Operating Officer  
Kristina Jalazo, Program Director



**Area Agency on Aging of Pasco-Pinellas, Inc.**  
**2017 MONITORING CHECKLIST- Pinellas County**

PROVIDER	Gulf Coast Jewish Family and Community Services, Inc.
SERVICE(S)	ADI, CCE and HCE Programs
DATE(S) OF VISIT	March 28th, 29th, 30th, 2017
PARTICIPANTS	Kristina Jalazo, Program Director; Ann Marie Winter, COO
MONITOR(S)	Peggy Herlache, Program Coordinator

1. STANDARD	STATUS
Issues identified in previous monitoring have been resolved.	<p align="right">Achieved <input checked="" type="checkbox"/></p> <p align="right">Partially Achieved <input type="checkbox"/></p> <p align="right">Not Achieved <input type="checkbox"/></p> <p align="right">Not Applicable <input type="checkbox"/></p> <p align="right">Follow-up Required <input type="checkbox"/></p>
<p align="center"><i>There are no outstanding issues from previous monitoring visit.</i></p>	

2. STANDARD	STATUS
Provider submits surplus/deficit reports to the AAA and uses these projections to plan and coordinate spending.	<p align="right">Achieved <input checked="" type="checkbox"/></p> <p align="right">Partially Achieved <input type="checkbox"/></p> <p align="right">Not Achieved <input type="checkbox"/></p> <p align="right">Not Applicable <input type="checkbox"/></p> <p align="right">Follow-up Required <input type="checkbox"/></p>
<p><i>The Provider submits surplus / deficit reports to the AAAPP monthly and utilizes their projections to plan and coordinate appropriate spending. The provider should be commended for the thorough analysis of expenditures which enables contract funds to be fully expended each year. No concerns noted.</i></p>	

3. STANDARD	STATUS
<p>Provider has written procedures for verifying accuracy of client/service data in CIRTS. Provider is utilizing CIRTS reports routinely to assure integrity of their data. The report categories include:</p> <ul style="list-style-type: none"> <li>• Client Reports</li> <li>• Monitoring Reports</li> <li>• Services Reports</li> <li>• Fiscal Reports</li> <li>• Outcome Measurement Reports</li> </ul>	<p>Achieved <input checked="" type="checkbox"/></p> <p>Partially Achieved <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-up Required <input type="checkbox"/></p>
<p><i>The Provider has a written procedure that details CIRTS reports utilized to verify data accuracy. Program Coordinator runs multiple CIRTS reports monthly and ran reports prior to the monitoring visit and found no areas of concern.</i></p>	

4. STANDARD	STATUS																																																										
<p>State Fiscal Year Outcome Measures are being achieved.</p>	<p>Achieved <input type="checkbox"/></p> <p>Partially Achieved <input checked="" type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-up Required <input type="checkbox"/></p>																																																										
<p>The following details the status of the Provider's Outcome Measure report results from July 1, 2016 – January 31st. 2017 :</p>																																																											
<table border="1"> <thead> <tr> <th>Outcome</th> <th>Goal</th> <th>CCE</th> <th>ADI</th> <th>HCE</th> </tr> </thead> <tbody> <tr> <td>Imm Risk Ref.</td> <td>90%</td> <td>n/a</td> <td>n/a</td> <td>n/a</td> </tr> <tr> <td>APS Referrals</td> <td>97%</td> <td>100%</td> <td>n/a</td> <td>n/a</td> </tr> <tr> <td>Environment</td> <td>79.3%</td> <td>75%</td> <td>n/a</td> <td>n//a</td> </tr> <tr> <td>Nutrition</td> <td>66%</td> <td>66.67%</td> <td>66.67%</td> <td>50%</td> </tr> <tr> <td>ADL</td> <td>65%</td> <td>62.50%</td> <td>50%</td> <td>75%</td> </tr> <tr> <td>IADL</td> <td>62.3%</td> <td>70.83%</td> <td>50%</td> <td>100%</td> </tr> <tr> <td>Caregiver Likely</td> <td>89%</td> <td>n/a</td> <td>n/a</td> <td>n/a</td> </tr> <tr> <td>Caregiver Ability</td> <td rowspan="3">90%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Assessor:</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Caregiver:</td> <td>96%</td> <td>95%</td> <td>100%</td> </tr> <tr> <td>MW Eligibles</td> <td>2.8 mos</td> <td>1.05</td> <td>n/a</td> <td>n/a</td> </tr> </tbody> </table>		Outcome	Goal	CCE	ADI	HCE	Imm Risk Ref.	90%	n/a	n/a	n/a	APS Referrals	97%	100%	n/a	n/a	Environment	79.3%	75%	n/a	n//a	Nutrition	66%	66.67%	66.67%	50%	ADL	65%	62.50%	50%	75%	IADL	62.3%	70.83%	50%	100%	Caregiver Likely	89%	n/a	n/a	n/a	Caregiver Ability	90%				Assessor:	100%	100%	100%	Caregiver:	96%	95%	100%	MW Eligibles	2.8 mos	1.05	n/a	n/a
Outcome	Goal	CCE	ADI	HCE																																																							
Imm Risk Ref.	90%	n/a	n/a	n/a																																																							
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<p><i>As of 1/31/2017, the Provider has achieved 8 CCE, 8 ADI and 9 HCE outcomes. The provider should be commended for 100% achievement in the Adult Protective Services Outcome Measure. Explanation providing justification was noted for all exceptions in Outcome Measure responses from the provider.</i></p>																																																											

5. STANDARD	STATUS
<p>The strategies to achieve outcome measures, as outlined within the state fiscal year application, are being implemented and utilized.</p>	<p>Achieved <input checked="" type="checkbox"/></p> <p>Partially Achieved <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-up Required <input type="checkbox"/></p>
<p><i>The Provider is utilizing strategies to achieve outcome measures as detailed in their 2016 – 2017 Continuing Application. The Project Director reviews outcome measure reports and submits a report to the AAAPP on a monthly basis that provides explanation for each exception.</i></p>	

6. STANDARD	STATUS
<p>Provider regularly surveys clients to ensure consumer satisfaction with service delivery.</p>	<p>Achieved <input checked="" type="checkbox"/></p> <p>Partially Achieved <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-up Required <input type="checkbox"/></p>
<p><i>Program Coordinator reviewed the Provider's Customer Satisfaction Survey Procedure during the monitoring visit. Per the procedure, clients are given an opportunity annually to submit a response to an anonymous survey. Program Coordinator reviewed the 2016 survey results and sample of 20 surveys. Overall responses were positive. Comments provided by clients on the surveys indicate overall satisfaction with case managers and services. Surveys that require follow-up response are identified to be addressed immediately if client name is provided. Any needed follow-up by case manager is documented in the client file narratives.</i></p>	

7. STANDARD	STATUS
<p>Provider has written policy and procedure regarding the handling of complaints. Complaint procedures shall address the quality and timeliness of services, provider and direct service worker complaints or any other complaints not related to termination, suspension or reduction in services. Complaint procedures shall include notification to all clients of the complaint procedure and include tracking the date, nature of the complaint and the determination of each complaint. Complaint log is maintained and documents actions taken or resolution of all complaints including date of resolution.</p>	<p>Achieved <input checked="" type="checkbox"/></p> <p>Partially Achieved <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-up Required <input type="checkbox"/></p>

*Project Director provided current agency Client Concerns procedure. The procedure details the process for addressing client complaints and concerns received that are not related to termination, suspension or reduction of services. The procedure includes notification of clients in writing of the right to file a complaint and the method to submit a complaint and also includes details regarding logging and documenting complaints received and timeframe by which complaints must be addressed. Complaint Log for 2016 to current was provided for review along with back-up documentation for each item. Provider is documenting complaints, resolution and date of resolution. Complaint Log is also reviewed on a regular basis at the time of Quarterly 1% Monitoring Visits by the AAAPP Program Coordinator. The log includes area to document resolution and date of resolution to grievances. New log implemented for 2017 based on DOEA template recommendations. Per the procedure, the Provider's Quality Improvement department reviews the information on a monthly basis through their Performance Evaluation System.*

8. STANDARD	STATUS
<p>Provider has written policy and procedures regarding the handling of grievances to address complaints regarding termination, suspension or reduction of services. The provider's procedures comply with the Minimum Guidelines for Recipient Grievance Procedures in Appendix D of the Department of Elder Affairs Programs and Services Handbook. Grievance log is maintained and documents actions taken or resolution of all grievances including date of resolution.</p>	<p>Achieved <input checked="" type="checkbox"/></p> <p>Partially Achieved <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-up Required <input type="checkbox"/></p>

*Project Director provided a current agency Consumer Grievance Procedure for review during the monitoring visit. Procedures are in compliance with the Minimum Guidelines for Recipient Grievance Procedures in the 2016 DOEA Programs and Services Handbook. The Grievance Log and back-up documentation for 2016 to current was provided for review.*

9. STANDARD	STATUS	
<p>Potential Statewide Medicaid Managed Care Long Term Care Program (SMMCLTCP) clients are identified and referred to the ADRC for placement on the SMMCLTCP wait list.</p>	Achieved	<input checked="" type="checkbox"/>
	Partially Achieved	<input type="checkbox"/>
	Not Achieved	<input type="checkbox"/>
	Not Applicable	<input type="checkbox"/>
	Follow-up Required	<input type="checkbox"/>
<p><i>Client files reviewed during the monitoring visit document that potential SMMC LTC clients are being identified and referred for enrollment on the SMMC LTC waiting list. Program Coordinator reviews the Medicaid Waiver Eligible CIRTS report monthly and any exceptions are promptly addressed. No concerns noted. Client is meeting the Medicaid Waiver Probable Outcome Measure through January 2017. Active clients who are released for transfer to the SMMC LTC program are closely tracked by AAAPP Program Coordinator and Project Director to ensure assistance is provided as needed to clients and to facilitate as seamless of a transfer as possible.</i></p>		

10. STANDARD	STATUS	
<p>Clients with the greatest need are served first. The provider has prioritization policies and procedures. The provider is administering the appropriate DOEA assessment to determine order of enrollment, and ensuring services are provided first to clients in the highest risk priority.</p>	Achieved	<input checked="" type="checkbox"/>
	Partially Achieved	<input type="checkbox"/>
	Not Achieved	<input type="checkbox"/>
	Not Applicable	<input type="checkbox"/>
	Follow-up Required	<input type="checkbox"/>
<p><i>All client files reviewed during the monitoring visit contained the appropriate DOEA 701B Assessment form. AAAPP Program Coordinator runs and reviews the New ACTV Enrollees by Assessment Rank CIRTS report monthly to ensure prioritization procedures are being followed. Exceptions are reviewed to ensure that scoring appears to be appropriate. Program Coordinator requests provider follow-up for exceptions as needed.</i></p>		

11. STANDARD	STATUS
<p>Provider promotes and utilizes non-DOEA services prior to DOEA services being implemented. Documentation supports these efforts.</p>	<p>Achieved <input checked="" type="checkbox"/></p> <p>Partially Achieved <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-up Required <input type="checkbox"/></p>
<p><i>Ten out of ten client files reviewed during the monitoring visit contained documentation of the use of non-DOEA funded services on the Care Plan. Non-DOEA and community resources are being identified by case managers and referrals made as appropriate to best meet client's needs, to avoid duplication between funding sources and to document how all needs are being met. Overall, client file reviews on a monthly basis reflect consistent documentation that sources of assistance such as family members, caregivers, community resources such as food pantries and other agencies, Medicaid, Medicare and Hospice Services are being utilized and documented as needed. Coordination between funding sources is documented to ensure needs are met and to avoid duplication.</i></p>	

12. STANDARD	STATUS
<p>Provider documents clients with nutrition screening score of 5.5 or higher are being referred to a Registered Dietitian for nutritional counseling.</p>	<p>Achieved <input checked="" type="checkbox"/></p> <p>Partially Achieved <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-up Required <input type="checkbox"/></p>
<p><i>All files reviewed during the monitoring visit contained documentation of nutritional counseling referrals being made by the case manager for clients with nutrition scores of 5.5 or higher. Referrals are also being made for Home Delivered Meals and food pantries as appropriate. The case manager also indicates services that have been offered and refused by the client. Overall, Case Managers are consistently documenting action that has been taken for clients who have nutrition scores of 5.5 or higher in the 701B summary comments area and elsewhere in the client file.</i></p>	

13. STANDARD	STATUS
<p>Provider utilizes internal audits to ensure file integrity. The provider ensures clients enrolled in and receiving GR funded services met the eligibility requirements.</p>	<p>Achieved <input checked="" type="checkbox"/></p> <p>Partially Achieved <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-up Required <input type="checkbox"/></p>
<p><i>Program Coordinator reviewed the Provider's Quality Evaluation of Elderly Services Case Management procedure during the monitoring visit. Per the procedure, 3% of the total census will be randomly selected for Quality Assurance review on a quarterly basis. The list of reviewed files was provided along with Quarterly Internal Review findings quarterly reports. Per the Project Director, results of 80% or lower would warrant corrective action through agency's Quality Improvement Plan.</i></p>	

14. STANDARD	
<p>GR Provider is in Regulatory Compliance with:</p> <p>a) GR services reviewed are being provided in accordance with the DOEA Program And Services Handbook, AAAPP/Provider Contracts and Master Agreement, and the approved Service Provider Application</p> <p>b) Provider complies with all regulations pertinent to the service being provided. (I.E, fire, health inspections.)</p> <p>c) 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.</p> <p>d) Health Insurance Portability and Accountability Act (HIPAA) requirements.</p>	<p>Achieved <input checked="" type="checkbox"/></p> <p>Partially Achieved <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-up Required <input type="checkbox"/></p>
<p>a) <i>Files reviewed during the monitoring visit document that services are being provided in accordance with the 2016 DOEA Programs and Services Handbook and Provider's 2016 – 2017 Continuing Application.</i></p> <p>b) <i>Provider is in compliance with all regulations pertinent to the services being provided.</i></p> <p>c) <i>Files reviewed during the visit contained signed Consent for Service Forms and 701B assessments, which include written explanation of the reason for the social security number collection.</i></p> <p>d) <i>Documentation reviewed supports that Provider is in compliance with HIPAA requirements.</i></p>	



<b>15.</b>	<b>STANDARD</b>
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Per the DOEA Programs and Services Handbook, page 2-31, each provider agency shall develop an in-service training program for case management staff. Case management staff must receive a minimum of six hours of annual in-service training encompassing the minimum standards referenced. The provider agency must document the duration and content in case management staff records.

Achieved	<input checked="" type="checkbox"/>
Partially Achieved	<input type="checkbox"/>
Not Achieved	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
Follow-up Required	<input type="checkbox"/>

*Project Director provided 2016 Training Log and back-up documentation for review during the monitoring visit. During 2016, all Case Management staff received more than the minimum six hours of in-service training. Personnel files were reviewed during the monitoring visit for one new Case Manager and one new Case Aide. Documentation has been provided of required training on DOEA Comprehensive 701B Assessment Training, Care Plan Training, New Case Management Training and applicable degree and background screening. Back-up documentation was provided for all trainings attended by Case Management staff, which detailed the duration and the content of the training sessions. In-service training provided appears to meet the minimum standards per the 2016 DOEA Program and Services Handbook.*

<b>16.</b>	<b>STANDARD</b>
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New Case Managers and Case Aides meet the necessary education and training requirements. This includes successful completion of the DOEA web-based 701B Assessment training, Care Plan training and completion of the ARTT Tutorial within 3 months of hire.

Achieved	<input checked="" type="checkbox"/>
Partially Achieved	<input type="checkbox"/>
Not Achieved	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
Follow-up Required	<input type="checkbox"/>

*Personnel files were reviewed during the monitoring visit for one new Case Manager and one new Case Aide hired since the 2016 Annual Monitoring visit. Personnel files contained documentation of appropriate education pertinent to each job description. Documentation was provided for the Case Manager of successful completion of the DOEA web-based 701B Assessment Training, Care Plan Training, New Case Manager Training and completion of the updated ARTT Tutorial. Case Aide file contained documentation of successful completion of the DOEA web-based 701B training, ARTT Tutorial and Care Plan Training.*

17. STANDARD	
<p><b>Case Management and Case Aide billable time is justified by supporting documentation.</b></p>	<p>Achieved <input checked="" type="checkbox"/></p> <p>Partially Achieved <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-up Required <input type="checkbox"/></p>
<p><i>Overall the ten client files reviewed reflected accurate submission of units based on documentation. No concerns noted. AAAPP Program Coordinator has noted few case management and case aide billing errors during monthly client file reviews this fiscal year. The Provider is doing an excellent job of ensuring that billable time is justified by supporting documentation.</i></p>	

18. STANDARD	
<p><b>Service billing in CIRTS matches care plan, date of service, and worker logs. For HCE expenditures, documentation supports payment to respite workers.</b></p>	<p>Achieved <input checked="" type="checkbox"/></p> <p>Partially Achieved <input type="checkbox"/></p> <p>Not Achieved <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Follow-up Required <input type="checkbox"/></p>
<p><i>Program Coordinator reviewed supporting documentation for the two Home Care For the Elderly client files that were monitored this visit. Service logs for the initial 31 days were reviewed for the 4 APS / CCE client files reviewed. HCE client Respite workers sign attestation of billable hours and receipt of payment for hours. Services logs for the initial 31 days are reviewed by Program Coordinator on a monthly basis for APS / CCE clients to ensure that services are being provided as authorized.</i></p> <p><i>Due to continued emphasis being placed on vendor documentation improvement and communication between vendors and case management, a new Case Aide Service Receipt Case Narrative has been implemented to ensure full review is completed and documented monthly reflecting client receipt of services as authorized and follow-up if discrepancies are noted. Case Aide narratives indicate that monthly service provision and receipt verification is completed and follow-up is being completed when discrepancies are noted. The Case Management narratives reflect follow-up with clients and vendors when issues are identified during Case Aide review. The new note and process appears to be effective to help to ensure clients are receiving all services as authorized and that the file reflects this. This will continue to be reviewed closely during ongoing client file reviews.</i></p>	

19. STANDARD	
<p>Case Managers are completing follow up via telephone or face-to-face visit within fourteen business days following the ordering of services to determine if clients are satisfied with services. Case Narratives must address the following:</p> <ul style="list-style-type: none"> <li>• client/caregiver's rapport with service worker</li> <li>• service worker's attitude towards job performance</li> <li>• service worker's compliance with assigned duties and service worker's dependability.</li> </ul> <p>In instances where dissatisfaction is noted, the Case Manager provides solutions and to resolve client's dissatisfaction with services in a timely manner.</p>	<p style="text-align: right;">Achieved <input checked="" type="checkbox"/></p> <p style="text-align: right;">Partially Achieved <input type="checkbox"/></p> <p style="text-align: right;">Not Achieved <input type="checkbox"/></p> <p style="text-align: right;">Not Applicable <input type="checkbox"/></p> <p style="text-align: right;">Follow-up Required <input type="checkbox"/></p>
<p><i>Files reviewed during the monitoring visit contained documentation of follow-up within fourteen business days following the ordering of services. Often, especially with APS high risk clients, a home visit was completed by the case manager if needed to review improvement in the environment and to verify if the crisis resolving service has alleviated the crisis. Overall, case managers are also doing an excellent job of documenting observation of client condition, appearance and environment in the case narratives including improvement noted of the environment after services have been implemented. No concerns were noted.</i></p>	

20. File Review Analysis	
<p>Issues to be addressed on a continual basis:</p> <ul style="list-style-type: none"> <li>• Please continue use of the new Case Aide Receipt of Service verification case narrative to identify service delivery issues and to document follow-up on issues identified.</li> <li>• Please continue the good documentation of case manager observations of client appearance, condition and environment in the case narratives.</li> <li>• Overall good documentation of 14 Day follow-up, client satisfaction with services, confirmation of receipt of services and follow-up on identified issues. Please continue the good documentation in these areas.</li> <li>• Please continue to work to implement the Care Plan Inquiry screen entry by the new method per DOEA instructions and per the updated DOEA HCBS Programs and Services manual.</li> </ul> <p><b>Target Date:</b> Ongoing</p>	

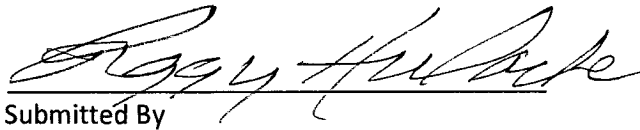
<b>21. Client Satisfaction/Program Evaluation</b>	
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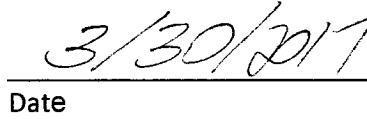
Please refer to the following:

Attachment A: Client Satisfaction / Program Evaluation Monitoring Checklist

Attachment B:  
Consumer Satisfaction / Choices Surveys

Attachment C:  
Client File Review Summaries and APS Monitoring Checklists

  
Submitted By

  
Date

**Client Satisfaction/Program Evaluation Monitoring Checklist**  
**Gulf Coast Jewish Family and Community Services, Inc.**  
**March 28th, 29th, 30th, 2017**

YES	NO		Standard
X		1.	Case Managers are reviewing Grievance Procedures with clients at least annually to ensure clients know whom to call when they have a problem or complaint.
X		a.	File contains applicable agency Grievance forms.
X		b.	Case notes indicate case manager discussed grievance procedures with the client.
X		c.	Client complaints and resolution are logged and back-up documentation sufficient.
<b>Comments:</b> All client files contained signed grievance documents and case narratives indicate that procedures were discussed with clients. Complaint Log and Grievance Log were received at this visit along with back-up documentation. Documentation appears to be sufficiently meeting DOEA's requirements.			
X		2.	Clients' needs are being addressed through formal and/or informal services.
X		a.	Clients needs based on the assessment are addressed on the Care Plan.
X		b.	Non-DOEA services were utilized and documented if the needs could not be met through DOEA services.
<b>Comments:</b> The Care Plans in all of the ten client files reviewed this visit included non-DOEA funded services being provided by other funding sources such as VA Aide and Attendance or Medicare, caregivers / family members and other community resources. Care Plans reflect how all of the needs are being met regardless of funding source.			
X		3.	Clients are satisfied with services and vendors/providers and issues identified are resolved to satisfaction of the client.
X		a.	Client satisfaction is discussed and documented in the case notes.
X		b.	Problem resolution, if applicable, is documented in the case notes.
X		c.	On new or revised service arrangements, clients are contacted to ensure service initiation and satisfaction.
<b>Comments:</b> Verification of client satisfaction with services and follow-up on identified issues are well documented in the client files reviewed for this monitoring visit. Case Managers appear to be doing a good job of ensuring satisfaction and addressing any complaints or problems.			

# Consumer Satisfaction/Choices Survey

Client Name: R.S.. #0243

Date: March, 29<sup>th</sup>, 2017

Provider: Gulf Coast Jewish Family and Community Services

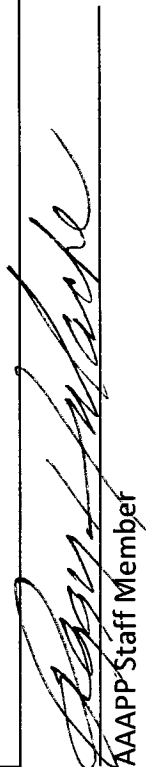
Interviewer(s): Peggy Herlache, Program Coordinator

CONSUMER QUESTIONS	COMMENTS	CONCERN	
		YES	NO
What services are you currently receiving?	Caring Community Counseling - GECL, NCN - Home Delivered Meals, Respite (has not started yet) CM Amanda McGee		✓
Are you pleased with the services you are receiving?	Meals are "going real good, they are very nutritious and they have a good taste."		✓
Were you able to help decide who provided your services, and the type of services you receive?	Using Bayada for Aide and Attendance so will use them for Respite hours under CCE also		✓
Are the services provided when it is most convenient for you? If not, what would be more convenient?	Yes		✓
Are you happy with your current worker?	Yes - Counselor and meals delivery going well.		✓
Do you feel comfortable having the worker in your home?	Yes - no problems		✓
Does the worker arrive on time?	Yes - counselor "comes when she's supposed to" and meals come as scheduled.		✓
Does the worker stay for the scheduled amount of time?	Yes		✓
Does the worker inform you of schedule changes?	Yes - has not had to		✓
Does the worker perform the tasks you want performed?	Respite has not started yet but satisfied with Bayada		✓
Do you feel the services provided have helped you remain in your home?	"Yes, definitely"		✓

CONSUMER QUESTIONS	COMMENTS	CONCERN YES NO
Do you sign service form each day on the date that service was provided?	Client reports that he or caregiver Dan sign for home delivered meals at the time of each delivery, but reports that he does not sign at the end of the session for counseling. He acknowledged that he does not know if the caregiver may be signing. Service documentation will be requested from the vendor to ensure that signatures are being obtained.	✓
Do you know whom to call if you have a complaint or problem?	I call Bayada office or Gulf Coast	✓
Were you given a choice of providers?	Bayada was the one I was using already	✓
Were you shown a list of providers to choose from?	I don't remember	✓
Do you have any recommendations about how to improve services to elders in your community?	Not at this time	

**NOTES:**

Client has been CCE ACTV since 12/21/2016 and is currently in LTCC APPL status and working on MW Eligibility process. Client receives Home Delivered Meals through Neighborly Care Network and Counseling through Caring Community Counseling at this time and is also care planned to receive Respite with Bayada but service has not started as of yet. Client also received VA Aide and Attendance Respite hours and Nursing through Bayada in the evenings. Client resides with his daughter who works and friend Dan who provides care during the day. It was discussed that if Dan is not available on a particular date, Bayada hours could also be authorized as One Time Only additional hours under CCE if needed even if not ready to use on a regular schedule yet. Dan is planning to go back to work part time and more Respite hours will be needed at that time. Client reports that he is very satisfied with services at this time. He did report that he does not sign for Counseling service at the end of each session but admitted that he is not sure if Dan may be signing for him. Caring Community's Counseling documentation was requested for review to ensure that client signatures are being obtained each date of service. Upon review, it was noted that the Caregiver Daniel is signing for each date of service. No other follow-up at this time.

  
AAAPP Staff Member

3/30/2017  
Date

## Consumer Satisfaction/Choices Survey

Client Name: W.R. #5058  
 Provider: Gulf Coast Jewish Family and Community Services

Date: March, 2017  
 Interviewer(s): Peggy Herlache, Program Coordinator

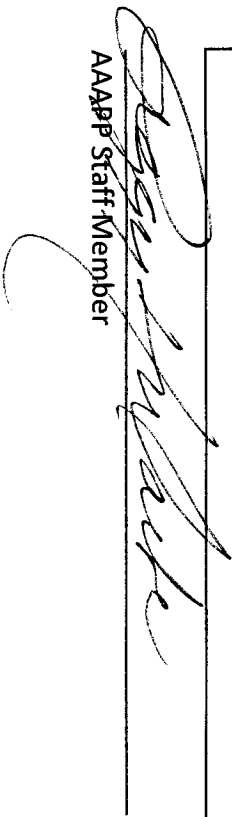
CONSUMER QUESTIONS	COMMENTS	CONCERN YES NO
What services are you currently receiving?	Respite (14 hours / week), SCSM, CM / CA – CM Shelley Ann Hemmings	✓
Are you pleased with the services you are receiving?	Yes – Caregiver expressed gratefulness for the services and the number of hours provided	✓
Were you able to help decide who provided your services, and the type of services you receive?	Yes	✓
Are the services provided when it is most convenient for you? If not, what would be more convenient?	Yes – there were issues getting settled. Bay Care unable to staff on weekends and evenings so transferred to Bayada and there were issues getting a good regular aide who was reliable.	✓
Are you happy with your current worker?	Yes	✓
Do you feel comfortable having the worker in your home?	Yes	✓
Does the worker arrive on time?	Yes – current aide has been very good	✓
Does the worker stay for the scheduled amount of time?	Yes	✓
Does the worker inform you of schedule changes?	Yes – now that issues have been ironed out	✓
Does the worker perform the tasks you want performed?	Yes – current aide has been good	✓
Do you feel the services provided have helped you remain in your home?	"Oh gosh yes"	✓
Do you sign service form each day on the date that service was provided?	Yes – either client or caregiver sign each time.	✓



CONSUMER QUESTIONS	COMMENTS	CONCERN YES NO	
Do you know whom to call if you have a complaint or problem?	Yes – Shelley Ann – CM or Bayada directly		✓
Were you given a choice of providers?	Yes		✓
Were you shown a list of providers to choose from?	Yes		✓
Do you have any recommendations about how to improve services to elders in your community?	The services have been fantastic. I have been overwhelmed with how wonderful everyone at Gulf Coast and AAAPP are. I am so grateful.		

**NOTES:**

Client has been CCE ACTV since 10/18/2016. Client's wife, Karen is caregiver. Caregiver works full time and also pays for private pay aide for additional Respite hours. Client has memory loss due to Parkinson's disease. Client has also started receiving RN, OT and PT assistance through Hospice that also includes one shower / week. Between CCE services and Hospice, needs are being met. Caregiver reports that Case Manager Shelley Ann is "wonderful" and she is "so grateful" for her. SCSM supplies being delivered by Health Aid have been "great", arrive regularly and helps so much to not have to go to the store to pick up items. Hospice also supplies additional SCSM items. Caregiver reports that they are required to sign for services each date by HHA and SCSM delivery. Caregiver stated that "overall the assistance has been such a blessing." Caregiver reports that her stress has greatly lessened and she feels much relief due to assistance and support as well as lessening her cost of private pay having some services covered due to less financial burden. Caregiver is grateful for the number of hours she is allowed and intends to keep her husband home "for the duration". She feels confident she will be able to do this with support from CCE and Hospice services. She looks forward to being able to get to the store and go to church and leave the home and feeling that her husband is safe and cared for while she is out.



AAAPP Staff Member

Date

3/30/2017

1% Client File Review Form

<b>Lead Agency</b>	Gulf Coast	
<b>Date of Review</b>	March 28th - 30th, 2017	Quarter <b>3</b>
<b>Total Number of Files</b>	6	

<b>CLIENT ID</b>	#4501	#1024	#0243	#0243
<b>CM Initials</b>	R.M.	V.Z.		R.S.

<b>FUNDING SOURCE</b> (Place a 1 in column for all that apply)							<b>Total # of Files Reviewed (by funding)</b>
<b>Community Care for the Elderly (CCE)</b>	0	0	0	0	1	1	2
<b>Alzheimer's Disease Initiative (ADI)</b>	1	1	0	0	0	0	2
<b>Home Care for the Elderly (HCE)</b>	0	0	1	1	0	0	2

<b>GENERAL</b> (Answer: Yes = 0 ; No = 1) n/a = 0							<b>Total Number of Errors (by question)</b>
Does the client meet the eligibility criteria for the program though which they are receiving services?	0	0	0	0	0	0	0
If client appears to meet the income/asset criteria for SMMC LTC program, is client on the waiting list for SMMC LTC or has referral been made to add the client to the waiting list?	n/a	n/a	n/a	n/a	0	0	0
701B assessment in file is current	0	0	0	0	0	0	0
701B assessment in file is signed and dated by the case manager	0	0	0	0	0	0	0
Client is not dually enrolled in a SMMC LTC or PACE.	0	0	0	0	0	0	0
Are non-DOEA services identified / appropriate referrals made and documented on the Care Plan?	0	0	0	0	0	0	0
Client signatures and initials match, across documentation and forms	0	0	0	0	0	0	0
<b>NOTES</b>							0

<b>ASSESSMENT</b> (Indicate # of errors in each column)							<b>Total Number of Errors (by question)</b>
<b>For assessment portion of the form, enter the number of errors in the appropriate field. Data integrity errors are any inaccuracies in data entry between the handwritten and turnaround from CIRTS. Assessment errors are any question on the assessment that is completed incorrectly</b>							
<b>Section A: Demographic</b>							
# of data integrity errors	0	0	0	0	0	0	0
# of assessment errors	0	0	0	0	0	0	0
<b>Section B: Memory</b>							
# of data integrity errors	0	0	0	0	0	0	0
# of assessment errors	0	0	0	0	0	0	0
<b>Section C: General Health &amp; Sensory Communication</b>							
# of data integrity errors	0	0	0	0	0	0	0
# of assessment errors	0	0	0	0	0	0	0
<b>Section D: Activities of Daily Living</b>							
# of data integrity errors	0	0	0	0	0	0	0
# of assessment errors	0	0	0	0	0	0	0
<b>Section E: Instrumental Activities of Daily Living</b>							
# of data integrity errors	0	0	0	0	0	0	0
# of assessment errors	0	0	0	0	0	0	0
<b>Section F: Health Conditions &amp; Therapies</b>							
# of data integrity errors	0	0	0	0	0	0	0
# of assessment errors	0	0	0	0	0	0	0
<b>Section G: Mental Health</b>							
# of data integrity errors	0	0	0	0	0	0	0
# of assessment errors	0	0	0	0	0	0	0
<b>Section H: Residential Living Environment</b>							
# of data integrity errors	0	0	0	0	0	0	0
# of assessment errors	0	0	0	0	0	0	0
<b>Section I: Nutrition</b>							
# of data integrity errors	0	0	0	0	1	0	1

# of assessment errors	0	0	0	0	0	0	0
<b>Section J: Medications &amp; Substance Use</b>							
# of data integrity errors	0	0	0	0	0	0	0
# of assessment errors	0	0	0	0	0	0	0
<b>Section K: Social Resources</b>							
# of data integrity errors	0	0	0	0	0	0	0
# of assessment errors	0	0	0	0	0	0	0
<b>Section L: Caregiver</b>							
# of data integrity errors	0	0	0	0	0	0	0
# of assessment errors	0	0	0	0	0	0	0
<b>NOTES</b>							1

W.R. #96 Nutrition checked Y regarding problems that make it hard to swallow - CIRT says N. **THIS WAS CORRECTED ON THE DATE OF THE VISIT.**

<b>CARE PLAN</b> (Answer: Yes = 0 ; No = 1) n/a = 0							
Current care plan is in the file	0	0	0	0	0	0	0
Care plan is signed within 14 days of the assessment	0	0	0	0	0	0	0
a) Care plan is signed by Case Manager	0	0	0	0	0	0	0
b) Care plan is signed by client or Representative if client unable to sign. If client is unable to sign, appropriately documented.	0	0	0	0	0	0	0
Care Plan in file matches Care Plan in CIRT	0	0	0	0	0	1	1
Care Plan reflects client's needs as indicated in 701B	0	0	0	0	0	0	0
Services are not duplicated between programs.	0	0	0	0	0	0	0
Frequency and duration of services is included on the care plan	0	0	0	0	0	0	0
Care Plan is reviewed and updated every 6 months. Care Plan is dated an initialed by CM.	0	0	0	0	0	0	0
Are all identified needs being met on the Care Plan and if not, is there documentation explaining why not?	0	0	0	0	0	0	0
Is Care plan complete and maintained with sufficient detail including: begin dates, end dates, revision dates, resolved problem dates?	0	0	0	0	0	1	1
Does CIRT Client Enrollment match the Care Plan?	0	0	0	0	0	0	0
Does CIRT Received Services match the Care Plan?	0	0	0	0	0	0	0
Care Plan includes Co-Pay amount.	0	0	n/a	n/a	0	0	0
Identified Non-DOEA funded services are included on the Care Plan.	0	0	0	0	0	0	0
Service costs are indicated and Care Plan is costed out correctly	0	0	0	0	0	0	0
CIRT care plan is updated at least annually.	0	0	0	0	0	0	0
<b>NOTES</b>							2

V.Z. - Very good Non-DOEA funded services listed on the Care Plan  
C.W. - Requested correction to Care Plan Inquiry Screen in CIRT  
R.S. - Home Delivered Meals need to added to the written care plan under CCE. They were included under OAA funding but transferred to CCE as of 1/1/2017. (Per the Case Narratives, this was completed but the updated care plan did not get into the client file.) **THIS WAS CORRECTED ON THE DATE OF THE VISIT.**

<b>CASE NARRATIVES</b> (Answer: Yes = 0 ; No = 1) n/a = 0							
Case narratives are legible	0	0	0	0	0	0	0
Case narratives are signed and dated by the case manager	0	0	0	0	0	0	0
Case narratives reflect at least one home visit per year	0	0	0	0	0	0	0
Is there a semi-annual review, conducted face-to-face, noted in the narrative?	0	0	0	0	0	0	0
Case narratives support 701B assessment.	0	0	0	0	0	0	0
Non-DOEA funded services are documented in case narratives	0	0	0	0	0	0	0
Do the narratives reflect that client was given a choice of providers?	0	0	0	0	0	0	0
Case narratives reflect verification of client receipt of services in accordance with care plan.	0	0	0	0	0	0	0
Case narrative reflects any changes to care plan.	0	0	0	0	0	0	0
Case manager is addressing changing needs of the client and / or caregiver in a timely manner.	0	0	0	0	0	0	0
14 day follow-up documented in care narratives for new, increased or changed services	0	0	0	0	0	0	0
Care Narratives document client condition and case manager's observations of the client condition and environment.	0	0	0	0	0	0	0
Narratives have enough detail to justify the time billed	0	0	0	0	0	0	0

All billed CM and CA activities in narratives are allowable costs (Examples of non-billable activities: 1. community organizing not specific to a client including informing clients of meetings and events; 2. staffing or group discussion not associated with a single client; 3. recruiting/training staff and volunteers; 4. attending training; 5. conducting workshops; 6. entering data into CIRTS; 7. general program administration functions which include routine supervision of case managers or other program direct service staff or volunteers; 8. reviews or home visits conducted as a result of AAA, DoE or OAA monitoring; 9. home visits and phone call make but not received by client/caregiver; 10. "advocacy" or legal related tasks such as working with DCFAPS, lawyers and other court officials and various investigators not specific to an individual client.	0	0	0	0	0	0	0
Do Case Narratives reflect that the client was notified of the complaint and grievance procedures?	0	0	0	0	0	0	0
Client was notified prior to changing program services in accordance with grievance procedures (10 day notice)	0	0	0	0	0	0	0
Are the client's satisfaction and/or complaints with services documented? Is the client satisfied with the services? If not, why? Is the client satisfied with the quality of the services performed? If not, why. The case manager provided solutions and time standards to resolve the client's dissatisfaction with services. Case narratives must reflect the case manager inquired (at a minimum) of the client/caregiver's rapport with service worker, the service worker's attitude towards job performance, the service worker's compliance with assigned duties, and the service worker's dependability.	0	0	0	0	0	0	0
<b>NOTES</b>							0

<b>FORMS</b> (Answer: Yes = 0 ; No = 1) if n/a = 0							
<b>Grievance Procedures:</b>							
Updated annually	0	0	0	0	0	0	0
Client Signed/Dated	0	0	0	0	0	0	0
<b>Provider Choice:</b>							
Updated annually	0	0	0	0	0	0	0
Client signed/dated	0	0	0	0	0	0	0
<b>NOTES</b>							0

<b>HCE</b> (Answer: Yes = 0 ; No = 1)							
Caregiver lives with the client	n/a	n/a	0	0	n/a	n/a	0
File contains Affidavit of Compliance-Employee form for relative caregiver / RESP workers or proof of successful Level II Background Screening for non-relative caregiver / RESP worker.	n/a	n/a	0	0	n/a	n/a	0
Files contains a signed Affidavit of Non-Abuse form	n/a	n/a	0	0	n/a	n/a	0
Financial Worksheet for client is in file and reflects that client meets financial eligibility.	n/a	n/a	0	0	n/a	n/a	0
Monthly eligibility verification call is documented in file	n/a	n/a	0	0	n/a	n/a	0
Care plan is signed by HCE caregiver	n/a	n/a	0	0	n/a	n/a	0
Total special subsidy reimbursement monthly totals match approved total on Care Plan. Receipts sufficiently support payment of subsidy including signatures.	n/a	n/a	0	0	n/a	n/a	0
Total hours on RESP worker sheet match number of approved hours of service on care plan	n/a	n/a	n/a	n/a	n/a	n/a	0
<b>NOTES</b>							0

<b>ADI</b> (Answer: Yes = 0 ; No = 1)							
Client has been diagnosed with a Memory Disorder	0	0	n/a	n/a	n/a	n/a	0
<b>no concerns noted</b>							
<b>Co-Pay</b> (Answer: Yes = 0 ; No = 1)							
Client Income on co-pay worksheet matches 701B income	0	0	n/a	n/a	0	0	0
Co-pay amount is correct	0	0	n/a	n/a	0	0	0
Co-pay waiver form is complete	0	0	n/a	n/a	0	0	0

a. Updated annually	0	0	n/a	n/a	0	0	0
b. Client Signed/Dated	0	0	n/a	n/a	0	0	0
c. CM/CM Supervisor signed/dated	0	0	n/a	n/a	0	0	0
Unpaid assessed co-pays have been addressed	0	0	n/a	n/a	0	0	0
CCE Co-Pay Waiver (if needed):	0	0	n/a	n/a	0	0	0
Updated annually	0	0	n/a	n/a	0	0	0
CM/ CM Supervisor signed/dated	0	0	n/a	n/a	0	0	0
<b>NOTES</b>							<b>0</b>

<b>Case Management Billing</b> (Answer: Yes=0; No=1)							
Compare the case management units recorded in the narrative to case management units billed in CIRTS Received Services. Do the total units documented on the narratives match the total aggregated monthly units in CIRTS?	0	0	0	0	0	0	0
<b>NOTES</b>							<b>0</b>

<b>no concerns noted</b>							
<b>TOTAL NUMBER OF FILE ERRORS (by client)</b>	0	0	0	0	1	2	<b>3</b>

1% Client File Review Summary Sheet

Lead Agency: Gulf Coast Jewish Family and Community Services

Date: March 28 - 30th, 2017

Client's Name: R.S.

Funding Source:

CCE

APS High Risk?

N

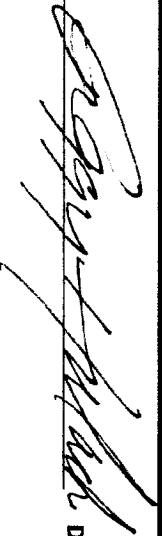
1. Summarize any major concerns and recommended corrective actions:

Client has been CCE ACTV since 12/21/2016. Client appeared on the EMS Release and is currently in LTCC APPL status working on MW Eligibility process. He has an application pending with DCF at this time. Client lives with primary caregiver / daughter and a friend. Client receives Counseling and Home Delivered Meals and Respite is care planned but has not yet started. Client also receives assistance under VA Aide and Attendance through Bayada. The VA hours are provided in the evenings.

Home Delivered Meals started under CCE as of 1/1/2017. The OAA HDM's appear on the care plan, but care plan has not been updated to show the funding change to CCE as of 1/1/2017 to authorize vendor to bill under new funding source. Per 2/9 and 2/21 case narratives, this was completed, but update does not appear to have made it into the file. **THIS WAS COMPLETED ON THE DATE OF THE VISIT.**

In 1/4/2017 narrative, Case Manager documents that it was verified that counseling service had started. Was client satisfaction with the service also verified? Per Case Manager, client verified satisfaction with the start of counseling services on this date and this information was added to the narrative. **THIS HAS BEEN COMPLETED.**

DOEA/AAA Staff Signature:



Date:

3/30/2017

1% Client File Review Summary Sheet

Lead Agency: Gult Coast Jewish Family and Community Services

Date: March 28 - 30th, 2017

LAV /

Client's Name: W.R.

Funding Source:

CCE

APS High Risk?

N

I. Summarize any major concerns and recommended corrective actions:

Client has been CCE ACTV since 10/18/2016. Client is over income / assets for transfer to SMIMC LTC. Client resides with his wife who serves as caregiver. Client has been diagnosed with memory loss due to Parkinson's Disease. Client received 14 hours / week of Respite, which increased from 10 hours in February. Client also receives SCSM.

Caregiver private pays for hours addition to hours received under CCE program and also now receives assistance from Hospice.

Turn Around Error: #96 in Nutrition area shows Y - client has problems that make it hard to chew or swallow, but this is indicated as N in CIRTS. **THIS WAS CORRECTED ON THE DATE OF**

**THE VISIT.**

Excellent documentation of non-DOEA funded services on the Care Plan.

Good documentation of follow-up on identified issues with the vendor agency and coordination to ensure that new agency began and services started. Caregiver expressed dissatisfaction and the notes explain the reasons for dissatisfaction and resolution in good detail.

DOEA/AAA Staff Signature:



Date:

3/30/2017

1% Client File Review Summary Sheet

Lead Agency: Gulf Coast Jewish Family and Community Services

Date: March 28 - 30th, 2017

Client's Name: R.M.

Funding Source:

ADI

APS High Risk? N

1. Summarize any major concerns and recommended corrective actions:

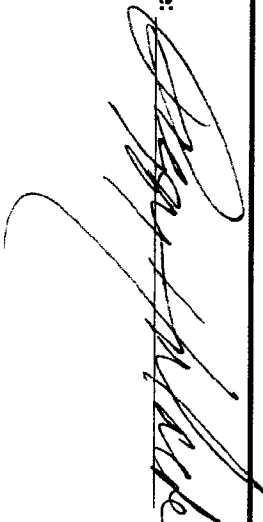
Client is ADI ACTV since 8/3/2016. Client is LTCC APCL. Client appears to be eligible for ADI program per 701B. Client has been diagnosed with Alzheimer's Disease as well as notation that memory problems were discovered when client eloped from the house. Client lives with primary caregiver / daughter who also serves as POA. Client receives 12 hours / week of Respite care and SCSM monthly.

Excellent documentation of non-DOEA funded services being utilized on the Care Plan to show how the needs are being met.

Good documentation of follow-up on identified issues.

File appears to be complete.

DOEA/AAA Staff Signature:



Date:

3/30/2017



1% Client File Review Summary Sheet

Lead Agency: Gulf Coast Jewish Family and Community Services

Date: March 28 - 30th, 2017

Client's Name: C.W.

Funding Source:

ADI                      APS High Risk?    N


1. Summarize any major concerns and recommended corrective actions:

Client is ADI ACTV since 8/12/2015. Client is LTCC APCL. Client appears to be eligible for ADI program per 701B notation that client has been diagnosed with dementia as well as CM noted observation of cognitive impairment. Client lives with primary caregiver / daughter. Client's daughter works full time outside the home in the evenings. Client receives 11 hours / week of Respite care and SCSM monthly.

Please correct Respite line in Care Plan Inquiry - Per instruction in the DOEA HCBS Operations manual, lines need to be added as a full line across both right and left sides and prior lines closed out on both right and left sides. **THIS WAS CORRECTED ON THE DATE OF THE VISIT.**

Good description provided in the care narratives. Good detail in the two week follow-up note.

DOEA/AAA Staff Signature:

 Date: 3/30/2017

1% Client File Review Summary Sheet

Lead Agency: Gulf Coast Jewish Family and Community Services

Date: March 28 - 30th, 2017

Client's Name: S.W.

Funding Source:

HCE

APS High Risk?

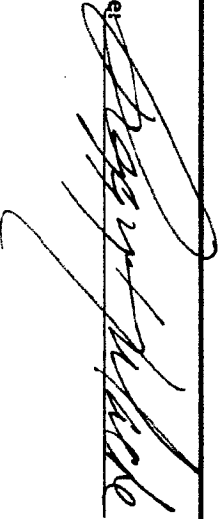
N

1. Summarize any major concerns and recommended corrective actions:

Client is HCE active since 11/29/2016. Per the 701B, client appears to be financially eligible for the HCE program. Client lives with primary caregiver / daughter. The 701B indicates that Environment is Minor Risk due to heat in the home not working on the date of the visit (11/29/2016). The caregiver reported that they need another heater and had spoken with the landlord about it. No other environmental issues noted. Client was only eating one meal / day per the 701B due to low income. Client has nutrition score of 7. Client is receiving HDM's and Nutritional supplement to ensure she is getting enough nutrition. Client's daughter does not work and is full-time caregiver. Client / caregiver are not receiving Respite Care, but do receive HDM's to alleviate some of the caregiver's workload and provide client with good nutrition, Transportation and SCSM. Caregiver has not submitted receipts as of yet for reimbursement of SCSM items.

Good documentation in the notes regarding client / caregiver satisfaction with services, provision of community food resources and how the services are benefiting the client. Home has bed bugs per the notes and client / caregiver are on a list for subsidized housing, which will also be of benefit as daughter struggles to pay rent at current location. Landlord has been contacted regarding getting treatment for bed bugs in current location.

DOEA/AAA Staff Signature:



Date:

3/30/2017

1% Client File Review Summary Sheet

Lead Agency: Gulf Coast Jewish Family and Community Services

Date: March 28 - 30th, 2017

Client's Name: V.Z.

Funding Source:

HCE                      APS High Risk?      N

1. Summarize any major concerns and recommended corrective actions:

Client is HCE active since 9/26/2015. Per the 701B, client appears to be financially eligible for the HCE program. Client lives with primary caregiver / daughter. The 701B indicates that Environment is No / Low Risk with no issues noted. Client has health issues and is unable to provide all meal prep. Client attends ADC and receives a nutritious meals there. Client also receives HDM's which caregiver heats and serves to client. Client receives RESV, SCSM, BASI and HDM's.

Very good documentation of caregiver services on as non-DOEA on the care plan. Transportation is also provided through Insurance and Adult Day Care and Meals are being provided through VA Aide and Attendance funds.

Good documentation of follow-up on identified issues and client / caregiver satisfaction and receipt of services. Notes reflect how the client benefits from attending Adult Day Care and details the interaction with the aide and how this benefits the client.

DOEA/AAA Staff Signature:



Date:

3/30/2017

### APS Monitoring Checklist

Agency: Gulf Coast Jewish Family and Community Services  
 Client: M.B.

Date: March 28 - 30th, 2017

A	Was ARTT acknowledged the same date the referral was received?	✓			
B	Were ARTT fields #30, 31, 35, and 36 completed within 5 calendar days of the referral?	✓			
C	Is a complete referral packet in the file including: ARTT 1099 (referral form), Adult Safety Assessment of Safety Factors, Adult Safety Assessment of Overall Safety, Capacity to Consent Assessment or Provision of Voluntary Adult Protective Services CF-AA 1112 form if client lacks capacity, and court order if applicable?	✓			
D	Was it confirmed that client does not have services under SMMC LTC and PACE?	✓			
A	Did the Case Manager confirm receipt of the referral by contacting DCF the same day the referral packet was received? Was it documented in the case notes?	✓			
A1	During the initial call with the API, did the Case Manager discuss the safety issues and risk factors? Was it documented in the case notes?	✓			
B	Was the 701B assessment completed by the Case Manager within 72 hours after the referral?	✓			Referral was received on 2/20/2017 and 701B was completed on 2/21/2017.
C1	Did the Case Manager initiate the crisis resolving service(s) recommended or agreed to by APS (not just case management) within 72 hours of the referral?		✓		The crisis resolving service was identified as Personal Care and it was refused by client. Client accepted Homemaking and it was initiated on 2/23/2017.
C2	Do the Service Authorizations/Provider Requests indicate services were initiated within 72 hours?	✓			
C3	Does the Care Plan support services being initiated within 72 hours?	✓			
C4	Do the case narratives support services being initiated within 72 hours?	✓			
C5	Do the case narratives support the Case Manager following up with DCF within 72 hours to advise what services were initiated?	✓			Client refused crisis resolving PECA but accepted Homemaking. API was notified on the date of the HV.

C6	Do the case narratives support the Case Manager following up with the vendors and the client / caregiver within the initial 72 hours to verify that the crisis resolving service(s) started?	✓			
C7	Were the specific services and service dates for services provided throughout the initial 72 hours documented in the case narrative?	✓			
D	Did the Case Manager advise the client services may be limited to 31 days and is this documented in the case narrative?	✓			
E	Was the co-pay waived for the initial 31 days?	✓			
F	If services were refused by the client or delayed due to circumstances beyond the control of the service provider, did the Case Manager contact APS within 24 hours?	✓			Client refused crisis resolving PECA but accepted Homemaking. API was notified on the date of the HV.
A	Were the specific dates the client was contacted by the Case Manager during the initial 31 days documented in the case narratives?	✓			
B	Were the Case Manager's determination of client's abilities, needs and deficiencies observed during all assessments documented?	✓			
C	Were the specific services and the frequency at which they are provided documented in the case narratives after the initial 72 hours?	✓			
D	Were all contact and discussions with APS staff documented?	✓			
E	Does documentation indicate the Case Manager followed up with the client or caregiver within 2 weeks on service arrangements and referrals ensuring services had begun? <b>This includes all authorized services.</b>	✓			
F	If the Case Manager did not order the services that were recommended by the APS Protective Investigator, did APS and the Case Manager or Case Manager Supervisor jointly review the case to resolve the issues?	✓			
G1	If services were refused by the client or delayed due to circumstances beyond the control of the service provider, did the Case Manager contact APS within 24 hours?	✓			
G2	Do the case narratives support any refusals with the appropriate reasons?	✓			

	CLRF	Completed	CLRF
A	Were services, including case management and case aide, entered using the date-specific method in the first 72 hours?	✓	
B	Were services entered weekly aggregate or date-specific during the remaining 27 days?	✓	
C	Were NDP codes entered in the Received Services Screen for any informal services arranged by the Case Manager?		✓
D	If services were refused or delayed, was was the appropriate NDP code entered?	✓	CLRF 2/21/2017
E1	Do the Service Logs including aide timesheets, invoices, and provider logs match the billing entered in the Received Services Screen?	✓	
E2	Do the Service Logs match the case narratives?	✓	
E3	Do the Service Logs match ARTT?	✓	
A	Was DCF/APS contacted to discuss termination or extension of services?	✓	
B1	If services were extended, was it documented why? Ex. "APS was contacted and agreed that without the provision of services the crisis is likely to return."	✓	
B2	If extended, did the client agree to pay the co-pay? If not, is the reason documented?	✓	
B3	Was the care plan revised to reflect long term?	✓	
B4	Were new service authorizations/provider requests sent out?	✓	
C1	If APS and Case Manager jointly agree services should be terminated, was the client reassessed prior to termination and referred to the waitlist?		✓
C2	Was the referral source set to "Other" on the new assessment?		✓
C3	If the client was termed and no new assessment completed or referral made to the waitlist, was the reason clearly documented?		✓

Client was referred as APS high risk on 2/20/2017. The 701B was completed and client enrolled on 2/21/2017. The crisis resolving service was identified as Personal Care and it was refused by client. Client accepted Homemaking and it was initiated on 2/23/2017. Client is also receiving Counseling, Home Delivered Meals, EAR and SCSM.

Good documentation of follow-up to ensure that services started within 72 hours.

File appears to be complete.

Monitor Signature:

### APS Monitoring Checklist

Agency: Gulf Coast Jewish Family and Community Services

Client: P.M.

Date: March 28 - 30th, 2017

	DC	DC	DC	DC
<b>A</b>	Was ARTT acknowledged the same date the referral was received?	✓		
<b>B</b>	Were ARTT fields #30, 31, 35, and 36 completed within 5 calendar days of the referral?	✓		
<b>C</b>	Is a complete referral packet in the file including: ARTT 1099 (referral form), Adult Safety Assessment of Safety Factors, Adult Safety Assessment of Overall Safety, Capacity to Consent Assessment or Provision of Voluntary Adult Protective Services CF-AA 1112 form if client lacks capacity, and court order if applicable?	✓		
<b>D</b>	Was it confirmed that client does not have services under SMMC LTC and PACE?	✓		
<b>A</b>	Did the Case Manager confirm receipt of the referral by contacting DCF the same day the referral packet was received? Was it documented in the case notes?	✓		
<b>A1</b>	During the initial call with the API, did the Case Manager discuss the safety issues and risk factors? Was it documented in the case notes?	✓		
<b>B</b>	Was the 701B assessment completed by the Case Manager within 72 hours after the referral?	✓		Referral was received on 2/2/2017 and 701B was completed on the same date.
<b>C1</b>	Did the Case Manager initiate the crisis resolving service(s) recommended or agreed to by APS (not just case management) within 72 hours of the referral?	✓		The crisis resolving service was identified as Personal Care and it was initiated on 2/3/2017.
<b>C2</b>	Do the Service Authorizations/Provider Requests indicate services were initiated within 72 hours?	✓		
<b>C3</b>	Does the Care Plan support services being initiated within 72 hours?	✓		
<b>C4</b>	Do the case narratives support services being initiated within 72 hours?	✓		
<b>C5</b>	Do the case narratives support the Case Manager following up with DCF within 72 hours to advise what services were initiated?	✓		

C6	Do the case narratives support the Case Manager following up with the vendors and the client / caregiver within the initial 72 hours to verify that the crisis resolving service(s) started?	✓			
C7	Were the specific services and service dates for services provided throughout the initial 72 hours documented in the case narrative?	✓			
D	Did the Case Manager advise the client services may be limited to 31 days and is this documented in the case narrative?	✓			
E	Was the co-pay waived for the initial 31 days?	✓			
F	If services were refused by the client or delayed due to circumstances beyond the control of the service provider, did the Case Manager contact APS within 24 hours?			✓	
CONFIDENTIAL					
A	Were the specific dates the client was contacted by the Case Manager during the initial 31 days documented in the case narratives?	✓			
B	Were the Case Manager's determination of client's abilities, needs and deficiencies observed during all assessments documented?	✓			
C	Were the specific services and the frequency at which they are provided documented in the case narratives after the initial 72 hours?	✓			
D	Were all contact and discussions with APS staff documented?	✓			
E	Does documentation indicate the Case Manager followed up with the client or caregiver within 2 weeks on service arrangements and referrals ensuring services had begun? <b>This includes all authorized services.</b>	✓			
F	If the Case Manager did not order the services that were recommended by the APS Protective Investigator, did APS and the Case Manager or Case Manager Supervisor jointly review the case to resolve the issues?			✓	
G1	If services were refused by the client or delayed due to circumstances beyond the control of the service provider, did the Case Manager contact APS within 24 hours?			✓	
G2	Do the case narratives support any refusals with the appropriate reasons?			✓	
CONFIDENTIAL					
A	Were services, including case management and case aide, entered using the date-specific method in the first 72 hours?	✓			
B	Were services entered weekly aggregate or date-specific during the remaining 27 days?	✓			



C	Were NDP codes entered in the Received Services Screen for any Informal services arranged by the Case Manager?				✓	
D	If services were refused or delayed, was was the appropriate NDP code entered?				✓	
E1	Do the Service Logs including aide timesheets, invoices, and provider logs match the billing entered in the Received Services Screen?	✓				
E2	Do the Service Logs match the case narratives?	✓				
E3	Do the Service Logs match AR1TT?	✓				
A	Was DCF/APS contacted to discuss termination or extension of services?	✓				
B1	If services were extended, was it documented why? Ex. "APs was contacted and agreed that without the provision of services the crisis is likely to return."	✓				
B2	If extended, did the client agree to pay the co-pay? If not, is the reason documented?	✓				
B3	Was the care plan revised to reflect long term?	✓				
B4	Were new service authorizations/provider requests sent out?	✓				
C1	If APS and Case Manager jointly agree services should be terminated, was the client reassessed prior to termination and referred to the waitlist?				✓	
C2	Was the referral source set to "Other" on the new assessment?				✓	
C3	If the client was termed and no new assessment completed or referral made to the waitlist, was the reason clearly documented?				✓	

Client was referred as APS high risk on 2/2/2017. The 701B was completed and client enrolled on 2/2/2017. The crisis resolving service was identified as Personal Care and it was initiated on 2/3/2017. EAR started on 2/10/2017 per the Received Services screen and per documentation received from the EAR vendor for billing purposes. CIRTS Care Plan Inquiry shows EAR started on 2/7/2017. **THIS WAS CORRECTED ON THE DATE OF THE VISIT.**  
 Good follow-up notes to ensure that services started.

Monitor Signature: 

### APS Monitoring Checklist

Agency: Gulf Coast Jewish Family and Community Services  
 Client: S.R.  
 Date: March 28 - 30th, 2017

	Yes	No	N/A	Comments
<b>A</b> Was ARTT acknowledged the same date the referral was received?	✓			
<b>B</b> Were ARTT fields #30, 31, 35, and 36 completed within 5 calendar days of the referral?	✓			
<b>C</b> Is a complete referral packet in the file including: ARTT 1099 (referral form), Adult Safety Assessment of Safety Factors, Adult Safety Assessment of Overall Safety, Capacity to Consent Assessment or Provision of Voluntary Adult Protective Services CF-AA 1112 form if client lacks capacity, and court order if applicable?	✓			
<b>D</b> Was it confirmed that client does not have services under SMMC LTC and PACE?	✓			
<b>A</b> Did the Case Manager confirm receipt of the referral by contacting DCF the same day the referral packet was received? Was it documented in the case notes?	✓			
<b>A1</b> During the initial call with the API, did the Case Manager discuss the safety issues and risk factors? Was it documented in the case notes?	✓			
<b>B</b> Was the 701B assessment completed by the Case Manager within 72 hours after the referral?	✓			Referral was received on 2/16/2017 and 701B was completed on the same date.
<b>C1</b> Did the Case Manager initiate the crisis resolving service(s) recommended or agreed to by APS (not just case management) within 72 hours of the referral?	✓			The crisis resolving service was identified as Chore and it was initiated on 2/17/2017.
<b>C2</b> Do the Service Authorizations/Provider Requests indicate services were initiated within 72 hours?	✓			
<b>C3</b> Does the Care Plan support services being initiated within 72 hours?	✓			
<b>C4</b> Do the case narratives support services being initiated within 72 hours?	✓			
<b>C5</b> Do the case narratives support the Case Manager following up with DCF within 72 hours to advise what services were initiated?	✓			

C6	Do the case narratives support the Case Manager following up with the vendors and the client / caregiver within the initial 72 hours to verify that the crisis resolving service(s) started?	✓			
C7	Were the specific services and service dates for services provided throughout the initial 72 hours documented in the case narrative?	✓			
D	Did the Case Manager advise the client services may be limited to 31 days and is this documented in the case narrative?	✓			
E	Was the co-pay waived for the initial 31 days?	✓			
F	If services were refused by the client or delayed due to circumstances beyond the control of the service provider, did the Case Manager contact APS within 24 hours?			✓	
A	Were the specific dates the client was contacted by the Case Manager during the initial 31 days documented in the case narratives?	✓			
B	Were the Case Manager's determination of client's abilities, needs and deficiencies observed during all assessments documented?	✓			
C	Were the specific services and the frequency at which they are provided documented in the case narratives after the initial 72 hours?	✓			
D	Were all contact and discussions with APS staff documented?	✓			
E	Does documentation indicate the Case Manager followed up with the client or caregiver within 2 weeks on service arrangements and referrals ensuring services had begun? This includes all authorized services.	✓			
F	If the Case Manager did not order the services that were recommended by the APS Protective Investigator, did APS and the Case Manager or Case Manager Supervisor jointly review the case to resolve the issues?	✓			Client declined Personal Care assistance.
G1	If services were refused by the client or delayed due to circumstances beyond the control of the service provider, did the Case Manager contact APS within 24 hours?			✓	
G2	Do the case narratives support any refusals with the appropriate reasons?	✓			
A	Were services, including case management and case aide, entered using the date-specific method in the first 72 hours?	✓			
B	Were services entered weekly aggregate or date-specific during the remaining 27 days?	✓			

C	Were NDP codes entered in the Received Services Screen for any informal services arranged by the Case Manager?				✓
D	If services were refused or delayed, was was the appropriate NDP code entered?				✓
E1	Do the Service Logs including aide timesheets, invoices, and provider logs match the billing entered in the Received Services Screen?	✓			
E2	Do the Service Logs match the case narratives?	✓			
E3	Do the Service Logs match ARTT?	✓			
A	Was DCF/APS contacted to discuss termination or extension of services?	✓			
B1	If services were extended, was it documented why? Ex: "APS was contacted and agreed that without the provision of services the crisis is likely to return."	✓			
B2	If extended, did the client agree to pay the co-pay? If not, is the reason documented?	✓			
B3	Was the care plan revised to reflect long term?	✓			
B4	Were new service authorizations/provider requests sent out?	✓			
C1	If APS and Case Manager jointly agree services should be terminated, was the client reassessed prior to termination and referred to the waitlist?			✓	
C2	Was the referral source set to "Other" on the new assessment?			✓	
C3	If the client was termed and no new assessment completed or referral made to the waitlist, was the reason clearly documented?			✓	

Client was referred as APS high risk on 2/16/2017. The 701B was completed and client enrolled on 2/16/2017. The crisis resolving service was identified as Chore and it was initiated on 2/17/2017.

Good description in the case narratives of case manager's observations of client and the environment as well as improvement noted after Chore was implemented.

Please check on the lift chair that was noted to have not been ordered yet - OTO request submitted but not returned. **New OTO request form was signed so chair could be ordered on the date of the visit.**

Good documentation of follow-up on all identified needs.

Monitor Signature:

### APS Monitoring Checklist

Agency: Gulf Coast Jewish Family and Community Services

Client: S.P.

Date: March 28 - 30th, 2017

<b>A</b>	Was ARTT acknowledged the same date the referral was received?	✓			
<b>B</b>	Were ARTT fields #30, 31, 35, and 36 completed within 5 calendar days of the referral?	✓			
<b>C</b>	Is a complete referral packet in the file including: ARTT 1099 (referral form), Adult Safety Assessment of Safety Factors, Adult Safety Assessment of Overall Safety, Capacity to Consent Assessment or Provision of Voluntary Adult Protective Services CF-AA 1112 form if client lacks capacity, and court order if applicable?	✓			
<b>D</b>	Was it confirmed that client does not have services under SMMC LTC and PACE?	✓			
<b>A</b>	Did the Case Manager confirm receipt of the referral by contacting DCF the same day the referral packet was received? Was it documented in the case notes?	✓			
<b>A1</b>	During the initial call with the API, did the Case Manager discuss the safety issues and risk factors? Was it documented in the case notes?	✓			
<b>B</b>	Was the 701B assessment completed by the Case Manager within 72 hours after the referral?	✓			Referral was received on and 701B was completed on 2/10/2017.
<b>C1</b>	Did the Case Manager initiate the crisis resolving service(s) recommended or agreed to by APS (not just case management) within 72 hours of the referral?	✓			The crisis resolving service was identified as Chore and it was delayed by client CLDS from 2/9 - 2/15. Services began after delay but were not billed by the end of February. See notes below.
<b>C2</b>	Do the Service Authorizations/Provider Requests indicate services were initiated within 72 hours?	✓			
<b>C3</b>	Does the Care Plan support services being initiated within 72 hours?	✓			
<b>C4</b>	Do the case narratives support services being initiated within 72 hours?	✓			
<b>C5</b>	Do the case narratives support the Case Manager following up with DCF within 72 hours to advise what services were initiated?	✓			

C6	Do the case narratives support the Case Manager following up with the vendors and the client / caregiver within the initial 72 hours to verify that the crisis resolving service(s) started?			✓	
C7	Were the specific services and service dates for services provided throughout the initial 72 hours documented in the case narrative?			✓	
D	Did the Case Manager advise the client services may be limited to 31 days and is this documented in the case narrative?	✓			
E	Was the co-pay waived for the initial 31 days?	✓			
F	If services were refused by the client or delayed due to circumstances beyond the control of the service provider, did the Case Manager contact APS within 24 hours?	✓			Client delayed start of service 2/9 - 2/15.
A	Were the specific dates the client was contacted by the Case Manager during the initial 31 days documented in the case narratives?	✓			
B	Were the Case Manager's determination of client's abilities, needs and deficiencies observed during all assessments documented?	✓			
C	Were the specific services and the frequency at which they are provided documented in the case narratives after the initial 72 hours?	✓			
D	Were all contact and discussions with APS staff documented?	✓			
E	Does documentation indicate the Case Manager followed up with the client or caregiver within 2 weeks on service arrangements and referrals ensuring services had begun? This includes all authorized services.			✓	
F	If the Case Manager did not order the services that were recommended by the APS Protective Investigator, did APS and the Case Manager or Case Manager Supervisor jointly review the case to resolve the issues?	✓			
G1	If services were refused by the client or delayed due to circumstances beyond the control of the service provider, did the Case Manager contact APS within 24 hours?	✓			Client delayed start of services
G2	Do the case narratives support any refusals with the appropriate reasons?	✓			
A	Were services, including case management and case aide, entered using the date-specific method in the first 72 hours?	✓			
B	Were services entered weekly aggregate or date-specific during the remaining 27 days?	✓			

C	Were NDP codes entered in the Received Services Screen for any informal services arranged by the Case Manager?				✓	
D	If services were refused or delayed, was was the appropriate NDP code entered?	✓				CLDS 2/9 - 2/15
E1	Do the Service Logs including aide timesheets, invoices, and provider logs match the billing entered in the Received Services Screen?	✓				
E2	Do the Service Logs match the case narratives?	✓				
E3	Do the Service Logs match ARIT?	✓				
A	Was DCF/APS contacted to discuss termination or extension of services?	✓				
B1	If services were extended, was it documented why? Ex: "APS was contacted and agreed that without the provision of services the crisis is likely to return."	✓				
B2	If extended, did the client agree to pay the co-pay? If not, is the reason documented?	✓				
B3	Was the care plan revised to reflect long term?	✓				
B4	Were new service authorizations/provider requests sent out?	✓				
C1	If APS and Case Manager jointly agree services should be terminated, was the client reassessed prior to termination and referred to the waitlist?				✓	
C2	Was the referral source set to "Other" on the new assessment?				✓	
C3	If the client was termed and no new assessment completed or referral made to the waitlist, was the reason clearly documented?				✓	

Client was referred as APS high risk on 2/9/2017. The 701B was completed and client enrolled on 2/10/2017. The crisis resolving service was identified as Chore and it was delayed CLDS 2/9/2017 - 2/15/2017 by client. Chore service started in February, however the vendor has not submitted billing for the service yet. ECHO provided in February by Grace Pest Control will be entered as late billing in March billing.

Please verify actual ECHO start date - the Care Plan has 2/10/2017 but CLDS codes were entered through 2/16. Billing has not been submitted by vendor yet and service will be paid as late in March billing. Care Plan Inquiry has 3/6/2017 but per vendor the service did start in February. Per 2/20 case narrative, the service did start that day. **CORRECTIONS WERE MADE ON THE DATE OF THE VISIT.**

Good documentation of case manager observations of the improved environment after Chore service and of the reasons for the delays in start of services.

Pest Control - Initial service: Care Plan Inquiry shows 2/10 start date but the Care Plan shows 3/10/2017 start date. Service has not been billed yet. **CORRECTIONS MADE ON THE DATE OF THE VISIT.**

Monitor Signature: