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April 25, 2017

Jemith Rosa, President/CEO  
Community Aging & Retirement Services, Inc.  
12417 Clock Tower Parkway  
Hudson, Florida 34667

Dear Ms. Rosa,

Enclosed is the report for the Older Americans Act Title III-B/LSP (#17-15) Chore Program. This visit was made on March 30<sup>th</sup>, 2017 by Shannon Fernandez, Program Manager. The cooperation of staff throughout the visit was greatly appreciated.

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

Your Chore Program satisfactorily met the standards for contract compliance and service delivery with the exception of Standard #2 and Standard #10, which were partially achieved. Please see both Standards for more detail. **All required follow-up is due to Program Manager Shannon Fernandez by May 1, 2017.**

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

Sincerely,

A handwritten signature in black ink that reads "Helen D. King". The signature is written in a cursive style.

Helen D. King  
Acting Executive Director

Enclosures

cc: Phyllis E. Bross, Esq., Board Chair, CARES, Inc.  
Kay Blagrove, Case Manager Supervisor, CARES, Inc.



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

<b>PROVIDER</b>	CARES, Inc.
<b>SERVICE(S)</b>	OAA Title IIIB/LSP Chore Service
<b>DATE(S) OF VISIT</b>	March 30, 2017
<b>PARTICIPANT(S)</b>	Jemith Rosa, CEO, CARES, Inc.
<b>MONITOR(S)</b>	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 April 28, 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 CEO 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) CARES, Inc. utilizes an internal MIS System on both the East and West side to capture information on clients waiting for services and the information is reconciled to CIRTS monthly. It was observed during the visit that the internal waitlist did not match the number of APCL (waitlist) clients in CIRTS. As of 3/30, there were approximately 123 APCL individuals in CIRTS versus their internal waitlist of 74 individuals. **The Program Manager provided technical assistance and follow-up regarding this discrepancy is due to Program Manager Shannon Fernandez by May 1, 2017.**

Achieved  Partially Achieved  Not Achieved  Not Applicable  Follow-up Necessary

**STANDARD #3 – Staff Training**

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*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.

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**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 CARES, Inc. and prioritized for OAA services. At the time Chore Services are initiated CARES, 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**

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*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
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**RESPONSE:**

- a) Outreach and Public Education Reports are due in March of FY2017 but pertinent to activities performed in FY2016. The report was submitted punctually and is considered appropriate.
- b) Quarterly Reports are due by the tenth of every April, July, October and January. The CEO reported no current issues regarding the First Quarterly Report due in April 2017.
- c) All Meeting Minutes from the CARES, Inc. Board of Directors are submitted to and received by the AAAPP upon completion.
- d) Surplus/Deficit Reports are due by the 20<sup>th</sup> 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 CIRT reports to track outcome achievement.
- C. Provider submits quarterly reports including review of outcome exceptions.
- D. Provider analyzes factors that enhance or inhibit ability to achieve outcome measures.
- E. Provider takes appropriate action including staff training to address outcomes, which are not achieved.

**RESPONSE:**

- a) 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 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

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### *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.
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### 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 305.25 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 daily time slips that are inputted after reconciliation. Monthly reporting is also reconciled to weekly reporting, which generates the requests for reimbursement.

Achieved    Partially Achieved    Not Achieved    Not Applicable    Follow-up Necessary

## STANDARD #9 – Consumer Satisfaction

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### *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.
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### RESPONSE:

- a) The Program Manager did not have the opportunity to complete a face to face interview with an OAA Title IIIB/LSP CHORE Service recipient. An interview was scheduled the day of the monitoring visit, however the client did not answer the door. A telephone interview was scheduled after the monitoring visit to capture client satisfaction. **Please see attachment II. for more detail.**
- b) The Chore Program disseminates satisfaction surveys to two (2) clients per month in alphabetical order. The Program Manager reviewed copies of completed surveys from 2016, as well as Satisfaction Survey Results, all of which denote a high level of satisfaction with the services received.

Achieved    Partially Achieved    Not Achieved    Not Applicable    Follow-up Necessary

**STANDARD #10 – Grievances, Complaints, and Incidents**

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*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.
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**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 Complaint Policies, Procedures, and Logs pertinent to contractual requirements on file. The Program reported no complaints for 2016. One complaint was documented for 2017 which is unresolved; the complaint occurred 2/22. The Program Manager maintains a timeline regarding the complaint and has also followed up with the client. **Follow-up regarding this discrepancy is due to Program Manager Shannon Fernandez by May 1, 2017.**
- c) N/A.
- d) The Provider has Incident Policies, Procedures, 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**

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*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.

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**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. Sample letters clearly convey that services are free of charge.

Achieved    Partially Achieved    Not Achieved    Not Applicable    Follow-up Necessary

**STANDARD #12 – Regulatory Compliance**

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*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 their 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**

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*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.

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**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.

Achieved  Partially Achieved  Not Achieved  Not Applicable  Follow-up Necessary

**STANDARD #15 – Volunteers**

*Provider has policies/procedures governing the utilization of volunteers.*

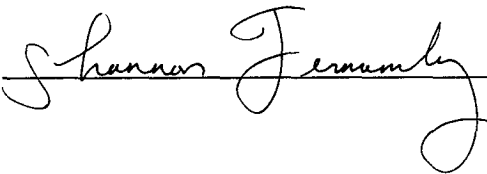
**RESPONSE:**

The Provider has policies and procedures governing the utilization of volunteers. All volunteers receive a mandatory one week orientation. Volunteers are included in other scheduled offerings of mandatory staff in-service education/training and appropriate background screenings. Volunteers are required to sign a "Confidentiality Agreement" that includes "CARES" HIPAA Policies". 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: April 20, 2017

Signature: 



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

Organization: CARES, Inc.  
 Registered Service: OAA Title IIIB/LSP Chore Services

Questions	PA3082	MS3459	RG7094	AZ6415	AA3547	MFS459	PD8571	WB8958	BM7625	AB1708	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	N(1)	1. Missing service line for current enrollment. The service line was entered by CARES staff and is considered accurate.
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

Revised 1/29/17

### OAA CLIENT INTERVIEW QUESTIONNAIRE

AGENCY & SERVICE: CARES, Inc., OAA Title IIIB/LSP Chore Services

1. **How did you hear about the service you are currently receiving?** "I think I found out about it because a friend of mine had the service and I called to find out how I could get it too".
2. **How long have you been receiving services from this agency?** "For years now, yeah".
3. **Do you have a particular contact person you speak with about services?** "No, I have their phone number but I don't have someone specifically".
4. **Do you know how to contact him/her or the agency providing the service?** "Yes I do".
5. **How often do you receive this service?** "I can get it twice a year, which I do".
6. **Do you feel this service allows you to remain home independently?** "Oh yes, I could never do what they do".
7. **Have you ever had to make a complaint about the services you receive or the person providing the services?** "No, not at all".
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?** "I have never had any problems with them, and I just feel they are so friendly and polite every time they come".
10. **If you could change anything about the service you receive or the agency providing it, what would you change?** "Hmm, well maybe they could scrub the floors with a brush sometimes instead of just mopping it. Every now and then I have to get down and scrub the floor because of the dirt and grit but I still appreciate them mopping".

**INTERVIEWER OBSERVATIONS:** A telephone screening was completed with an 82 years-young client who recently received Chore Services 4/24/17. She was very satisfied with their services and said she would recommend them to anyone. Both she and her husband live in a condominium, and she performs most of the house work due to her husband suffering from cancer. She was very appreciative of the help Chore Services provided. She has been benefiting from Chore Services since 2011 and expressed her trust in the workers and their abilities. The client stated no other additional services are needed at this time.

Submitted by: Shannon Fernandez, Program Manager

Date: April 25, 2017

**For OAA Use Only**