



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

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April 25, 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 report for the Older Americans Act Title III-B/LSP (#17-67) Homemaking Services Program. This visit was made on April 11th, 2017 by Shannon Fernandez, Program Manager. The cooperation of Kristina Jalazo and 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 program is commended for meeting all standards for contract compliance and service delivery.

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 Pinellas 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: Julie Klavans, Board Chair, GCJFCS  
Kristina Jalazo, Program Director, GCJFCS



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

<b>PROVIDER</b>	Gulf Coast Jewish Family and Community Services
<b>SERVICE(S)</b>	OAA Title IIIB/LSP Homemaker
<b>DATE(S) OF VISIT</b>	April 11, 2017
<b>PARTICIPANT(S)</b>	Kristina Jalazo, Program Director, GCJFCS
<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 7, 2016.

Achieved
  Partially Achieved
  Not Achieved
  Not Applicable
  Follow-up Necessary

**STANDARD #2 – Targeting, Prioritization and Waitlist**

*A targeting plan with specific targeting objectives is in place:*

- A. The Provider has implemented the approved plan to target individuals with greatest economic need, older individuals with greatest social needs, older individuals at risk for institutional placement, older minority individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (Pasco only).
- B. Provider is serving the proposed number and percentage of older individuals with greatest economic need, older minority individuals, older individuals at risk for institutional placement, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (Pasco only).
- C. The Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider’s Prioritization Policy.
- D. If applicable, the Provider’s waitlist policies and procedures have been appropriately established, maintained, and utilized as necessary.

**RESPONSE:**

- a) The Provider has an approved Service Provider Application on file with the AAAPP. This application denotes the Program’s proposed efforts to target older individuals with greatest economic need, older individuals with greatest social needs, older individuals at risk for institutional placement, older minority individuals, low-income minority older individuals, and older individuals with limited English proficiency.
- b) The Program Director indicated the Program is currently on track with serving the proposed number and percentage of clients to be served in each category:

OAA	Proposed	Achieved	LSP	Proposed	Achieved
Social Need	20	25	Social Need	20	25
Low Income Minority	20	31	Low Income Minority	10	31
Minority	30	46	Minority	20	46
Economic Need	40	44	Economic Need	20	44
Limited English	8	21	Limited English	2	21
Nursing Home Risk	25	28	Nursing Home Risk	20	28

- c) Client files reviewed contained appropriate Prioritization forms in accordance with the Providers Prioritization Policy on file with the AAAPP.
- d) The Provider is appropriately maintaining the waitlist as required. The Homemaker Program utilizes an internal spreadsheet to capture information on clients waiting for services and the information is reconciled to CIRTS weekly. The Program Manager ran a CIRTS Report which also verified this number of waitlisted individuals.

Achieved
  Partially Achieved
  Not Achieved
  Not Applicable
  Follow-up Necessary

### STANDARD #3 – Staff Training

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

- A. Utilizing the appropriate DOEA Assessment Tool including the 701S, 701A and/or 701C (Registered Services only) in accordance with the DOEA Programs and Services Handbook.
  - Review of policies and procedures for DOEA Assessment Tools including the 701S, 701A, and/or 701C to ensure assessments are being completed as outlined in the DOEA Programs and Services Handbook.
  - Ensure requirements for face to face visits are being adhered to.
- B. Quality assurance activities to include use of the Assessment Instructions (DOEA 701D), direct observation, coaching, and training of screening staff to ensure the accuracy and quality of the screenings being conducted.
- C. DOEA standards for specific service training as outlined in the most current DOEA Program and Services Handbook is being utilized:
  - DOEA web-based training with receipt of a certificate of completion; a score of 90 percent or above on the multiple-choice test is required.
  - DOEA 701S Training Webinar with appropriate documentation of completion is required per the AAAPP.
- D. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training has been conducted.

#### RESPONSE:

- a) The Provider performs 701S Assessment Forms for screening and re-screening individuals requesting Homemaker services. All clients placed APCL (waitlist) in CIRTSS by the ADRC are contacted by GCJFCS and prioritized for OAA services. At the time services are initiated, 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). The Program Manager also observed staff complete a 701S Screening to ensure accuracy and quality of the screening. The assessment was completed appropriately but some technical assistance was provided to the Program Director. **Please see Attachment IV. for more details.**
- c) All staff conducting client assessments utilizing the DOEA 701S & 701A Assessment Forms has been certified through the DOEA 701B Comprehensive Training. In addition, a signed attestation form is on file for each staff member that completed the 701S Training Webinar.
- d) The Provider abides by the mandatory reporting requirement for persons suspected of being abused, neglected and/or exploited.

Achieved  Partially Achieved  Not Achieved  Not Applicable  Follow-up Necessary

**STANDARD #4 – Programmatic Reporting**

*All required programmatic reports are accurate and submitted in a timely manner:*

- A. Annual Outreach and Public Education Report
- B. Quarterly Reports
- C. Detailed meeting minutes from the agency Board of Director Meetings are submitted regularly.
- D. Surplus/Deficit Reports

**RESPONSE:**

- a) Outreach and Public Education Reports are due in March of FY2017 but pertinent to activities performed in FY2016. The report was submitted punctually and considered accurate.
- b) Quarterly Reports are due by the tenth of every April, July, October and January. The Program Director reported no current issues within the First Quarterly Report.
- c) All Meeting Minutes from the Provider’s 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. CIRT records of assessment/reassessment, program enrollment and received services are accurate, entered in CIRT 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 twenty (20) clients for file review purposes. The random sample of chosen files included clients who are active in the Program, waiting for services or those who have been terminated. All files were in good order and were in compliance with requirements for client eligibility, intake, and service delivery. **Please see Attachment I and II for specific details.**

b) All CIRT records of 701A & 701S assessments, program enrollment and received services are accurate, entered in CIRT in a timely manner. Further, the Provider is compliant with all timeframes for screenings as well as re-screenings.

Achieved    Partially Achieved    Not Achieved    Not Applicable    Follow-up Necessary

**STANDARD #7 – CIRT**S Exception Reports

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

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

**RESPONSE:**

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

Achieved  Partially Achieved  Not Achieved  Not Applicable  Follow-up Necessary



**STANDARD #8 – Budgetary Compliance**

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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 February, 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 818.25 units of service were reported to the AAAPP in the month of February 2017. The Program Manager was provided with work orders for several client files that were served and was able to determine that a clear audit trail was evident. The Provider collects Activity Logs from each Homemaker and enters the units in weekly to the computer system. These units are then reconciled at the end of each month.

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 had the opportunity to interview a OAA Title IIIB/LSP Homemaker Service recipient. **Please see Attachment III. for specific details.**

b) Client Satisfaction Surveys are sent to client’s homes in the Fall (November) and Spring (April) of the year with a stamped self-address envelope. The Program Manager reviewed copies of completed surveys from 2016, 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 two complaints for 2016 and none for 2017 YTD. All complaints were documented and handled appropriately.
- c) N/A.
- d) The Provider has Incident Policies, and Logs pertinent to contractual requirements on file. The Program reported no incidents for 2016 & four for 2017 YTD. All incidents were documented and handled appropriately.

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.

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 most current 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.
- d) The Provider has policies within their most current approved Service Provider Application to address the Health Insurance Portability and Accountability Act, (HIPAA) requirements.

Achieved    Partially Achieved    Not Achieved    Not Applicable    Follow-up Necessary

**STANDARD #13 – Involvement with the ADRC**

*Provider is involved with the Aging and Disability Resource Center (ADRC) and abides by the no-wrong-door system:*

- A. Maintains partnership with the ADRC, state, and community agencies to ensure that regardless of which agency people contact for help, they can access information about the options available across all the agencies and in their communities.
- B. Services not arranged through agency contracts should be obtained through referrals to other community resources (i.e. ADRC, volunteer agencies, informal networks and/or proprietary agencies that charge fees).
- C. If applicable, essential information is captured about the nature of the person’s physical, mental and functional abilities, concerns, limitations or problems, as well as general background information during the 701S intake process to assist in screening for eligibility and applicable program and service referrals. Potential LTCC clients are referred to the ADRC for the appropriate screening measures.

**RESPONSE:**

- a) The Provider maintains partnership with the ADRC, state, and community agencies to ensure that regardless of which agency people contact for help, they can access information about the options available across all the agencies and in their communities.
- b) All services not arranged through agency contracts are obtained through referrals to other community resources.
- c) The Provider captures essential information regarding each client’s demographics and health information during each assessment performed to determine if a referral should be made to the ADRC for the Medicaid Long Term Care Program. All potential LTCC clients are referred to the ADRC for the appropriate screening measures.

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 currently does not utilize any sub-contractors for service.

Achieved    Partially Achieved    Not Achieved    Not Applicable    Follow-up Necessary

**STANDARD #15 – Volunteers**

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

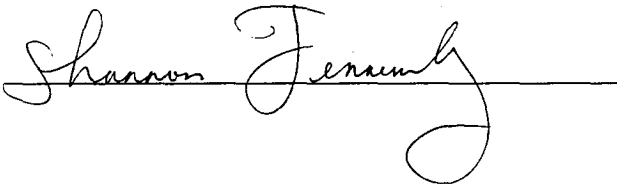
**RESPONSE:**

All volunteers receive a mandatory orientation and are included in other scheduled offerings of mandatory staff in-service education/training and background screenings (if applicable). Currently there is no use of volunteers during this monitoring period.

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  
7015 Specific**

Organization: GCJFCS  
Registered Service: OAA Title IIIB/LSP Homemaker Services

Questions	SC6775	LS6391	BM8512	RB6576	SS3665	DH6086	NP8333	JE9820	JB7581	JBE3962	Comments
Was the most current Intake/Assessment Form (7015) completed and entered into CIRTS correctly?	Y	N/A	N/A	Y	N/A	N/A	N/A	N/A	N/A	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	
Was the most current Intake/Assessment Form (7015) completed in a timely manner?	Y	N/A	N/A	Y	N/A	N/A	N/A	N/A	N/A	Y	
Was the client notified of why their ssn information is being used? (if applicable)	Y	N/A	N/A	Y	N/A	N/A	N/A	N/A	N/A	Y	
Is the client correctly enrolled for this Program and service in CIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Do Progress Notes reflect the last contact?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Was an appropriate community referral made (if applicable)?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Did the Provider utilize the use of recorded telephone calls?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
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	APCL	APCL	APCL	APCL	APCL	APCL	APCL	APCL	APCL	APCL	

Yes = Compliant

No = Non-Compliant and Comment is required

N/A = Not Applicable



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

701A/701C Specific

Organization: GCJFCS  
Registered Service: OAA Title IIIIB/LSP Homemaker Services

Questions	HB9137	PG6999	MIN8935	MS6850	AD1884	PD7497	AE3259	MV0962	DC0365	CB4551	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 ssa information is being used? (if applicable)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the worker notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Is the client correctly enrolled for this Program and service in CIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Is the CIRTS Received Service Screen correct for the current?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Do Progress Notes reflect the last contact?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Does documentation support a change in service delivery?	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	
Notes	ACTV	ACTV	ACTV	ACTV	ACTV	ACTV	ACTV	ACTV	TRBC	TRCD	

Yes = Compliant  
 No = Non-Compliant and Comment is required  
 N/A = Not/Not Applicable  
 Revised 1/29/17



**OAA CLIENT INTERVIEW QUESTIONNAIRE**

AGENCY & SERVICE: GCJFCS, OAA Title IIIB/LSP Homemaker Services

1. **How did you hear about the service you are currently receiving?** "I can't remember it's been so long".
2. **How long have you been receiving services from this agency?** "I've been getting the service for years and years now".
3. **Do you have a particular contact person you speak with about services?** "My homemaker Pat".
4. **Do you know how to contact him/her or the agency providing the service?** "Oh yes, I know how to contact her if I need to".
5. **How often do you receive this service?** "Pat comes a couple times a week".
6. **Do you feel this service allows you to remain home independently?** "Yes, I have real trouble with my knees and recently my ankles so doing housework is really difficult for me".
7. **Have you ever had to make a complaint about the services you receive or the person providing the services?** "Well the first Homemaker wasn't really good, but I don't think I complained".
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?** "Pat is so great; she helps me with so much".
10. **If you could change anything about the service you receive or the agency providing it, what would you change?** "I would have her drive me to places that I need to go".

**INTERVIEWER OBSERVATIONS:** The client lives alone in St. Petersburg. She has 7 children and 6 of them don't speak to her or visit. She has some health conditions that prevent her from moving around too much, and uses a walker for her mobility. The client still drives but only within a mile radius. She has Life Alert if she ever falls, and states she falls quite often. She expressed her love for cooking and visiting Disney World. The client has maintained the same Homemaker for several years now and just recently the Homemaker started helping her sort through her bills. During the interview, the client began to cry as she stated, "I might as well be in a home because no one cares". The Program Manager offered counseling services and tried to discuss the comparison between nursing homes versus assisted living facilities. A referral was made on her behalf to the Helpline for housing resources. The Program Manager followed up with the Program Director regarding the client's mental state and possible counseling services.

Submitted by: Shannon Fernandez, Program Manager

Date: April 14, 2017

***For OAA Use Only***



## Intake Observation Checklist 2017 Monitoring Tool

Intake Specialist: Joy Niccum

Date observed: 4/11/2017

Task observed: 701S Assessment for re-screening

STANDARD	NOTES/ACHIEVEMENT
<p><b>a.) Specialists screen the caller's needs using a 701S Screening tool.</b></p>	<p>Yes, specialist was attentive to the caller's needs. However the specialist did not properly follow 701D Instructions on the subject of reading each answer aloud to the caller, specifically on the ADL and IADL Sections.</p>
<p><b>b.) Specialists are knowledgeable of funded programs and community resources.</b></p>	<p>Yes, the caller inquired about food banks and the specialist provided a list of food bank resources for the client via mail.</p>
<p><b>c.) Specialists provide accurate information on available options, including funded programs and private pay options.</b></p>	<p>N/A, there was no discussion about funded programs or private pay options.</p>
<p><b>d.) Specialists inform potential clients or referring parties about the APCL list and prioritization of releases.</b></p>	<p>No, although the waiting list was mentioned, there was no discussion on the prioritization of releases.</p>
<p><b>e.) Specialists provide contact information and encourage clients to call back if their situation changes.</b></p>	<p>No, the specialist did not encourage the caller to contact GCJFCS back if any major changes occur regarding her health. In addition no contact information was provided.</p>
<p><b>f.) Calls are documented appropriately.</b></p>	<p>Notes regarding the call are not logged. However CIRTS is updated with the new assessment as well as their internal spreadsheet for waitlisted clients.</p>

Notes: After observation, the Program Manager discussed with the Program Director ways to ensure 701S & 701A assessments are being accurately performed. A list of ADL and IADL definitions were provided that include Assistive Device examples for more accurate scoring. Staff was also reminded to encourage the client to call back if any significant changes occur within the year and to inform the client of the prioritization of releases.