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May 9th, 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 (#17-63) Homemaker Program. This visit was made on April 18th, 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 Homemaker Program satisfactorily met the standards for contract compliance and service delivery with the exception of Standard #2, Standard #6, Standard #9, and Standard #10. Each of these exceptions was partially achieved. Please see the specific Standard for more detail. **All required follow-up is due to Program Manager, Shannon Fernandez, by May 26th, 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 cursive script that reads "Helen D. King".

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

PROVIDER	CARES, Inc.
SERVICE(S)	OAA Title IIIB/LSP Homemaker Services
DATE(S) OF VISIT	April 18, 2017
PARTICIPANT(S)	Jemith Rosa, CEO, CARES Inc.
MONITOR(S)	Shannon Fernandez, Program Manager, AAAPP

CONTRACT COMPLIANCE AND SERVICE DELIVERY

STANDARD #1 – Previous Programmatic Monitoring

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

RESPONSE:

There are no unresolved issues resulting from the Monitoring Visit that took place on April 19, 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, rural individuals, 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:

OAA	Proposed	Achieved	LSP	Proposed	Achieved
Social Need	41	15	Social Need	37	17
Low Income Minority	7	2	Low Income Minority	7	14
Minority	11	6	Minority	12	21
Economic Need	18	16	Economic Need	20	34
Rural	12	10	Rural	13	23
Limited English	9	3	Limited English	7	5
Nursing Home Risk	10	18	Nursing Home Risk	9	14

STANDARD #2 CONTINUED

- c) With the exception of one, all client files reviewed contained appropriate Prioritization forms in accordance with the Providers Prioritization Policy on file with the AAAPP. The Prioritization Policy was reviewed with the CEO. A CIRT Report is run monthly to review clients who need an updated OAA Prioritization Form.
- d) CARES, Inc. utilizes an internal system on both the East and West side to capture information on clients waiting for services and the information is reconciled to CIRT monthly. During the visit, it was unclear how the waiting list is being maintained to include client's OAA prioritization scores. As of 4/18, there were approximately 758 APCL individuals in CIRT Additional follow-up from CARES, Inc. was reviewed 5/5/17, but it is still unclear if all APCL clients are being re-prioritized based upon Older Americans Act requirements. **The Program Manager provided technical assistance and follow-up regarding this discrepancy is due to Program Manager Shannon Fernandez by May 26th, 2017.**

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

THIS SECTION WAS LEFT BLANK INTENTIONALLY

STANDARD #3 – Staff Training

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

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

RESPONSE:

- a) The ADRC performs all DOEA 701S Forms for screening and re-screening individuals for Homemaker 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 Homemaker 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

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 is considered appropriate.
- b) Quarterly Reports are due by the tenth of every April, July, October and January. The CEO reported no current issues within the First Quarterly Report.
- 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 20th of each month. All Surplus/Deficit Reports are submitted and received by the Program Manager on a monthly basis.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #5 – Outcome Measures

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

- A. Provider has implemented the strategies detailed in the current Service Provider Application.
- B. Provider uses available 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 ten (10) clients for file review purposes. Files reviewed were in good order, however two incompliant issues found within the files. Additional follow-up from CARES, Inc. was reviewed 5/5/17, but one of the two issues is still outstanding. **Please see Attachment I. for specific details. The Program Manager provided technical assistance and follow-up regarding this discrepancy is due to Program Manager Shannon Fernandez by May 26th, 2017.**
- b) All CIRT records of 701A assessments, program enrollment and received services are accurate, entered in CIRT 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.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #8 – Budgetary Compliance

Budgetary Compliance:

- A. Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.
- B. For the month of March, the Provider has a clear audit trail for units of service entered in CIRTAs as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.

RESPONSE:

- a) The Provider is serving and has a plan to serve the number of proposed units as identified in their most current service provider application.
- b) A total of 695.75 units of service were reported to the AAAPP in the month of March 2017. The Program Manager ran a CIRTAs 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

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

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

RESPONSE:

- a) The Program Manager had the opportunity to complete a face to face interview with an OAA Title IIIB/LSP Homemaker Service recipient. **Please see attachment II. for more detail.**
- b) The Homemaker Program disseminates satisfaction surveys to two (2) clients per month in alphabetical order. The Program Manager reviewed copies of completed surveys from 2016, however no Satisfaction Survey Summary Report was available. Additional follow-up from CARES, Inc. was reviewed 5/5/17, but the issue is still outstanding. **The Program Manager provided technical assistance and follow-up regarding this discrepancy is due to Program Manager Shannon Fernandez by May 26th, 2017.**

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #10 – Grievances, Complaints, and Incidents

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

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

RESPONSE:

- a) The Provider has Grievance Policies, Procedures, and Logs pertinent to contractual requirements. No registered grievances have occurred for 2016 and 2017 YTD. Additionally, all clients are notified of their right to grieve at the inception of service delivery.
- b) The Provider has Complaint Policies, Procedures, and Logs pertinent to contractual requirements on file. The Program reported 2 complaints for 2016 and 4 for 2017 YTD; however the appropriate format recommended by DOEA was not utilized. Additional follow-up from CARES, Inc. was reviewed 5/5/17, but the issue is still outstanding. **The Program Manager provided technical assistance and follow-up regarding this discrepancy is due to Program Manager Shannon Fernandez by May 26th, 2017.**
- c) N/A.
- d) The Provider has Incident Policies and Procedures but no Logs for 2016 or 2017 were provided to the Program Manager. Additional follow-up from CARES, Inc. was reviewed 5/5/17, but the issue is still outstanding. **The Program Manager provided technical assistance and follow-up regarding this discrepancy is due to Program Manager Shannon Fernandez by May 26th, 2017.**

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #11 – Voluntary Contributions

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

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

RESPONSE:

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

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

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STANDARD #12 – Regulatory Compliance

OAA Provider is in Regulatory Compliance with:

- A. OAA services reviewed are being provided in accordance with the most current DOEA Program And Services Handbook and the most current approved Service Provider Application
- B. Provider complies with all regulations pertinent to the service being provided (I.E, fire, health inspections, Licensure, etc.)
- C. The Provider is acting in accordance with the Florida Statute 119.071 (5) requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for its collection.
- D. Health Insurance Portability and Accountability Act (HIPAA) requirements including policies/procedures.

RESPONSE:

- a) 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 the most current 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 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 7015 intake process to assist in screening for eligibility and applicable program and service referrals. Potential LTCC clients are referred to the ADRC for the appropriate screening measures.

RESPONSE:

- a) The Provider maintains partnership with the ADRC, state, and community agencies to ensure that regardless of which agency people contact for help, they can access information about the options available across all the agencies and in their communities.
- b) All services not arranged through agency contracts are obtained through referrals to other community resources.
- c) N/A.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #14 – Subcontractors

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

RESPONSE:

The Program does not utilize any sub-contractors to provide Homemaker 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, Inc. HIPAA Policies.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

Submitted by: Shannon Fernandez, Program Manager, AAAPP

Date: 5/8/2017

Signature: *Shannon Fernandez*



**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 Homemaker Services

Questions	MC6754	PG3436	GP1049	ES7883	VT6532	RS9667	NV2472	LJ5534	ER6858	DT2924	Comments
Was the most current Intake/Assessment Form (701A, and/or 701C) completed and entered into CIRTS correctly?	Y	Y	Y	Y	Y	N/A	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	N(1)	Y	Y	Y	Y	1. No Prioritization Form found in the file. As of 5/5/17, CARES Inc. staff have completed a Prioritization Form and placed it in the client's file.
Did the worker obtain a signed Release of Information/HIPAA Form?	Y	Y	Y	Y	Y	N/A	Y	Y	Y	Y	
Was the client notified of why their ss# information is being used? (If applicable)	Y	Y	Y	Y	Y	N/A	Y	Y	Y	Y	
Did the worker notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	N/A	Y	Y	Y	Y	
Is the client correctly enrolled for this Program and service in CIRTS?	Y	Y	Y	Y	Y	Y	Y	N(1)	Y	Y	1. Client's current enrollment line is for 2016. This funding has expired and a new enrollment line for 2017 should be open. Follow-up is still occurring with CARES Inc. and follow-up regarding this discrepancy is due to Program Manager Shannon Fernandez by May 26th, 2017.
Is the CIRTS Received Service Screen correct for the current?	Y	Y	Y	Y	Y	N/A	Y	N(1)	Y	Y	1. Client's current service line is for 2016. This funding has expired and a new service line for 2017 should be open. Follow-up is still occurring with CARES Inc. and follow-up regarding this discrepancy is due to Program Manager Shannon Fernandez by May 26th, 2017.
Do Progress Notes reflect the last contact?	Y	Y	Y	Y	Y	N/A	Y	Y	Y	Y	
Does documentation support a change in service delivery?	N/A	N/A	N/A	N/A	Y	N/A	Y	N/A	N/A	Y	
Notes	ACTV	ACTV	ACTV	ACTV	TRBC	APCL	TRBC	ACTV	ACTV	TRLO	

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

OAA CLIENT INTERVIEW QUESTIONNAIRE

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

1. **How did you hear about the service you are currently receiving?** "I believe my daughter found out about it for me during a hospital stay I had".
2. **How long have you been receiving services from this agency?** "They have been coming here now for years, maybe 3?"
3. **Do you have a particular contact person you speak with about services?** "I talk to everyone up there, Gloria comes once a year to go over my health, other ladies I speak with at the office; they are all so nice".
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?** "She comes on Tuesdays for 3-4 hours".
6. **Do you feel this service allows you to remain home independently?** "Yes, I have a hard time cleaning up around here and she really helps me take care of this house".
7. **Have you ever had to make a complaint about the services you receive or the person providing the services?** "No, I had a Homemaker one time that wasn't very good but I don't think she works there anymore".
8. **How do you rate the quality of the service you are currently receiving and/or the agency providing it?**

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

9. **What is the reasoning for your choice rating regarding question #8?** "They provide wonderful service".
10. **If you could change anything about the service you receive or the agency providing it, what would you change?** "I can't think of anything I would change".

INTERVIEWER OBSERVATIONS: The client lives in a trailer behind her daughter's home. She recently had a hospital visit for a minor heart attack, so she is receiving therapy and nursing several times a week. The client was in great spirits and was highly satisfied with the Homemaker Services. She expressed her love for music and her experiences growing up. The client played a song on the piano for the Program Manager and vice versa. The Program Manager inquired if any other services were needed, and she made a suggestion for Home Delivered Meals. The Program manager made a referral to the Helpline on behalf of the client.

Submitted by: Shannon Fernandez, Program Manager

Date: April 18, 2017

For OAA Use Only