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June 8, 2017

Beverly Burton, ADRC Director
Area Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Boulevard, Suite 100
St. Petersburg, FL 33702

Dear Ms. Burton,

Enclosed please find the Programmatic Monitoring Report for Information and Referral/Assistance & Intake and Screening Departments, completed on May 9th, 2017 by the AAAPP's Program Manager, Shannon Fernandez, with follow up completed by Tawnya Martino, Director of Program Accountability.

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 Director of Program Accountability at (727) 570-9696, extension 246. Thank you for your continued commitment to serve the seniors of Pinellas & Pasco County.

Sincerely,

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

Helen D. King
Acting Executive Director

Enclosures



Area Agency on Aging of Pasco-Pinellas, Inc.

*2017 Information and Referral/Assistance & Intake and Screening
PROGRAMMATIC MONITORING CHECKLIST*

PROVIDER	AAAPP Helpline and Intake Department
SERVICE(S)	Information and Assistance/Referral, Intake and Screening
DATE(S) OF VISIT	May 9, 2017
PARTICIPANT(S)	Beverly Burton, ADRC Director, AAAPP and Tracy Barrows, ADRC Helpline Manager
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 May 5th, 2016.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #2 – Outreach and Targeting

The Helpline is the entry point for the ADRC and serves the entire community of older individuals, particularly older individuals with the greatest economic social need, older individuals with the greatest economic need, older individuals with limited English proficiency, older individuals residing in rural areas, older individuals at risk of institutional placement, and adults with a disability. The Helpline has documentation of:

- A. Outreach to increase awareness of the Helpline
- B. Special needs groups being identified and targeted outreach being provided
- C. I&R service provided to targeted individuals
- D. Procedures address how APCL clients are released to active status in order of Prioritization

RESPONSE:

- a) The ADRC Director provided documentation of Outreach events attended in 2016 where Helpline information was distributed.
- b) Forms reviewed address the targeting of Outreach events to low income, minority, and rural elders.
- c) The Program Manager reviewed REFER statistical reports for the time period of 7/1/2016 – 4/30/2017 which reflected the following:
 - i. 977 individuals identified their race as a minority (Black, Asian/Pacific Islander, Native American, Other) during phone contacts that were made, and 8,003 individuals whose race was identified as 'Unknown'. Further 531 identified their ethnicity as Hispanic during phone contacts that were made.
 - ii. Helpline and Intake staff made 668 contacts with callers who self-reported their monthly income was at or below the \$1,471 to designate low income.
 - iii. 1,432 phone contacts were made with callers who resided in rural zip codes.
 - iv. The Helpline currently employs two staff members who are bilingual in English and Spanish. Staff members had 280 phone contacts with Spanish speaking callers.
- d) ADRC Instructions (formerly known as ADRC Procedures) address the prioritization of clients for release of the waitlist. Per Instructions, General Revenue (CCE, HCE, ADI) clients are released from the waitlist based upon the "Priority Ranking for APCL clients" report in CIRTS. Imminent Risk and CCDA/HCDA Aging Out clients receive priority for services and will fall at the top of the Priority Ranking report.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #3 – Staff Training

The Helpline has a training plan to insure that staff receives training pertinent to the performance of required functions. Training is consistent with ABC's of I&R published by AIRS or the Department of Elder Affairs Information and Referral/Assistance training module:

- A. Pre-service training
- B. Communication/interview skills, Customer service skills, Community Resources
- C. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly

Intake has received required training of:

- D. Pre-service training
- E. DOEA web-based Assessment Training, with a score of 90% or higher
- F. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly

RESPONSE:

- a) The ADRC Director provided documentation of pre-service training most recently completed. I&R Specialists receive information on the functions of the ADRC, an overview of DOEA funded programs and an introduction to the REFER database.
- b) Newly hired I&R Specialists complete their training in phases, under the supervision of the ADRC Helpline Manager. Phases include: observation of contacts by experienced I&R staff, completing contacts with oversight/supervision, completing calls independently with reduced supervision, and, completing calls independently with experienced staff serving as a resource.
- c) As mandated reporters, I&R specialists are trained on the requirement and procedure for reporting suspected abuse, neglect or exploitation to the Florida Abuse Hotline. The ADRC Director provided a REFER statistical report which showed from 7/1/2016 – 4/30/2017, 312 calls resulted in reports or referrals to the Florida Abuse Hotline.
- d) The ADRC Director provided documentation of pre-service training most recently completed. Intake Specialists receive training on functions of the ADRC, DOEA funded programs and service providers, overview of CIRT, ARTT, and REFER Databases as well as Program eligibility requirements.
- e) The Program Manager reviewed certificates of completion for all Intake staff regarding the Department of Elder Affairs 701B Comprehensive Online Training.
- f) As mandated reporters, screening staff are trained on the requirement and procedure for reporting suspected abuse, neglect or exploitation to the Florida Abuse Hotline.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #4 – Programmatic Reporting

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

- A. Quarterly I&A/R reports to the DOEA by the 10th
- B. Monthly SHINE reports to the DOEA
- C. Monthly units of I&R in CIRT, supported by REFER reports
- D. Monthly ADRC Client Tracking reports to the DOEA

RESPONSE:

- a) The ADRC Director provided Quarterly I&A/R reports submitted to the DOEA in the 2016-2017 fiscal year. Report documentation includes CIRT reports showing the units of information and referral provided by the Helpline, resources Helpline staff made referrals to, as well as unmet needs identified during the previous quarter.
- b) The Program Manager reviewed monthly SHINE reports submitted to the DOEA during the 2016-2017 fiscal year. During this time, Helpline staff made 6,236 referrals to SHINE Counselors to provide assistance for callers with questions related to Medicare/health insurance.
- c) The ADRC Director provided CIRT reports showing monthly units of I&R for the 2016-2017 fiscal year.

d) The ADRC Director provided monthly ADRC Client Tracking reports submitted to the DOEA during the 2016-2017 fiscal year. During this time, Helpline staff made 4,163 referrals to ADRC staff for screening or other functions related to the Statewide Medicaid Managed Care Long Term Care Program (SMMCLTCP).

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #5 – Service Provision

The Helpline meets DOEA standards for staffing and service provision:

- A. The Helpline has at least 2.5 FTE non-exempt staff dedicated to I&R services.
- B. Formal, written job descriptions outlining I&R functions are dated within the last 2 years
- C. Procedures confirm hours of operation are at least 8:00am to 5:00pm Monday through Friday.
- D. Voicemail system offers options for urgent calls.
- E. Procedures address return of after hours and voice mail messages.
- F. Procedures define 'timely' service and require I&R Specialists to ensure inquirers are served in a timely manner.
- G. Policy for use of Florida Relay for individuals and groups who have special needs including communication methods for people with hearing or speech impairments.

RESPONSE:

- a) The Helpline currently has 4 full-time employees dedicated to I&R services. In addition, the Helpline has 1 staff working 30 hours per week. One position is currently vacant.
- b) The ADRC provided current job descriptions for the ADRC Helpline Manager and I&R specialists.
- c) ADRC Procedures confirms that the Helpline is operational from 8:00am-5:00pm, Monday through Friday.
- d) The Program Manager made a test call to the Helpline and confirmed the voicemail system advises callers experiencing police, fire or medical emergencies to hang up and dial 9-1-1.
- e) Per ADRC Instructions (formerly known as ADRC Procedures), voicemail messages are checked first thing every morning and following staff meetings or training sessions during which the voicemail system is utilized. The voicemail box is also checked periodically throughout the day and messages are returned in a timely manner.
- f) Per ADRC Instructions, voicemail messages to the Helpline are returned as quickly as possible, typically after one business day. However this is dependent on how many staff are present in office and/or vacant positions. The REFER database allows for recording the time it takes to return messages.
- g) Per ADRC Instructions (formerly known as ADRC Procedures), the AAAPP is a registered business partner of the Florida Relay Service. The Florida Relay Service is accessible without special equipment, so that callers can reach all necessary AAAPP staff members.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #6 – Contact Record Compliance

*Contact records sampled show compliance with requirements for service delivery:
The Helpline:*

- A. Three resources are provided when available
- B. For-profit resources are provided when available
- C. Documentation for units of Referral show that follow-ups are provided within 14 days

Intake:

- D. Enrollment screens show that the client was referred to/made APCL for program(s) that are appropriate for the needs identified
- E. Discussion of eligibility and appropriate steps to determine eligibility

RESPONSE:

- a) The Program Manager observed contact records that showed compliance with providing three resources to clients, when appropriate.
- b) In addition to providing federal and state funded resources, the Helpline also provides for-profit resources, when appropriate.
- c) The ADRC Director provided REFER statistical reports for the period of 7/1/2016 – 4/30/2017 which listed Helpline follow-ups by scheduled date and date of completion. Documentation supports that follow-ups are completed within the required 14 day time frame.
- d) The Program Manager reviewed CIRTSS enrollment screens after viewing contact records which reflect that the appropriate referrals are being made for the needs identified.
- e) Intake Staff speak with the clients regarding eligibility requirements for state and federal programs, when appropriate, and how the re-screening process works.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #7 – Responsiveness

Intake meets standards for responsiveness:

- A. APS medium and low risk referrals – ADRC staff enter 701S screening or demographic assessment into CIRTS within 14 calendar days.
- B. Helpline Referrals – Screening staff attempt to contact callers within 3 business days to schedule or complete a 701S and they document unsuccessful attempts to contact within 3 days, as workload demands allow.
- C. Re-screening of clients who are APCL for case managed programs: APCL clients are rescreened on an annual basis, regardless of Priority Score. Annual re-screening is conducted within 395 days of due date as workload demands allow.
- D. Staff strive to conduct 701S initial and significant change screenings within 14 business days from the date that the referral was received.

RESPONSE:

- a) The Intake Department is the entry point for Intermediate and Low Risk referrals sent by the Department of Children and Families. These clients are screened within 14 calendar days using a 701S screening tool and placed on the appropriate wait list.
- b) To meet DOEA data requirements in the ADRC Client Tracking Report, implemented in the fall of 2016, the AAAPP has had to implement use of an additional database. Data for the monthly report now comes from CIRTS, Refer and the new Access database. The ADRC Director provided a report from the new Access database that collects both the date of the referral to Intake and the date that Intake/Screening first contacts the client to schedule screening. The report shows that the ADRC monitors compliance with the 3 business day contact goal. The AAAPP’s ability to meet the requirement varies monthly with the number of referrals sent to Intake/Screening and the number of staff available to conduct screening. Achievement for July 1, 2016- April 30, 2017 was 41%, but for the month of April, 2017, it was 62%.
- c) The Program Manager ran the ‘Assessment Due APCL Only’ CIRTS report under Pasco and Pinellas Owner ID’s. The current timeframe for Assessments Due is 13 months (defined as 395 days) per the Department of Elder Affairs. There are 25 exceptions appearing under Pasco’s ID (52700) and 53 exceptions appearing under Pinellas’s ID (52800). The ADRC Director is aware of the exceptions. The exceptions are pending 30 day letters, which is a new DOEA procedure as of January 2017. DOEA has been notified of the impact of the new 30 day letters on meeting the 395 day requirement and the resulting decline in achievement of the 395 day statewide Performance Measure.
- d) The ADRC provided a CIRTS report which provides data on 14-day completions of 701S initial screenings. The July 2016 to April 2017 report reflects 86% achievement with the timespan goal. The 14 days starts with the day that Intake receives the referral and ends with the date that screening is completed. This is impacted by demand for screening and staffing levels. Appointments are made in advance and if appointments have to be rescheduled, this may impact the 14 day completion rate.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #8 – Observation of contacts

Observation of contacts shows that the Helpline staff provides accurate information to inquirers in response to direct requests for such information. Further, observation of contacts shows that Intake staff provides screening, prioritization, and options counseling.

RESPONSE:

The Program Manager observed two I&R staff members and one Intake Specialist. Please see attachments A1-A3 for more details.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #9 – Crisis

The Helpline shall be prepared to assess and meet the immediate, short-term needs of inquirers who are experiencing crisis situations and contact the Helpline service for assistance:

- A. Procedures address the handling of crisis calls
- B. Staff has the skills to recognize when an inquirer is experiencing a crisis, to determine whether the individual is in immediate danger, and to take steps to ensure that inquirer is safe
- C. Lethality assessment is used
- D. Crisis calls are documented in REFER

RESPONSE:

- a) ADRC Instructions (formerly known as ADRC Procedures) address the handling of crisis calls. The Helpline staff is trained to contact Adult Protective Services when there is suspected abuse, neglect or exploitation, 911 in cases where a caller is at immediate risk or suicide, and the Senior Victim Advocates Program for callers who have been a victim of crime.
- b) While Helpline staff are not crisis counselors, they are trained to remain on the phone with the person until the situation is stable and to make a three way call to a mental health resource if needed. The Helpline staff is also trained to remain on the line with those who have immediate risk of suicide while another staff member contacts 911. Further, the Helpline staff are trained to provide information and referrals to agencies that provide counseling and mental health services.
- c) Per ADRC Instructions (formerly known as ADRC Procedures), the Helpline staff is trained to utilize both the suicide screening tool developed by the DOEA and the suicide screening tool developed by 2-1-1.
- d) The Helpline staff are trained to denote crisis calls in the REFER database. The ADRC Director provided a REFER statistical report which documents from 7/1/2016 – 4/30/2017, 14 crisis calls were documented in REFER.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #10 – Consumer Satisfaction

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

- A. Surveys are documented in REFER
- B. Procedures address the handling of complaints

RESPONSE:

- a) The ADRC Director provided a REFER report which compiled responses for satisfaction surveys completed from 7/1/2016–4/30/2017. During this time period, 695 satisfaction surveys were completed with callers who had contact with the Helpline and/or the Intake Department, all of which denote a high level of satisfaction with the services received.
- b) ADRC Instructions (formerly known as ADRC Procedures), addresses the handling of caller complaints. Callers who have a complaint with the Helpline or Intake staff are sent to the ADRC Director, and potentially the Executive Director if they are not satisfied with the resolution. Callers with complaints regarding specific services, resources provided, or staff members are directed to the appropriate Supervisor or Program Manager.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #11 – Resource Database Management

The Helpline meets standards included in the DOEA contract for maintaining the resource database:

- A. Inclusion/Exclusion criteria
- B. Data Elements
- C. Taxonomy
- D. Maintenance and updating information

RESPONSE:

- a) The Program Manager reviewed statewide inclusion/exclusion criteria for the REFER database. Minimum criteria for inclusion in the statewide database are: entities must have been conducting business for at least one year, must provide and/or coordinate health and human services for elder, adults with a disability and their caregivers must maintain licenses (if applicable), certification and registrations as required by the state or federal government. Additionally organizations that are located outside individual PSA's may be considered for inclusion if they provide a service that is not available within the PSA.
- b) The Program Manager reviewed blank applications for inclusion in the REFER database. Information requested from organizations applying meets minimum standards set forth in statewide inclusion/exclusion criteria.

- c) The ADRC Director provided a spreadsheet that detailed taxonomy terms currently included in the REFER database and the number of times each term has been used.
- d) The ADRC Director provided a current list of organizations included in the REFER database for PSA 5 with the date of their last formal update. Currently there are 25 organizations whose information is older than one year. All of them have received a request to update their information and have not responded. Staff are in the process of contacting them to revise information. The AAAPP makes every attempt to avoid removing valuable resources from the database.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #12 – Disaster Preparedness

The Helpline shall provide I&R services to the community during (when appropriate) and following a disaster or other emergency. Review policies and procedures to confirm that the Helpline has:

- A. Adopted the required disaster policies
- B. A plan for relocation in the event a disaster impacts the Helpline’s site, including mutual aid agreements such as an MOU if alternative sites are at other agencies
- C. Disaster related resources are included in the database

RESPONSE:

- a) The Program Manager reviewed current disaster policies and procedures. In the event that a disaster rendered the AAAPP office uninhabitable, Helpline staff will relocate to the Largo office of DOEA CARES as they are able.
- b) Per the ADRC Instructions (formerly known as ADRC Procedures), Area Agencies in disaster affected areas will notify the DOEA that Helpline calls must be directed to an AAA in a non-affected area.
- c) The Program Manager reviewed the REFER database for disaster and recovery related resources. REFER database contains local and statewide resources such as County Emergency Management information, 2-1-1, Florida Emergency Management, Red Cross, Salvation Army and information on emergency shelters by PSA. The 11 ADRC Helplines also have an MOU that outlines the procedures for taking calls from other areas of the state during a disaster.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #13 – Cooperative Relationships

The Helpline maintains cooperative relationships within the I&R system:

- A. Membership in AIRS/FLAIRS
- B. MOU with 2-1-1 providers
- C. Provides screening to access OAA funded programs
 - i. Procedures address handling OAA Referrals
 - ii. Review of OAA waitlist shows clients with a location code of “HW” which indicates that the enrollment line was created by Intake
- D. Procedures address how CCDA and HCDA clients are transferred as they turn 60
 - i. HCDA/CCDA log documents cases transitioned to CCE or HCE

RESPONSE:

- a) The ADRC Director provided a certificate of the current AIRS Membership, which expires 12/31/2017.
- b) The ADRC Director provided the 2016 Memorandums of Understanding between the AAAPP and 2-1-1 for Pinellas and Pasco County. An updated MOU for 2017 is in the process and will be executed within the year.
- c) The ADRC provides “no wrong door” access to OAA funded programs:
 - i. ADRC Instructions (formerly known as ADRC Procedures) addresses the handling of Older American Act referrals. Intake will screen, enroll and refer clients for OAA funded services as indicated.
 - ii. The Program Manager ran the ‘Priority Ranking for APCL Clients’ CIRTS Report for CARES, Inc. OAA Homemaker Program (51063). Review of the report for enrollments with the location code ‘HW’ confirms that AAAPP Intake staff is appropriately enrolling clients on OAA funded program waitlists.
- d) ADRC Instructions (formerly known as ADRC Procedures) addresses the handling of Community Care for Disabled Adults (CCDA) and Home Care for Disabled Adults (HCDA) Aging Out referrals. CCDA/HCDA clients are marked as Aging Out referrals in CIRTS and receive priority for services.
 - i. The Program Manager reviewed the 2016-2017 HCDA/CCDA “Aging Out” log maintained by the Intake Department. All referrals are appropriately logged and disposition documented.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

STANDARD #14 – Regulatory Compliance

Procedures document that I&A/R and Intake are in Regulatory Compliance with:

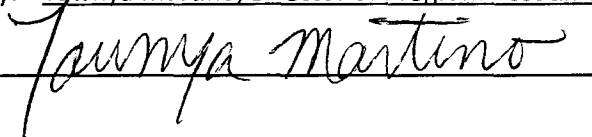
- A. Florida Statute 119.071(5) requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for its collection
- B. Health Insurance Portability and Accountability Act (HIPAA) requirements

RESPONSE:

- a) Per ADRC Instructions (formerly known as ADRC Procedures), Helpline staff does not collect health related information from callers unless the caller is being referred to Intake. Callers who are contacted for screening by Intake are mailed a HIPAA packet, which includes a notice regarding the collection of their Social Security Number.
- b) Following contacts with clients, Intake mails a HIPAA packet to the client or their designated representative. They are asked to sign an acknowledgement of receipt of and mail back to the AAAPP. When these forms are received, they are logged and maintained on-site. For HIPAA acknowledgements that are not returned, Intake staff complete a good faith form, which is maintained electronically.

Achieved Partially Achieved Not Achieved N/A Follow-up Needed

Submitted by: Tawnya Martino, Director of Program Accountability Date: June 8, 2017

Signature: 



Helpline Observation Checklist 2017 Monitoring Tool

I&R Specialist: Rosaida Rolon

Date observed: 5/9/2017

Task observed: Live Calls

STANDARD	NOTES/ACHIEVEMENT
<p>a.) Specialists assess the caller's needs and respond with information</p>	<p>The caller phoned the Helpline wanting help for home repairs, specifically the roof.</p>
<p>b.) Specialists appear knowledgeable, using appropriate resources to provide accurate information.</p>	<p>The I&R Specialist provided the client with two options within the REFER database (Pasco FIX and Abilities, Inc.). The I&R Specialist offered to transfer the call to either company and the client agreed.</p>
<p>c.) Specialists encourage call-backs when appropriate.</p>	<p>No, the I&R Specialist did not encourage the client to call back. All Helpline staff were reminded to encourage callers to call back for future needs or if additional resources are needed.</p>
<p>d.) Follow-ups are provided where the specialist believes the inquirers do not have the necessary capacity to follow through and resolve their problems.</p>	<p>N/A; the caller appeared to have necessary capacity to follow-up on their request and required information only.</p>
<p>e.) Specialists offer advocacy, when necessary, to ensure people receive the benefits and services for which they are eligible.</p>	<p>N/A</p>
<p>f.) Calls are documented in Refer, including the type of information requested and the action taken.</p>	<p>The Program Manager observed I&R Specialist document the contact in the REFER database. Documentation included the type of information the caller requested as well as the action taken.</p>



Helpline Observation Checklist 2017 Monitoring Tool

I&R Specialist: Kandice White

Date observed: 5/9/2017

Task observed: Call Back

STANDARD	NOTES/ACHIEVEMENT
<p>a.) Specialists assess the caller's needs and respond with information</p>	<p>The caller phoned the Helpline looking for resources for her mother and father, as she is the caregiver.</p>
<p>b.) Specialists appear knowledgeable, using appropriate resources to provide accurate information.</p>	<p>The I&R Specialist confirmed services were warranted for both individuals, including the caregiver herself. A referral was made to Intake for two 701S Screenings.</p>
<p>c.) Specialists encourage call-backs when appropriate.</p>	<p>No, the I&R Specialist did not encourage a call back to the Helpline for future concerns. All Helpline staff were reminded to encourage callers to call again for future needs or if additional resources are needed.</p>
<p>d.) Follow-ups are provided where the specialist believes the inquirers do not have the necessary capacity to follow through and resolve their problems.</p>	<p>The I&R Specialist scheduled a 14-day follow-up (per ADRC Instructions) to confirm contact is made by Intake within the appropriate time span.</p>
<p>e.) Specialists offer advocacy, when necessary, to ensure people receive the benefits and services for which they are eligible.</p>	<p>N/A</p>
<p>f.) Calls are documented in Refer, including the type of information requested and the action taken.</p>	<p>The Program Manager observed I&R Specialist document the contact in the REFER database. Documentation included the type of information the caller requested as well as the action taken.</p>



Intake Observation Checklist 2017 Monitoring Tool

Intake Specialist: Theresa Bobo

Date observed: 5/9/2017

Task observed: 701S Screening

STANDARD	NOTES/ACHIEVEMENT
<p>a.) Specialists screen the caller's needs using a 701S Screening tool.</p>	<p>The Program Manager listened via "Whisper Call" to an Intake staff completing a 701S Screening for a client over 60.</p>
<p>b.) Specialists are knowledgeable of funded programs and community resources.</p>	<p>The Intake staff explained the screening process in detail. The distinction was made between Medicaid funded programs versus state and federal funded programs.</p>
<p>c.) Specialists provide accurate information on available options, including funded programs and private pay options.</p>	<p>The Intake staff provided accurate and appropriate information applicable to the client during the screening.</p>
<p>d.) Specialists inform potential clients or referring parties about the APCL list and prioritization of releases.</p>	<p>Prior to the assessment being complete, the client declined continued screening and terminated the call.</p>
<p>e.) Specialists provide contact information and encourage clients to call back if their situation changes.</p>	<p>Prior to the call ending, the Intake staff was very courteous to the client and explained all information in detail.</p>
<p>f.) Calls are documented in Refer appropriately.</p>	<p>The Program Manager reviewed client's REFER record following end of the call. The Intake staff documented the call in REFER, including the reason for screening.</p>
<p>g.) The work performed by Medicaid administrative claiming staff is consistent with the position descriptions.</p>	<p>The Intake staff discussed some Medicaid eligibility; however the client was not placed on any waiting list due to not finishing the screening.</p>