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August 14, 2017

Debra Shade, President/CEO
Neighborhood Care Network
13945 Evergreen Ave.
Clearwater, Florida 33762

Dear Ms. Shade:

Enclosed is the report for the Older Americans Act Title III-B/LSP/LSP Respite (#17-02) Adult Day Care Program. This visit was made on July 18th, 2017 by Tawnya Martino, Director of Program Accountability and Elizabeth Heyne, Program Manager. The cooperation of Marsha Coke and staff throughout the visit was greatly appreciated.

This report is intended to provide an overview of the project 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, appearing to read "Ann Marie Winter".

Ann Marie Winter
Executive Director

Enclosures

cc: Evelyn Bethell, Board Chair, NCN
Marsha Coke, Program Director, NCN



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

PROVIDER	Neighborly Care Network
SERVICE(S)	OAA Title IIIB/LSP/LSP Respite Adult Day Care
DATE(S) OF VISIT	July 18, 2017
PARTICIPANT(S)	Marsha Coke, NCN Project Director Debbie Davis, NCN Administrative Assistant Maribeth Braden, NCN ADC Program Manager Vicki McLane, NCN Center Nurse Manager
MONITOR(S)	Tawnya Martino, AAAPP Director of Program Accountability Elizabeth Heyne, AAAPP Program Manager

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 were no unresolved issues from the previous programmatic monitoring on June 27, 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.) Provider outlined their plan to target individuals in their 2017 Continuing Application. Review of policies, procedures and client files reflected the plan is being implemented appropriately.
- B.) Per the current Quarterly Report, the provider is on track to serve the proposed number of clients.

OAA				LSP			
	Proposed	Achieved	%		Proposed	Achieved	%
Social Need	55	55	100%	Social Need	43	59	137%
Low income minority	25	16	64%	Low income minority	19	17	89%
Minority	32	23	72%	Minority	22	25	114%
Economic Need	39	31	79%	Economic Need	32	33	103%
Limited English	26	24	92%	Limited English	20	22	110%
At Risk	60	47	78%	At Risk	45	50	111%

- C.) The provider is utilizing an approved prioritization instrument as outlined in their Prioritization Policy.
- D.) Waitlist policies and procedures are adequately maintained.

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 appropriate assessment tools are being utilized including the 701S for waitlist placement and the 701A assessment when clients are enrolled in the program. The 701A assessments are conducted face-to-face at the Evergreen and Largo Adult Day Centers. AAAPP Program Manager observed the completion of a 701S screening. See Attachment III for details.
- B.) Peer review by Center Managers is conducted for CIRTS turnaround documents versus the handwritten assessments to ensure data integrity. CIRTS and admin staff members are trained on assessment completion to assist in identification of potential errors.
- C.) All appropriate staff members are trained on the DOEA web-based training and 701S training webinar. All appropriate documentation of completion has been received by AAAPP.
- D.) Mandatory reporting of suspected abuse, neglect, self-neglect and exploitation of the elderly training is conducted annually.

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.) The Annual Outreach and Public Education Report was submitted on March 14, 2017. No concerns noted.
- B.) All quarterly reports are submitted on time and are considered accurate.
- C.) Board of Director Meetings are held quarterly and meeting minutes are submitted to the AAAPP.
- D.) Surplus/Deficit reports are submitted by the 20th of each month and are considered accurate.

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 CIRTS 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 strategies detailed in the Service Provider Application are being implemented.
- B.) Provider runs CIRTS outcome measures reports monthly.
- C.) Quarterly reports are submitted to the AAAPP.
- D.) Submission of quarterly reports includes a review of factors that influence outcome achievement.
- E.) Provider does an excellent job training staff and addressing outcome achievement.

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.) Twelve (12) files were reviewed by AAAPP staff. Overall compliance with client files was documented. See Attachment I.
- B.) Two (2) files contained turnaround errors between the written assessment and CIRTS turnaround document. All errors were corrected on-site and no additional follow-up is required. 701S attempts and reassessments are completed in a timely manner.

A recommendation was made to have the acknowledgment form, which addresses the process for grievance and complaints, provides information related to HIPAA, and Social Security number requirements, signed annually to ensure clients are aware of all current policies and procedures.

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:

All reports ran by AAAPP Program Manager prior to visit. No exceptions were found. The provider does an outstanding job ensuring data integrity.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #8 – Budgetary Compliance

Budgetary Compliance:

- *Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.*
- *For the month of **March**, 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.*

RESPONSE:

- *Provider tracks all clients served in a spreadsheet and verifies against CIRTS. Totals are reviewed with quarterly report submission.*
- *There was a clear audit trail for all units of service entered in CIRTS as verified by client files, service logs and quarterly reports.*

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.) A policy is in place regarding client satisfaction. Service observation is completed by nutrition staff and reviewed with ADC staff. AAAPP Program Manager met with an ADC client during the visit to ensure satisfaction. See Attachment II.
- B.) Satisfaction summary report reviewed with no issues noted.

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.) Grievance policies and procedures were reviewed. No concerns noted. No grievances to date for 2017.
- B.) Complaint policies and procedures were reviewed. No concerns noted. One complaint this year which was fully and satisfactorily resolved.
- C.) N/A
- D.) All incident policies and procedures were reviewed. No concerns noted. No incidents to date.

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.) Procedure is in place regarding voluntary contributions.
- B.) The sample letter was reviewed regarding requests for voluntary contributions. No concerns noted.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

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.) Services are being provided in accordance with DOEA Programs and Services Handbook and the most current approved Service Provider Application.
- B.) All licensure, health inspections and regulations were reviewed and are in compliance.
- C.) The provider complies with F.S. 119.071(5) that requires a written explanation to the individual for collection of social security numbers. All files reflected this practice is being followed.
- D.) HIPAA requirements are being adhered to. Policies and procedures are in place.

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 a positive partnership with the ADRC and other community agencies to ensure referrals receive the assistance they need. If the provider receives a referral from someone in need of additional services, a referral is made to the ADRC.
- B.) The provider ensures referrals are made to community resources as appropriate.
- C.) 701S assessments are completed as appropriate and referrals are made to the ADRC when warranted.

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 has agreements with two subcontractors who provide basic and necessary services: GA Foods for meals and ResCare for staffing coverage (if there are staffing shortages at the centers). Both subcontractors are monitored annually by Neighborly Care Network.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #15 – Volunteers

Provider has policies/procedures governing the utilization of volunteers.

RESPONSE:

Provider has policies and procedures in place regarding the utilization of volunteers. No concerns noted.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

Submitted by: Elizabeth Heyne, Program Manager, AAAPP

Date: 8/4/2017

Signature: Elizabeth Heyne



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

Organization: Neighborhood Care Network
 Registered Service: Adult Day Care

Questions	JC 1000964253	RL 1000123242	XR 1001217637	JC 1001324523	RM 1001462545	WT 1000518922	JC 1001360455	EP 1001492395	SS 1001534841	MP 1001543117	Comments
Was the most current Intake/Assessment Form (701A, and/or 701C) completed and entered into CIRTS correctly?	Y	N (1)	Y	Y	Y	N (1)	Y	Y	Y	Y	1) Two files contained turnaround errors between the written assessment and CIRTS turnaround document. All errors corrected on-site and no additional action is required.
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 (2)	Y	Y	Y	Y (2)	Y	Y	Y	Y	2) Recommendation made to have clients sign Acknowledgment form annually.
Was the client notified of why their ssn# 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	Y	Y	Y	Y	Y	Y	Y	Y	
Notes				IIIE					TRBC 4/6/17	TRNH 5/1/17	

Yes = Compliant
 Non = 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
 7015 Specific

Organization: Neighborhood Care Network
 Registered Service: Adult Day Care

Questions	WM 1001235967 (APCL)	CJ 1001504444 (APCL)										Comments
Was the most current Intake/Assessment Form (7015) completed and entered into CIRTS correctly?	Y	Y										
Was Client Eligibility Verified? (see "Service Eligibility for OAA Programs")	Y	Y										
Has OAA Priority for Service Delivery been established?	Y	Y										
Was the most current Intake/Assessment Form (7015) completed in a timely manner?	Y	Y										
Was the client notified of why their ss# information is being used? (if applicable)	Y (1)	Y (2)										1) Client notified by ADRC during 7015 screening 2) Signed statement located in client's ADC private pay chart
Is the client correctly enrolled for this Program and service in CIRTS?	Y	Y										
Do Progress Notes reflect the last contact?	Y	Y										
Was an appropriate community referral made (if applicable)?	Y (3)	N/A										3) Client is on APCL for several programs/providers as appropriate
Did the Provider utilize the use of recorded telephone calls?	N/A	N/A										
Does documentation support a change in service delivery?	N/A	N/A										
Notes	APCL	APCL										

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

OAA CLIENT INTERVIEW QUESTIONNAIRE

AGENCY & SERVICE: Neighborly Care Network – Adult Day Care

1. **How did you hear about the service you are currently receiving?**
"My daughter in Arkansas saw it on the internet and called my daughter that lives here and she made arrangements for me to come."
2. **How long have you been receiving services from this agency?**
"9-10 years"
3. **Do you have a particular contact person you speak with about services?**
"The receptionist, Marianne, or the Center Manager, Vicki"
4. **Do you know how to contact him/her or the agency providing the service?**
"Yes. I make all calls on my own."
5. **How often do you receive this service?**
"Four times each week"
6. **Do you feel this service allows you to remain home independently?**
"Yes"
7. **Have you ever had to make a complaint about the services you receive or the person providing the services?**
"Yes, just once. I went to Vicki and the complaint was resolved right away and there have been no more problems."
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?**
"Very caring, very understanding, it's a nice place where they treat everybody equally."
10. **If you could change anything about the service you receive or the agency providing it, what would you change?**
"Not a thing"

INTERVIEWER OBSERVATIONS: Client is an 80 y/o female attending the Largo ADC four times per week and utilizes Neighborly Care Network for transportation to and from the center. The client uses a wheelchair at all times and reports that she experiences weakness on her right side. The client reported that she lives alone, but has a daughter nearby that assists as needed and will often stay with the client in her home. She wanted to make it very clear that she would be able to maintain her household if she did not have weakness on her right-side. She expressed thorough enjoyment of the Largo ADC and praised all of the staff members. The Program Manager ensured the client the she, or her family, could call the Aging & Disability Resource Center should she require additional services or resources in the future.

Submitted by: Elizabeth Heyne, Program Manager

Date: August 4, 2017

For OAA Use Only



Intake Observation Checklist 2017 Monitoring Tool

Intake Specialist: Vicki McLane, Neighborly Care Network

Date observed: 7-18-2017

Task observed: 701S – M.C. Client ID 1001634643

STANDARD	NOTES/ACHIEVEMENT
<p>a.) Specialists screen the caller's needs using a 701S Screening tool.</p>	<p>The 701S screening tool was utilized during the call.</p>
<p>b.) Specialists are knowledgeable of funded programs and community resources.</p>	<p>Yes. Information was provided to the caregiver throughout the call on resources/options available to the client.</p>
<p>c.) Specialists provide accurate information on available options, including funded programs and private pay options.</p>	<p>Yes. The client enrolled as a private pay client at the Largo ADC on July 7, 2017. The 701S was completed for placement on the Assessed Prioritized Consumer List (APCL – waitlist).</p>
<p>d.) Specialists inform potential clients or referring parties about the APCL list and prioritization of releases.</p>	<p>The waitlist process was discussed with the caregiver several times throughout the call in regards to potential OAA funding.</p>
<p>e.) Specialists provide contact information and encourage clients to call back if their situation changes.</p>	<p>The Intake Specialist encouraged the caregiver to call and update the assessment as appropriate.</p>
<p>f.) Calls are documented appropriately.</p>	<p>Yes. Neighborly Care Network has a procedure in place for all calls.</p>