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June 6, 2018

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 (#18-67) Homemaking services program. This visit was made on April 30th, 2018 by Elizabeth Heyne, 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, appearing to read "Ann Marie Winter", written in a cursive style.

Ann Marie Winter
Executive Director

Enclosures

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



Area Agency on Aging of Pasco-Pinellas, Inc.
2018 LSP/ IIIB/IIIEG PROGRAMMATIC MONITORING CHECKLIST

PROVIDER	Gulf Coast Jewish Family and Community Services
SERVICE(S)	OAA Title IIIB / LSP Homemaker
DATE(S) OF VISIT	April 30, 2018
PARTICIPANT(S)	Kristi Sullivan, Assistant Program Director Tammy Sperling, Homemaking Program Coordinator
MONITOR(S)	Elizabeth Heyne, 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 are no unresolved issues from the April 11th, 2017 monitoring visit.

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. 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. Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider’s Prioritization Policy.
- D. A random sample of client files from the Assessed Prioritized Consumer List (APCL) in CIRT will be requested for review during the monitoring visit. Please have all waitlist information, files, policies and procedures available.

RESPONSE:

- A.) Provider outlined their plan to target individuals in their 2018 Continuing Service Application. Review of policies, procedures and client files reflected the plan is being implemented appropriately.
- B.) Per the current Quarterly Report, the provider has utilized all of the LSP funding within the first quarter and achieved serving the proposed number of clients in each targeting category. The provider is now serving clients under OAA funding and is on track to serve the proposed number of clients:

OAA	Proposed	Achieved	LSP	Proposed	Achieved
Social Need	20	9	Social Need	20	29
Economic Need	40	12	Economic Need	20	40
Minority	30	18	Minority	20	58
Low income minority	20	8	Low income minority	10	28
Limited English	8	5	Limited English	5	19
At Risk	20	6	At Risk	20	22

- C.) The provider is utilizing an approved prioritization instrument as outlined in their OAA Service Prioritization Policy and Procedures.
- D.) Two client files from the Assessed Prioritized Consumer List (APCL) were randomly selected on the day of the monitoring visit for review. Both files were available for review and were prioritized accordingly. **Please see Attachment I. for specific details.**

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. The certificate must be submitted to the AAAPP for all 701 assessors and will be verified during monitoring.
 - 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 is conducted annually for all applicable program staff.

RESPONSE:

- A.) The provider performs 701S assessments for screening and re-screening individuals requesting homemaker services. All clients placed on the APCL (waitlist) in CIRT by the ADRC are contacted by GCJFCS and prioritized for OAA services. Staff performs face-to-face client assessments utilizing the DOEA 701A assessment tool for all active clients.
- B.) Quality assurance includes peer review of assessments and the use of the 701D Assessment Instructions.
- C.) All appropriate staff members are trained using DOEA's web-based training. In addition, a signed attestation form is on file for each staff member that has completed the 701S Training Webinar.
- D.) All Homemaking program staff completed annual in-service training led by Tammy Sperling, Homemaking Program Coordinator, related to elder abuse on April 18, 2018. There were no reports of suspected abuse, neglect, self-neglect, and/or exploitation of the elderly made YTD.

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 in March of FY2018 pertinent to activities performed in FY2017. No concerns noted.
- B.) All quarterly reports are submitted on time and are considered accurate.
- C.) Board of Directors meeting minutes are submitted to the AAAPP regularly.
- D.) All surplus/deficit reports are submitted on time 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)

The provider has implemented the strategies detailed in the current Service Provider Application including:

- using available CIRT reports to track outcome achievement
- each exception is addressed on the outcome measures report monthly detailing the factors that enhance or inhibit ability to achieve outcome measures
- appropriate actions, including staff training to address outcomes which are not achieved, are included in the quarterly narrative of the outcome measures report

RESPONSE:

The provider submits monthly outcome measures reporting as required. Each exception is addressed on the report with comments from the provider on the client's status and score change. The quarterly narrative provides detail on barriers to outcome achievement, community resources that have been identified and developed to increase achievement, and outcome training conducted with staff.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #6 – Case Record Compliance

Using the AAAPP Client File Monitoring Tool, case records sampled showed:

- A. Compliance with requirements for client eligibility, intake, and service delivery.
- B. CIRTS records of assessment/reassessment, program enrollment and received services are accurate, entered in CIRTS in a timely manner and agree with client and project records:
 - 701S attempts are made within three business days after receipt of a client referral and completion of assessments are no later than 14 business days from initial contact.
 - Reassessments are completed 365 days after the prior assessment through the end of the month.

RESPONSE:

- A.) The Program Manager randomly sampled ten (10) client files for review purposes. Overall compliance with client files was documented. One of the terminated files lacked documentation needed to explain the reason for termination and appeared to be an anomaly in comparison to all client files reviewed. Sufficient documentation has been received by the AAAPP and the provider understands that all files must accurately reflect the client's status. **Please see Attachment II. for specific details.**
- B.) A total of five (5) turnaround errors were identified during the file review. All turnaround errors were corrected during the visit and no further action is required. All CIRTS records of assessments were entered in a timely manner and all program enrollment lines were accurate. There were two (2) errors identified in the hours of services received in two (2) of the client files reviewed; the errors were corrected and no further action is required (see Standard #8 Budgetary Compliance for additional information regarding the errors in received services).

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #7 – CIRTS Exception Reports

CIRTS Exception Reports are reviewed on a regular basis and exemplify 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. The exception reports indicate a high level of accuracy as it pertains to CIRTS Exception Reports.

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 **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.

RESPONSE:

- A.) The provider is serving and has a plan to serve the proposed number of units identified in their service provider application.
- B.) An audit trail was performed for the client files selected for review. There were two (2) billing errors identified during the review of the client files, service logs and monthly summaries used to verify and enter billing in CIRTS. Based on the audit trail review for February, 3 additional hours needed to be billed in CIRTS; the provider has updated CIRTS and the service logs as necessary. No additional action is required.

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. Policies and procedures related to consumer satisfaction detailing how satisfaction will be measured annually.
- B. Home visits and/or client interviews (including service observation, if possible) in order to reveal effective delivery of service.
- C. Client satisfaction surveys accompanied by a satisfaction survey summary report for the last fiscal year.
- D. Provide status on the timeframe for the client satisfaction survey in the current fiscal year (will vary depending on when monitoring visit occurs).

RESPONSE:

- A.) A policy is in place regarding client satisfaction.
- B.) The Assessment Specialist visits all clients annually to complete their 701A re-assessment. At that time, the client satisfaction survey is provided and the client has the option to complete the survey with the Assessment Specialist during the visit or return the survey by mail (anonymously or with identifying information). The Program Manager had the opportunity to interview a willing Title IIIB/LSP Homemaker service recipient. **Please see Attachment III. for specific details.**
- C.) Satisfaction summary report and surveys reviewed with no issues noted.
- D.) Client satisfaction surveys are conducted (in-person or by phone) and/or mailed on a monthly basis. An annual satisfaction summary report is compiled at the end of the FY.

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's response and resolution.
- B. Provider has approved complaint policies and procedures. Complaints are recorded using the appropriate AAAPP narrative and log which will include documentation of the service provider's 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 2018.
- B.) Complaint policies and procedures were reviewed. Four (4) complaints were recorded in October 2017 and one (1) in March 2018. Provider will continue to use the OAA/LSP Complaint Narrative and Log to document all complaints received.
- C.) N/A
- D.) Incident policies and procedures were reviewed. No concerns noted.

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/Procedure
- B. Sample letter and/or sign related to voluntary contributions which clearly convey that services are free of charge and all contributions shall be used to increase service availability.

RESPONSE:

- A.) The provider has an approved Voluntary Contributions Policy in place that is consistent with the Older Americans Act.
- B.) Clients are notified of their right to voluntarily contribute during the intake process. The letter provider clearly states that services are provided at no cost to the client.

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. 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 collection.
- D. Health Insurance Portability and Accountability Act (HIPAA) requirements including policies/procedures.
- E. Provider is in compliance with the Provider Conflict of Interest Program Procedure (PR 132) issued 12/2017.
- F. Provider submits their Comprehensive Emergency Management Plan/Continuity of Operations Plan annually as required.

RESPONSE:

- A.) Homemaker services are provided in compliance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application.
- B.) The provider is compliant with all regulations pertinent to the service provided.
- C.) The provider complies with F.S. 119.071(5) that requires a written explanation to the individual for collection of social security numbers.
- D.) HIPAA requirements are being adhered to. Policies and procedures are in place.
- E.) The provider is in compliance with the Provider Conflict of Interest Program Procedure.
- F.) The CEMP/COOP was submitted in FY2017 as required.

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. This was evident during the 701S observation as the client being screened was referred to local food pantries and congregate dining.
- C.) The Program Manager had the opportunity to observe the Assessment Specialist complete a 701S on the day of the monitoring visit. All essential information was captured as required during the call. **Please see Attachment Iv. for specific details.**

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #14 – Subcontractors

Provider shall monitor, at least once per year, each of its subcontractors that are paid from OAA/LSP funds as required by the Standard Contract and will:

- A. Submit a copy of the programmatic monitoring record to the AAAPP upon completion to ensure contractual compliance.
- B. Submit a copy of all subcontracts to the AAAPP within thirty (30) days of execution of each subcontract agreement.

RESPONSE:

N/A. The provider does not utilize any subcontractors 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 and submits the Department of Elder Affairs Volunteer Activity Report annually as required.

RESPONSE:

The provider has policies/procedures in place regarding the utilization of volunteers. Currently, there is one (1) volunteer that assists in the office.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

Submitted by: Elizabeth Heyne

Date: June 5, 2018

Signature: Elizabeth Heyne



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

Organization: Gulf Coast Jewish Family and Community Services
 Registered Service: Homemaking

Questions	MM 1001550471	SC 1001724121																		Comments
Was the most current intake/701S assessment completed and entered into CIRTIS correctly?	Y	Y																		
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y																		
Has OAA priority for service delivery been established using an approved prioritization tool?	Y	Y																		
Was the client notified of why their SS# is collected?	N/A	N/A																		701S completed by ADRC
Is the client correctly enrolled on the waitlist for this program/service in CIRTIS?	Y	Y																		
Did the provider utilize the use of recorded telephone calls?	N/A	N/A																		
Notes	APCL 12/8/16	APCL 3/3/18																		

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
 Specific to 701A/701C

Organization: Gulf Coast Jewish Family and Community Services
 Registered Service: Homemaking

Questions	VB 1001146902	SD 1000658638	PG 1000966999	LI 1001409689	AM 1000524515	SS 1000110997	GA 10000490732	MW 1000116209	KH 1000131905	LZ 1001184835	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into CIRT's correctly?	N (1)	N (1)	N (1)	Y	N (1)	Y	Y	Y	N (1)	Y	(1) Turnaround errors. Information provided on the handwritten assessment was not entered into CIRT's accurately. All corrections made during visit. No further action required.
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	Y	N/A	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 and recorded using an approved prioritization tool?	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 55# is collected?	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 CIRT's?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Based on the audit trail month selected for review, do the received services in CIRT's balance with provider's internal recordkeeping?	N (2)	Y	Y	Y	Y	Y	Y	Y	N (3)	N/A	(2) twelve hours were billed for this client, should have billed sixteen per time in/out on service log (3) nine hours were billed for this client, eight hours should have been billed per time in/out on service log
Do notes within the client's file reflect the current status of the client as indicated in CIRT's?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	N/A	N/A	N/A	N/A	N/A	Y	N/A	Y	Y	N (4)	(4) Incomplete and inconsistent documentation in the client's file regarding hold status and termination. The client's file was updated with sufficient documentation. No additional action required.
Notes	ACTV	ACTV	ACTV	ACTV	ACTV	ACTV	ACTV	ACTV	TRNH	TRLO	

Yes = Compliant
 No = Non-compliant and comment is required
 N/A = Not applicable

OAA CLIENT INTERVIEW QUESTIONNAIRE

AGENCY & SERVICE: Gulf Coast Jewish Family and Community Services – Homemaker

1. **How did you hear about the service you are currently receiving?**
"I heard about it when I lived at the Burlington Apartments. I was on the waitlist for 3 years."
2. **How long have you been receiving services from this agency?**
"About 10 years I guess"
3. **Do you have a particular contact person you speak with about services?**
"Tammy"
4. **Do you know how to contact him/her or the agency providing the service?**
"Yes, I have the number."
5. **How often do you receive this service?**
"Usually, once a week for 2 hours. It sometimes changes based on what I need."
6. **Do you feel this service allows you to remain home independently?**
"Oh, yes! There is no way I could do it on my own."
7. **Have you ever had to make a complaint about the services you receive or the person providing the services?**
"In the beginning only"
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?**
"My current homemaker knows what to do. She understands and gets the job done. The last two homemakers I've had have been fantastic."
10. **If you could change anything about the service you receive or the agency providing it, what would you change?**
"Nothing, I am very satisfied!"

INTERVIEWER OBSERVATIONS:

The client is an 80 y/o female living independently in a low-income senior housing apartment complex. The client reports that she has recently completed treatment for lung cancer, is now in remission and is doing well. The Program Manager discussed resources and other supportive services available; the client stated that she has used Chore in the past, but does not need Chore services at this time. The client was added to the home-delivered meals wait-list and transportation options were also discussed. The Program Manager encouraged the client to call the ADRC for any additional resources or information.

Submitted by: Elizabeth Heyne

Date: June 5, 2018

For OAA Use Only



Intake Observation Checklist 2018 Monitoring Tool

Intake Specialist: Joy Niccum
Date observed: 4/30/2018
Task observed: 701S

STANDARD	NOTES/ACHIEVEMENT
a.) Specialists screen the caller's needs using a 701S Screening tool.	Yes
b.) Specialists are knowledgeable of funded programs and community resources.	Yes, information on local food pantries was provided to the client (client declined needing this info). Information on congregate dining was also provided.
c.) Specialists provide accurate information on available options, including funded programs and private pay options.	Available options were discussed with client. The client reports that he is very independent and is managing.
d.) Specialists inform potential clients or referring parties about the APCL list and prioritization of releases.	Yes
e.) Specialists provide contact information and encourage clients to call back if their situation changes.	Initially, the client was not encouraged to call back if their situation changes. The Program Manager discussed this process with the Intake Specialist following the call. The Intake Specialist called the client again to encourage him to call if his situation changes prior to his next annual re-assessment.
f.) Calls are documented appropriately.	Yes