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August 27, 2018

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 (#18-63) Homemaker program. This visit was made on July 18th, 2018 by Elizabeth Heyne, 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.

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 black ink, appearing to read "Ann Marie Winter for".

Ann Marie Winter
Executive Director

Enclosures

cc: Annette Damey, Board Chair, CARES





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

PROVIDER	CARES
SERVICE(S)	OAA Title IIIB/LSP Homemaker
DATE(S) OF VISIT	July 18, 2018
PARTICIPANT(S)	Jemith Rosa, President/CEO Mary Stahl, Enrichment Programs Supervisor
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:

Follow-up from the April 18th, 2017 visit was required for the following partially achieved standards: Standard #2 Targeting, Prioritization and Waitlist, Standard #6 Case Record Compliance, Standard #9 Consumer Satisfaction and Standard #10 Grievances, Complaints, and Incidents. All follow-up documentation was submitted and is considered accurate. No additional action required.

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 CIRTS 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 (Quarter 2), the provider utilized all of their LSP funding within the first quarter and achieved serving the proposed number of clients in each targeting category under LSP funding. The provider is now serving clients under OAA funding and has served the proposed number of clients in OAA funding during the first two quarters of FY2018.

OAA	Proposed	Achieved	LSP	Proposed	Achieved
Social Need	41	65	Social Need	18	18
Economic Need	18	44	Economic Need	18	38
Minority	11	20	Minority	12	20
Low Income Minority	7	20	Low Income Minority	7	21
Rural	12	27	Rural	13	26
Limited English	9	20	Limited English	7	20
At-Risk for Placement	10	13	At-Risk for Placement	9	9

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 on the provider’s internal prioritization waitlist spreadsheet. **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 ADRC performs the DOEA 701S assessments to initially screen clients for Homemaker Assessed Prioritized Consumer List (APCL) enrollment. The provider is responsible for annually re-screening clients that remain on their waitlist (APCL) and are owned by their program.
Staff performs face-to-face client assessments utilizing the DOEA 701A Assessment tool prior to services.
- B.) Quality assurance activities include peer review of assessments and training resources, such as the 701D Instructions, and are available in the provider's staff training binder.
- C.) All appropriate staff members are trained using DOEA's web-based training. The 701B online training certificates were reviewed on-site for the staff members responsible for conducting assessments with clients.
- D.) All Homemaker program staff completed annual training related to elder abuse during 2017. 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.) Minutes from CARES’ Board of Directors meetings 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. The reports address exceptions, if any. 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. **Please see Attachment II. for specific details.**
- B.) A total of six (6) turnaround errors in three (3) of the client files were identified during the file review. All turnaround errors were corrected during the visit and no further action is required. All CIRTS records of program enrollment and received services are accurate, entered in CIRTS in a timely manner and agree with client and project records. The ADRC performs the DOEA 701S forms to initially screen clients for Homemaker Assessed Prioritized Consumer List (APCL) enrollment. The provider is responsible for annually re-screening clients that remain on their waitlist (APCL) and are owned by their program.

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:

- 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 **May**, 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 was a clear audit trail for the units of service entered for all ten clients reviewed as verified by the client files, service activity sheets (homemaker time slips) and CIRTS 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. 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 Program Manager had the opportunity to interview a willing Title IIIB/LSP Homemaker service recipient. **Please see Attachment III. for specific details.**
- C.) The 2017 satisfaction summary report and surveys reviewed with no issues noted.
- D.) Client evaluation forms are provided to every service recipient. An ongoing satisfaction survey summary report is maintained for all returned surveys. 2018 surveys are still in progress.

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. No concerns noted. There were four (4) complaints in 2017 and two (2) complaints YTD in 2018; all were recorded and addressed appropriately
- 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 a 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 provided clearly states that no payment is required for services.

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 other community resources as appropriate.
- C.) N/A.

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 and procedures in place regarding the utilization of volunteers. Currently, there are no volunteers for the Homemaker program.

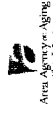
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Submitted by: Elizabeth Heyne

Date: August 24, 2018

Signature: _____

Elizabeth Heyne

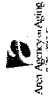


**Area Agency on Aging of Pasco-Pinellas, Inc.
Client File Monitoring Tool for Registered Services
Specific to 701S**

Organization: CARES
Registered Service: Homemaker

Questions	PB 1001701416	DK 1001423995																		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?	Y	Y																		
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																		ADRC completed 701S assessment
Notes	Placed on APCL by ADRC 1/17/18	Placed on APCL by ADRC 2/16/18																		

Yes = Compliant
No = Non-compliant and comment is required
N/A = Not applicable
Revised 2/22/18



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

Organization: CARES
 Registered Service: Homemaker

Questions	RD 1001625210	RG 1000836382	FL 1001247625	OR 1000757993	TSG 1001570038	SH 1001509254	MS 1000104445	OZ 1000758524	MS 1001626802	AN 1000917309	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into CIRTS correctly?	Y	Y 701A COMPLETED BY CHDRE	Y	N (1)	N (1)	N (1)	Y	Y	Y	Y 701B COMPLETED BY OSA	(1) Turnaround errors. Information provided on the handwritten assessment was not entered into CIRTS 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)?	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	Y	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established 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 SS# 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 CIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Based on the audit trail month selected for review, do the received services in CIRTS balance with provider's internal recordkeeping?	Y	Y	Y	Y	N/A CLIENT ON HOLD	Y	Y	Y	N/A	N/A	Audit trail conducted for services provided in May
Do notes within the client's file reflect the current status of the client as indicated in CIRTS?	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?	Y	Y	N/A	Y	Y	Y	N/A	Y	Y	Y	
Notes	ACTV	ACTV	ACTV	ACTV	ACTV	ACTV	ACTV	ACTV	TRML	TRCD	

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

OAA CLIENT INTERVIEW QUESTIONNAIRE

AGENCY & SERVICE: CARES – Homemaker

1. How did you hear about the service you are currently receiving?
"I'm unsure"
2. How long have you been receiving services from this agency?
"Almost one year. Since August 2017"
3. Do you have a particular contact person you speak with about services?
"Rose"
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?
"Two times each week."
6. Do you feel this service allows you to remain home independently?
"Yes, it helps"
7. Have you ever had to make a complaint about the services you receive or the person providing the services?
"No"
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What is the reasoning for your choice rating regarding question #8?
"Maggie is very helpful"
10. If you could change anything about the service you receive or the agency providing it, what would you change?
"Maggie is very good, but having a Spanish-speaking aide would be nice. I would also like additional hours due to medical issues and severe pain."

INTERVIEWER OBSERVATIONS:

The client is a 74 y/o married female living with her husband in West Pasco. Client reports satisfaction with the homemaker services provided as she has many restrictions due to health/medical concerns; client's husband is legally blind and hard of hearing. The Program Manager discussed other supportive services available and encouraged the client to call the ADRC for any additional information.

Submitted by: Elizabeth Heyne

Date: August 24, 2018

For OAA Use Only