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December 4, 2020

Brian Hoben, Community Services Director
Pasco County Community Services
8600 Galen Wilson Blvd.
Port Richey, FL 34668

Dear Mr. Hoben,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-C/LSP Nutrition program for contract year January 1, 2020 - December 31, 2020. CIRTS data, client information, and quarterly reports were also reviewed through current date.

The purpose of monitoring is to perform a programmatic review of operations and to verify that corrective actions resulting from previous monitoring reviews have been implemented. The monitoring objective is to ensure programs, policies, and practices comply with state and federal rules and meet standards of good governance and practices.

The 2020 monitoring produced no findings and no recommendations. The cooperation of your staff throughout the monitoring process was greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Marie Winter'.

Ann Marie Winter
Executive Director

Enclosures

cc: Tom Snee, Senior Services Manager



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2020 OAA/LSP
NUTRITION SERVICE MONITORING

PROVIDER: Pasco County Senior Services
Nutrition Service Provider

DATE(S) OF VISIT: Site visit waived due to COVID-19.

PARTICIPANT(S): Thomas Snee, Josephine Benson, Taylor Thomason,
Carolyn Johnson

MONITOR(S): Don Hill, Program Manager
Christine Didion, Program Manager

FUNDING PERIOD: January 1, 2020 - December 31, 2020
(CIRTS data, client information, and quarterly reports
were reviewed through the current date)

SITES VISITED: Monitoring completed via desk review

REPORT SUMMARY

(This section provides an overview of minor recommendations, significant, findings and positive/noteworthy activities recognized during the monitoring period. Details are outlined in the Contract Compliance and Service Delivery section of the report).

I. Recommendations for Improvement

(Recommendations require a written response from the provider)

- There are no recommendations.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- There were no findings and no corrective action is necessary.

CONTRACT COMPLIANCE AND SERVICE DELIVERY

Each standard will note at least one of the following:

- *Achieved*
- *Partially Achieved*
- *Not Achieved*
- *Not Applicable*
- *Follow-Up Required*

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 outstanding items or unresolved issues from the prior monitoring occurring November 12, 2019.

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: Achieved.

- A. Provider has sufficiently outlined their targeting plan in their 2020 Continuing Service Application. Following a review of their policies and procedures, it can be determined the Provider is appropriately implementing a plan to reach specifically targeted populations.**
- B. A review of Provider's most recent quarterly report (Quarter 2), confirms the Provider was successful in utilizing all of their LSP funding. By the end of the 2nd Quarter, they successfully achieved serving the proposed number of LSP clients in each targeting category. Targeting goals served with OAA funding, were not met however, this is attributed to COVID-19 affecting their established services during programmatic year. Through alternate methods of service, Provider will continue to work toward reaching goals through the rest of the 2020 programmatic year.**
- C. The Provider has been observed as correctly utilizing an approved prioritization instrument, as outlined in their OAA Service Prioritization Policy and Procedures.**
- D. Waived due to COVID-19.**

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: Achieved.

- A. The provider utilizes the required 701S assessment tool for screening and re-screening individuals in need of home delivered meals. All clients placed in priority order on the APCL (waitlist) in CIRT are contacted by PCSS for OAA service placement. Appropriate DOEA assessment tools are being used (701S for screening, 701C for congregate dining and 701A for home-delivered meals). Provider completes 701A assessments face-to-face, or, due to COVID-19, over the phone.
- B. Observation could not be completed due to COVID-19.
- C. Waived due to COVID-19.
- D. Provider submitted copy of material used for suspected elder abuse, neglect, self-neglect, and exploitation of the elderly training. Provider submitted agenda showing training was completed on July 24, 2020 and sign-in sheet showing attendance of training by seventeen (17) employees.

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: Achieved.

- A. The Area Agency on Aging of Pasco-Pinellas will be working with providers on the submission of the Annual Outreach and Public Education Report. The due date was extended for 2020. The report submitted by provider for FY 2019, was received timely with no issues noted.
- B. All quarterly reports are submitted timely with no issues noted.
- C. Detailed meeting minutes from the Board of Directors are submitted regularly.
- D. Surplus/Deficit reports are submitted to AAAPP monthly with no issues noted.

Standard #5 – Outcome Measures

Outcome measures referenced in the current Standard Contract are achieved:

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

- *using available CIRTS 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: Achieved.

The provider submits monthly outcome measure reporting and quarterly narratives as required. Exceptions are addressed with explanations of any changes of the client's status and score. The quarterly narratives are appropriate and sufficiently note barriers to outcome achievement and identifies community resources developed to increase this achievement. A training on outcome measures was conducted with staff on July 24, 2020.

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: N/A – OAA client file reviews waived due to COVID-19.

Standard #7 – CIRTS Exception Reports

CIRTS Exception Reports are reviewed on a regular basis and exemplify accuracy 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: Achieved.

Throughout the year, minor CIRTS exceptions were found and noted to provider. Provider quickly corrects any exceptions found. There are no trending issues observed and no concerns noted.

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 June 2019, 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: Achieved.

- A. Provider has exceeded proposed units in most targeting areas and is on track to meet all targeting criteria by the end of the fiscal year.
- B. Provider utilizes an internal database, Servtracker. A review of CIRTS billing in June of 2019 was compared to provider logs and Servtracker reporting. Provider has a clear audit trail that is aligned with the CIRTS database.

In addition, due to the unique services provided for the Dining Out at Home Program, a review was completed for the month of June 2020. CIRTS reporting demonstrates:

- o **Restaurant Meals:** 16,564 units (\$108,381.50) and services provided to a total of 419 unduplicated clients for the month of June.
- o **Non-restaurant meals:** 15,922 units (\$105,147.49) and services provided to a total of 743 unduplicated clients.

The provider is commended for the outstanding restaurant partnerships and client services provided during the COVID -19 crisis. There were no concerns.

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: The review of client satisfaction surveys is waived due to COVID – 19.

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. *Provider has approved incident policies, procedures, and logs, including documentation of the service provider response and resolution.*

Response: Achieved.

- A. Review of grievance policies and procedures waived due to COVID-19. Provider submitted 2019 grievance log. Provider had no grievances recorded for the 2019 fiscal year.
- B. Review of complaint policies and procedures waived due to COVID-19. Provider submitted complaint logs for 2019 fiscal year and 2020 fiscal year, YTD. Provider noted no complaints in both 2019 and 2020 YTD.
- C. Review of incident policies and procedures waived due to COVID-19. Provider submitted incident log for fiscal year 2020 YTD. Provider recorded 13 incidences YTD. Provider documented appropriate follow-up to address incidences.

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: N/A – This section waived due to COVID-19.

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 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. regulations*
- 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: Achieved.

- A. Nutrition services are provided in compliance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application.**
- B. Waived due to COVID-19.**
- C. Waived due to COVID-19.**
- D. Waived due to COVID-19.**
- E. Waived due to COVID-19.**
- F. The CEMP/COOP is submitted to AAAPP Director of Planning as required.**

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: Achieved.

- A. The provider maintains a positive partnership with the ADRC and other community partner 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 or directly to the appropriate program/resource.
- B. The provider ensures referrals are made to community resources as appropriate.
- C. 701S assessments are in compliance with DOEA standards.

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. The Provider maintains copies of current Nutrition Consultant(s) agreement (s) and all pertinent licensure requirements.

Response: Achieved.

- A. The provider monitors its subcontractor, GA Foods, annually, as required. The most recent monitoring took place August 11, 2020.
- B. Provider maintains a current agreement with Florida Department of Health, Pasco County Health Department for nutrition consultant services. Provider submitted signed agreement.

Standard #15 – Volunteers

Provider's utilization of volunteers:

- A. *Policies/Procedures supporting the utilization of volunteers*
- B. *Documentation supporting volunteers under C1 and C2 have been trained appropriately on safe food handling.*

Response: N/A – this section waived due to COVID-19.

Standard #16 – Background Screening

Provider completes Level II Background Screening as necessary.

Response: Achieved.

As required by DOEA, provider sufficiently performed Level II Background Screenings for six (6) newly hired nutrition employees in 2020 who maintain direct contact with clients.

Standard #17 – Nutrition Specific Service Compliance

- A. *There is an established Advisory Council that meets two (2) times per year*
- B. *Provider maintains legible daily food temperature logs and temperatures are in compliance.*
- C. *Provider maintains legible menu substitution logs that are reviewed by the Registered Dietitian.*
- D. *Potentially hazardous foods are held and transported in a method that ensures hot food temperatures are 140 degrees F or higher and cold foot temperatures are 41 degrees F or lower. Frozen meals are frozen solid.*
 - i. *Reviews of temperature checks indicate appropriate temperatures are maintained and where problems are found, the provider self-monitors and corrects the problems*
- E. *The Dietitian/Nutritionist is licensed in accordance with Chapter 468.509, FS, and Chapter 64B8-42, FAC*
- F. *A licensed dietitian who is covered by liability insurance provides counseling*
- G. *Menus are approved by a Florida Registered Dietitian at least 4 weeks prior to use, are dated and posted in a conspicuous location in each meal site and are kept on file for one year*
- H. *NPCR forms are completed appropriately.*
- I. **Home delivered meal temperature checks are completed and are performed at least monthly for each route on a random rotating basis**

Response: Achieved.

- A. Review of Advisory Council documentation waived due to COVID-19.
- B. Provider maintains appropriate daily food temperature logs. Provider submitted complete temperature logs for the month of June 2020. All recorded temperatures for were in compliance with temperature standards.
- C. Provider maintains appropriate menu substitution logs reviewed by the Registered Dietician.
- D. Provider submitted temperature logs for June 2020 and HDM temperature logs for May. Temperature logs were complete for both months.
 - a. Review of temperature checks for both GA and restaurant meals shows all temperatures, from both sets of logs, were in compliance. Only one instance, on May 18, 2020, was shown to be out of temperature compliance. Provider noted on log of action informing restaurant meal provider, Natalie’s Restaurant, of appropriate temperatures. No concerns.
- E. Provider maintains and submitted active license for Registered dietician, Laura McGinn.
- F. N/A – Provider maintains agreement with Florida Department of Health, Pasco County Health Department which is covered under Florida Statute 768.28.
- G. Provider maintains all menus appropriately. Provider has submitted all menus for fiscal year 2019 as required. All menus are signed by a registered dietician.
- H. Provider completed appropriate NPCR forms for all locations. NPCR forms from fiscal year 2019 were reviewed from two locations: Galen Wilson and Land O Lakes. NPCR forms were found to be completed and done by appropriate persons each quarter.

- I. Home delivered meal temperatures checks are completed and performed at least monthly. Provider submitted Home Delivered meal temperature checks for the month of May. Provider completed two checks during this month. All meals remained in appropriate temperatures.

Notably, Pasco County Senior Services is commended for quick action and forward thinking during the COVID-19 crisis. Staff ensured that clients had access to nutritious meals during shutdowns. In addition, staff created a drive through meal service to ensure congregate dining clients could continue to receive nutritious meals. To help defeat isolation, staff created drive through activities clients could participate in, such as drive through Bingo. The quick actions of Pasco Nutrition staff continue to help combat hunger and social isolation during the pandemic.

Signatures:

Christine Didion
Program Manager

12/03/2020
Date