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October 7, 2020

Jemith Rosa, President/CEO
Community Aging & Retirement Services, Inc.
12417 Clock Tower Parkway
Hudson, Florida 34667

Dear Ms. Rosa,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Homemaker program for contract year January 1, 2019 - December 31, 2019. 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; however, the review did produce one minor suggestion and one recommendation. A written response to the recommendation is due to the AAAPP by close of business on **October 15, 2020**. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ann Marie Winter".

Ann Marie Winter
Executive Director

Enclosures

cc: Steven F. Spina, Board Chair, CARES
Edith Golden, Program Director, CARES
Gail Holton, COO, CARES





Area Agency on Aging
of Pasco - Pinellas, Inc.

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

PROVIDER: Community Aging and Retirement Services, Inc. (CARES)
Homemaker Service Provider

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

PARTICIPANT(S): Exit Conference waived due to COVID – 19 and no noted issues.

MONITOR(S): Christine Didion, Program Manager

FUNDING PERIOD: January 1, 2019 – December 31, 2019
(CIRTS data, client information, and quarterly reports were reviewed through current date).

SITES VISITED: N/A due to COVID – 19

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)

- It is recommended the provider keep detailed documentation for complaints and grievances showing provider and consumer actions and communication.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- No findings were found.
- The AAAPP has one minor suggestion that does not require written follow up:
 - CARES is including CARES Act funds in surplus deficit reports. It is important to also include this funding source in the programmatic quarterly reports.

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 were no unresolved issues from the August 14, 2019 monitoring visit. Standard achieved.

Standard #2 – Targeting, Prioritization, and Waitlist

A targeting plan with specific targeting objectives is in place:

- 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).*
- 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).*
- Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy.*
- 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.

- Provider outlined their plan to target individuals in their 2020 Continuing Service Application. Most recent policy and procedure on file reflected the plan is being implemented properly.
- Per the current Quarterly Report (Quarter 2), the provider utilized all of their LSP funding within the first quarter. Provider exceeded all targeting proposals under LSP. The provider is now serving clients under CARES Act funding and is on track to serve the proposed number of clients with OAA funding throughout FY2020. Once CARES Act funds are exhausted, provider will work to expend OAA funding.

- C. The provider is utilizing an approved prioritization instrument as outlined in their OAA Service Prioritization Policy.
- 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 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.
 - a. Staff completes 701A client assessments face-to-face, or by phone, due to COVID-19, as required prior to services.
- B. Observation could not be completed due to COVID-19.
- C. Waived due to COVID-19.
- D. All Homemaker Program staff completed annual training related to Elder Abuse in 2020.

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. Area Agency on Aging of Pasco-Pinellas is working with providers on the submission of the Annual Outreach and Public Education Report and the due date was extended for 2020. FY 2019, no issues noted.
- B. Quarterly reports are submitted timely and are considered accurate.
- C. Provider has submitted all meeting minutes from the agency Board of Director meetings. No issues noted.
- D. Provider has submitted all surplus/deficit reports on time and are considered accurate.

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 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 training conducted with staff.

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: 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 calendar year 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. In fiscal year 2019, the provider exceeded the number of proposed served individuals and spent all LSP and OAA funding for the fiscal year. Provider is on track to serve proposed number of individuals FY 2020.
- B. Due to COVID – 19 this section is waived; however, the AAAPP Fiscal Department will assist providers with CARES Act and OAA technical assistance until funds are exhausted.

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: Achieved.

- A. Waived due to COVID-19.
- B. Waived due to COVID-19.
- C. 2020 Client satisfaction survey summary was submitted by provider and reviewed by program manager. Two (2) participants rated overall Homemaker program as “poor”; however, there were no trending issues.
- D. Client satisfaction surveys are provided to every service recipient. Client satisfaction survey waived in 2020 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: Partially achieved.

- A. Review of grievance policies and procedures waived due to COVID-19. Provider submitted grievance log. One grievance noted in September 2020. Follow-up was shown by provider to address client grievance.
- B. Review of complaint policies and procedures waived due to COVID-19. Provider submitted complaint log for 2020. Two (2) complaints were noted in March 2020 and one (1) complaint shown for September 2020. Complaint narrative from September 2020 was also submitted. Provider used appropriate AAAPP narrative form and log which included documentation of the service provider's response, resolution, and follow-up for all but one complaint. The AAAPP followed up on a complaint received from a client whose services were cancelled and the provider did not have appropriate documentation regarding this complaint. It is recommended that provider keeps detailed narratives to demonstrate appropriate steps were taken prior to cancelling services.
- C. Review of incident policies and procedures waived due to COVID-19. Provider submitted four (4) incident report forms documenting incident and provider's response occurring 11/20/19, 12/10/19, 3/5/2020, and 3/12/2020. No concerns noted.

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: Review of policies and procedures 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.*
- 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. Homemaker 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 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. Provider uses 701S assessment tool to capture essential information.

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.

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: Waived due to COVID-19.

Standard #16 – Background Screening

Provider completes Level II Background Screening as necessary.

Response: Achieved.

Provider confirmed no new program staff members have been added in 2020. Provider has completed required Level II Background Screening as necessary for all current employees.

Signatures:

Christine Didion
Program Manager

9/25/20
Date