



9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • www.agingcarefl.org

October 2, 2020

Dr. Sandra Braham, President/CEO
Gulf Coast Jewish Family and Community Services
14041 Icot Boulevard
Clearwater, FL 33760

Dear Dr. Braham,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Counseling program for contract year January 1, 2019 - December 31, 2019. Client information and quarterly reports were also reviewed through the 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 appreciated.

Sincerely,

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

Ann Marie Winter
Executive Director

Enclosures

cc: Eric Feder, Board Chair, GCJFCS
Kristina Jalazo, Program Director, GCJFCS





Area Agency on Aging
of Pasco - Pinellas, Inc.

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

PROVIDER: Gulfcoast Jewish Family and Community Services
Mental Health and Gerontological Counseling Provider

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

PARTICIPANT(S): No exit conference due to COVID – 19

MONITOR(S): Don Hill, Program Manager

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

SITES VISITED: No sites visited 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)

- There are no recommendations.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- There are no findings.

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 previous programmatic monitoring in 2019.

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 Continuing Application. Due to COVID – 19, a review of policies, procedures, and client files was not completed for this monitoring; however, polices on file reflect that their plan is being implemented.
- Per the current Quarterly Report (Quarter 2), the provider is serving the proposed number of clients.
- The provider is utilizing an approved prioritization instrument, as outlined in their prioritization policy on file with the AAAPP.
- Counseling clients are not assessed using the 701S screening assessment and clients are not on the CIRTS APCL. However, the provider has an appropriately prioritized internal

waitlist for counseling services. Client file reviews were waived for this monitoring period due to COVID – 19

Standard #3 – Staff Training

Provider staff has received training pertinent to the 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 review of training documentation was completed. Provider completes abuse, neglect, self-neglect, and exploitation as required. Training is completed annually and for all new staff.

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 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, the report was submitted timely and no issues were noted.
- B. Quarterly reports are submitted timely and are considered accurate.
- C. Board of Director meeting minutes are submitted regularly to the AAAPP.
- D. Surplus/deficit reports are submitted by the 20th of each month and are accurate.

Standard #5 – Case Record Compliance

Using the AAAPP Client File Monitoring Tool, case records sampled showed compliance with requirements for client eligibility, intake, and service delivery.

Response: Due to COVID – 19, OAA client files are waived for this monitoring period.

Standard #6 – 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. The provider has a plan in place to meet all budgetary goals proposed in the most current approved Service Provider Application.
- 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 #7 – 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: Due to COVID – 19, the monitoring of this section is waived.

Standard #8 – 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. The review of policies and procedures was waived due to COVID – 19. However, the AAAPP has the prior year's grievance policy on file. In addition, the client grievance log was reviewed. There were no grievances.
- B. The review of policies and procedures was waived due to COVID – 19. However, the AAAPP has the prior year's complaint policy on file. In addition, the client complaint log was reviewed and no trending issues were noted.

- C. The review of policies and procedures was waived due to COVID – 19. However, the AAAPP has the prior year’s incident procedure on file. In addition, the client incident log was reviewed. There were no incidents.

Standard #9 – 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: Due to COVID – 19, the monitoring of this section is waived. However, the AAAPP has the prior year’s policy and sample letter on file. The documents remain unchanged.

Standard #10 – 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. Counseling services are provided in compliance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application.
- B. The AAAPP has current licenses from the Florida Department of Health for all staff providing counseling services on file.
- C. The provider complies with F.S. 119.071(5) that requires a written explanation to the individual for collection of social security numbers (*Consent for Service/Treatment form*). Though this was not reviewed specifically for this year due to COVID – 19, the AAAPP keeps the form on file and it remains unchanged.

- D. The review of policies and procedures was waived due to COVID – 19; however, Gulfcoast has submitted their HIPAA policy to the AAAPP annually for the past several years. No concerns.
- E. Review of policies and procedures waived due to COVID – 19.
- F. The CEMP/COOP was submitted in required.

Standard #11 – 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 completes referrals to community resources as necessary.
- C. Not applicable.

Standard #12 – 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 – Gulfcoast does not utilize subcontractors.

Standard #13 – Volunteers

A. *Provider has policies/procedures governing the utilization of volunteers and submits the Department of Elder Affairs Volunteer Activity Report annually as required.*

Response: Review of policies and procedures waived due to COVID – 19. In addition, there are no active volunteers for counseling services.

Standard #14 – Background Screening

Provider completes Level II Background Screening as necessary.

Response: Achieved.

Documentation of background screening was reviewed for one new employee and was appropriate. Individual successfully passed Level II background screening and was deemed eligible through the Department of Elder Affairs’ clearinghouse on July 23, 2020.

Signatures:

Don Hill _____
Program Manager

9/28/20 _____
Date