



9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • [www.agingcarefl.org](http://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 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 and no recommendations. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

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**  
**HOMEMAKING SERVICE MONITORING**

**PROVIDER:** Gulf Coast Jewish Family and Community Services  
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 the 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)*

- There were 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 were no unresolved issues from the August 20,2019 monitoring visit.

### **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 CIRTIS 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 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 CARES Act funding and will continue with OAA funding once CARES Act funds are exhausted. Provider is currently exceeding targeting proposals in all categories.
- The provider is utilizing an approved prioritization instrument as outlined in their OAA The 2020 policy review was waived due to COVID – 19.
- OAA client file reviews 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 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 GCFJFCS and prioritized for OAA services. Staff performs client assessments utilizing the DOEA 701A assessment tool for all active clients either face-to-face or by telephone due to COVID-19.
- B. Waived due to COVID – 19
- C. Appropriate staff members are trained using DOEA’s web-based training. The 701B online training assessments are on file with the AAAPP.
- D. Provider submitted successful completion of training on suspected abuse, neglect, self-neglect, and exploitation of the elderly for all Homemaking Program Staff in September 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. 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 has been extended. FY 2020. FY2019, no issues noted.
- B. Quarterly reports are submitted on time 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, by providing comments 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 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.
- 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, YTD, was submitted by provider and reviewed by program manager. No issues were noted in summary. Provider also submitted a sample of ten (10) completed surveys. Only one (1) survey noted an issue with services. Provider offered explanation and resolution of changing homemaker for client.
- 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:** Achieved.

- A. Review of grievance policies and procedures waived due to COVID-19. Provider submitted grievance log. No grievances noted YTD.
- B. Review of complaint policies and procedures waived due to COVID-19. Provider submitted complaint log for 2020. Three (3) complaints were noted in May 2020 and one (1) complaint shown for September 2020. Provider showed documentation of the service provider's response, resolution, and follow-up as necessary.
- C. Review of incident policies and procedures waived due to COVID-19. Provider submitted incident log. No incidents reported YTD.



### **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:** Waived due to COVID-19.

- A. Waived due to COVID-19.
- B. 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. 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:** Review of policies and procedures waived due to COVID-19.

**Standard #16 – Background Screening**

*Provider completes Level II Background Screening as necessary.*

**Response:** Achieved.

Provider has submitted Level II Background Screenings for two employees provided. Provider completes screening appropriately and new staff are cleared by the Department of Elder Affairs prior to beginning services.

Signatures:

Christine Didion  
Program Manager

9/25/20  
Date