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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 Alzheimer's Disease Initiative, Community Care for the Elderly, and Home Care for the Elderly programs for contract year July 1, 2019 – June 30, 2020.

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 cooperation of your staff throughout the monitoring process was appreciated. Please note that file corrections identified within the report have already been submitted to the Area Agency on Aging. No additional follow-up response is requested.

Sincerely,

Ann Marie Winter
Executive Director

Enclosures

cc: Steven Spina, Board President
Kristina Jalazo, Project Director
Kristi Sullivan, Assistant Program Director





Area Agency on Aging of Pasco-Pinellas, Inc.
2020 GENERAL REVENUE ANNUAL MONITORING

PROVIDER: Gulf Coast Jewish Family and Community Services

DATE(S) OF VISIT: Due to COVID-19, a site visit could not be completed.
This monitoring was completed via a desk review.

PARTICIPANT(S): Exit conference waived due to COVID – 19

MONITOR(S): Corinna Powers, Program Manager

FUNDING PERIOD: July 1, 2019 – June 30, 2020

SITES VISITED: Gulf Coast Jewish Family and Community Services
14041 Icot Blvd, Clearwater FL 33760

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. Positive/Noteworthy Activities

- Gulf Coast partnered with Feeding Tampa Bay and have delivered over 1,000 meals to elderly clients since the onset of COVID-19. Feedback from clients was very positive, stating that the meals were a godsend and very tasty.

II. Recommendations for Improvement

(Recommendations require a written response from the provider)

- No recommendations.

III. Technical Assistance

(Technical Assistance includes new procedures, updated procedures, or learning opportunities to be provide by the AAAPP)

- N/A

IV. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- There were no findings and no corrective action is necessary at this time.

CONTRACT COMPLIANCE AND SERVICE DELIVERY

Each standard will note at least one of the following:

- *Achieved*
- *Partially Achieved*
- *Not Achieved*
- *Not Applicable*
- *Technical Assistance Needed*

Standard #1 – Previous Programmatic Monitoring

Only one issue from the previous programmatic monitoring noted- Outcome Measure reports.

Response: Achieved

Outcome measures are monitored throughout the year and are fluid due to changing client needs, particularly as they pertain to declining health conditions. While it should be noted that percentage goals are not met in every area, this is due to circumstances outside of Gulf Coast's control. For example, the ADL measure for CCE, ADI, and HCE did not meet the ADL goal, but care plan reviews demonstrate that the changing health needs of clients are always addressed and Gulf Coast Case Managers follow up as appropriate. There is no recommendation at this time.

Standard #2 – Surplus/Deficit Reports

Provider Submits surplus/deficit reports to the Area Agency on Aging and uses these projections to plan and coordinate spending.

Response: Achieved

Gulf Coast submits surplus deficit reports by the required due date of the 20th of each month and includes the necessary narrative information with submissions. Gulf Coast appropriately uses this report to request releases for General Revenue programs.

Standard #3 – CIRTS

- Provider has written procedures for verifying accuracy of client/service data in CIRTS.*
- File reviews demonstrate minimal data integrity errors.*
- Provider is utilizing CIRTS reports routinely to assure integrity of their data. The report categories include:*
 - *Client Reports*
 - *Monitoring Reports*
 - *Services Reports*
 - *Fiscal Reports*

Response: Achieved

- A. The provider has a written procedure for verifying the accuracy of client/service data in CIRTS.
- B. File reviews during this monitoring process produced one minor data integrity error that was corrected upon request. There are no significant issues at this time.
- C. The Program Manager runs CIRTS reports monthly and ran reports prior to monitoring visit. Reviews produce clean CIRTS reports and minimal follow up is required. No concerns noted.

Standard #4 – Outcome Measures

- A. *State Fiscal Year Outcome Measures are being achieved.*
- B. *Provider implements the strategies to achieve outcome measures, as outlined within the state fiscal year application.*
- C. *Provider submits monthly Outcome Measure reports with explanations and quarterly narratives.*

Response: Partially Achieved

- A. Most outcome Measures are being achieved. It should be noted that Outcome Measures, especially in the ADL and IADL categories, are fluid due to changing client needs, particularly when it comes to health conditions. The ADL measure for the CCE, ADI and HCE Programs was lower than statewide standards. The IADL measures for the CCE Program was lower than statewide standards. The underachievement of these particular scores were either due to declining health conditions of clients or refusal of services as they were offered. Care plan reviews demonstrate that changing health needs of clients are always addressed and Gulf Coast Case Managers follow up as appropriate.
- B. The provider implements the strategies to achieve outcome measures, as outlined within their approved application.
- C. The provider submits monthly Outcome Measure reports timely and explanations are appropriate.

Outcome measure results during this monitoring period are noted below:

ADL Category – Statewide goal is 65%

- CCE Program – 58 %
- ADI Program – 45%
- HCE Program – 67%

IADL Category – Statewide goal is 62.3%

- CCE program – 60%
- ADI Program – 72%
- HCE Program – 67%

Environment Category – Statewide goal is 79.3%

- CCE Program – 100%
- ADI Program – No clients reported medium or high-risk living environments
- CCE Program – No clients reported medium or high-risk living environments

Caregiver Ability Category – Statewide goal is 90%

- CCE Program – 100%
- ADI Program – 100%
- HCE Program - 100%

Adult Protective Services - Statewide goal is 97%

- 100% (this applies to the CCE Program only).

Standard #5 – Satisfaction Surveys and Analysis

- A. Provider regularly surveys clients to ensure consumer satisfaction with service delivery.*
- B. Provider completes a comprehensive survey analysis that is used to improve services.*
- C. Satisfactory procedures exist to objectively resolve services complaints and evaluate the quality of services for older adults and people with disabilities.*

Response: Due to COVID – 19, the review of client satisfaction is waived.

Standard #6 – Complaint Policy and Procedures

- A. Provider has written policy and procedure regarding the handling of complaints*
- B. Complaint procedures address the quality and timeliness of services; provider and direct service worker complaints; or any other complaints not related to termination, suspension, or reduction in services.*
- C. Complaint procedures include notification to all clients of the complaint procedure and include tracking the date, nature of the complaint and the determination of each complaint.*
- D. Complaint log is maintained and documents actions taken or resolution of all complaints including date of resolution.*

Response: Achieved

- A. Due to COVID – 19, the review of policies and procedures is waived; however, the AAAPP has reviewed Gulfcoast’s complaint policy on an annual and maintains last year’s policy on file. The policy and procedure are updated annually.*
- B. Procedures on file with the AAAPP demonstrate that Gulfcoast addresses the quality and timeliness of services; provider and direct service worker complaints; or any other complaints not related to termination, suspension, or reduction in services.*
- C. Procedures on file with the AAAPP include all required aspects regarding the nature and timing of complaints.*

- D. Gulf Coast maintains a client complaint log, which includes the date and nature of the complaint, as well as follow up and resolution. The AAAPP staff reviewed the Gulf Coast complaint log with no concerns.

Standard #7 – Grievance Policy and Procedures

- A. *Provider has written policy and procedure regarding the handling of grievances to address complaints regarding termination, suspension or reduction of services.*
- B. *The provider’s procedures comply with the Minimum Guidelines for Recipient Grievance Procedures in Appendix D of the Department of Elder Affairs Programs and Services Handbook.*
- C. *Grievance log is maintained and documents actions taken or resolution of all grievances including date of resolution.*

Response: Achieved

- A. Due to COVID – 19 the review of policies and procedures is waived; however, the AAAPP has last year’s policy on file.
- B. The policy on file with the AAAPP demonstrates that the grievance procedure meets minimum requirements, as outlined in Appendix D.
- C. There were no grievances in the 2019 – 2020 Fiscal Year.

Standard #8 – SMMC-LTCP Referrals

Potential Statewide Medicaid Managed Care Long Term Care Program (SMMCLTCP) clients are identified and referred to the ADRC for placement on the SMMCLTCP wait list.

Response: Achieved

The AAAPP Program Manager runs and reviews the Medicaid Waiver Eligible CIRT reports monthly and response is quickly received regarding exceptions and they are promptly addressed. No concerns noted.

Standard #9 – Prioritization

Clients with the greatest need are served first and are prioritized for service delivery in accordance with contractual requirements. The provider has a prioritization policy and procedure and is administering the appropriate DOEA assessment to determine the order of enrollment, ensuring services are provided to individuals in the most need and at the highest risk of institutionalization.

Response: Achieved

Gulf Coast assesses all APS high-risk and Aging Out referrals timely and in the correct prioritization order. The AAAPP releases CCE, ADI, and HCE clients based on priority ranking in the CIRT database and Gulf Coast receives those referrals monthly. Gulf Coast utilizes the appropriate 701B assessment within the required timeframes.

Standard #10 – Use of Non-DOEA funded services

Provider promotes and utilizes non-DOEA services prior to DOEA services being implemented. Documentation supports these efforts.

Response: Achieved

File reviews and routine monitoring demonstrate that Gulf Coast Case Managers are familiar with non-DOEA funded services in Pinellas County and utilize them whenever possible.

In addition, Gulf Coast is commended for partnering with a non-DOEA funded agency during the COVID-19 emergency to address unmet senior hunger needs.

Standard #11 – High-Risk Nutrition Scores

Provider documents clients with nutrition screening score of 5.5 or higher are being referred to a Registered Dietitian for nutritional counseling.

Response: Achieved

Gulf Coast continues to use the 701B Assessment to identify potential nutritional needs and deficits and case managers indicate services that have been offered and refused by client.

Documentation was noted during this client file review that action has been taken and services offered for clients who have a nutrition score of 5.5 or higher.

Standard #12 – Case Management

- A. Case managers meet requirements to provide case management according to DOEA standards.*
- B. Case managers are knowledgeable of formal and informal community services*
- C. Case managers understand program eligibility guidelines*
- D. Case Managers maintain reasonable caseloads and a waiver from the Area Agency on Aging is obtained if a caseload is more than 100.*
- E. Case managers conduct follow up contacts on service arrangements and referrals within two weeks to ensure services have begun (14-day follow ups).*

Response: Achieved

- A. A total of nine (9) Case Managers were employed with Gulf Coast during the review period. All Case Managers met education and/or experience requirements.
- B. Case managers are knowledgeable of formal and informal services and no concerns were noted.
- C. Case Managers understand eligibility guidelines. No concerns noted.
- D. File reviews demonstrate that Case Managers conduct follow ups on new, increased, or changed services, as required.

Standard #13 – Case Aide

- A. *There is documentation that all case aides have completed training and are certified on DOEA assessment tools, as necessary*
- B. *Staff providing case aide services have graduated from high school (or GED and job experience approved by the Area Agency on Aging)*
- C. *Case aide records are signed and maintained in case files*

Response: Achieved

For this review period, a total of three (3) Case Aides were employed with Gulf Coast.

- A. The AAAPP completed a review of all case aide training documentation, which demonstrated that Case Aides had completed all required training prior to completing Case Aide Activities. There were no concerns.
- B. All Case Aides maintain at least a high school diploma.
- C. File reviews completed throughout the year and during this annual review yielded zero errors under this category. All Case Aide case narratives were signed, verifying Case Aide activities completed.

Standard #14 – Internal Audits/Case Manager Supervision

Provider utilizes internal audits to ensure file integrity, confirm that clients enrolled in and receiving GR funded services meet eligibility requirements, and ensure Program and Services Manual requirements are met.

Response: Achieved

Gulf Coast maintains an internal audit procedure. Gulf Coast employs a Case Manager Supervisor who reviews both standard and APS high-risk files and no concerns were noted.

Standard #15 – Conflict of Interest

Provider maintains a current Conflict of Interest Policy

Response: The review of policies and procedures is waived due to COVID – 19; however the AAAPP has last year's policy on file.

Standard #16 – Health Insurance Portability and Accountability Act (HIPAA) requirements

- A. *Satisfactory procedures have been established to protect the confidentiality of records that include the names and personal information of older adults and people with disabilities.*

- B. *Whenever possible, the provider submits report and provides documentation to the Area Agency on Aging with client identifying information using the assigned client CIRTS identification, in lieu of an individual's social security number.*
- C. *The provider has implemented technical security measures to guard against unauthorized access to electronic protected health information (e-PHI) that is being transmitted over electronic communication networks (email is sent securely).*

Response: Achieved

- A. Though the review of policies and procedures is waived due to COVID – 19, Gulfcoast updates the HIPAA policy/procedure is annually and notes both paper and electronic formats.
- B. The AAAPP provided technical assistance to Lead Agencies in PSA 5 on best practices for electronic communication, including using the CIRTS ID and client initials to identify clients in lieu of social security numbers. Gulf Coast submits documentation to the AAAPP appropriately and uses the CIRTS ID when requested.
- C. Gulf Coast communicates client information via Email Encryption. To date, there have been no issues with unsecure emails or with the exchange of client information.

Standard # 17 – Training

- A. *Provider agency has developed an in-service training program for case management staff. Training includes a minimum of six hours of annual in-service training encompassing the minimum standards referenced in the DOEA Programs and Services Manual (Page 2-31).*
- B. *New Case Managers and Case Aides receive the necessary education and pre-service training requirements. This includes successful completion of the DOEA web-based 701B Assessment training, Care Plan training and completion of the ARTT Tutorial within 3 months of hire.*

Response: Achieved

- A. AAAPP staff reviewed Gulf Coast internal training documentation. Gulf Coast exceeded the required six (6) hours of training in addition to the annual training that the AAAPP provides. All mandated training topics were included, as well as additional training topics, such as reviews of newly released Notices of Instruction and disaster preparedness topics.
- B. Reviews demonstrated that all Case Managers and Case Aides have received pre-service training prior to providing services to clients.

Standard #18 – File Review Analysis

- A. *Assessments are completed timely and appropriately*
- B. *Provider is in compliance with care plan requirements*
- C. *Case narratives meet all requirements and include:*
 - i. *14-day follow following the ordering of services to determine client satisfaction to determine if clients are satisfied with services*
 - ii. *Required face-to-face visits*
 - iii. *Address the client/caregiver's rapport with the service worker, service worker's attitude toward job performance, and the service worker's compliance with assigned duties and dependability.*
 - iv. *In instances where dissatisfaction is noted, resolutions are provided in a timely manner.*
- D. *Required forms are included in the file and are updated annually*
- E. *Program specific requirements are met*

Response: Achieved

A total of 12 files were reviewed for this monitoring period.

- A. Assessments are completed timely and appropriately. No concerns.
- B. Gulf Coast is commended for having zero Care Plan errors.
- C. Case Aide and Case Management narratives were reviewed for all 12 files.
 - i. All required 14-day follow ups were completed
 - ii. All required face-to-face visits were made timely.
 - iii. All narratives noted client satisfaction and client's rapport with in home service providers.
 - iv. Gulf Coast encourages clients to voice concerns, which was demonstrated through narratives. Clients who expressed concerns received prompt follow up and complete resolutions. One APS client did not have notes showing satisfaction with Crisis Resolving ECHO.
- D. Review of files demonstrated that all required forms were included.
- E. Review of files demonstrated no issues with program specific requirements. In addition, all files demonstrated that clients were eligible for programs.

Standard #19 – Appropriate and Justified Billing

- A. Service billing in CIRTS matches care plan, date of service, and worker logs.
- B. There were no issues, for HCE expenditures, documentation supports payment to respite workers.
- C. There were a few issues noted where Case Management billed for longer home and telephone assessments.

Response: Partially Achieved

- A. CIRTS is consistently updated and there were no data errors in this category noted during the file review processes.
- B. Throughout the Fiscal Year, there were no documented concerns with direct payment to respite workers. Three (3) HCE files were reviewed for this monitoring. Due to HCE Notice of Instruction # 022219-1-I-SWCBS released by the Department of Elder Affairs in 2019, most HCE clients who receive Basic Subsidies with additional services under other funding sources. For this reason, neither of the HCE files reviewed included direct payments to respite workers.
- C. During a file review completed in December of 2019, numerous files demonstrated billing that was not clearly justified in case narratives. Examples included time billed for home visits that took place, but took longer than expected due to a client's medical condition or speech impairment. Gulfcoast provided clarification and billing was justified. In addition:
 - AAAPP Program staff released specific guidelines to Lead Agencies in Pasco and Pinellas Counties and requested narrative updates. Guidelines included language stating that unjustified billing would result in repayment.
 - A training was held for all Case Management staff in PSA 5 on December 5, 2019. Billing justification was emphasized and specific training was provided on this topic.
 - A quarterly file review process was implemented.

Gulf Coast shows continuous improvement in this area; however, there were a few questions noted during the file review process for this monitoring period. While all questions were appropriately addressed and time billed was eventually justified, Gulf Coast must continue to work toward narratives that narratives clearly state reasons for extra time spent during face-to-face home visits. There is no formal recommendation at this time.

Standard # 20 – Mandatory Reporting of Abuse, Neglect, Exploitation

Provider immediately reports knowledge or reasonable suspicion of abuse, neglect, or exploitation of and older adult or person with a disability to the Florida Abuse Hotline, as required by Chapters 39 and 415 F.S.

Response: Achieved

Reviews of case files and complaint logs demonstrate that Gulf Coast immediately reports any potential cases of abuse, neglect, self-neglect, or exploitation.

Standard #21 – APS High-Risk Referrals

Provider meets all APS High-Risk referral requirements:

- A. Provider is in compliance with APS specific timeframes, including accepting referrals on the date of receipt and ensuring services are implemented within 72 hours.*
- B. Provider communicates with DCF as appropriate and updates the ARTT as required.*
- C. APS High-Risk file reviews demonstrate compliance.*

Response: Achieved

The AAAPP tracks APS high-risk cases daily. Reviews demonstrate the following:

- A. There have been instances of APS high-risk clients appearing to not receive services within 72 hours, due to missing information. This includes service line corrections needed in CIRTS and missing or unsigned vendor sheets. This pertained to one particular vendor and the issues were addressed with the vendor directly. Outcome measures do demonstrate that 100% of APS high-risk referrals received services within the 72-hour timeframe.
- B. Overall communication with DCF and updates in ARTT were completed. There were minimal issues with Case Managers not updating API within 24 hours if client accepted, refused or delayed services.
- C. APS High-Risk file reviews show Gulf Coast is aware of guidelines and case managers receive ongoing training and technical assistance.

In addition, it should be noted that Gulfcoast does an excellent job participating PSA 5 quarterly meetings with DCF and the AAAPP. Participation has resulted in a good working relationship with DCF and sound resolutions to client specific issues.

Standard #22 – Regulatory Compliance

- A. *Provider complies with all regulations pertinent to the services being provided (i.e., fire inspections, health inspections, accessibility, etc.).*
- B. *GR services reviewed are being provided in accordance with the DOEA Program and Services Handbook, AAAPP/Provider Contracts and Master Agreement, and the approved Service Provider Application.*
- C. *Clients are provided a written explanation to individuals as to the reason for the collection of social security numbers in accordance with Florida 119.071 (5).*

Response: Achieved

- A. Provider complies with regulations, as required.
- B. State general revenue funded services are provided in accordance with the DOEA Program and Services Handbook and programmatic contractual requirements.
- C. File review demonstrate that clients are provided sufficient notification of the reason for the collection of social security numbers.

Signatures:

Corinna Powers
Program Manager

9/30/20
Date