AREA AGENCY ON AGING
PASCO-PINELLAS
Helping Seniors Live Well at Home

727-570-9696
info@aaapp.org
9549 Koger Blvd. N, Suite 100
St. Petersburg, FL 33702
www.agingcarefl.org

June 30, 2026

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

Dear Dr. Braham,

Enclosed is the Annual Programmatic Monitoring report for the Alzheimer's Disease Initiative (ADI), Community Care for the Elderly (CCE), and Home Care for the Elderly (HCE) programs. This monitoring review covers contract period July 1, 2025 through June 30, 2026, and includes activities and documentation from January 2025 through the present. 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 completed monitoring report is attached for your review. We are pleased to note that there are no critical findings identified. Two formal recommendations were identified during this review and require a written response from the Lead Agency where applicable. Please review the recommendations outlined in the attached report and submit your written response, along with any outstanding file review corrections, by Monday, August 31, 2026.

Thank you for your cooperation and participation throughout the annual monitoring process. We greatly value our continued partnership in serving older adults in our community.

Sincerely,

Ann Marie Winter
Executive Director

Enclosures
cc:
Nicole Guincho, Vice President of Clinical Services
Christine Krohn, Senior Director
Lisa Elliott, Assistant Director

AREA AGENCY ON AGING PASCO-PINELLAS

Helping Seniors Live Well at Home

Area Agency on Aging of Pasco-Pinellas, Inc.

GENERAL REVENUE MONITORING

PROVIDER:	Gulf Coast Jewish Family and Community Services
DATE(S) OF VISIT:	March 4, 2026: On-site Visit June 22, 2026: Virtual Meeting
LEAD AGENCY PARTICIPANT(S):	Christine Krohn, Senior Director, Elder and Disabled Services Lisa Elliott, Program Director, Elder and Disabled Services Jared Lichtenstein, Case Manager Supervisor Shari Bond, Case Aide Supervisor Christina Natoli, HR Operations Coordinator
AAAPP PARTICIPANT(S):	Cynthia Galvan, Program Manager Nayomi Kershaw, Program Manager
AAAPP MONITOR(S):	Cynthia Galvan, Program Manager Nayomi Kershaw, Program Manager
FUNDING PERIOD:	July 1, 2025 – June 30, 2026
SITE(S) VISITED:	Gulf Coast Jewish Family and Community Services 14041 Icot Boulevard Clearwater, Florida 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

a. In October 2025, Area Agency on Aging of Pasco-Pinellas completed its annual Client Satisfaction Survey, and surveys were mailed to a random sample of 194 clients active across the CCE, ADI, and HCE programs. Although the number of survey responses slightly decreased, overall program satisfaction increased from 91.6% in 2024 to 95.71% in 2025. Provider satisfaction also increased from 87.14% to 90.56%. Lead Agency is recognized for its continued commitment to providing quality case management and positive client satisfaction outcomes.

b. The Lead Agency also conducts its annual Client Satisfaction Surveys for clients enrolled in General Revenue programs. Surveys are conducted at the time of clients' reassessment. Survey results reflected overall positive feedback regarding case management and service delivery. in response to client feedback, the Lead Agency implemented process improvements related to copay communication, billing inquiries, and client response times, including enhanced collaboration with the billing department, monthly billing meetings, and a standardized return-phone call timeframe of 24 to 48 hours upon receipt of client call. Lead Agency is recognized for taking actionable steps to improve the overall client experience.

c. Since July 1, 2025, more than 600 clients have been released to Lead Agency through the CCE, ADI, and HCE programs. Lead Agency is recognized for its diligence, teamwork, and programmatic knowledge when completing assessments and enrolling eligible clients in a timely manner. This accomplishment reflects effective leadership, strong case management operations, and responsible stewardship of allocated program funds.

II. Recommendations for Improvement

(*Recommendations require a written response from the provider)*

a. During AAAPP's review of March 2026 Case Aide and Case Management billing documentation, 57.25 Case Aide (CA) units and 5.25 Case Management (CM) units initially lacked sufficient supporting documentation. At the time of this finding, these units were removed from eCIRTS and deducted from the April 2026 CCE Payment to the Lead

Agency. Lead Agency was required to provide additional documentation and clarification regarding this concern. Lead Agency responded within the requested 10-day timeframe indicating training that occurred with staff and updates to their policies and procedures to ensure all supportive documentation and case narratives were readily available and submitted to the correct client file. Lead Agency provided the identified missing documentation to support 53 units, out of the 57.25 units of CA deducted, and .25 units, out of the 5.25 CM units deducted. No further action is required at this time.

b. Review of four APS High-Risk client files demonstrated that the Lead Agency is generally compliant with APS-specific timeline requirements. Three of four files reviewed documented timely acceptance of the APS High-Risk referral and provision of crisis-resolving services within the required 72-hour timeframe. However, one file did not fully demonstrate compliance with APS High-Risk documentation requirements. While the crisis-resolving service may have been provided within the required timeframe, the case narrative did not fully document contact between case manager, API investigator, service provider, and the client, to confirm service delivery, and therefore it is unclear whether all 72-hour timeline requirements were met. Pursuant to DOEA Handbook, Chapter 2, "APS High Risk Referral case narratives require the following additional documentation: The specific services authorized and the specific service dates for services provided during the 72 hours following the referral must be recorded. This includes non-DOEA services." Pursuant to the APS Operations manual, CCE Lead Agencies will document the following in the case notes/narratives for all high-risk referrals: All contact and discussions with APS staff. Specific services and service dates for services provided during the 72 hours following the referral. This includes specific services provided, if services were delayed or not provided, the reason why must be stated, and all actions taken to provide service must be recorded. within the 72-hour requirement timeframe. Lead Agency is required to provide a written response outlining the steps that will be taken to reinforce compliance with APS High-Risk Referral timelines and documentation requirements.

Additionally, Review of twelve client files identified six instances in which documentation related to required follow-up activities was incomplete, delayed, or did not fully demonstrate compliance with

established follow-up timelines and documentation requirements. Deficiencies included documentation related to service arrangements, referrals, service gaps, and other required follow-up activities that were either missing, delayed, or insufficient to demonstrate that required contacts occurred within required follow-up timeframes. Pursuant to the DOEA Programs and Services Handbook, Chapter 2, "Case Managers and Case Aides are required to complete follow-up regarding service arrangements and referrals within 14 calendar days to verify service initiation, and address identified concerns. Lead Agency is required to provide a written response outlining the steps that will be taken to improve compliance with required follow-up timelines, and required timeline-documentation standards.

III. Findings/Corrective Action

(Findings result in a formal corrective action plan)

-No Findings/Corrective Action Plans required.

End of page.

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: Achieved.

There were no identified recommendations and no identified findings produced in the 2024-2025 annual programmatic monitoring conducted in 2025, and the monitoring period concluded without outstanding concerns.

Standard #2 – Surplus/Deficit Reports

Lead Agency Submits surplus/deficit reports to the Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) and uses these projections to plan and coordinate spending.

Response: Achieved.

Lead Agency submits monthly Surplus/Deficit Reports, including required narratives describing current expenditures, projected spending, and the status of prior releases. Regular review of submitted reports demonstrate appropriate use of surplus/deficit projections to support budget planning and coordination of General Revenue program funding. Lead Agency participates in monthly Lead Agency meetings and contribute input regarding program expenditures and budget utilization. During the monitoring period, Lead Agency demonstrated a commitment to maintaining accurate reporting practices and promptly identifying and addressing reporting discrepancies when they occur. In 2025, Lead Agency also participated in PSA 5 Best Practices discussion, and provided valuable input related to surplus/deficit reporting and monthly release request projections.

Standard #3 – eCIRTS

A. *Lead Agency has written procedures for verifying accuracy of client/service data in eCIRTS.*
B. *File reviews demonstrate minimal data integrity errors.*
C. Lead Agency *is utilizing eCIRTS reports routinely to assure integrity of their data. The report categories include:*
    - *Client Reports*
    - *Monitoring Reports*

- *Services Reports*
- *Fiscal Reports*
- *Outcome Measurement Reports*

Response: Achieved.

A. Lead Agency Case Managers complete assessments directly within eCIRTS during client interviews conducted at home. Lead Agency maintains written procedures for verifying the accuracy of client and service data entered into eCIRTS, as outlined in its Peer Review Policy & Procedure. Lead Agency is encouraged to continue ensuring enrollment records are updated as soon as possible, whenever clients are enrolled, transferred, or terminated across programs.
B. File reviews demonstrate minimal data integrity errors. Lead Agency is reminded that information entered into eCIRTS should not only be completed accurately, but maintained consistently across all applicable sections in eCIRTS, including demographics, assessments, service plans, referrals to providers, authorizations, associated contacts, and caregiver information. Lead Agency is reminded that data documented in eCIRTS should also be consistently reflected, supported, and justified throughout the entirety of the case record, including the non-DOEA care plan, case narratives, and all supporting case record documentation. Continued attention to ensuring information remains accurate and consistent across all eCIRTS tabs and corresponding case record documentation will further strengthen overall data integrity, reporting accuracy, and quality of service documentation accuracy.
C. Since the transition to eCIRTS in December 2022, the Outcome Measurement Report functionality has remained unavailable. AAAPP Program Managers routinely run and utilize available eCIRTS reports for monitoring and Compliance purposes in alignment with DOEA. When report exceptions are identified, Lead Agency provides appropriate supporting information or takes corrective action to resolve identified discrepancies. Documentation reviewed demonstrates that report exceptions that occasionally occur are generally addressed in a timely manner. AAAPP encourages Lead Agency's continued review of available monitoring reports to ensure timely identification and resolution of any applicable exceptions.

Standard #4 – Outcome Measures

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

Response*:* Not Applicable.
As of June 2026, Outcome Measures remain unavailable in eCIRTS. No Outcome Measure data is available for review for the 2024-2025 fiscal year. Based on file review, Lead Agency case

managers continue to address clients' changing needs by frequent and appropriate client contact and follow-up on service delivery.

Standard #5 – Satisfaction Surveys and Analysis

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

Response: Achieved.

A. Lead Agency regularly surveys clients enrolled in General Revenue Programs. Satisfaction surveys are completed during the client's annual reassessment and administered by the case manager during the home visit, ensuring each client has an opportunity to provide feedback annually.
B. The 2025 survey analysis included a combined total of fifty survey responses collected across General Revenue Programs. Review of the survey results demonstrate overall positive client feedback regarding service delivery and case management services.
C. In response to feedback received through prior client satisfaction surveys regarding copay inquiries, balance inquiries, and payment processes, Lead Agency implemented several process improvements to enhance client communication and support. These improvements included increased collaboration with the billing department to clarify copay statements, monthly meetings to address billing related concerns, and the implementation of a return-call timeframe standard for client inquiries. Lead Agency reports that client calls are generally returned within 24 to 48 hours and further assures clients that no adverse program actions are taken due to billing delays. Lead Agency is recognized for its proactive efforts to improve communication regarding assessed copays and enhance the overall client experience.

Standard #6 – Complaint Policy and Procedures

A. *Lead Agency has written policy and procedure regarding the handling of complaints.*
B. *Complaint procedures address the quality and timeliness of services; Lead Agency 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. Lead Agency maintains written compliance and grievance procedures in accordance with DOEA requirements. The agency submitted its Complaint Policy and Procedure, and this document was last revied in December 2023.
B. Lead Agency-submitted procedures address complaints related to service quality, timelines of service, direct service worker concerns, and other complaints not related to service termination, suspension, or reduction.
C. Complaint procedures address all required aspects regarding the nature and timing of complaints. File reviews demonstrate that clients are made aware of grievance and complaint procedures and receive copies of the applicable policies during initial assessment and annual reassessments.
D. Lead Agency implemented revisions to its complaint log to enhance quality of complaint documentation, and complaint resolution activities to better demonstrate positive client outcomes. In 2025 Lead Agency indicated a total of thirteen (13) complaints logged, compared to fourteen (14) logged client complaints received in calendar year 2024; and a significant decrease in overall complaints received compared to a total of twenty-one (21) complaints reported in calendar year 2023. Lead Agency is recognized for maintaining appropriate documentation that demonstrates satisfactory complaint resolution activities to achieve positive client outcomes.

Standard #7 – Grievance Policy and Procedures

A. Lead Agency has written policy and procedure regarding the handling of grievances to address complaints regarding termination, suspension, or reduction of services.
B. The Lead Agency's procedures comply with the Minimum Guidelines for Recipient Grievance Procedures in Appendix D of the Department of Elder Affairs (DOEA) 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. Lead Agency has submitted written Grievance policies and procedures which appropriately address complaints regarding termination, suspension, or reduction in services.
B. Lead Agency's Grievance Policy and Procedures comply with the minimum guidelines for Recipient Grievance Procedures outlined in Appendix D of the DOEA Programs and Services Handbook.
C. Lead Agency submitted written attestation indicating that no grievances were received during the 2025 calendar year. File reviews and documentation reviewed during the monitoring period support this attestation.

Standard #8 – SMMCLTCP Referrals

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

Response: Achieved.
AAAPP submits the Medicaid Waiver Eligibles report to the Lead Agency to ascertain clients who appear financially eligible for SMMC LTCC. Routine file reviews and periodic client eCIRTS record reviews demonstrate that Lead Agency continues to refer CCE clients appropriately to the ADRC for screening and placement for SMMC LTCC. Lead Agency addressed the appropriate clients for referral to the SMMC LTCC waitlist. Lead Agency case management team appropriately work with identified SMMC LTC – eligible clients to submit outstanding application items to ensure compliance with application requirements as well as CCE program eligibility requirements. When clients become active with the SMMC LTCC program, Lead Agency appropriately terminates clients from the CCE and ADI program within 30 days of SMMC LTCC program active date.

Standard #9 – Prioritization
Clients with the greatest need are served first and are prioritized for service delivery in accordance with contractual requirements. The Lead Agency 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.
Lead Agency addresses all APS High-Risk and Aging Out referrals in a timely manner and in the correct prioritization order. AAAPP releases CCE, ADI, and HCE clients based on priority ranking, and Lead Agency receives these referrals as they are released. Lead Agency maintains an appropriate record of prioritization policy and procedure. Lead Agency has submitted their Prioritization Policy and Procedure Form ES170 Prioritization, revised November 2022. Lead Agency maintains a new release tracking log that demonstrates that all referrals received are contacted in a timely fashion and initial assessments are attempted to be completed within fourteen business (14) days of the receipt of the referral.

Standard #10 – Use of non-DOEA funded services
Lead Agency promotes and utilizes non-DOEA services prior to DOEA services being implemented. Documentation supports these efforts.

Response: Achieved.
Files reviewed during this annual monitoring period, as well as during monthly and quarterly reviews, demonstrate that case managers are generally knowledgeable of non-DOEA funded services available throughout Pinellas County. Documentation reviewed reflects ongoing efforts to secure non-DOEA funded services through formal and informal community resources, prior to authorizing DOEA-funded services. Case managers are encouraged to continue

comprehensive assessment and documentation of all formal and informal support available to the client, including assistance provided through family members, neighbors, faith-based organizations, volunteer programs, and any other community resources. AAAPP will continue regular monitoring of records to ensure continued emphasis on identifying and utilizing non-DOEA resources, which ultimately demonstrates that Lead Agency is aligned with effective service planning and responsible stewards of awarded funds.

Standard #11 – High-Risk Nutrition Scores

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

Response: Achieved.

Lead Agency continues to use the 701B Assessment to identify nutritional risk factors and unmet nutritional needs. File reviews demonstrate that Case Managers referred clients to nutritional counseling, home-delivered meals, and nutritional supplements when appropriate. Lead Agency is reminded that, effective January 1, 2025, Case Managers must ensure that appropriate documentation, Such as orders from a physician, nurse, or other qualified health professional, is on file prior to authorizing nutritional supplements. Additionally, Lead Agency is encouraged to maintain best practices related to documentation of nutritional high risk. In addition to providing ample documentation and justification in Section I Nutrition, Notes & Summary section, it is expected that this is also consistently documented where appropriate across eCIRTS, case narratives, authorizations, and wherever else appropriate within the case record.

Standard #12 – Case Management

A. *Case managers meet educational 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 AAAPP is obtained if a caseload is more than 100.*
E. *Case managers complete Level II Background Screening prior to employment following standards set forth in the standard contract and Appendix E of the DOEA Programs and Services Handbook.*

Response: Achieved.

A. Lead Agency Programs staff is comprised of 14 case managers employed in the 2025 calendar year. All Case Managers meet education and/or experience requirements. Lead Agency has submitted to AAAPP appropriate college degree, or resume with AAAPP approval, if applicable, of all hired case managers.
B. Twelve files were reviewed, encompassing files completed by eight various case managers. File reviews demonstrated that Case Managers are knowledgeable of formal

and informal community services. Case managers are reminded to document a comprehensive and thorough list of formal and informal services.

C. Twelve files were reviewed and demonstrate that Case Managers understand program eligibility guidelines.
D. Using the Case Manager Verification and Training log, Lead Agency demonstrated Case Managers maintain caseloads under 100 clients per Case Manager. No concerns were noted.
E. All case managers employed in the calendar year 2025 completed Level II Background screening through the Care Provider Background Screening Clearinghouse, prior to employment, and every 5 years thereafter, as applicable. Personnel records reviewed demonstrate compliance with DOEA requirements, with supporting documentation. In 2021 Lead Agency transitioned to electronic personnel record management through Share Point, and access to employee records is restricted to authorized personnel only. Lead Agency is encouraged to continue ongoing review of employee background screening records to ensure Privacy Policy Form and Attestation of Compliance Form are completed within required timeframes in alignment with the background screening result. AAAPP will continue its review in the next monitoring period to ensure each employee's individual background screening result includes the individual's employment history. Lead Agency is encouraged to ensure employee position titles, hire dates, and employment information are current and accurately documented on the background screening results page.

Standard #13 – Case Aide

A. Staff providing case aide services have graduated from high school (or GED and job experience approved by the AAAPP)
B. Case aide records are signed and maintained in case files.
C. Case aides complete Level II Background Screening prior to employment following standards set forth in the standard contract and Appendix E of the DOEA Programs and Services Handbook.

Response: Achieved.

A. A total of seven Case Aides were employed by Lead Agency within the 2025 calendar year. All Case Aides meet education and/or experience requirements. Lead Agency has submitted to AAAPP appropriate educational degrees or diplomas of all Case Aides.
B. File review demonstrated Case Aide documentation and records are maintained in case files appropriately with date, time billed, units billed, and signature.
C. All case aides employed during the calendar year 2025 completed Level II Background Screening through the Care Provider Background Screening Clearinghouse, prior to employment, and every five years thereafter as applicable. In 2021 Lead Agency transitioned to electronic personnel record management through Share Point, and access to employee records is restricted to authorized personnel only. Lead Agency is encouraged to continue ongoing review of employee background screening records to ensure Privacy Policy Form and Attestation of Compliance Form are completed within

required timeframes in alignment with the background screening result. AAAPP will continue its review in the next monitoring period to ensure each employee's individual background screening result includes the individual's employment history. Lead Agency is encouraged to ensure employee position titles, hire dates, and employment information are current and accurately documented on the background screening results page.

Standard #14 – Internal Audits/Case Manager Supervision
Lead Agency 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.
Lead Agency maintains written internal audit and peer review policies and procedures implemented to ensure case record integrity, verify clients' continued eligibility, and align with compliance requirements set forth by DOEA programmatic guidelines. Documentation reviewed demonstrates that Lead Agency completes routine quality assurance activities, conducted through supervisory oversight, peer review processes, and ongoing case record monitoring. Lead Agency employs a Case Manager Supervisor responsible for conducting quality assurance activities and providing guidance to staff regarding documentation standards, service delivery requirements, and overall programmatic compliance. There are no identified concerns related to internal audit or supervisory practices.

Standard #15 – Conflict of Interest
Lead Agency maintains a current Conflict of Interest Policy

Response: Achieved.
Lead Agency submitted its Conflict-of-Interest Policy and Procedure, including Form HR 6-2 Conflict of Interest, revised December 2024. Documentation reviewed demonstrates that the agency maintains written policies and procedures designed to identify, disclose, and appropriately address potential conflicts of interest. The policy is consistent with organizational and programmatic requirements and provides guidance to employees regarding conflict-of-interest responsibilities.

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 Lead Agency submits reports and provides documentation to the AAAPP with client identifying information using the assigned client eCIRTS identification, in lieu of an individual's social security number. The Lead Agency 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. Appropriate procedures are in place to protect confidential information from clients. Lead Agency utilizes a two-point locking system for client records, and file storage areas are secured, requiring key card access. During the on-site monitoring visit, multiple locked shred bins were observed throughout the facility for the secure disposal of PHI and confidential information. Documentation reviewed and on-site observations demonstrate Lead agency takes appropriate measures to protect client confidentiality and sensitive information.
B. Lead Agency utilizes appropriate and secure methods for transmitting client information, and limits access to sensitive information based on staff responsibilities/roles. Lead Agency appropriately shares client information using eCIRTS identification numbers. Documentation reviewed demonstrate Lead Agency appropriately uses email encryption and other secure communication and file sharing methods when transmitting sensitive information. Lead Agency maintains confidentiality of client information by using eCIRTS identification numbers when possible and submits reports through encrypted email when protected client information needs to be transmitted. Lead Agency maintains appropriate and effective access controls to safeguard sensitive information and protect client confidentiality.
C. Lead Agency utilizes a password protected, encrypted email system. Lead Agency maintains workstation security procedures, requiring automatic screen lock activation after 5 minutes of inactivity, and after 1 minute of inactivity for tablets and handheld devices. There are no identified concerns or issues related to HIPAA compliance or confidentiality requirements.

Standard # 17 – Training

A. Lead 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.
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. Lead Agency submitted training records for all current Case Managers and Case Aides and demonstrates compliance with annual training requirements. Documentation reviewed indicates that staff typically exceed the required six hours of annual in-service training during calendar year 2025. Training topics reviewed were relevant to program operations, service delivery, and requirements outlined by DOEA.

B. All Case Managers and Case Aides employed in 2025 completed the required Department of Elder Affairs 701B Assessment Training as supported by training certificates maintained by Lead Agency. Lead Agency collaborates with AAAPP Program Manager to schedule new staff for the New Case Manager/Case Aide training and Care Plan training.

Standard #18 – File Review Analysis

A. Assessments are completed timely and appropriately.
B. Lead Agency is in compliance with care plan requirements.
C. Case narratives meet all requirements and include:
  i. 14-day follow-up after the ordering of services to determine client satisfaction and quality of service.
  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: Partially Achieved.

A. A total of twelve files were reviewed during the monitoring period. File reviews demonstrate compliance with assessment completion requirements, including timely completion of initial assessments, annual reassessments, and semi-annual care plan reviews, as applicable. Assessments reviewed were generally completed in full and contained minimal errors. Lead Agency is encouraged to apply continued attention to consistency across assessments, signed forms, case narratives, care plans, non-DOEA care plans, service authorizations, eCIRTS records, and case record documentation. Information maintained throughout the case record should consistently reflect the client's assessed needs, identified service gaps, and authorized services. The assessment serves as the foundation for service planning and should be supported by all subsequent documentation maintained within the eCIRTS record and case record.

B. In September 2024, Lead Agency transitioned from paper care plans, previously maintained in the case record, to electronic care plans maintained within the eCIRTS record. Review of twelve files identified minimal concerns related to eCIRTS care plan documentation. Care plans generally reflected assessed needs, authorized services, and appropriate funding sources.
  i. Lead Agency is encouraged to apply continued attention to ensuring care plan attestation forms are fully completed and signed.
  ii. In situations involving dual enrollment with Older Americans Act (OAA) funding, or transitions between OAA and General Revenue funding sources, Lead Agency

should continue coordinating with OAA service providers to ensure care plans accurately reflect authorized services and the appropriate funding source. Continued attention to accurate service entry within eCIRTS will help to ensure consistency of the care plan, service authorization, and the client record.

iii. Lead Agency is encouraged to coordinate with the OAA service provider to ensure only one service plan exists for the client's assessed annual year and contains all correct authorized services with correct funding source. Lead Agency is encouraged to enter TRS and HDM services in the eCIRTS care plan using the appropriate GR funding source whenever possible. This means, when a client is enrolled only in the GR program, any existing TRS and HDM services funded by the OAA must be added to the care plan reflecting appropriate GR funding source, as applicable and appropriate. Appropriate services should be authorized by the correct vendor to ensure existing OAA services are closed and the services continue, as justified and agreed to by the client, under CCE or ADI. Clients enrolled in HCE may remain dual enrolled with OAA services.

C. Case Aide and Case Management narratives were reviewed in all submitted files.

i. Of twelve files reviewed, two files identify instances in which required 14-day follow-up documentation was incomplete or could not be fully verified. Pursuant to Department of Elder Affairs Programs and Services Handbook, Chapter 2, 14-day follow-up contact must be completed following the ordering of services to determine service satisfaction and quality of service. Lead Agency is required to provide a written response describing the steps that will be implemented to reinforce compliance with 14-day follow-up requirements.

i. Since September 2025, AAAPP facilitated the revision of case note templates, designed to improve documentation consistency, and ensure adherence to follow up timelines. Lead Agency should ensure all required fields within the note template are completed and that fields that are in fact not applicable to the client, are clearly identified as "N/A." Documentation should clearly identify required follow-up dates when services are arranged or modified.

ii. Case narratives reviewed demonstrate compliance with required face-to-face visit standards. No concerns were identified with this standard.

iii. Files reviewed generally demonstrate appropriate client contact regarding service delivery, client satisfaction, service worker performance, and service reliability. Lead Agency is encouraged to continue to document sufficient justification for authorized services within case narratives; Documentation should clearly reflect client agreement with services and demonstrate how authorized services address identified needs and support the client's ability to maintain independence in the home.

iv. Review of twelve client files identified six instances in which documentation related to required follow-up activities was incomplete, delayed, or did not fully demonstrate compliance with established follow-up timelines and documentation requirements. Deficiencies included documentation related to service arrangements, referrals, service gaps, and other required follow-up

activities that were either missing, delayed, or insufficient to demonstrate that required contacts occurred within required follow-up timeframes. Pursuant to the DOEA Programs and Services Handbook, Chapter 2, "Case Managers and Case Aides are required to complete follow-up regarding service arrangements and referrals within 14 calendar days to verify service initiation, and address identified concerns. Lead Agency is required to provide a written response outlining the steps that will be taken to improve compliance with required follow-up timelines and required timeline- documentation standards.

D. Of the twelve files reviewed, there were minimal concerns related to required forms. Lead Agency is reminded that the Client Choice of Provider form must be completed and maintained in the case record, across ADI, CCE, and HCE programs.
E. File reviews demonstrate no critical issues with program specific requirements. All file reviews demonstrate that clients are eligible for the General Revenue program they were enrolled in.

Standard #19 – Appropriate and Justified Billing

A. Service billing in eCIRTS matches care plan, date of service, and worker logs.
B. For HCE expenditures, documentation supports payment to respite workers.
C. Case Management and Case Aide time billed is justified by supporting documentation, including case narratives.

Response: Partially Achieved.

A. In April 2026, The Florida Department of Elder Affairs (DOEA) conducted comprehensive monitoring of Case Aid and Case Management units and supportive documentation. The purpose of DOEA's monitoring was to assess AAAPP's compliance with contractual obligations, as well as state and federal regulations, while ensuring AAAPP's adherence to DOEA standards. As part of this process, DOEA conducted a rigorous review of the Lead Agency's provider documentation, client case files, and posted units covering the period of March 1 through March 31, 2026, totaling over 800 hours of service units. Upon completion of the March 2026 billing review conducted by the AAAPP, it was determined that 57.25 units of Case Aide and 5.2 units of Case Management rendered during the March 2026 billing period were not supported by appropriate backup documentation. At the time of this finding, these units were removed from eCIRTS and deducted from the April 2026 CCE Payment to the Lead Agency. Lead Agency was required to provide a response to address the outstanding items/deficiencies within 10 business days. Lead Agency responded within the requested 10-day timeframe indicating training that occurred with staff and updates to their policies and procedures to ensure all supportive documentation and case narratives were readily available and submitted to the correct client file. Lead Agency provided the identified missing documentation to support 53 units, out of the 57.25 units of CA deducted, and .25 units, out of the 5.25 CM units deducted. This appears to be an anomaly, as Lead Agency

consistently updates eCIRTS with appropriate service billing, and there are minimal errors related to appropriate case management and Case Aide billing on a regular basis. AAAPP will continue to review files on a regular basis to monitor this standard.

B. Four HCE files were reviewed for this monitoring. Due to Department of Elder Affairs Notice of Instruction #022219-1-I-SWCBS, most HCE clients receive Basic Subsidy only with additional services provided under other funding sources. Lead Agency demonstrates successful completion of the required HCE program monthly contact with the applicable HCE caregiver. Lead Agency is reminded to maintain the HCE financial worksheet document, and all other caregiver forms must be completed in entirety, with all fields correctly filled out, and with signature documented in the appropriate field. Lead Agency is reminded that the Client Choice of Provider Form must also be completed and maintained in the case record across all programs, which includes the HCE program.
C. Of twelve files monitored, there were minimal discrepancies found related to billing.

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

Lead Agency immediately reports knowledge or reasonable suspicion of abuse, neglect, or exploitation of an older adult or person with a disability to the Florida Abuse Hotline, as required by Chapters39 and 415 F.S.

Response: Achieved.

Review of case files and submitted logs demonstrate Lead Agency immediately reports any potential cases of abuse, neglect, self-neglect, or exploitation to the Florida Abuse Hotline. All instances of reports are appropriately documented in client files.

Standard #21 – APS High-Risk Referrals

Lead Agency meets all APS High-Risk referral requirements:

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

Response: Partially Achieved

A. Review of four APS High-Risk client files demonstrated that the Lead Agency is generally compliant with APS-specific timeline requirements. Three of four APS High-Risk client files reviewed documented timely acceptance of the APS High-Risk referral and provision of crisis-resolving services within the required 72-hour timeframe. However, one file did not fully demonstrate compliance with APS High-Risk documentation requirements. While the crisis-resolving service may have been provided within the required timeframe, the case narrative did not fully document contact between case manager, APS investigator, service provider, and the client, to confirm service delivery,

and therefore it is unclear whether all 72-hour timeline requirements were met. Pursuant to DOEA Handbook, Chapter 2, APS High Risk Referral case narratives require the following additional documentation: The specific services authorized and the specific service dates for services provided during the 72 hours following the referral must be recorded. This includes non-DOEA services. Pursuant to the APS Operations manual, CCE Lead Agencies will document the following in the case notes/narratives for all high-risk referrals: All contact and discussions with APS staff. Specific services and service dates for services provided during the 72 hours following the referral. This includes specific services provided, if services were delayed or not provided, the reason why must be stated, and all actions taken to provide service must be recorded. within the 72-hour requirement timeframe. Lead Agency is required to provide a written response outlining the steps that will be taken to reinforce compliance with APS High-Risk Referral timelines and documentation requirements.

B. Documentation reviewed demonstrates appropriate communication between APS investigators and Lead Agency staff. Client records reflect ongoing coordination related to service implementation, risk mitigation, and client status updates. ARTT records reviewed were updated within required timeframes. Lead Agency is commended for its continued adherence to APS referral policies and procedures.
C. Apart from the concerns previously noted, review of APS files demonstrate overall compliance with program requirements. Documentation reviewed reflects appropriate service coordination, timely acceptance of referrals, and overall implementation of crisis-resolving services intended to stabilize the vulnerable adult and support the health and safety of clients served.

Standard #22 – Regulatory Compliance

A. Lead Agency 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 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. Lead Agency continues to comply with regulation requirements.
B. State-funded General Revenue services are provided in accordance with the Department of Elder Affairs Program and Services Handbook and programmatic contractual requirements.
C. A review of files demonstrates clients are provided sufficient notification of the reason for collection of social security numbers.

Signatures:

Cynthia Dahan — 06/30/2026

Program Manager — Date

Nayomi Kershaw — 06/30/2026

Program Manager — Date

Christine Didion — 06/30/2026

Director of Programs — Date

Tawnya Martino — 06/30/2026

Chief Operating Officer — Date