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

Brian Hoben, Director of Community Service
Pasco County Senior Services
8600 Galen Wilson Boulevard
Port Richey, FL 34668

Dear Mr. Hoben,

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. Three 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: Thomas Snee, Assistant Director of Community Services
Josephine Benson, Senior Services Manager
Stefanie Meyer, Program Coordinator
Monica Marana, Program Coordinator

AREA AGENCY ON AGING PASCO-PINELLAS

Helping Seniors Live Well at Home

Area Agency on Aging of Pasco-Pinellas, Inc.

GENERAL REVENUE MONITORING

PROVIDER:	Pasco County Board of County Commissioners Pasco County Senior Services
DATE OF VISIT:	On-site visit: May 13, 2026 Exit Interview: June 29, 2026
LEAD AGENCY PARTICIPANTS:	Tom Snee, Pasco County Senior Services, Assistant Director of Community Services Josephine Benson, Pasco County Senior Services, Senior Services Manager Stefanie Meyer, Pasco County Senior Services, Program Coordinator Monica Marana, Pasco County Senior Services, Program Coordinator Jacob Lamotte, Pasco County Senior Services, Case Aide Supervisor
AAAPP PARTICIPANTS:	Christine Didion, AAAPP, Director of Programs Cynthia Galvan, AAAPP, Program Manager Nayomi Kershaw, AAAPP, Program Manager
AAAPP MONITORS:	Christine Didion, AAAPP, Director of Programs Cynthia Galvan, AAAPP, Program Manager Nayomi Kershaw, AAAPP, Program Manager
FUNDING PERIOD:	July 1, 2025 – June 30, 2026
SITES VISITED:	Desk review of documents completed; On-site visit location: Pasco County Senior Services, 4136 Barker Dr, New Port Richey, FL 34652

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. During the 2025-2026 fiscal year, Pasco County Senior Services projected a spending surplus in the CCE, ADI, and HCE programs. The Lead Agency is commended for taking appropriate measures to rectify the projected surplus. Lead agency implemented a comprehensive review of CCE and ADI care plans, allowing for the evaluation and adjustment of service costs to support clients with unmet needs. Lead Agency is recognized for its diligent efforts in strategic and budgetary planning to fully utilize remaining grant funds. Timely and proactive measures were instrumental in mitigating the projected surplus across both programs and included processing over 600 clients for release from the waitlist. Lead Agency has put appropriate plans in place to spend allocations going forward.

B. Lead Agency is commended for its dynamic leadership, ongoing support, and strong partnership with the Area Agency on Aging of Pasco-Pinellas (AAAPP). In April 2026, The Florida Department of Elder Affairs (DOEA) conducted a comprehensive audit of Case Aid and Case Management units and supportive documentation. As part of this process, DOEA conducted a rigorous review of the Lead Agency's CCE Case Management and Case Aide narratives and posted units covering the period of March 1 through March 31, 2026, totaling over 1000 hours of service units. Lead Agency is applauded for its outstanding performance in submitting all requested materials in a timely, organized, and responsive manner. AAAPP extends its sincerest appreciation for the Lead Agency's continued dedication to excellence and compliance. Results of DOEA audit remain pending at the time of writing this report; however, review by AAAPP resulted in few errors which are detailed in this report.

C. Lead Agency is highly praised for its steadfast commitment to serving seniors in Pasco County. Pasco County Lead Agency and its staff have demonstrated a strong capacity to receive and apply constructive feedback to support continued growth and development as an Agency. The case management team has consistently gone above and beyond in meeting client needs, from facilitating access to translation services to assisting clients facing eviction, all while demonstrating genuine care and compassion for the elderly and disabled residents of Pasco County.

II. Recommendations for Improvement

(Recommendations require a written response from the provider)

A. All participating agencies are encouraged to reinforce and adhere to policies regarding continuity of care and service accessibility for clients experiencing financial hardship. Per Appendix B of the DOEA Programs and Services Handbook, inability to pay should not be considered grounds for termination or discontinuation of services. Agencies are encouraged to work collaboratively with clients to explore alternative funding sources, payment plans, sliding scale options, or other supportive interventions when appropriate. Case files reviewed during this monitoring and throughout the monitored contract period were observed to have instances of Adverse Action notices sent to clients for unpaid copay without first documenting prior discussions of non-payment. It is recommended that Lead Agency follow their approved copayment policies and procedures to ensure that if termination does occur, it is due to a refusal to pay a copay rather than inability to pay. This documentation and justification should be included in case narratives and in discussions with clients, before an Adverse Action notice is sent to a client.

B. Lead Agency is encouraged to ensure case narratives consistently document when required 14-day follow-up contacts are needed in accordance with DOEA standards. Documentation should clearly note the reason and date a two-week follow-up is required. All follow up contact should be completed within the required timeframe and any subsequent action taken to address missed follow-up should also be noted in the case narrative. Consistent documentation of 14-day follow-ups will support compliance with DOEA standards and provide clear record of client monitoring and coordination efforts.

C. Lead Agency is reminded that client records must clearly document contact with the client prior to implementing any care plan changes, including extensions, modifications, or updates to services. Documentation should reflect client participation in the discussion, client agreement, and the justification provided for the requested change or extension. Maintaining thorough documentation supports client autonomy and demonstrates compliance with program and monitoring expectations.

III. Findings/Corrective Action

(Findings result in a formal corrective action plan)

A. No findings identified and no corrective action plan required.

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: Partially Achieved.
No formal corrective measures were identified in the previous programmatic monitoring. Last year's report included recommendations for documenting the use of adverse action notices in case narratives prior to sending them to clients in writing. Recommendations for improvement have been addressed with written responses where necessary and the use of adverse action notices is being documented in the narratives prior to mailing. However, Lead Agency is reminded to document all client discussions and include all applicable details outlining prior measures taken for those unable to pay copays as well as any client refusals that may affect service.

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 continues to submit Surplus/Deficit reports each month. Technical assistance is provided as needed to ensure Lead agency appropriately and accurately refers to their Surplus/Deficit report in their justifications for new releases for all General Revenue programs and to assist in identifying and correcting errors in reports. Lead Agency participates in monthly surplus/deficit meetings and provides appropriate feedback when discussing program budgets. PSA 5 Lead Agencies will be expected to project their own expenditures in all General Revenue programs and use these projections to support their requests for monthly releases. Lead Agency expenditures will continue to be monitored in the 2026-2027 fiscal year to ensure applicable fiscal oversight and management of spending authority expenditures.

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 maintains written procedure for verifying the accuracy of client and service data in eCIRTS as indicated in their Lead Agency application and in review of eCIRTS data by AAAPP staff.
B. In review of files, all Lead Agency Case Managers have opted to complete the 701B assessment directly in eCIRTS at the client's home, during the assessment interview. Therefore, no files containing turnarounds and written assessments appeared, resulting in no data integrity errors. Review of files demonstrate that Lead Agency case managers, case aides, and support staff are accurately updating eCIRTS to reflect clients' appropriate status in programs, care plans, referrals to providers, assessments, and demographics.
C. Since the transition to eCIRTS in December 2022, eCIRTS reports have slowly become available to verify accuracy of client data. Lead Agency consistently runs eCIRTS reports on their own and clears exceptions prior to AAAPP Program Managers running these reports. The few times exceptions are identified, Lead Agency quickly resolves them. Outcome Measures reporting continues to not be available in eCIRTS as of May 2026. AAAPP Program Managers will continue to examine available eCIRTS monitored and required reports on a routine basis and provide further assistance on these reports to Lead Agencies and Providers, as necessary.

Standard #4 – Outcome Measures

A. *State Fiscal Year Outcome Measures are being achieved.*
B. *Lead Agency implements the 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 May 2026, Outcome Measures remain unavailable in eCIRTS. No Outcome Measure data is available for review. 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 demonstrates that clients are surveyed regularly to ensure consumer satisfaction with service delivery.
B. Lead Agency submitted 10 individual surveys and an analysis report completed for clients across all General Revenue programs from the 2025 calendar year. Results reflected overall positive feedback from respondents, indicating satisfaction with services. No concerns noted.
C. Lead Agency maintains a written grievance and complaint procedure, in accordance with Department of Elder Affairs' standards, to address any client complaints regarding services.

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 has submitted their written Complaint policy and procedure.
B. Procedures are written in accordance with Department of Elder Affairs requirements. Procedures demonstrate Lead Agency must address complaints related to 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 address all required aspects regarding the nature and timing of complaints. File reviews documented clients are made aware of grievance and complaint procedures. File reviews also demonstrated that clients receive a copy of the Complaint and Grievance Procedure at the initial assessment home visit, and at subsequent annual reassessment home visits.
D. Lead Agency submitted a client complaint log for the 2025 calendar year. Lead Agency indicated a total of 20 logged client complaints received. Lead Agency is commended for maintaining appropriate documentation of complaint resolution and ensuring that all back-up documentation is submitted.

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. 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. Lead Agency submitted its grievance log for the 2025 calendar year. Lead Agency reported 52 grievances logged in 2025. Of the 52 grievances logged, all clients were provided with a determination letter and information on the appeals process with AAAPP, in compliance with Department of Elder Affairs (DOEA) Grievance Procedure requirements. All compliance and requirements were met.
D. Lead Agency engaged in the grievance process, when applicable, for enrolled ADI and CCE clients to complete care plan reviews to control ADI and CCE vendor expenditures. File reviews and reviews of grievances received at the AAA level, indicate compliance with the grievance procedures including providing advance notice of changes in services, at least ten (10) days in advance, and holding grievance reviews with impartial reviewers.

Standard #8 – SMMCLTCP Referrals

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

Response: Achieved.

The Medicaid Waiver Eligible eCIRTS report remained functional in the 2025 calendar year. As such, 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 case managers continue 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. AAAPP Program Manager completes regular updates on the Enrollment Management Log of CCE clients applying to SMMC LTCC services. Lead Agency addresses and assists clients who appear on this log. During the 2025 calendar year, the number of clients who entered a 30-day grace period due to non-compliance remained consistent with expected statistical variance. Clients entering the grace period, and who are identified as being at risk of losing CCE services, are appropriately addressed by case managers. When clients remained in a grace period throughout the 2025 calendar year and became ineligible for a second chance, Lead Agency assisted these clients in completing a new screening with the ADRC for SMMC LTCC waitlist placement, in accordance with CCE requirements, as these clients would be at increased risk for a potential crisis if they had lost CCE services.

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, as applicable, timely and in the correct prioritization order. The 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 Prioritization Policy and Procedure. Lead Agency utilizes the appropriate 701B assessment within the required timeframes.

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 and during monthly and quarterly reviews demonstrate Case Managers are familiar with non-DOEA funded services in Pasco County. Lead Agency leadership and case managers have met with the Department of Children and Families and Pasco County Sheriff's Office to discuss high-risk seniors and provide alternative resources to reduce the risk of crisis situations. Lead Agency case management staff are reminded of the importance of thoroughly reviewing for a comprehensive review of client's non-DOEA services already in place, as well as conduct a thorough review of a client's ability to be connected with other non-DOEA resources, such as services provided through hospice care, insurance programs, supply banks, etc. Case managers are reminded that the non-DOEA care plan must be contained in the case record.

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.
The file review showed Case Managers are appropriately offering nutritional services to clients noted as at nutritional risk. The Lead agency continues to use the 701B Assessment to identify potential Nutritional deficits and indicate services the client may need to aid in those deficiencies. In the 2025 calendar year, case managers ensured that appropriate documentation, such as orders from a physician, nurse, or other qualified health professional, were obtained prior to authorizing nutritional supplements. There is no current concern with this standard.

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. A total of 13 Case Managers or Case Manager Supervisors were employed during the monitored time period. All Case Managers and Supervisors meet education and/or experience requirements in accordance with DOEA standards. Lead

Agency has submitted to AAAPP appropriate college degree, or resume with AAAPP approval, if applicable, of all hired case managers.

B. File reviews demonstrated Case Managers are knowledgeable of formal and informal community services. No concerns were noted during file review of this substandard. Case managers are reminded to continue performing a thorough review of all non-DOEA and informal resources and services available with their clients.
C. File reviews demonstrated 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 were observed to have completed Level 2 background screening through the Care Provider Background Screening Clearinghouse before the start of employment. In accordance with Department of Elder Affairs Programs and Services Handbook, Appendix E, case manager personnel files are maintained with the required forms completed in relation to Level 2 background screening. Lead agency is reminded to have staff sign and date the privacy policy before BGS is completed, to include hire date with BGS results, and to have staff sign and date the attestation of compliance after results are returned as well as annually thereafter.

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 7 Case Aides or Case Aid Supervisors were employed by the Lead Agency during the monitored time period. All Case Aides and Supervisors meet education and/or experience requirements in accordance with DOEA standards. 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, and units billed.
F. All Case Aides employed during the monitoring period were observed to have completed Level 2 background screenings through the Care Provider Background Screening Clearinghouse before start of employment, and privacy policies were signed prior to background screening. Attestations of Compliance for all Case Aides were signed in accordance with DOEA standards. Lead agency is reminded

to have staff sign and date the privacy policy before BGS is completed, to include hire date with BGS results, and to have staff sign and date the attestation of compliance after results are returned as well as annually thereafter.

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 appropriate written internal audit/peer review policy and procedure, last revised November 7, 2023.

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

Response: Achieved.
Lead Agency submitted its Conflict of Interest Policy, outlined in the Purchasing Policies and Procedures Manual, last revised September 19, 2024.

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 report 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 of clients. Lead Agency utilizes locked rooms requiring key card access for entry to client file storage. Paper files with client information are maintained in locked file cabinets. Lead Agency appropriately shreds paper files on-site and maintains behind a locked door until the shredded files are ultimately securely transported via county vehicle for off-site incineration.
B. Lead Agency utilizes appropriate secure channels to submit client 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. Per submitted procedures, Lead Agency utilizes a password protected, encrypted email system. Lead Agency maintains a Workstation Security procedure requiring a screensaver to activate within 15 minutes of no activity on all workstations. There have been no concerns or issues related to HIPAA 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. The Lead Agency submitted training records for all current Case Managers and Case Aides that meet or exceed the required six (6) hours of in-service training in 2025.
B. All case managers and case aides employed in 2025 have completed the required Department of Elder Affairs 701B Assessment Training as indicated by completion certificates. Lead Agency collaborates with AAAPP Program Manager to schedule new staff for the Quarterly New Case Manager/Case Aide Training and Care Plan Training. Lead agency is reminded that all newly hired staff must complete the Quarterly New Case Manager and Care Plan trainings provided by AAAPP.

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. File reviews demonstrate assessments are generally completed timely and appropriately. The Lead agency is reminded to ensure assessment documentation is complete and accurately supports the client's reported status/circumstances. Changes in reported income/assets between 701B assessments should be documented in the Notes & Summary Section. Additionally, the Notes & Summary section should clearly support assessment scores, identified needs, and any significant scoring changes between 701B assessments. Documentation should include, as applicable, referrals for clients with nutritional scores of 5.5 or higher, medications not captured elsewhere in the assessment, supporting documentation for moderate- and high-risk environmental scores, and explanations for significant scoring changes.

B. File reviews demonstrate general compliance with care planning requirements; however, five of twelve files reviewed contained deficiencies related to the eCIRTS care plan. The deficiencies included missing documentation of the six-month care plan review date, missing authorized service entries, and discrepancies in care plan status, start dates, and/or end dates. The DOEA Programs and Services Handbook, Chapter 2 (Intake, Screening Prioritization, Assessment, and Case Management) requires that client records contain documentation of communication with the client before implementing care plan changes: "The case manager will oversee the care plan for continuity of services and changes in the client's functioning that warrant increases, decreases, or other changes in the recommended care plan. The case manager will discuss any changes in the care plan with the client, caregiver, and/or designee for acceptance prior to changes in service provision. The case manager will verify service quality and client satisfaction". Lead Agency is required to provide a written response describing the corrective actions implemented to ensure compliance with this standard, including confirmation that eCIRTS care plan entries are complete and accurate. Regarding the non-DOEA care plan, case managers are reminded to document all formal and informal support available to the client. This includes assistance provided by family members, neighbors, faith-based organizations, volunteer programs, and other community resources. AAAPP will continue to monitor non-DOEA care plans to ensure they are maintained in the client's record and accurately reflect available community support. Consistent documentation demonstrates compliance with DOEA requirements and supports effective service planning and responsible stewardship of grant funding.

C. Review of twelve client files identified 10 instances in which required follow-up activities were not completed or documented in accordance with established timelines and documentation requirements. 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 must ensure case narratives Clearly document when a 14-day follow up is required in accordance with Documentation should clearly identify the reason a 14-day follow up is required and the date it is due. All follow-up contacts should be completed within the required timeframe, and any actions taken to address missed follow-ups should be documented in the case narrative. Consistent documentation of 14-day follow-ups support compliance with DOEA standards and provides clear record of client monitoring and care coordination. 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 non-DOEA care plan is required to be maintained in the client's case record.

E. File reviews identified no critical program-specific deficiencies, and all clients reviewed were eligible for the General Revenue Program in which they were enrolled. The Lead Agency is encouraged to continue adhering to policies and procedures that support continuity of care and service accessibility for clients experiencing financial hardship. Per Appendix B of the DOEA Programs and Services Handbook, inability to pay should not be considered grounds for termination or discontinuation of services. Agencies are encouraged to work collaboratively with clients to explore alternative funding sources, payment plans, sliding scale options, or other supportive interventions when appropriate. Case file reviews identified instances in which Adverse Action Notices were issued for unpaid copayments without documentation of prior discussion regarding the client's nonpayment. The Lead Agency should follow its approved copayment policies and procedures to ensure adverse action is taken only when a client refuses to pay a copayment, rather than when the client is unable to pay. Case narratives should document discussions regarding the client's ability to pay and the justification for any adverse action before an Adverse Action Notice is issued. Lead Agency is required to provide a written response outlining the steps that will be taken to ensure compliance with this standard.

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: Achieved

A. Service billing in eCIRTS consistently matches care plan, date of service, and worker logs. Lead Agency regularly reviews billing records in eCIRTS to reconcile against care plans and communicates any discrepancies with Service Analysts. Service Analysts regularly review provider submitted worker logs to ensure accuracy in billing.
B. HCE client files were reviewed for this monitoring. Due to the Department of Elder Affairs Notice of Instruction #022219-1-I-SWCBS, all HCE client files reviewed receive Basic Subsidy only with additional services provided under other funding sources.
C. Documentation provided demonstrates that Case Management and Case Aide time billed is effectively justified by case narratives. Lead Agency is reminded that Case Management and Case Aide time billed is accumulated daily. The units entered into eCIRTS should be calculated by total daily minutes rather than separated based on note activity. Case Managers and Case Aides are encouraged to thoroughly document any extenuating circumstances resulting prolonged time billed in the case narratives as applicable.

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

Lead Agency 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 Chapters39 and 415 F.S.

Response: Achieved.

Review of case files demonstrates Lead Agency immediately reports any potential cases of abuse, neglect, self-neglect, or exploitation to the Florida Abuse Hotline.

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: Achieved.

AAAPP conducts full file reviews on all received APS high-risk referrals. APS high risk client files were also reviewed during this monitoring.

A. All reviewed clients' referrals were accepted on the day of receipt and services were implemented within 72 hours.
B. Communication between APS investigators and Case Managers is documented in client files. ARTT is updated within the appropriate time frame.
C. APS high-risk file reviews demonstrate Lead Agency complies with all APS standards and mandates except in the few minor situations noted in the regular file review process as applicable. All issues noted are quickly resolved to meet standards. Lead Agency is reminded to always document discussions involving "safety and risk factors" in the case narrative and the importance of meeting all contact milestones outlined in current procedures.

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 has complied with regulations, as required.
B. State General Revenue funded services are provided in accordance with the Department of Elder Affairs Program and Services Handbook and programmatic contractual requirements.
C. Files reviewed demonstrated that clients are provided sufficient notification of the reason for collection of social security numbers.

Signatures:

Cynthia Graham	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