May 20, 2013

Mr. Ken Hagan, Chairman
Hillsborough County Board of County Commission
PO Box 1110
Tampa, FL 33601

Subject: 2012/2013 Annual State General Revenue Programmatic Monitoring Report
Hillsborough County Family and Aging Services

Dear Mr. Hagan:

The West Central Florida Area Agency on Aging, Inc. (WCFAAA) conducted the annual program evaluation of State General Revenue Programs for the contract year 2012/2013. Attached for your review is a copy of the monitoring findings report.

The purpose of the evaluation is to determine if the programs are in compliance with the contract and approved grant application. The emphasis is on ensuring effective service delivery. The approach of utilizing a combination of desk review and on-site visit resulted in the broadening of communication channels and the provision of more technical assistance, helping agencies identify and implement solutions to issues as they arise.

As always, the staff was very cordial and cooperative during this visit. If you have any questions regarding this report, please feel free to call.

Sincerely,

Maureen S. Kelly
President and CEO

Enclosure

CC: Board of Directors, WCFAAA
President, Advisory Council, WCFAAA
Venerria Thomas, Director, Family and Aging Services, HCFAS
Bart Banks, Director, Division of Aging Services, HCFAS
Charlotte McHenry, Senior Vice President, WCFAAA
Gloria Schuyler, Chief Operating Officer, WCFAAA
Katie Parkinson, Vice President of ADRC and Program Management, WCFAAA
Kristina Melling, Program Manager, WCFAAA
Phil Hollister, Contract & Grants Manager, WCFAAA
West Central Florida Area Agency on Aging, Inc.
Program Monitoring Report
2012-2013 SGR Contract Year

FINDINGS

Agency: Hillsborough County Family and Aging Services (HCFAS)

Programs: Community Care for the Elderly (CCE)
Home Care for the Elderly (HCE)
Alzheimer's Disease Initiative (ADI)
Local Service Provider (LSP)

Director: Bart Banks, Director of Division of Aging Services

Board Chairperson: Ken Hagan, Chairman

Date of Monitoring: February 19 & 20, 2013

Participants: Bart Banks, HCFAS, Director
Mary Jo McKay, HCFAS, Section Manager
Felicia R. Southers, HCFAS, Section Manager
Regina Dean, HCFAS, Human Services Supervisor
Pamela Capallia, HCFAS, Human Services Supervisor
Lynne Roberts, HCFAS, Project Coordinator
Bruce Dangermond, HCFAS, Business and Support Services Manger
Tracy Gogichashvili, HCFAS, Manager
Mark Kolman, HCFAS, County Audit Manager
Frances Brea-Nieto, HCFAS, RN/General Manager
Michelle Ingram, HCFAS, Human Services Supervisor
Patti Douglas, HCFAS, Accountant III
Deborah Thomas, HCFAS, Accountant II
Chris Butler, HCFAS, Senior Internal Auditor
Kristina Melling, WCFAAA, Program Manager
Christy Wright, WCFAAA, Program Manager
I. Introduction

Community Care for the Elderly (CCE), Home Care for the Elderly (HCE), and the Alzheimer's Disease Initiative (ADI) are programs funded through State General Revenue funds of the State of Florida. The Department of Elder Affairs contracts these funds with eleven Area Agencies on Aging, who in turn enter into local contracts with lead agencies in each county for direct service provision. The ultimate goal of all the programs is to provide community based services organized in a continuum of care to assist those older adults aged 60 and over at risk of nursing home placement to live in the least restrictive environment suitable for their needs. Lead Agencies provide case management and coordinate services for the consumers.

Community Care for the Elderly (CCE) Program
The Community Care for the Elderly Act as amended in 1980 provided for a state-funded program to serve the functionally impaired older person. "Functionally impaired" refers to persons who are homebound and live in the community but require help from others to cope with the normal demands of daily living.

Funding for the CCE program is administered by the Area Agency on Aging which subcontracts with a lead agency in each county to provide case management and a full array of core services. The services of the program focus on helping functionally-impaired elderly persons, age 60 or older, remain in their homes or the home of a caregiver rather than relocating to an institution or nursing home. Because the services by themselves do not include all of the services that frail older people may require to remain in the community, providers are expected to coordinate with other community service providers.

Alzheimer's Disease Initiative (ADI)
This program provides services and training to address the special needs of individuals suffering from Alzheimer's disease and related memory disorders, as well as the needs of their caregivers. There are five state-funded memory disorder clinics in Florida providing medical diagnosis and treatment for victims and training for caregivers. Research projects are also conducted at these clinics with state and federal funds. Respite care services are provided on a limited basis with state funds through local service provider agencies in 38 counties of the state. Three counties have model day care programs in conjunction with three of the university medical school memory disorder clinics. If a caregiver is present, provision of services such as Adult Day Care or Respite can alleviate the burden of care.

Home Care for the Elderly (HCE)
This is a financial subsidy program for frail elders with an adult caregiver in need of assistance to keep the elder at home. This program was transferred from the Department of Children and Families to the Department of Elder Affairs in 1995.

The West Central Florida Area Agency on Aging (WCFAAA) contracts with Hillsborough County Family and Aging Services to provide to older adults these much needed services.

This report identifies each of the major sections covered during WCFAAA’s monitoring of your agency either on site or through desk review, and any findings related to areas of review. Only those findings resulting in a recommendation or requiring corrective action are referenced in this report.
II. **Contract Review**

**Overview of Contract Activity**
At the time of this monitoring report, WCFAAA provided funding as follows:

**Community Care for the Elderly (CCE):**

<table>
<thead>
<tr>
<th>Service</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care</td>
<td>$108,084</td>
</tr>
<tr>
<td>Case Management</td>
<td>157,873</td>
</tr>
<tr>
<td>Case Aide</td>
<td>1,396</td>
</tr>
<tr>
<td>Chore</td>
<td>7,895</td>
</tr>
<tr>
<td>Companion</td>
<td>15,813</td>
</tr>
<tr>
<td>EAR (Emergency Alert Response)</td>
<td>43,940</td>
</tr>
<tr>
<td>Enhanced Chore</td>
<td>11,556</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>181,655</td>
</tr>
<tr>
<td>Homemaker</td>
<td>195,898</td>
</tr>
<tr>
<td>Personal Care</td>
<td>246,878</td>
</tr>
<tr>
<td>Pest Control Initiation</td>
<td>2,117</td>
</tr>
<tr>
<td>Pest Control Maintenance</td>
<td>16,896</td>
</tr>
<tr>
<td>Respite (Facility)</td>
<td>10,169</td>
</tr>
<tr>
<td>Respite</td>
<td>170,393</td>
</tr>
<tr>
<td>Specialized Medical Equipment, Supplies</td>
<td>67,799</td>
</tr>
</tbody>
</table>

**Total CCE Funding** $1,238,369

**Home Care for the Elderly (HCE):**

<table>
<thead>
<tr>
<th>Service</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>$42,001</td>
</tr>
<tr>
<td>Basic Subsidies ($106 monthly per client)</td>
<td>193,368</td>
</tr>
</tbody>
</table>

**Total HCE Funding** $235,369

**Alzheimer’s Disease Initiative (ADI):**

<table>
<thead>
<tr>
<th>Service</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>$13,121</td>
</tr>
<tr>
<td>Respite in home</td>
<td>162,836</td>
</tr>
<tr>
<td>Model Day Care</td>
<td>80,746</td>
</tr>
</tbody>
</table>

**Total ADI Funding** $256,703

**Local Service Provider (LSP)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemaker</td>
<td></td>
</tr>
</tbody>
</table>

**Total LSP Funding** $77,894

**Total State General Revenue Funding** $1,808,335
III. Findings

a. Previous On-Site Monitoring
The 2011-2012 monitoring report documented one (1) recommendation as follows:

**Recommendation:** WCFAAA recommended HCFAS and APS (Adult Protective Services) jointly evaluate client refusals of formal services and determine appropriate methods of reducing refusals.

HCFAS assured WCFAAA the recommendation was adopted into practice and HCFAS continues to analyze and evaluate client refusals. HCFAS reports clients refusals still occur, but through increased collaboration with APS refusals have slightly decreased since the 2011-2012 monitoring.

b. Surplus Deficit
At the time of this report, HCFAS projected all funds to be used by the end of the grant period in the ADL, HCE and LSP programs. Currently, the CCE program continues to transfer eligible clients to the Medicaid Waiver Program and any remaining deficit will be supported by Hillsborough County funds.

c. Staff Development and Training
No deficiencies noted.

d. Health and Safety Assurance
No deficiencies noted.

e. Confidentiality Requirements
No deficiencies noted.

f. Grievance Procedures
No deficiencies noted.

g. Adult Protective Services (APS)
For the past several years, HCFAS has continued to improve its relationship with the Adult Protective Services team as well as focusing on the documentation required for clients who are referred by this entity. This has resulted in improved communication between the APS Investigators and HCFAS staff.

Since the beginning of the contract, July 2012 through May of 2013, HCFAS has received one hundred and twenty-two (122) high risk APS referrals. Of the one hundred and twenty-two (122) high risk APS referrals, WCFAAA reviewed six (6) client files which indicated that crisis-resolving services were provided to these high-risk clients within the required seventy-two (72) hours.

No deficiencies noted.

h. Subcontractor Monitoring
No deficiencies noted.

i. Outcome Measures
Outcome Measures are tracked by the HCFAS Section Managers and Supervisors. Quality Management also tracks outcome measures by completing exception reports, tracking trends,
and identifying barriers to achieving goals. Each month, HCFAS is required to submit a report for all clients that are not improving or maintaining their outcome measure goals and this report is submitted on a timely basis. In the 2011/2012 contract year HCFAS achieved eight (8) of the nine (9) Outcome Measures. The Environmental measure was not being achieved. At the time of this monitoring, HCFAS is currently achieving nine (9) of the nine (9) Outcome Measures.

No deficiencies noted.

j. Service Delivery Evaluation
HCFAS continues to place strong emphasis on the delivery of quality services to their clients. The statistical information gathered throughout the various departments is the core of their continuous quality improvement initiatives.

No deficiencies noted.

k. Consumer Satisfaction Surveys
In April 2012, 5690 surveys were sent to clients and 1,614 were returned. The overall satisfaction rate was 91%.

No deficiencies noted.

l. Program Income/Co-Payments from Clients
HCFAS achieved their co-payment goals for the 2011-2012 contract year. Currently, the CCE and ADI programs are on track to achieve the goals for the 2012-2013 time period. As of February 2013, $42,643 has been collected in the CCE program and $5,624 in the ADI program. All funds have been used to service additional consumers.

No deficiencies noted.

m. Client Information & Referral Tracking System (CIRTS)
No deficiencies noted.

n. Targeting
No deficiencies noted.

o. Case File Review
As part of the monitoring process, WCFAAA reviewed sixteen (16) client files. These files were selected based on information obtained from CIRTS reports. Eleven (11) of the sixteen (16) files contained all necessary information and were in satisfactory order. In order to maintain client confidentiality a detailed client file review will be sent separately to HCFAS. Below is a summary of client file discrepancies:

- Two (2) of the sixteen (16) client files reviewed did not contain completed co-payment financial worksheets. The asset portion of the worksheet was incomplete; however the asset portion of the co-payment worksheet has no bearing on client eligibility.

- Two (2) of the sixteen (16) client files reviewed contained CIRTS data errors; however, they had no bearing on the risk or priority score.
Area of Concern: Inadequate documentation

DOE Program and Service Handbook, 6-4: "In order for a client to be eligible for the Alzheimer’s Disease Initiative Program the individual must be 18 years of age or older and have a diagnosis of Alzheimer's disease or a related disorder, or be suspected of having Alzheimer’s disease or a related disorder."

One (1) of the ADI client files did not contain adequate documentation that the client had dementia or a memory related disorder. The 701 B assessment and case narratives did not record the client as having Alzheimer’s disease or significant memory problems. During WCFAAA’s monitoring the case manager contacted the client’s spouse to confirm the client did suffer from a memory related disorder. The assessment and case narratives were updated to reflect the client’s condition.

Strong Recommendation:
WCFAAA suggest HCFAS reviews all ADI client files to ensure client eligibility. In January 2013 WCFAAA provided Case Management training on ADI program and client file documentation requirements. However, following HCFAS’s review, it may be determined additional training is needed.

IV. Issues/Challenges

Management
Case Management staff continues to maintain heavy caseloads due to the County’s budget cuts.

Staff Development
The number of appropriate training opportunities offered by HCFAS’ Human Resource Department has significantly decreased. HCFAS will continue their efforts to become more innovative in obtaining training classes to meet their goals.

Service Delivery
HCFAS faces the challenge of considering consolidating services and collocating programs.

HCFAS will no longer provide adult day care services (ADC). Instead focus will be shifted from adult day care to congregate dining, home delivered meals administration, and active senior programs. As a result of the new focus, private pay enrollment of adult day care has ended. As attendance at adult day care decreases, adult day care staff will begin to oversee newly opened congregate dining sites, establish and facilitate activities, and complete home delivered meal reassessments. The challenge will be to keep workloads balanced, while focusing on increasing active senior’s attendance and activities at the new sites. WCFAAA expects HCFAS to develop an internal transitional plan as the County moves forward with cessation of adult day care services in effort to diminish adverse affects on current clients.

V. Innovations and Improved Performance

Management
HCFAS has incorporated a standard agenda item into the quarterly meeting, whereby staff are provided an open forum to brainstorm and share ideas in which to improve efficiency, quality of service, and customer satisfaction across all programs. HCFAS reports this approach has been well-received by the staff, who have become more engaged in developing and implementing process improvements.
Case Management has two new Case Aides assisting Case Managers with paraprofessional duties allowing the Case Managers to handle clients more effectively.

Service Delivery
HCFAS successfully hosted the Annual Caregiver’s Reception. This year’s event incorporated training for caregivers. The theme titled, “Caregivers...It takes Heart and Soul.” The training topics were diverse and included information on the Alzheimer’s research, caregiving stress during the holidays, and how caregiving affects sleeping patterns.

Adult Day Care and Senior Centers utilized 64 unduplicated volunteers since the beginning on the contract year. Volunteers provided a total of 8,692 direct and indirect service hours in all aspects of the Adult Day Care and Senior Centers programs.

Staff Development
Several staff attended the Florida Council on Aging Conference held in Orlando in August 2012.

Staff continue to receive training on the following topics: AID/HIV/Blood borne Pathogens; Alzheimer’s Disease Initiative Training by the certified adult day care staff, USF Memory Disorder clinic staff, USF community training; Food Hygiene ServTracker training; CPR/first aide; Sexual Harassment; Defensive Driving; Developing Others; Uniform Comprehensive Assessment Training; Ethics; and Principles of Leadership. Three Licensed Practical Nurses attended the Florida Adult Day Services Association conference. Training has been attended by various levels of staff.

Summary
As a result of the State General Revenue monitoring, the West Central Florida Area Agency on Aging has one (1) area of concern resulting in a strong recommendation.

WCFAAA appreciates HCFAS’ continued efforts to serve the seniors of Hillsborough County. If you have any questions concerning this report, please contact your Program Manager. In the challenging months ahead, WCFAAA stands ready to assist you in continuing your efforts to provide quality services to the seniors in this community.

Submitted By: [Signature]
Date: 05/17/13

Reviewed By: [Signature]
Date: 05/17/13