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March 19, 2024

Joan Boles, Executive Director  
Bay Area Legal Services, Inc.  
1302 N. 19th Street, Suite 400  
Tampa, FL 33605-5230

Dear Ms. Boles

Enclosed is the 2024 Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Legal services program.

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 2024 monitoring produced no findings and no recommendations. The cooperation of your staff during the desk review and monitoring process was appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Marie Winter'.

Ann Marie Winter  
Executive Director

Enclosures

cc: Jena Blair, Managing Attorney, Bay Area Legal Services, Inc.





Area Agency on Aging  
of Pasco - Pinellas, Inc.

**Area Agency on Aging of Pasco-Pinellas, Inc.**  
**2023 OAA/LSP LEGAL SERVICES MONITORING**

**PROVIDER:** Bay Area Legal Services  
Legal Services Provider

**DATE(S) OF VISIT:** February 23, 2024

**PARTICIPANT(S):** Jena Blair, Managing Attorney

**MONITOR(S):** Michelle Tavares, Program Manager

**FUNDING PERIOD:** 2023

**SITES VISITED:** 7340 Little Rd Suite 101, New Port Richey, FL 34654

## **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**

Since the last monitoring, there have been shifts in leadership and management at Bay Area Legal Services, Inc. Our long-time CEO, Dick Woltmann, retired after 43 years of service. The new CEO is Joan Boles who was Dick Woltmann's partner for almost four decades as the Deputy Director role for Bay Area Legal Services. Additionally, the Team Leader for the Volunteer Lawyers Program was promoted to the Deputy Director role. Furthermore, Guilene Theodore retired as the Managing Attorney for the Pasco County New Port Richey office. She also acted as the Project Director for the Title III AAAPP project for all of Pasco County. Jena Blair has filled this vacancy as the Managing Attorney and Project Director and comes to Bay Area with 23 years of legal aid experience at Gulfcoast Legal Services. Finally, the open Title III Elder Law Attorney position has been filled by Lauren Ingledue. Lauren Ingledue is an experienced and compassionate attorney advocate who comes to us with several years of experience at Gulfcoast Legal Services to our New Port Richey office.

In the current and prior fiscal years, Bay Area has also been awarded additional Title III funds through the Area Agency on Aging for Pinellas Pasco, allowing services to continue and expand beyond the initial awarded amounts. Additionally, beginning September 26, 2022, the Senior Advocacy Unit at Bay Area Legal Services extended its civil legal services to seniors in Hardee, Highlands, and Polk counties. This expansion was made possible by Title III funding through the Senior Connection Center.

Upon the retirement of long-term CEO, Dick Woltmann, Bay Area Legal Services has received a \$500,000 pledge from an anonymous donor to establish the Richard C. Woltmann Endowment Fund. The gift honors Richard 'Dick' Woltmann's 43-year tenure as president & CEO of Bay Area Legal Services. The donor also set forth a challenge for Bay Area Legal Services to collectively raise \$167,000 toward the endowment, to which the donor will match on a 3-to-1 basis. This pledge represents the largest gift Bay Area Legal has ever received from a single donor.

Significant awards to the BALS staff included recognizing Jena Hudson, the prior Managing Attorney of the Volunteer Lawyers Program, as a "Leader in the Law" by the Florida Association for Women Lawyers (FAWL) at the Blue & Gold Reception at The Florida Bar Convention. Karen Buesing, a longtime supporter and pro bono attorney for Bay Area Legal Services, was also

honored at FAWL's Blue & Gold Reception with the "Rosemary Barkett Outstanding Achievement Award." Karen spoke movingly about pro bono services to homeless teens and low-income people.

**II. Recommendations for Improvement**

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

- There are no recommendations.

**III. Findings/Corrective Action**

*(Findings result in a formal corrective action plan)*

- There are no findings.

## 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:** N/A

### **Standard #2 – Targeting, Prioritization and Waitlist**

- Provider has implemented the approved plan to target individuals with greatest economic need, older individuals with greatest social needs, older individuals at risk for institutional placement, older minority individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (Pasco only).*
- Provider is serving the proposed number and percentage of older individuals with greatest economic need, older minority individuals, older individuals at risk for institutional placement, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (Pasco only).*
- Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy.*

**Response:** Achieved.

- Provider outlined their plan to targeting individuals in all categories in their 2024 continuing application and is currently implementing that plan.
- Review of the 2023 quarter four report and analysis indicate that provider has met the proposed number and percentage of older individuals in all Older Americans Act target categories.
- The provider enters client intake information in Legal Server which serves as their prioritization tool, and it is utilized in accordance with their approved client prioritization policy.

### **Standard #3 – Staff Training**

*Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training is conducted annually for all applicable program staff.*

**Response:** Achieved.

The provider submitted elder abuse training certificates for three (3) staff members. Training was conducted in 2023.

**Standard #4 – Programmatic Reporting**

*All required programmatic reports are accurate and submitted in a timely manner:*

- A. *Annual Outreach and Public Education Report*
- B. *Quarterly Reports*
- C. *Detailed meeting minutes from the agency Board of Director meetings are submitted regularly.*
- D. *Surplus/Deficit Reports*

**Response:** Achieved.

- A. The provider submitted their 2023 Annual Outreach and Education on time.
- B. All quarterly reports are submitted on time.
- C. Board of Director Meetings are held quarterly. Meeting minutes are submitted upon approval and on time.
- D. Surplus/Deficit reports are submitted by the 20<sup>th</sup> of each month and are considered accurate.

**Standard #5 – Case Record Compliance**

*Case narratives demonstrate compliances with client eligibility, intake, and service delivery.*

**Response:** Achieved.

Case narratives were reviewed for three (3) 2023 OAA Title IIIB/LSP cases and one (1) 2023 OAA Title IIIIEG case. All narratives reviewed reflected compliance with requirements for client eligibility, intake, and service delivery.

**Standard #6 – Budgetary Compliance**

- A. *Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.*
- B. *The provider has a clear audit trail for units of service entered in eCIRTS as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.*

**Response:** Achieved.

- A. For calendar year 2023, the provider fully expended LSP and IIIB funds. Seventy-three percent of IIIIEG funds were expended. Provider also utilized ARP funds in 2023. Total ARP year funds utilized for ARP contract year, IIIB, seventy-eight percent and IIIIEG, thirty-four percent.

- B. Review of client unit service reports and provider billing records for October 2023 indicate that the provider has a clear audit trail of services entered eCIRTS.

**Standard #7 – Consumer Satisfaction**

*Consumer satisfaction and effective delivery of service has been verified through:*

- A. *Policies and procedures related to consumer satisfaction detailing how satisfaction will be measured annually.*
- B. *Home visits and/or client interviews (including service observation, if possible) to reveal effective delivery of service.*
- C. *Client satisfaction surveys accompanied by a satisfaction survey/analysis summary report for the last fiscal year of completion.*
- D. *Provide status on the timeframe for the client satisfaction survey in the current fiscal year (will vary depending on when monitoring visit occurs). The provider makes home visits, if necessary.*

**Response:**

- A. The provider has an approved policy and procedure related to consumer satisfaction detailing how consumer satisfaction is measured.
- B. Due to confidentiality, home visits and/or client interviews were not conducted.
- C. Provider submitted a sample of client satisfaction surveys. Satisfaction surveys are given to clients at close of their case. Analysis of client satisfaction surveys indicate seven mailed surveys and one google review were received in 2023. Review of sample surveys and analysis indicate that overall clients were strongly satisfied with the service they received. Provider also identified that they had a lower return rate on mailed surveys in 2023.
- D. Clients are provided a client satisfaction survey at the close of their case. All returned surveys are reviewed and analyzed annually.

**Standard #8 – Grievances, Incidents, and Complaints**

*Consumer satisfaction and effective delivery of service has been verified through:*

- A. *Provider has approved internal grievance policies, procedures, and logs that address both denial of service and complaints by clients about manner or quality of legal assistance.*
- B. *Provider has approved complaint policies, procedures, and logs, including documentation of the service provider response and resolution.*
- C. *Provider has approved incident policies, procedures, and logs, including documentation of the service provider response and resolution.*

**Response:** Achieved.

- A. The provider has an internal grievance policy and procedure in place that addresses denial of service and complaints by clients about the manner or quality of legal assistance. The provider submitted their 2023 grievance log which indicates two (2)

grievances were reported in 2023. Log documentation provided appropriate responses and resolutions. Supportive documentation is maintained with the providers' Deputy Director.

- B. The provider has an internal complaint policy and procedure in place that addresses dissatisfaction of services. The provider submitted their 2023 complaint log. No complaints were reported for 2023.
- C. The provider has an internal incident policy and procedure in place. The provider submitted their 2023 incident log. No incidents were reported for 2023.

### **Standard #9 – Voluntary Contributions**

*Provider has a voluntary contribution system in place conforming with the Older Americans Act:*

- A. *Approved Voluntary Contributions Policy/Procedure*
- B. *Provider has a letter and/or sign related to voluntary contributions which provides each recipient with an opportunity to voluntarily and confidentially contribute to the cost of the service; clearly informs each recipient that there is no obligation to contribute, and that the contribution is purely voluntary; and all contributions shall be used to increase service availability.*

**Response:** Achieved.

- A. The provider has a voluntary contributions policy and procedure in place.
- B. The provider has a letter that is given to clients and a sign posted in the client waiting area of their offices related to voluntary contributions.

### **Standard #10 – Regulatory Compliance**

*OAA Provider is in Regulatory Compliance with:*

- A. *OAA services reviewed are being provided in accordance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application*
- B. *Provider complies with all regulations pertinent to the service being provided (I.E, fire, health inspections, licensure, etc.)*
- C. *Provider is acting in accordance with the Florida Statute 119.071 (5) requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for collection.*
- D. *Health Insurance Portability and Accountability Act (HIPAA) requirements including policies/procedures.*
- E. *Provider is in compliance with the Provider Conflict of Interest Program Procedure (PR 132) issued 12/2017.*
- F. *Provider submits their Comprehensive Emergency Management Plan/Continuity of Operations Plan annually as required.*



**Response:** Achieved.

- A. The OAA services are being provided in compliance with the most current DOEA Programs and Services Handbook and the most current approved Service Provider Application.
- B. The provider is compliant with all regulations pertinent to the service provided. Bay Area Legal Services, Inc. is a Legal Services Corporation (LSC) project grantee.
- C. The provider does not collect social security information, clients are given the option of entering the last four digits of their social security number.
- D. Provider is adhering to all HIPAA requirements and have security and confidentiality policies and procedures in place.
- E. The provider is in compliance with the Provider Conflict of Interest Program procedure and has a policy and procedure in place.
- F. The CEMP/COOP has been updated for 2024 and provided to the AAAPP Director of Planning/Emergency Coordinating Officer as required.

**Standard #11 – Involvement with the ADRC**

*Provider is involved with the Aging and Disability Resource Center (ADRC) and abides by the no-wrong-door system:*

- A. *Maintains partnership with the ADRC, state, and community agencies to ensure that regardless of which agency people contact for help, they can access information about the options available across all the agencies and in their communities.*
- B. *Services not arranged through agency contracts should be obtained through referrals to other community resources (i.e., ADRC, volunteer agencies, informal networks and/or proprietary agencies that charge fees).*

**Response:** Achieved.

- A. The provider maintains a positive partnership with the ADRC and other community partner agencies to ensure that potential clients receive the assistance they need. If the provider receives a referral from someone in need of additional services, a referral is then made to the ADRC.
- B. The provider actively participates in provider networking opportunities and ensures referrals are made to other community providers to assist clients who are not receiving needed services.

**Standard #12 – Subcontractors**

*Provider shall monitor, at least once per year, each of its subcontractors that are paid from OAA/LSP funds as required by the Standard Contract and will:*

- A. *Submit a copy of the programmatic monitoring record to the AAAPP upon completion to ensure contractual compliance.*
- B. *Submit a copy of all subcontracts to the AAAPP within thirty (30) days of execution of each subcontract agreement.*

**Response:** N/A. Subcontractors are not utilized.

**Standard #13 – Volunteers**

*Provider has policies/procedures governing the utilization of volunteers and submits the Department of Elder Affairs Volunteer Activity Report annually as required.*

**Response:** Achieved.

The provider has a volunteer policy and procedure in place regarding the utilization of volunteers. The provider submitted their Volunteer Activity Report to the Department of Elder Affairs as required.

**Standard #14 – Background Screenings**

Provider completes Level II Background Screenings, as necessary. Documentation to include:

- Signed and dated Privacy Policy;
- “Eligibility Statement” with proof of Employment History from DOEA;
- Signed and dated Affidavit of Compliance Candidate Form (effective October 2023)

**Response:** Achieved

Background screenings were reviewed for eight staff members. All documents were available and completed as required.

**Signatures:**

*Michelle Tavares*

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**Michelle Tavares, Program Manager**

Mar 19, 2024  
\_\_\_\_\_  
**Date**

*Christine Didion*

\_\_\_\_\_  
**Christine Didion, Director of Programs**

Mar 19, 2024  
\_\_\_\_\_  
**Date**

*K Marsalek*

\_\_\_\_\_  
**Kerry Kimball Marsalek, Chief Operating Officer**

Mar 19, 2024  
\_\_\_\_\_  
**Date**