



9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • [www.agingcarefl.org](http://www.agingcarefl.org)

---

March 2, 2022

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

Dear Mr. Woltmann,

Enclosed is the 2021 -2022 Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Legal services program. Client information and quarterly reports were reviewed through the current date.

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 2021-2022 monitoring produced no findings and one recommendation. The cooperation of your staff during the desk review and monitoring process was appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "AnnMarie Winter", is positioned above a horizontal line.

AnnMarie Winter (Mar 2, 2022 11:25 EST)

Ann Marie Winter  
Executive Director

Enclosures

cc: Guilene Theodore, Attorney, Bay Area Legal Services, Inc.



Area Agency on Aging  
of Pasco - Pinellas, Inc.

**Area Agency on Aging of Pasco-Pinellas, Inc.**  
**2022 OAA/LSP LEGAL SERVICES MONITORING**

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

**DATE(S) OF VISIT:** Desk Review February 18, 2022

**PARTICIPANT(S):**

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

**FUNDING PERIOD:** 2021 - 2022

**SITES VISITED:** Monitoring completed via desk review

## **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. Recommendations for Improvement**

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

- It is recommended that the provider dates all policies and procedures and reviews those at least every three years.

### **II. Findings/Corrective Action**

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

- There were 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:** Not applicable. There were no issues in the previous programmatic monitoring.

### **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 2022 continuing application and is currently implementing that plan.
- In 2021, the provider did not serve the proposed number of older individuals in all targeting categories other than at *risk of placement*. The provider has submitted proposed numbers for 2022 in their 2022 continuing application. Proposed numbers remain the same as 2021. It was noted in the provider 2021 Outreach and Education report that the provider formed an Outreach Committee in 2021 “to be more efficient in our outreach”. The provider has also developed a Landlord Tenant Issue brochure that was distributed at the Court of the 6<sup>th</sup> Judicial Circuit Legal Information Center which “provides information specifically targeted to all the groups”. The AAAPP commends the

provider for acknowledging the additional need for outreach efforts to meet all targeting groups and for implementation of the forementioned committee.

- C. 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 five (5) staff members. Training was conducted on September 21, 2021, with AAAPP Victim Advocate Program Manager.

### **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 2021 Annual Outreach and Education on time and accurately.
- B. All quarterly reports are submitted on time and are considered accurate.
- 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) 2022 OAA Title IIIB/LSP cases and one (1) 2022 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. The provider identified their plan in their 2022 continuing application to serve the number of proposed units utilizing LSP and OAA funding.
- B. Review of client unit service reports and provider billing records for December 2021 indicate that the provider has a clear audit trail of services entered into 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) in order 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). Home visits are made by the provider, if necessary.*

**Response:**

- A. The provider has an approved policy and procedure related to consumer satisfaction detailing how consumer satisfaction is measured annually. The policy is undated. It is recommended that the policy is dated and reviewed at least every three years.
- B. Home visits and/or client interviews were not conducted during this monitoring period.
- 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 demonstrate that clients are strongly satisfied with services received. To quote a client, "service was exceptional, very pleased ". The provider also identified through their analysis that they should continue efforts to make a stronger presence in the community.
- 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 dissatisfaction of services by clients. The provider submitted their 2021 grievance log which indicates no grievances were reported in 2021.
- B. The provider has an internal complaint policy and procedure in place that addresses dissatisfaction of services. The complaint policy was undated. It is recommended that the policy is dated and reviewed at least every three years. The provider submitted their 2021 complaint log which indicates no complaints were reported in 2021.
- C. The provider has an internal incident policy and procedure in place. The policy is dated June 26, 2016. It is recommended that the policy is reviewed at least every three years. The provider submitted their 2021 Incident log which indicates that no incidents were reported in 2021.

### **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 clearly convey those services are free of charge and all contributions shall be used to increase service availability.*

**Response:** Achieved.

- A. The provider has a voluntary contributions policy and procedure in place. The policy was undated. It is recommended that the policy is dated and reviewed at least every three years.
- B. The provider has a letter that is given to clients related to voluntary contributions which conveys those services are free of charge and all contributions shall be used to increase service availability.



### **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 2022 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 policy was undated. It is recommended that the policy is dated and reviewed at least every three years. The DOEA Volunteer Activity Report is submitted annually to the AAAPP as required.

Signatures:

*Michelle Tavares*

\_\_\_\_\_  
Michelle Tavares, Program Manager

Mar 2, 2022

\_\_\_\_\_  
Date

*Kristina Jalazo*

\_\_\_\_\_  
Kristina Jalazo, Director of Program Accountability

Mar 2, 2022

\_\_\_\_\_  
Date