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November 4, 2020

Mr. Dan Biles
Pasco County Administrator
Pasco County Government
8731 Citizens Drive
New Port Richey, FL 34654

Dear Mr. Biles,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Transportation program for contract year January 1, 2020 - December 31, 2020. CIRTS data, client information, and quarterly reports were also reviewed through 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 2020 monitoring produced no findings but did produce two recommendations. The cooperation of your staff throughout the monitoring process was greatly appreciated.

Sincerely,

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

Ann Marie Winter
Executive Director

Enclosures

cc: Kurt Scheible, Transportation Director



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2020 OAA/LSP
TRANSPORTATION SERVICE MONITORING

PROVIDER: Pasco County Public Transportation

DATE(S) OF VISIT: Site visit waived due to COVID-19

PARTICIPANT(S): Exit conference waived due to COVID-19

MONITOR(S): Don Hill, Program Manager

FUNDING PERIOD: January 1, 2020 - December 31, 2020
(CIRTS data, client, information, and quarterly reports
were reviewed through the current date)

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)

- During fiscal year 2020, PCPT missed deadlines for monthly and quarterly reports. The Provider also submitted the required documents for this FY2020 monitoring a week after the due date of all electronic desk review documents, which was listed on the checklist sent to the Provider. The Provider has committed to improving by requesting a schedule of due dates for reporting, requesting a Project Director training and has cooperatively supplied missing reports for previous months.
- For FY2021, it is required that the ed Provider include the proper templates used for complaint, grievance and incident logs and training documentation such as sign in sheets or an agenda, which were not present in the original documents submitted for the desk review. While these logged complaints were later provided, a format capturing resolution is necessary.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- There were no findings and no corrective action is necessary.

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.

No unresolved issues from the previous June 26, 2019 monitoring visit.

Standard #2 – Targeting, Prioritization, and Waitlist

A targeting plan with specific targeting objectives is in place:

- A. *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).*
- B. *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).*
- C. *Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy.*
- D. *A random sample of client files from the Assessed Prioritized Consumer List (APCL) in CIRTS will be requested for review during the monitoring visit. Please have all waitlist information, files, policies and procedures available.*

Response: Partially Achieved.

- A. Provider has outlined their plan to target individuals in their 2020 Continuing Service Application. Following a review of their policies and procedures, it can be determined the Provider is appropriately implementing their targeting plan.
- B. Per the most recent quarterly report provided (Quarter 2), it is indicated the Provider was successful in utilizing all of their LSP funding. By the end of the 2nd Quarter, they successfully achieved serving the proposed number of LSP clients in each targeting category, except 60+ Rural. Targeting goals served with OAA funding, were not met in some categories, such as 60+ Minority, 60+ Rural, 60+ Limited English and 60+ At Risk. These unachieved goals can be attributed to COVID-19 affecting the number of Clients able to receive service during programmatic year. Provider will continue to work toward reaching goals through 2020.
- C. The Provider has been observed as correctly utilizing an approved prioritization instrument, as outlined in their OAA Service Prioritization Policy and Procedures.
- D. Waived due to COVID-19.

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. Provider supplied documentation showing that Elder Abuse training is conducted annually, and that all applicable current program staff have been compliant in receiving this training

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: *Partially Achieved.*

- A. The Area Agency on Aging of Pasco-Pinellas will be working with providers on the submission of the Annual Outreach and Public Education Report. The due date was extended for 2020. The report submitted by provider for FY2019, was received timely with no issues noted.
- B. All quarterly reports were not submitted timely using proper template forms. Once addressed with Provider, these reports were supplied for the corresponding missing quarters. PCPT is showing progress on reporting timely.
- C. N/A
- D. Surplus/Deficit reports were not all submitted to AAAPP monthly as required. Once addressed with Provider, all missing reports were supplied for corresponding missing months. PCPT is showing progress on reporting timely.

Standard #5 – Case Record Compliance

Using the AAAPP Client File Monitoring Tool, case records sampled showed:

- A. *Compliance with requirements for client eligibility, intake, and service delivery.*
- A. *CIRTS program enrollment and received services are accurate, entered in CIRTS in a timely manner.*

Response: N/A, Due to COVID-19, the monitoring of OAA client files were waived.

Standard #6 – Budgetary Compliance

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. For the month of June 2020, the provider has a clear audit trail for units of service entered in CIRTS as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.

Response: Achieved.

- A. For LSP funding for the fiscal year, the provider exceeded the proposed number of individuals served and expended all LSP funding. Due to COVID-19, their OAA funding was underspent and proposed numbers of those served was not met. However, the

AAAPP will assist provider with technical advice on how to manage their remaining OAA funds.

- B. CIRT reporting shows a total of 1,115 units (\$26,760) and services provided to a total of 186 unduplicated clients for the month of June. The provider has a clear audit trail that aligns with the CIRT database.

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 summary report for the last fiscal year.*
- D. *Provide status on the timeframe for the client satisfaction survey in the current fiscal year (will vary depending on when monitoring visit occurs).*

Response: N/A, review of Client Satisfaction waived due to COVID-19.

Standard #8 – Grievances, Complaints, and Incidents

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

- A. *Provider has approved grievance policies, procedures and logs, including documentation of the service provider's response and resolution.*
- B. *Provider has approved complaint policies and procedures. Complaints are recorded using the appropriate AAAPP narrative and log which will include documentation of the service provider's response and resolution.*
- C. *Provider has approved incident policies, procedures, and logs, including documentation of the service provider response and resolution.*

Response: Partially Achieved.

- A. Grievance policies and procedures were not required for review due to COVID -19. However, Grievance Logs indicate no grievances to date for 2020
- B. Complaint policies and procedures were not required for review due to COVID -19. Provider originally did not supply a complaint log nor present the number of complaints received year to date. A Complaint Log was received after the fact yet an area for documenting resolution was not observed.
- C. Provider supplied Incident logs documenting 121 incidents year to date for 2020. Explanations were provided for each incident; however it is required PCPT start logging all actions taken for resolution, which were not present on the logs reviewed.

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. *Sample letter and/or sign related to voluntary contributions which clearly convey that services are free of charge and all contributions shall be used to increase service availability.*

Response: N/A, a review of the provider's policies and procedures for Voluntary Contributions was waived due to COVID-19.

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 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. regulations*
- 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. *Provider services have been reviewed and determined compliant with most current DOEA Program and Services Handbook, as well as the most current, approved Service Provider Application.*
- B. *Provider complies with all regulations pertinent to the service provided.*
- C. *Not requested for this monitoring year due to COVID – 19; however, the AAAPP keeps this form on file and it remains unchanged. No concerns noted in prior years.*
- D. *Review of HIPAA policy waived during COVID – 19.*
- E. *Review of policies and procedures waived due to COVID – 19.*
- F. *The CEMP/COOP was submitted in FY2020 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 sufficiently maintains its partnership with the ADRC and other community partner agencies, ensuring referrals get made to and from all sources involved, providing community-wide access to the appropriate resources for those in need of assistance.
- B. The provider ensures that referrals get made for community-wide resources as appropriate.

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. The provider does not utilize any subcontractors to provide services

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: N/A, a Review of policies and procedures waived due to COVID – 19; however, the AAAPP has a volunteer policy on file for the last several years and Provider reports no volunteers during programmatic year.

Standard #14 – Background Screening

Provider completes Level II Background Screening as necessary.

Response: Achieved. Provider completes required Level II Background Screening as necessary for all current employees.

Signatures:

Don Hill
Program Manager

12/3/20
Date