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March 6, 2023

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 2023 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 2023 monitoring produced no findings and no recommendations. The cooperation of your staff during the desk review and monitoring process was appreciated.

Sincerely,


AnnMarie Winter (Mar 8, 2023 13:23 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.
2023 OAA/LSP LEGAL SERVICES MONITORING

PROVIDER:	Bay Area Legal Services Legal Services Provider
DATE(S) OF VISIT:	February 17, 2023
PARTICIPANT(S):	Guilene Theodore, Attorney
MONITOR(S):	Michelle Tavares, Program Manager
FUNDING PERIOD:	2022-2023
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

In 2022 Bay Area Legal Services was awarded an \$800,000 grant from the Legal Services Corporation. The grant will be provided over a three-year period and will allow Bay Area Legal Services to operate a dedicated “blue-sky” Helpline for the state of Florida to fill a gap in disaster relief services statewide, especially during times when traditional disaster relief and long-term recovery organizations have expended their funds and are no longer able to provide services with ongoing needs. The funding will also support a training video series and interactive web-based content to enhance community disaster education and resilience. In addition to this grant, Bay Area Legal Services was also awarded a grant through United Way Suncoast’s multi-year Community Investment to fund the Veteran’s Legal Helpline attorneys to stabilize (and address barriers to) housing and employability for low-income and ALICE* veterans in Hillsborough and Pinellas. *(Asset-Limited, Income-Constrained EMPLOYED individuals + families – those working but still unable to meet basic monthly needs).

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: It was recommended that the provider dates all policies, procedures, and reviews those at least every three years. Reviewed with the provider at the onsite visit. Provider in compliance.

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 2023 continuing application and is currently implementing that plan.
- Review of the 2022 quarter four report indicate that the provider served the proposed number of older individuals at risk of placement only with LSP funding. With OAA funding, the provider served the proposed number of older individuals with limited English proficiency and older individuals at risk of placement. The provider reports that they are not meeting the proposed target numbers as they have in previous years due to the nature of the legal cases. Legal cases are longer term and more extensive cases as in previous years. The provider stated this will be taken into consideration when proposing target numbers on their continuing applications in the future.

- 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 ten (10) staff members. Training was conducted in August 2022.

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 2022 Annual Outreach and Education on time.
- B. All quarterly reports are submitted on time. Technical assistance provided as needed.
- 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 20th 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. For calendar year 2022, the provider served the proposed number of units as identified in their 2022 continuing application.
- B. Review of client unit service reports and provider billing records for October 2022 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 nineteen surveys were received in 2022 and overall clients were very satisfied with the service they received.
- 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 2022 grievance log which indicates two (2) grievances were reported in 2022. 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 2022 complaint log. No complaints were reported for 2022.
- C. The provider has an internal incident policy and procedure in place. The provider submitted their 2022 incident log. No incidents were reported for 2022.

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 2023 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. Technical assistance provided on the term direct service provider. As a result of the technical assistance, the provider revised and resubmitted their 2022 volunteer activity report.

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 Employee Form

Response: Achieved

Background screenings were reviewed for two paralegals and two client attorneys. All documents were available and completed as required.

Signatures:

Michelle Tavares

Michelle Tavares, Program Manager

Mar 6, 2023

Date

Kristina Jalazo

Kristina Jalazo, Director of Program Accountability

Mar 6, 2023

Date