



9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • www.agingcarefl.org

March 10, 2022

Brian Hoben, Community Services Director
Pasco County Community Services
8620 Galen Wilson Blvd.
Port Richey, FL 34668

Dear Mr. Hoben,

Enclosed is the Annual Programmatic Monitoring report for the Emergency Home Energy Assistance for the Elderly Program (EHEAP).

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 2022 monitoring produced no findings and one recommendation. The cooperation of your staff timely submitting electronic documents during the desk review and monitoring process was appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Marie Winter', is positioned above a horizontal line.

AnnMarie Winter (Mar 14, 2022 08:45 EDT)

Ann Marie Winter
Executive Director

Enclosure

cc:
Danielle Bierman, Human Services Manager



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2022 OLDER AMERICANS ACT MONITORING CHECKLIST

PROVIDER: Pasco County EHEAP

DATE(S) OF VISIT: March 4, 2022

PARTICIPANT(S): Danielle Bierman, Human Services Manager

MONITOR(S): Michelle Tavares, OAA Program Manager

FUNDING PERIOD: 2021-2022 Program Year

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, 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: There are no previous issues from prior monitoring year.

Standard #2 – Signage

- A. The Provider maintains posters at the EHEAP intake offices stating their non-discrimination policy that no person is excluded on the grounds of race, color, nation origin, sex, or age.*
- B. A policy that ensures no consumer fees charged or donations accepted from a consumer in order to receive EHEAP benefits and has a written notice stating ““No money, cash, or checks, will be requested or received from customers in an EHEAP office. If an employee asks for money, report this to the agency Executive Director or Department Head”, posted in a conspicuous place at all points where EHEAP applications are received.*
- C. Appeal provisions are posted in a prominent place within the office where applications are taken.*

Response: A site visit was not completed this year due to COVID-19.

Standard #3 – Policies and Procedures

- A. Written policy and procedure for referral or access assistance to the “Lifeline Program” for elders who are on oxygen support and must have power.*
- B. Written policy and procedure which details allowable timeframes for applicants to submit required documentation, is missing at the time of application, before an application for services will be denied.*
- C. Written policies and procedure that defines the criteria and required verification to determine if a household has a “home energy crisis” and is eligible for crisis assistance.*
- D. Written policy and procedure concerning the use of funds for the purchase or repair of heating or cooling equipment that addresses under what conditions an applicant is eligible and what constitutes a crisis related to lack of heating and cooling.*
- E. Written policy and procedures regarding Florida Statute 119.071 (5) requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for its collection.*
- F. Written policy and procedure addressing client confidentiality.*
- G. Written policy and procedure for computer system backup and recovery.*
- H. Written policy and procedure that address serving family members and employees.*

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

- A. The provider maintains a written policy and procedure for referral access or access assistance to the "Lifeline Program" which also addresses elders who are on oxygen as and must have power.
- B. The provider maintains a written policy and procedure which details allowable timeframes for applicants to submit required documentation that it is missing at time of application, before an application for services to be denied.
- C. The provider maintains a written policy and procedure that defines the criteria and required verification to determine if a household has a "home energy crisis" and is eligible for crisis assistance.
- D. The provider maintains a written policy and procedure concerning the use of funds for the purchase or repair of heating or cooling equipment that addresses under what conditions an applicant is eligible and what constitutes a crisis related to lack of heating and cooling.
- E. The provider maintains a written policy and procedures regarding Florida Statute 119.071 (5) requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for its collection.
- F. The provider maintains a written policy and procedure addressing client confidentiality.
- G. The provider maintains a written policy and procedure for computer system backup and recovery.
- H. The provider maintains written policy and procedure that address serving family members and employees.

Standard #4 – Coordination with LIHEAP& WAP

Provider coordinates with Department of Economic Opportunity (DEO) LIHEAP and Weatherization Programs:

- A. *MOUs with both LIHEAP and WAP are on file and reviewed and renewed every 5 years.*
 - *Refer to the most current EHEAP Technical Assistance Guide, specifically 'Program Partners and Stakeholders Coordination' for appropriate language.*

Response: Achieved

The provider has a Memorandum of Agreement with Mid-Florida Community Services, Inc. which is current and on file to encourage coordination efforts on behalf of customers who are eligible for EHEAP or LIHEAP assistance.

Clients in need of a referral to the Weatherization Assistance Program are also directed to Mid-Florida Community Services, Inc. A Memorandum of Understanding with Mid-Florida Community Services, Inc. is current and on file regarding this process.

Standard #5 – Staff Training

Provider staff has received training pertinent to the performance of required functions:

- A. *Utilizing the DOEA 114 Application form.*
- B. *DOEA standards for specific service training as outlined in the most current Technical Assistance Documents and/or Notice of Instructions.*
- C. *Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training has been conducted, and include the number of reports that have been made YTD.*

Response: Achieved

- A. The provider submitted documentation that training was provided to staff on February 2, 2021, on using the appropriate application form. File reviews demonstrate that staff use this form correctly.
- B. The provider submitted documentation supporting that DOEA compliant sufficient training was completed on September 29, 2021, which included EHEAP technical updates.
- C. The provider submitted documentation supporting that eight staff members received training on the mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation on December 1, 2021. No reports have been made during this monitoring timeframe to date.

Standard #6 – Home Energy Vendors

Contracts with home energy vendors are on file:

- A. *Payments are made directly to fuel providers on behalf of eligible consumers.*
- B. *Vendor agreements with home energy suppliers meet contract requirements and are reviewed every five years.*
- C. *EHEAP Providers who provide benefits payments made to vendors for energy related costs, such as blankets, fans, heaters, or air conditioners, comply with the vendor's purchase agreement requirement (these do not require a "Vendor Agreement").*

Response: Achieved

- A. Payments are made directly to providers in accordance with Pasco's policies.
- B. The provider submitted five vendor agreements. All agreements were reviewed, meet contract requirements, and are current.
- C. Provider complies with payments related to vendors for energy related costs, such as blankets, fans, heaters, or air conditioners. This is in accordance with the EHEAP Voucher Procedure.

Standard #7 – Case Record Compliance

A sample of completed applications reviewed with the EHEAP Client File Content Checklist indicates:

- A. *Eligibility is correctly determined, based upon an Application for Emergency Home Energy Assistance for the Elderly Program, DOEA Form 114.*
- B. *Application information is entered in CIRTS.*
- C. *Applications are taken when there is a signed contract and adequate funding.*
- D. *All program requirements listed on DOEA Form 211, are met.*
- E. *Client files are labeled with the applicant's name (last, first, middle), application date, and benefit season.*
- F. *Home visits are made by the provider, if necessary.*

Response: Achieved

- A. A total of ten (10) client files were reviewed for this monitoring period. Five (5) were reviewed for the heating season and five (5) were reviewed for the cooling season. All files contained appropriate documentation and no concerns were noted.
- B. All applications are entered into the CIRTS database by AAAPP Program staff. One CIRTS data entry error noted for one client file (household income). Error did not affect client eligibility status.
- C. All applications were accepted, and services provided while a signed contract is in place and adequate funding is available.
- D. All requirements listed on DOEA Form 211 are met.
- E. Client files are appropriately labeled.
- F. At this time, due to Covid-19, home visits are conducted at the discretion of the provider and client. Provider submits a monthly virtual assessment log documenting any visits completed virtually.

Standard #8 – Grievances and Appeals

Appeal process is in place:

- A. *The Notice of Approval/Denial form is provided on letterhead (with provider contact information), indicates what EHEAP benefit is furnished or reason for denial, and is signed and dated by the intake worker.*
- B. *The provider has written appeal procedures in place that provide an opportunity for a fair administrative hearing to individual's whose applications for assistance are denied.*

Response: Achieved

- A. The provider submitted a sample Approval/Denial form with letterhead that indicates what EHEAP benefit is furnished or a reason for denial. Client file reviews indicate the form is completed appropriately.
- B. The provider maintains a written appeal procedure. The procedure was reviewed and provides the client with an opportunity for a fair administrative hearing.

Standard #9 – Budgetary Compliance

Provider has adequate procedures to ensure EHEAP funds are budgeted for assistance in both the heating and cooling season:

- A. *Policies and procedures denoting the allocation of funds per season.*
- B. *When EHEAP funds are not available or insufficient, the Provider assists in securing other community resources.*
- C. *The Provider has expended or is on track to expend all EHEAP budgets for the fiscal year observed.*

Response: Achieved

- A. The provider submitted a policy and procedure which denotes allocation of funds. Seasons are currently not being recognized. The current benefit cycle as instructed by DOEA is a 12-month cycle which allows households to receive multiple crisis benefits per program year, up to a maximum of \$5000.
- B. When funds are not available, the provider is able to refer individuals to other community partners that may be able to assist.
- C. The provider is utilizing a monthly surplus deficit report which assists in keeping the provider on track with all budgets. The report is reviewed and any concerns of expending the budget are discussed.

Standard #10 – Outreach and Reporting

The Provider undertakes Outreach Initiatives to advertise the program to consumers and ensure utilization of funds:

- A. *The Provider maintains policies and procedures that encourage households to seek assistance prior to incurring non-energy penalties such as disconnect/reconnect fees, additional deposits, interest, or late payments.*
- B. *Outreaches organizations that serve elderly consumers and especially those that serve seniors who meet EHEAP eligibility standards.*
- C. *Completes an Outreach Plan Survey, due within 20 days of the contract execution date, to delineate all activities and efforts for the new program year, and to develop and share outreach ideas and strategies.*

Response: Achieved

- A. Provider maintains a policy and procedures that encourage households to seek prior assistance to incurring non-energy penalties.
- B. The provider submits quarterly outreach reports that demonstrate the provider is outreaching to organizations that serve elderly consumers. In addition, the provider has also submitted their 2021 annual outreach report which is indicative of the same.
- C. The provider has Outreach Plan Survey is on file with the AAAPP. The Outreach Plan Survey denotes all outreach efforts to be performed during the program year.

Standard #11 – Report Compliance

EHEAP Provider submits reports on time and accurately:

- A. *Monthly Client Service Report*
- B. *Surplus Deficit Report*
- C. *Quarterly Outreach Activity Report*

Response: Achieved

- A. The provider submits monthly client service reports on time and appear accurate.
- B. The provider submits surplus deficit reports on time and are accurate.
- C. The provider submits the quarterly outreach activity report as requested and on time.

Signatures:

Michelle Tavares

Mar 10, 2022

Michelle Tavares, Program Manager

Date

Kristina Jalazo

Mar 10, 2022

Kristina Jalazo, Director of Program Accountability

Date



PSA 5 EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM CLIENT FILE CONTENT CHECKLIST

Client CIRTS ID	100191542	100186918	1001990670	1002034420	1001944841	1001899095	1002029328	1001903952	1000522293	1002058301
Worker	S Hoover	K Johnson	K Johnson	R Sells	R Sells	S Hoover	L Tyr	R Sells	N Martin	R Sells
Application Date	7/1/2021	7/13/2021	7/26/2021	8/12/2021	8/26/2021	10/4/2021	10/29/2021	11/3/2021	11/16/2021	12/3/2021
Resolution Date	7/1/2021	7/13/2021	7/26/2021	8/12/2021	8/26/2021	10/4/2021	10/29/2021	11/3/2021	11/16/2021	12/3/2021
1 Individual client file for the older inclusion member's name, address, sex, and age.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2 Household consists a number 60 or older.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
3 The household is in the Florida county covered by the contract.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
4 All household members are listed and their name, age, DOB, and income (if applicable).	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
5 Check the complete documentation of Social Security numbers for all household members, or citation to the applicable exemption.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
6 Check the complete signed notice regarding collection of social security number.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
7 The client file contains official income documents for all household members.	Y	N/A - not all adults have official income, those that do provided.	Y	N/A - REFIL adults have official income, those that do provided.	Y	N/A - not all adults have official income, those that do provided.	Y	Y	Y	N/A - CL has no income
8 If income is self-declared, is there a self-declaration form signed by each individual household member (18 years of age or older) indicating income verification or obtaining new income?	N/A	Y	N/A	Y	N/A	Y	N/A	N/A	N/A	Y
9 The household's total gross income is calculated correctly and is at or below 150% of the OMB Federal Poverty Level for the household size.	Y - Income entered on application is different than CIRTS copy. Client removed with income guidelines.	Y	Y	Y	Y	Y	Y	Y	Y	Y
10 Statement of how basic living expenses (i.e., food, shelter and transportation) are being provided if total household income is less than 50% of the current Federal Poverty Guidelines and an one in the household is receiving SNAP assistance.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y
11 Checked that older does not live in student dormitory, adult family care home, or any kind of group living facility.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
12 Verified and documented household has not received LIHEAP Crisis Assistance during the most heating or cooling season.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
13 Documentation of Weatherization Assistance Program (WAP) referral, if applicable.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
14 Copies of fuel bills, or other supporting documentation as proof of energy crisis, for the residence in which they reside.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
15 Signed copy of Authorization for Release of General under Confidential Information.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
16 Only energy related elements of a utility bill are paid unless required to resolve the crisis.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
17 Only the minimum amount to resolve the crisis is paid. If a different amount is required by the utility company, provide additional information on the Eligibility Worksheet.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
18 Crisis energy benefit was reduced by utility subsidy, if applicable.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
19 Energy crisis resolved with an eligible action within 18 hours.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
20 Written notice of approval or denial for services is issued within 15 working days of application approval.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
21 Appropriate benefits provided, or at or below \$500.00.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
22 All required sections of the application are signed and dated by the older, staff, and supervisory/peer TRUST to payment.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
23 Proof of payment to vendor.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
24 Plans completed DOEIA Form 231 in client file.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
25 Approved/Date?	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED

INSTRUCTIONS: A "Y" indicates the requirement has been met. An "N" indicates the requirement has not been met or is questionable. Each "N" mark must be explained under "COMMENTS". An "N/A" indicates the requirement is not applicable.

Sara Jones, Program Assistant
 Reviewer's Signature

Michelle Tavano, Program Manager
 Date