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February 23, 2023

Mitch Cabin
Personal Response Corporation
Director of Government Services
7700 N. Kendall Dr. Suite 711
Miami, FL 33156

Dear Mr. Cabin,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Chore program for contract year January 1, 2022-December 31, 2022.

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 six recommendations. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,


Ann Marie Winter (Feb 28, 2023 09:11:57)

Ann Marie Winter
Executive Director

Enclosures
CC: Randy Markowitz, PRC Regional Director



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2022 OAA/LSP
EMERGENCY ALERT RESPONSE SERVICE MONITORING

PROVIDER:	Personal Response Corporation
DATE(S) OF VISIT:	N/A - Located in Miami, FL Desk Review Completed
SITE VISITED:	N/A - Located in Miami, FL
PARTICIPANT(S):	Teresa Ruth Gonzalez, Operations Manager Mitch Cabin, Director, GSD
MONITOR(S):	Michelle Tavares, Program Manager
FUNDING PERIOD:	January 1, 2022 – December 31, 2022

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.)

- Recommendation that the provider maintain an incident log documenting any unusual incidents.
- Recommendation that the provider complete an analysis of completed client satisfaction surveys demonstrating an assessment of the results.
- Recommendation that the provider implement a policy and procedure and a sample letter related to voluntary contributions which clearly convey that services are free of charge and all contributions shall be used to increase service availability.
- Recommendation that the provider sign and date all required documents of Level II Background Screenings in accordance with 2020 DOEA Programs and Services Handbook Appendix E.
- Recommendation that the provider review eCIRTS and client program enrollment lines to ensure clients have not been enrolled in other programs that make them ineligible for services through OAA funding.
- Recommendation that the provider review proposed numbers for Pasco county and ensure that older individuals with greatest social needs, older minority individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas are being served.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- 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

A targeting plan with specific targeting objectives is in place:

- 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.*
- A random sample of client files from the Assessed Prioritized Consumer List (APCL) in eCIRTS will be requested for review during the monitoring visit. Please have all waitlist information, files, policies and procedures available.*

Response: Partially Achieved.

- The provider outlined their 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) in their approved 2021 Request for Proposal (RFP). Review of the 2022 Quarter 4 report indicate that the provider is implementing the approved plan to target the aforementioned individuals.
- Review of OAA/LSP proposed target numbers versus achieved target numbers reported on the provider 2022 quarterly reports were reviewed. Provider has exceeded serving

the proposed number and percentage of older individuals in all OAA targeting standards with LSP funding in both Pinellas and Pasco counties. Review of proposed OAA funding numbers and 2022 Quarter 4 OAA reporting numbers indicate that the provider has met or exceeded the proposed number of individuals in all targeting areas except for Limited English Proficiency in Pinellas county. In Pasco county the provider exceeded the proposed target number for At Risk individuals only. All other proposed numbers were below target by an average of twenty nine percent (29%).

- C. The provider is currently utilizing an Older Americans Act Prioritization instrument in accordance with the providers prioritization policy.
- D. Review of the provider submitted internal waitlist log and client files support that referred clients are prioritized in accordance with the providers prioritization plan as outlined in their approved 2021 RFP.

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 documentation supporting that training of mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation was completed in June 2022 with eleven (11) staff members.

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. N/A
- B. The provider submits quarterly reports in a timely manner. Technical assistance provided as needed.
- C. N/A – No governing board
- D. The provider submits surplus deficit reports accurately and in a timely manner.

Standard #5 – Case Record Compliance

*Using the AAAPP Client File Monitoring Tool, case records sampled showed:
Compliance with requirements for client eligibility, intake, and service delivery.*

Response: Achieved. See attachment I.

The Program Manager randomly sampled ten (10) clients for file review purposes. Files reviewed were in compliance with requirements for client eligibility, intake, and service delivery.

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 August 2022, 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: Partially Achieved.

- A. The provider is serving the proposed number of units as identified in their 2021 Request for Proposal.
- B. Review of client files, August 2022 service logs, and eCIRTS documentation indicate that two (2) clients were enrolled in other programs and ineligible for OAA funded services. A total of sixty-two (62) total units were inaccurately billed.

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: Partially Achieved.

- A. The provider outlined their process and frequency for determining consumer satisfaction in their approved 2021 RFP but did not submit an internal policy and procedure.
- B. An active client from each county was randomly selected for a client satisfaction phone survey. Both clients reported overall satisfaction with the service and that the service allows them to remain living independently in their home.

- C. The provider submitted ten (10) client surveys which demonstrate overall satisfaction with services. An analysis was not completed.
- D. Provider stated one (1) client call "phone survey" is completed every other month and ten (10) surveys are mailed out monthly.

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. The provider submitted a grievance policy or procedure and a grievance log. No grievances have been reported for the review period.
- B. The provider a submitted complaint policy and procedure and a complaint log. No complaints have been reported for the review period.
- C. The provider submitted an incident policy and procedure. Provider submitted thirteen (13) reports. Reports are not related to unusual incidents occurring, but standard incidents related to PERS calls requesting EMS due to falls, difficulty breathing. An incident log was not submitted.

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: Partially Achieved.

- A. The provider did not submit a voluntary contributions policy and procedure.
- B. The provider submitted a sample letter related to voluntary contributions which clearly convey that services are free of charge but did not indicate that 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 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. OAA services are being provided in compliance with the most current DOEA Program and Services Handbook and their approved 2021 RFP. See report summary for details. Technical assistance to be provided by AAAPP in all areas and follow up as necessary.
- B. Review of <http://www.myfloridalicense.com/dbpr/> supports that providers license is current and active.
- C. The provider does not collect social security numbers.
- D. The provider submitted a HIPAA policy and procedure.
- E. The provider submitted a Conflict-of-Interest policy and procedure.
- F. The 2022 CEMP/COOP was submitted, 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 to ensure referrals receive the assistance they need. If the provider receives a referral from someone in need of additional services, a referral is made to the ADRC.

- B. The provider outlined in their approved 2021 RFP that if services cannot be arranged for a referral through arranged through agency contracts, then referrals are made to other community resources.

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 subcontractors.

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. The provider does not utilize volunteers.

Standard #14 – Background Screening

Provider completes Level II Background Screening 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: Partially Achieved.

The provider submitted Level II Background Screening Documents for four (4) staff members (direct service providers).

- Signed Privacy Policy statement was not submitted for any staff member.
- Eligibility Statement with proof of Employment History from DOEA was submitted for all.
- Received signed Affidavit of Compliance Employee Forms for all which was dated post the Eligibility Statement review and annually as required.

Signatures:

Michelle Tavares

Michelle Tavares, Program Manager

Feb 28, 2023

Date

Kristina Jalazo

Kristina Jalazo, Director of Program Accountability

Feb 28, 2023

Date



**Area Agency on Aging of Pasco-Pinellas, Inc.
Client File Monitoring Tool for Unregistered Services**

Organization: Personal Response Corporation
Unregistered Service: Emergency Alert Response

Questions	Client ID:428664	Client ID: 1066730	Client ID: 1267533	Client ID: 1676002	Client ID: 1317964	Client ID: 1202227	Client ID: 1541254	Client ID: 1189160	Client ID: 1182781	Client ID: 1658610	Comments
Was an intake/registration form completed and, if applicable, updated annually?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established using an approved prioritization tool?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the worker obtain a signed Release of Information/HIPAA form?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Located on Personal Response Corp client agreement.PRC reports difficulty with having clients return their agreements.
Was the client notified of why their SS# is being collected?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Per, PRC, SS numbers are not collected
Did the worker notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Based on the audit trail month selected for review, do the units entered in eCIRTS balance with the provider's internal recordkeeping?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Do notes within the client's file reflect the current status of the client?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notes											

Yes = Compliant
No= Non-compliant and comment is required
N/A = Not applicable