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April 17, 2023

Patty Sawyer, Executive Director  
Pinellas Opportunity Council, Inc.  
501 First Ave. N., Suite 517  
St. Petersburg, FL

Dear Ms. Sawyer,

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 2023 monitoring produced no findings and three recommendations.

The cooperation of your staff at the onsite visit and timely submitting of electronic documents was greatly appreciated. Thank you for your continued commitment to serving older adults of Pinellas County.

Should you have any questions or comments concerning this report, please feel free to contact the Program Manager at (727) 570-9696, extension 271.

Sincerely,

  
AnnMarie Winter (Apr 17, 2023 16:16 EDT)  
Ann Marie Winter  
Executive Director

Enclosure

cc:

Amber Bridges, MBA Community Programs Manager  
Dorothy Myles, MPA Community Programs Director



**Area Agency on Aging of Pasco-Pinellas, Inc.**  
***2023 OLDER AMERICANS ACT MONITORING CHECKLIST***

**PROVIDER:** Pinellas Opportunity Council  
Emergency Home Energy Assistance Program (EHEAP)

**DATE(S) OF VISIT:** April 7, 2023

**PARTICIPANT(S):** Pattye Sawyer, MA Executive Director  
Amber Bridges, MBA Community Programs Manager  
Dorothy Myles, MPA Community Programs Director

**MONITOR(S):** Michelle Tavares, Program Manager  
Christine Didion, Director of Program Accountability

**FUNDING PERIOD:** 2022-2023 Program year

**SITES VISITED:** 501 1st Avenue N, Ste 517, St. Petersburg, FL 33701

## **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**

Provider is commended for continuing to provide quality services under the EHEAP program to older adults in Pinellas County. Provider has shown flexibility and perseverance through the changes and to the needs of older adults during and after the pandemic. In response to the changes and needs of older adults, the provider reported that they have been awarded a \$20,000 grant from Senior Citizens Services that will allow them to assist low-income seniors with past due rent.

### **II. Recommendations for Improvement**

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

- Recommendation that staff attending virtual trainings, sign in the chat feature of the virtual platform in lieu of a sign in sheet for in person meetings. Chat or virtual attendance records support that all invited staff attended the training.
- Level II Background Screenings were reviewed for two direct service staff. All documents were available and completed. All direct service staff must review and sign a Privacy Policy and Affidavit of Compliance form yearly.
- Recommendation that the provider track their budget internally and communicate with AAAPP Program Manager and fiscal representatives on any issues with expenditures.

### **III. 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:** Recommendation that the provider dates all policies and procedures and reviews those at least every three years. Provider complied with the recommendation.

### **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:** Achieved.

- A. The provider maintains a written notice posted at all points where EHEAP applications are received stating their non-discrimination policy. A copy of the poster that is displayed at EHEAP intake offices was reviewed at the administrative office.
- B. The provider maintains a written notice posted at all points where EHEAP applications are received ensuring the consumer that no fees are charged or donations accepted in order to receive EHEAP benefits. A copy of the poster that is displayed at EHEAP intake offices was reviewed at the administrative office.
- C. Appeal provisions are posted in a prominent place at all points where EHEAP applications are received. A copy of the poster that is displayed at all EHEAP intake offices was reviewed at the administrative office.

### **Standard #3 – Policies and Procedures**

*The provider maintains updated 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.*
- I. Written policy and procedure that encourage households to seek assistance prior to incurring non-energy penalties such as disconnect/reconnect fees, additional deposits, interest, or late payments.*

**Response:** Achieved.

- 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 and must have power.
- B. The provider maintains a written policy and procedure which details allowable timeframes for applicants to submit required documentation that is missing at time of application, before an application for services can 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 procedure 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 a written policy and procedure that address serving family members and employees.
- I. The provider maintains a written policy and procedure that encourage households to seek assistance prior to incurring non-energy penalties such as disconnect/reconnect fees, additional deposits, interest, or late payments.

#### **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**

- A. The provider coordinates with Department of Economic Opportunity LIHEAP and Weatherization Programs. A MOU with the Urban League dated February 16, 2023-February 16, 2028, was reviewed, and has appropriate language.

#### **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 a copy of the email sent to six staff members with a training agenda which supports that virtual training was offered on August 11, 2022, on the utilization of the DOEA 114 application form. It is recommended that staff attending virtual trainings, sign in the chat feature of the virtual platform in lieu of a sign in sheet for in person meetings. Chat or virtual attendance records support that all invited staff attended the training.
- B. The provider submitted a copy of the email sent to six staff members with a training agenda which supports that virtual training was offered on August 11, 2022, on DOEA standards of the most current technical assistance documents and/or NOI's.
- C. The provider submitted a copy of the email sent to six staff members with a training agenda which supports that virtual training was offered on November 1, 2022, on the mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly.

## **Standard #6 – Home Energy Vendors**

*Contracts with home energy vendors are on file:*

- A. Vendor agreements with home energy suppliers meet contract requirements and are reviewed every five years.*
- B. Payments are made directly to fuel providers on behalf of eligible consumers.*
- 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. The provider submitted copies of four vendor agreements (City of Clearwater, Duke Energy, TECO, People's Gas). All vendor agreements were reviewed, meet contract requirements, and are current.
- B. Review of four vendor agreements and client files, support payments are made directly to the fuel provider on behalf of eligible consumers.
- C. Review of the provider EHEAP Voucher Procedure outlines the process for a consumer to receive assistance for energy related costs, such as blankets, fans, heaters, or air conditioners through Walmart and purchase thereof.

## **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. See Attachment I.

- A. A total of ten (10) client files were reviewed for this monitoring period. Client eligibility was correctly determined based on the EHEAP program application, DOEA Form 114.
- B. All applications are entered into the CIRTs database by AAAPP Program staff.
- C. All applications were accepted, and services were provided while a signed contract is in place and adequate funding is available.
- D. All requirements listed on DOEA Form 211 are met.
- E. All client files and applications reviewed are appropriately labeled.



## **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. Review of client files and review of the provider Notice of Approval/Denial form, supports that the form is on letterhead, and indicates the EHEAP benefit that is furnished or the reason for denial. Forms are signed and dated by the intake worker.
- B. The provider submitted a copy of their EHEAP Right to Appeal Policy which conveys accurate details of the appeal procedure for denied applications and the applicants right to 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 copy of their Allocation of Funds policy which denotes the allocation of funds per season, 40% in heating and 60% in cooling.
- B. Review of the provider Allocation of Funds policy indicates when funds are not available, the provider will refer individuals to other community partners that may be able to assist.
- C. Tracking of the provider 2022 budget and expenditures resulted in reducing the provider EP021 contract amount by \$100,000 in December 2022. Provider also informed in March 2023 meeting that monthly outreach expenditures cannot exceed more than sixty-one (61%) percent of crisis benefit expenditures. Recommendation that the provider track their budget internally and communicate with AAAPP Program Manager and fiscal representatives on any issues with expenditures.



### **Standard #10 – Outreach and Reporting**

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

- A. *Developing and implementing a written procedure for making home visits to households with homebound elderly persons in order to assist with the completion of the program application when other assistance is not available.*
- B. *Outreaches to organizations that serve elderly consumers and especially those that serve seniors who meet EHEAP eligibility standards.*

**Response:** Achieved

- A. When necessary, the provider will make home visits to homebound seniors to complete the application and to obtain the required eligibility documentation. A policy and procedure on home visits is in place and is considered appropriate.
- B. The provider submits quarterly outreach reports that demonstrate the provider is outreaching to organizations that serve elderly consumers who meet EHEAP eligibility standards. Review of the provider 2022 outreach and education report is also indicative of the same.

### **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.
- 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.

### **Standard #12 – 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.

Level II Background Screenings were reviewed for two direct service staff. All documents were available and completed. Each direct service staff must review and sign a Privacy Policy and Affidavit of Compliance form yearly.

**Signatures:**

*Michelle Tavares*

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

Apr 17, 2023

\_\_\_\_\_  
Date

*Christine Didion*

\_\_\_\_\_  
Christine Didion, Director of Program Accountability

Apr 17, 2023

\_\_\_\_\_  
Date



[illegible]

Client CIRTS ID:	D.G. 1001649719	B.B. 1001973923	I.W. 1000107228	D.L. 1002090265	D.D. 1002087528	K.E. 1001572805	M.J. 1000855750	Y.H. 1001951755	M.H. 1002084856	N.B. 1002082783
12	Verified and documented household has not received LIHEAP Crisis Assistance during the same heating or cooling season.	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
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
15	Signed copy of Authorization for Release of General and/or Confidential Information.	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
17	Only the minimum necessary 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
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
19	Energy crisis resolved with an eligible action within 18 hours.	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
21	Appropriate benefit provided, at or below \$5000.00.	Y	Y	Y	Y	Y	Y	Y	Y	Y
22	All required sections of the application are signed and dated by the elder, staff, and supervisory/peer PRIOR to payment.	Y	Y	Y	Y	Y	Y	Y	Y	Y
23	Proof of payment to vendor within 45 days of crisis resolution.	Y	Y	Y	Y	Y	Y	Y	Y	Y
24	Place completed DOE Form 211 in client file.	Y	Y	Y	Y	Y	Y	Y	Y	Y
25	Approval/Denial?	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED

D.D., Y.H., M.H. - Notice of approval indicates reapply in 6 months. As previously discussed, provider lists current benefit on their website and verbally informs clients of current benefit. Approval form was updated.

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.

*Michelle Tavares*

Michelle Tavares, Program Manager

Reviewer's Signature

4/17/2023

Date