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January 10, 2023

Kristina Jalazo, Director of Program Accountability
Area Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Blvd.
Lake Building, Suite 212
St. Petersburg, FL 33702

Dear Kristina,

Enclosed is the Annual Programmatic Monitoring report for the Mental Health and Gerontological Counseling 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 2022 monitoring produced no findings and no recommendations. The cooperation of your staff during the desk review and monitoring process was appreciated.

Sincerely,


Ann Marie Winter (Jan 11, 2023 11:25 EST)

Ann Marie Winter
Executive Director

Enclosure



Area Agency on Aging
of Pasco - Pinellas, Inc.

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

PROVIDER: Area Agency on Agency of Pasco-Pinellas, Inc.
Mental Health and Gerontological Counseling Provider

DATE(S) OF VISIT: December 9, 2022

PARTICIPANT(S): Sara Jones, Program Assistant; Kristina Jalazo, Director
of Program Accountability

MONITOR(S): Michelle Tavares, Program Manager

FUNDING PERIOD: January 1, 2022 – December 31, 2022

SITES VISITED: N/A

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)

- There are no recommendations.

II. 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: N/A

Standard #2 –Prioritization and Waitlist

- 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: Achieved.

- The provider is utilizing an approved prioritization instrument, as outlined in their prioritization policy and procedure.
- Counseling clients are not assessed using the 701S screening assessment and clients are not on the eCIRTS APCL list. However, the provider utilizes a prioritization tool in accordance with their prioritization policy and procedure to maintain an internal waitlist. Four (4) APCL client files and the provider APCL list were reviewed. Each client file had a completed prioritization form and were prioritized in accordance with the providers prioritization policy and procedure. See attachment I.

Standard #3 – Staff Training

Provider staff has received training pertinent to the 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 on abuse, neglect, self-neglect, and exploitation is received by all staff annually.

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. *Outreach and public education outreach documentation are maintained internally.*
- B. *Quarterly reports are maintained internally.*
- C. *Board of Director meeting minutes are maintained internally.*
- D. *Surplus/deficit reports are maintained internally.*

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.

Four (4) random client files were chosen for review. All files sampled showed compliance with requirements for client eligibility, intake, and service delivery. See attachment I.

Standard #6 – Budgetary Compliance

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.

Review of client files, service logs, monthly summaries and reports for August 2022, support that the provider has a clear audit trail.

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

Response: Achieved.

- A. The provider has policies and procedures related to consumer satisfaction which includes annual schedule for completing surveys.
- B. Review of client satisfaction survey and analysis indicate that clients are overall satisfied with the counseling program. Client comments include, "This program & the counselors have been very beneficial. Thank you!" and "My counselor is outstanding & professional. She has been very helpful for me. Thank you for her service."
- C. The provider completes client satisfaction surveys annually and upon client discharge.

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: Achieved.

- A. The provider has an approved grievance policy and procedure on file. The client grievance log was reviewed. There were no grievances reported.
- B. The provider has an approved complaint policy and procedure on file. The client complaint log was reviewed. Four (4) complaints were reported in 2022. All complaints were documented appropriately and included the providers and response and resolution.
- C. The provider has an approved incident policy and procedure on file. The client incident log was reviewed. There were four (4) incidents reported. All incidents were documented appropriately and included the providers and response and resolution.

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: Achieved.

- A. The provider has an approved Voluntary Contributions policy and procedure on file.
- B. The provider has a voluntary contribution letter on file which indicates that 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 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 for the reason for collection of social security number.*
- 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. *Counseling services are provided in compliance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application.*
- B. *The provider submitted current licenses from the Florida Department of Health for all staff providing counseling services.*
- C. *The provider complies with F.S. 119.071(5) that provides a written explanation to the individual for collection of social security numbers.*
- D. *The provider has submitted their HIPAA policy and procedure and maintains regulatory compliance.*
- E. *The provider is in compliance with the Provider Conflict of Interest Program Procedure (PR 132).*
- F. *An internal CEMP/COOP is maintained.*

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).*
- C. *If applicable, essential information is captured about the nature of the person's physical, mental, and functional abilities, concerns, limitations, or problems, as well as general background information during the 701S intake process to assist in screening for*

eligibility and applicable program and service referrals. Potential LTCC clients are referred to the ADRC for the appropriate screening measures.

Response: Achieved.

- A. The provider maintains a positive partnership with the ADRC and other community agencies. If the provider receives a referral from someone in need of additional services, a referral is made to the ADRC.
- B. The provider completes referrals to community resources as necessary.
- C. Not applicable.

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: Not Applicable – The provider does not utilize subcontractors.

Standard #13 – Volunteers

- A. *Provider has policies/procedures governing the utilization of volunteers and submits the Department of Elder Affairs Volunteer Activity Report annually as required.*

Response: Achieved.

- A. The provider has a policy and procedure on file governing the utilization of volunteers. The provider is not currently utilizing volunteers.

Standard #14 – Background Screening

Provider completes Level II Background Screening as necessary.

Response: Achieved.

The provider submitted a statement from the Human Resources Administrator confirming that Level II background screenings were completed for three (3) counseling staff members.

Signatures:

Michelle Tavares

Michelle Tavares, Program Manager

Jan 11, 2023

Date

Kristina Jalazo

Kristina Jalazo, Director of Program Accountability

Jan 11, 2023

Date



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

Organization: AAAPP

Unregistered Service: Mental Health and Gerontological Counseling Provider

Questions	R.D.	L.P.	B.K.	C.T.	J.M.	P.L.	L.B.	J.O.	Comments
Was an intake/registration form completed and, if applicable, updated annually?	Y	Transfer from GCJCFs	Y	Y	Y	Y	Y	Y	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Transfer from GCJCFs	Y	Y	N/A	N/A	N/A	N/A	
Has OAA priority for service delivery been established using an approved prioritization tool?	Y	Transfer from GCJCFs	Y	Y	Y	Y	Y	Y	
Did the worker obtain a signed Release of Information/HIPAA form?	Y	Transfer from GCJCFs	Y	Y	N/A	N/A	N/A	N/A	
Was the client notified of why their SS# is being collected?	Y	Transfer from GCJCFs	Y	Y	Y	Y	Y	Y	
Did the worker notify the client of their current Complaint/Grievance Procedure?	Y	Transfer from GCJCFs	Y	Y	N/A	N/A	N/A	N/A	
Based on the audit trail month selected for review, do the units entered in CIRTS balance with the provider's internal recordkeeping?	Y	Y	Y	Y	N/A	N/A	N/A	N/A	
Do notes within the client's file reflect the current status of the client?	Y	Y	Y	Y	N/A	N/A	N/A	N/A	
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	
Notes	ACTV	ACTV	ACTV	ACTV	APCL	APCL	APCL	APCL	

Yes = Compliant

No = Non-compliant and comment is required

N/A = Not applicable