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March 13, 2025

Christine Didion
Director of Programs
9549 Koger Blvd N Ste 100,
Saint Petersburg, FL 33702

Ms. Didion,

Enclosed is the Annual Provider Programmatic Monitoring report for the Older Americans Act-OAA Title III CHORE 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 objective of monitoring is to ensure programs, policies and practices comply with state and federal rules and meet standards of good governance and practices.

The 2024 monitoring produced no findings and one recommendation. A written response is due within 10 business days of receipt of this monitoring report addressing this recommendation. The cooperation of your staff during the desk review and monitoring process was appreciated.

Sincerely,

A handwritten signature in black ink that reads "Ann Marie Winter".

Ann Marie Winter
Executive Director

Enclosures

Cc: Georgie Darrah, Assistant Director of Programs
Regina Settle, Chore Services Coordinator



Area Agency on Aging of Pasco-Pinellas, Inc.
2024 OAA/LSP
CHORE SERVICE MONITORING
ANNUAL PROVIDER MONITORING

PROVIDER: Area Agency on Aging of Pasco – Pinellas, Inc.

DATE(S) OF VISIT: N/A

PARTICIPANT(S): Nayomi Kershaw, Program Coordinator
Georgie Darrah, Assistant Director of Programs
Christine Didion, Director of Programs

MONITOR(S): Yesenia Rivera, Program Manager

FUNDING PERIOD: April 1, 2024 – December 31, 2024

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)

Standard #7 – Consumer Satisfaction: While the provider has a mechanism to assess client satisfaction, appropriate policy and procedure, and provided several examples of successful satisfaction surveys, it is further recommended that Provider write the date the survey was mailed and/or completed to ensure data accuracy of the data collected..

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.

During the 90-day monitoring, the following recommendation was identified:

Standard #7 – Consumer Satisfaction: Per DOEA Programs and Services Handbook, Chapter 3, each service provider must have a mechanism for objectively determining the level of client satisfaction. Additionally, Providers must utilize methods to ensure a high level of participation in determining satisfaction with the services delivered. While provider has a mechanism to assess for client satisfaction and appropriate policy and procedure, Provider indicates they have sent surveys to 100% of clients served between January 1, 2024 – March 31, 2024, with no response. It is recommended Provider examines current policies and procedures to identify potential alternative methodologies to assess client satisfaction to ensure a high level of participation.

During this monitoring, the Provider was found to have several successful, positive surveys completed in the 2024 calendar year. It is a further recommendation that the Provider include the date the survey was completed.

Standard #2 – Targeting, Prioritization, and Waitlist

Prioritization is in accordance with Older Americans Act guidelines.

- A. *Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider’s Prioritization Policy.*
- B. *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 the waitlist information, files, policies, and procedures available.*

Response: Achieved.

- A. The provider is utilizing an approved prioritization instrument, as outlined in their prioritization policy.
- B. CHORE clients are assessed using the 701S screening assessment and clients are on the eCIRTS APCL. The provider maintains an internal waitlist. Review of the waitlist and client files support that the provider has appropriately prioritized clients for CHORE services.

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.

Training certificates were submitted for one staff member. Training on mandatory suspected abuse, neglect, self-neglect, and exploitation is completed annually as required.

Standard #4 – 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.

Review of ten (10) active client files support compliance with requirements for client eligibility, intake, and service delivery.

Standard #5 – Budgetary Compliance

The provider has a clear audit trail for units of service entered in eCIRTS as indicated by a review of client files, service logs, and monthly summaries.

Response: Achieved.

Review of client service logs, provider internal billing logs, and billing submitted for June 2024 support a clear audit trail for services entered in eCIRTS.

Standard #6 – 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 include an annual schedule for completing surveys.
- B. The provider reports sending client satisfaction surveys to clients served between January 1, 2024 – December 31, 2024. All Surveys were returned. However, they were not dated.
- C. N/A

Standard #7 – 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. *The 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. Three (3) complaints reported in 2024. The complaint was 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 no incidents reported.

Standard #8 – 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 provides each recipient with an opportunity to contribute to the cost of the service voluntarily and confidentially; clearly informs each recipient that there is no obligation to contribute, and that the contribution is purely voluntary; 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 all contributions are voluntary and shall be used to increase service availability.

Standard #9 – 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. CHORE 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 complies with F.S. 119.071(5) that provides a written explanation to the individual for collection of social security numbers.
- C. The provider has submitted their HIPAA policy and procedure and maintains regulatory compliance.
- D. The provider is in compliance with the Provider Conflict of Interest Program Procedure (PR 132).
- E. An internal CEMP/COOP is maintained.

Standard #10 – 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 agencies 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 completes referrals to community resources, as necessary.

Standard #11 – 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/Volunteers services will be reviewed at the annual monitoring.

Standard #12 – 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. Volunteers services will be reviewed at the annual monitoring.

Standard #13 – Background Screening

Provider completes Level II Background Screenings, as necessary.

Response: Achieved.

The provider submitted a statement from the Human Resources Administrator confirming that Level II background screenings were completed for one staff member.

Signatures:

Jessie Rivera

Yesenia Rivera, Program Manager

Mar 13, 2025

Date

Christine Didion

Christine Didion, Director of Programs

Mar 13, 2025

Date

Georgie Darrah

Georgie Darrah, Assistant Director of Programs

Mar 13, 2025

Date

K Kimball

Kerry Kimball Marsalek, Chief Operating Officer

Mar 13, 2025

Date

Questions	1818027	
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into eCIRTS correctly?	Y-05/10/2024	
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	N/A	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	82 years old	
Has OAA priority for service delivery been established and recorded using an approved prioritization tool?	Y	
Did the provider obtain a signed Release of Information/HIPAA form?	Y	
Was the client notified of why their SS# is collected?	Y	
Did the provider notify the client of their current Complaint Procedure?	Y	
Is the client correctly enrolled for this program and service in eCIRTS?	Y	
Based on the audit trail month selected for review, do the received services in eCIRTS balance with provider's internal	36 UOS	

Questions	1898302	
Was the most current intake/701S assessment completed and entered into eCIRTS correctly?	Y-06/01/2024	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	
Has OAA priority for service delivery been established using an approved prioritization tool?	Y	
Was the client notified of why their SS# is collected?	Y	
Is the client correctly enrolled on the waitlist for this program/service in eCIRTS?	Y	
Notes		

Yes = Compliant

No= Non-compliant and comment is required

N/A = Not applicable












2024 Annual CHORE Monitoring Report


Final Audit Report

2025-03-13

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