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April 11, 2022

Pattye 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 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 blue ink, appearing to read "Ann Marie Winter".

AnnMarie Winter (Apr 12, 2022 15:38 EDT)

Ann Marie Winter  
Executive Director

Enclosure

cc: Amber Bridges, EHEAP Coordinator



Area Agency on Aging  
*of Pasco - Pinellas, Inc.*

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

**PROVIDER:** Pinellas Opportunity Council EHEAP

**DATE(S) OF VISIT:** Site visit waived due to COVID – 19

**PARTICIPANT(S):** Pattye Sawyer, Executive Director  
Amber Bridges, CSBG Project Coordinator

**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**

- 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.*
- 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.*
- Appeal provisions are posted in a prominent place within the office where applications are taken.*

**Response:** Achieved.

- A site visit was not completed due to Covid 19. The provider submitted a copy of the poster that is maintained at the EHEAP intake offices which states their nondiscrimination policy.
- A site visit was not completed due to Covid 19. The provider submitted a copy of their policy which states that no consumer fees are charged, or donations are accepted in order to receive EHEAP benefits.
- A site visit was not completed due to Covid 19. The provider submitted a copy of their appeal provisions which provides applicants with the appropriate appeal provisions.

**Standard #3 – Policies and Procedures**

- A. *Adequate procedures for referral or access assistance to the “Lifeline Program” for elders who are on oxygen support and must have power.*
- B. *Written policies and procedures which detail 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 that define the criteria and required verification to determine if a household has a “home energy crisis” and is eligible for crisis assistance.*
- D. *Policies and procedures 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.*

**Response:** Achieved.

- A. The provider submitted a written policy/procedure which supports there are adequate procedures for applicant referral or access assistance to the “Lifeline Program”.
- B. The provider submitted a written policy/procedure which appropriately details allowable timeframes for applicants to submit required documentation.
- C. The provider submitted a written policy/procedure which appropriately defines the criteria required verification to determine if a household has a “home energy crisis”.
- D. The provider submitted a written policy/procedure which appropriately details the use of funds for the purchase or repair of heating or cooling equipment.

**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, 2021-February 23, 2023, 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 their staff roster and agenda dated April 22, 2021, which supports that six staff members were trained on the utilization of the DOEA 114 application form.
- B. The provider submitted a copy of their staff roster and agenda dated April 22, 2021, which supports that six staff members were trained on DOEA standards of the most current Technical Assistance Documents and NOI's.
- C. The provider submitted a copy of their staff roster, agenda, and guide which supports seven staff members received training on mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly on November 18, 2021. There were no reports submitted as of YTD.

### **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. A "Vendor Agreement" is not required.

### **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. Five (5) were reviewed for the heating season and five (5) were reviewed for the cooling season. One income error identified on one client application. Client remained income eligible for benefit with corrected income amount.*
- 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.*
- F. Due to Covid 19, flexibility has been given to in person application requirements. In person visits are at the discretion of the provider and applicant. The provider completes and submits a monthly virtual assessment log to AAAPP detailing applicant information and reason for not completing applications in person.*

### **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 the provider written copy of the Notice of Approval/Denial form, supports that the form is on letterhead, and indicates the EHEAP benefit that is furnished or 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 FY 21/22 policy which denotes the allocation of funds per season, 40% in heating and 60% in cooling.
- B. Review of the Allocation of Funds FY 21/22 provider policy indicates when funds are not available, the provider will refer individuals to other community partners that may be able to assist such as another LIHEAP provider or Salvation Army.
- C. The provider submits monthly surplus deficit reports and appear on track to expend all EHEAP budgets for the fiscal year.

**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. The provider submitted a copy of their Seeking Prior Assistance policy which indicates that POC encourages households to seek prior assistance to incurring non-energy penalties.
- B. The provider submits quarterly outreach reports to AAAPP. Reports supports that the provider targets organizations that serve seniors and those who meet eligibility standards. 2022 Quarter 1 outreach report demonstrates increased outreach. The provider is commended for their outreach efforts.
- C. Provider's Outreach Plan Survey is on file with the AAAPP and is completed timely. The Outreach Plan Survey denotes all outreach efforts performed during the fiscal year.

**Standard #11 – Regulatory Compliance**

*EHEAP Provider is in Regulatory Compliance:*

- A. *Policies 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.*
- B. *Practices measures to ensure client confidentiality.*
- C. *The Provider has adequate procedures for computer system backup and recovery.*
- D. *Policies that address serving family members and employees.*

**Response: Achieved.**

- A. Review of client files and a copy of the provider policy demonstrates that the provider is compliant with Florida Statute 119.071(5), which provides the applicant with a written explanation of collection of social security number.
- B. Review of the provider client confidentiality policy/procedure demonstrates appropriate measures and practices are in place to ensure client confidentiality.
- C. Review of the provider policy/procedure supports the provider has adequate procedures for computer system backup and recovery
- D. Review of the provider policy/procedure supports the provider appropriately addresses serving family members and employees.

**Standard #12 – 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*

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Michelle Tavares, Program Manager

Apr 12, 2022

Date

*Kristina Jalazo*

\_\_\_\_\_  
Kristina Jalazo, Director of Program Accountability

Apr 12, 2022

Date

|                          |  |                   |
|--------------------------|--|-------------------|
| <b>Client CIRTS ID:</b>  |  | <b>1001698321</b> |
| <b>Client Initials:</b>  |  | <b>E.B.</b>       |
| <b>Worker:</b>           |  | <b>G.V.F</b>      |
| <b>Application Date:</b> |  | <b>6/2/2021</b>   |
| <b>Resolution Date:</b>  |  | <b>6/2/2021</b>   |
|                          |  |                   |
| 1                        | <b>Individual client file for the elder includes consumer's name, address, sex, and age.</b>   | Y                 |
| 2                        | <b>Household contains a member 60 or older.</b>  | Y                 |
| 3                        | <b>The household is in the Florida county covered by the contract.</b>   | Y                 |
| 4                        | <b>All household members are listed and their name, age, DOB, and income(s) are included.</b>  | Y                 |
| 5                        | <b>Client file contains documentation of Social Security numbers for all household members, or citation to the applicable exemption.</b> | Y                 |
| 6                        | <b>Client file contains signed notice regarding collection of social security number.</b>  | Y                 |
| 7                        | <b>The client file contains official income documents for all household members.</b>   | Y                 |
| 8                        | <b>If income is self-declared, is there a self-declaration form signed by each individual household member (18 years of</b>              | N/A               |