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May 4, 2022

Kristina Jalazo, Director of Program Accountability
Area Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Blvd.
Gadsden Building, Suite 100
St. Petersburg, FL 33702

Dear Kristina,

Enclosed is the 90 Day Review Monitoring report for the Older Americans Act Title III-B/LSP Counseling Program.

The purpose of the 90-day review is to assess service delivery standards, identify areas of risk, and to ensure that new service providers have a good understanding of contract responsibilities. Technical assistance and additional training to be provided as needed.

Review of the documents submitted for the 90-day monitoring produced no findings and no recommendations. The cooperation of your staff timely submitting electronic documents during the desk review and monitoring process was appreciated.

Sincerely,


AnnMarie Winter (May 4, 2022 10:51 EDT)

Ann Marie Winter
Executive Director

Enclosure

cc:
Sara Jones, Program Assistant



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2022 OAA/LSP
COUNSELING SERVICE 90 DAY REVIEW

PROVIDER: AAAPP

DATE(S) OF VISIT: May 2, 2022

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

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.

The 90-day review supports that the counseling program is being led to successfully serve clients in accordance with DOE A Programs and Services Handbook standards.

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 – Targeting, Prioritization, and Waitlist

Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy.

Response: Achieved.

The provider is utilizing a prioritization form, in accordance with the providers prioritization policy. The prioritization form includes targeting criteria in accordance with Older Americans Act guidelines. Additional priority points are given to clients who display a need for counseling services based on their Bio-Psychosocial Assessment. Clients are placed on waitlist in order of priority points.

Standard #2 – Staff Training

- A. *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.*
- B. *Provider staff has received required HIPAA training.*

Response: Follow Up Required / Achieved

- A. The provider is in the process of coordinating training for staff on the mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation. The provider will be required to submit supportive documentation at annual monitoring.
- B. Documentation supports that staff have received the required HIPAA training.

Standard #3 – Case Record Compliance

Using the AAAPP Client File Monitoring Tool, case records sampled showed compliance with requirements for client eligibility, intake, and service delivery. See Attachment I

Response: Achieved.

Two (2) random client files were chosen for review, one from each county. Both client files sampled showed compliance with requirements for client eligibility, intake, and service delivery.

Standard #4 – Budgetary Compliance

Budgetary Compliance:

For month of February 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.

Response: Achieved.

Review of client files, service logs, monthly summaries and reports for February 2022, support that the provider has a clear audit trail. Billed services included MHSI (mental Health Counseling/Screening) and TERA (telephone reassurance).

Standard #5 – 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 YTD.
- B. The provider has an approved complaint policy and procedure on file. The client complaint log was reviewed. Two complaints reported YTD. Provider documented appropriate response and resolution as required.
- C. The provider has an approved incident policy and procedure on file. The client incident log was reviewed. There were no incidents reported YTD.

Standard #6 – 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 #7 – 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.*
- 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) regulations requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for collection.*
- 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.*

Response: Achieved.

- A. Counseling services are provided in compliance with the most current DOEA Program and Services Handbook.
- B. The provider submitted current licenses from the Florida Department of Health for all staff providing counseling services on file.
- C. The provider complies with F.S. 119.071(5) that requires a written explanation be provided to the individual for reason of collection of social security numbers.
- D. The provider has submitted their HIPAA policy and is in regulatory compliance.
- E. The provider is in compliance with the Provider Conflict of Interest Program Procedure (PR 132).

Standard #8 – 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. 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 #9 – Background Screening

Provider completes Level II Background Screening as necessary.

Response: Achieved.

Documentation received from W. Arroyo, AAAPP Human Resource Manager, confirming that all employees successfully passed Level II background screening.

Signatures:

Michelle Tavares

Michelle Tavares, Program Manager

May 4, 2022

Date

Kristina Jalazo

Kristina Jalazo, Director of Program Accountability

May 4, 2022

Date










Counseling 90 Day Review Monitoring Report

Final Audit Report

2022-05-04

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