

9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • www.agingcarefl.org

November 16, 2023

Jemith Rosa, President/CEO
Community Aging & Retirement Services, Inc.
12417 Clock Tower Parkway
Hudson, Florida 34667

Dear Ms. Rosa,

Enclosed is the 2023 Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Adult Day Care 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 2023 monitoring produced no findings and three recommendations. Please submit a written response to the recommendations by Tuesday, December 5, 2023. The cooperation of your staff throughout the monitoring process was greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Marie Winter'.

Ann Marie Winter
Executive Director

Enclosures

cc: Mr. Rick Soriano, Board Chair, CARES



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2023 OAA/LSP
ADULT DAY CARE SERVICE MONITORING

PROVIDER: Community Aging and Retirement Services (CARES)
Adult Day Care

DATE(S) OF VISIT: October 20, 2023

PARTICIPANT(S): Erik Kline, Claude Pepper Adult Day Care Site Manager
Robert Fritz, Chief Operating Officer
Kristen Amato, Director of Nursing

MONITOR(S): Michelle Tavares, Program Manager

FUNDING PERIOD: 2022 -2023

SITES VISITED: Claude Pepper Adult Day Care

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)

- Recommendation that all assessors complete the 701S web-based training prior to completing a 701S. Attestations must be signed and submitted to the AAAPP Program Manager. AAAPP monitor provided the web based 701S training link and copy of the 701S training attestation.
- Recommendation that the provider analyzes monthly expenditures and addresses a spending plan in the surplus deficit reports. AAAPP and provider staff meeting held on October 26, 2023, to review funding and spending for 2024.
- Recommendation that the provider review their 2023 Provider Service Application and implement their plan to serve the proposed number of older adults in all target categories.

II. Findings/Corrective Action

- 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 was made that the provider review client waitlist and enroll clients in accordance with their prioritization policy and procedure to achieve serving the proposed number of clients in each target category as proposed in their 2022 continuing application. Unresolved.
- Recommendation was made and technical assistance was provided on eCIRTS waitlist reports. The provider completed and updated prioritization tools for waitlisted clients that required them. Resolved
- Recommendation was made and technical assistance was provided on Level II background screenings and proper completion of the attestation of compliance candidate form. Partially resolved. Noted during 2023 monitoring that three (3) staff members had older (2016) attestations signed. All staff are required to sign and date the current Attestation of Compliance Candidate form upon review of the eligibility statement and annually thereafter. In addition, it was found that two (2) staff members signed the Privacy Policy form after the screening was completed. Privacy Policy form must be signed prior to completing the screening. Resolved.
- Recommendation was made that the provider maintain logs for complaints, incidents, and grievances. Signed attestations were received indicating none were reported for 2022. Resolved.

Standard #2 – Targeting, Prioritization, and Waitlist

A targeting plan with specific targeting objectives is in place:

- A. *Provider has implemented the approved plan to target individuals with greatest economic need, older individuals with greatest social needs, older individuals at risk for institutional placement, older minority individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (Pasco only).*

- B. *Provider is serving the proposed number and percentage of older individuals with greatest economic need, older minority individuals, older individuals at risk for institutional placement, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (Pasco only).*
- C. *Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy.*
- D. *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: Partially Achieved.

- A. Provider outlined their plan to target individuals in their 2023 Continuing Service Application. Provider is encouraged to review their plan
- B. Per review of 2022 Quarter 4 report the provider met the proposed number of older individuals with both LSP and OAA funds in the categories of greatest social need, greatest economic need, limited English proficiency, and those at risk for institutional placement. 2023 Quarter 2 report indicates that the provider served the proposed number of older adults with LSP funds in the areas of greatest social need and those at risk for institutional placement. Review of 2023 Quarter 3 report indicates that the provider has thus far met proposed target numbers in the categories of greatest social need, rural, and at risk of institutional placement
- C. The provider is utilizing an approved prioritization instrument. Review of provider waitlist and client files demonstrate that some prioritization instruments were completed in accordance with the providers prioritization policy.
- D. Five (5) random APCL client files were reviewed. All were assessed in accordance with the approved provider prioritization policy and procedure on file. Please see Attachment I for details.

Standard #3 – Staff Training

Provider staff has received training pertinent to the performance of required functions:

- A. *Utilizing the appropriate DOEA Assessment Tool including the 701S, 701A and/or 701C (Registered Services only) in accordance with the DOEA Programs and Services Handbook.*
 - *Review of policies and procedures for DOEA Assessment Tools including the 701S, 701A, and/or 701C to ensure assessments are being completed as outlined in the DOEA Programs and Services Handbook.*
 - *Ensure requirements for face-to-face visits are being adhered to.*
- B. *Quality assurance activities to include use of the Assessment Instructions (DOEA 701D), direct observation, coaching, and training of screening staff to ensure the accuracy and quality of the screenings being conducted.*
- C. *DOEA standards for specific service training as outlined in the most current DOEA Program and Services Handbook is being utilized:*

- *DOEA web-based training with receipt of a certificate of completion. The certificate must be submitted to the AAAPP for all 701 assessors and will be verified during monitoring.*
 - *DOEA 701S Training Webinar with appropriate documentation of completion is required per the AAAPP.*
- D. *Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training is conducted annually for all applicable program staff.*

Response: Partially Achieved.

- A. The ADRC performs all 701S assessments for the provider, which initially screens their clients for eligibility to be placed on the Assessed Prioritized Consumer List (APCL). The provider is responsible for the annual re-screening of any clients remaining waitlisted for their program. Assessments are being completed face-to-face with clients utilizing the 701A assessment tool during the admission process.
- B. The provider 2022 continuing application outlines quality assurance activities which include employee training and orientation with the center manager.
- C. The provider submitted 701B certificates using DOEA's web-based training for two applicable staff members. Provider staff did not complete the 701S web-based training. AAAPP monitor provided 701S web-based training link and copy of the 701S attestation form.
- D. Mandatory reporting of suspected abuse, neglect, self-neglect and exploitation of the elderly training was provided to eight (8) staff members.

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: Partially Achieved.

- A. The provider submitted their 2023 annual outreach and public education report in a timely manner and supports outreach and education efforts.
- B. 2023 Quarter 1 and 3 reports were submitted late.
- C. Minutes from CARES' Board of Directors meetings have been submitted to the AAAPP.
- D. All surplus/deficit reports have been submitted on time; however, reports are not completed in full. E.g., July 2023 surplus deficit report indicated OAA funds were eighty-eight (88%) expended. The provider did not address plan to maintain current level of client service.

Standard #5 – Outcome Measures

Outcome measures referenced in the current Standard Contract are achieved:

The provider has implemented the strategies detailed in the current Service Provider Application including:

- *using available eCIRTS reports to track outcome achievement*
- *each exception is addressed on the outcome measures report monthly detailing the factors that enhance or inhibit ability to achieve outcome measures*
- *appropriate actions, including staff training to address outcomes which are not achieved, are included in the quarterly narrative of the outcome measures report*

Response: N/A. Since the implementation of eCIRTS in December 2021, outcome measure reports have not been available.

Standard #6 – Case Record Compliance

Using the AAAPP Client File Monitoring Tool, case records sampled showed:

- A. Compliance with requirements for client eligibility, intake, and service delivery.*
- B. eCIRTS records of assessment/reassessment, program enrollment and received services are accurate, entered in eCIRTS in a timely manner and agree with client and project records:*
 - *701S attempts are made within three business days after receipt of a client referral and completion of assessments are no later than 14 business days from initial contact.*
 - *Reassessments are completed 365 days after the prior assessment through the end of the month.*

Response: Achieved.

- A. The Program Manager randomly sampled five (5) client files for review purposes. Overall compliance with client files was documented. Please see Attachment II for details.*
- B. All eCIRTS records of 701A assessments, reassessments, program enrollment and received services were accurate, entered in eCIRTS in a timely manner and agree with client and project records. The ADRC performs the DOEA 701S assessments to initially screen clients for enrollment on the ADC Assessed Prioritized Consumer List (APCL). The provider is responsible for annually re-screening clients that remain on their waitlist (APCL) using their approved prioritization tool and in accordance with their prioritization policy and procedure.*

Standard #7 – eCIRTS Exception Reports

eCIRTS Exception Reports are reviewed on a regular basis and exemplify accuracy Specific Older Americans Act Reports include:

- *Assessment Due Report;*
- *ACTV, APPL, APCL Clients Moved To Another PSA;*

- *ACTV Clients Not Served In A Time Range (Defaults To 14 Months);*
- *Clients Served Not Enrolled;*
- *Consumer Age Verification;*
- *Possible Duplicate Clients;*
- *ACTV Pace Clients Who Are ACTV, APCL, Or APPL In Another Program;*
- *eCIRTS Data Clean Up;*
- *ACTV MLTC Clients Who Are ACTV, APCL, Or APPL In Another Program, and*
- *Data Inconsistencies Found When Comparing Vital Statistics Death Certificates With eCIRTS*

Response: Achieved.

Due to eCIRTS data migration in December 2021, the aforementioned reports have been partially available. The AAAPP has created work arounds to produce reports similar to those listed above to notify the provider of exceptions, when the original monitoring report is not available or does not function. The provider follows up and clears exceptions as necessary.

Standard #8 – Budgetary Compliance

Budgetary Compliance:

- A. *Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.*
- B. *For **June 2023**, 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, and quarterly reports to the AAAPP.*

Response: Achieved.

- A. Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.
- B. For **June 2023**, the provider has a clear audit trail for ADC units of service entered in eCIRTS as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.

Standard #9 – 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. *Home visits and/or client interviews (including service observation, if possible) in order to reveal effective delivery of service.*
- C. *Client satisfaction surveys accompanied by a satisfaction survey summary report for the last fiscal year.*
- D. *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 a policy and procedure related to consumer satisfaction which details how satisfaction will be measured annually.
- B. AAAPP monitor observed and interacted with clients during the onsite monitoring visit. All clients were engaged in activities. In conversation with four (4) clients, they reported being very content with Adult Day Care services.
- C. Client satisfaction surveys conducted in 2022 were reviewed along with the satisfaction survey analysis. Overall, clients and their caregivers are satisfied with services and indicate that the adult day care has improved their quality of life.
- D. The provider completes annual surveys with all clients and/or their caregivers and in accordance with their satisfaction survey policy.

Standard #10 – 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. The provider submitted a log for the period of October 2022 thru September 2023 indicating no grievances were reported.
- B. The provider has an approved complaint policy and procedure. The provider submitted a log for the period of October 2022 – September 2023 indicating no complaints were reported.
- C. The provider has an approved incident policy and procedure. The provider submitted a log for the period of October 2022 – September 2023 indicating no incidents were reported.

Standard #11 – 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 voluntarily and confidentially contribute to the cost of the service.; 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.
- B. The provider submitted a sample letter related to voluntary contributions which indicates that contributions are voluntary and are used to increase service availability.

Standard #12 – 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. OAA Services have been reviewed and the Provider is in compliance with DOEA Programs and Services Handbook and the most current approved Service Provider Application.
- B. All licensure, fire and health inspections, and regulations were reviewed and are in compliance.
- C. The provider complies with F.S. 119.071(5) that requires a written explanation to the individual for collection of social security numbers.
- D. The provider is in regulatory compliance with HIPAA requirements including policies and procedures.
- E. The provider is in compliance with the Provider Conflict of Interest Program Procedure.
- F. The provider submits an CEMP/COOP detailing their emergency plans and procedures.

Standard #13 – 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 partner 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 or directly to the appropriate program/resource.
- B. The provider ensures referrals are made to community resources as appropriate.
- C. 701S assessments are completed as appropriate and referrals are made to the ADRC as necessary.

Standard #14 – 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: Achieved.

The provider has a subcontract agreement with Metz Foods for meals. Subcontract on file. Menu is planned and approved in accordance with 2023 DOEA Programs and Services Handbook. Provider reports that meals are not paid with OAA/LSP funds and are reimbursed through the Adult Day Food Program.

Standard #15 – Volunteers

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

Response: Achieved.

The provider has a policy and procedure on file governing the utilization of volunteers. The provider submitted their 2022 Volunteer Activity Report to DOEA as required.

Standard #16 – Background Screening

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 Candidate Form

Response: Achieved.

Background screenings for direct service employees were reviewed as a desk review. All aforementioned documents were contained in each employee file.

Standard #17 – Adult Day Care Service Provision

- A. *At least one onsite staff member is trained in CPR.*
- B. *Provider maintains a current calendar or schedule of specific daily activities*
- C. *If the ADC is an ADI facility, staff receive 4 hours of MDC training.*
- D. *Provider maintains a daily attendance log and it is accurate.*
- E. *Onsite visit demonstrates that at least two staff members, one of which is CPR trained, is on the premises all the time during the center’s hours of operation. There is one (1) staff member for every six (6) clients.*
- F. *Provider is licensed by the Agency for Health Care Administration in accordance with Chapter 428, Part III, Florida Statutes, and Chapter 58A-6 Florida Administrative Code.*

Response: Achieved.

- A. Documentation was provided confirming four (4) staff members received CPR training as required and there is at least one CPR trained staff member on site.
- B. Provider supplied a current calendar with all scheduled daily activities.
- C. Documentation was provided confirming appropriate staff received 4 hours of approved Adult Day Care Alzheimer’s Disease or Related Disorders Training. DOEA curriculum approval letter/number reviewed and on file.
- D. Provider’s daily attendance logs were provided and reviewed. No problems noted.
- E. Onsite visit demonstrated that at least two staff members, one of which is CPR trained, was on the premise during the center’s hours of operation. There is one (1) staff member for every six (6) clients.
- F. Required licensure was reviewed as in accordance with Chapter 428, Part III, Florida Statutes, and Chapter 58A-6 Florida Administrative Code.

Signatures:

Michelle Tavares

Michelle Tavares, Program Manager

Nov 16, 2023

Date

Christine Didion

Christine Didion, Director of Program Accountability

Nov 16, 2023

Date

Kerry Marsalek

Kerry Kimball Marsalek, Chief Operating Officer

Nov 20, 2023

Date



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

Specific to 701S

Attachment I.

Organization: CARES (Community Aging and Retirement Services)

Registered Service: Adult Day Care

Questions	L.C. 1756605	T.C. 1783948	B.B. 1803461	C.C. 1815278	R.K. 1468151	
Was the most current intake/701S assessment completed and entered into eCIRTS correctly?	ADRC	ADRC	ADRC	ADRC	ADRC	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established using an approved prioritization tool?	Y	Y	Y	Y	Y	
Was the client notified of why their SS# is collected?	N/A	N/A	N/A	N/A	N/A	
Is the client correctly enrolled on the waitlist for this program/service in eCIRTS?	Y	Y	Y	Y	Y	
Notes						

Yes = Compliant

No= Non-compliant and comment is required

N/A = Not applicable

Revised 5/18/22



Area Agency on Aging of Pasco-Pinellas, Inc.
Client File Monitoring Tool for Registered Services
 Specific to 701A/701C

Attachment II.

Organization: CARES (Community Aging and Retirement Services)
 Registered Service: Adult Day Care

Questions	R.B. 1733302	F.F. 1162440	R.H. 1797053	J.L. 1759654	N.P. 1792158	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into eCIRTS correctly?	Y	Y	Y	Y	Y	
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	N/A	Y	Y	N/A	N/A	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established and recorded using an approved prioritization tool?	Y	Y	Y	Y	Y	
Did the provider obtain a signed Release of Information/HIPAA form?	Y	Y	Y	Y	Y	
Was the client notified of why their SS# is collected?	Y	Y	Y	Y	Y	
Did the provider notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	
Is the client correctly enrolled for this program and service in eCIRTS?	Y	Y	Y	Y	Y	
Based on the audit trail month selected for review, do the received services in eCIRTS balance with provider's internal recordkeeping?	Y	Y	Y	Y	Y	
Do notes within the client's file reflect the current status of the client as indicated in eCIRTS?	Y	Y	Y	Y	Y	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	N/A	N/A	N/A	N/A	Y	
Notes						

Yes = Compliant
 No = Non-compliant and comment is required
 N/A = Not applicable












CARES ADC 2023 Monitoring Report

Final Audit Report

2023-11-20

Created:	2023-11-16 (Eastern Standard Time)
By:	Michelle Tavares (Michelle.Tavares@aaapp.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA3FEQJe9Y8SXyC0xtsIP8B_nLTnDCzJ5P

"CARES ADC 2023 Monitoring Report" History

-  Document created by Michelle Tavares (Michelle.Tavares@aaapp.org)
2023-11-16 - 10:46:23 AM EST- IP address: 47.207.41.156
-  Document e-signed by Michelle Tavares (Michelle.Tavares@aaapp.org)
Signature Date: 2023-11-16 - 10:48:26 AM EST - Time Source: server- IP address: 47.207.41.156
-  Document emailed to Christine Didion (christine.didion@aaapp.org) for signature
2023-11-16 - 10:48:28 AM EST
-  Email viewed by Christine Didion (christine.didion@aaapp.org)
2023-11-16 - 10:49:38 AM EST- IP address: 47.207.41.210
-  Document e-signed by Christine Didion (christine.didion@aaapp.org)
Signature Date: 2023-11-16 - 10:49:53 AM EST - Time Source: server- IP address: 47.207.41.210
-  Document emailed to Kerry Marsalek (kerry.marsalek@aaapp.org) for signature
2023-11-16 - 10:49:54 AM EST
-  Email viewed by Kerry Marsalek (kerry.marsalek@aaapp.org)
2023-11-20 - 4:17:41 PM EST- IP address: 104.47.51.126
-  Document e-signed by Kerry Marsalek (kerry.marsalek@aaapp.org)
Signature Date: 2023-11-20 - 4:17:49 PM EST - Time Source: server- IP address: 47.207.41.156
-  Document emailed to AnnMarie Winter (annmarie.winter@aaapp.org) for signature
2023-11-20 - 4:17:51 PM EST
-  Email viewed by AnnMarie Winter (annmarie.winter@aaapp.org)
2023-11-20 - 4:20:17 PM EST- IP address: 104.47.51.126
-  Document e-signed by AnnMarie Winter (annmarie.winter@aaapp.org)
Signature Date: 2023-11-20 - 4:20:34 PM EST - Time Source: server- IP address: 47.207.41.156

✔ Agreement completed.

2023-11-20 - 4:20:34 PM EST