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November 16, 2023

David Lomaka, Executive Director
Neighborly Care Network
13945 Evergreen Ave.
Clearwater, Florida 33762

Dear Mr. Lomaka,

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 five recommendations. Please provide a written response to the recommendations by Wednesday, December 6, 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: Brooke Mirenda, Board Chair
Maribeth Braden, Adult Day Services Director



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: Neighborly Care Network
Adult Day Care Service Provider

DATE(S) OF VISIT: October 26, 2023

PARTICIPANT(S): Maribeth Braden, L.P.N., ADC Director
Debbie Davis, Administrative Assistant

MONITOR(S): Michelle Tavares, Program Manager

FUNDING PERIOD: 2022 –2023

SITES VISITED: Sunny Harbor 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 is made that the provider review and implement their approved 2024 continuing application targeting plan to achieve serving the proposed number of older adults in each target category.
- Per contract requirements, the provider shall respond to additional, routine, or special requests for information and reports required by the AAAPP in a timely manner as determined by the AAAPP. Provider is required to submit copies of Board of Director meeting minutes to AAAPP thirty days following the meeting.
- Per contract requirements, provider is required to conduct annual client satisfaction surveys to evaluate and improve service delivery. Satisfaction surveys for this monitoring did not include a date. Recommendation is made that a date is included on each individual survey to reflect and support the time period that surveys were completed in.
- Recommendation is made that the provider run the eCIRTS *Assessment Due* report monthly and maintain an internal assessments due log to ensure reassessments are completed annually in accordance with DOEA Programs and Services Handbook.
- Per the Department of Elder Affairs Programs and Services Handbook, Appendix E, all volunteers who assist fewer than twenty (20) hours per month are required to complete an Attestation of Compliance Candidate Form claiming an exception to the level 2 background screening.

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:

- A. Recommendation is made that the provider review their 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.
- B. Recommendation and technical assistance provided on Level II background screenings and proper completion of the attestation of compliance candidate form. Unresolved.

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 targeting plan in their approved 2023 Continuing Service Application. It is recommended that the provider review and implement their approved 2024 continuing application targeting plan to achieve serving the proposed number of older adults from in each target category.

- B. Review of 2022 quarterly report analysis indicate that the provider met proposed LSP targeting numbers to individuals with greatest social need, limited English proficiency, and at risk for institutional placement. With OAA funding, the provider met the proposed targeting numbers for individuals with greatest social need only. Review of 2023 quarter three (3) reports indicate that the provider met proposed target numbers with LSP funding for those with limited English proficiency only. Thus far, the provider has not met proposed target numbers for any target category with OAA funding.
- C. The provider is utilizing an approved prioritization instrument in accordance with the providers prioritization policy.
- D. Five APCL client files were selected for review. Clients were screened and prioritized using the proper prioritization instrument and in accordance with the provider's prioritization policy. Please see Attachment I for specific 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: 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 outlined their quality assurance activities in their 2023 continuing application which includes staff training.
- C. The provider submitted certificates of completion for seven (7) staff members who are considered 701 assessors. The provider also submitted copies of the 701S attestation form for all staff members considered assessors.
- D. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training was provided to twenty-two (22) staff members in 2023. Certificates of completion received for all 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 the 2022 annual outreach and public education report.
- B. Quarterly reports are submitted on time and are considered accurate.
- C. Minutes from Neighborly Care Network Board of Directors meetings for the first half of FY 2022 were submitted to the AAAPP on time. AAAPP requested meeting minutes for the remainder of FY 2022, and they were received in February 2023. For FY 2023, reports were not submitted for the first half of the year until September 2023.
- D. Surplus/deficit reports are submitted on time and are considered accurate.

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 implementation of eCIRTS in December 2021, outcome measure reports have been unavailable.

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: Partially 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 specific details.
- B.) eCIRTS records of 701A assessments, reassessments, program enrollment and received services were reviewed. One (1) client's annual reassessment was completed past the due date. All other areas of review were accurate 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) and are owned by their program.

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 CIRTS*

Response: Achieved.

Since implementation of eCIRTS in December 2021, not all reports have been available. The provider is encouraged to review current available reports on a regular basis. The provider edits eCIRTS data entries 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. In contract year 2022, the provider expended all LSP and OAA funds and met the proposed number of units identified in the service provider application. In addition, the provider utilized ARP funds. As of October 31, 2023, the provider has expended both LSP and OAA funds and is currently utilizing ARP funds.
- B. Review of client files, service logs, eCIRTS, and client service unit reports indicate that the provider has a clear audit trail for units of service entered for the month of June 2023.

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 on file related to consumer satisfaction.
- B. AAAPP monitor met with clients at the Sunny Harbor Adult Day Care. All reported that enjoyed attending the Adult Day Care program and satisfied with services.
- C. Satisfaction surveys and analysis were reviewed. Overall, clients and/or their caregivers feel that ADC services are excellent. Comments received “It’s a lifesaver for my mom” and “My husband requires 24/7 care and I need to work to supplement our income. The day care program is a lifesaver for both of us”.
- D. Although surveys were not dated, per the provider policy and procedure, all clients are surveyed annually. Recommendation that the provider dates surveys to demonstrate that surveys are completed annually.

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. Provider submitted grievance logs from the previous monitoring review date through YTD. No grievances were reported.
- B. The provider has an approved complaint policy and procedure. Provider submitted complaint logs from the previous monitoring review date through YTD. No complaints were reported.
- C. The provider submitted complaint logs from the previous monitoring review date through YTD. All incidents had documentation to support the providers response and resolution.

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 on file.
- 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.*
- 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. *Adult Day Care 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 all pertinent to service being provided, copies of AHCA licenses and fire inspections reviewed.*
- C. *The 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.*
- D. *The provider is in regulatory compliance with HIPAA requirements. A policy and procedure is on file.*
- E. *The provider is in compliance with the provider conflict of interest program procedure (PR 132). Provider conflict of interest policy and procedure is on file.*
- F. *The CEMP/COOP is submitted to AAAPP Director of Planning as required.*

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.

- A. The provider maintains an agreement with Nurse Spring, a healthcare staffing agency, and Metz Culinary Management and Rebuilt Meals, meal providers. Provider submitted documentation which supports monitoring of the subcontractor, Nurse Spring, was completed on October 27, 2023. Monitoring of subcontractor, Metz Meals, was completed by Neighborly Care Network Dietician on October 26, 2023 and of subcontractor, Rebuilt Meals, on November 1, 2023.
- B. Copies of the subcontractor agreements are on file.

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 provided 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 Employee Candidate Form*

Response: Partially Achieved.

Background Screenings were reviewed for six (6) ADC workers and three (3) volunteers. One (1) volunteer who volunteered less than 20 hours per month require an attestation of candidate form signed claiming an exception from the background screening.

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. Provider submitted proof of CPR training for five (5) staff members. All CPR certifications are current.
- B. Provider supplied a current calendar with all scheduled daily activities.
- C. N/A – Provider is not an ADI facility.
- D. The provider maintains a daily attendance log with time in and time out for each client and appeared accurate.
- E. The onsite visit demonstrated that at least two (2) staff members, one of which is CPR trained is on the premises all the time during the center's hour of operation. A one (1) to six (6) staff to client ratio is maintained.
- F. Provider submitted current, active licenses from the Agency for Healthcare Administration pursuant to *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

Organization: Neighborly Care Network

Registered Service: Adult Day Care

Attachment I.

Questions	S.S.1757622	G.F. 1784091	1804024 C.M.	1040404 N.B.	L.S. 1362908	
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?	TERMED BY CLIENT	TERMED LOST CONTACT	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

Organization: Neighborhood Care Network
 Registered Service: Adult Day Care

Attachment II.

Questions	S.F. 960312	A.J. 1467258	R.L. 258953	R.S. 968006	F.P.563133	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)?	Y	N	Y	Y	Y	
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?	Y	Y	Y	Y	Y	
Notes						

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












NCN ADC 2023 Monitoring Report

Final Audit Report

2023-11-20

Created:	2023-11-16 (Eastern Standard Time)
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✔ Agreement completed.

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