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April 7, 2025

Brian Hoben, Community Services Director
Pasco County Community Services
8620 Galen Wilson Blvd.
Port Richey, FL 34668

Dear Mr. Hoben,

Enclosed is the 2025 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 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 2025 monitoring produced no findings and no recommendations. The cooperation of your staff during the desk review and on-site monitoring process was appreciated.

Sincerely,



Ann Marie Winter
Executive Director

Enclosure

cc: Jordan N. French, Human Services Manager
Jacqueline Grenon, Case Management Coordinator
Danielle Berman, Case Management Coordinator



Area Agency on Aging of Pasco-Pinellas, Inc.
2025 EHEAP MONITORING CHECKLIST

PROVIDER: Pasco County Human Services
EHEAP (Emergency Home Energy Assistance for the Elderly Program)

DATE(S) OF VISIT: March 7th, 2025

PARTICIPANT(S): Jordan N. French, Human Services Manager
Danielle Berman, Case Management Coordinator
Georgie Darrah, Assistant Director of Programs
Christine Didion, Director of Programs

MONITOR(S): Yesenia Rivera, OAA Program Manager

FUNDING PERIOD: 2024-2025

SITES VISITED: 8239 Youth Lane
Port Richey, FL 34668

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)

- No recommendations.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- 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.

Response: Achieved.

No recommendations. No findings.

Standard #2 – Signage

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

Response: Achieved.

- A. The provider maintains a written notice posted at all points where EHEAP applications are received stating their non-discrimination policy.
- B. The provider maintains a written notice posted at all points where EHEAP applications are received ensuring the consumer that no fees are charged or donations accepted in order to receive EHEAP benefits.
- C. Appeal provisions are adequately posted in a prominent place at all points where EHEAP applications are received.

Standard #3 – Policies and Procedures

The provider maintains updated policies and procedures:

- A. *Written policy and procedure for referral or access assistance to the “Lifeline Program” for elders who are on oxygen support and must have power.*

- B. *The written policy and procedure which details 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 and procedure that defines the criteria and required verification to determine if a household has a "home energy crisis" and is eligible for crisis assistance.*
- D. *A written policy and procedure 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.*
- E. *Written policy and procedures regarding Florida Statute 119.071 (5) require any agency that collects social security numbers to provide a written explanation to the individual the reason for its collection.*
- F. *Written policy and procedure addressing client confidentiality.*
- G. *Written policy and procedure for computer system backup and recovery.*
- H. *Written policy and procedure that address serving family members and employees.*
- I. *Written policy and procedure that encourage households to seek assistance prior to incurring non-energy penalties such as disconnect/reconnect fees, additional deposits, interest, or late payments.*

Response: Achieved.

- A. The provider maintains a written policy and procedure for referral access or access assistance to the "Lifeline Program" which also addresses elders who are on oxygen as and must have power.
- B. The provider maintains a written policy and procedure which details allowable timeframes for applicants to submit required documentation that is missing at time of application, before an application for services to be denied.
- C. The provider maintains a written policy and procedure that defines the criteria and required verification to determine if a household has a "home energy crisis" and is eligible for crisis assistance.
- D. The provider maintains a written policy and procedure 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.
- E. The provider maintains a written policy and procedures regarding Florida Statute 119.071 (5) requiring any agency that collects social security numbers to provide a written explanation to the individual of the reason for its collection.
- F. The provider maintains a written policy and procedure addressing client confidentiality.
- G. The provider maintains a written policy and procedure for computer system backup and recovery.
- H. The provider maintains a written policy and procedure that addresses serving family members and employees.
- I. The provider maintains a written policy and procedure that encourages households to seek assistance prior to incurring non-energy penalties such as disconnect/reconnect fees, additional deposits, interest, or late payments.

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 Memorandum of Agreement with Mid-Florida Community Services, Inc. is current (10/1/22-9/31/27) and on file to encourage coordination efforts on behalf of customers who are eligible for EHEAP or LIHEAP assistance.

Clients in need of a referral to the Weatherization Assistance Program are also directed to Mid-Florida Community Services, Inc. A Memorandum of Understanding with Mid-Florida Community Services, Inc. is current (10/1/22-9/31/27) and on file regarding this process.

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 documentation that training was provided to staff in February 2025, on using the appropriate application form. File reviews demonstrate that staff use this form correctly.
- B. N/A – No recent technical assistance or notices of instructions received.
- C. The provider’s last training on the mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation completed on **March 22, 2024.**

Standard #6 – Home Energy Vendors

Contracts with home energy vendors are on file:

- A. *Payments are made directly to the home energy vendors on behalf of eligible consumers.*
- B. *Vendor agreements with home energy suppliers meet contract requirements and are reviewed every five years.*
- 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. All payments are made directly to the home energy vendors in accordance with the providers’ policies.

- B. The provider maintains Vendor Payment Agreements with the Bahr's Propane, Duke Energy, Suburban Propane, Tampa Electric Company (TECO), and Withlacoochee River Electric Company (WREC). All agreements were reviewed, are on file at the AAAPP office, and expire **July 1, 2027**.
- C. Providers comply with payments related to vendors for energy related costs, such as blankets, fans, heaters, or air conditioners.

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.*

Response: Achieved

- A. A total of ten (10) client files were reviewed for this monitoring period. All files contained appropriate documentation and no concerns were noted. Please see Attachment I for specific details.
- B. All applications are entered into the CIRTS database.
- C. All applications were accepted, and services provided while a signed contract is in place and adequate funding is available.
- D. All requirements listed on DOEA Form 211 are met.
- E. Client files are appropriately labeled.

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. The provider submitted a sample Approval/Denial form with a letterhead that indicates what EHEAP benefit is furnished or a reason for denial. Client file reviews indicate the form is completed appropriately.
- B. The provider maintains a written appeal procedure. The procedure was reviewed and provides the client with an opportunity for 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 current benefit cycle as instructed by DOEA is a 12-month cycle which allows households to receive multiple crisis benefits per program year, up to a maximum of \$5000.
- B. When funds are not available, the provider is able to refer individuals to other community partners that may be able to assist.
- C. The provider is utilizing a monthly surplus deficit report which assists in keeping the provider on track with all budgets. The Provider is currently projecting a surplus in funds for the 2024-2025 funding year. This funding year, the provider had the total grant budgeted out over the contract year to ensure that they didn't overspend as occurred in the 2023-2024 funding year. Over the course of the months since the provider received the funding, they had at least 3 months where the provider did not come close to their target monthly spending of \$22,541.92: July, October, and November. July was the beginning of the funding period. Due to hurricanes Helene and Milton, the Provider, in October and November, provided assistance to the numerous community members that were displaced and residing in open hurricane shelters. In the other months, the provider's spending wasn't quite targeted, but nowhere near as low. Over the last couple of months this flow of clients has dramatically dropped, per information provided by Provider. As soon as the provider realized this drop off, the Provider reported ramping up their outreach efforts. The provider is hopeful that these efforts will raise the number of eligible seniors to assist. Provider submitted projections and plans to continue their efforts and monthly spending plan for the remainder of the 2024-2025.

Standard #10 – Outreach and Reporting

The Provider undertakes Outreach Initiatives to advertise the program to consumers and ensure utilization of funds:

- A. *Developing and implementing a written procedure for making home visits to households with homebound elderly persons in order to assist with the completion of the program application when other assistance is not available.*
- B. *Outreaches to organizations that serve elderly consumers and especially those that serve seniors who meet EHEAP eligibility standards.*

Response: Achieved

- A. When necessary, the provider will make home visits to homebound seniors to complete the application and to obtain the required eligibility documentation. A policy and procedure on home visits is in place and is considered appropriate.
- B. The provider submits quarterly outreach reports that demonstrate the provider is outreaching to organizations that serve elderly consumers who meet EHEAP eligibility standards. This funding year, Provider ramped up their outreach efforts including doing a

Facebook push, creating a Human Services billboard, updating their flyer and getting it out to all their partner agencies including the Health Department and all the non-profits they work with, local electric companies, air conditioning repair professionals, as well as local churches and other County departments that serve seniors. Provider attended the Senior Expo as well. Provider plans to increase the number of people that they traditionally reach.

Standard #11 – 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.
- 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.

Standard #12 – Background Screenings

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 Form*

Response: Achieved.

Level II Background Screenings were reviewed for two direct service staff. All documents were available and completed as required. Provider is reminded that the privacy policy form must be signed and dated prior to the screening results.

Amy Kleich:

Privacy Policy: 12/18/24

Clearing House Screening: 12/06/24

Attestation: 12/26/24

Maria Wilkinson:

Privacy Policy: 05/14/24

Clearing House Screening 05/17/24

Attestation: 05/22/24

Signatures:

Jessie Rivera

Yesenia Rivera, Program Manager

Apr 7, 2025

Date

MSJ

Georgie Darrah, Assistant Director of Programs

Apr 7, 2025

Date

Christine Didion

Christine Didion, Director of Programs

Apr 7, 2025

Date

K Marsalek

Kerry Kimball Marsalek, Chief Operating Officer

Apr 10, 2025

Date

PSA#: 5

Organization:

1	Individual client file for the elder inclu
2	Household contains a member 60 or ol
3	The household is in the Florida county
4	All household members are listed and more than 1 year expired).
5	Client file contains documentation of S applicable exemption.
6	Client file contains signed notice regar
7	The client file contains official income documentation, if categorically eligible If income is self-declared, is there a co












Pasco EHEAP Monitoring Report Packet 2025


Final Audit Report

2025-04-10

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 Agreement completed.

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