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April 29, 2022

Jodi Duda, Interim CEO
Gulfcoast Legal Services, Inc.
501 First Avenue North, Suite 420
Post Office Box 358
St. Petersburg, FL 33701

Dear Ms. Duda,

Enclosed is the 2022 Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Legal services 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 2022 monitoring produced no findings and five recommendations. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

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

AnnMarie Winter (Apr 29, 2022 15:24 EDT)

Ann Marie Winter
Executive Director

Enclosures

cc: Caryn Rosencrantz, GLS Supervising Attorney
Professor Kristen Adams, GLS Board President





Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2022 OAA/LSP
LEGAL SERVICES MONITORING

PROVIDER: Gulfcoast Legal Services
Legal Service Provider

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

PARTICIPANT(S):

MONITOR(S): Michelle Tavares, Program Manager

FUNDING PERIOD: 2021-2022

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 develop internal measures to ensure all staff receive training on reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly annually.
- It is recommended that the provider dates all policies and procedures and reviews those at least every three years.
- It is recommended that the providers Incident policy include language supporting additional "unusual" incidents as referenced in 2020 DOEA Programs and Services Handbook, Chapter 3, Section III, Documentation and Reporting of Unusual Incidents B.
- It is recommended that the provider complete a HIPAA policy which includes client confidentiality procedures supported in their 2022 continuing application.
- It is recommended that the provider revise their Voluntary Contribution letter to clearly convey that services are free of charge and all contributions shall be used to increase service availability and/or provide indication that there is a sign within the agency visibly located to clients conveying this information.

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: Achieved. There are no unresolved issues resulting from the previous programmatic monitoring visit on April 28, 2021.

Standard #2 – Targeting, Prioritization and Waitlist

- A. *Provider has outlined their 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.*

Response: Achieved.

- A. Provider outlined their plan to targeting individuals in their 2022 Provider Application. Plan was reviewed and approved by AAAPP.
- B. Review of 2021 Quarterly Report (Quarter 4) indicates that the provider met the proposed number of clients for IIIB services in the category of *minority and limited English-speaking* individuals. In IIIEG services, *greatest social need, greatest economic need, minority, and limited income minority* categories were met. The provider has reported that increased outreach has been planned for 2022 in order to reach and meet all target categories.

- C. The provider currently utilizes an Older Americans Act Prioritization Instrument aka "Application for Services" in accordance with the Providers Prioritization Policy as submitted and approved in their 2022 Provider Application.

Standard #3 – Staff Training

Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training is conducted annually for all applicable program staff.

Response: Not Achieved.

Last documented training on mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of elderly occurred in December 2020. Provider submitted explanation of the oversight and has implemented corrective action. The provider submitted documentation that they are in the process of coordinating a training with Sierra Pennington, AAAPP VOCA Program Manager. Copy of the email exchange with Sierra was provided. The provider has delegated a staff member with the responsibility of ensuring training is completed annually.

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: Achieved.

- A. Annual Outreach and Public Education report for FY 2021 was received in a timely manner. Review of the report does indicate that the provider conducted a total of forty (40) outreach and public education events.
- B. 2022 Quarter 1 report was submitted on time and is considered accurate.
- C. Board of Director Meetings and meeting minutes are submitted to the AAAPP after approval. Current BOD meeting minutes on file is December 17,2021.
- D. Surplus/Deficit reports are submitted by the 20th of each month and are considered accurate.

Standard #5 – Case Record Compliance

Case narratives demonstrate compliances with client eligibility, intake, and service delivery.

Response: Achieved.

Case narratives for three (3) 2021 OAA Title IIIB/LSP cases and one (1) 2021 OAA Title IIIEG case were reviewed. All narratives reviewed reflected compliance with requirements for client eligibility, intake, and service delivery.

Standard #6 – 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 calendar year 2022, review month of January, the provider has a clear audit trail for units of service entered in CIRTS as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.*

Response: Achieved.

- A. The provider has a plan in place, including increased outreach efforts in order to meet all budgetary goals as proposed in the 2022 approved Provider Application. Continued monthly review of Surplus Deficit reports aide in monitoring of this standard.
- B. The provider submitted documentation for January 2022 which supports a clear audit trail. Documentation reviewed and compared included client service logs, eCIRTS reports, receipt and expenditure report, and request for payment report. All reports supported total units billed for January 2022.

Standard #7 – 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). Home visits are made by the provider, if necessary.*

Response: Achieved.

- A. The provider has a policy and procedure related to consumer satisfaction which details how consumer satisfaction will be measured annually.
- B. Due to maintaining confidentiality of clients receiving legal services, home visits and/or client interviews are not conducted.
- C. The provider submitted satisfaction surveys and a survey analysis for 2021. Review of surveys and analysis indicate that clients feel services are excellent and would recommend services to others. As quoted by a client "thank you for all you do, you really make a difference in people's lives by giving them access to legal services where they may not have had access had you not been there".

Standard #8 – Grievances, Incidents, and Complaints

Consumer satisfaction and effective delivery of service has been verified through:

- A. *Provider has approved internal grievance policies, procedures, and logs that address both denial of service and complaints by clients about manner or quality of legal assistance.*
- B. *Provider has approved internal incident policies, procedures, and logs, including documentation of the service provider response and resolution.*

Response. Achieved.

- A. Provider has an internal grievance policy and procedure that addresses the denial of services and client complaints. Provider submitted their 2021 grievance log which indicates that no grievances were reported in 2021.
- B. Provider has an internal incident policy and procedure. It is recommended that policy include language supporting additional "unusual" incidents as referenced in 2020 DOEA Programs and Services Handbook, Chapter 3, Section III, Documentation and Reporting of Unusual Incidents B.

Standard #9 – Voluntary Contributions

Provider has a voluntary contribution system in place conforming with the Older Americans Act:

- A. Approved Voluntary Contributions Policy/Procedure
- B. 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: Partially Achieved.

- A. The provider has an approved Voluntary Contributions policy and procedure which conforms with the Older Americans Act.

- B. The letter submitted by the provider did not clearly convey that services are free of charge and all contributions shall be used to increase service availability. It is recommended that the provider revise letter or provide indication that there is a sign conveying this information.

Standard #10 – 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 regulations 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. The OAA services are being provided in compliance with the most current DOEA Programs and Services Handbook and the most current approved Service Provider Application.
- B. The provider is compliant with all regulations pertinent to the service provided. Gulfcoast attorney information was reviewed on the Florida Bar website (<https://www.floridabar.org/>) and indicates that all seven (7) attorneys are in good standing and eligible to practice law.
- C. The provider complies with F.S. 119.071(5) that requires a written explanation to the individual for collections of social security numbers. Provider submitted written explanation which is also translated in Spanish.
- D. The provider submitted a HIPAA release form that is given to their clients. It is recommended that the provider complete a HIPAA policy which includes client confidentiality procedures indicated in their 2022 Continuing application.
- E. The provider submitted a Conflict-of-Interest Policy and is in compliance with PR 132.
- F. The CEMP/COOP has been submitted for FY 2022 and provided to the AAAPP Director of Planning/Emergency Coordinating Officer as required.

Standard #11 – 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 continues to maintain 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 then made and sent to the ADRC.
- B. The provider ensures referrals are made to other community resources such as United Way/211, local service providers, and the ADRC Help Line.

Standard #12 – 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: N/A. Subcontractors are not utilized.

Standard #13 – 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 submitted policy and procedure which outlines the utilization of volunteers. 2021 DOEA Volunteer Activity Report was submitted annually to DOEA as required.

Standard #14 – Background Screening

Provider completes Level II Background Screening as necessary. All non-attorney staff that have access to clients and or client data must comply with DOEA background check requirement. All Attorneys billing for services and all supervising attorneys' staff are exempt but must sign the Affidavit of Compliance Candidate form.

Response: Achieved.

The provider submitted supportive documentation which confirms Level II Background Screenings were completed for five (5) staff paralegals and Affidavit of Compliance Candidate Forms were completed for eight (8) staff attorneys.

Signatures:

Michelle Tavares

Michelle Tavares
Program Manager

Apr 29, 2022

Date

Kristina Jalazo

Kristina Jalazo
Director of Program Accountability

Apr 29, 2022

Date