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May 5, 2023

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

Dear Ms. Prichard,

Enclosed is the 2023 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 2023 monitoring produced no findings and one recommendation. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,


AnnMarie Winter (May 3, 2023 16:17 EDT)

Ann Marie Winter
Executive Director

Enclosures

cc: Jodi Duda, CFO
Tara Meyer, Fiscal & HR Manager



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.

2023 OAA/LSP

LEGAL SERVICES MONITORING

PROVIDER: Gulfcoast Legal Services
Legal Service Provider

DATE(S) OF VISIT: April 7, 2023

PARTICIPANT(S): Theresa Prichard, CEO
Jodi Duda, CFO
Tara Meyer, Fiscal & HR Manager

MONITOR(S): Michelle Tavares, Program Manager

FUNDING PERIOD: 2022-2023

SITES VISITED: 501 1st Ave N., Suite 420, St. Petersburg FL 33701

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. Positive/Noteworthy Activities

Gulfcoast Legal Services continues to provide legal counsel to the elderly residents of The Westchester Apartments as they relocate following the sale of the building early this year. Initially residents were given 15 Day Notices, that James Kushner, their Senior Supervising Housing Attorney, examined and found legally deficient as a statutorily required notice prior to eviction. Gulfcoast paralegals visited the apartment building in person, so that seniors would have access to Gulfcoast's application process. Many residents did not have internet access. Eventually Gulfcoast contacted the attorney representing the new out-of-state owners and they negotiated extended move-out dates with guaranteed return of security deposits. 10 Tampa Bay reported on their advocacy. Please visit:

<https://www.wtsp.com/article/news/local/pinellascounty/clearwater-notice-westchester-apartments/67-8ecc3e3f-3aca-45b9-8024-02790f01b489>

II. Recommendations for Improvement

(Recommendations require a written response from the provider)

- Level II Background Screenings were reviewed for four (4) direct service staff. All documents were available and completed. All direct service staff must review and sign a Privacy Policy and Affidavit of Compliance form yearly.

III. 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. Five recommendations for improvement were produced in the 2022 programmatic monitoring. Provider complied with the recommendations.

Standard #2 – Targeting, Prioritization and Waitlist

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

Response: Partially Achieved.

- 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).
- Review of 2022 Quarterly Report (Quarter 4) indicates that the provider met the proposed number of clients for IIB services in the category of greatest social need and limited English proficiency. In IIEG services, greatest social need and limited income minority categories were met. The provider reports that they are not meeting the proposed target numbers as they have in previous years due to the nature of the legal cases. Legal cases are longer term and more extensive cases as in previous years. The

provider stated this will be taken into consideration when proposing target numbers on their continuing applications in the future.

- 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: Achieved.

Elder abuse training was last provided by the AAAPP Victim Advocate Program Manager for the provider's applicable staff, fourteen (14) total, on May 17, 2022.

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 2022 was received in a timely manner. Review of the report indicates that the provider conducted over one hundred (100) outreach and public education events in 2022.
- B. Quarterly reports are submitted on time and are considered accurate.
- C. Board of Director Meetings and meeting minutes are submitted to the AAAPP after approval. Last BOD meeting minutes on file is December 6, 2022.
- 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) 2022 OAA Title IIIB/LSP cases and one (1) 2022 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 served the proposed number of units in 2022 and has a plan to serve the number of proposed units as identified in their 2023 application.
- B. The provider submitted documentation for October 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 October 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) 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. Per the policy, once GLS concludes assistance with the client's legal matter and the case is closed in their system, a closing letter is sent to each client which includes a satisfaction survey.
- 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 2022. Review of surveys and analysis which indicates overall, clients rated the quality of services as excellent and would recommend services to others.
- D. See subcategory A.

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 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 internal incident policies, procedures, and logs, including documentation of the service provider response and resolution.*

Response. Achieved.

- A. The provider has an internal grievance policy and procedure that addresses the denial of services and client complaints. Review of the provider 2022 grievance log indicates that no grievances were reported in 2022.
- B. See subcategory A.
- C. The provider has an internal incident policy, procedure, and logs on file. Review of the provider 2002 incident log indicates that no incidents were reported in 2022.

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: Achieved.

- A. The provider has an approved Voluntary Contributions policy and procedure which conforms with the Older Americans Act.
- B. The provider maintains a voluntary contributions notice which conveys that services are free of charge and all contributions shall be used to increase service availability.

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 DOE A 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 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. HIPAA requirements are being adhered to. Policies and procedures are in place.
- 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. 2022 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: Partially Achieved.

The provider submitted background screening results for two (2) legal assistants and two (2) attorneys. All documents were available and completed. All direct service staff must review and sign a Privacy Policy and Affidavit of Compliance form yearly.

Signatures:

Michelle Tavares

Michelle Tavares
Program Manager

May 3, 2023

Date

Christine Didion

Christine Didion
Director of Program Accountability

May 3, 2023

Date