



727-570-9696

info@aaapp.org

9549 Koger Blvd. N, Suite 100
St. Petersburg, FL 33702

www.agingcarefl.org

March 6, 2025

Christine Didion, Director of Programs
Area Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Blvd.
Lake Building, Suite 212
St. Petersburg, FL 33702

Dear Christine,

Enclosed is the Annual Programmatic Monitoring report for the Mental Health and Gerontological Counseling 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 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 2024 monitoring produced no findings and no recommendation. The cooperation of your staff during the desk review and monitoring process was appreciated.

Sincerely,

AWinter

Ann Marie Winter
Executive Director

Enclosure

Cc: Shakeita Hazley Program Coordinator



Area Agency on Aging of Pasco-Pinellas, Inc.
2024 OAA/LSP
COUNSELING SERVICE MONITORING

PROVIDER: Area Agency on Aging of Pasco – Pinellas, Inc.

DATE(S) OF VISIT: N/A

PARTICIPANT(S): Shakeita Hazley, Program Coordinator
Christine Didion, Director of Programs

MONITOR(S): Yesenia Rivera, Program Manager

FUNDING PERIOD: 2023-2024

SITES VISITED: N/A

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)

- There are no recommendations during this monitoring period.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- There are 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: Recommendation that a date section is added to the survey forms and analysis to support timeframe in which surveys and analysis are completed.

Standard #2 – Targeting, Prioritization, and Waitlist

Prioritization is in accordance with Older Americans Act guidelines.

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

- The provider is utilizing an approved prioritization instrument, as outlined in their prioritization policy.
- Counseling clients are not assessed using the 701S screening assessment and clients are not on the eCIRTS APCL. The provider maintains an internal waitlist. Review of the waitlist and client files support that the provider has appropriately prioritized clients for counseling services. See attachment I.

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.

Training certificates were submitted for three staff members. Training on mandatory suspected abuse, neglect, self-neglect, and exploitation is completed annually as required.

Standard #4 – Case Record Compliance

Using the AAAPP client file monitoring tool, case records sampled showed compliance with requirements for client eligibility, intake, and service delivery.

Response: Achieved. See attachment II.

Review of five (5) active client files support compliance with requirements for client eligibility, intake, and service delivery.

Standard #5 – Budgetary Compliance

The provider has a clear audit trail for units of service entered in eCIRTS as indicated by a review of client files, service logs, and monthly summaries.

Response: Achieved.

Review of client service logs, provider internal billing logs, and billing submitted for August 2024 support a clear audit trail for services entered in eCIRTS.

Standard #6 – 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. *Client satisfaction surveys accompanied by a satisfaction survey summary report for the last fiscal year.*
- C. *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 policies and procedures related to consumer satisfaction which include an annual schedule for completing surveys.
- B. Review of client satisfaction surveys and analysis indicate that clients are overall satisfied with the counseling program. A client stated: " I have been receiving therapy for a long time, and it has helped me with my depression and anxiety. We are very grateful to everyone. I am hoping to continue receiving this careful, much-needed care for older adults. "
- C. The provider reports completed client satisfaction surveys in fiscal year 2024. Surveys were properly completed and dated.

Standard #7 – 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 on file. The client grievance log was reviewed. There were no grievances reported.
- B. The provider has an approved complaint policy and procedure on file. The client complaint log was reviewed. Complaint log indicates that there was one complaint documented on 3/4/2024. The provider responded to the service complaint and objectively evaluated the quality of service and the level of client satisfaction. Complaint was resolved in accordance with DOEA service standards and procedures.
- C. The provider has an approved incident policy and procedure on file. The client incident log was reviewed. There were no incidents reported during this monitoring period.

Standard #8 – 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 has a voluntary contribution letter on file which indicates that all contributions are voluntary and shall be used to increase service availability.

Standard #9 – 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. Counseling 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 submitted current licenses from the Florida Department of Health for all staff providing counseling services.
- C. The provider complies with F.S. 119.071(5) that provides a written explanation to the individual for collection of social security numbers.
- D. The provider has submitted their HIPAA policy and procedure and maintains regulatory compliance.
- E. The provider is in compliance with the Provider Conflict of Interest Program Procedure (PR 132).
- F. An internal CEMP/COOP is maintained.

Standard #10 – 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 maintains a positive partnership with the ADRC and other community 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.
- B. The provider completes referrals to community resources, as necessary.

Standard #11 – 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. Provider does not utilize subcontractors.

Standard #12 – Volunteers

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

Response: N/A. The provider is not currently utilizing volunteers.

Standard #13 – Background Screening

Provider completes Level II Background Screenings, as necessary.

Response: Achieved.

The provider submitted a statement from the Human Resources Administrator confirming that Level II background screenings were completed for three (3) counseling staff members.

Signatures:

Yesenia Rivera

Yesenia Rivera , Program Manager

Mar 6, 2025

Date

Georgie Darrah

Georgie Darrah, Assistant Director of Programs

Mar 6, 2025

Date

Christine Didion

Christine Didion, Director of Programs

Mar 6, 2025

Date

K. Marsalek

Kerry Kimball Marsalek, Chief Operating Officer

Mar 7, 2025

Date



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

Organization: Area Agency on Aging of Pasco-Pinellas (AAMP)
 Unregistered Service: Counseling

Attachment L

Questions	Trish Terasackas	Lyn Grasse	Cynthia Cook	Shirley Larkin	Terry Bukholder						
Was the most current intake/7015 assessment completed and entered into eCIRTS correctly?	Y-Attached	Y-Attached	Y-Attached	Y-Attached	Y-Attached						
Was client eligibility verified? (see "Service Eligibility for GAA Program")	Y-65 years old	Y-67 years old	Y-63 years old	Y-86 years old	Y-68 years old						
Has CMA priority for service delivery been established using an approved prioritization tool?	Y-3 Points Scored	Y-3 Points Scored	Y-4 Points Scored	Y-4 Points Scored	Y-3 Points Scored						
Was the client notified of why their SSA is collected, if applicable?	Y	Y	Y	Y	Y						
Is the client correctly enrolled on the waitlist for this program/service in eCIRTS?	N/A	N/A	N/A	N/A	N/A						
Notes	Counseling clients are not assessed using the 7015 screening assessment and clients are not on the eCIRTS APCL. The provider maintains an internal waitlist.	Counseling clients are not assessed using the 7015 screening assessment and clients are not on the eCIRTS APCL. The provider maintains an internal waitlist.	Counseling clients are not assessed using the 7015 screening assessment and clients are not on the eCIRTS APCL. The provider maintains an internal waitlist.	Counseling clients are not assessed using the 7015 screening assessment and clients are not on the eCIRTS APCL. The provider maintains an internal waitlist.	Counseling clients are not assessed using the 7015 screening assessment and clients are not on the eCIRTS APCL. The provider maintains an internal waitlist.						

File Closed

Not for completion and content is required
 See the application

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Area Agency on Aging of Pasco-Pinetas, Inc.
 Client File Monitoring Tool for Unregistered Services
 Organization: AAAP
 Unregistered Service: Companions

Questions	July 2020	Dec 2020	March 2021	July 2021	March 2022	Comments
Was an annual inspection done (unregistered and registered) updated annually?	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	
Are all unregistered services inspected and registered annually?	Y 68 years old	Y 73 years old	Y 68 years old	Y 68 years old	Y 81 years old	
Was a QAP update for unregistered services completed for each unregistered service?	PRIORITY POINTS - 5	PRIORITY POINTS - 3	PRIORITY POINTS - 4	PRIORITY POINTS - 3	PRIORITY POINTS - 3	
Did the unregistered services inspected at least once per year?	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	
Were all unregistered services inspected at least once per year?	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	
Did the unregistered services inspected at least once per year?	Y Attached	Y Attached	Y Attached	Y Attached	Y Attached	
Were all unregistered services inspected at least once per year?	42 hours for this year/ 6.75 hours for August	37 hrs for 2024 2.5 hr for August	28 hr 2 yr for 2.5 hr August	15.25 hr for 3 August	32 hr year 2.5 hr August	
Were all unregistered services inspected at least once per year?	Y None 05/03/24	Y None 12/16/2024	Y None 12/24/2024	Y None 11/06/2024	Y None 08/13/2024	
Were all unregistered services inspected at least once per year?	N/A	N/A	N/A	N/A	N/A	
Notes	None is up to date, missed when inspected	N/A	Terminated by client 05/11/2021	N/A	N/A	

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