



AGENDA ITEM #7H(1)
3/18/2024

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February 1, 2024

Tawnya Scott
Personal Response Corporation
Contract Administrator
7700 N. Kendall Dr. Suite 711
Miami, FL 33156

Dear Ms. Scott,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Chore program for contract year January 1, 2023-December 31, 2023.

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 two recommendations. Please submit a written response to the recommendations to programs@aaapp.org by Friday, February 16, 2024. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

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

Ann Marie Winter
Executive Director

Enclosures
CC: John Zuder, Southeast Territory Manager





Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2023 OAA/LSP
EMERGENCY ALERT RESPONSE SERVICE MONITORING

PROVIDER: Personal Response Corporation

DATE(S) OF VISIT: N/A - Located in Miami, FL
Desk Review Completed

SITE VISITED: N/A - Located in Miami, FL

PARTICIPANT(S): Tawnya Scott, Contract Administrator
John Zuber, Southeast Territory Manager

MONITOR(S): Michelle Tavares, Program Manager

FUNDING PERIOD: January 1, 2023 – December 31, 2023

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.)

- Provider shall develop a policy and procedure related to consumer contribution. Reference contract EA023 Attachment I, Section IV.B.2.
- Provider shall ensure that all client data is entered into eCIRTS as per contract EA023, Attachment I, Section II E.2.b. The Sub-Recipient must enter all required data for clients and services in the eCIRTS database per the DOEA Programs and Services Handbook and the eCIRTS User Manual – Aging Provider Network users (located in Documents on the eCIRTS Enterprise Application Services). Sub-Recipient must enter this data into the eCIRTS database prior to submitting their Requests for Payment and Receipts and Expenditure Reports to the AAAPP. The Sub-Recipient shall establish deadlines for completing eCIRTS data entry to ensure compliance with due dates for the Requests for Payment and Receipts and Expenditure Reports that Sub-Recipient must submit to the AAAPP.

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:

- Recommendation that the provider maintain an incident log documenting any unusual incidents. Resolved.
- Recommendation that the provider complete an analysis of completed client satisfaction surveys demonstrating an assessment of the results. Resolved.
- Recommendation that the provider implement a policy and procedure and a sample letter related to voluntary contributions which clearly convey that services are free of charge and all contributions shall be used to increase service availability. Partially resolved.
- Recommendation that the provider sign and date all required documents of Level II Background Screenings in accordance with 2020 DOEA Programs and Services Handbook Appendix E. Resolved.
- Recommendation that the provider review eCIRTS and client program enrollment lines to ensure clients have not been enrolled in other programs that make them ineligible for services through OAA funding. Resolved.
- Recommendation that the provider review proposed numbers for Pasco County and ensure that older individuals with greatest social needs, older minority individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas are being served. Resolved.
- In September 2023, a corrective action plan was implemented which addressed the following EA023 contract requirements:
 1. Attachment I, Section I.B: The Sub-Recipient is responsible for the programmatic, fiscal, and operational management of the OAA Title IIIB programs. This oversight includes the management of service dollars and ensuring services are provided, throughout the contract period, in accordance with the Department of Elder Affairs' standards.
 2. Attachment I, Section II.D.1: The Sub-Recipient shall ensure the provision of a continuum of services.

3. Attachment I, Section II.E.4: The sub-recipient shall submit a monthly surplus/deficit report to include a detailed plan on how the surplus/deficit spending exceeds the threshold specified by the AAAPP will be resolved and any recommendations to transfer funds to resolve surplus/deficit spending.
4. Attachment I, Section IV.A: Requests for budget revisions or adjustments to contract funds based on expenditures for provided services must be submitted to the AAAPP in writing. Email requests are considered acceptable.

Provider has completed the following corrective actions:

1. Submitted a spending plan, detailed by month, demonstrating how provider will ensure a continuum of services through December 31, 2023, utilizing additional funding.
2. Submitted a detailed spending plan for the 2024 contract year, detailed by month, utilizing the projected allocations in the 2024 continuing application. Provider included plan for the absence of additional funding in the 2024 contract year and how all current active clients will be served throughout the contract period with budget listed in the contract at the start of the contract period.

On going corrective action requirements:

1. Provider will complete monthly surplus/deficit reports, as required in contract, and submit timely for review by the AAAPP. All prompts for narrative must be answered fully.

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: Achieved.

- A. The provider outlined their 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) in their 2023 continuing application. Review of the 2023 Quarter 3 report indicates that the provider is implementing the approved plan to target the aforementioned individuals.
- B. Review of OAA/LSP proposed target numbers versus achieved target numbers reported on the provider 2023 Quarter 3 report were reviewed. Provider has served the proposed number and percentage of older individuals in all OAA targeting standards with LSP funds in both Pinellas and Pasco counties. With OAA funds, provider has met the proposed number of individuals in all OAA targeting standards in Pinellas County. In Pasco County the provider has served the proposed target numbers for all OAA targeting standards except for rural.
- C. The provider is currently utilizing an Older Americans Act Prioritization instrument in accordance with the providers prioritization policy.
- D. Review of the provider submitted internal waitlist log and client files support that referred clients are prioritized in accordance with the providers prioritization plan as outlined in their approved 2023 continuing 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.

The provider submitted documentation supporting that training of mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation was completed in 2023. Provider made aware that ANE training is also offered by AAAPP.

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 annual outreach and public education report. Provider required reminders to submit the report.
- B. 2023 Quarter 1 report was submitted late. Provider requested an extension to submitting 2023 Quarter 2 report. Quarter 3 report was submitted on time.

- C. During monitoring exit interview, provider confirmed that the company has a Board of Directors delegated through Connect America and as outlined in their 2024 continuing application. Provider to submit meeting minutes to AAAPP within thirty (30) days following meetings.
- D. In 2023, the provider required reminders to submit surplus deficit reports. As of July 31, 2023, provider expended all LSP funding as required by June 30, 2023, and only had a remaining OAA funding balance of \$3,395.54. Provider did not include a detailed plan on how they would continue to serve clients for the remainder of 2023 based on the balance of the budget. The AAAPP Program Accountability and Fiscal departments initiated a meeting with the provider to discuss and was held on August 11, 2023. The provider submitted a request for additional funds. AAAPP granted additional OAA IIIB funds of \$6,392.73 and \$50,000 American Rescue Plan funds. The provider was placed on a corrective action plan in September 2023 to address contractual requirements.

Standard #5 – 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 I.

Ten (10) clients files were randomly selected for review. All files reviewed were in compliance with requirements for client eligibility, intake, and service delivery.

Standard #6 – 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 October 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. The provider is serving the proposed number of units as identified in their 2023 continuing application. During meeting held on August 11, 2023, AAAPP provided clarification on funding allocations listed in the Request for Proposal and subsequent Continuing Applications which list proposed funding based on prior years' funding allocations. Provider was informed that proposed funding allocations in any Request for Proposal and subsequent Continuing Applications are estimated proposals, not guaranteed budget. Funding allocations are communicated in the signed contract on a yearly basis and any related amendments.
- B. Review of client files, October 2023 service logs, and eCIRTS documentation indicate that one (1) client was listed as deceased in eCIRTS as of September 11, 2023 and provider billed thirty-one (31) units in October 2023. Provider was unaware that client

was deceased, and client has not been listed on the date of death report. Provider submitted emergency alert device timer/event log for October 2023 indicating that emergency alert device was active in October 2023.

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).*

Response: Achieved.

- A. The provider outlined their process for determining consumer satisfaction annually in their approved 2023 continuing application.
- B. An active client from each county was randomly selected for a client satisfaction phone survey. Both clients reported overall satisfaction with the service and that the service allows them to remain living independently in their home.
- C. The provider submitted a log which indicated the completion of monthly “mail out” surveys and monthly “phone surveys”. It appears that the provider had a zero-return rate for mail out surveys. Phone surveys also appear to be unsuccessful with the provider commenting “for the members that did answer the phone as soon as a survey is mentioned, they hung up or didn’t want to participate.” Discussed during monitoring exit interview.
- D. Client satisfaction surveys are completed monthly.

Standard #8 – 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 submitted a grievance policy or procedure and a grievance log. No grievances have been reported for the review period.

- B. The provider a submitted complaint policy and procedure and a complaint log. No complaints have been reported for the review period.
- C. The provider submitted an incident policy and procedure and an incident log. No incidents have been reported for the review period.

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. *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: Partially Achieved.

- A. The provider did not submit a voluntary contributions policy and procedure.
- B. A sample letter related to voluntary contributions was reviewed and indicates that contributions are voluntary and are 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 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. OAA services are being provided in compliance with the most current DOEA Program and Services Handbook and their approved 2023 continuing application.
- B. Review of <http://www.myfloridalicense.com/dbpr/> supports that providers license is current and active.
- C. The provider does not collect social security numbers.

- D. The provider submitted a HIPAA policy and procedure.
- E. The provider submitted a Conflict-of-Interest policy and procedure.
- F. The 2023 CEMP/COOP was submitted, 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 maintains a positive partnership with the ADRC 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 includes a section on their client screening form which indicates if they make a “recommendation to the ADRC Helpline for additional services”.

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. The provider does not utilize subcontractors.

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: N/A. The provider does not utilize volunteers.

Standard #14 – Background Screening

Provider completes Level II Background Screening 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.

The provider submitted all required Level II Background Screening Documents for four (4) staff members (direct service providers).

Signatures:

Michelle Tavares

Michelle Tavares, Program Manager

Feb 1, 2024

Date

Christine Didion

Christine Didion, Director of Program Accountability

Feb 1, 2024

Date

Kerry Marsalek

Kerry Kimball Marsalek, Chief Operating Officer

Feb 1, 2024

Date



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

Organization: Personal Response Corporation

Unregistered Service: Emergency Alert Response

Attachment I.

Questions	883443 G.R.	1743924 A.M.	1706617 B.H.	1668575 R.D.	810930 V.B.	1066085 N.V.	1461470 S.P.	1790586 C.M.	1668591 M.G.	290577 P.C.	Comments
Was an intake/registration form completed and, if applicable, updated annually?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established using an approved prioritization tool?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the worker obtain a signed Release of Information/HIPAA form?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Was the client notified of why their SS# is being collected, if applicable?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Provider reports that they not collect SS #'s.
Did the worker notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Based on the audit trail month selected for review, do the units entered in eCIRTS balance with the provider's internal recordkeeping?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Do notes within the client's file reflect the current status of the client?											
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?											
Notes											

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