



9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • www.aaapp.org

September 20, 2021

Mr. Dan Biles
Pasco County Administrator
Pasco County Government
8731 Citizens Drive
New Port Richey, FL 34654

Dear Mr. Biles,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Transportation program for contract year January 1, 2021 - December 31, 2021.

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 2021 monitoring produced one finding. Standard five, Case Record Compliance, of the report was partially achieved. In addition to the finding, one recommendation was made related to Standard #8, Complaints, Grievances, and Incidents. Please review and submit a written response to the finding and recommendation by close of business day, October 20, 2021.

The cooperation of your staff throughout the monitoring process was greatly appreciated.

Sincerely,


AnnMarie Winter (Sep 20, 2021 14:35 EDT)

Ann Marie Winter
Executive Director

Enclosures

cc:Kurt Scheible, Transportation Director



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2021 OAA/LSP
TRANSPORTATION SERVICE MONITORING

PROVIDER: Pasco County Public Transportation

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

PARTICIPANT(S):

MONITOR(S): Michelle Tavares, Program Manager

FUNDING PERIOD: January 1,2021- December 31,2021

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)

- Of sixteen complaints reviewed, three did not have a resolution documented. It is recommended that the provider documents the resolution to all complaints that they receive.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- The provider was unable to submit one client file stating that file was not transferred during a transfer of files from their RouteMatch data system to Ecolane data system in January 2021. The provider stated that they have implemented a checklist process to prevent this type of error occurring again in the future.

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:

Provider improvement on recommendations made on monitoring report dated October 5, 2020, are as follows:

- For the 2021 monitoring period, provider has been submitting monthly and quarterly reports by deadline dates as per 2020 recommendation, thus improved.
- For the 2021 monitoring period, provider is now utilizing proper templates for complaint logs as per 2020 recommendation, thus improved.
- For the 2021 monitoring period, provider has provided employee training sign in sheets as per 2020 recommendation, thus improved.

Standard #2 – Targeting, Prioritization, and Waitlist

A targeting plan with specific targeting objectives is in place:

- 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).*
- 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.*
- A random sample of client files from the Assessed Prioritized Consumer List (APCL) in CIRTS will be requested for review during the monitoring visit. Please have all waitlist information, files, policies, and procedures available.*

Response: Achieved.

- A. Provider has outlined their plan to target individuals in their 2021 Continuing Service Application and is currently implementing their approved plan.
- B. Review of Quarter 1 and Quarter 2 reports supports that the provider was successful in expending their LSP funding in full and met proposed target numbers for each category. Provider is currently expending OA3B funding and on track to meeting proposed target numbers.
- C. The Provider utilizes an approved prioritization instrument and in accordance with the providers prioritization policy.
- D. Waived due to COVID-19

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. Provider submitted training records which indicate that the last training on mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation was conducted on 8/19/2021.

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. The provider submitted their 2021 Annual Outreach and Public Education Report. The report was received timely with no issues noted.
- B. Quarter 1 and Quarter 2 reports were submitted in a timely manner. Minor revisions needed to correct proposed target numbers on quarterly reports. Provider revised reports as requested.
- C. Board of Director detailed meeting minutes are provided and are up to date.
- D. Surplus/Deficit reports have been submitted in a timely manner and found accurate.

Standard #5 – Case Record Compliance

Using the AAAPP Client File Monitoring Tool, case records sampled showed:

- A. Compliance with requirements for client eligibility, intake, and service delivery.
- B. CIRTS program enrollment and received services are accurate, entered in CIRTS in a timely manner.

Response: Partially Achieved.

- A. Provider submitted files for four of the five clients requested. Files supported compliance with requirements for client eligibility, intake, and service delivery. Provider was unable to submit a file for one client stating file was not transferred during transfer of files from their RouteMatch data system to Ecolane data system in January 2021. Upon receipt of information, this monitor requested an additional three client files for review. The additional files were provided, reviewed, and in compliance with client eligibility, intake, and service delivery.
- B. Review of seven client records support that CIRTS program enrollment and received services are accurate and were entered in CIRTS in a timely manner.

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 the month of **June**, 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. Provider has expended their LSP funding and have served and exceeded the proposed units as identified in the service provider application. The provider is currently utilizing OA3B funding. Per review of Quarter 1 and Quarter 2 reports, provider is on track to meeting proposed target units.
- B. CIRTS reporting shows a total of 639 units (\$15,975) and services provided to a total of 104 unduplicated clients for the month of June. The provider has a clear audit trail that aligns with the CIRTS database.

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: N/A, review of Client Satisfaction waived due to COVID-19.

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: Partially Achieved.

- A. Grievance policies and procedures were not required for review due to COVID -19. Provider did not report any grievances for January 2021 – through current.
- B. Complaint policies and procedures were not required for review due to COVID -19. Provider submitted 16 complaint forms. Complaints reviewed. Of the sixteen complaints, thirteen were documented as founded or unfounded. The three remaining complaints did not have an outcome reported.
- C. Incident policy and procedures were not required for review due to Covid 19. Provider did not report any incidents for January 2021 thru current.

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 clearly convey that services are free of charge and all contributions shall be used to increase service availability.*

Response: N/A, a review of the provider’s policies and procedures for Voluntary Contributions was waived due to COVID-19.

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. Provider services have been reviewed and determined compliant with most current DOEA Program and Services Handbook, as well as the most current, approved Service Provider Application.*
- B. Provider complies with all regulations pertinent to the service provided. Provider is the designated CTC (Community Transportation Coordinator).*
- C. Not requested for this monitoring year due to COVID – 19; however, the AAAPP keeps this form on file, and it remains unchanged. No concerns noted in prior years.*
- D. Review of HIPAA policy waived during COVID – 19.*
- E. Review of policies and procedures waived due to COVID – 19.*
- F. The CEMP/COOP was submitted for the fiscal year 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 sufficiently maintains its partnership with the ADRC and other community partner agencies, ensuring referrals get made to and from all sources involved, providing community-wide access to the appropriate resources for those in need of assistance.
- B. The provider ensures that referrals get made for community-wide resources as appropriate.

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 any subcontractors to provide services

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

A review of policies and procedures waived due to COVID – 19.

Standard #14 – Background Screening

Provider completes Level II Background Screening as necessary.

Response: Achieved.

PCPT Human Resources provided documentation that the following methods are considered as part of their background screening

- A. Provider screens employees thru the 50 State criminal background on Argus search software.
- B. Provider screens employees through the CCIS (Comprehensive Case Information System).
- C. Providers screens employees through the Sexual Offenders and Predators Search on Florida Department of Law Enforcement (FDLE).
- D. Provider validates all Driver’s License in the Florida Department of Highway Safety and Motor Vehicles (If Driver’s License is from a different State, provider validates it on Argo’s software)

Signatures:

Michelle Tavares

Michelle Tavares (Sep 20, 2021 14:27 EDT)

Michelle Tavares, Program Manager

Sep 20, 2021

Date

Kristina Jalazo

Kristina Jalazo, Director of Program Accountability

Sep 20, 2021

Date