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October 19, 2023

Mr. Mike Carballa  
Pasco County Administrator  
Pasco County Government  
8731 Citizens Drive  
New Port Richey, FL 34654

Dear Mr. Carballa,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Transportation 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. A written response to the recommendation is required within ten (10) business days post receipt of this report.

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

Sincerely,

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

Ann Marie Winter  
Executive Director

Enclosures

cc: Jannina Elkin, Transportation Director  
James Flaherty, Assistant Director  
Kirk Gagnard, Business and Compliance Manager





Area Agency on Aging  
of Pasco - Pinellas, Inc.

**Area Agency on Aging of Pasco-Pinellas, Inc.**  
**2023 OAA/LSP**  
**TRANSPORTATION SERVICE MONITORING**

<b>PROVIDER:</b>	Pasco County Public Transportation
<b>DATE(S) OF VISIT:</b>	June 30th, 2023
<b>PARTICIPANT(S):</b>	Jannina Elkin, Public Transportation Director James Flaherty, Assistant Director Kirk Gagnard, Transportation Business and Compliance Manager
<b>MONITOR(S):</b>	Melanie Gress, Program Manager Michelle Tavares, Program Manager
<b>FUNDING PERIOD:</b>	January 1,2022 - December 31,2022
<b>SITES VISITED:</b>	8620 Galen Wilson Boulevard; Port Richey, FL 34668

## **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)*

- Per the Department of Elder Affairs Programs and Services Handbook, Appendix E, Background Screening Instructions, all approved Department Candidates are required to sign and date the current DOEA Attestation of Compliance Candidate Form 236 after receiving and reviewing the "Eligibility Statement". DOEA Attestation of Compliance Candidate Form 236 must be signed and dated by the employee annually thereafter and attached to the "Eligibility Statement". Further, the DOEA Privacy Policy must be signed and dated prior to completing the screening.

### **II. Findings/Corrective Action**

*(Findings result in a written formal corrective action plan)*

## **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 utilize literature consistent with Florida Department of Children and Families for training on mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly. Elder Abuse Training is available through AAAPP. The provider is encouraged to coordinate future training with AAAPP. Resolved.
- Recommendation that the provider dates and reviews their Customer Satisfaction Policy and Procedure at least every three (3) years. Resolved.
- Finding, for the 2022 monitoring review, the provider received eleven (11) complaints, six (6) of which did not have a resolution. Resolved.
- Finding, for the 2022 monitoring review, the provider was unable to provide client files for two (2) of ten (10) files requested. Resolved.

### **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.*

- D. *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 2022 Continuing Service Application and is currently implementing their approved plan.
- B. In 2022, the provider met proposed target numbers with LSP funding in serving older adults with greatest social need and limited income minority. With OAA funding, proposed target numbers were met in serving older adults with greatest social need, limited income minority, and those residing in a rural area. Review of 2023 Q1 and Q2 reports indicate that the provider met all proposed target numbers in all categories except limited English proficiency with LSP funding. With OAA funding, the provider has met proposed target numbers in all categories except limited English proficiency.
- C. The Provider utilizes an approved prioritization instrument and in accordance with the providers prioritization policy.
- D. N/A. The provider does not have a waitlist.

### **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 included employee training logs, sign in sheets and literature used by training facilitator. Training was conducted on 12/20/2022 and 12/22/2022.

### **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. The provider submitted their 2022 Annual Outreach and Public Education Report. The report was received timely with no issues noted.
- B. 2022 Quarterly reports were received in a timely manner and found accurate.
- 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. *eCIRTS program enrollment and received services are accurate, entered in eCIRTS in a timely manner.*

**Response:** Achieved.

- A. A random selection of ten (10) client files serviced were requested for review. All client files supported compliance with requirements for client eligibility, intake, and service delivery.
- B. Review of ten (10) client records support that eCIRTS program enrollment and received services are accurate and were entered in eCIRTS 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 December 2022, 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. In 2022 the provider fully expended both LSP and OAA funding and have served the proposed units as identified in the service provider application. As of June 2023, the provider has fully expended LSP funding, serving the proposed number of units, and has expended twenty-nine (29) % of OAA funding.
- B. Review of December 2022 billing included review of provider internal logs, eCIRTS reports, and client eCIRTS records. The provider has a clear audit trail for units entered eCIRTS.

### **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. Review of the providers policy and procedure details how consumer satisfaction will be measured annually.

- B. Two clients were randomly selected for a telephone survey. Both provided positive feedback and felt that they are always satisfied with transportation services.
- C. 2022 consumer satisfaction surveys and analysis were reviewed. Provider utilizes a web-based survey system. Seventy-seven (77) % of three-hundred and seventy-one (371) surveys indicated that they were overall satisfied with services. Consumer comments received, "the drivers are simply great" and "love everything about the service". One hundred (100) % of those surveys feel the drivers safely operate the vehicle. Thirty-two (32) % of those surveyed indicated improvement needed in reservation services (late pick up times).
- D. Per provider policy, all clients are surveyed annually. Surveys reviewed for this monitoring report were completed in July/August 2022.

#### **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 has an approved grievance policy and procedure on file. Provider reports that grievances are logged with a computerized reporting method. Provider reported no grievances since the last monitoring.
- B. The provider has an approved complaint policy and procedure on file. Since the last monitoring, the provider documented twenty-one (21) complaints using a computerized reporting method. Complaints included documentation of the provider's response and resolution.
- C. The provider has an approved Incident policy and procedure on file. Since the last monitoring, the provider documented nine (9) incidents using a computerized reporting method. Incidents included documentation of the provider's response and resolution.

#### **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:** Achieved.

- A. The provider has an approved voluntary contributions policy.

- B. A sample letter related to voluntary contributions was reviewed and clearly convey that services are free of charge and contributions made 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.*
- 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 the 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) for Pasco County.
- C. The provider is acting in accordance with the Florida Statute 119.071 (5) and provides a written explanation to all individuals of the reason for collection of social security number.
- D. The provider is in compliance with HIPAA requirements and has a HIPAA policy and procedure on file.
- G. The Provider is in compliance with *Provider Conflict of Interest Program Procedure (PR 132) issued 12/2017.*
- E. 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 maintains a partnership with the ADRC and other community partner agencies, ensuring referrals are made to the appropriate resources for those in need of assistance.
- B. The provider ensures that referrals are made to other 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:** Achieved.

The provider has a policy and procedure governing the utilization of volunteers. Provider submitted their 2022 Volunteer Activity report to the Department of Elder Affairs.

**Standard #14 – Background Screening**

Provider completes Level II Background Screenings, as necessary. Documentation to include:

- Signed and dated DOEA Privacy Policy;
- “Eligibility Statement” with proof of Employment History from DOEA;
- Signed and dated DOEA Affidavit of Compliance Employee Form

**Response:** Partially Achieved.

Three (3) direct service employee files were reviewed. All files contained a signed and dated privacy policy statement and an eligibility statement. However, all three (3) did not have the DOEA Affidavit of Compliance Employee Form. An AHCA Affidavit of Compliance Employee Form was submitted. Technical assistance provided.

**Signatures:**

*Michelle Tavares*

**Michelle Tavares, Program Manager**

Oct 19, 2023

**Date**

*Christine Didion*

**Christine Didion, Director of Program Accountability**

Oct 19, 2023

**Date**

*Kerry Marsalek*

**Kerry Kimball Marsalek, Chief Operating Officer**

Oct 19, 2023

**Date**



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

**Organization:** Pasco County Public Transportation

**Unregistered Service:** Transportation

Questions	A.M. 446257	B.S. 1323862	C.J. 1255072	J.B. 907682	K.C. 715332	M.D. 740320	M.M. 1061023	S.J. 1378491	S.A. 1012250	W.S. 1569883	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?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
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?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
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?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notes											

Y = Compliant

N = Non-compliant and comment is required

/A = Not applicable