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October 17, 2023

David Lomaka, Executive Director  
Neighborly Care Network  
13945 Evergreen Ave.  
Clearwater, Florida 33762

Dear Mr. Lomaka,

Enclosed is the 2023 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 one finding and three recommendations. Please note, a written response to the recommendations and findings is required. Please submit response by October 31, 2023. The cooperation of your staff throughout the monitoring process was greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'AMW'.

Ann Marie Winter  
Executive Director

Enclosures

cc: Brooke Mirenda, Board Chair  
Cesar Fernandez, Transportation Director  
Jennifer White, Finance Director



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>	Neighborhood Care Network Transportation Service Provider
<b>DATE(S) OF VISIT:</b>	June 16, 2023
<b>PARTICIPANT(S):</b>	Cesar Fernandez, NCN Transportation Services Director Melanie Gress, AAAPP Program Manager Christine Didion, AAAPP Director of Program Accountability
<b>MONITOR(S):</b>	Melanie Gress, AAAPP Program Manager Michelle Tavares, AAAAPP Program Manager
<b>FUNDING PERIOD:</b>	2022-2023
<b>SITES VISITED:</b>	Neighborhood Care Network Administrative Office

## **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 ten business days post report review)*

- Per contract requirements, the provider shall respond to additional, routine, or special requests for information and reports required by the AAAPP in a timely manner as determined by the AAAPP. Provider is required to submit copies of Board of Director meeting minutes to AAAPP thirty days following the meeting.
- Per the Department of Elder Affairs Programs and Services Handbook, Appendix E, all approved Department Candidates are required to sign the current Attestation of Compliance Candidate Form and attach the "Eligibility Statement" on a yearly basis. Further, the signed and dated Privacy Policy must be dated prior to the Eligibility Statement. The initial signed and dated Attestation of Compliance Employer Form must be dated after the Eligibility Statement. Four of eleven employee files reviewed contained a signed attestation dated prior to the eligibility statement date.
- Per contract requirements, the provider is responsible for the programmatic, fiscal, and operational management of the OAA Title IIIB program and required to provide oversight of service dollars and ensure services are provided throughout the contract period. Provider submitted appropriate analysis of spending and projections in their surplus deficit reports. Provider is encouraged to implement a plan to their analysis to ensure services continue throughout the contract year.

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

*(Findings result in a written formal corrective action plan from the provider ten business days post report review)*

- Per contract requirements, the provider shall monitor, at least once per year, each of its subcontractors, sub-recipients, vendors, and/or consultants paid from funds provided under contract. Subcontractor monitoring of United Taxi was not completed in 2022.

## 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:** Previous programmatic monitoring was completed on August 9, 2022, and produced one recommendation.

- A. It is recommended that the provider revise the voluntary contributions sign/letter to convey that services are free of charge and all contributions shall be used to increase service availability. Resolved.

### **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. Provider outlined their plan to target the aforementioned populations in their 2022 Continuing Service Application. Review of FY2022 Quarterly reports indicate the steps the provider implemented to achieve their plan to serve the targeted populations.
- B. Review of the provider's FY 2022 Quarterly reports indicate that the provider has met or exceeded LSP proposed targeting numbers for all target populations except for those with

Limited English Proficiency, and those who are at risk for institutional placement. With OAA Title IIIB funding, the provider met or exceeded the proposed targeting numbers in all target populations except for those who are risk of institutional placement. FY 2023 Quarter 1 & 2 reports indicate that the provider met or exceeded LSP proposed targeting numbers for all targeting populations except for those with limited English proficiency and at risk for institutional placement. Quarter 2 report indicates the provider has met proposed targeting numbers for all populations except for with limited English proficiency and at risk for institutional placement. The provider is encouraged to provide outreach in areas targeting those with limited English proficiency and at risk for institutional placement.

- C. The provider outlined how they identify and prioritize clients in their approved 2022 continuing application and in accordance with their *Prioritization Policy and Procedure (S4-22)*.
- D. N/A. The provider did not have a waitlist in 2022.

### **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 certificates confirming completion of training on mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly for fifteen (15) employees for training occurring on January 11, 2022, and January 25, 2022. The provider is currently coordinating 2023 training with 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 their 2022 Annual Outreach and Public Education Report in a timely manner.
- B. FY 2022 Quarterly reports were submitted on time and were accurate.
- C. Minutes from Neighborly Care Network Board of Directors meetings for the first half of FY 2022 were submitted to the AAAPP on time. AAAPP requested meeting minutes for the remainder of FY 2022, and they were received in February 2023. For FY 2023, reports were not submitted for the first half of the year until September 2023.

- D. FY 2022 surplus/deficit reports were submitted on time and were 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. Ten (10) client files were randomly selected for review. All files are in compliance with requirements for client eligibility, intake, and service delivery.
- B. Review of eCIRTS program enrollment and client files support that the provider accurately enrolled clients and entered them into 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 October 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. Review of eCIRTS reports, surplus deficit reports, and provider service logs, indicate that both LSP and OA3B FY 2022 funding allocations were fully expended. In addition, the provider utilized sixty-five (65%) percent of their ARP funding allocation. Review of FY 2023 budget indicates as of, end of September 2023, the provider has expended both the LSP and OA3B budget. The provider is currently utilizing ARP funds.
- B. Review of client files, provider service logs, and eCIRTS indicate a clear audit trail for units of service entered in 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. A policy and procedure are in place related to consumer satisfaction which details how satisfaction is 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. A satisfaction survey summary report for the period January 2022 – December 2022 and ten (10) client surveys were reviewed. Clients are overall satisfied with transportation services. One client stated, "Please keep up the great service." Another stated "expectations were exceeded."
- D. Per the Customer Satisfaction Policy (S4-16), a survey will be conducted every six (6) months by mailing surveys to new clients and once a year to ADC and congregate dining clients that utilize Neighborly transportation services.

#### **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. Provider has an approved grievance policy on file. The provider reported no grievances for this monitoring period.
- B. Provider has an approved complaint policy on file. The provider reported no complaints for this monitoring period.
- C. Provider has an approved incident policy on file. Provider submitted incident logs for FY 2022. Fourteen (14) incidents were logged. Provider documented response and resolution to the incidents.

#### **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 those services are free of charge and all contributions shall be used to increase service availability.*

**Response:** Achieved.

- A. Provider has an approved voluntary contribution policy on file.

- B. Provider submitted sample letter/sign related voluntary contributions that conveys 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 pertinent requirements 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. Transportation 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 is a contracted provider with Pinellas Suncoast Transit Authority which serves as the county Community Transportation Coordinator (CTC). The provider complies with all pertinent requirements of the transportation services being provided.
- 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. Explanation is provided on the customer application.
- D. The provider has an approved HIPAA policy and procedure on file. Per the policy, a Notice of Privacy Practices is provided to each participant upon utilization of transportation services. Additionally, information regarding HIPAA is included on the customer application.
- E. The CEMP/COOP is submitted to AAAPP Director of Planning 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 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 made to the ADRC or directly to the appropriate program/resource.
- B. The provider ensures referrals are made to community 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:** Follow Up Required.

- A. The provider is subcontracted with United Taxi. The provider reports that they did not monitor their subcontractor in 2022. The provider is required to complete monitoring in 2023 and submit a copy of the report to AAAPP upon completion.
- B. The provider reports that they have not executed any new subcontractor agreements for 2023.

### **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/procedure that governs the utilization of volunteers. The provider submitted their 2022 volunteer report to DOEA as required.

### **Standard #14 – Background Screenings**

Provider completes Level II Background Screenings, 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:** Partially Achieved.

Eleven (11) direct service employee files were reviewed. All files contained required documents. Four (4) of eleven (11) files contained Affidavits of Compliance forms that were signed prior to receipt of the eligibility statement. The most current Affidavits of Compliance forms are required to be signed after receipt and review of the eligibility statement and annually thereafter.

**Signatures:**

*Michelle Tavares*

\_\_\_\_\_  
Michelle Tavares, Program Manager

Oct 17, 2023

\_\_\_\_\_  
Date

*Christine Didion*

\_\_\_\_\_  
Christine Didion, Director of Program Accountability

Oct 17, 2023

\_\_\_\_\_  
Date

*Kerry Marsalek*

\_\_\_\_\_  
Kerry Kimball Marsalek, Chief Operating Officer

Oct 17, 2023

\_\_\_\_\_  
Date



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

2023

**Organization:** Neighborhood Care Network  
**Unregistered Service:** Transportation

Attachment I.

Questions	AB 1363343	CF 1535035	HC 1552716	JS 1007506	PP 1729805	SL 882322	VG 1738581	WM 1707223	WY 1726015	XO 1374896	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?	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	Noted on client registration form.
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											

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