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May 22, 2024

Patty Sawyer, Executive Director  
Pinellas Opportunity Council, Inc.  
501 First Ave N.  
Suite 517  
St. Petersburg, FL 33701

Dear Ms. Sawyer,

Enclosed is the 2024 Annual Programmatic Monitoring report for the Pinellas Opportunity Council EHEAP 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 2024 monitoring produced no findings and two recommendations. Please provide a written response addressing the recommendations within ten (10) business days of receipt of this monitoring report. The cooperation of your staff throughout the monitoring process is appreciated.

Sincerely,

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

Ann Marie Winter  
Executive Director

Enclosures

cc: Carole Bolden, Community Programs Supervisor  
Dorothy Myles, Community Programs Director



**Area Agency on Aging of Pasco-Pinellas, Inc.**  
*2024 EHEAP MONITORING*

**PROVIDER:** Pinellas Opportunity Council  
Emergency Home Energy Assistance Program (EHEAP)

**DATE(S) OF VISIT:** March 28, 2024

**PARTICIPANT(S):** Carole Borden, Community Programs Supervisor  
Dorothy Myles, MPA Community Programs Director

**MONITOR(S):** Michelle Tavares, Program Manager

**FUNDING PERIOD:** 2023

**SITES VISITED:** 501 1st Avenue N, Ste 517, St. Petersburg, FL 33701

## **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 the ten files reviewed, five files contained applications that demonstrated the total household income was less than 50% of the current Federal Poverty Guidelines. Per EP021 Attachment I, Section 3 there must be a signed statement of maintenance from the elder explaining how basic living expenses are being provided if no one in the household is receiving SNAP. Four out of these five cases were observed to have a written statement on the application and client did sign the application; however, it is recommended that Provider obtain a separate signed statement of maintenance from the senior going forward explaining how basic living expenses are being provided in addition to explanation on the application. Client must sign this separate statement.
- Level II Background Screenings were reviewed for two direct service staff. All documents were available and completed. Each direct service staff must sign the Attestation of Compliance Candidate Form (October 2023) after the eligibility statement is received and annually. Both staff member records reviewed indicated that they signed the attestation prior to receiving their eligibility results. Per DOEA Programs and Services Handbook, Appendix E, and the updated Attestation of Compliance, Candidate, issued in October 2023, the Attestation must be signed after determination of qualification by DOEA is received.

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

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

- None

## 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:** Achieved.

Provider received a notice of Corrective Action in May 2023 due to failure to notify the AAAPP of their discovery of conditions that may materially affect the sub-recipient's ability to perform the services required under this contract. Appropriate response was received and there have been no concerns since. Provider has been continuing to provide services and utilize available funding appropriately to benefit seniors in need.

### **Standard #2 – Signage**

- A. The Provider maintains posters at the EHEAP intake offices stating their non-discrimination policy that no person is excluded on the grounds of race, color, nation origin, sex or age.*
- B. A policy that ensures no consumer fees charged or donations accepted from a consumer in order to receive EHEAP benefits and has a written notice stating ““No money, cash, or checks, will be requested or received from customers in an EHEAP office. If an employee asks for money, report this to the agency Executive Director or Department Head”, posted in a conspicuous place at all points where EHEAP applications are received.*
- C. Appeal provisions are posted in a prominent place within the office where applications are taken.*

**Response:** Achieved.

- The provider maintains a written notice posted at all points where EHEAP applications are received stating their non-discrimination policy. A copy of the poster that is displayed at EHEAP intake offices was reviewed at the administrative office.
- The provider maintains a written notice posted at all points where EHEAP applications are received ensuring the consumer that no fees are charged or donations accepted in order to receive EHEAP benefits. A copy of the poster that is displayed at EHEAP intake offices was reviewed at the administrative office.

- C. Appeal provisions are posted in a prominent place at all points where EHEAP applications are received. A copy of the poster that is displayed at all EHEAP intake offices was reviewed at the administrative office.

**Standard #3 – Policies and Procedures**

*The provider maintains updated policies and procedures:*

- A. *Written policy and procedure for referral or access assistance to the “Lifeline Program” for elders who are on oxygen support and must have power.*
- B. *Written policy and procedure which details allowable timeframes for applicants to submit required documentation, is missing at the time of application, before an application for services will be denied.*
- C. *Written policies and procedure that defines the criteria and required verification to determine if a household has a “home energy crisis” and is eligible for crisis assistance.*
- D. *Written policy and procedure concerning the use of funds for the purchase or repair of heating or cooling equipment that addresses under what conditions an applicant is eligible and what constitutes a crisis related to lack of heating and cooling.*
- E. *Written policy and procedures regarding Florida Statute 119.071 (5) requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for its collection.*
- F. *Written policy and procedure addressing client confidentiality.*
- G. *Written policy and procedure for computer system backup and recovery.*
- H. *Written policy and procedure that address serving family members and employees.*
- I. *Written policy and procedure that encourage households to seek assistance prior to incurring non-energy penalties such as disconnect/reconnect fees, additional deposits, interest, or late payments.*

**Response:** Achieved.

- A. The provider maintains a written policy and procedure for referral access or access assistance to the “Lifeline Program” which also addresses elders who are on oxygen and must have power.
- B. The provider maintains a written policy and procedure which details allowable timeframes for applicants to submit required documentation that is missing at time of application, before an application for services can be denied.
- C. The provider maintains a written policy and procedure that defines the criteria and required verification to determine if a household has a “home energy crisis” and is eligible for crisis assistance.
- D. The provider maintains a written policy and procedure concerning the use of funds for the purchase or repair of heating or cooling equipment that addresses under what conditions an applicant is eligible and what constitutes a crisis related to lack of heating and cooling.
- E. The provider maintains a written policy and procedure regarding Florida Statute 119.071 (5) requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for its collection.

- F. The provider maintains a written policy and procedure addressing client confidentiality.
- G. The provider maintains a written policy and procedure for computer system backup and recovery.
- H. The provider maintains a written policy and procedure that address serving family members and employees.
- I. The provider maintains a written policy and procedure that encourage households to seek assistance prior to incurring non-energy penalties such as disconnect/reconnect fees, additional deposits, interest, or late payments.

**Standard #4 – Coordination with LIHEAP & WAP**

*Provider coordinates with Department of Economic Opportunity (DEO) LIHEAP and Weatherization Programs:*

- A. *MOUs with both LIHEAP and WAP are on file and reviewed and renewed every 5 years.*
  - *Refer to the most current EHEAP Technical Assistance Guide, specifically ‘Program Partners and Stakeholders Coordination’ for appropriate language.*

**Response:** Achieved

- A. The provider coordinates with Department of Economic Opportunity LIHEAP and Weatherization Programs. A MOU with the Urban League dated February 16, 2023-February 16, 2028, was reviewed, and has appropriate language.

**Standard #5 – Staff Training**

*Provider staff has received training pertinent to the performance of required functions:*

- A. *Utilizing the DOEA 114 Application form.*
- B. *DOEA standards for specific service training as outlined in the most current technical assistance documents and/or Notice of Instructions.*
- C. *Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training has been conducted, and include the number of reports that have been made YTD.*

**Response:** Achieved

- A. The provider completed staff training on utilization of DOEA 114 application form on August 2, 2023. Training provided virtually. Copy of virtual chat sign in supported staff attendance.
- B. The provider completed staff training on DOEA standards of the most current technical assistance documents and/or NOI’s on August 2, 2023. Training provided virtually. Copy of virtual chat sign in supported staff attendance.
- C. The provider submitted certificates supporting training on the mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly occurred in April/May 2023.

## **Standard #6 – Home Energy Vendors**

*Contracts with home energy vendors are on file:*

- A. *Vendor agreements with home energy suppliers meet contract requirements and are reviewed every five years.*
- B. *Payments are made directly to fuel providers on behalf of eligible consumers.*
- C. *EHEAP Providers who provide benefits payments made to vendors for energy related costs, such as blankets, fans, heaters, or air conditioners, comply with the vendor’s purchase agreement requirement (these do not require a “Vendor Agreement”).*

### **Response: Achieved**

- A. The provider submitted copies of four vendor agreements (City of Clearwater, Duke Energy, TECO, People’s Gas). All vendor agreements were reviewed, meet contract requirements, and are current.
- B. Review of four vendor agreements and client files, support payments are made directly to the fuel provider on behalf of eligible consumers.
- C. Review of the provider EHEAP Voucher Procedure outlines the process for a consumer to receive assistance for energy related costs, such, as blankets, fans, heaters, or air conditioners through Walmart and purchase thereof.

## **Standard #7 – Case Record Compliance**

*A sample of completed applications reviewed with the EHEAP Client File Content Checklist indicates:*

- A. *Eligibility is correctly determined, based upon an Application for Emergency Home Energy Assistance for the Elderly Program, DOEA Form 114.*
- B. *Application information is entered in CIRTS.*
- C. *Applications are taken when there is a signed contract and adequate funding.*
- D. *All program requirements listed on DOEA Form 211, are met.*
- E. *Client files are labeled with the applicant’s name (last, first, middle), application date, and benefit season.*
- F. *Home visits are made by the provider, if necessary.*

### **Response: Achieved. See Attachment I.**

- A. A total of ten (10) client files were reviewed for this monitoring period. Client eligibility was correctly determined based on the EHEAP program application, DOEA Form 114.
- B. All applications are entered into the CIRTS database by AAAPP Program staff.
- C. All applications were accepted, and services were provided while a signed contract is in place and adequate funding is available.
- D. All requirements listed on DOEA Form 211 appear to be met. The following items were identified:
  - a. Of the ten files reviewed, two files were observed to utilize Telephonic signatures due to COVID-19 precautions and files contain Department of Economic Opportunity/Department of Commerce signature waiver forms. Provider is highly encouraged to obtain electronic or physical signatures for all applications.

- b. Of the ten files reviewed, five files contained applications that demonstrated the total household income was less than 50% of the current Federal Poverty Guidelines. Per EP021 Attachment I, Section 3 there must be a signed statement of maintenance from the elder explaining how basic living expenses are being provided if no one in the household is receiving SNAP. Four out of the five files were observed to have a written statement on the application and client did sign the application; however, it is recommended that Provider obtain a separate signed statement of maintenance from the elder going forward explaining how basic living expenses are being provided in addition to explanation on the application.
- c. Of the ten files reviewed, all ten files contained written notice of approval for service issued within 15 working days of application approval. One file observed to have the incorrect amount of benefit provided to the client on the approval letter. This is considered an anomaly as the benefit paid matches the application and all other documentation.
- E. All client files and applications reviewed are appropriately labeled.
- F. The provider has a policy and procedure in place which addresses home visits will be made as necessary.

#### **Standard #8 – Grievances and Appeals**

*Appeal process is in place:*

- A. *The Notice of Approval/Denial form is provided on letterhead (with provider contact information), indicates what EHEAP benefit is furnished or reason for denial, and is signed and dated by the intake worker.*
- B. *The provider has written appeal procedures in place that provide an opportunity for a fair administrative hearing to individual's whose applications for assistance are denied.*

**Response:** Achieved

- A. Review of client files and review of the provider Notice of Approval/Denial form, supports that the form is on letterhead, and indicates the EHEAP benefit that is furnished or the reason for denial. Forms are signed and dated by the intake worker.
- B. The provider submitted a copy of their EHEAP Right to Appeal Policy which conveys accurate details of the appeal procedure for denied applications and the applicants right to a fair administrative hearing.

#### **Standard #9 – Budgetary Compliance**

*Provider has adequate procedures to ensure EHEAP funds are budgeted for assistance in both the heating and cooling season:*

- A. *Policies and procedures denoting the allocation of funds per season.*
- B. *When EHEAP funds are not available or insufficient, the Provider assists in securing other community resources.*
- C. *The Provider has expended or is on track to expend all EHEAP budgets for the fiscal year observed.*



**Response: Achieved**

- A. The provider submitted a copy of their Allocation of Funds policy which denotes the allocation of funds per season, 40% in heating and 60% in cooling.
- B. Review of the provider Allocation of Funds policy indicates when funds are not available, the provider will refer individuals to other community partners that may be able to assist.
- C. As of end of February 2024, provider has expended seventy-six percent of the EP021 contract budget.

**Standard #10 – Outreach and Reporting**

*The Provider undertakes Outreach Initiatives to advertise the program to consumers and ensure utilization of funds:*

- A. *Developing and implementing a written procedure for making home visits to households with homebound elderly persons in order to assist with the completion of the program application when other assistance is not available.*
- B. *Outreaches to organizations that serve elderly consumers and especially those that serve seniors who meet EHEAP eligibility standards.*

**Response: Achieved**

- A. When necessary, the provider will make home visits to homebound seniors to complete the application and to obtain the required eligibility documentation. A policy and procedure on home visits is in place and is considered appropriate.
- B. The provider submits quarterly outreach reports that demonstrate the provider is outreaching to organizations that serve elderly consumers who meet EHEAP eligibility standards. Review of the provider 2022 outreach and education report is also indicative of the same.

**Standard #11 – Report Compliance**

*EHEAP Provider submits reports on time and accurately:*

- A. *Monthly Client Service Report*
- B. *Surplus Deficit Report*
- C. *Quarterly Outreach Activity Report*

**Response: Achieved**

- A. The provider submits monthly client service reports on time.
- B. The provider submits surplus deficit reports on time and are accurate.
- C. The provider submits the quarterly outreach activity report as requested and on time.

**Standard #12 – 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 Attestation of Compliance Candidate Form*

**Response:** Partially Achieved.

Level II Background Screenings were reviewed for two direct service staff. All documents were available and completed. Each direct service staff must sign the Attestation of Compliance Candidate Form (October 2023) after the eligibility statement is received and annually. Both staff member records reviewed indicated that they signed the attestation prior to receiving their eligibility results. Per DOEA Programs and Services Handbook, Appendix E, and the updated Attestation of Compliance, Candidate, issued in October 2023, the Attestation must be signed after determination of qualification by DOEA is received.

**Signatures:**

<i>Christine Didion</i> _____	May 22, 2024 _____
<b>For Michelle Tavares, Program Manager</b>	<b>Date</b>
<i>Christine Didion</i> _____	May 22, 2024 _____
<b>Christine Didion, Director of Programs</b>	<b>Date</b>
<i>K Marsalek</i> _____	May 22, 2024 _____
<b>Kerry Kimball Marsalek, Chief Operating Officer</b>	<b>Date</b>










# POC EHEAP 2024 Annual Monitoring

Final Audit Report

2024-05-22

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