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October 2, 2020

Jeffrey Prough, CEO
Critical Signal Technologies
27475 Meadowbrook Rd
Novi, MI 48377

Dear Mr. Prough,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Emergency Alert Response service for contract year January 1, 2019 - December 31, 2019. Client information and quarterly reports were also reviewed through the current date.

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 2020 monitoring produced no findings and no recommendations. The cooperation of your staff throughout the monitoring process was appreciated.

Sincerely,

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

Ann Marie Winter
Executive Director

Enclosures

cc: Heather Robertson, Administration/Compliance Manager



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.
2020 OAA/LSP
EMERGENCY ALERT RESPONSE SERVICE MONITORING

PROVIDER: Critical Signal Technologies/Best Buy Health
Emergency Alert Response Service Provider

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

PARTICIPANT(S): Exit conference waived due to COVID – 19

MONITOR(S): Don Hill, Program Manager

FUNDING PERIOD: January 1, 2019 – December 31, 2019
(Client information and quarterly reports were reviewed through the current date).

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)

- There were no recommendations;

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- There were no findings and no corrective action is necessary.

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: There were no unresolved issues from the July 24th, 2019 programmatic monitoring visit.

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.

- Provider outlined their plan to target individuals in their Continuing Application. Review of policies, procedures and client files reflected the plan is being implemented appropriately.
- Per the current Quarterly Report (Qtr. 2), the provider is on track with serving the proposed number of clients with the exception of limited English proficiency. When enrolling new clients, the provider focused on the following targeting categories as noted

in the most recent quarterly report: Greatest Economic Need, Minorities, and Low-Income Minorities.

- C. The provider is utilizing an approved prioritization instrument as outlined in their Prioritization Policy.
- D. Due to Covid-19, the review of OAA client files was waived.

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 sufficiently supplied list of 155 staff members who received training for the reporting of suspected elder abuse and neglect in March /April 2019.

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 Area Agency on Aging of Pasco – Pinellas is working with providers on the submission of Annual Outreach and Public Education Reports and the due date has been extended due to COVID – 19. For year 2019, the report was received on time and there were no concerns.
- B. All quarterly reports are submitted as required and are considered accurate.
- C. Board of Director meetings are held quarterly; meeting minutes are submitted to the AAAPP.
- D. Surplus/Deficit reports are submitted by the 20th of each month and are considered accurate.

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: N/A. Due to Covid-19, OAA Client Files were not requested.

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 calendar year 2019, 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. In fiscal year 2019, the provider exceeded the number of proposed served individuals and spent all LSP and OAA funding for the fiscal year. Provider is on track to serve proposed number of individuals FY 2020.
- B. Due to COVID – 19 this section is waived; however, the AAAPP Fiscal Department will assist providers with CARES Act and OAA technical assistance until funds are exhausted.

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 – Client satisfaction reviews are 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: Achieved.

- A. Due to Covid-19, there are no grievance policies or procedures required for review. Provider reports no grievances to date for this reporting period per log provided.

- B. Due to Covid-19, there are no complaint policies or procedures required for review. No complaints to date for this reporting period per log provided.
- C. Due to Covid-19, there are no incidents policies or procedures required for review. No incidents to date for this reporting period per log provided.

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 Due to Covid-19, there are no Voluntary contribution policies or documentation required. However, the AAAPP has the prior year's policy and sample letter on file. The documents remain unchanged.

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. EAR services are provided in compliance with the most current DOEA Program and Services Handbook.
- B. Provider is licensed as appropriate.
- C. Though this was not reviewed specifically for this year due to COVID – 19, the AAAPP keeps the form on file and it remains unchanged.
- D. The review of policies and procedures was waived due to COVID – 19; however, Best Buy Health has submitted their HIPAA policy to the AAAPP on an annual basis for the past several years and no concerns are noted.

- E. Review of policies and procedures waived due to COVID – 19.
- F. The CEMP/COOP is 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 ensures referrals are made to the ADRC.

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: Achieved.

- A. All of the CST installers are monitored for their compliance as subcontract (1099) employees and are subject to successful completion of training around equipment/hardware, OAA IIIB program requirements and a criminal background check, drug screening and reference checks. Further, all subcontract employees must possess a valid driver’s license and automobile insurance.
- B. N/A

Standard #13 – Volunteers

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 - Per Policy 150.3 Pasco-Pinellas Utilization of Volunteers, CST does not utilize volunteers.

Signatures:

Don Hill
Program Manager

9/25/20
Date