



9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • [www.agingcarefl.org](http://www.agingcarefl.org)

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October 2, 2020

Tammy Greer, Executive Director  
Gulfcoast Legal Services, Inc.  
501 First Avenue North, Suite 420  
Post Office Box 358  
St. Petersburg, FL 33701

Dear Ms. Greer,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Legal services program 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 for".

Ann Marie Winter  
Executive Director

Enclosures

cc: Caryn Rosencrantz, Supervising Attorney  
Shaina Bent, Board President, GLS





Area Agency on Aging  
of Pasco - Pinellas, Inc.

**Area Agency on Aging of Pasco-Pinellas, Inc.**  
**2020 OAA/LSP**  
**LEGAL SERVICES MONITORING**

**PROVIDER:** Gulfcoast Legal Services  
Legal 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 reviewed through 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:** Achieved. There are no unresolved issues resulting from the previous programmatic monitoring visit on July 31, 2019

### **Standard #2 – Targeting, Prioritization and Waitlist**

- 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.*

**Response:** Achieved.

- Provider outlined their plan to targeting individuals in their continuing application. Due to COVID – 19, a review of policies, and procedures was not completed for this monitoring; however, policies on file reflect that their plan is being implemented.
- Per the current Quarterly Report (Quarter 2), the provider has utilized all LSP funding. The provider is currently serving clients under CARES Act funding. When CARES Act funding is exhausted, the provider will continue serving clients under Older Americans Act funding.
- The provider has implemented their plan of action and a Prioritization Policy is on file with the AAAPP.

**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 offers sufficient staff training on the mandatory reporting of suspected abuse, neglect, self-neglect and exploitation. Stacie Bolen, The AAAPP Victim Advocate Program Manager, conducted elder abuse training for all applicable Bay Area Legal staff on November 4<sup>th</sup>, 2019 at the provider's office

**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. Annual Outreach and Public Education reports are submitted timely. Due to COVID – 19, the AAAPP has not yet requested the Annual Outreach and Public Education Report for 2020 and the deadline was extended. There were no issues with the Annual Outreach and Public Education Report that was submitted FY 2019.
- B. All quarterly reports are submitted on time and are considered accurate.
- C. Board of Director Meetings are held quarterly and meeting minutes are submitted to the AAAPP after approval.
- D. Surplus/Deficit reports are submitted by the 20<sup>th</sup> of each month and are considered accurate.

**Standard #5 – Case Record Compliance**

*Case narratives demonstrate compliances with client eligibility, intake, and service delivery.*

**Response:** Achieved.

Case narratives for three (3) 2020 OAA Title IIIB/LSP cases and one (1) 2020 OAA Title IIIIEG case were reviewed. All narratives reviewed reflected compliance with requirements for client eligibility, intake and service delivery.

### **Standard #6 – 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. The provider has a plan in place to meet all budgetary goals proposed in the most current approved Service Provider Application.
- 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). Home visits are made by the provider, if necessary.*

**Response:** Due to COVID – 19, the monitoring of this section is waived.

### **Standard #8 – Grievances, Incidents, and Complaints**

*Consumer satisfaction and effective delivery of service has been verified through:*

- A. *Provider has internal grievance policies and procedures that address both denial of service and complaints by clients about manner or quality of legal assistance.*
- B. *Provider has approved incident policies, procedures, and logs, including documentation of the service provider response and resolution.*

**Response:** Achieved.

- A. The provider has an internal grievance procedure, 117 Client Grievance Procedure, in place that addresses denials, service concerns and/or appeals/complaints by clients.
- B. The Provider has supplied policies, procedures and logs documenting no incidents YTD.

### **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. 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:** Due to COVID – 19, the monitoring of this section is waived. However, the AAAPP has the prior year’s policy and sample letter on file. The documents remain unchanged and are in compliance.

### **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 regulations 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. The OAA services are being provided in compliance with the most current DOEA Programs and Services Handbook and the most current approved Service Provider Application.
- B. The provider is compliant with all regulations pertinent to the service provided. Bay Area Legal Services, Inc. is a Legal Services Corporation (LSC) project grantee.
- C. The provider complies with F.S. 119.071(5) that requires a written explanation to the individual for collections of social security numbers.
- D. Waived due to COVID – 19; however, Gulf Coast Legal has submitted their HIPAA policy to the AAAPP annually for the past several years. No concerns.
- E. The review of policies and procedures was waived due to COVID – 19; however, Gulf Coast Legal has a Conflict of Interest policy on file with the AAAPP and remains compliant.
- F. The CEMP/COOP has been updated for FY 2020 and provided to the AAAPP Director of Planning/Emergency Coordinating Officer 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 continues to maintain 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 then made and sent to the ADRC.
- B. The provider ensures referrals are made to other community resources such as United Way/211, local service providers, and the ADRC Help Line.

**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. Subcontractors are not utilized.

**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 *Title III Volunteer Policy* was reviewed and is in place regarding the utilization of volunteers and the DOEA Volunteer Activity Report is submitted annually to the AAAPP as required.

Signatures:

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Don Hill  
Program Manager

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9/5/20  
Date