AREA AGENCY ON AGING PASCO-PINELLAS

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May 7, 2026

Theresa Prichard, CEO
Gulf Coast Legal Services, Inc.
501 First Avenue North, Suite 420
Post Office Box 358
St. Petersburg, FL 33701

Dear Ms. Prichard,

Enclosed is the 2026 Annual Programmatic Monitoring Report for the Older Americans Act (OAA) Title III-B/LSP Legal Services Program.

The purpose of monitoring is to conduct a programmatic review of operations and verify that any corrective actions identified during previous monitoring reviews have been implemented. The objective of monitoring is to ensure that programs, policies, and practices comply with applicable state and federal regulations and meet standards of good governance and best practices.

The 2026 monitoring review resulted in no findings and no recommendations. We appreciate the cooperation and assistance provided by your staff throughout the desk review and monitoring process.

Sincerely,

AWinter

Ann Marie Winter
Executive Director

Cc: Alexandra Bueno, Esq.
Chief Advocacy Officer


Elder
Affairs
FLORIDA

Area Agency on Aging of Pasco-Pinellas, Inc.
2026 OAA/LSP
LEGAL SERVICES MONITORING

PROVIDER:	Gulf Coast Legal Services Legal Service Provider
DATE OF VISIT:	March 27, 2026
PARTICIPANT(S):	Alexandra Bueno, Esq., Chief Advocacy Officer Georgie Darrah, Assistant Director of Programs Christine Didion, Director of Programs Yesenia Rivera, OAA Program Manager
MONITOR(S):	Yesenia Rivera, Program Manager
FUNDING PERIOD:	2025-2026
SITES VISITED:	501 1st Ave N. Suite 420, 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. Positive/Noteworthy Activities:

The Provider provided two positive client stories to highlight their OAA/LSP funded services:

C.G., aged 69, from Pinellas County, was served with OAA Title IIIB Legal Services. The Client contacted Gulf Coast Legal Services in July 2025 regarding his fear of being evicted for lease agreement violations. The client is deaf and blind and strives to be very independent. The apartment asks its residents to put their trash bins in a specific location for valet pick up and if the bins are not in the right location the resident has to pay a fine and may eventually be evicted. Additionally, the client requested small modifications to his shower and sent the apartment a letter from his physician as evidence of his request. The attorney involved advised the Client of his rights under the Fair Housing Act and offered to prepare a letter to the landlord regarding reasonable accommodations. Being fearful of how the landlord would act after receiving a letter from an attorney, the Client wished to prepare his own letter with the legal information Gulf Coast Legal Services provided. When Gulf Coast Legal Services followed up with the client, the Client reported he submitted the letter and things with the landlord were settled at this time.

Gulf Coast Legal (GLS) has hired two (2) new staff members in the last year who are the first point of contact for anybody that contacts GLS. GLS attends PSA5 ADRC workgroup meetings. GLS hosts clinics at the Aging Well Center, the Hispanic Outreach Center in Clearwater and Tarpon Springs, and Lutheran Services. Attorneys also visit and partner with soup kitchens and homeless shelters in Clearwater and St. Petersburg. GLS also collaborates with the Sunshine Center, Pinellas Housing Alliance, PARC, Operation PAR, Boys and Girls Club, CASA, and the Children's Home Network/Kinship.

ii. Recommendations for Improvement

(*Recommendations require a written response from the provider)*

There are no recommendations for improvements during this monitoring period.

iii. Findings/Corrective Action

(Findings result in a formal corrective action plan)

There are no corrective actions or findings during this monitoring period.

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:

I. Recommendations for Improvement
(*Recommendations require a written response from the provider)*
In review of Provider's current 2025 IIIB spending rate, as of April 2025 expenditure, Provider has spent 97% of available funding with 8 months left in the contractual period. Provider must provide updates, and include on monthly surplus/deficit report, how Provider will continue to serve seniors in Pinellas County with legal assistance needs throughout 2025.

II. Findings/Corrective Action
(Findings result in a formal corrective action plan)
The Provider ended 2024 with a surplus in IIIEG funds and is currently projecting in 2025 to have a surplus in Title IIIEG funds. Per standard OAA contract, Attachment I, section II.D.1.e.2, at least 5%-10% of total Title IIIE funds shall be used to provide support services to grandparents and older individuals who are relative caregivers. The provider must spend the entire Title IIIEG allocation to ensure this contractual standard is met. Additionally, standard OAA contract, Attachment I, section IV.3 indicated that the Provider is expected to spend all funds provided by the AAAPP. Provider must submit a response to this monitoring indicating how Title IIIEG funds will be fully expended by the end of the contract period or provide written acknowledgment that funds must be reallocated to other IIIEG providers to ensure all available IIIEG funds are utilized to serve the intended and required senior population.

Response: Achieved.
The Provider has successfully addressed prior recommendations and findings.
In 2025, the Provider had previously spent most of their IIIB funds too early and had a surplus in IIIEG funds, which raised concerns about proper fund usage and meeting contract requirements.
Since then, the Provider has made the necessary corrections:

- The Provider fully spent all IIIB and IIIEG funds in 2025, meeting contract expectations.
- This includes ensuring that IIIEG funds were used appropriately, particularly for services supporting grandparents and relative caregivers, as required.

Current Status (2026):

- The Provider has already used up IIIB funds and is now using LSP funds to continue providing legal services.
- The Provider is on track to fully spend LSP funds by March 2026.
- Based on current spending, the Provider may spend more than the total budget (projected deficit), but this is not a concern at this time.
- The Provider has also increased IIIEG spending, showing improvement in how those funds are being used.

Overall: The Provider is now managing funds appropriately, meeting contract requirements, and continuing to serve clients without interruption**.**

Standard #2 – Targeting, Prioritization and Waitlist

A. Provider has outlined their 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.

Response: Partially Achieved

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, and older individuals with limited English proficiency.

B. Review of 2025 Quarterly Report (Quarter 4) indicates that the provider met the proposed number of clients for IIIB services in the category of greatest social need and limited English proficiency. In IIIEG services, the greatest social need and limited income minority categories were met. Provider utilized entire IIIB and IIIEG allocation. Required IIIEG spending for 2025 was met. The provider is making diligent efforts to meet established target goals and remains committed to serving a diverse population. The provider employs bilingual and culturally competent staff members to support effective delivery service to diverse populations.

C. The provider currently utilizes an Older Americans Act Prioritization Instrument aka "Application for Services" in accordance with the Providers Prioritization Policy as submitted and approved in their 2025 Provider Application.

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.
Staff have completed required Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training courses and continue to maintain current knowledge and competencies to support effective service delivery. Provider submitted twenty-two (22) staff members' certificates dated **June 24, 2025.**

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 report for FY 2025 was received in a timely manner. Provider attends PSA5 ADRC workgroup meetings. Provider hosts outreach clinics at Senior Centers in Pinellas County every third Wednesday of every month. They present on housing and financial stability primarily. The provider is also completing outreach at adult learning centers and sending out housing attorneys as well as tax attorneys. Provider reports beginning outreach and gauging topics for future educational sessions at libraries in Pinellas County. Community members continue to remain interested in mostly housing, financial stability, and advance directive and Wills. Provider reports developing and implementing pop up clinics throughout the county where attorneys are present as well as working with Clerk of Courts to provide a Forms Clinic. This will educate community members on what forms are available through the Clerk of Courts and how to fill them out.
B. Quarterly reports are submitted on time and are considered accurate.
C. The Provider submits Board of Directors meeting minutes to AAAPP upon Board approval. The most recent Board meeting on file was conducted on **March 13, 2026**.
   The January 30, 2026**,** meeting minutes have been approved and are currently pending signature.
   No Board meeting was held in February 2026.
   March 13, 2026, meeting minutes were approved by the Board on April 10, 2026, and are currently pending signature.
   April 10, 2026, meeting minutes will be reviewed at the next scheduled Board meeting on May 8, 2026.
   Overall: The Provider is maintaining regular Board oversight and is in the process of finalizing and submitting approved meeting minutes in accordance with requirements.

D. The Provider submits Surplus/Deficit reports by the 20th of each month, and reports reviewed are considered accurate. The Provider has demonstrated a proactive and strategic approach to increasing delivery of service and ensuring full expenditure of funds while continuing to meet the needs of the target population.

- OAA IIIB funds were unspent in February 2026.
- LSP funds were 80.6% expenditure as of February 2026 and are projected to be fully expended by March 2026.
- OAA IIIEG funds for February 2026 were reported at 75.51% of the monthly average budget. The Provider indicated this reflects seasonal fluctuations in service delivery.

To ensure full utilization of funds by the end of the contract period, the Provider has implemented the following strategies:

- Staffing Adjustment: An attorney has been transitioned into a dedicated Elder Law position, increasing service capacity for older adults and ensuring alignment with grant objectives. This attorney will prioritize grant-related casework and targeted spend-down activities.
- Expanded Outreach Efforts: The Provider is increasing community-based outreach to improve access and generate additional eligible cases, including:
    - Monthly legal outreach clinics at the *Sunshine Center* serve older adults.
    - Bi-monthly outreach at the *Barbara S. Ponce Public Library*, focusing on tax-related legal issues impacting seniors.
    - A new partnership with the *United Methodist Church of Saint Petersburg* to conduct outreach at monthly community shower events.
- Planned Services: The Provider is planning multiple lifetime planning clinics for older adults, including services related to advanced directives, estate planning, and financial stability.

Standard #5 – Case Record Compliance
Case narratives demonstrate compliance with client eligibility, intake, and service delivery.

Response: Achieved.
Case narratives for three (3) 2026 OAA Title IIIB/LSP cases and one (1) 2026 OAA Title IIIEG case were reviewed. All narratives reviewed reflected compliance with requirements for client eligibility, intake, and service delivery.

Standard #6 – Budgetary Compliance
Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.

Response: Achieved.
Provider is on track to utilize all LSP funds in March 2026. Projecting February 2026 expenditures across LSP/IIIB total budgets, Provider is projecting a deficit.

Provider reports, in their submitted surplus/deficit report, their ability to continue serving seniors if they utilize all IIIB funding prior to end of contract period. Providers increased IIIEG spending in February 2026, compared to January. The OAA Programs Team will continue to monitor, but their projected surplus in IIIEG is much less than was projected in January 2026.

Standard #7 – Consumer Satisfaction

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

A. Policies and procedures related to consumer satisfaction detail how satisfaction will be measured annually.
B. Home visits and/or client interviews (including service observation, if possible) 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: Achieved.

A. The provider has a policy and procedure related to consumer satisfaction. Per the policy, once GLS concludes assistance with the client's legal matter and the case is closed in their system, a closing letter is sent to each client which includes a satisfaction survey.
B. Due to maintaining confidentiality of clients receiving legal services, home visits and/or client interviews are not conducted.
C. The provider submitted three (3) satisfaction surveys for 2025. Review of surveys indicates clients rated the quality of services excellent and would recommend services to others. Surveys were distributed to all OAA clients and received a low response rate. The provider continues to actively encourage client engagement and participation in survey completion
D. See subcategory A.

Standard #8 – Grievances, Incidents, and Complaints

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

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

Response. Achieved.

A. The provider has an internal grievance policy and procedure that addresses the denial of services and client complaints. Review of the provider 2025 grievance log indicates that no grievances were reported in 2025.
B. See subcategory A.
C. The provider has an internal incident policy, procedure, and logs on file. Review of the provider 2025 incident log indicates that no incidents were reported in 2025.

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: Achieved.

A. The provider has an approved Voluntary Contributions policy and procedure which conforms with the Older Americans Act.
B. The provider maintains voluntary contributions notice which conveys that 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 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. Gulf Coast attorney information was reviewed on the Florida Bar website (https://www.floridabar.org/) and indicates that attorneys are in good standing and eligible to practice law.
C. The provider complies with F.S. 119.071(5) that requires a written explanation to the individual for collections of social security numbers. Provider submitted written explanation which is also translated in Spanish.
D. HIPAA requirements are being adhered to. Policies and procedures are in place.
E. The provider submitted a Conflict-of-Interest Policy and Procedure.
F. The CEMP/COOP has been submitted for FY 2026 and provided to the AAAPP 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 provider submitted policy and procedure which outlines the utilization of volunteers. 2025 DOEA Volunteer Activity Report was submitted annually, as required.

Standard #14 – Background Screening
Provider completes Level II Background Screening for all direct service employees. All staff that have access to clients and or client data must comply with DOEA background check requirement.
Response: Achieved
The provider is in compliance with all applicable *DOEA* background screening policies and procedures. All staff members have successfully completed the required screening processes, and documentation is maintained to verify adherence to regulatory standards. The provider consistently ensures that background screenings are current and aligned with established *DOEA* guidelines.

Signatures:

Jessie Rivera	May 7, 2026
Yesenia Rivera, Program Manager	**Date**
	May 7, 2026
Georgie Darrah, Assistant Director of Programs	**Date**
Christine Didion	May 7, 2026
Christine Didion, Director of Programs	**Date**
Tawnya Martino	May 7, 2026
Tawnya Martino, Chief Operating Officer	**Date**

2026 OAA LSP Gulf Coast Legal OAA Monitoring Report

Final Audit Report 2026-05-07

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