



727-570-9696

info@aaapp.org

9549 Koger Blvd. N, Suite 100
St. Petersburg, FL 33702

www.agingcarefl.org

March 30, 2026

Joan Boles, Executive Director
Bay Area Legal Services, Inc.
1302 N. 19th Street, Suite 400
Tampa, FL 33605-5230

Dear Ms. Boles

Enclosed is the 2026 Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Legal services 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 objective of monitoring is to ensure programs, policies and practices comply with state and federal rules and meet standards of good governance and practices.

The 2026 monitoring produced no findings and no recommendations. The cooperation of your staff during the desk review and monitoring process was appreciated.

Sincerely,

A handwritten signature in black ink that reads "Ann Marie Winter".

Ann Marie Winter
Executive Director

Enclosures

cc: Jena Blair, Managing Attorney, Bay Area Legal Services, Inc.



Area Agency on Aging of Pasco-Pinellas, Inc.

2026 OAA/LSP

LEGAL SERVICES MONITORING

PROVIDER: Bay Area Legal Services
Legal Services Provider

DATE(S) OF VISIT: February 17, 2026

PARTICIPANT(S): Jena Blair, Managing Attorney
Georgie Darrah, Assistant Director of Programs
Christine Didion, Director of Programs
Yesenia Rivera, OAA Program Manager

MONITOR(S): Yesenia Rivera, OAA Program Manager

FUNDING PERIOD: 2025- 2026

SITES VISITED: 7340 Little Rd Suite 101, New Port Richey, FL
34654

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 Pasco County Legal Information Clinics officially launched at the New Port Richey Clerk of Court and will now be offered weekly in both New Port Richey and Dade City. Appointments will be by appointment and on a first-come first-served basis for walk-ins. Litigants can make appointments online, via phone, or in person at one of the LRC's. Appointments will be a maximum of 30 minutes.

Following the launch event, the Clerk of Court shared the announcement below on the website and social media: Clerk Nikki Alvarez-Sowles, Esq. is pleased to announce the Office is partnering with Bay Area Legal Services to provide an attorney on one day a week at our LRC's at the West Pasco Judicial Center and the Robert D. Sumner Judicial Center in Dade City. "I don't want our customers to walk away from this Office feeling upset, frustrated, or defeated," said Alvarez-Sowles. "Providing pro se litigants with information is helpful. Providing them with the proper means to use that information is even more valuable."

A 79-year-old client who had macular degeneration and is sight-impaired came to BALS seeking an unlawful detainer. She agreed to allow her adult son's friend to move into her family home. Unfortunately, when asked to leave after a couple of weeks, due to many issues, including a violent altercation with one of the client's sons, he refused to leave. The client called law enforcement repeatedly, but they could not assist the client. The opposing party alleged he had been asked to pay \$30 of rent and should be allowed to continue living in the residence. The client repeatedly asked the opposing party to leave the home, and the opposing party never paid any rent or the requested \$30. The client came to BALS with her daughter and was assisted with all filings for an unlawful detainer. Upon service of the unlawful detainer pleadings to the opposing party, he vacated the residence. After many months of struggling with his refusal to leave, the client was grateful for the assistance in his removal in under a week.

II. Recommendations for Improvement

(Recommendations require a written response from the provider)

- There are no recommendations.

III. Findings/Corrective Action

(Findings result in a written formal corrective action plan from the provider)

- There are no findings.

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: N/A

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 target individuals in all categories in their 2025 and 2026 continuing applications and is currently implementing that plan.
- Review of the 2025 quarter four report and analysis indicate that provider has met the proposed number and percentage of older individuals in all Older Americans Act target categories.
- The provider enters client intake information in Legal Server which serves as their prioritization tool, and it is utilized in accordance with their approved client prioritization policy.

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.

The provider submitted elder abuse training certificates for **six (6)** staff members. Training was conducted in 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.** Review of 2025 Annual Outreach and Education indicates that provider leverages multiple mediums such as social media, email newsletters, and websites; community partnerships working with local nonprofits, community senior centers, colleges, and other organizations; utilizes traditional media like flyers and posters; hosts workshops, webinars, or Q&A sessions to educate the community and provide personal connections; tracks results, monitors engagement, gathers feedback, and adjusts strategies to improve reach and impact. The Pasco County Legal Information clinics officially launched at the New Port Richey Clerk of Court and will now be offered weekly in both New Port Richey and Dade City. Appointments will be by appointment and on a first-come first-served basis for walk-ins. Litigants can make appointments online, via phone, or in person at one of the LRC's. Appointments will be a maximum of 30 minutes. These outreach initiatives have built trust and awareness of the Bay Area Legal program.
- B.** All quarterly reports are submitted on time.
- C.** Board of Director Meetings are held quarterly. Meeting minutes are submitted upon approval and on time.
- D.** Surplus/Deficit reports are submitted by the 20th of each month and are considered accurate. Provider is reminded to utilize the new format provided by the AAAPP for the 2026 contract year.

Standard #5 – Case Record Compliance

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

Response: Achieved.

Case narratives were reviewed for three (3) 2025 OAA Title IIIB/LSP cases and one (1) 2025 OAA Title IIIEG case. 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. 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: Partially Achieved

- A. In December 2025, the provider utilized their entire IIIB allocation and left a small surplus in IIIIEG, 5% of total contracted IIIIEG funds, after receiving an increased allocation to ensure all Title IIIIEG funds for the PSA were utilized. Provider worked to ensure that total IIIIEG spend for PSA 5 was at least 5% of the total Title IIIIE PSA allocation, as required. As of January 2026, Provider is utilizing LSP funds for IIIB legal services. Provider is on track to utilize all LSP funds in March. Projecting January expenditures across LSP/IIIB total budgets, Provider is projecting a deficit. The AAAPP Programs Team have followed up with Provider on additional information from what was shared in their submitted surplus report to manage spending to ensure services may be available across the contract period; however, Provider will be able to take on and spend expected carryforward once received. Provider reports they expect to spend all IIIIEG funds on their submitted surplus report. Provider is reminded to complete the surplus/deficit reports with as much detail as possible to communicate their plans and actions to address either projected deficits or projected surpluses.
- B. Review of client unit service reports and provider billing records for August 2025 indicate that the provider has a clear audit trail of services entered 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) to reveal effective delivery of service.*
- C. Client satisfaction surveys accompanied by a satisfaction survey/analysis summary report for the last fiscal year of completion.*
- D. Provide status on the timeframe for the client satisfaction survey in the current fiscal year (will vary depending on when monitoring visit occurs). The provider makes home visits, if necessary.*

Response: Achieved

- A. The provider has an approved policy and procedure related to consumer satisfaction detailing how consumer satisfaction is measured.
- B. Due to confidentiality, home visits and/or client interviews were not conducted.
- C. Provider submitted a sample of client satisfaction surveys. Satisfaction surveys are given to clients at close to their case. Analysis of client satisfaction surveys indicates ten (10) surveys. Review of sample surveys and analysis indicate that overall clients were strongly satisfied with the service they received.
- D. Clients are provided a client satisfaction survey at the close of their case. All returned surveys are reviewed and analyzed annually.

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, procedures, and logs, including documentation of the service provider response and resolution.*
- C. 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 policy and procedure in place that addresses denial of service and complaints by clients about the manner or quality of legal assistance. The provider submitted their 2025 grievance log which indicates no grievances were reported in 2025.
- B. The provider has an internal complaint policy and procedure in place that addresses dissatisfaction with services. The provider submitted their 2025 complaint log. No complaints were reported for 2025.
- C. The provider has an internal incident policy and procedure in place. The provider submitted their 2025 incident log. No incidents were reported for 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. Provider has a letter and/or sign related to voluntary contributions which provides each recipient with an opportunity to voluntarily and confidentially contribute to the cost of the service; clearly informs each recipient that there is no obligation to contribute, and that the contribution is purely voluntary; and all contributions shall be used to increase service availability.*

Response: Achieved.

- A. The provider has a voluntary contributions policy and procedure in place.
- B. The provider has a letter that is given to clients and a sign posted in the client waiting area of their offices related to voluntary contributions.

Standard #10 – Regulatory Compliance

OAA Provider is in Regulatory Compliance with:

- A. OAA services reviewed are being provided in accordance with the most current DOE A 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 does not collect social security information; clients are given the option of entering the last four digits of their social security number.
- D. Provider is adhering to all HIPAA requirements and has security and confidentiality policies and procedures in place.
- E. The provider is in compliance with the Provider Conflict of Interest Program procedure and has a policy and procedure in place.
- F. The CEMP/COOP has been updated for 2025 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 maintains a positive partnership with the ADRC and other community partner agencies to ensure that potential clients receive the assistance they need. If the provider receives a referral from someone in need of additional services, a referral is then made to the ADRC.
- B. The provider actively participates in providing networking opportunities and ensures referrals are made to other community providers to assist clients who are not receiving needed services.

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 has a volunteer policy and procedure regarding the utilization of volunteers. The provider submitted their Volunteer Activity Report to the AAAPP 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 Candidate Form (effective October 2023)

Response: Achieved

Background screenings were reviewed for four (4) staff members. All documents were available and completed as required.

Signatures:

Jessie Rivera

Yesenia Rivera, Program Manager

Mar 30, 2026

Date

Georgie Darrah

Georgie Darrah, Assistant Director of Programs

Mar 30, 2026

Date

Christine Didion

Christine Didion, Director of Programs

Mar 30, 2026

Date











2026 OAA BAY AREA LEGAL SERVICES MONITORING REPORT

Final Audit Report

2026-03-30

Created:	2026-03-30 (Eastern Daylight Time)
By:	Yessie Rivera (yessie.rivera@aaapp.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAuPvIdnE4UdI3eM257ImIkZgUBmxCZfqK

"2026 OAA BAY AREA LEGAL SERVICES MONITORING REPORT" History

-  Document created by Yessie Rivera (yessie.rivera@aaapp.org)
2026-03-30 - 4:09:21 PM EDT- IP address: 47.207.41.210
-  Document e-signed by Yessie Rivera (yessie.rivera@aaapp.org)
Signature Date: 2026-03-30 - 4:10:39 PM EDT - Time Source: server- IP address: 47.207.41.210
-  Document emailed to Georgie Darrah (georgie.darrah@aaapp.org) for signature
2026-03-30 - 4:10:41 PM EDT
-  Email viewed by Georgie Darrah (georgie.darrah@aaapp.org)
2026-03-30 - 4:11:27 PM EDT- IP address: 97.97.192.235
-  Document e-signed by Georgie Darrah (georgie.darrah@aaapp.org)
Signature Date: 2026-03-30 - 4:12:04 PM EDT - Time Source: server- IP address: 97.97.192.235
-  Document emailed to Christine Didion (christine.didion@aaapp.org) for signature
2026-03-30 - 4:12:06 PM EDT
-  Email viewed by Christine Didion (christine.didion@aaapp.org)
2026-03-30 - 4:48:42 PM EDT- IP address: 47.207.41.210
-  Document e-signed by Christine Didion (christine.didion@aaapp.org)
Signature Date: 2026-03-30 - 4:50:10 PM EDT - Time Source: server- IP address: 47.207.41.210
-  Document emailed to AnnMarie Winter (annmarie.winter@aaapp.org) for signature
2026-03-30 - 4:50:13 PM EDT
-  Email viewed by AnnMarie Winter (annmarie.winter@aaapp.org)
2026-03-30 - 5:01:16 PM EDT- IP address: 104.47.57.126



Document e-signed by AnnMarie Winter (annmarie.winter@aaapp.org)

Signature Date: 2026-03-30 - 5:01:31 PM EDT - Time Source: server- IP address: 47.207.41.156



Agreement completed.

2026-03-30 - 5:01:31 PM EDT