AREA AGENCY ON AGING
PASCO-PINELLAS
Helping Seniors Live Well at Home

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June 24, 2026

Tracy Barrows, ADRC Director
Area Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Boulevard, Suite 100
St. Petersburg, FL 33702

Dear Tracy,

Enclosed please find the 2026 programmatic monitoring report for the Information and Assistance/Referral & Intake and Screening departments completed by AAAPP's ADI Program Manager, Nayomi Kershaw.

This report is intended to provide an overview of the ADRC's operations as of the date of the monitoring visit. It should also be a useful instrument in the evaluation of your programs. There is one recommendation and no findings.

The 2026 monitoring produced no findings and no recommendations. No additional response is required after receiving this report. The cooperation of your staff throughout the monitoring process was appreciated.

Should you have any questions or comments concerning this report, please feel free to contact the ADI Program Manager at (727) 570-9696, extension 165. Thank you for your continued commitment to serving the seniors of Pinellas & Pasco County.

Sincerely,

Ann Marie Winter
Executive Director

AREA AGENCY ON AGING PASCO-PINELLAS

Helping Seniors Live Well at Home

Area Agency on Aging of Pasco-Pinellas, Inc.

2026 AAAPP ADRC HELPLINE AND INTAKE DEPARTMENT

Provider: AAAPP ADRC Helpline and Intake Department

Date(S) Of Visit: May 15, 2026 – June 17, 2026
Desk review and observations completed

Participant(S): Tawnya Martino, Chief Operating Officer
Christine Didion, Director of Programs
Tracy Barrows, ADRC Director
Amanda Miller, ADRC Helpline Manager
Arlene Sanchez, Intake Specialist Coordinator

Monitor(S): Nayomi Kershaw, ADI Program Manager

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

During the monitoring period, Helpline staff and supervisors demonstrated a strong commitment to providing client centered care. Staff effectively managed call volume, complex emotional situations, and follow-up documentation remaining professional and empathetic from start to finish. Urgent concerns were properly escalated in accordance with written policy and procedures. The Helpline is recognized for their dedication to providing high standards of service delivery and compassionate client support.

II. Recommendations for Improvement

(Recommendations require a written response from the provider)

No additional recommendations for improvement have been identified at this time.

III. Findings/Corrective Action

(Findings result in a formal corrective action plan)

No additional findings or corrective action measures have been identified at this time.

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

Currently, there are no unresolved issues from the last monitoring review.

Last year's review included feedback regarding the timeliness of responding to messages. The ADRC continues to strive toward a goal of returning calls within two business days. In CY 2025, the average response time improved to three business days, compared to five business days in CY 2024.

To further improve efficiency the ADRC continues to identify and implement new workflows to streamline incoming calls, including the Intake Pilot initiated in Fall 2025, which remains in progress. The ADRC also continues to participate in statewide eCIRTS workgroups to advocate for and improve eCIRTS workflows.

The I&R functions within eCIRTS remain under development by DOEA and WellSky, which continues to limit I&R staff's ability to operate at the same level of efficiency previously achieved with Refer. Similar challenges are being experienced statewide following the Refer migration to eCIRTS effective November 24, 2024.

Standard #2 – Outreach and Targeting

The Helpline is the entry point for the ADRC and serves the entire community of older individuals, particularly older individuals with the greatest economic social need, older individuals with the greatest economic need, older individuals with limited English proficiency, older individuals residing in rural areas, older individuals at risk of institutional placement, and adults with a disability. The Helpline and Intake have documentation of:

A. Outreach to increase awareness of the Helpline, using a variety of methods.
B. Special needs groups being identified, and targeted outreach being provided. At least 2 outreach projects targeting low-income older individuals including low-income minority, older individuals with limited English proficiency and older individuals residing in rural areas must be completed annually.
C. I&R service provided to targeted individuals.
D. Procedures address how APCL clients are released to active status in order of Prioritization.

Response: Achieved

A. The ADRC conducted outreach activities to increase awareness of the Helpline through a variety of methods, including tabling at local festivals, health expos, partner presentations, virtual workshops, and events of interest. General information and print materials were dispersed accordingly. Outreach was conducted on a monthly basis and in varied locations across Pasco and Pinellas counties. A total of 65 outreach activities were completed between 2/15/2025 and 4/26/2026.

B. The ADRC identified special needs populations and completed targeted outreach activities for clients affected by weather related disasters, caregivers, low-income older adults, low-income older adults belonging to minority groups, veterans, older adults with limited English proficiency, and older adults in rural areas among other risk factors. At least two outreach projects targeting priority populations were completed annually, including food distribution in Port Richey with Messengers of Hope Mission and a Senior Health Fair in Clearwater with the Live Better Medical Group.

C. The ADRC provided Information and Referral services to targeted individuals through Helpline calls, referrals, follow up contacts, and community outreach efforts. Following the transition to eCIRTS on 11/25/24, reports containing the statistical data are currently unavailable. DOEA continues to work on developing the I&R reports. All callers to the Helpline are provided with appropriate information and referral services according to established policy and procedure.

D. The ADRC maintains procedures addressing how APCL clients are released to active status in accordance with prioritization requirements. These procedures are outlined in written internal procedures for all state funded programs and have been regularly updated for accuracy. Descriptions of prioritization criteria, record keeping, and eligibility details are all in accordance with contractual specifications.

Standard #3 – Staff Training

The Helpline has a training plan to ensure that staff receive training pertinent to the performance of the required functions. Training is consistent with ABC's or I&R published by Inform USA or the Department of Elder Affairs Information and Referral/Assistance training module:

A. Pre-service training
B. Communication/interview skills, Customer service skills, Community Resources
C. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly

Intake has received the required training of:

D. Pre-service training
E. DOEA web-based Assessment Training, with a score of 90% or higher
F. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly.

Response: Achieved

A. All newly hired Helpline staff receive pre-service training prior to independently performing job duties. Pre-service training includes IT set up in all necessary programs, orientation to aging network, program eligibility, community resources, HIPAA policies, Cybersecurity training and call mentoring. Detailed training records are maintained for all newly hired Helpline staff. Since the last monitoring, the Helpline has hired 4 new team members, 3 of which are currently working through their training process. Records were provided with submission for staff who have completed their training, with no concerns noted.

B. Helpline staff receive ongoing training related to interview techniques, customer service best practices, and referral processes. Training is provided through a mix of hands-on demonstrations, digital learning tools, and written materials.

C. Helpline staff receive required training regarding mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly. Documentation provided demonstrates that all staff have up to date certification or are scheduled to complete training and are regularly reporting suspected cases of ANE to the required APS agency. Detail notes are maintained including confirmation numbers and follow-up actions completed.

Intake Training Requirements

D. All newly hired Intake staff receive pre-service training prior to independently performing job duties. Pre-service training includes IT set up in all necessary programs, overview of OAA and GR provider network, procedures to accurately complete screening forms, education in the long-term care process, HIPAA policies, Cybersecurity training and comprehensive call supervision. Detailed training records are maintained for all newly hired Intake staff. Since the last monitoring, the Intake team has hired 3 new staff members, 2 of which are currently working through their training process. Records were provided with submission for staff who have completed their training, with no concerns noted.

E. Intake staff complete the required DOEA web-based Assessment Training and achieve a passing score of 90% or higher. Documentation maintained includes training certificates and dates of completion. Since the last monitoring, the Intake team has hired 3 new staff members, all of which have a certificate on file.

F. Intake staff receive required training on mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly. Documentation provided demonstrates that all staff have up to date certification or are scheduled to complete training and are regularly reporting suspected cases of ANE to the required APS agency. Detailed notes are maintained including confirmation numbers and follow-up actions completed. Additionally, Intake staff receive training certification in ARTT, and this documentation is also maintained in personnel files.

Standard #4 – Programmatic Reporting

All required programmatic reports are accurate and submitted in a timely manner:

A. Monthly units of I&R in eCIRTS, supported by eCIRTS reports.
B. Monthly SMMCLTCP reports to the DOEA.
C. Monthly report on language translation service use to DOEA by the 10th
D. Quarterly QA report to DOEA of consumer satisfaction service survey for clients receiving 701S screening and data on QA review of staff performing screening calls.

Response: Achieved

A. The ADRC submits monthly Information and Referral (I&R) units in eCIRTS in accordance with DOEA requirements. eCIRTS reports supporting submitted units were reviewed for April 2025 – April 2026 and documentation provided demonstrates that all programmatic reports were accurate and submitted in a timely manner.

B. The ADRC completes and submits monthly Statewide Medicaid Managed Care Long-Term Care Program (SMMCLTCP) reports to the Department of Elder Affairs. Monthly submitted client tracking reports were reviewed for July 2025 – September 2025 and documentation demonstrates that programmatic reports were accurate and submitted within requirements. When necessary, prior approval was obtained from contract supervisor for any needed extensions to reporting deadlines due to unforeseen circumstances.

C. The ADRC tracks and reports language translation service utilization to DOEA on a monthly basis by the 10th of each month. Translation service logs with supporting documentation were reviewed for July 2025 – September 2025 and documentation demonstrates monthly reports submitted to DOEA were accurate and submitted by the required deadline. When necessary, prior approval was obtained from contract supervisor for any needed extensions to reporting deadlines due to unforeseen circumstances.

D. The ADRC submits quarterly Quality Assurance (QA) reports to DOEA regarding consumer satisfaction surveys for clients receiving 701S screenings, as well as QA review data for staff performing screening calls. Documentation was reviewed for April 2025 – April 2026 and consisted of post screening survey results, call monitoring schedules, and submission statements. Materials submitted support that consumer survey reports were provided within required timeframes along with QA review data for staff performing screening calls.

Standard #5 – Service Provision

The Helpline meets DOEA standards for staffing and service provision:

A. The Helpline has a minimum of 2.5 FTE non-exempt staff trained to provide I&R services.
B. Formal, written job descriptions outlining I&R and Intake functions are dated within the last 2 years.
C. Procedures confirm that hours of operation are 8:00am to 5:00pm Monday through Friday, except state and national holidays and that DOEA is notified of closures during regular office hours.
D. The voicemail system for the Helpline offers options for urgent calls and an option for callers to leave a voicemail while in queue.

E. Helpline procedures address return of afterhours and voicemail messages.
F. The Helpline maintains a record of all voice mail messages received, including date received and telephone number.
G. Helpline procedures define 'timely' service and require I&R Specialists to ensure inquirers are served in a timely manner.
H. Procedures address privacy, confidentiality, and security of personal information and compliance with HIPAA rules.
I. Policy for use of Florida Relay for individuals and groups who have special needs including communication methods for people with hearing or speech impairment.

Response: Achieved

A. The Helpline currently employs 7 full-time non-exempt staff trained to provide Information and Referral (I&R) services, exceeding the minimum requirement.

B. The ADRC maintains formal written job descriptions outlining I&R and Intake functions. Documentation provided demonstrates that all current employee job descriptions are up to date, signed by staff, and outline required duties and responsibilities.

C. Helpline procedures confirm operating hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding state and national holidays. Procedures also address notification to DOEA regarding closures during regular office hours. Documentation includes ADRC Instruction Procedures 101a and 101b.

D. The Helpline voicemail system includes options for urgent or priority calls, and an option for callers to leave a voicemail while waiting in queue. Documentation includes observation of phone system settings and written procedures.

E. Procedures address the timely return of after-hours calls and voicemail messages. Documentation includes written procedures defining response expectations and workflows.

F. The Helpline maintains records of voicemail messages received, including the date received, telephone number and additional information as applicable. Supporting documentation includes written procedures, voicemail tracking reports, and other available electronic records.

G. Helpline procedures define "timely" service and require I&R Specialists to ensure inquiries are responded to within established timeframes. Documentation includes written service standards and procedures. Procedures cover monitoring tools and QA processes used to track timeliness.

H. The ADRC maintains procedures addressing privacy, confidentiality, and security of personal information in compliance with HIPAA requirements. Documentation outlines security measures in place for safeguarding client information as well as staff training records related to privacy and HIPAA compliance.

I. The ADRC maintains policies regarding the use of Florida Relay and communication accommodation for individuals with special needs, including individuals with hearing or speech impairments. Written policy and procedures outline available communication methods and accommodations utilized by the Helpline.

Standard #6 – Contact Record Compliance

The contact records sampled show compliance with requirements for delivery service:

Helpline:

A. Three resources are provided when available.
B. For-profit resources are provided when available.
C. Documentation for Referral show that follow-ups are provided within 14 days.

Intake:

D. Enrollment screens show that the client was referred to/made APCL for program(s) that are appropriate for the needs identified.
E. Discussion of eligibility and appropriate steps to determine eligibility.

Response: Achieved

A. Reviewed contact records demonstrate that I&R Specialists provide at least three appropriate resources to consumers when available. This is demonstrated by written service standards, available electronic records, and call observations performed.

B. Reviewed records demonstrate that for-profit resources are provided when appropriate and available to ensure consumers receive comprehensive referral options. This requirement is outlined in written policy reflecting impartial resource provision and in the resource database upon availability.

C. Documentation for referrals demonstrates that follow-up contacts are completed within 14 days, in accordance with established procedures. This is demonstrated by follow-up notes recorded in client records, available activity and compliance reports, and written supervisory review procedures to support timeliness of documentation and follow-up. Additional activities occurring outside of this timeframe are recorded as information.

Intake

D. Reviewed enrollment screens after initial call observation demonstrate that clients were referred to and/or placed on the Assessed Priority Consumer List (APCL) for programs appropriate to the needs identified during screening or assessment. Program referrals aligned with identified client needs and eligibility criteria and APCL documentation was updated in eCIRTS as applicable.

E. Documentation after initial call observation demonstrates that Intake staff discussed program eligibility requirements and appropriate next steps with clients. Case notes reflect eligibility discussions and information was provided regarding application requirements, documentation needs, and referral processes.

Standard #7 – Responsiveness

Intake meets standards for responsiveness:

A. APS medium and low risk referrals – enter 701S screening or demographic assessment into eCIRTS within 14 calendar days.
B. Helpline Referrals – Staff attempt to contact caller within 3 business days to complete a 701S or document unsuccessful attempts to contact within 3 days, as workload demands allow.
C. At least 3 telephone attempts are made to contact clients requesting screening. A letter is sent to those who are not reached with information on how to contact staff for screening and the date that the request will be closed.
D. Re-screening of clients who are APCL for case managed programs: APCL clients are

rescreened on an annual basis, regardless of Priority Score. Annual re-screening is conducted within 395 days of the due date as workload demands allow.

E. Staff strive to conduct 701S screening within 14 business days and annual re-screening within 395 days of due date as workload demands allow.
F. All contacts, including unsuccessful attempts, are documented in the eCIRTS system.
G. Clients with additional needs are sent to the Helpline for resources.

Response: Achieved

A. Procedures and sampled records demonstrate that APS medium- and low-risk referrals are entered into eCIRTS as a 701S screening or demographic assessment within 14 calendar days. Available records reviewed include APS referral reports, client eCIRTS records and ARTT data, which support that Intake staff adhered to written procedure, making contact attempts to complete assessments for all referrals within the 14-calendar day requirement.

B. Intake staff attempt to contact callers referred from the Helpline within three business days to complete a 701S screening or document unsuccessful contact attempts, as workload demands allow. This is demonstrated through written procedures which instruct Helpline staff to schedule initial screenings through TimeTap during the call, ensuring that the client is booked in a timely manner.

C. For clients requesting screening, Intake staff make at least three telephone attempts to establish contact in accordance with written policy. If the client cannot be reached, a letter is sent providing information on how to contact staff for screening and the date the request will be closed. Telephone attempts are recorded in eCIRTS with documentation of closure letters sent to clients.

D. Clients on the Assessed Priority Consumer List (APCL) for case-managed programs are re-screened annually regardless of Priority Score. Annual re-screening is conducted within 395 days of the due date, as workload demands allow. This requirement is met through adherence to written policy, monthly review of the assessment due report, and client eCIRTS records which support staff strive to complete rescreening of clients who are APCL for case managed programs within 395 days.

E. Staff strive to complete 701S screenings within 14 business days and annual re-screenings within 395 days of the due date, as workload demands allow. Reasons for late screenings or re-screenings may include difficulty contacting clients, client hospitalization, etc. Through review of written procedure, available electronic records, and reporting documentation it is evident that staff strive to meet these requirements as workload allows.

F. All client contacts, including unsuccessful outreach attempts, are documented in eCIRTS in accordance with established procedures. This is reflected in established policies, available case notes, and contact records in eCIRTS.

G. Clients identified as having additional resource or service needs are referred to the Helpline for Information and Referral assistance. This is evident through written procedures as well as available case notes documenting referrals to the Helpline.

Standard #8 – Observation of Contacts

Observation of contacts shows that the Helpline staff provides accurate information to inquirers in response to direct requests for such information. Further, observation of contacts shows that Intake staff provides screening, prioritization, and options counseling.

Response: Achieved

Observation of Helpline and Intake contacts demonstrates compliance with required service delivery standards. Helpline staff provide accurate, appropriate, and responsive information to inquirers based on identified needs and direct requests for assistance. This included provision of current and relevant community resource information as well as active staff coaching and supervisory feedback. Observation of Intake contacts demonstrates that staff appropriately conduct screening, prioritization, and options counseling activities in accordance with established procedures and DOEA requirements. Strengths include discussion of relevant next steps to support informed decision-making and accurate eCIRTS documentation in adherence to established standards. Further details are included in attachments I and II.

Standard #9 – Crisis

Helpline shall be prepared to assess and meet the immediate, short-term needs of inquirers who are experiencing crisis situations and contact the Helpline service for assistance:

A. Procedures address the handling of crisis calls.
B. Staff have the skills to recognize when an inquirer is experiencing a crisis, to determine whether the individual is in immediate danger, and to take steps to ensure that the inquirer is safe.
C. Lethality assessment is used.
D. Crisis calls are documented in eCIRTS.
E. Procedures document a protocol for debriefing I&R specialists, as needed, following a crisis call.

Response: Achieved

A. The ADRC maintains written procedures addressing the handling of crisis calls received through the Helpline. Procedures include identification and escalation of crisis situations as well as guidelines for coordination with emergency services, APS, crisis intervention resources, or law enforcement, when appropriate.

B. Helpline staff are trained to recognize indicators that an inquirer may be experiencing a crisis, assess whether the individual is in immediate danger, and take appropriate action to ensure safety as outlined in policy and procedure. Staff training includes use of crisis assessment tools and appropriate referral practices.

C. The Helpline utilizes lethality assessment procedures/tools when appropriate to evaluate risk and determine necessary interventions. Written lethality assessment procedures include use of screening tools developed and provided by First Contact.

D. Crisis calls are documented in eCIRTS in accordance with established documentation standards. Records were reviewed for 5/8/2025 – 4/2/2026 and included case notes detailing the nature of the crisis, actions taken, referrals provided, and outcomes when applicable. Documentation of mandated reporting actions

are included as required.

E. Procedures include a protocol for debriefing I&R Specialists following crisis calls, as needed. Debriefing procedures include supervisory support and case review as well as identification of additional training or follow-up needs.

Standard #10 – Program Evaluation and Quality Assurance

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

A. Tracking key performance measures, including Helpline call volume, abandoned call rate, average speed of answer and average talk time.
B. Consumer satisfaction surveys are collected through a statewide system. I&R specialists and Intake/screening staff offer every client the opportunity to complete a 5-question phone survey at the end of the call. Data is available through Plum Survey website and is collected for submission to DOEA.
C. Procedures address the handling of complaints.
D. The process is in place to ensure a random selection of live or recorded calls are reviewed and staff provided feedback.

Response: Achieved

A. The ADRC tracks key performance measures related to Helpline operations and service delivery, including helpline call volume, abandoned call rate, average speed of answer, and average talk time. Documentation includes the ADRC Client Tracking Report submitted to DOEA monthly which supports compliance with tracking key performance measures.

B. Consumer satisfaction surveys are collected through the statewide survey system. I&R Specialists and Intake/Screening staff offer each client the opportunity to complete a five-question phone survey at the conclusion of the call. Documentation provided includes survey participation procedures, data collected and maintained through the Plum Survey system, and reports compiled for submission to DOEA when required. Review of surveys completed 7/1/2025 – 3/31/2026 demonstrate overall caller satisfaction.

C. The ADRC maintains procedures addressing the receipt, documentation, review, and resolution of consumer complaints. Procedures detail methods for consumers to submit complaints and staff responsibilities for complaint review and follow-up. A complaint log is maintained by the Intake Specialist Coordinator and Helpline Manager to track complaints, identify trends, and address issues appropriately.

D. A process is in place to ensure a random selection of live or recorded calls are reviewed for quality assurance purposes, and staff are provided with feedback regarding performance. Procedures outline the use of QA monitoring tools and criteria for success. Processes for identifying training needs or corrective actions are detailed in the documentation provided.

Standard #11 – Resource Database Management

The Helpline meets standards included in the DOEA contract for maintaining the resource database:

A. Inclusion/Exclusion criteria
B. Data Elements
C. Taxonomy
D. Maintenance and updating information.

Response: Achieved

A. The Helpline maintains clear inclusion and exclusion criteria to ensure that only appropriate and verified resources are entered into the database. Criteria and standards for determining eligible community resources include guidelines for excluding outdated, duplicate, or inappropriate listings. Criteria have been regularly reviewed and updated for accuracy.

B. The resource database includes all required data elements to ensure accurate and complete resource listings. This includes organization name and contact information, service description, and eligibility requirements. Applications for agencies or businesses applying to be in the resource database meet the minimum standards set forth in the statewide inclusion/exclusion criteria.

C. The Helpline utilizes a standardized taxonomy system to ensure consistent categorization of community resources. This includes the use of approved taxonomy structure for resource classification through clearly defined categories and subcategories. Procedures for maintaining consistency in resource categorization are also noted.

D. The Helpline maintains procedures for regularly reviewing and updating resource information to ensure accuracy and timeliness. Processes for verifying accuracy of provider information are completed by management in the currently available tools and systems. The resource management role in eCIRTS is still under development through weekly meetings and progress is being made on that workflow accordingly.

Standard #12 – Disaster Preparedness

The Helpline shall provide I&R services to the community during (when appropriate) and following a disaster or other emergency. Review policies and procedures to confirm that the Helpline and Intake:

A. Are included in the emergency operations and continuity of operations addressed through the AAAPP COOP and disaster plans.
B. Has a plan for relocation in the event a disaster impacts the Helpline's site, including mutual aid agreements such as an MOU if alternative sites are at other agencies.
C. Participates in a statewide mutual assistance MOU to manage I&R functions.
D. Includes local, state, and national disaster related resources in the database.

Response: Achieved

A. The Helpline and Intake operations are included in the ADRC's emergency operations and Continuity of Operations Plan (COOP), as well as applicable AAAPP disaster plans. Documentation includes current COOP and emergency operations plans. Policies outlining Helpline and Intake roles during emergencies detail staff responsibilities and awareness of formal emergency procedures.

B. The ADRC maintains a plan for relocation of Helpline operations in the event that the primary site is impacted by a disaster. This includes identified alternate work sites and operational contingencies as well as mutual aid agreements or Memoranda of Understanding (MOUs) with partner agencies, when applicable. Procedures are maintained in the current COOP and departmental emergency operations plans.

C. The ADRC participates in a statewide mutual assistance Memorandum of Understanding (MOU) to support continuity of I&R services during emergencies. Mutual assistance protocols are outlined in the ADRC statewide Memorandum of Understanding with an effective date of 11/19/2025.

D. The resource database includes local, state, and national disaster-related resources to support clients during emergencies. Documentation provided includes disaster and recovery related resources, local emergency management contacts, and shelter listings. The ADRC also maintains a public facing listing of recovery resources available on the agency website during emergency situations.

Standard # 13 – Cooperative Relationships

The ADRC Helpline and Intake maintains cooperative relationships within the I&R system and service providers:

A. Membership in AIRS/FLAIRS
B. MOU with First Contact provider(s).
C. Provides screening to access OAA funded programs.
    i. Procedures address handling OAA Referrals
    ii. Review of OAA waitlist shows clients with a location code of "HW" which indicates that the enrollment line was created by Intake.
D. Procedures address how DCF CCDA and HCDA clients are transferred as they turn 60.
    i. Documentation CCDA/HCDA of cases transitioned to CCE or HCE.

Response: Achieved

A. The ADRC maintains active membership in Inform USA (previously AIRS/FLAIRS) to support adherence to national and state I&R standards and best practices. Current membership verification and renewal records reviewed for membership period 12/31/2025 - 12/31/2026.

B. The ADRC maintains a formal MOU with First Contact to support coordinated service delivery and referral processes. Documentation includes executed MOU effective 5/1/2026 with partnering agency First Contact, defining roles and responsibilities for referral coordination and escalation.

C. The ADRC provides screening services to determine eligibility and access to Older Americans Act (OAA) funded programs. Procedures address handling and processing of OAA referrals and eCIRTS records demonstrate evidence of appropriate placement on waitlists by intake staff.

D. The ADRC maintains procedures for transitioning clients from Department of Children and Families (DCF) CCDA and HCDA programs to Community Care for the Elderly (CCE) or Home Care for the Elderly (HCE) when they reach age 60. Written procedures outline the transition process for priority service and coordination guidelines between DCF and ADRC Intake staff.

Standard #14 – Regulatory Compliance

Procedures document that I&A/R and Intake are in Regulatory Compliance with:

A. 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.
B. Health Insurance Portability and Accountability Act (HIPAA) requirements.

Response: Achieved

A. Procedures document compliance with Florida Statute 119.071(5), which requires any agency collecting Social Security Numbers to provide individuals with a written explanation of the purpose for collection. This requirement is met through written policy outlining the collection, use, and safeguarding of Social Security Numbers and a standardized notice that is provided to individuals by mail explaining the reason for SSN collection.

B. Procedures document compliance with HIPAA requirements to protect the privacy and security of protected health information (PHI). Documentation includes written HIPAA privacy and security policies and staff training records related to HIPAA compliance and confidentiality. Clients have the option to complete the HIPAA acknowledgment process electronically at the time their screening is initially scheduled. A standardized notice is also provided to individuals or their representatives by mail along with their post screening letter.

Signatures:

Nayomi Kershaw, Program Manager	06/25/2026 Date
Christine Didion Christine Didion, Director of Programs	06/25/2026 Date
Tawnya Martino Tawnya Martino, Chief Operating Officer	06/25/2026 Date

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Helping Seniors Live Well at Home

Helpline Observation Checklist
Monitoring Tool

I&R Specialist: Kristen Garver
Date observed: 5/15/2026
Task observed: Information or Referral 2643812

STANDARD	NOTES/ACHIEVEMENT
a) Identify themselves and the Helpline according to agency guidelines.	- Staff identified themself according to agency policy and procedures
b) Establish rapport with the inquirer and use active listening skills and empathy to discern the presenting problem.	- Established early and consistent rapport with client - Provided supportive listening when client expressed concerns
c) Respond to each inquirer in a professional, nonjudgmental, culturally appropriate, and timely manner.	- Maintained professional and non-judgmental space for client to express their needs
d) Use clear, jargon-free language and an appropriate tone of voice and inflection to convey empathy and engagement with the inquirer's situation.	- Provided clear, kind, and empathetic engagement appropriate to the client's situation
e) Confirm whether there are specific preferences or requirements such as language needs, evening or week-end hours, proximity to public transportation or disability access.	- Verified client needs and preferences throughout the call and during scheduling - Explained relevant details to determine best fit for client
f) Clarify and confirm the inquirer's need(s) using techniques such as paraphrasing before providing referrals/resources.	- Accurately determined client needs through use of active listening and confirmation of preferences

g) If additional demographic information (such as SSN) is collected, explain the reason the information is needed.	- Updated client's demographics to ensure accuracy
h) Effectively utilize the resource information system to identify resources to meet the inquirer's needs.	- N/A
i) When possible and practical, provide at least 3 referrals to give the inquirer a choice.	- N/A
j) Encourage inquirers to call back if the information proves incorrect, inappropriate, or insufficient to link them with the needed services.	- Thoroughly explained next steps in the process - Encouraged client to call for any disruptions or further needs - Ensured client had accurate contact information
k) Accurately record what occurred during the inquiry, the call/contact type, the problems and needs that were addressed.	- Thorough follow up documentation detailed in eCIRTS, to applicable standards
l) Specialists offer advocacy, when necessary, to ensure people receive the benefits and services for which they are eligible. This may include 3-way calls or additional calls to help them obtain services.	- Explained waitlist process and how specific needs could be accommodated to accomplish the screening
m) Follow-ups are scheduled/provided for units of referral. Follow-ups are always provided if the specialist believes the inquirers do not have the necessary capacity to follow through and resolve their problems. Follow-up for units of referral is scheduled/provided within 14 days of the contact.	- Follow up needs are accurately recorded to applicable standards

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Helping Seniors Live Well at Home

Helpline Observation Checklist
Monitoring Tool

I&R Specialist: Edward Hart
Date observed: 5/15/2026
Task observed: Information or Referral 2643873

STANDARD	NOTES/ACHIEVEMENT
a) Identify themselves and the Helpline according to agency guidelines.	- Staff identified themself according to agency policy and procedures
b) Establish rapport with the inquirer and use active listening skills and empathy to discern the presenting problem.	- Was able to discern client's immediate needs - Was able to suggest further relevant resources to the client's benefit
c) Respond to each inquirer in a professional, nonjudgmental, culturally appropriate, and timely manner.	- Provided professional and knowledgeable responses to client needs - Produced timely follow up to selected resources
d) Use clear, jargon-free language and an appropriate tone of voice and inflection to convey empathy and engagement with the inquirer's situation.	- Conveyed empathetic and clear communication relevant to the client's inquiries
e) Confirm whether there are specific preferences or requirements such as language needs, evening or week-end hours, proximity to public transportation or disability access.	- Confirmed communication and follow up preferences with client
f) Clarify and confirm the inquirer's need(s) using techniques such as paraphrasing before providing referrals/resources.	- Confirmed choice in provider and service based on client direction

g) If additional demographic information (such as SSN) is collected, explain the reason the information is needed.	- N/A
h) Effectively utilize the resource information system to identify resources to meet the inquirer's needs.	- Utilized resource database to match available programs to meet the client's immediate needs
i) When possible and practical, provide at least 3 referrals to give the inquirer a choice.	- Provided 4 referrals relevant to the client's concerns - Confirmed client choice prior to election
j) Encourage inquirers to call back if the information proves incorrect, inappropriate, or insufficient to link them with the needed services.	- Explained how to reach back out if further resources are needed - Encouraged to call back if new problems need to be addressed
k) Accurately record what occurred during the inquiry, the call/contact type, the problems and needs that were addressed.	- Thorough follow up documentation detailed in eCIRTS, to applicable standards
l) Specialists offer advocacy, when necessary, to ensure people receive the benefits and services for which they are eligible. This may include 3-way calls or additional calls to help them obtain services.	- Was able to discern the client's need for SHINE program and provided information to get connected to knowledgeable advocates
m) Follow-ups are scheduled/provided for units of referral. Follow-ups are always provided if the specialist believes the inquirers do not have the necessary capacity to follow through and resolve their problems. Follow-up for units of referral is scheduled/provided within 14 days of the contact.	- N/A

AREA AGENCY ON AGING PASCO-PINELLAS

Helping Seniors Live Well at Home

Intake Observation Checklist
Monitoring Tool

Intake Specialist: Kendall Martin
Date observed: 5/20/2026
Task observed: Double IA/SC - Over 60 2633893
Initial__X___ Annual Reassessment _____ Significant Change_____

STANDARD	NOTES/ACHIEVEMENT
Specialists demonstrate professional communication skills, including listening skills, avoiding interruption, avoiding opinions, etc.	- Provided supportive listening - Patiently redirected client when necessary - Demonstrated professionalism
Specialists screen the caller's needs using a 701S Screening tool, including introduction of each section, asking all questions individually, in order without skipping or grouping, and asking clarifying questions, as needed.	- Introduced each section and explained questions appropriately - Followed 701S screening tool as written - Follow up information requested as needed
Specialists correctly identify a primary caregiver and complete the caregiver section according to DOEA 701S instructions.	- Added primary caregiver information to 701S as instructed - Added primary caregiver information to the client's eCIRTS record
Specialists correctly identify client needs and match needs and eligibility to waitlist placement. Additional needs identified are addressed at the end of the call and may be sent to the Helpline.	- Correctly identified client needs and added to appropriate wait lists - Additional needs addressed at the end of the call, directed to appropriate contacts
Specialists are knowledgeable of funded programs and community resources.	- Provided relevant education to client about funded programs and resources - Informed client what resources would be mailed to them after the call
Specialists inform potential clients or referring parties about the APCL list and prioritization of releases.	- Thoroughly explained the process and next steps needed to begin services

Specialists explain annual reassessment and encourage clients to call back if their situation changes.	- Encouraged client to call back if they have further needs - Ensured client had appropriate contact information
Calls are documented in ECIRTS appropriately.	- Call is thoroughly documented in eCIRTS with all pertinent details
CIRTS. Screening documentation matches screening, notes sections are completed appropriately, and client is added to waitlist for all appropriate programs.	- Screening documentation matches call observations - Client is added to waitlists for appropriate programs