

**Office for Aging Services**

**Division for Community Living**

**Monitoring Instrument**

**Agency Name:**

**Governance and Financial Monitoring Instrument for Governmental AAAs**

**Review Period: 10/01/2020 -**

**Monitoring Documentation Submitted**

1. Single or Agency-wide Audit Reports FY2021 and FY2022 Yes☐ No☐
2. Other regulatory reports received such as Health Dept Inspection etc. N/A☐ Yes☐ No☐
3. Whistleblower Policy also known as Fraud & Abuse Hotline Yes☐ No☐
4. Council on Aging (COA) Bylaws Yes☐ No☐
5. Signed COA Minutes FY2021, FY2022, FY2023 Yes☐ No☐
6. COA Membership Rosters FY2021, FY2022, FY2023 including term period Yes☐ No☐
7. Agency -wide Budget Policies and Procedures Yes☐ No☐
8. Latest Grant Report – Budget/Revenue/Expenses Yes☐ No☐
9. Agency-wide Fiscal Policies and Procedures Yes☐ No☐
10. Aging Services Fiscal Policies and Procedures Yes☐ No☐
11. Aging Monthly Report (AMR) Procedures Yes☐ No☐
12. Latest AMR Yes☐ No☐
13. Organizational Chart Yes☐ No☐
14. List of Employee Names and Job Titles Yes☐ No☐
15. Agency-wide Personnel Policies and Procedures Yes☐ No☐
16. Employee Fringe Benefits Leave, Health & Retirement policies Yes☐ No☐
17. Eight (8) Personnel Files that included Aging Services Director and staff Yes☐ No☐

Provide the following records from these 8 personnel files:

Job application form Yes☐ No☐

Offer Letter Yes☐ No☐

Background Check Yes☐ No☐

Performance Evaluations for the past 2 years Yes☐ No☐

Payroll status change form and Yes☐ No☐

Position description Yes☐ No☐

1. Copy of the Aging Services Director employment contract N/A☐ Yes☐ No☐
2. Agency-wide Employee Classification and Salary/Pay Plan Yes☐ No☐
3. Current employee salaries/wages within Aging Services Yes☐ No☐

**Monitoring Documentation Submitted**

1. Agency-wide Credit Card Policies Yes☐ No☐
2. Credit Card Small Recent Month’s Business Credit Card Reconciliation with the following support:

Credit card statement Yes☐ No☐

Approval to make purchase -requisition, purchase order, credit card purchase log, contract Yes☐ No☐

Sales receipts and invoices Yes☐ No☐

Packing slips, receiving reports N/A☐ Yes☐ No☐

Payment voucher or check request form authorizing payment Yes☐ No☐

Check stub or other documentation evidencing payment Yes☐ No☐

Check Out and In Credit Log for unassigned credit cards N/A☐ Yes☐ No☐

User agreements for cardholders Yes☐ No☐

1. Agency Services Inventory list of credit cards, authorization limits, and cardholders Yes☐ No☐
2. Agency-wide Travel Policies and Procedures Yes☐ No☐
3. Travel Authorization Form Yes☐ No☐
4. Travel Expense Reimbursement & Mileage Forms Yes☐ No☐
5. Travel Policies and Procedures for the Aging Services N/A☐ Yes☐ No☐
6. Five (5) Mileage Reimbursements for Aging Services staff

Include the following support:

Applicable sales receipts Yes☐ No☐

Evidence the reimbursement request was paid Yes☐ No☐

1. Five (5) Overnight out of town Travel Expenses for Aging Services Director and staff

Include the following support:

Travel pre-authorization form Yes☐ No☐

Travel expense reimbursement form Yes☐ No☐

Conference/meeting agenda Yes☐ No☐

Registration fee receipts Yes☐ No☐

Hotel receipts Yes☐ No☐

Transportation receipts (shuttle, cab, rental car) Yes☐ No☐

Meal receipts N/A☐Yes☐ No☐

Mileage/fuel/airfare receipts Yes☐ No☐

1. Revenue Collection Policies and Procedures for Senior Centers  Yes☐ No☐
2. Senior Center Revenue Collection Logs (2 days) Yes☐ No☐
3. Agency-wide non-capitalized and capitalized property & equipment policies and procedures Yes☐ No☐

**Monitoring Documentation Submitted**

1. Aging Services request to use DARS funds to purchase property & equipment >$5,000 or
2. make capital improvements N/A☐ Yes☐ No☐
3. Approval from DARS to make >$5,000 purchases or capital improvements N/A☐ Yes☐ No☐
4. Agency Services Fixed Asset Inventory Listing N/A☐ Yes☐ No☐
5. Evidence physical inventory of equipment funded by DARS is done annually  N/A☐ Yes☐ No☐
6. 3B and 3E Expenditure Report that includes employee wages for 10/1/2020 – current month Yes☐ No☐

Sampled program expenditures should include the following types of supporting documentation:

Contracts or purchase orders/requisitions, invoices and sales receipts, packing slips/receiving reports,

Employee timesheets and compensation rate, Indirect cost allocation formula,

Payment voucher or check request form authorizing payment, and

Check stub or other documentation evidencing payment, etc.

**Document Submission Date:**

**Completed by:**

**I. ENTRANCE MEETING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME POSITION TITLE AGENCY**

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**COMMENTS:**

**II. ADMINISTRATIVE REVIEW**

***Reference Guides: 2020 DARS Area Plan Contract, 10.4 Audit;***

1. Was a single or agency-wide audit completed within 9 months of the agency’s fiscal year end? Yes☐ No☐
2. Was DARS provided with a copy of the audited financial statements for
   1. FY2021? Yes☐ No☐
   2. FY2022? Yes☐ No☐
3. Were findings related to Aging Services identified in the audit report? Yes☐ No☐
4. Was Agency Services audited or monitored/examined by any other regulatory entities in the past 2 years? Yes☐ No☐
   1. Were findings related to Aging Services identified in these other regulatory reports? Yes☐ No☐
   2. If so, provide details.

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1. Has the agency been involved in recent legal litigation, insurance claims, etc.? Yes☐ No☐
   1. Who/what department can provide details?

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***Reference Guides: 2020 DARS Area Plan Contract, 3.33 Whistleblower or Fraud, Waste and Abuse Policy;***

1. Does the agency have a whistleblower policy? Yes☐ No☐
2. Is the whistleblower policy posted in a common area frequented by agency personnel? Yes☐ No☐
   1. Where is the whistleblower policy posted?

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1. Is the whistleblower policy documented in the Personnel Manual/Employee Handbook? Yes☐ No☐

**III. ADVISORY COUNCIL MEETINGS**

***Reference Guides: 2020 DARS Area Plan Contract, 3.1 Advisory Council;***

***Board & Advisory Council Handbook for Virginia’s AAA, Section VI. Advisory Council Bylaws, page 14***

1. Do the Council on Aging (COA) By-Laws address the following?
   1. Review of the Area Plan Yes☐ No☐
   2. Frequency of meetings Yes☐ No☐
   3. Council composition/representation Yes☐ No☐
   4. Number of members Yes☐ No☐
   5. Quorum requirements Yes☐ No☐
   6. Length of term members serve Yes☐ No☐
   7. Election of officers Yes☐ No☐
   8. Length of time officers serve Yes☐ No☐
   9. Amendments Yes☐ No☐
   10. Preparation of minutes/recording secretary Yes☐ No☐
   11. Holding at least one Public Hearing Yes☐ No☐
   12. FOIA Yes☐ No☐
2. Do the COA Meeting Minutes address the following?
   1. Review of the Area Plan Budget Yes☐ No☐
   2. Periodic review of the By-Laws Yes☐ No☐
   3. Reappointment of council members N/A☐ Yes☐ No☐
   4. Election of officers Yes☐ No☐
   5. Changes/Amending the By-Laws Yes☐ No☐
   6. Council member Attendance/Absences Yes☐ No☐
3. Are the Meeting Minutes approved by an officer of the COA? Yes☐ No☐
4. Is the COA officer’s approval of the minutes supported with a
   1. Signature? Yes☐ No☐
   2. Date? Yes☐ No☐
5. Are the COA Meeting Minutes prepared by the Council Secretary? Yes☐ No☐
   1. If not, who prepares the minutes for the COA?

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1. Is the preparer of the COA minutes acknowledged with a
   1. Signature? Yes☐ No☐
   2. Date? Yes☐ No☐
2. Questions about COA Minutes should be addressed with whom?

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1. Does the COA meet at least quarterly? Yes☐ No☐
2. Have the COA By-Laws been amended? Yes☐ No☐

**IV. BUDGET MAINTENANCE, REPORTING AND TRACKING PROCESS**

***Reference Guide: DARS-OAS Grants Management Manual, Budgets pages 10, 21, 48; Fund Accounting page 21***

1. Does the agency have budget policies and procedures for tracking revenue and expenditures funded by DARS? Yes☐ No☐
   1. How does the agency track its budget, revenue and expenditures?

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* 1. What accounting software is utilized for the budget and the revenue and expenditures?

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1. Are revenues and expenses identified by the funding source? Yes☐ No☐

***Reference Guide: 2020 DARS Area Plan Contract, 10.2 Modification to Contract***

1. Were there requests to modify the FY2022 budget? Yes☐ No☐
2. If so, was the budget modification approved by DARS? Yes☐ No☐

**V. FISCAL MANUAL AND AGING MONTHLY REPORT (AMR) PDESK-TOP PROCEDURES**

***Reference Guides: 2020 DARS Area Plan Contract, 3.13 Financial Policy Manual, 3.14 Financial Desk Procedures, 3.25.1 Aging Monthly Report)*)**

1. Does the agency have fiscal policies and procedures?  Yes☐ No☐
2. Does the agency have internal departmental fiscal policies and procedures? Yes☐ No☐
3. Are the fiscal policies current and do they adequately address the financial internal controls? Yes☐ No☐
4. Are the aforementioned fiscal policies periodically reviewed by the agency? Yes☐ No☐
5. Has Aging Service developed written procedures on how to prepare the DARS AMR Report? Yes☐ No☐
6. Are the AMR Reports submitted timely to DARS by the 12th of the following month? Yes☐ No☐
   1. Questions about the AMR Report should be addressed with whom?

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1. Is the AMR prepared on an accrual basis? Yes☐ No☐

**VI. PERSONNEL POLICIES/PERSONNEL FILE REVIEW**

***(Reference: 2020 DARS Area Plan Contract, 3.19 Personnel, 3.12 Criminal Background Checks)***

1. Does the agency have personnel policies and procedures? Yes☐ No☐
2. Does the agency have internal departmental personnel policies and procedures? N/A☐ Yes☐ No☐
3. Are the personnel policies up to date and complete? Yes☐ No☐
4. Are the personnel policies periodically reviewed? Yes☐ No☐
5. Is the Aging Services Director subject to the personnel policies? Yes☐ No☐
6. Is the Aging Service Director on a contract? Yes☐ No☐
7. Does the Aging Services Director receive an annual documented performance evaluation? Yes☐ No☐
8. Are Aging Services staff evaluated by their supervisor on an annual basis? Yes☐ No☐
9. Is the evaluation of staff documented in the Personnel Manual? Yes☐ No☐
10. Has a compensation plan been established for the employees of the agency? Yes☐ No☐
11. Have policies and procedures been established for the compensation plan? Yes☐ No☐
12. Does the agency provide employee fringe benefits? Yes☐ No☐
    1. Leave Benefits Yes☐ No☐
    2. Health Benefits Yes☐ No☐
    3. Retirement Benefits Yes☐ No☐
13. Does the Personnel Manual address these employee leave benefits?
    1. Annual Leave Yes☐ No☐
    2. Sick Leave Yes☐ No☐
    3. Personal Leave Yes☐ No☐
    4. Compensatory Leave Yes☐ No☐
14. Are health insurance benefits offered to employees documented in the Personnel Manual? Yes☐ No☐
15. Is the retirement plan available to employees documented in the Personnel Manual? Yes☐ No☐
    1. What type(s) of retirement plans is/are provided?

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* 1. Who is eligible to participate in the retirement plan?

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**VII. CREDIT CARDS & CHARGE ACCOUNTS MAINTENANCE/RECONCILIATION REVIEW**

***(Reference: 2020 DARS Area Plan Contract, 3.13 Financial Policy Manual and Grants Management Manual, Credit Card Policy page 44*)**

1. Does the agency have policies and procedures for credit cards and/or charge cards? Yes☐ No☐
2. Do credit card P & P address the following topics:
   1. Purpose of the credit card? Yes☐ No☐
   2. User training? Yes☐ No☐
   3. User credit card agreements? Yes☐ No☐
   4. Timeline when users must submit their credit card reconciliation documents and receipts to Accounting? Yes☐ No☐
   5. Sample forms/logs used to support purchases? Yes☐ No☐
   6. State sales tax exemption Yes☐ No☐
   7. Inventory listing of cards, cardholders, and authorization limits Yes☐ No☐
   8. Individual responsible for reconciling the monthly credit card statement Yes☐ No☐
   9. Individual responsible for managing the credit cards – issuance and return Yes☐ No☐
   10. Charge card accounts- local vendors that send bills for purchased goods Yes☐ No☐
3. Are these policies and procedures periodically reviewed? Yes☐ No☐
4. Does Aging Services have charge accounts with local vendors? Yes☐ No☐
   1. With whom?

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* 1. What Aging Services staff have the authority to utilize the charge cards?

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1. Do the Aging Services personnel utilize credit cards? Yes☐ No☐
2. Are credit cards assigned to specific employees? Yes☐ No☐
3. Do the employees that use the credit cards sign a user agreement? Yes☐ No☐
4. Are credit cards used to pay for travel expenses such as lodging, meals, gas, etc.? Yes☐ No☐
5. Are the credit cards checked out and in by a departmental custodian? N/A☐ Yes☐ No☐
   1. Who prepares the monthly reconciliation?

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* 1. How is the credit card reconciliation documented?

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* 1. Who is the credit card administrator for managing the issuance and retrieval of the credit cards along with training?

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* 1. How many credit cards does the Agency Services maintain and what is the total authorization amount on these cards?

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**VIII. TRAVEL EXPENSE POLICIES AND PROCEDURES/INVOICE REVIEW**

***(Reference: 2020 DARS Area Plan Contract, 3.13 Financial Policy Manual and Grants Management Manual, Travel Policy pages 64&67*)**

1. Does the agency have travel policies and procedures? Yes☐ No☐
2. Does the agency have internal departmental travel policies and procedures? N/A☐ Yes☐ No☐
3. Are the aforementioned travel policies and procedures reviewed periodically? Yes☐ No☐
4. Does the agency have a standard travel reimbursement form? Yes☐ No☐
5. Does the travel policy prohibit reimbursement for alcoholic beverages? Yes☐ No☐
6. Do the travel policies address the reimbursement rates for
   1. Mileage? Yes☐ No☐
   2. Meals? Yes☐ No☐
   3. Lodging? Yes☐ No☐
   4. Transportation? Yes☐ No☐
   5. Parking/Tolls? Yes☐ No☐
   6. Fuel? Yes☐ No☐
   7. Incidental expenses such as gratuities? Yes☐ No☐
7. Is out of town business travel for agency staff pre-approved? Yes☐ No☐
8. Does the agency have a standard travel pre-authorization form? Yes☐ No☐
9. Are the travel reimbursement forms approved by a supervisor?  Yes☐ No☐
10. Does the agency have a standard travel expense form? Yes☐ No☐
11. Are travel reimbursements submitted for processing in a timely manner by the employee? Yes☐ No☐
12. Are travel reimbursements processed in a timely manner? Yes☐ No☐
13. How are travel reimbursements paid
    1. Check? Yes☐ No☐
    2. Direct deposit? Yes☐ No☐
    3. Combined with the payroll expenses? Yes☐ No☐

**IX. REVENUE COLLECTIONS AT THE SENIOR CENTERS/PROCESS REVIEW**

***(Reference: 2020 DARS Area Plan Contract, 3.31 Voluntary Contributions and Grants Management Manual, Program Income page 16*)**

1. What types of revenue are collected at the Senior Centers?

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1. Do the Senior Centers have policies and procedures for collecting revenue? Yes☐ No☐
2. Are these policies and procedures reviewed periodically? Yes☐ No☐
3. Are the revenue collections verified in the presence of 2 employees? Yes☐ No☐
4. Do the Senior Centers maintain a log to support the verification of these revenue collections? Yes☐ No☐
5. Are the collections recorded into an electronic device such as cash register or manually tracked via receipts Yes☐ No☐
6. Are collections deposited on a daily basis? Yes☐ No☐
7. Are collected funds secured in a vault that are not deposited daily? Yes☐ No☐
8. Is a Senior Center deposit log kept of all deposits? Yes☐ No☐
9. Physical Controls for securing collected funds
   1. Where are the collected funds stored until they are deposited?

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1. How many employees have access to the locked facility and/or vault where the funds are stored?

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1. What is needed to gain access to the secured funds? Key, combination, Key/Combo

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1. Can access to the secured funds be gained solely by one employee? Yes☐ No☐

**X. EQUIPMENT AND COMPUTER PURCHASE APPROVAL**

***(Reference: 2020 DARS Area Plan Contract, 10.18 Purchase of Equipment & Computers and Grants Management Manual, Property & Equipment page 45*)**

1. Has DARS funding been used to purchase equipment & computers having an acquisition cost greater than$5,000? Yes☐ No☐
2. Has DARS funding been used to make capital improvements? Yes☐ No☐
   1. If so, was written approval obtained from DARS to make the purchase or capital improvement? Yes☐ No☐
   2. If so, was the request from DARS received 60 days before the end of the program year? Yes☐ No☐
3. Does the agency have policies and procedures for managing property and equipment that includes
   1. Accurate and complete property records? Yes☐ No☐
   2. Annual physical inventory of equipment? Yes☐ No☐
   3. Adequate maintenance procedures? Yes☐ No☐
   4. Disposal of property and equipment? Yes☐ No☐

**XI. SERVICE PROGRAM EXPENDITURES**

***(Reference: 2020 DARS Area Plan Contract, 3.6 Compliance with Applicable Laws Regulations and Guidelines*)**

1. Does the agency have policies and procedures for purchasing goods and/or services?  Yes☐ No☐
   1. Has the spending authority of staff been addressed in the P & P? Yes☐ No☐
   2. Has the contractual authority of staff been addressed in the P & P? Yes☐ No☐
2. Are program expenditures procured in accordance with agency purchasing policies &procedures? Yes☐ No☐
   1. Are purchase requisitions and/or purchase orders (PO) completed when initiating purchases? Yes☐ No☐
   2. Are written contracts/MOA/MOU established with service providers? Yes☐ No☐
3. Are purchase requisitions/POs approved by the authorized Program Manager? Yes☐ No☐
4. Are program expenditures adequately supported with purchase requisitions, POs/contracts, invoices,

sales receipts, packing slips/receiving reports before issuing payment? Yes☐ No☐

1. Are allowable purchases made with service program funds? Yes☐ No☐
2. Have internal controls been established to ensure both accurate and timely financial reporting? Yes☐ No☐
3. Are approved expense amounts accurately recorded in the accounting system? Yes☐ No☐
4. Are budgeted expenses charged to the appropriate service program? Yes☐ No☐
5. Are invoices are paid timely? Yes☐ No☐

**XII. CORRECTIVE ACTION PLAN FOLLOW-UP REVIEW**

***(Reference: 2020 DARS Grants Management Manual, OAS Monitoring pages 60-62*)**

1. Have the prior reported governance/financial DARS finding(s) been corrected? N/A ☐Yes☐ No☐
   1. If not, what is the status on correcting the finding(s)?

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1. Have negative observations from the prior governance/financial review been corrected? N/A ☐Yes☐ No☐
2. If not, what is the status on correcting the negative observations?

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**AAA Representative(s):**

**DARS Staff:**

**Nutrition and Wellness Programs**

**Congregate Meals (CM) Program Evaluation**

**Desk Review Documentation Submitted**

1. RDN approved nutrient analysis or meal pattern worksheet for all meals/menus being served Yes☐ No☐
2. Subcontractor monitoring procedure N/A☐ Yes☐ No☐
3. Subcontractor monitoring reports N/A☐ Yes☐ No☐
4. Copy of summary of participant surveys for menu/programming/other Yes☐ No☐
5. Last month of temperature logs from all congregate sites Yes☐ No☐
6. Copy of food permit and health inspection report(s) Yes☐ No☐
7. Documentation to show ongoing nutrition services training to include orientation and 10 hours annual Yes☐ No☐
8. Copy of service confirmation/letter/new client packet Yes☐ No☐
9. Copy of one staff member qualified or trained in safe food handling Yes☐ No☐

**Home Delivered Meals (HDM) Program Evaluation**

**Desk Review Documentation Submitted**

1. RDN approved nutrient analysis or meal pattern worksheet for all meals/menus being served Yes☐ No☐
2. Copy of service confirmation/letter/handbook for HDM clients Yes☐ No☐
3. Subcontractor monitoring procedure N/A☐ Yes☐ No☐
4. Subcontractor monitoring reports N/A☐ Yes☐ No☐
5. Copy of most recent home delivered meal route monitoring Yes☐ No☐
6. Copy of summary of participant surveys for menu/programming/other Yes☐ No☐
7. Last 2 months of temperature logs from all HDM routes Yes☐ No☐
8. Copy of solicitation information/letters Yes☐ No☐
9. Copy of correspondence regarding fee for service N/A☐ Yes☐ No☐

**HDM and CM Policies and Procedures**

**Desk Review Documentation Submitted**

1. Client eligibility criteria Yes☐ No☐
2. Use of nutrition screening results Yes☐ No☐
3. RDN Services/Nutrition Counseling Services Yes☐ No☐
4. Nutrition Education Yes☐ No☐
5. Service termination policy Yes☐ No☐
6. Handling program income, tips, and gratuities Yes☐ No☐
7. Emergencies that affect service delivery Yes☐ No☐
8. Ill or injured participants Yes☐ No☐
9. Removal of food items Yes☐ No☐
10. Employee and volunteer health and hygiene Yes☐ No☐
11. Required meal temperatures Yes☐ No☐
12. Handling of PHF that do not meet temperature requirements Yes☐ No☐
13. Cleaning and sanitizing Yes☐ No☐
14. Liquid nutrition supplements Yes☐ No☐
15. Attendance of assisted living residents at congregate sites Yes☐ No☐
16. Handling of food recalls Yes☐ No☐
17. Handling of food borne illness outbreaksYes☐ No☐

**Disease Prevention-Health Promotion & Other Nutrition Services**

**Desk Review Documentation Submitted**

1. Proof that evidence-based programming is offered Yes☐ No☐
2. Copy of promotional materials related to the evidence-based DP/HP activities offered to CM & HDM clients Yes☐ No☐
3. Nutrition Education Annual Plan Yes☐ No☐
4. Copy of Nutrition Education materials (quarterly for CM, 2/year for HDM) Yes☐ No☐
5. Copy of Food Safety Education (annually for CM and HDM) Yes☐ No☐

**Socialization & Recreation, if applicable**

**Desk Review Documentation Submitted**

1. Copy of 1 month of congregate activity calendars showing supervised leisure time activities Yes☐ No☐
2. Documentation showing how participation tracked Yes☐ No☐

**Senior Farmer’s Market Nutrition Program (SFMNP), if applicable**

**SFMNP Policies and Procedures** **Submitted**

1. The method your agency uses to accept participant applications and distribute SFMNP checks Yes☐ No☐
2. How are checks secured while in agency possession Yes☐ No☐
3. Lost or stolen checks Yes☐ No☐
4. Check issuance records Yes☐ No☐

**Additional SFMNP Documentation: Submitted**

1. Copy of the schedule of distribution (list of times and places checks are distributed Yes☐ No☐
2. Sample of check issuance record or log Yes☐ No☐
3. Sample blank participant application and 10 completed participant applications Yes☐ No☐
4. Sample forms used for proxy and notice of ineligibility Yes☐ No☐
5. Samples of other information and nutrition education materials provided to participants Yes☐ No☐
6. Samples of promotional materials, including the list of farmers/markets provided to participants Yes☐ No☐

**Completed by AAA Representative(s):**

**DARS Staff:**

**Transportation Program**

**Desk Review Document Overview Submitted**

1. Client assessment procedure Yes☐ No☐
2. Subcontractor monitoring procedure Yes☐ No☐
3. Subcontractor monitoring reports Yes☐ No☐
4. Transportation Service Contract(s) Yes☐ No☐
5. Three-month sample of transportation invoices December 2019 through February 2020 Yes☐ No☐
6. Safety policies (passengers and vehicles) Yes☐ No☐
7. Vehicle maintenance and checklist samples Yes☐ No☐
8. Insurance verification Yes☐ No☐
9. Program income procedures Yes☐ No☐
10. Fleet maintenance procedure Yes☐ No☐
11. Transportation job descriptions Yes☐ No☐
12. Driver procedures Yes☐ No☐
13. Accident policies and proceduresYes☐ No☐
14. **SERVICE DELIVERY ELEMENTS**
15. Assessment Process
    1. Is there a written assessment process being utilized? Yes☐ No☐
    2. Is the Virginia Services-Quick Form used in the client assessment process? Yes☐ No☐
    3. Is the Uniform Assessment Instrument used in the client assessment process? Yes☐ No☐
    4. Are clients reassessed for transportation services annually? Yes☐ No☐
       1. How are assessment due dates tracked? Detail below.
       2. Who is responsible for tracking assessments and reassessments? Detail below.
16. Transportation Service Delivery
    1. How are units of service tracked and documented? Provide details below to include frequency of entry and person responsible for tracking units and data entry into PeerPlace.
    2. How are the Agency’s transportation services provided? ☐ Direct Service ☐ Subcontractors
    3. If transportation services are provided by subcontractor(s), what bid process was followed? ☐ Competitive ☐ Non-competitive
    4. If subcontractors are used, list them below, and note their award period and most recent monitoring date.

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* 1. Is there a written policy and procedure for monitoring subcontractors? Yes☐ No☐
     1. If yes, please provide the procedure.
     2. Please also provide a copy of the most recent monitoring reviews for each contractor.
  2. Have the written policies and procedures been fully approved by the governing board?Yes☐ No☐
  3. If yes, when was it last approved?
  4. Identify the type of transportation service provided
     1. ***Fixed-route***: transit service where vehicles run on regular, predesignated

pre-scheduled routes, with no deviation. ***Fixed-route*** ☐

* + 1. ***Demand-response***: passengers can request transportation from a specific

location to another location at a certain time and is NOT a fixed route. ***Demand-response*** ☐

* + 1. ***Combination***: fixed-route and demand-response ***Combination*** ☐
    2. ***Paratransit***: most often refers to wheelchair accessible, demand-response,

van service. ***Paratransit***  ☐

Complete the fleet inventory below: (if applicable)

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| **Vehicle Type** | **Quantity** |
| Van(s) w/ No Lifts |  |
| Van(s) with Lifts |  |
| Van(s) with Raised Roof and No Lifts |  |
| Van(s) with Raised Roof and Lifts |  |
| Mini Van(s) with no Lifts |  |
| Mini Van(s) with Lifts |  |
| SUV(s) |  |
| Pick-ups |  |
| Trucks |  |
| Sedans |  |
| **Total Fleet** |  |
| **Total Drivers** |  |

1. **Driver, Passenger, and Vehicle Safety**
2. Safety Policies
   1. Has the Agency/ provider adopted and implemented written safety policies and procedures? Yes☐ No☐
      1. If yes, please provide the policies and procedures to DARS.
      2. If yes, have they been fully approved by the governing board?Yes☐ No☐
      3. If yes, when was the last approval?
   2. Is there a written safety policy for drivers and passengers being utilized? Yes☐ No☐
      1. If yes, please provide to DARS.
3. Vehicle Records and Maintenance (for vehicles in use)
   1. Vehicle logs (date, mileage, passengers, fuel, etc.) Yes☐ No☐
      1. Fuel receipts and logs for the last two months for review.
      2. Provide 25% of fleet logs for the last two months for review.
      3. Provide pre-trip checklists for the same 25% used in previous sample, for review.
         1. Vehicle accident records maintained Yes☐ No☐
            1. Is post-accident drug and alcohol testing conducted? If yes, what is the procedure? Yes☐ No☐
4. Insurance
   1. Please provide a copy of the most recent insurance record for all vehicles to DARS.
   2. Has the Agency/ provider adopted written volunteer liability policies and procedures? Yes☐ No☐
      1. If yes, please provide to DARS.
   3. Have the written policies and procedures been fully approved by the governing board? Yes☐ No☐
5. If yes, when was it last approved?
6. Consumer Contributions/ Program Income
   1. Has the Agency/ provider adopted written collection, disposition, and accounting policies and procedures?

Yes☐ No☐

* 1. Have the written policies and procedures been fully approved by the governing board? Yes☐ No☐
  2. If yes, when was it last approved?

ii. If yes, please provide to DARS.

* 1. Does the Agency/ provider utilize cost sharing/ fee for service? Yes☐ No☐
  2. Does the Agency/ provider utilize voluntary contributions? Yes☐ No☐

1. Maintenance
   1. Does the Agency have maintenance standards that meet or exceed the manufacturer’s recommendations for the vehicle, or the standards of the Virginia Department of Transportation, whichever is applicable. Yes☐ No☐
      1. If yes, please provide to DARS.
2. **Administrative Elements**
3. Job Descriptions

Are the following items maintained for all paid and volunteer transportation positions funded by Title III of the Older Americans Act:

a. Are current and complete job description with knowledge, skills, abilities, duties and responsibilities on file for each transportation services staff position? Yes☐ No☐

1. If yes, please provide all to DARS.
2. Driver Records (for EACH driver including volunteer drivers)
3. Is there a written driver record policy being utilized? Yes☐ No☐
4. If yes, provide it to DARS.
   * + 1. Is a criminal background check conducted prior to hiring or upon hiring? Yes☐ No☐
       2. Is the submission of a driver’s driving record issued by the Virginia Department of

Motor Vehicles, required upon hire and annually? If yes, please provide. Yes☐ No☐

* + - 1. Is there a minimally acceptable driving record for drivers? Yes☐ No☐
         1. Please provide details below to include the process for collecting driving records upon hiring and annually. Please also detail what an acceptable driving record is for drivers. If there are forms the agency uses for these purposes, please provide them to DARS.
      2. Is behind-the-wheel testing conducted and documented? Yes☐ No☐

1. If yes, please provide sample of 10% from current drivers.
   * + 1. Is drug and alcohol testing conducted upon hire and documented as being conducted? Yes☐ No☐
       2. Is there a written, vehicular accident procedure, for drivers? Yes☐ No☐
          1. If yes, please provide to DARS.

|  |  |  |  |
| --- | --- | --- | --- |
| **Driver Personnel Record Review: Sample** | Driver #1 | Driver #2 | Driver # 3 |
| **Driver Identifier (initials recommended)** |  |  |  |
| a. At hiring, behind-the-wheel driving test results on file |  |  |  |
| b. Annual DMV record check |  |  |  |
| c. Results of pre-hire drug and alcohol testing |  |  |  |
| d. Accident Reports |  |  |  |
| e. Post-accident testing |  |  |  |
| f. Criminal background checks |  |  |  |
| g. Safe vehicle operation training |  |  |  |
| h. Passenger assistance training |  |  |  |
| i. Training on required documentation, emergencies, accidents, injuries, and faulty/ broken equipment |  |  |  |

**Coordinated Efforts**

1. Identify any coordination efforts that are supported by the Agency’s transportation program, e.g. transportation purchased by other agencies, rural specialized transportation services, collaboration to transport special populations to special events, locations, etc.
2. Indicate any technical assistance needs.
3. Indicate any training needs.

**Completed by AAA Representative(s):**

**DARS Staff:**

**In Home Services**

**Adult Day Care**

**In Home Services Administrative Elements Submitted**

1. Policies and Procedures Manual for day-to-day operations of services Yes☐ No☐
2. Current valid contracts/agreements with services providers N/A☐ Yes☐ No☐
3. Written policy on annual monitoring of services providers N/A☐ Yes☐ No☐
4. Most recent Service Provider Monitoring Report N/A☐ Yes☐ No☐
5. Written policy for systematic review of clients and impact of service Yes☐ No☐
6. Most recent summary of systematic review of clients and impact of services surveys Yes☐ No☐
7. Written policy on client donations Yes☐ No☐
8. Verification of most recent Fee-for Service scale/policy for program Yes☐ No☐
9. Valid VDSS licenses for all agency Adult Day Care facilities Yes☐ No☐
10. Units of Service correctly reported in the appropriate DARS electronic data system and monthly AMR Yes☐ No☐

**Employee Records Submitted**

1. Verification that criminal background checks are conducted on employees upon hire Yes☐ No☐
2. Job descriptions for each type of position within program Yes☐ No☐
3. Verification that staff qualifications are in compliance with the DARS Service Standards Yes☐ No☐
4. Annual Agency Staff Evaluations for program Yes☐ No☐
5. Verification that agency staff training is in compliance with the DARS Service Standards Yes☐ No☐
6. Adult Day Care facilities are licensed by VA DSS Yes☐ No☐
7. A minimum of 10% of employee files within program are reviewed for verification purposes

**In Home Services Programmatic Elements Submitted**

1. Please provide example agency forms for the following: Yes☐ No☐
   1. Service Specific Uniform Assessment Instrument
   2. Federal Poverty Level Document
   3. Care Plan Document Yes☐ No☐
   4. Service Reassessment Document (if separate from UAI) N/A☐ Yes☐ No☐
   5. Case Notes/Progress Notes (if Peer Place is not primary record) N/A☐ Yes☐ No☐
   6. Consent to Exchange Information Form
   7. Caregiver Form, if this service is funded by OAA Title III-E
   8. Service Records Yes☐ No☐
   9. Client Bill of Rights/Appeals Process Yes☐ No☐
   10. Denial or Termination of Service Notice Yes☐ No☐
   11. Fee for Service Notifications (if applicable) N/A☐ Yes☐ No☐
2. Peer Place client records are randomly selected and reviewed to verify the above documents are contained within each record on Peer Place. (A minimum of 10% of total client records are pulled for review).

**Completed by AAA Representative(s):**

**DARS Staff:**

**Checking**

**In Home Services Administrative Elements** **Submitted**

1. Manual for day-to-day operations of services Yes☐ No☐
2. Current valid contracts/agreements with services providers N/A☐ Yes☐ No☐
3. Written policy on annual monitoring of services providers N/A☐ Yes☐ No☐
4. Most recent Service Provider Monitoring Report N/A☐ Yes☐ No☐
5. Written policy for systematic review of clients and impact of service Yes☐ No☐
6. Most recent summary of systematic review of clients and impact of services surveys Yes☐ No☐
7. Written policy on client donations Yes☐ No☐
8. Verification of most recent Fee-for Service scale/policy for program Yes☐ No☐
9. Units of Service correctly reported in the appropriate DARS electronic data system and monthly AMR Yes☐ No☐

**Employee Records Submitted**

1. Verification that criminal background checks are conducted on employees upon hire Yes☐ No☐
2. Job descriptions for each type of position within program Yes☐ No☐
3. Verification that staff qualifications are in compliance with the DARS Service Standards Yes☐ No☐
4. Annual Agency Staff Evaluations for program Yes☐ No☐
5. Verification that agency staff training is in compliance with the DARS Service Standards Yes☐ No☐
6. A minimum of 10% of employee files within program are reviewed for verification purposes

**In Home Services Programmatic Elements Submitted**

1. Please provide example agency forms for the following: Yes☐ No☐
   1. Service Specific Uniform Assessment Instrument
   2. Federal Poverty Level Document
   3. Care Plan Document Yes☐ No☐
   4. Service Reassessment Document (if separate from UAI) N/A☐ Yes☐ No☐
   5. Case Notes/Progress Notes (if Peer Place is not primary record) N/A☐ Yes☐ No☐
   6. Consent to Exchange Information Form
   7. Caregiver Form, if this service is funded by OAA Title III-E
   8. Service Records Yes☐ No☐
   9. Client Bill of Rights/Appeals Process Yes☐ No☐
   10. Denial or Termination of Service Notice Yes☐ No☐
   11. Fee for Service Notifications (if applicable) N/A☐ Yes☐ No☐
2. Peer Place client records are randomly selected and reviewed to verify the above documents are contained within each record on Peer Place. (A minimum of 10% of total client records are pulled for review).

**Completed by AAA Representative(s):**

**DARS Staff:**

**Chore**

**In Home Services Administrative Elements** **Submitted**

1. Policies and Procedures Manual for day-to-day operations of services Yes☐ No☐
2. Current valid contracts/agreements with services providers N/A☐ Yes☐ No☐
3. Written policy on annual monitoring of services providers N/A☐ Yes☐ No☐
4. Most recent Service Provider Monitoring Report N/A☐ Yes☐ No☐
5. Written policy for systematic review of clients and impact of service Yes☐ No☐
6. Most recent summary of systematic review of clients and impact of services surveys Yes☐ No☐
7. Written policy on client donations Yes☐ No☐
8. Verification of most recent Fee-for Service scale/policy for program Yes☐ No☐
9. Units of Service correctly reported in the appropriate DARS electronic data system and monthly AMR Yes☐ No☐

**Employee Records Submitted**

1. Verification that criminal background checks are conducted on employees upon hire Yes☐ No☐
2. Job descriptions for each type of position within program Yes☐ No☐
3. Verification that staff qualifications are in compliance with the DARS Service Standards Yes☐ No☐
4. Annual Agency Staff Evaluations for program Yes☐ No☐
5. Verification that agency staff training is in compliance with the DARS Service Standards Yes☐ No☐
6. A minimum of 10% of employee files within program are reviewed for verification purposes

**In Home Services Programmatic Elements Submitted**

1. Please provide example agency forms for the following: Yes☐ No☐
   1. Service Specific Uniform Assessment Instrument
   2. Federal Poverty Level Document
   3. Care Plan Document Yes☐ No☐
   4. Service Reassessment Document (if separate from UAI) N/A☐ Yes☐ No☐
   5. Case Notes/Progress Notes (if Peer Place is not primary record) N/A☐ Yes☐ No☐
   6. Consent to Exchange Information Form
   7. Caregiver Form, if this service is funded by OAA Title III-E
   8. Service Records Yes☐ No☐
   9. Client Bill of Rights/Appeals Process Yes☐ No☐
   10. Denial or Termination of Service Notice Yes☐ No☐
   11. Fee for Service Notifications (if applicable) N/A☐ Yes☐ No☐
2. Peer Place client records are randomly selected and reviewed to verify the above documents are contained within each record on Peer Place. (A minimum of 10% of total client records are pulled for review).

**Completed by AAA Representative(s):**

**DARS Staff:**

**Homemaker**

**In Home Services Administrative Elements Submitted**

1. Policies and Procedures Manual for day-to-day operations of services Yes☐ No☐
2. Current valid contracts/agreements with services providers N/A☐ Yes☐ No☐
3. Written policy on annual monitoring of services providers N/A☐ Yes☐ No☐
4. Most recent Service Provider Monitoring Report N/A☐ Yes☐ No☐
5. Written policy for systematic review of clients and impact of service Yes☐ No☐
6. Most recent summary of systematic review of clients and impact of services surveys Yes☐ No☐
7. Written policy on client donations Yes☐ No☐
8. Verification of most recent Fee-for Service scale/policy for program Yes☐ No☐
9. Units of Service correctly reported in the appropriate DARS electronic data system and monthly AMR Yes☐ No☐

**Employee Records Submitted**

1. Verification that criminal background checks are conducted on employees upon hire Yes☐ No☐
2. Job descriptions for each type of position within program Yes☐ No☐
3. Verification that staff qualifications are in compliance with the DARS Service Standards Yes☐ No☐
4. Annual Agency Staff Evaluations for program Yes☐ No☐
5. Verification that agency staff training is in compliance with the DARS Service Standards Yes☐ No☐
6. Verification Personal Care Providers are licensed as Home Care Providers by VDH or that they have

obtained a license waiver Yes☐ No☐

1. A minimum of 10% of employee files within program are reviewed for verification purposes

**In Home Services Programmatic Elements Submitted**

1. Please provide example agency forms for the following: Yes☐ No☐
   1. Service Specific Uniform Assessment Instrument
   2. Federal Poverty Level Document
   3. Care Plan Document Yes☐ No☐
   4. Service Reassessment Document (if separate from UAI) N/A☐ Yes☐ No☐
   5. Case Notes/Progress Notes (if Peer Place is not primary record) N/A☐ Yes☐ No☐
   6. Consent to Exchange Information Form
   7. Caregiver Form, if this service is funded by OAA Title III-E
   8. Service Records Yes☐ No☐
   9. Client Bill of Rights/Appeals Process Yes☐ No☐
   10. Denial or Termination of Service Notice Yes☐ No☐
   11. Fee for Service Notifications (if applicable) N/A☐ Yes☐ No☐
2. Peer Place client records are randomly selected and reviewed to verify the above documents are contained within each record on Peer Place. (A minimum of 10% of total client records are pulled for review).

**Completed by AAA Representative(s):**

**DARS Staff:**

**Personal Care**

**In Home Services Administrative Elements** **Submitted**

1. Policies and Procedures Manual for day-to-day operations of services Yes☐ No☐
2. Current valid contracts/agreements with services providers N/A☐ Yes☐ No☐
3. Written policy on annual monitoring of services providers N/A☐ Yes☐ No☐
4. Most recent Service Provider Monitoring Report N/A☐ Yes☐ No☐
5. Written policy for systematic review of clients and impact of service Yes☐ No☐
6. Most recent summary of systematic review of clients and impact of services surveys Yes☐ No☐
7. Written policy on client donations Yes☐ No☐
8. Verification of most recent Fee-for Service scale/policy for program Yes☐ No☐
9. Units of Service correctly reported in the appropriate DARS electronic data system and monthly AMR Yes☐ No☐

**Employee Records Submitted**

1. Verification that criminal background checks Yes☐ No☐
2. Job descriptions for each type of position within program Yes☐ No☐
3. Verification that staff qualifications are in compliance with the DARS Service Standards Yes☐ No☐
4. Annual Agency Staff Evaluations for program Yes☐ No☐
5. Verification that agency staff training is in compliance with the DARS Service Standards Yes☐ No☐
6. Verification Personal Care Providers are licensed as Home Care Providers by VDH or that they have

obtained a license waiver Yes☐ No☐

1. A minimum of 10% of employee files within program are reviewed for verification purposes

**In Home Services Programmatic Elements Submitted**

1. Please provide example agency forms for the following: Yes☐ No☐
   1. Service Specific Uniform Assessment Instrument
   2. Federal Poverty Level Document
   3. Care Plan Document Yes☐ No☐
   4. Service Reassessment Document (if separate from UAI) N/A☐ Yes☐ No☐
   5. Case Notes/Progress Notes (if Peer Place is not primary record) N/A☐ Yes☐ No☐
   6. Consent to Exchange Information Form
   7. Caregiver Form, if this service is funded by OAA Title III-E
   8. Service Records Yes☐ No☐
   9. Client Bill of Rights/Appeals Process Yes☐ No☐
   10. Denial or Termination of Service Notice Yes☐ No☐
   11. Fee for Service Notifications (if applicable) N/A☐ Yes☐ No☐
2. Peer Place client records are randomly selected and reviewed to verify the above documents are contained within each record on Peer Place. (A minimum of 10% of total client records are pulled for review).

**Completed by AAA Representative(s):**

**DARS Staff:**

**Access Services**

**Care Coordination**

**Access Services Administrative Elements** **Submitted**

1. Policies and Procedures Manual for day-to-day operations of services Yes☐ No☐
2. Description of Intake/Screening Procedures if not detailed in Manual Yes☐ No☐
3. Written description of outreach activities conducted in most recent year Yes☐ No☐
4. Written policy for systematic review of clients and impact of service Yes☐ No☐
5. Most recent summary of systematic review of clients and impact of services surveys Yes☐ No☐
6. Units of Service correctly reported in the appropriate DARS electronic data system and monthly AMR Yes☐ No☐

**Employee Records Submitted**

1. Verification that criminal background checks are conducted on employees upon hire Yes☐ No☐
2. Job descriptions for each type of position within program Yes☐ No☐
3. Verification that staff qualifications are in compliance with the DARS Service Standards Yes☐ No☐
4. Annual Agency Staff Evaluations for program Yes☐ No☐
5. Verification that agency staff training is in compliance with the DARS Service Standards Yes☐ No☐
6. A minimum of 10% of employee files within program are reviewed for verification purposes

**Access Services Programmatic Elements Submitted**

1. Please provide example agency forms for the following: Yes☐ No☐
   1. Service Specific Uniform Assessment Instrument
   2. Federal Poverty Level Document
   3. Care Plan Document Yes☐ No☐
   4. Outcome Reports Yes☐ No☐
   5. Progress Notes (if Peer Place is not primary record) N/A☐ Yes☐ No☐
   6. Consent to Exchange Information Form
   7. Caregiver Form, if this service is funded by OAA Title III-E
   8. Service Records Yes☐ No☐
   9. Client Bill of Rights/Appeals Process Yes☐ No☐
   10. Denial or Termination of Service Notice Yes☐ No☐
   11. Client Fee Forms (if applicable) N/A☐ Yes☐ No☐
   12. Gap Filling Services Information (if applicable) N/A☐ Yes☐ No☐
   13. Determine Your Nutritional Health Checklist Yes☐ No☐
2. Peer Place client records are randomly selected and reviewed to verify the above documents are contained within each record on Peer Place. (A minimum of 10% of total client records are pulled for review).

**Completed by AAA Representative(s):**

**DARS Staff:**

**National Family Caregiver Support Program**

**Counselling Services: Individual Counselling, Support Groups, Caregiver Training**

Please answer the following:

Who is the responsible staff for administering this Title III-E Program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the applicable Caregiver Support Program(s) in detail. Please include assessment used, any success stories, innovative approaches, challenges or best practices that could potentially be shared with other agencies to help improve their own programs.

Please describe caregiver demographics served through the appicable program(s). Such as number of caregivers caring for an indiviual over 60, with intellectual or developmental disabilities, dementia, etc. The gender, race, primary language, etc of the caregiver or any other pertinent information that may provide insight into what the ‘typical’ caregiver in your area looks like.

Does your agency utilize any formal or informal staff training on Title III-E programs and/or caregiver issues?

Does your agency receive inquiries for aid from grandparents raising granchildren? Does your agency have any programs in place to assist them? Does your local DSS have specific policies/aid to assist the placement of children with relatives such as grandparents?

Approximately how many Limited English Proficient clients received services through your agency in the last year? Does your agency have provisions for intrepretive/translation services?

**NFCSP Programmatic Elements Submitted**

1. Please provide example agency forms of the following: Yes☐ No☐
   1. Service Specific Uniform Assessment Instrument
   2. Caregiver Form
2. Peer Place client records are randomly selected and reviewed to verify the above documents are contained within each record on Peer Place. (A minimum of 10% of total client records are pulled for review).

**Completed by AAA Representative(s):**

**DARS Staff:**

**National Family Caregiver Support Program**

**Respite Services: Institutional Respite, Direct Payments, Other**

Please answer the following:

Who is the responsible staff for administering this Title III-E Program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the applicable Caregiver Support Program(s) in detail. Please include assessment used, any success stories, innovative approaches, challenges or best practices that could potentially be shared with other agencies to help improve their own programs.

Please describe caregiver demographics served through the applicable program(s). Such as number of caregivers caring for an indiviual over 60, with intellectual or developmental disabilities, dementia, etc. The gender, race, primary language, etc of the caregiver or any other pertinent information that may provide insight into what the ‘typical’ caregiver in your area looks like.

Does your agency utilize any formal or informal staff training on Title III-E programs and/or caregiver issues?

Does your agency receive inquiries for aid from grandparents raising granchildren? Does your agency have any programs in place to assist them? Does your local DSS have specific policies/aid to assist the placement of children with relatives such as grandparents?

Approximately how many Limited English Proficient clients received services through your agency in the last year? Does your agency have provisions for intrepretive/translation services?

**NFCSP Programmatic Elements Submitted**

1. Please provide example agency forms of the following: Yes☐ No☐
   1. Service Specific Uniform Assessment Instrument
   2. Caregiver Form
2. Peer Place client records are randomly selected and reviewed to verify the above documents are contained within each record on Peer Place. (A minimum of 10% of total client records are pulled for review).

**Completed by AAA Representative(s):**

**DARS Staff:**

**National Family Caregiver Support Program**

**Supplemental Services: Direct Payments, Other Supplemental Services**

Please answer the following:

Who is the responsible staff for administering this Title III-E Program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the applicable Caregiver Support Program(s) in detail. Please include assessment used, any success stories, innovative approaches, challenges or best practices that could potentially be shared with other agencies to help improve their own programs.

Please describe caregiver demographics served through the applicable program(s). Such as number of caregivers caring for an indiviual over 60, with intellectual or developmental disabilities, dementia, etc. The gender, race, primary language, etc of the caregiver or any other pertinent information that may provide insight into what the ‘typical’ caregiver in your area looks like.

Does your agency utilize any formal or informal staff training on Title III-E programs and/or caregiver issues?

Does your agency receive inquiries for aid from grandparents raising granchildren? Does your agency have any programs in place to assist them? Does your local DSS have specific policies/aid to assist the placement of children with relatives such as grandparents?

Approximately how many Limited English Proficient clients received services through your agency in the last year? Does your agency have provisions for intrepretive/translation services?

**NFCSP Programmatic Elements Submitted**

1. Please provide example agency forms of the following: Yes☐ No☐
   1. Service Specific Uniform Assessment Instrument
   2. Caregiver Form
2. Peer Place client records are randomly selected and reviewed to verify the above documents are contained within each record on Peer Place. (A minimum of 10% of total client records are pulled for review).

**Completed by AAA Representative(s):**

**DARS Staff:**

**Care Coordination for Elderly Virginians Program**

**Service Coordination Level 1**

**CCEVP Administrative Elements** **Submitted**

1. Policies and Procedures Manual for day-to-day operations of services Yes☐ No☐
2. Description of Intake/Screening Procedures if not detailed in Manual Yes☐ No☐
3. Written description of outreach activities conducted in most recent year Yes☐ No☐
4. Written policy for systematic review of clients and impact of service Yes☐ No☐
5. Most recent summary of systematic review of clients and impact of services surveys Yes☐ No☐
6. Units of Service correctly reported in the appropriate DARS electronic data system and monthly AMR Yes☐ No☐

**Employee Records Submitted**

1. Verification that criminal background checks are conducted on employees upon hire Yes☐ No☐
2. Job descriptions for each type of position within program Yes☐ No☐
3. Verification that staff qualifications are in compliance with the DARS Service Standards Yes☐ No☐
4. Annual Agency Staff Evaluations for program Yes☐ No☐
5. Verification that agency staff training is in compliance with the DARS Service Standards Yes☐ No☐
6. A minimum of 10% of employee files within program are reviewed for verification purposes

**CCEVP Programmatic Elements Submitted**

1. Please provide example agency forms for the following: Yes☐ No☐
   1. Service Specific Uniform Assessment Instrument
   2. Federal Poverty Level Document
   3. Care Plan Document Yes☐ No☐
   4. Outcome Reports Yes☐ No☐
   5. Progress Notes (if Peer Place is not primary record) N/A☐ Yes☐ No☐
   6. Consent to Exchange Information Form
   7. Caregiver Form, if this service is funded by OAA Title III-E
   8. Service Records Yes☐ No☐
   9. Client Bill of Rights/Appeals Process Yes☐ No☐
   10. Denial or Termination of Service Notice Yes☐ No☐
   11. Client Fee Forms (if applicable) N/A☐ Yes☐ No☐
   12. Gap Filling Services Information (if applicable) N/A☐ Yes☐ No☐
   13. Determine Your Nutritional Health Checklist Yes☐ No☐
2. Peer Place client records are randomly selected and reviewed to verify the above documents are contained within each record on Peer Place. (A minimum of 10% of total client records are pulled for review).

**Completed by AAA Representative(s):**

**DARS Staff:**

**Care Coordination for Elderly Virginians Program**

**Service Coordination Level 2**

**CCEVP Administrative Elements** **Submitted**

1. Policies and Procedures Manual for day-to-day operations of services Yes☐ No☐
2. Description of Intake/Screening Procedures if not detailed in Manual Yes☐ No☐
3. Written description of outreach activities conducted in most recent year Yes☐ No☐
4. Written policy for systematic review of clients and impact of service Yes☐ No☐
5. Most recent summary of systematic review of clients and impact of services surveys Yes☐ No☐
6. Units of Service correctly reported in the appropriate DARS electronic data system and monthly AMR Yes☐ No☐

**Employee Records Submitted**

1. Verification that criminal background checks are conducted on employees upon hire Yes☐ No☐
2. Job descriptions for each type of position within program Yes☐ No☐
3. Verification that staff qualifications are in compliance with the DARS Service Standards Yes☐ No☐
4. Annual Agency Staff Evaluations for program Yes☐ No☐
5. Verification that agency staff training is in compliance with the DARS Service Standards Yes☐ No☐
6. A minimum of 10% of employee files within program are reviewed for verification purposes

**CCEVP Programmatic Elements Submitted**

1. Please provide example agency forms for the following: Yes☐ No☐
   1. Service Specific Uniform Assessment Instrument
   2. Federal Poverty Level Document
   3. Care Plan Document Yes☐ No☐
   4. Outcome Reports Yes☐ No☐
   5. Progress Notes (if Peer Place is not primary record) N/A☐ Yes☐ No☐
   6. Consent to Exchange Information Form
   7. Caregiver Form, if this service is funded by OAA Title III-E
   8. Service Records Yes☐ No☐
   9. Client Bill of Rights/Appeals Process Yes☐ No☐
   10. Denial or Termination of Service Notice Yes☐ No☐
   11. Client Fee Forms (if applicable) N/A☐ Yes☐ No☐
   12. Gap Filling Services Information (if applicable) N/A☐ Yes☐ No☐
   13. Determine Your Nutritional Health Checklist Yes☐ No☐
2. Peer Place client records are randomly selected and reviewed to verify the above documents are contained within each record on Peer Place. (A minimum of 10% of total client records are pulled for review).

**Completed by AAA Representative(s):**

**DARS Staff:**

**Care Coordination for Elderly Virginians Program**

**Senior Outreach to Services (SOS)**

**CCEVP Programmatic Elements Submitted**

Please provide the following:

1. S.O.S. Resource File Yes☐ No☐
2. Electronic screening tools and web-based systems utilized to aid the referral process Yes☐ No☐
3. Review of agency’s outreach efforts Yes☐ No☐
4. Agency’s program evaluation policy Yes☐ No☐
5. Client satisfaction surveys Yes☐ No☐
6. S.O.S. client data and Units of Service in PeerPlace Yes☐ No☐

**Completed by AAA Representative(s):**

**DARS Staff:**

**EXIT MEETING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME POSITION TITLE AGENCY**

|  |  |  |
| --- | --- | --- |
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**COMMENTS:**