

**Office for Aging Services**

**Division for Community Living**

**Monitoring Instrument**

**Agency Name:**

**Governance and Financial Monitoring Instrument for Non-Profit AAAs**

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

**Monitoring Documentation Submitted**

1. Audit Reports FY2021 and FY2022 Yes[ ]  No[ ]
2. Audit Management Letters FY2021 and FY2022 N/A[ ]  Yes[ ] No[ ]
3. 990 Federal Tax Returns FY2020 and FY2021 N/A[ ]  Yes[ ] No[ ]
4. Whistleblower Policy Yes[ ]  No[ ]
5. Signed Board of Directors Minutes FY2021, FY2022, FY2023 Yes[ ]  No[ ]
6. Board of Directors Membership Rosters FY2021, FY2022, FY2023 including term period Yes[ ]  No[ ]
7. Board of Directors By-Laws Yes[ ]  No[ ]
8. Advisory Council By-Laws Yes[ ]  No[ ]
9. Signed Advisory Council Minutes FY2021, FY2022, FY2023 Yes[ ]  No[ ]
10. Advisory Council Membership Rosters FY2021, FY2022, FY2023 including term period Yes☐ No☐
11. Mission Statement Yes[ ]  No[ ]
12. Articles of Incorporation Yes[ ]  No[ ]
13. Current Signature Card for the Operating Bank Account or letter from bank Yes[ ]  No[ ]
14. Documented list of the Authorized Check Signers Yes[ ]  No[ ]
15. Investment Policy Yes[ ]  No[ ]
16. Evidence of SPDA coverage from Virginia Treasury N/A[ ]  Yes[ ] No[ ]
17. FY2023 Budget Yes[ ]  No[ ]
18. Latest Balance Sheet Yes[ ]  No[ ]
19. Latest Income Statement Yes[ ]  No[ ]
20. AMR Procedures Yes[ ]  No[ ]
21. Latest AMR Yes[ ]  No[ ]
22. Financial Policies and Procedures Manual Yes[ ]  No[ ]
23. Organizational Chart Yes[ ]  No[ ]
24. List of Employee Names and Job Titles Yes[ ]  No[ ]
25. Personnel Manual/Employee Handbook Yes[ ]  No[ ]

**Monitoring Documentation Submitted**

1. Employee Benefit Policies Annual, Sick, Personal, Compensatory Yes[ ]  No[ ]
2. Eight (8) Personnel Files that includes senior mgmt. and staff

Provide each of the following records from the eight files:

Job application form Yes[ ]  No[ ]

Offer letter Yes[ ]  No[ ]

Background check results Yes[ ]  No[ ]

Performance evaluation Yes[ ]  No[ ]

Payroll status change form and Yes[ ]  No[ ]

Position description Yes[ ]  No[ ]

1. Employee Leave Balance Report FY2022 w/ Annual/Sick Leave accrual rates/carryover balances Yes[ ]  No[ ]
2. Retirement Plan Benefits Yes[ ]  No[ ]
3. Health Insurance Benefits Yes[ ]  No[ ]
4. Employee Compensation Policies w/ dates of Non-performance pay increases Yes[ ]  No[ ]
5. List of Current Employee Salaries/Wages FY2023 Yes[ ]  No[ ]
6. Employment Contract for the Executive Director  N/A[ ]  Yes[ ]  No[ ]
7. 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 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[ ]

Inventory list of credit cards, authorization limits, and cardholders Yes[ ]  No[ ]

1. Travel Policies and Procedures Yes[ ]  No[ ]

**Monitoring Documentation Submitted**

1. Travel Expense Reimbursement & Mileage Forms Yes[ ]  No[ ]
2. Five (5) Mileage Reimbursements for senior mgmt. and 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 senior mgmt. 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. Bank Reconciliations for the **Operating Account for the past 12 months**

Include the following support:

Settlement/reconciliation Yes[ ]  No[ ]

Bank statement Yes[ ]  No[ ]

Outstanding check and deposit listing Yes[ ]  No[ ]

Copy of canceled checks Yes[ ]  No[ ]

General ledger account balance Yes[ ]  No[ ]

1. Non-capitalized and capitalized property & equipment policies and procedures  Yes[ ]  No[ ]
2. DARS request to purchase property & equipment >$5,000 or make capital improvements N/A[ ] Yes[ ] No[ ]
3. Approval from DARS to make >$5,000 purchases or capital improvements N/A[ ] Yes[ ] No[ ]
4. Fixed Asset Inventory Listing Yes[ ]  No[ ]
5. Evidence physical inventory of equipment is done annually Yes[ ]  No[ ]

**Monitoring Documentation Submitted**

1. 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.

1. Certificate of Liability Insurance and Insurance policies and coverage limits for: Yes[ ]  No[ ]

General Liability Yes[ ]  No[ ]

Worker’s compensation Yes[ ]  No[ ]

Automobile Yes[ ]  No[ ]

Commercial Crime Yes[ ]  No[ ]

Directors and Officers Yes[ ]  No[ ]

Employer’s Liability Yes[ ]  No[ ]

Professional Liability N/A[ ]  Yes[ ]  No[ ]

1. List of Insured Vehicles from automobile policy (VIN & Make) N/A[ ]  Yes[ ]  No[ ]
2. SCC Annual Report

2020 Yes[ ]  No[ ]

2021 Yes[ ]  No[ ]

1. SCC Business LicenseN/A[ ]  Yes[ ]  No[ ]

**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;***

***DARS-OAS Grants Management Manual, Audits, page 58;***

***Board & Advisory Council Handbook for Virginia’s AAA, Section VI. Agency Audit, page 35;***

***Virginia Administrative Code 22VAC-30-60-460 Frequency of Audits and Due Date for Submission of Audit Reports***

1. Was an 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 there no financial, compliance, and/or internal control weaknesses identified in the audit report? Yes[ ]  No[ ]
	1. If not, were these reported findings by the independent auditors corrected by the agency? Yes[ ]  No[ ]
4. Were these audit reports reviewed and approved by the Board? Yes[ ]  No[ ]
5. Has the agency been involved in recent legal litigation, insurance/worker compensation claims, etc.? N/A [ ]  Yes[ ]  No[ ]
	1. Who/what department can provide details?

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1. Have there been recent changes in debt, mortgage/lines of credit? Yes[ ]  No[ ]
2. Does the agency have any outstanding loans and/or lines of credit? N/A [ ]  Yes[ ]  No
	1. Who can provide details?

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***Reference Guide: Board & Advisory Council Handbook for Virginia’s AAA, Section VI. Board Review of IRS Form 990, page 31***

1. Was a 990 federal tax return completed by the agency? N/A[ ]  Yes[ ]  No[ ]
2. Was the tax return filed in a timely manner? N/A[ ]  Yes[ ]  No[ ]
3. Was the completed tax return shared with the Board? N/A[ ]  Yes[ ]  No[ ]

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

***DARS-OAS Grants Management Manual, Whistleblower Policy, page 7;***

***Board & Advisory Council Handbook for Virginia’s AAA, Section VI. Whistleblower Policy, page 31***

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. BOARD OF DIRECTORS/ADVISORY COUNCIL MEETINGS**

***Reference Guide: Board & Advisory Council Handbook for Virginia’s AAA, Section V. Governing Board Membership, page 15***

1. Do the Board By-Laws address the following?
	1. Approval of the Area Plan Yes[ ]  No[ ]
	2. Board composition/representation Yes[ ]  No[ ]
	3. Number of Directors Yes[ ]  No[ ]
	4. Reappointment of Directors Yes[ ]  No[ ]
	5. Reappointment of Advisory Council members N/A[ ]  Yes[ ] No[ ]
	6. Frequency of Meetings Yes[ ]  No[ ]
	7. Quorum Requirements Yes[ ]  No[ ]
	8. Election of Officers Yes[ ]  No[ ]
	9. Length of time Officers serve Yes[ ]  No[ ]
	10. Preparation of minutes/recording secretary Yes[ ]  No[ ]
	11. Amendments Yes[ ]  No[ ]

***Reference Guide: Board & Advisory Council Handbook for Virginia’s AAA, Section VI. Board Meeting Minutes, page 36***

1. Do the Board of Directors Minutes address the following?
	1. Approval of the Area Plan Budget Yes[ ]  No[ ]
	2. Approval of the Audit Report Yes[ ]  No[ ]
	3. Approval of the 990 Tax Return N/A[ ]  Yes[ ] No[ ]
	4. Staff Compensation Yes[ ]  No[ ]
	5. Executive Director/CEO Compensation Yes[ ]  No[ ]
	6. Completion of the Executive Director/CEO Performance Evaluation Yes[ ]  No[ ]
	7. Changes/amendments to the By-Laws Yes[ ]  No[ ]
	8. Large Purchases and/or Capital Improvements costing $5,000 or more Yes[ ]  No[ ]
	9. Debt/Loans/Lines of Credit N/A[ ]  Yes[ ] No[ ]
	10. Bank Resolution Authorized Signers Yes[ ]  No[ ]
	11. Periodic reviews of the Personnel Manual/Employee Handbook Yes[ ]  No[ ]
	12. Periodic reviews of the Fiscal Policies and Procedures  Yes[ ]  No[ ]
2. Are the Meeting Minutes approved by an officer of the Board? Yes[ ]  No[ ]
3. Is the Board officer’s approval of the meeting minutes supported with a:
	1. Signature? Yes[ ]  No[ ]
	2. Date? Yes[ ]  No[ ]
4. Are the Meeting Minutes prepared by the Board Secretary? Yes[ ]  No[ ]
	1. If not, who prepares the Meeting Minutes for the Board?

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1. Is the preparer of the Board minutes acknowledged with a:
	1. Signature? Yes[ ]  No[ ]
	2. Date? Yes[ ]  No[ ]
2. Questions about Board Minutes should be addressed with whom?

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***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 Advisory Council 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 AC 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 Advisory Council? Yes[ ]  No[ ]
4. Is the Advisory Council officer’s approval of the minutes supported with a
	1. Signature? Yes[ ]  No[ ]
	2. Date? Yes[ ]  No
5. Are the Advisory Council Meeting Minutes prepared by the Council Secretary? Yes[ ]  No[ ]
	1. If not, who prepares the minutes for the Advisory Council?

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1. Is the preparer of the Advisory Council minutes acknowledged with a
	1. Signature? Yes[ ]  No[ ]
	2. Date? Yes[ ]  No
2. Questions about Advisory Council Minutes should be addressed with whom?

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1. Does the Advisory Council meet at least quarterly? Yes[ ]  No[ ]
2. Have the Advisory Council By-Laws been amended? Yes[ ]  No[ ]

***Reference Guides: 2020 DARS Area Plan Contract, 3.13.1 Check Signing Authority;***

***Board & Advisory Council Handbook for Virginia’s AAA, Section VI. Check/Wire Transfer Signing Authority Policy, page 36;***

***DARS-OAS Grants Management Manual, Check/Wire Transfer Signing Authority Policy, page 21;***

1. Has a check signing policy been established for the agency? Yes[ ]  No[ ]
2. Is the check signing policy documented in the agency’s financial policies and procedures? Yes[ ]  No[ ]
3. Are agency checks manually signed? Yes[ ]  No[ ]
	1. When are checks not manually signed?

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1. Are two signatures required on every agency check that is written? Yes[ ]  No[ ]
2. Detail the circumstance when only one signature is needed?

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1. Are authorized check signers utilizing signature stamps? Yes[ ]  No[ ]
	1. If so, when are these signature stamps utilized?

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1. What positions have signature stamps?

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1. How is access to the signature stamps controlled?

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1. Are electronic signatures utilized on checks? Yes[ ]  No[ ]
2. If so, when are these electronic signatures utilized?

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1. Who has the ability to access these electronic signatures?

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1. What positions have access to the accounting/general ledger software system?

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1. What positions have the ability to post transactions in the accounting system?

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**IV. INVESTMENT POLICY**

***Reference Guides: DARS-OAS Grants Management Manual, Security for Public Deposits, page 18*;**

***Board & Advisory Council Handbook for Virginia’s AAA, Section V. Governing Board Function, pages 19/20***

1. Are all agency funds maintained with financial institutions and/or credit unions that are federally insured? Yes[ ]  No[ ]
2. Is the financial institution a qualified depositor of the Virginia Security for Public Deposits Act? N/A[ ]  Yes[ ]  No[ ]
3. Does the agency maintain more than $250,000 on its operating account throughout the year? Yes[ ]  No[ ]
4. Have Virginia public funds in excess of $250,000 been collateralized through the VA Dept. of Treasury? N/A[ ]  Yes[ ]  No[ ]
5. Does the agency have an investment policy? Yes[ ]  No[ ]
6. Was the investment policy approved by the board? Yes[ ]  No[ ]
7. Is the investment policy documented in the agency’s financial policies and procedures? Yes[ ]  No[ ]
8. Does the investment policy address the security of funds in excess of $250,000? Yes[ ]  No[ ]
9. Are the types of bank accounts maintained by the agency documented in the Fiscal Manual? Yes[ ]  No[ ]
10. Identify the bank accounts.

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1. Identify who is responsible for managing these accounts.

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1. Are the investments maintained by the agency documented in the Fiscal Manual? Yes[ ]  No[ ]
2. Identify the investments.

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1. Identify who is responsible for managing these investments.

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**V. 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[ ]
2. 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[ ]

**VI. AGING MONTHLY REPORT (AMR) PROCEDURES**

***Reference Guides: DARS Grants Management Manual, AMR pages 6, 9, 21 & 52, Basis of Accounting page 9;***

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

1. Has the agency developed written procedures on how to prepare the DARS AMR Report? Yes[ ]  No[ ]
2. Are the AMR Reports submitted timely to DARS by the 12th of the following month? Yes[ ]  No[ ]
3. 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[ ]

**VII. 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. Are the personnel policies up to date and complete? Yes[ ]  No[ ]
3. Are the personnel policies periodically reviewed by the board? Yes[ ]  No[ ]
4. Is the Executive Director/CEO evaluated by the Board on an annual basis? Yes[ ]  No[ ]
5. Is the performance evaluation for the Executive Director/ CEO documented? Yes[ ]  No[ ]
6. Is the evaluation of the Executive Director/CEO addressed in the Personnel Manual? Yes[ ]  No[ ]
7. Are staff evaluated by their supervisor on an annual basis? Yes[ ]  No[ ]
8. Is the evaluation of staff documented in the Personnel Manual? Yes[ ]  No[ ]
9. Has a compensation plan been established for the employees of the agency? Yes[ ]  No[ ]
10. Have policies and procedures been established for the compensation plan? Yes[ ]  No[ ]
11. Are cost of living adjustments awarded to employees approved by the board? N/A[ ]  Yes[ ]  No[ ]
12. Does the Personnel Manual address employee fringe benefits?
	1. Annual Leave Yes[ ]  No[ ]
		1. Sick Leave Yes[ ]  No[ ]
	2. Personal Leave Yes[ ]  No[ ]
	3. Compensatory Leave Yes[ ]  No[ ]
13. Are the leave benefits for the Executive Director/CEO addressed in the Personnel Manual? Yes[ ]  No[ ]
14. Are employee leave records maintained manually? Yes[ ]  No[ ]
15. If not, what software application is used to keep the leave records?

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1. Who maintains the automated leave records?

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1. Is the Executive Director/CEO on a contract? Yes[ ]  No[ ]
2. Does the agency provide employee health benefits? Yes[ ]  No[ ]
	1. Employee? Yes[ ]  No[ ]
	2. Spouse? Yes[ ]  No[ ]
	3. Dependents? Yes[ ]  No[ ]
3. Are health insurance benefits offered to employees documented in the Personnel Manual? Yes[ ]  No[ ]
4. Does the agency offer a retirement plan? Yes[ ]  No[ ]
5. What type(s) of retirement plans is/are provided?

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1. How is the retirement plan funded?

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

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1. Are details about the agency retirement plan documented in the Personnel Manual? Yes[ ]  No[ ]

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

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

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1. Do agency 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[ ]
6. 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 maintain and what is the total authorization amount on these cards?

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**IX. 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 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[ ]

**X. BANK RECONCILIATIONS**

***(Reference: 2020 DARS Area Plan Contract, 3.13 Financial Policy Manual and Grants Management Manual, Reconciliation of Billing Records and Official Books of Account page 21*)**

1. Does the agency have policies and procedures for reconciling its bank accounts? Yes[ ]  No[ ]
2. Are the bank reconcilements prepared in a timely manner within 30 days of month end? Yes[ ]  No[ ]
	1. Who reconciles the agency bank accounts?

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* 1. When are they reconciled?

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1. Is the preparer of the bank reconcilements documented? Yes[ ]  No[ ]
2. Is the date of the preparer documented? Yes[ ]  No[ ]
3. Are the bank reconcilements reviewed by another individual? Yes[ ]  No[ ]
	1. If so, who reviews the bank reconcilements?

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1. Is the review of the bank reconcilements documented? Yes[ ]  No[ ]
2. Is the date of the review of the bank reconciliation documented? Yes[ ]  No[ ]
3. Are reconciling items investigated and explained on the bank reconciliation? Yes[ ]  No[ ]
4. Are the amounts on the bank reconciliation settled with the bank statement, the deposit and outstanding check listing,

general ledger etc.? Yes[ ]  No[ ]

1. Are due diligence procedures performed on outstanding standing checks that are older than 90 days? Yes[ ]  No[ ]
2. Are outstanding checks that are more than 180 days old being escheated to the State’s Department of

Treasury Unclaimed Properties? Yes[ ]  No[ ]

**XI. 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[ ]

**XII. 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[ ]

**XIII. INSURANCE**

***(Reference: 2020 DARS Area Plan Contract, 8.13 General Liability Insurance and 9.1 Additional Insurance*)**

1. Does the area agency maintain the following types of insurance outlined in the DARS Area Agency Contract?
	1. General Liability Yes[ ]  No[ ]
	2. Workers Compensation Yes[ ]  No[ ]
	3. Automobile Yes[ ]  No[ ]
	4. Commercial Crime Coverage Yes[ ]  No[ ]
	5. Directors and Officers Yes[ ]  No[ ]
	6. Employers Liability Yes[ ]  No[ ]
	7. Professional Liability N/A[ ]  Yes[ ]  No[ ]
2. Does the agency maintain the coverage limits that are outlined the DARS Area Agency Contract? Yes[ ]  No[ ]
3. Who manages the insurance for the area agency?

|  |
| --- |
|  |

1. How many vehicles does the area agency own?

|  |
| --- |
|  |

1. Does the area agency lease any vehicles? Yes[ ]  No[ ]
	1. If so, how many vehicles are leased?

|  |
| --- |
|  |

**XIV. STATE CORPORATION COMMISSION FILINGS AND OTHER BUSINESS ENTITIES**

***(Reference: Code of Virginia, 13.1-936 Annual Report of foreign domestic corporation and Title 13.1 Corporations Chapter 10 Virginia Nonstock Corporation Act*)**

1. Is the agency required to file a business license with the SCC? N/A[ ]  Yes[ ]  No[ ]
2. If so, is the agency business license current? Yes[ ]  No[ ]
3. Have the annual reports been filed with the SCC
	1. for 2020? Yes[ ]  No[ ]
	2. for 2021? Yes[ ]  No[ ]
4. Does the agency have any for-profit business entities or ventures? Yes[ ]  No[ ]
	1. If so, what is the for-profit business venture and what controls are in place to prevent the intermingling

of personal and exempt organization assets?

|  |
| --- |
|  |

**XV. 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)?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**AAA Representative(s):**

**DARS Staff:**

**Nutrition and Wellness Programs**

**Congregate Meals (CM) Program Evaluation**

**Monitoring 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**

**Monitoring 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**

**Monitoring 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 N/A[ ]  Yes[ ]  No[ ]
15. Attendance of assisted living residents at congregate sites N/A[ ]  Yes[ ]  No[ ]
16. Handling of food recalls Yes[ ]  No[ ]
17. Handling of food borne illness outbreaksYes[ ]  No[ ]

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

**Monitoring 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**

**Monitoring 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:**

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**

**Monitoring Document Overview Submitted**

1. Client assessment procedure Yes[ ]  No[ ]
2. Subcontractor monitoring procedure N/A[ ]  Yes[ ]  No[ ]
3. Subcontractor monitoring reports N/A[ ]  Yes[ ]  No[ ]
4. Transportation Service Contract(s) N/A[ ]  Yes[ ]  No[ ]
5. Safety policies (passengers and vehicles) Yes[ ]  No[ ]
6. A three-month sample of maintenance records to include invoices and corresponding pre-trip checklists Yes[ ]  No[ ]
7. Fuel policy and procedure Yes☐ No☐
8. Fuel receipts and corresponding logs for the last three months Yes☐ No☐
9. Insurance declarations noting the make, model, year, and VIN for all vehicles (from insurance company) Yes[ ]  No[ ]
10. Program income procedures Yes[ ]  No[ ]
11. Fleet maintenance procedure Yes[ ]  No[ ]
12. Transportation job description(s) Yes[ ]  No[ ]
13. Driver procedures Yes[ ]  No[ ]
14. Accident policies and proceduresYes[ ]  No[ ]

**SERVICE DELIVERY ELEMENTS**

***Assessment Process***

1. Is there a written assessment process being utilized? Yes[ ]  No[ ]
	1. Is the Virginia Services-Quick Form used in the client assessment process? Yes[ ]  No[ ]
	2. Is the Uniform Assessment Instrument (UAI) used in the client assessment process? Yes[ ]  No[ ]
	3. Are clients reassessed for transportation services annually? Yes[ ]  No[ ]
		1. Who is responsible for tracking assessments and reassessments? Detail below.
		2. How are assessment due dates tracked? Detail below.

***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.
	1. How are the Agency’s transportation services provided? [ ]  Direct Service [ ]  Subcontractors
	2. If transportation services are provided by subcontractor(s), what bid process was followed? [ ]  Competitive [ ]  Non-competitive
	3. If subcontractors are used, list them below, and note their award period and most recent monitoring date.

|  |  |
| --- | --- |
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

* 1. Is there a written policy and procedure for monitoring subcontractors? Yes[ ]  No[ ]
	2. If yes, please provide the procedure.
	3. Please also provide a copy of the most recent monitoring reviews for each contractor.
	4. Have the written policies and procedures been fully approved by the governing board? Yes[ ]  No[ ]
	5. If yes, when was it last approved?
	6. Identify the type of transportation service provided

***Fixed-route***: transit service where vehicles run on regular, predesignated

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

***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*** [ ]

***Combination***: fixed-route and demand-response ***Combination*** [ ]

***Paratransit***: most often refers to wheelchair accessible, demand-response,

van service. ***Paratransit***  [ ]

Complete the fleet inventory below: (if applicable)

|  |  |
| --- | --- |
| **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** |  |

**Driver, Passenger, and Vehicle Safety**

***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[ ]
		1. If yes, when was the last approval?
	3. Is there a separate written safety policy for drivers and passengers being utilized? Yes[ ]  No[ ]
		1. If yes, please provide to DARS.

***Vehicle Records and Maintenance (for vehicles in use)***

1. Vehicle/ trip logs (date, mileage, passengers, fuel, etc.) Yes[ ]  No[ ]
2. How is fuel obtained and how are fuel receipts maintained and reconciled? Detail below.
	1. If a fuel policy and procedure are utilized, please provide it to DARS.
	2. For 25% of fleet, provide fuel receipts and fuel logs from the last three months for review.
	3. Provide the maintenance schedule(s) and any approval documentation utilized, for review.
	4. Provide 25% of pre-trip checklists covering the last three months, for review.
	5. Provide the vehicular accident policy and procedure to DARS.
	6. Is post-accident drug and alcohol testing conducted? Yes[ ]  No[ ]
		* 1. If a post-accident drug and alcohol testing policy and procedure is being utilized, provide to DARS.
			2. Provide a 25% sample of vehicular accident reports.

***Insurance***

1. Provide a copy of the current insurance declaration for all vehicles, with the detailed list of all vehicles and VIN numbers, to DARS.
2. Has the Agency/ provider adopted written volunteer liability policies and procedures? Yes[ ]  No[ ]
	* 1. If yes, please provide to DARS.
		2. Have the written policies and procedures been fully approved by the governing board? Yes[ ]  No[ ]
		3. If yes, when was it last approved?

***Consumer Contributions/ Program Income***

1. Has the Agency/ provider adopted written collection, disposition, and accounting policies and procedures? Provide to DARS. Yes[ ]  No[ ]
	1. Have the written policies and procedures been fully approved by the governing board? Yes[ ]  No[ ]
		1. If yes, when was it last approved?
2. Does the Agency/ provider utilize cost sharing/ fee for service? Yes[ ]  No[ ]
3. Does the Agency/ provider utilize voluntary contributions? Yes[ ]  No[ ]
	1. If yes, please detail the process below.

**Administrative Elements**

***Job Descriptions***

1. Are current and complete job description with knowledge, skills, abilities, duties and responsibilities on file for each paid or volunteer transportation services staff position? Yes[ ]  No[ ]
	1. If yes, please provide all job descriptions to DARS. If job descriptions changed throughout the grant period, please provide all versions, current and past, to show the description for each position for the duration of the grant period.

***Driver Records (for EACH driver including volunteer drivers)***

1. Is there a written driver record policy being utilized? Yes[ ]  No[ ]
	1. If yes, provide it to DARS.
2. Is a criminal background check conducted prior to hiring or upon hiring? Yes[ ]  No[ ]
3. Is the submission of a Virginia Department of Motor Vehicles (DMV) issued driving record, required upon hire and annually? Yes[ ]  No[ ]
	1. If yes, please provide each record for 25% of drivers.
4. Is there a minimally acceptable driving record for drivers? Yes[ ]  No[ ]
	1. Please detail what an acceptable driving record is for drivers. If there are forms the agency uses for these purposes, please provide them to DARS.
5. Is behind-the-wheel testing conducted and documented? Yes[ ]  No[ ]
	1. If yes, please provide sample of 25% from current drivers.
	2. What training is required upon hire and at what frequency? Please detail below.

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

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**

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**

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**

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:**

**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**

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**

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:**