



COMMONWEALTH of VIRGINIA
Department for the Aging

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June 26, 2012

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Note: The web addresses (links) in this document may change over time. The Department for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.

COMMONWEALTH of VIRGINIA
Department for the Aging

12-200

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman
Director of Administrative Services

DATE: June 25, 2012

SUBJECT: Older Dominion Partnership PSA's

The Older Dominion Partnership has released some PSA's. You may want to encourage your local media to use them. They seem to work for both TV and radio.



[Older Dominion Partnership PSA 2 - YouTube](#)

Older Dominion Partnership PSA 1 by Va Older Dominion No views;
Falcon 9 ...

www.youtube.com/watch?v=r4BhFlyRPFg

COMMONWEALTH of VIRGINIA
Department for the Aging

12-201

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman
Director of Administrative Services

DATE: June 25, 2012

SUBJECT: Board for People with Disabilities issues FFY 2013 RFP Booklet

The Virginia Board for People with Disabilities has issued its Request for Proposals (RFP) Competitive Grant Program for FFY 2013.

This year's round is geared to organizations that can link individuals with disabilities to jobs serving people with disabilities. The Board is seeking grant proposals with the outcome of increasing employment of people with disabilities as direct support professionals – personal care attendants, respite care providers or companions -- through a project that provides outreach and technical assistance.

The Board grants are 100% funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Developmental Disabilities.

If you are interested in the more information it can be viewed on the Board for People with Disabilities website at <http://www.vaboard.org/grants.htm>. A webinar on how to submit grant proposals is being offered on Wednesday, June 27 from 9 am to 11 am. If interested please e-mail Lynne Talley at Lynne.Talley@VBPD.virginia.gov.



12-202

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: James Rothrock

DATE: June 27, 2012

SUBJECT: Upcoming Training on Options Counseling

To CIL and AAA Directors,

Under a 2010 grant from the Administration on Community Living (ACL), 7 AAAs and CILs have worked with aging and disability stakeholders to develop statewide standards for “Options Counseling.” Based on these standards, a curriculum was developed to train staff within these 7 AAA/CIL teams, who have subsequently been implementing Options Counseling over the past year. Using “lessons learned” from the initial training and implementation, the standards and curriculum have been revised and are now ready for statewide roll-out.

This coming August, DARS, together with the Partnership for People with Disabilities, will offer free, one-day regional trainings in the statewide standards for Options Counseling. The trainings will take place in Abingdon, Fredericksburg and Williamsburg. The training is open to you as well as anyone on your staff who may be offering decision support to individuals.

While Options Counseling is very similar to Peer Counseling, a support developed and offered for years by the CILs, this training is specific to the statewide standards. Why is that important? Because it is clear that ACL and CMS are designating Options Counseling as one of the core components to a fully-functional Aging and Disability Resource Connection (ADRC). In fact, some future grant opportunities will be available to states, only if they have developed standards that align with the National standards and are delivering Options Counseling according to the standards as part of their ADRC.

The training will be delivered in two parts. Part I will be an online, self-guided powerpoint; Part II will be in-person, available as a regional one-day training. I strongly encourage you and your staff to participate in this training. Not only is it an opportunity to learn about Virginia’s

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statewide standards in Options Counseling but also to learn more about how these AAA/CIL teams have strengthened their communication and developed a better understanding of each others' supports.

Stay tuned for registration information, which will follow in the coming week. Below, please view the schedule for the regional trainings.

Training Schedule

Wednesday August 8 -- Southwest Higher Education Center -- Abingdon

Thursday, August 16-- First Christian Church -- Fredericksburg

Thursday, August 23--Eastern State Hospital -- Williamsburg



COMMONWEALTH of VIRGINIA
Department for the Aging

12-203

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: James Rothrock

DATE: June 27, 2012

SUBJECT: Webinar on Developing Partnership between ADRCs, CILs, Money Follows Person

Commissioner Rothrock and Theresa Preda, Director of Independent Living at DRS, have invited us to participate in an upcoming webinar about developing partnership between ADRCs, MFP and CILs. The webinar is sponsored by the National Council on Independent Living (NCIL) and will occur on July 12th. Please see the following announcement for additional details.

Developing Partnerships: Aging and Disability Resource Centers, Money Follows the Person, and Centers for Independent Living

The National Council on Independent Living is pleased to announce a free webinar training opportunity for CILs, SILCs, and ADRC partners. This webinar (originally scheduled for June 21), will take place on **Thursday, July 12, 3:00 - 4:30 p.m. EST**.

This 90 minute webinar explores the role of Centers for Independent Living and highlights state innovations in ADRC / MFP / CIL Partnerships. This webinar will include an easy-to-follow process that will provide you an understanding of:

- the Administration for Community Living's vision and role for Aging and Disability Resource Centers;
- the Centers for Medicare and Medicaid Services vision for Medicaid funded long term services and supports, re-balancing tools, and the role of the Money Follows the Person Demonstration;

SUBJECT:Webinar on Developing Partnership between ADRCs, CILs, Money Follows Person

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- the roles and lessons learned from Ohio and Texas Centers for Independent Living, with opportunities for dialogue and practical guidance on building relationships and engaging ADRC and MFP programs.

[Register for this webinar today](#) to answer these questions and more!

- Title: Developing Partnerships: Aging and Disability Resource Centers, Money Follows the Person, and Centers for Independent Living
- Date: Thursday, July 12
- Time: 3:00-4:30 EST

Space is limited. Reserve your webinar seat now. After registering you will receive a confirmation email containing information about joining the Webinar.

COMMONWEALTH of VIRGINIA
Department for the Aging

12-204

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman
Director of Administrative Services

DATE: June 25, 2012

SUBJECT: Consumer Financial Protection Bureau Soliciting Comments on Elder
Financial Exploitation

The Consumer Financial Protection Bureau is seeking comments from the public on elder financial exploitation. See the announcement below and at regulations.gov.

Federal Register Volume 77, Number 118 (Tuesday, June 19, 2012)]

[Notices]

[Pages 36491-36492]

From the Federal Register Online via the Government Printing Office [FR Doc No: 2012-14854]

BUREAU OF CONSUMER FINANCIAL PROTECTION

[Docket CFPB-2012-0018]

Request for Information Regarding Senior Financial Exploitation

AGENCY: Bureau of Consumer Financial Protection.

ACTION: Request for Information.

SUMMARY: Section 1013(g)(1) of the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010 ("Dodd-Frank Act") requires the Bureau of Consumer Financial Protection ("Bureau" or "CFPB") to facilitate the financial literacy of individuals aged 62 or older ("seniors"), on protection from unfair, deceptive, and abusive practices and on current and future financial choices, including through dissemination of materials on such topics.

1610 Forest Avenue, Suite 100, Richmond, Virginia 23229

Toll-Free: 1-800-552-3402 (Voice/TTY) • Phone: 804-662-9333 • Fax: 804-662-9354

E-mail: aging@vda.virginia.gov • Web Site: www.vda.virginia.gov

Consumer Financial Protection Bureau Soliciting Comments on Elder Financial Exploitation

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In furtherance of this mandate, the CFPB's Office for the Financial Protection of Older Americans ("Office for Older Americans") **seeks information on consumer financial products and services, financial literacy efforts, and fraudulent or deceptive practices impacting the lives of older Americans and their families.**

DATES: Comment Due Date: August 20, 2012.

ADDRESSES: You may submit comments, identified by Docket No. CFPB-2012-0018, by any of the following methods:

<http://www.regulations.gov> . Follow the instructions for submitting comments.

Mail/Hand Delivery/Courier: Monica Jackson, Office of the Executive Secretary, Consumer Financial Protection Bureau, 1700 G Street NW., Washington, DC 20552.

Instructions: The CFPB encourages the early submission of comments. All submissions must include the document title and docket number. Please note the number of the question to which you are responding at the top of each response (respondents need not answer each question). In general, all comments received will be posted without change to <http://www.regulations.gov>. In addition, comments will be available for public inspection and copying at 1700 G Street NW., Washington, DC 20552, on official business days between the hours of 10:00 a.m. and 5:00 p.m. Eastern Time. You can make an appointment to inspect the documents by telephoning 202-435-7275. All comments, including attachments and other supporting materials, will become part of the public record and subject to public disclosure. Sensitive personal information such as account numbers or Social Security numbers should not be included . Comments will not be edited to remove any identifying or contact information.

FOR FURTHER INFORMATION CONTACT: For general inquiries, submission process questions or any additional information, please call Monica Jackson at 202-435-7275. For specific questions on senior financial exploitation, please call James Miner at 202-435-7953.

SUPPLEMENTARY INFORMATION: In support of its statutory mandates under Section 1013(g)(1) and (3) of the Dodd-Frank Act, the Office for Older Americans will monitor certifications or designations of financial advisors who serve seniors and alert the SEC and state regulators of certifications or designations that are identified as unfair, deceptive or abusive . The Office for Older Americans will also make legislative and regulatory recommendations to Congress on best practices for disseminating information to seniors regarding the legitimacy of certifications and designations, and methods through which a senior can identify the financial advisor most

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appropriate for the senior's needs . Pursuant to Section 1013(g)(3)(D), the Office for Older Americans is also conducting research to identify best practices for educating seniors on personal finance management. The office for Older Americans intends to use this research to develop goals for programs that provide financial literacy and counseling to seniors.

The Bureau is therefore seeking comments in response to the questions posed below. The questions are grouped into the following categories: (a) Evaluation of senior financial advisor certifications and designations; (b) providing financial advice and planning information to seniors; (c) senior certification and designation information sources; (d) financial literacy efforts; and (e) financial exploitation of older Americans, including veterans of the Armed Forces. Please feel free to respond to any or all of the questions but please be sure to indicate in your comments on which questions you are commenting.

Please note that the Bureau is not soliciting individual borrower complaints in response to this Notice and Request for Information. Nor is the Bureau seeking personally identifying information regarding borrower complaints, from the parties to the complaint or any third party. Responses to this subsection should not contain account numbers, Social Security numbers or other personal information that could be used to identify the complainant or another party identified in a complaint, or in any way otherwise reveal personally identifiable information.

Evaluation of Senior Financial Advisor Certifications and Designations

1. What resources do seniors have for determining the legitimacy, value, and authenticity of credentials held by their financial advisors and planners? What sources have been found most helpful, accurate, and thorough? Among other things, comments could address issues such as state or organizational level review standards, evaluation practices, or selection criteria to determine the validity of proposed senior certifications or designations.
2. How effective are the existing sources at maintaining the legitimacy, value, and authenticity of credentials held by senior financial advisors and planners?
3. How effectively do existing accountability controls deter the misuse of senior advisor credentials? Examples of accountability controls include revoking credentials, public notices of disapproval, or other disciplinary actions.

Providing Financial Advice and Planning Information to Seniors

4. What resources are available to explain the subject matter expertise presented or implied by specific certifications and designations? How effective are the publicly available sources

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at disseminating thorough, up-to-date information? How effectively are seniors able to use the available resources to select a financial advisor with appropriate knowledge to address their specific financial needs?

Senior Certification and Designation Information Sources

5. What sources of information on the fraudulent or misleading uses of senior certifications and designations are available? Comments could include, among other things, references to publicly available research or data sets, suggestions for other potentially available research or data, or other information on enforcement, civil, administrative, or criminal cases.

Financial Literacy Efforts

6. What financial education, counseling, or personal finance management programs are tailored to the unique financial needs of older Americans and their families or caregivers? Among these programs, what are the best practices in providing seniors financial literacy and robust, practical information on personal finance management? Possible comments could address methods for improving recognition of unfair or deceptive financial practices; means for helping seniors plan for retirement, long-term care, and economic security; or approaches to consumer credit counseling and other financial literacy or financial protection practices.

Financial Exploitation of Older Americans

7. What types of fraudulent, unfair, abusive or deceptive practices target Americans age 62 and over? Comments could include unique types of financial exploitation or additional information concerning the examples listed below.
 - a. Power of Attorney or Guardian Abuse, whereby an agent under power of attorney or a court-appointed guardian uses his/her fiduciary authority (or a forged power of attorney instrument) to misappropriate the older person's assets and uses them for personal gain rather than for the support of the incapacitated older person; and
 - b. Affinity fraud, in which the characteristics of a trusted advisor such as a member of the clergy or government official are impersonated by those attempting to extract payments or personal information from an older person.

Financial Exploitation of Older Veterans of the Armed Forces

Consumer Financial Protection Bureau Soliciting Comments on Elder Financial Exploitation
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8. What types of fraudulent or deceptive practices target older veterans and/or military retirees? Comments could include unique examples of financial exploitation or additional information concerning the examples listed below.
- a. VA Aid and Attendance fraud, whereby veterans are advised to transfer retirement funds into irrevocable trusts that cause them to lose access to the funds and also become ineligible for Medicaid benefits; or,
 - b. Military pension buyout schemes, in which veterans are offered cash payments in return for their military pension payouts in a manner that could ultimately deprive the veteran of the majority of his or her pension.

Dated: April 27, 2012.

Meredith Fuchs,

Chief of Staff, Bureau of Consumer Financial Protection.

[FR Doc . 2012-14854 Filed 6-18-12; 8:45 am]

BILLING CODE 4810-AM-P



COMMONWEALTH of VIRGINIA
Department for the Aging

12-205

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Health Promotion and Disease Prevention Coordinators

FROM: Elaine S. Smith, MS, RD
Program Coordinator

DATE: June 26, 2012

SUBJECT: Title III-D Service Standards and change in units reported

Following are the revised Service Standards for Title III-D, Disease Prevention/Health Promotion Services. They will be posted to the Service Provider section of the VDA website in the near future.

Please note that effective July 1, 2012, you will begin reporting "sessions" as the units of service. This is a change. A "session" is a service provided to an individual. The service may be provided one-to-one or in a group. A "session" may be a fraction of an hour (though probably not less than 15 minutes) up to one day.

Another conference call about Title III-D and the evidence based requirements has been scheduled for Thursday, July 12, 2012 at 11 a.m. Please mark your calendars, details will be forthcoming.

DISEASE PREVENTION & HEALTH PROMOTION
VIRGINIA DEPARTMENT FOR THE AGING
SERVICE STANDARD

Definitions

I. Evidence-Based

AoA uses a graduated or tiered set of criteria for defining evidence-based interventions implemented through the OAA. Health promotion programs can fall within any of the three following tiers. While the goal is for all Title III-D activities to move toward the highest-level criteria, programs meeting the minimal or intermediate criteria will meet the current requirements.

A. Minimal Criteria

1. Demonstrated through evaluation to be effective for improving the health and well being or reducing disease, disability and/or injury among older adults; *and*
2. Ready for implementation by community based organizations using appropriately credentialed practitioners.
3. *Examples:* [Healthy Eating for Successful Living among Older Adults](#); [Tai Chi for Arthritis](#); [Tai Chi for Diabetes](#); [Tai Chi for Osteoporosis](#); [PEPPI \(Peer Exercise Program Promotes Independence\)](#); [Silver Sneakers](#); [Stay Strong Stay Healthy](#); *similar programs that prevent or mitigate the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease); alcohol and substance abuse reduction; smoking cessation; weight loss and control; stress management; falls prevention; physical activity and improved nutrition; and most health screenings qualify if they meet the criteria. Other evidence-based exercise programs are cited at <http://www.ncoa.org/improve-health/center-for-healthy-aging/physical-activity/community-programs.html>.*
4. The minimal criteria tier includes the following types of minimally evidence-based activities:
 - a. Health screenings conducted by appropriately credentialed practitioners such as registered nurses, physicians, pharmacists, dentists, registered dietitians, etc.
 - b. Fitness programs including exercise, physical activity, yoga, tai chi, etc. conducted by instructors credentialed by the appropriate certifying or licensing organization.
 - c. Medication Management education programs or screening provided by an appropriately credentialed practitioner (i.e., pharmacists, physicians or registered nurses).
 - d. Nutrition education that is implemented by an appropriately credentialed practitioner (i.e., registered dietitians or registered nurses) or a leader certified by the appropriate certifying or licensing organization.

B. Intermediate Tier

1. Published in a peer-review journal; *and*
2. Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.); *and*

3. Some basis of implementation by community level organizations.
4. *Example:* [Eat Better Move More](#)

C. Highest-level Tier

1. Undergone Experimental or Quasi-Experimental Design; *and*
2. Full implementation has occurred in a community site; *and*
3. Product(s) have been developed and are available to the public.
4. *Examples:* [Chronic Disease Self-Management Program](#); [Medication Management Improvement System \(MMIS\)](#). AoA lists more than 25 other programs on their [website](#).

II. Disease Prevention and Health Promotion Services refers to the following activities:

- A. Health risk assessments;
- B. Routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening;
- C. Nutritional counseling and educational services for individuals and their primary caregivers;
- D. Health promotion programs, including but not limited to programs relating to prevention and reduction of effects of chronic disabling conditions (including osteoporosis and cardiovascular disease) alcohol and substance abuse reduction, smoking cessation, weight loss and control, and stress management;
- E. Programs regarding physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multigenerational participation that are provided by
 - i. An institution of higher education;
 - ii. A local educational agency, as defined in section 1471 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 2891);
 - iii. A community-based organization;
- F. Home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;
- G. Screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services;
- H. Medication management screening and education to prevent incorrect medication and adverse drug reactions; and
- I. Information concerning diagnosis, prevention, treatment, and rehabilitation of diseases, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction.

The following definitions apply to terms used in Service Activity "E" above:

- **Art therapy:** The use of art and artistic processes specifically selected and administered by an art therapist to accomplish the restoration, maintenance, or improvement of the mental, emotional, or social functioning of an older individual.
- **Dance therapy:** The use of psychotherapeutic movement, as a process facilitated by a dance-movement therapist, to further the emotional, cognitive, or physical health of an older individual.

- Music therapy: The use of musical or rhythmic interventions specifically selected by a music therapist to accomplish the restoration, maintenance, or improvement of social or emotional functioning, mental processing, or physical health of an older individual.

The following definitions apply to terms used in Service Activity “H” above:

- Medication management: Information and education that helps older citizens understand how to take prescription, over-the-counter (OTC), and herbal medications in a safe and proper manner including following the regimen provided by their physician or pharmacist. The use of devices (pill boxes, pill cutters, timers, etc.) that assist persons to take their medication properly is included.
- Medication screening: Referral of older citizens to a physician or pharmacist for information and assistance with their medications. Invitations to pharmacists to provide this information on an individual basis and/or in group settings are included.
- Medication education: Provision of information to older citizens about prescription, OTC, and herbal medications including common side effects, the dangers of mixing medications, and other issues related to medication management and screening. The development of brochures, videos, or other materials or resources that provide information about, or assistance with, the proper management of prescription, OTC, and herbal medications is included.

Eligible Population

Disease Prevention and Health Promotion Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with special emphasis on low- income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.

Service Delivery Elements

Program Requirements

Disease prevention and health promotion services and information shall be provided at multipurpose senior centers and congregate meal sites, through home delivered meals programs, or at other appropriate community sites convenient and accessible to seniors.

Assessment

- If the client does not already have an assessment in the VDA-approved electronic client database, a Virginia Service – Quick Form is required for each person who participates in a program activity.
- The answer to the question “Is Client in Federal Poverty?” (answer Yes or No) must be asked and recorded in the VDA-approved electronic client database.
- Any fee for service charge to the client shall be determined by a VDA approved sliding fee scale. The Federal Poverty/VDA form may be used.

Administrative Elements

Staff Qualifications

Whenever possible, the Area Agency on Aging or service provider shall utilize health experts and other community resources to provide services. When AAA or service provider staff is used, they shall possess the following minimum qualifications:

- Knowledge: Biological, psychological, and social aspects of aging; the impact of disabilities and illness on aging; community resources; public benefits eligibility requirements; disease prevention and health promotion; medical conditions; learning styles of older adults.
- Skills: Establishing and sustaining interpersonal relationships; problem solving; designing educational materials; public speaking.
- Abilities: Communicating with persons with varying socioeconomic backgrounds; working independently.

Job Descriptions

For each paid and volunteer position funded by Title III of the Older Americans Act, an Area Agency on Aging must maintain:

- A current and complete job description which shall cover the scope of disease prevention and health promotion services staff duties and responsibilities; and
- A current description of the minimum entry-level standards of performance for each job.

Units of Service

Units of service must be reported in the VDA-approved client database for each client receiving the service. Service units can be reported by client on a daily basis, but not aggregated (summarized) more than beyond one calendar month.

- Sessions – Service activities provided to a specific individual. Activities can be provided one-to-one or in a group setting. A unit is one (1) session. A session is one event that lasts a part of an hour up to one full day.
For example, a six-week Chronic Disease Self-Management Program (CDSMP) workshop would equal 6 sessions or 6 units. If a workshop consists of 6 topics presented in a single day, this would equal 1 session or 1 unit.
- Persons served (unduplicated) – The number of persons who participate in a session.

Group Units - For this service, there are no group units; therefore, group units cannot be entered into the VDA-approved electronic client database or on the Optional Units page of the AMR.

Program Reports

- Aging Monthly Report (AMR) to VDA by the twelfth (12th) of the following month. If the Area Agency on Aging provides this service, this report must be updated and submitted even if no expenditures or units of service occurred.
- Client level data from the VDA-approved electronic database shall be transmitted to VDA by the last day of the following month.

Consumer Contributions/Program Income

There must be a written policy on handling of Client Program Income (CPI) and other gratuities and donations.

Cost Sharing/Fee for Service: An Area Agency on Aging is permitted to implement cost sharing /fee for service for recipients of this service.

And/or

Voluntary Contributions: Voluntary contributions shall be allowed and may be solicited for this service, provided that the method of solicitation is non-coercive. Voluntary contributions shall be encouraged for individuals whose self-declared income is at or above 185% of the poverty line, at contribution levels based on the actual cost of services.

Quality Assurance

Staff Training

- At hiring, staff shall receive orientation on agency and departmental policies and procedures, client rights, community characteristics and resources, and procedures for conducting the allowable activities under this service.
- Workers shall receive a minimum of 10 hours of in-service or other training per year based on the need for professional growth and upgrading of knowledge, skills, and abilities.

Supervision

Consultation and supervision shall be available to all staff providing the service.

Program Evaluation

The AAA shall conduct regular and systematic analysis of the persons served and the impact of the service, with findings used as a basis for planning and implementing changes in program goals, procedures and resources. There shall be a written plan and a written report of findings. Evaluation may include client satisfaction surveys.

The AAA shall, at least annually, monitor all subcontractors providing service.

Client Records

The AAA or service provider must maintain specific client records in the approved VDA electronic database that include:

- Consent to Exchange Information, if information is shared with other agencies.
- Virginia Service - Quick Form. At a minimum, this form must be updated annually.
- The answer to the question "Is Client in Federal Poverty?" (answer Yes or No) must be asked and recorded in the VDA-approved electronic client database.

The AAA or service provider must maintain the following additional records:

- Documentation that the service took place.
- Cost Sharing (Fee for Service) calculations, if applicable. The Federal Poverty/VDA Sliding Fee Scale form may be used.