Program Compliance Section

Review with the program manager the areas of non-compliance found during VDA program monitoring. Review and indicate the corrective actions implemented.

<table>
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<tr>
<th>Non-Compliance Issues</th>
<th>Corrective Action Implemented</th>
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<td>a.</td>
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Comments/Findings/Recommendations (Underline appropriate designation):
Name of Agency: ________________________________

VDA Staff: ________________________________

Monitoring Date: ________________________________

VIRGINIA DEPARTMENT FOR THE AGING

ADVISORY COUNCIL

1. Minutes indicate that the Area Agency Advisory Council meets at least quarterly (Contract for Titles III and VII Older Americans Act (OAA), Care Coordination for Elderly Virginians Program (CCEVP) and Respite Care Program, Section 2.9).
   Yes ____  No  _____

2. Minutes indicate that the Advisory Council carries out advisory functions which further the Area Agency's mission of developing and coordinating community-based systems of services for all older persons in the planning and service area. (Contract for Titles III and VII Older Americans Act (OAA), Care Coordination for Elderly Virginians Program (CCEVP) and Respite Care Program, Section 2.9).
   Yes ____  No  _____

3. The Advisory Council advises the Area Agency relative to the development and administration of the Area Plan by
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Minutes indicate that the Advisory Council reviews and comments on the Area Plan and before they are submitted to the Virginia Department for the Aging (45 CFR 1321.57).
   Yes ____  No  _____

5. Minutes indicate that the Area Agency keeps the Advisory Council informed of progress in meeting the fiscal and program objectives in the Area Plan by
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
PERSONNEL MANAGEMENT

6. The Area Agency has written policies and procedures relating to personnel management (Contract for Titles III and VII Older Americans Act (OAA), Care Coordination for Elderly Virginians Program (CCEVP) and Respite Care Program, Section 2.4), to include

(a) recruitment and selection  Yes _____ No _____
(b) supervision  Yes _____ No _____
(c) training and staff development  Yes _____ No _____
(d) performance evaluation  Yes _____ No _____
(e) compensation and fringe benefits  Yes _____ No _____
(f) grievance procedures  Yes _____ No _____

7. The Area Agency demonstrates that it follows its personnel policies and procedures by

8. The Area Agency has a complete and current job description covering the scope of each paid and volunteer position-holder's duties and responsibilities (22VAC5-20-250).  Yes _____ No _____

9. Each job description includes minimum entry-level standards of performance. (22VAC5-20-250).  Yes _____ No _____

Nondiscrimination

10. The Area Agency Affirmative Action Plan indicates that it is reviewed and updated annually (Federal Executive Order 11246).  Yes _____ No _____
11. The Area Agency has posted in a public area notice of
   (a) nondiscrimination on the basis of race, sex, color, religion, or national origin in all programs and services (Civil Rights Act, Title VI, VII & IX).  
   Yes ___ No ___

   (b) nondiscrimination on the basis of handicap or disability in all programs and services (Rehabilitation Act of 1973, Sec. 504).  
   Yes ___ No ___

   (c) nondiscrimination on the basis of age, sex, race, color, religion, national origin, or handicap in all employment-related activities (Civil Rights Act, Title VI, VII & IX).  
   Yes ___ No ___

   (b) prohibition of sexual harassment in employment-related activities (Civil Rights Act, Title VI, VII & IX).  
   Yes ___ No ___

12. The building in which the Area Agency is located is accessible to the handicapped (Rehabilitation Act of 1973, Sec. 504).  
   Yes ___ No ___

13. The Area Agency follows written procurement policies and procedures consistent with the Virginia Public Procurement Act (22VAC5-20-300).  
   Yes ___ No ___

14. The Area Agency has documentation of its efforts to seek competition to the maximum feasible degree before it awards any contracts for services or begins to provide services directly (Contract for Titles III and VII Older Americans Act (OAA), Care Coordination for Elderly Virginians Program (CCEVP) and Respite Care Program, Section 6.23)

   Service
   ____________________________________________  Yes ___ No ___
   ____________________________________________  Yes ___ No ___
   ____________________________________________  Yes ___ No ___
   ____________________________________________  Yes ___ No ___
   ____________________________________________  Yes ___ No ___
   ____________________________________________  Yes ___ No ___

15. The Area Agency has current written agreements for funding or purchasing services under its approved Area Plan.  
   Yes ___ No ___

17. The Area Agency has written policies and procedures regarding collection, disposition, and accounting for
program income, including participant contributions and investment income (22VACS5-20-410).  
Yes _____ No _____

18. The Area Agency has written policies and procedures for monitoring providers of services under the approved Area Plan (22VACS5-20-440).  Yes _____ No _____

19. Each contract/grant file has documentation that the Area Agency annually monitors the contractor/grantee and that the Area Agency follows up on any adverse findings (22VACS5-20-440).  Yes _____ No _____

20. The Area Agency has documentation that it monitors those services under the approved Area Plan which it provides directly.  Yes _____ No _____

21. A sample of agency client records indicates that sufficient information is collected during the intake, assessment, and reassessment process to ensure that Title III eligibility criteria are met and program performance reports are accurate:

(a) age  Yes ___ No ___
(b) economic need  Yes ___ No ___
(c) difficulty in preparing/eating meals  Yes ___ No ___
(d) other ADL limitations  Yes ___ No ___
(e) lack of family and community support  Yes ___ No ___
(f) minority status  Yes ___ No ___

22. Each contract awarded by the Area Agency for the funding or purchase of services contains the applicable terms and conditions required by Department regulations (22VAC5-20-300) and by federal regulations (45 CFR 1321-65).

List Area Agency subcontractors and the service provided:

<table>
<thead>
<tr>
<th>Subcontractor</th>
<th>Service Provided</th>
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<tbody>
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a. List any subcontractor that is not in compliance with the following terms and conditions and identify noncompliance issues:

a. Community services coordination
b. Contributions voluntary
c. Privacy of contributions  
d. Procedures for collecting, safeguarding, and accounting for contributions  
e. Low-income minority persons' service needs  
  Protection of persons in imminent danger  
f. Services in weather-related emergencies  
g. Other benefit programs  
h. Amount and source of funding  
i. Service or unit to be provided  
j. Reporting requirements  
k. Five-year record retention  

<table>
<thead>
<tr>
<th>Subcontractor</th>
<th>Noncompliance Issue(s)</th>
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Comments: _________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________

23. The Area Agency has amended its Area Plan if there have been changes in:  

a. membership in the Area Agency Advisory Council.  
   Yes ___ No ___  

b. days of operation of congregate nutrition sites.  
   Yes ___ No ___  

c. arrangement by which a service is delivered, i.e., direct or contracted service. (22VAC5-20-80B)  
   Yes ___ No ___  

24. The Area Agency is collecting and reporting unmet need data correctly.  
   Yes ___ No ___  

Comment: _________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________  
________________________________________________________________
25. Has the Area Agency undertaken any of the activities noted in its Area Plan regarding advocacy and coordination? (Long-Term Care Coordinating Activity of Area Plan and/or Area Plan Assurances # 11, 13, 16, 17, 19, 21, and 27) 
Yes ___ No ___ 
Specify:___________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

26. Has the Area Agency undertaken any of the activities noted in its Area Plan regarding service development?
Specify: __________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

27. Has the Area Agency undertaken any efforts to facilitate the coordination of community-based long-term care services designed to help older persons remain in their own homes? (OAA Sec. 306(a)(7)) Yes ___ No ___ 
Specify:___________________________________________________
___________________________________________________________
___________________________________________________________

28. Has the Area Agency undertaken any efforts to coordinate the provision of priority services (Access, Legal and In-Home) with activities of community-based organizations established for the benefit of victims of Alzheimer's Disease and the families of such victims? [OAA Sec. 306(a)(4)(B)(i)(VI)] Yes ___ No ___ 
Specify:___________________________________________________
___________________________________________________________

12/29/99