

Client ID _____ Initial Assess. Date _____
 Case Manager _____ Review Date _____
 Area Agency on Aging _____ SUA Reviewer _____

ASSESSMENT - OAA 102(11)(B)(i) and OAA 102(11)(B)(iv)

Assessed Area	Yes	No	N/A	Comments
1. File contains comprehensive assessment:	Yes	No	N/A	
2. File indicates completion of each assessment area :	Yes	No	N/A	
Physical needs:	Yes	No	N/A	
Psychological needs:	Yes	No	N/A	
Social needs:	Yes	No	N/A	
3. File indicates periodic reassessment and revision of the status of the older individual has occurred:	Yes	No	N/A	

SERVICE PLAN - OAA 102(11)(B)(ii)

Assessed Area	Yes	No	N/A	Comments
5. File has required service plan:	Yes	No	N/A	
Service Plan addresses areas of need identified in the assessment:	Yes	No	N/A	
File/Service Plan coordinates services and resources with existing Service Plans:	Yes	No	N/A	
File/Service Plan includes coordination of the resources and services provided with information and assistance services under this act/OAA:	Yes	No	N/A	
6. Service Plan reviewed and updated as appropriate:	Yes	No	N/A	

PRIVACY AND CONSENTS - CFR 45 Sec.160, Sec.162, Sec.164

Assessed Area	Yes	No	N/A	Comments
7. File has required HIPAA docs (Notice of Privacy Practices and signed Receipt of Notice of Privacy Practices):	Yes	No	N/A	

CONTRIBUTIONS - OAA 315(b)(1) and 45 CFR 1321.67(a)(1)

<u>Assessed Area</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
8. Clients are offered the opportunity to voluntarily contribute:	Yes	No	N/A	

NARRATIVE - OAA 102(11)(B)(iii)

<u>Assessed Area</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
9. File contains periodic narrative notes documenting a thorough and comprehensive approach indicating that coordination and monitoring of formal and in formal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided:	Yes	No	N/A	

NOTES