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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessed Area** | **Yes** | **No** | **N/A** | **Comments** |
| 1. File contains a comprehensive assessment: | Yes | No | N/A |  |
| 2. File indicates the 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 a 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 the 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***](http://www.access.gpo.gov/nara/cfr/waisidx_07/45cfr160_07.html)***, Sec.162,*** [***Sec.164***](http://www.access.gpo.gov/nara/cfr/waisidx_07/45cfr164_07.html)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessed Area** | **Yes** | **No** | **N/A** | **Comments** |
| 8. Clients are offered the opportunity to voluntarily contribute: | Yes | No | N/A |  |

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

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

**NOTES**