|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area Agency on Aging | Click here to enter text. |  | Date: | Click here to enter a date. |
| AAA Staff Interviewed: | Click here to enter text. |  | SUA Reviewer/s: | Click here to enter text. |

Use this as a template and respond to the categories listed.

* **Please only submit what is requested.** If additional backup or verification is needed, it will be requested.
* **When submitting documents,** name them with the topic, category number, letter & agency acronym (example, Governance, question 3, from South Central = G-3-SCNAAA).
* **If no change was made in the past 12 months,** initial in the **No Change Made column.**

| **Category** | **Description** | **No Change Made or Document Submitted** |
| --- | --- | --- |
| 1. **Agency policy review** | If any changes were made to policy review in the last 12 months, please elaborate. If no changes were made, state ‘no changes made.’ |  |
|  | **Organization** |  |
|  | **Membership:** Confirm that updates/verification were made to SharePoint contact lists. Member names and county representation will be made public. Addresses, phones, and emails will not be published.  **You do not need to submit a pdf from SharePoint.**  *OAA 306, 4(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans’ health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;* |  |
|  | **Staff:** Indicate updates/verification made to SharePoint contact list. |  |
|  | Describe how staff are trained/on-boarded (up to 1page). |  |
|  |  |  |
|  | **Surveys / Outcomes** | |
| **Satisfaction Surveys** | **Provide a list** of satisfaction surveys and frequency. Provide only survey **summary results**. How are these surveys utilized to evaluate and modify the program/s? |  |
|  |  |  |
|  | **Goals / Strategies / Measures** | |
|  | Using the Area Plan goals Section B, submit a Word version of the goals, and update each measure with actual numbers for the last SFY.  Do you expect any amendments to goals this year?  *Program staff should be prepared to discuss goals in their areas during onsite visits*. |  |
|  |  |  |
|  | **Outreach / Language** | |
|  | **Provide a list of documents** issued by AAA in languages other than English. | Do not submit a copy of each document. |
|  |  |  |
|  | Who manages the agency website?  When was it last updated? Provide the URL: |  |
|  |  |  |
|  | What internet provider does the agency use?  Are any changes anticipated? |  |
|  |  |  |
|  | **Training – Staff, Volunteers** | |
| 1. **Staff** | **Provide a list** of training held/planned for staff this fiscal year (examples: job-related, person-centered practice, grant writing, first aid, etc.). | Do not submit agendas or materials related to the training. |
|  |  |  |
| 1. **Volunteers** | **Provide a list of training** planned or offered to volunteers this fiscal year. | Do not submit agendas or materials related to the training. |
|  |  |  |
| 1. **Cultural** | **Provide a list** any cultural competency training planned or offered. (Examples: cultural literacy, ethnicity, immigrant populations, LGBTQ, etc.)  *OAA, 307(a)(15(B(ii) (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.* | Do not submit agendas or materials related to the training. |
|  |  |  |
| 1. **Communication** | **Provide a list** of any multi-modal communication training planned or attended. (Examples: deaf & hard of hearing, visual impairment, etc.) | Do not submit agendas or materials related to the training. |
|  |  |  |
| 1. **Privacy** | Are staff provided agency cell phones for community work?  If not, what protocols are in place to protect staff privacy? Example: GoogleVoice phone numbers to maintain privacy of the staff person. |  |
|  |  |  |
|  | **Succession Planning –** | |
|  | SUA & AAA will review in a meeting the succession plan in the disaster plan.  **Do not resubmit the succession plan**. |  |
|  |  |  |
| 1. **Innovation** | **In a few sentences**, describe what new ideas have you implemented in the last year. | Do not submit training plans and agendas related to new programming. |
|  |  |  |
|  | **System Access –** outline system access request procedures, verification of appropriate access by staff, remediation for breach, and separation procedures**.** | |
|  |  |  |
|  | **List office software** the agency uses. For example Office 365; Office 20xx; Quickbooks; etc. |  |
| 1. **Policy** | **Only if it has changed** in the last 12 months, submit a copy of the system access policy. Otherwise state “no change.” |  |
| 1. **PHI policies** | **Only if it has changed** in the last 12 months, submit a copy of policies or procedures there are in place to protect PHI and other confidential information. Otherwise state “no change.” |  |
| 1. **PHI safeguards** | **Only if it has changed** in the last 12 months, submit a copy of safeguards taken to secure PHI and other confidential information, for physical documents and information in electronic form, otherwise state “no change.” |  |
| 1. **Encryption** | **Only if it has changed** in the last 12 months, submit policy or procedure, regarding training to address email communication (e.g. when to send an encrypted email), otherwise state “no change.” |  |
| 1. **HIPAA** | **Only if it has changed** in the last 12 months, indicate how often are employees trained on privacy matters such as HIPAA, confidential information, and PII (Personally Identifiable Information). Otherwise state “no change.” |  |
| 1. **3rd Party** | **Indicate** if you share information with third-party organizations. |  |
| 1. **BAA** | **Only if it has changed** in the last 12 months, indicate if business associate agreements are being used when appropriate. |  |
| 1. **DHHS data** | Are you aware of agency duty to inform DHHS and perform an investigation for any suspected privacy incident? |  |
| 1. **Breach** | **In the past 12 months** has the agency or a provider experienced a data or other breach? If so, please describe in a few sentences, including what agency/ies were involved and what steps were taken. |  |
| 1. **Services to staff** | **Is there a policy** regarding staff who may receive services through the agency? (Caregivers, grandparents raising grandchildren, etc.). |  |
|  |  |  |
| 1. **Demographics** | In PeerPlace, run these reports:   1. NAPIS Clients – AAA 2. Served Client Summary - AAA   Run the report for the previous 12 full months of PeerPlace data. Indicate the months of data. For example, if monitoring is in February, a January to December data pull would be used. |  |
| 1. **Client movement** | **In a few sentences**, describe how the agency tracks/manages clients who move into congregate care, and record this move in PeerPlace. |  |
| 1. **Deceased** | **In a few sentences**, describe how the agency ensures clients who die are managed in PeerPlace. |  |
| 1. **Goals** | **Federal, State, Local Goals** |  |
|  | **Provide a brief description of FY19-23 area plan goals & results.**  Progress & numeric information as needed.  A word version of the goals section from the FY19-23 area plan with statistical updates in a contrasting color works well. |  |
|  |  |  |

**Please do not submit documentation such as**

* closed corrective action plans from previous years.
* resolved correspondence between the SUA and the AAA.
* multiple years of documentation related to a question unless it is requested.