**AAA:** Click here to enter text.
**AAA Staff Interviewed:** Click here to enter text.

**SUA Reviewer:** Click here to enter text.
**Date of Visit:** Click here to enter a date.

**Older Americans Act Title III, Part A, Section 307**

**AAAs (Aging Partners, BRAAA, NENAAA, and SCNAAA) – Please submit the following documents with the tool for review and note the information below:**

* Legal Provider Contract(s), legal provider policies, if any, and other AAA-specific documents about the Legal Assistance Program

Staff completing this tool should be the program staff responsible for the day-to-day work and legal services provider. Please list individuals in your AAA who participated in completing this tool:

Click here to enter text.

SUA will meet with program staff individually during the monitoring visit.

Note: Responses to questions listed in **“blue”** must be provided by the Legal Services Provider

**Part 1: AAA Response Section**

**Section I – Legal Needs**

1. **How do you promote the availability of Title III-B legal assistance programs to older Nebraskans?**
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.

**Comments:**

Click here to enter text.

1. **What additional outreach is done to reach the underserved populations?**
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.

**Comments:**

Click here to enter text.

1. **When did you implement the Nebraska Elder Legal Risk Detector, and what populations are you targeting?**

Click here to enter text.

1. **How has the NELRD helped improve your legal assistance program?**

Click here to enter text.

1. **How can the SUA support you in utilizing NELRD to improve and increase services to your clients?**

Click here to enter text.

**Section II - Relationship with Providers**

1. **Does your Legal Provider provide adequate quality and quantity of legal services?**

Yes [ ]  No [ ]

**Comments:**

Click here to enter text.

1. **Do you feel you are getting adequate feedback from your legal provider regarding the number of individuals served and the outcome?**

Yes [ ]  No [ ]

**Comments:**Click here to enter text.

1. **How does your agency utilize your website to help with legal assistance and outreach, and what opportunities are there to improve?**
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.

**Comments:**

Click here to enter text.

1. **How does your agency distribute the Surrogate Decision Making booklets to clients and organizations?**
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. **How does your agency determine how the priority of cases for your legal assistance program is handled? (check all that apply)**

[ ]  Internally [ ]  Input from Legal Provider [ ]  Older persons in your community

 **Comments:**

 Click here to enter text.

1. **Is legal outreach provided to persons in (check all that apply):**

[ ]  Long Term Care Facilities [ ]  Assisted Living Centers
[ ]  Isolated Elderly [ ]  Homebound Elderly

**Comments:**

Click here to enter text.

1. **How do you ensure that non-lawyers involved in providing legal assistance are not giving advice or providing legal representation? (Legal Standards, page 17 #6)**

Click here to enter text.

1. **Do program staff attend at least one training related to the Title III-B legal assistance contract each year, and do you notify your legal provider of available training opportunities? (Legal Standards page 18, #7)**

Yes [ ]  No [ ]

**Please list the training(s) attended by staff:**

Click here to enter text.

1. **Are there any specific training topics you think would benefit your staff that aren’t currently available?**

Click here to enter text.

1. **Does your legal services provider provide you program activity reports in addition to those required by the State Unit on Aging, i.e., under your contract with the provider? If so, please provide a copy.**

Yes [ ]  No [ ]

**Comments:**

 Click here to enter text.

1. **Have you used:**

**Self-help resources available at Legal Aid Access 2 Justice Clinics (Lincoln and Omaha)**

Yes [ ]  No [ ]

**Electronic self-help resources**

Yes [ ]  No [ ]

**www.NE.legalanswers.org**

Yes [ ]  No [ ]

**Law School Clinics (Legal Standards, page 32, Appendix)**

Yes [ ]  No [ ]

**Comments:**

Click here to enter text.

1. **How have you monitored your legal service provider contract(s)?**

**Comments:**

Click here to enter text.

 **Were there any significant findings?**

 Yes [ ]  No [ ]

**If yes, have they been resolved?**Yes [ ]  No [ ]

**Section III – Barriers to Improving Legal Services**

1. **List the top three barriers to improving the quantity and quality of legal services in your area.**
2. Click here to enter text.
3. Click here to enter text.

1. Click here to enter text.
2. **What efforts have been made to identify other sources of legal assistance, such as:**

**Private attorneys, law students, or volunteer lawyer listings that the provider utilizes?**Click here to enter text.

**Section IV – Future Outlook for Legal Services (Non-Monetary Issues)**

1. **How can the provider be of additional help to the AAA?**

Click here to enter text.

1. **How can the State Unit on Aging/Legal Services Developer be of additional help to the AAA or the Legal Service Provider?**

 Click here to enter text.

1. **Do you have any suggestions for different forms of assistance or outreach that could help reach more aging adults in the future?**

Click here to enter text.

1. **What resources did your legal assistance program need that did not have to effectively meet the legal needs of the seniors in your PSA this past fiscal year?**

Click here to enter text.

1. **What are the most common issues you hear about, and have they changed from last year?**

Click here to enter text.

1. **Provide three characteristics that best exemplify your program’s strength.**
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. **What do you believe your legal services program can accomplish within the next five (5) years that it has yet to achieve?**

Click here to enter text.

**Thank you for your time and assistance**

**Part 2: Contracting Attorney Response Section**

**Section I: Relationship with Providers**

1. **Are the priority of cases for the legal provider to handle specified under the contract?**Yes [ ]  No [ ]

**Comments:**

Click here to enter text.

1. **What priorities has the provider established concerning outreach and community education sessions?**
	1. Click here to enter text.
	2. Click here to enter text.
	3. Click here to enter text.

**Comments:**

Click here to enter text.

1. **Does the provider have and distribute pamphlets/flyers describing the legal program and its services?**

Yes [ ]  No [ ]

**(If yes, please provide copies)**

**Comments:**

Click here to enter text.

1. **Community education schedules**:

**Has a schedule for community education events been developed?
This needs to be done locally.**

Yes [ ]  No [ ]

**Please provide a copy.**

1. **Do you track where you’ve presented to ensure you reach different communities in the service area?**

Yes [ ]  No [ ]

**What system is in place when changes in the schedule must be made?**

Click here to enter text.

1. **Does the provider have a client grievance procedure?**

Yes [ ]  No [ ]

**(If yes, please provide a copy of the procedure)**

**Comments:**

Click here to enter text.

1. **Does appropriate staff have access to research tools? (Legal Standards page 16)**

Yes [ ]  No [ ]

 **Specify:**Click here to enter text.

1. **Is outreach and education provided to the target groups on their most critical legal needs? (Legal Standards page 16 - This question applies to both AAAs and Legal Services Providers)**

Yes [ ]  No [ ]

**Comment on how it is provided:**

Click here to enter text.

1. **Do you ensure that all Para Legal/Legal Assistants are supervised directly by an attorney and adhere to the Code of Ethics and Professional Responsibility of the National Association of Legal Assistants? (Legal Standards page 17, #5)**

Yes [ ]  No [ ]

1. **Do clients voluntarily contribute to the cost of the legal services they receive? Contributions received are used to expand the legal assistance program. The legal provider’s policy should not condition future assistance on the client’s willingness or unwillingness to contribute. (Legal Standards, page 18, #9).**
Yes [ ]  No [ ]
2. **Do you, at a minimum, provide three levels of services: Advice and Consultation, Brief Services, and Referral for more in-depth services? (Legal Standards, page 22, #7)**

Yes [ ]  No [ ]

**Comments:**

Click here to enter text.

1. **Have you demonstrated to your AAA the capacity to provide legal assistance in the principal language spoken by clients in areas where many clients do not speak English as their primary language? (Legal Standards, page 22, #12).**

Yes [ ]  No [ ]

**Comment on how this is done**:

Click here to enter text.

1. **Do you find the reporting form for the Legal Assistance Developer easy to use, and do you have any suggestions for improvement?**

**Comments:**

Click here to enter text.

1. **Do you coordinate services with the AAA staff and Legal Services Developer on programs such as Long Term Care Ombudsman program, Senior Medicare Patrol, Caregiver, Nutrition, and Medicaid Waiver in developing and utilizing a procedure for case acceptance and referrals? (Legal Standards, page 23, #15)**

Yes [ ]  No [ ]

**Comments:**

Click here to enter text.

1. **Do you plan to coordinate services with the local Legal Services Corporation? (Legal Standards, page 23, #16)**

Yes [ ]  No [ ]

**Comments:**

Click here to enter text.

1. **If you cannot handle the case under the Title IIIB contract, do you provide the clients with a rotating list of attorneys practicing in the same geographic area? (Legal Standards, page 23, #17)**

Yes [ ]  No [ ]

N/A for Legal Aid (cases are referred to the Volunteer Lawyer Project) [ ]

 **Please provide a list of attorneys:**

Click here to enter text.

1. **Do you have protocols and a program policy for referral of fee-generating cases? (Legal Standards, page 23, #2)**

Yes [ ]  No [ ]

**Please provide a copy.**

1. **Have you developed a program policy on conflict of interest that, at a minimum, includes provisions for identifying and resolving conflicts for employment and other activity outside the Title IIIB program and extends to persons employed part-time or providing services voluntarily? (Legal Standards, page 23, #3)**

Yes [ ]  No [ ]

**Please provide a copy of the policy.**

**Section II – Accessibility to Services and Referrals**

1. **Do you work with the AAA to ensure that legal services are equally available in all areas of your PSA? (Legal Standards, page 21, #1)**

Yes [ ]  No [ ]

**Isolated Elderly?** [ ]  **Yes** [ ]  **No**

**Homebound?** [ ]  **Yes** [ ]  **No**

**Facility-based Individuals?** [ ]  **Yes** [ ]  **No**

**What percentage of intake is done?**

 **Senior Centers? \_\_%**

**Meal Sites? \_\_%**

**Facilities? Or \_\_%**

**Other locations? \_\_%**

1. **Does the provider refer fee-generating cases to other entities?**

Yes [ ]  No [ ]

**If yes, who are the cases being referred to?**

Click here to enter text.

1. **Does the provider make referrals to (check all that apply): All**[ ]  **SHIIP** [ ]  **Income Tax Volunteers** [ ]  **Case Management**
2. **What is the response time on referrals from AAA to the provider to contact a client? What is the average wait for an appointment?**

Click here to enter text.

1. **What are your procedures in an emergency where time is essential?**

Click here to enter text.

1. **Has the provider established client intake and processing procedures?**

Yes [ ]  No [ ]

**If yes, explain them:**

Click here to enter text.

1. **Does the provider record why some cases are not accepted?**

Yes [ ]  No [ ]

**What are the primary reasons for not accepting a case?**

Click here to enter text.

1. **Does your AAA assure that the provider does not require an older person to disclose information about income or resources as a condition for providing legal assistance? (Note: Legal Aid of Nebraska may ask for income or resources information, but other providers may not)**

Yes [ ]  No [ ]

**Comments**:

Click here to enter text.

1. **How did you ensure clients’ needs were met during the COVID-19 pandemic? What processes changed, both temporarily and permanently?**

Click here to enter text.

**Section III – Barriers to Improving Legal Services**

1. **Has the provider involved the private bar to support older individuals’ legal needs?**

Yes [ ]  No [ ]

1. **Has the provider developed and implemented a procedure to measure client satisfaction?**

Yes [ ]  No [ ]

**If yes, please describe the procedure and provide a copy of the survey:**

Click here to enter text.

1. **Has the provider taken steps to change the program based on the responses from older persons to the satisfaction surveys?**Yes [ ]  No [ ]

**Comments:**

Click here to enter text.

1. **Discuss any training received by the provider or AAA staff. Is there training that the provider needs that has yet to be obtained?**

Yes [ ]  No [ ]

**Comments:**

Click here to enter text.

1. **What were the major substantive issues for the provider in the last fiscal year?**

Click here to enter text.

**Section IV – Future Outlook for Legal Services (Non-Monetary Issues)**

1. **Can the AAA provide you with additional help?**

Yes [ ]  No [ ]

**Comments:**

Click here to enter text.

**Thank you for your time and assistance**