**Instructions for Completing I & OC Monitoring Tool-HCCBG/ARPA**

This tool has been modified to include monitoring for HCCBG and ARPA funding of the service. Make copies as needed.

Reminder: I&OC has two codes for budgeting and reporting. Code 040 is for the I&OC budget and the reporting of number Information and Assistance contacts. Code 440 is for reporting Options Counseling clients and the reporting of one unit per client per month of Options Counseling.

**For HCCBG** **[040/440] or ARPA codes [050/441] programmatic monitoring:**

Complete pages 2 – 13, and provider completes page 15.

When selecting a random sample of clients for Options Counseling record review, the monitor should select clients from both funding sources if applicable.

Two items on the monitoring tool have been identified that may continue to be impacted by COVID-19. They are:

#15. Agency delivers Options Counseling in the setting and by the method desired by the individual.

#20. Evidence exists that the Agency has provided educational opportunities about the Options

 Counseling service to its community partners.

If the agency’s service delivery has been impacted by COVID-19 on these items, they may be marked as N/A with an explanation made in the comments section.

Examples of explanations:

For #15: Due to COVID-19 the agency is providing I & OC via phone and email.

For #20: Due to COVID-19 and limited capacity for virtual meetings, the agency is unable to provide educational opportunities about Options Counseling to community partners.

**For HCCBG [040/440] or ARPA codes [050/441] Fiscal Verification Only:**

Complete page 8.

**Note:** If a provider is conducting a self-assessment on part or all of the monitoring tool, a signed and dated attestation statement should be included with the completed monitoring tool.

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES AND

NC AREA AGENCIES ON AGING

**PERFORMANCE REVIEW: INFORMATION AND OPTIONS COUNSELING**

**Part I: Program Verification**

Agency:       Date:

Agency Staff Interviewed:

Signature of Reviewer:

Funding Source (check all that apply): [ ]  HCCBG [040/440] [ ]  ARPA [050/441]

**PROGRAM DEFINITION –** (Complete Questions 1- 3 **last**)

1. Agency provides Information. (III A&B) Yes [ ]  No [ ]

2. Agency provides Assistance. (III A&B) Yes [ ]  No [ ]

3. Agency provides Options Counseling. (III C)Yes [ ]  No [ ]

 **(1-3 must be “yes” to be in compliance with the Information and Options Counseling Service Standards)**

CLIENT ELIGIBILITY

4. Persons served are age 60 years of age or older or are Yes [ ]  No [ ]  N/A [ ]

 acting on behalf of a person 60 years of age or older.

 (IV.B.) (i.e. Client Record, Promotional materials, Service Policies, etc.)

 Documentation reviewed/Comments:

**MARKETING AND SERVICE PROMOTION**

5. Agency can show evidence that it promotes the Yes [ ]  No [ ]  N/A [ ]

 Information, Assistance and Options Counseling components

 of this service. (V.C.) (i.e.) Media, PSAs, fliers, newsletters, brochures, presentations, etc.)

 Documentation reviewed/Comments:

**SERVICE PROVISION**

6. Agency has records to show collection of information Yes [ ]  No [ ]  N/A [ ]

 to state the problem/concern of the individual.

 (VI.B.1) (i.e. Client Record, Information Log)

 Documentation reviewed/Comments:

7. Agency has records to show that an individual Yes [ ]  No [ ]  N/A [ ]

 received information related to stated problem/concern.

 (VI.B.2.) (i.e. Client Record, Information Log, etc.)

 Documentation reviewed/Comments:

8. Agency records show that an individual was referred Yes [ ]  No [ ]  N/A [ ]

 to appropriate services. (VI.B. 3) (i.e. Client Record, Information Log, etc.)

 Documentation reviewed/Comments:

9. Agency records show evidence that the Agency Yes [ ]  No [ ]  N/A [ ]

 researched information in order to meet the client’s needs.

 (VI.B.4.) (i.e. Updated resource file connected with case, Worker’s explanation of worker’s process)

 Documentation reviewed/Comments:

10. A plan exists stating outcomes expected for clients Yes [ ]  No [ ]  N/A [ ]

 receiving Assistance. (VI.B.5.) (i.e. Client Record, etc.)

 Documentation reviewed/Comments:

11. Agency records show how staff coordinated services Yes [ ]  No [ ]  N/A [ ]

 to meet the client’s needs. (VI.B.6) (i.e. Client Records, etc.)

 Documentation reviewed/Comments:

12. Agency records show follow-up. (VI.B.7.) Yes [ ]  No [ ]  N/A [ ]

 (i.e. Client Records, etc.)

 Documentation reviewed/Comments:

13. Agency records show how staff advocated on behalf Yes [ ]  No [ ]  N/A [ ]

 of an individual or group of individuals. (VI.B.8)

 (i.e. Letters of Support, Client Records, Presentations, etc.)

 Documentation reviewed/Comments:

 14. Agency has process for receiving initial inquiries for Yes [ ]  No [ ]  N/A [ ]

 Options Counseling. (VI.C.) (i.e., Verbal explanation or written procedure)

 Documentation reviewed/Comments:

 15. Agency delivers Options Counseling Yes [ ]  No [ ]  N/A [ ]

 in the setting and by the method desired by the individual.

 (VI.C) (i.e., Client Records, etc.)

 Documentation reviewed/Comments:

1. Agency has the capacity to meet with individuals in a Yes [ ]  No [ ]  N/A [ ]

 confidential setting. (VI. C) (i.e., Client Records, Attachment D. #3, etc.)

 Documentation reviewed/Comments:

1. Agency records show the 4 Options Counseling components Yes [ ]  No [ ]  N/A [ ]

 were conducted (personal interview, facilitated decision

 support process, action plan developed unless declined,

 follow-up. (VI.C) (i.e., Client Records, etc.)

 Documentation reviewed/Comments:

**COMMUNITY PARTNERSHIPS AND SERVICE COORDINATION**

18. Evidence exists that the Agency has cooperative working Yes [ ]  No [ ]  N/A [ ]

 relationships with key service provider agencies. (VII.C.1.)

 (i.e. letters of agreement, minutes of collaborative activities, joint committees, fliers,

 community events, joint publications, client records)

 Documentation reviewed/Comments:

19. Evidence exists that the Agency has coordinated services Yes [ ]  No [ ]  N/A [ ]

 with other provider agencies on behalf of clients. (VII.C.2.)

 (i.e. documentation in client record, phone calls to providers, copies of referral forms,

 letters of agreement between agencies, etc.)

Documentation reviewed/Comments:

 20. Evidence exists that the Agency has provided educational Yes [ ]  No [ ]  N/A [ ]

 opportunities about the Options Counseling service to its

 community partners.

 (i.e. agenda, event flyer) (VII.C.3.)

 Documentation reviewed/Comments:

**RESOURCE FILE DEVELOPMENT AND MAINTENANCE**

21. Agency maintains a resource file either on computer or Yes [ ]  No [ ]  N/A [ ]

 manually. (VIII.B.)

 Documentation reviewed/Comments:

22. Agency Resource File has been updated within the Yes [ ]  No [ ]  N/A [ ]

 last 12 months. (VIII.B.)

 Documentation reviewed/Comments:

23. The profile of each organization includes but is not Yes [ ]  No [ ]  N/A [ ]

 limited to: a) legal name, common name or acronym,

 b) address, c) telephone number, d) days/hours of

 operation, e) service(s)/program(s) provided, f) area

 served, g) branch offices. (VIII.B.1.) (All must be in place to answer yes)

 Documentation reviewed/Comments:

24. Staff providing Information, Assistance and Options Yes [ ]  No [ ]  N/A [ ]

 Counseling components have access to the

 Resource File. (VIII. B.2.)

 Documentation reviewed/Comments:

25. Resource File includes both public and private resources. Yes [ ]  No [ ]  N/A [ ]

 (VIII.C.)

 Documentation reviewed/Comments:

**SERVICE DOCUMENTATION**

26. Agency maintains a daily log or tracking system of Yes [ ]  No [ ]  N/A [ ]

 contacts that includes the date, nature of the concern

 and action taken. (IX.B.(a) & (b)) (See Attachment A)

Documentation reviewed/Comments:

27. For persons receiving Assistance, a record/file exists Yes [ ]  No [ ]  N/A [ ]

 including a) client ID information, b) identification of

 client needs; c) client plan; d) action taken and/or agency

 referral made, and date; and e) follow-up contact and

 date. (IX.B.(c)) (See Attachment A)

 Documentation reviewed/Comments:

28. Agency has written procedures in place to assure Yes [ ]  No [ ]  N/A [ ]

 confidentiality of client information. (IX. B.(d))

 Documentation reviewed/Comments:

29. For persons receiving Options Counseling, agency Yes [ ]  No [ ]  N/A [ ]

 maintains a system to document Options Counseling

 contacts with each individual in paper or electronic format.

 (IX.C.) (i.e., check client records)

 Documentation reviewed/Comments:

30. For persons receiving Options Counseling, client files Yes [ ]  No [ ]  N/A [ ]

 have required documentation. (IX.C.) (i.e., check client records)

Documentation reviewed/Comments:

31. For persons receiving Options Counseling, a copy of the Yes [ ]  No [ ]  N/A [ ]

 completed Action Plan is provided, unless Action Plan

 development is declined and noted in client record. (IX.C.)

 (i.e. check client records)

Documentation reviewed/Comments:

**REPORTING & REIMBURSEMENT**

32. Agency reports monthly summary of client contacts to the Yes [ ]  No [ ]  N/A [ ]

 Aging Resources Management System (ARMS).

 (X.C.1.) (i.e. Compare ZGA 546 report to Agency records)

 Documentation reviewed/Comments:

33. Agency registers clients receiving Options Counseling Yes [ ]  No [ ]  N/A [ ]

 using the Client Registration Form – DAAS 101 (Long

 Form). (X.C.)

 Documentation reviewed/Comments:

34. Agency enters 1 unit per client into ARMS for each month Yes [ ]  No [ ]  N/A [ ]

 a client receives Options Counseling. (X.C.) (ZGA 542)

**STAFF COMPETENCE AND SUPERVISION**

34. Agency orientation program for Information and Yes [ ]  No [ ]  N/A [ ]

 Assistance includes at a minimum: purpose and function

 of I & A; role of the agency; administrative structure

 and policies for providing the service. (XII.B.1.)

 (i.e. orientation schedule, agenda, manual, training notes, etc.)

 Documentation reviewed/Comments:

35. Staff participated in an orientation program. (XII.B.1.) Yes [ ]  No [ ]  N/A [ ]

 (i.e. Personnel files, records of training, Attachment B, etc.)

 Documentation reviewed/Comments:

36. Agency has designated staff (either full-time, part-time, Yes [ ]  No [ ]  N/A [ ]

 or volunteer) to provide the service. (XII.C.1 & C.1.a.)

 (i.e. job descriptions, organizational charts, staff roster, business cards, etc.)

 Documentation reviewed/Comments:

37. Agency has at least one certified Options Counselor. Yes [ ]  No [ ]  N/A [ ]

 (XII.C.1.a.) (i.e., Check for current certificate)

 Documentation reviewed/Comments:

38. Staff has office space, phone and record keeping/ Yes [ ]  No [ ]  N/A [ ]

 reporting systems. (XII.C.1.b.)

 (i.e. daily log, client records, computer system or forms, etc.)

 Documentation reviewed/Comments:

39. Staff designated to provide Information, Assistance Yes [ ]  No [ ]  N/A [ ]

 and Options Counseling received at least ten hours of

 training each year. (XII.C.1.c.)

 (i.e. Training records, personnel files, Attachment B, etc.)

 Documentation reviewed/Comments:

40. Supervision was provided to all Information, Assistance Yes [ ]  No [ ]  N/A [ ]

 and Options Counseling staff. (XII.C.1.d.)

 (i.e. Personnel Files, etc.)

 Documentation reviewed/Comments:

41. Supervisor assessed the competency of I & OC staff. Yes [ ]  No [ ]  N/A [ ]

 (XII.C.1.d.) (i.e. Attachment C and Appendix 12 in I&OC Standards or Personnel Files.)

 Documentation reviewed/Comments:

42. Options Counselor Supervisor completed the Options Yes [ ]  No [ ]  N/A [ ]

 Counseling Concepts and Standards training. (XII.C.2.c)

 (i.e., Certificate)

 Documentation reviewed/Comments:

43. Options Counselor Supervisor has a copy of each Options Yes [ ]  No [ ]  N/A [ ]

 Counselor’s certificate on file. (i.e. review file) (XII.C.2.c)

 Documentation reviewed/Comments:

44. Options Counselor Supervisor annually reviews each Options Yes [ ]  No [ ]  N/A [ ]

 Counselor’s client records using the Documentation Checklist.

 (i.e. review completed documentation checklists) (XII.C.2.c)

 Documentation reviewed/Comments:

**Please explain any questions with extenuating circumstances or N/A answers:**

**Notes:**

**Part II: Fiscal Verification**

Agency:       Date:

Agency Staff Interviewed:

Signature of Reviewer:

Check all that apply: [ ]  HCCBG funds [040/440] [ ]  ARPA funds [050/441]

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

1. Agency budget *(e.g., DAAS 732 A)* shows monies Yes [ ]  No [ ]  N/A [ ]

 (Including match if applicable) are used to support

 the I & OC service.

 Documentation reviewed/Comments:

2. If positions are funded, Agency budget *(e.g., DAAS 732 A1)* Yes [ ]  No [ ]  N/A [ ]

shows I & OC designated position(s) and % of position(s)

funded for I & OC.

 Documentation reviewed/Comments:

1. If the agency has collected consumer contributions, Yes [ ]  No [ ]  N/A [ ]

the ZGA 370 YTD matches the agency’s YTD

financial records.

 Documentation reviewed/Comments:

1. At the time of the review, the % utilization rate is consistent Yes [ ]  No [ ]  N/A [ ]

with budget projections for the fiscal year.

*(E.g., ZGA 370 YTD)*

Documentation reviewed/Comments:

 If not, describe any extenuating circumstances and/or

 planned adjustments.

5. Any expenses for I & OC (e*.g., payroll records, agency’s*   Yes [ ]  No [ ]  N/A [ ]

 *general ledger, agency’s expense account)* for I & OC

 can be attached to a function of the I & OC service.

 *(Select a month of reimbursement in ARMS and document*

 *that reimbursement correlates with actual expenses.*

Documentation reviewed/Comments

#### Attachment A:

####  Service Documentation

**CLIENT DATA OR RECORD REVIEW:** Used to support monitoring decisions for client eligibility,

service provision, and service documentation in Part 1: Program Verification.

1. **Information**

Request all data on log (paper or electronic) for a given month. Sample 1/10 of contacts for each staff persons handling Information contacts with multiple days of the month included. The maximum per staff member should be 10. If there are fewer than 10 log entries, review all.

If data is missing from more than 20% of sampled contacts, then corrective action may be needed.

For each of the contacts sampled, check ([x] ) if the data exists.

STAFF PERSON #1

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Date |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Nature of concern |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Action taken |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

STAFF PERSON #2

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Date |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Nature of concern |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Action taken |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

STAFF PERSON #3

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Date |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Nature of concern |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Action taken |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**2. Assistance**

Request all client records (paper or electronic) for a given month. Use a random sample of 1/10 of Assistance records (or a minimum of 10 client records); if there are fewer than 10 records, review all. Make sure that a least one record maintained by each staff member providing “Assistance” is included in the sample. Look for trends by staff person.

Items 1-8 should be found in each record. If absent in more than 20% of records, corrective action may be needed. Items 9 and 10 should be found in record, based on the assistance requested/indicated. If not included in more than 20% where requested/indicated, corrective action may be needed.

For each of the records sampled, check ([x] ) if the data exists.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| CLIENT INITIALSor LAST NAME |       |       |       |       |       |       |       |       |       |       |       |       |
| 1. Date of contact |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 2. Client ID (name,  address, phone) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 3. Client/caregiver age eligible (60+) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 4. Client needs (problems) identified |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 5. Info given to  address needs |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 6. Referral(s) made  and date |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 7. Client plan exists |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 8. Follow-up contact  and date  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 9. Coordination of  services |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 10. Individual/ family advocacy |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**3. Options Counseling**

Request all client records (paper or electronic). Use a random sample of 1/10 of the agency’s Options Counseling records (or a minimum of 10 client records); if there are fewer than 10 records, review all. It is likely that multiple months will need to be reviewed to have a full sample. Make sure that a least one record maintained by each staff member providing “Options Counseling” is included in the sample. Look for trends by staff person.

Items 1-11 should be found in each record. If absent in more than 20% of records, corrective action may be needed.

For each of the records sampled, check ([x] ) if the data exists.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| CLIENT INITIALSor LAST NAME |       |       |       |       |       |       |       |       |       |       |       |       |
| 1. Dates of  contact. |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 2. Client ID (name,  address, phone) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 3. Client age (60+) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 4. Setting & Method of contact noted. |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 5. Each contact is  dated & amount of  time spent recorded. |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 6. Summary of  contacts provide a  clear picture of  client’s situation &  addresses:  preferences &  needs, options  discussed, &  options selected.  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 7. Counselor’s initials or signature & date  are present for each contact. |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 8. Summary, or  electronic  attachment, or  a written copy of action plan (unless  declined &  documented). |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 9. Action plan includes components outlined in Standard IX. |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 10. Follow-up outlines  client’s current  situation,  outcomes since last contact,  whether Action  Plan steps  occurred, if not,  why, & any next  steps needed.  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 11. Notation & date  when Options  Counseling ends. |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Attachment B**

**Review of Progress: Information and Options Counseling Staff**

#

Names of I & OC Staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |       |       |       |       |
| 1. Date began I & A  responsibilities  |       |       |       |       |
| 1. 2. Date began Options
2. Counseling responsibilities
 |       |       |       |       |
| 1. 3. Date orientation completed

 (mark for first year only) |       |       |       |       |
| 1. Annual 10 hours of training completed (specify year reviewed and total number of training hours)
 |       |       |       |       |
| 5. Assessment of competence is  addressed by supervisor:  date occurrences (i.e. annual  review) |       |       |       |       |

Attachment C

Competencies for I & A Functions Only

Technical Assistance Tool for Supervisors **(*Not Required*)**

Name of Staff Member:

|  |  |  |  |
| --- | --- | --- | --- |
| COMPETENCIES | Yes(date) | No(date) | Working on(date) |
| 1. Is polite and patient when talking on phone or interviewing  client/family |       |       |       |
| 2. Asks appropriate questions to determine needs   |       |       |       |
| 3. Able to use screening tools well   |       |       |       |
| 4. Uses own skills (or agency tool) to ask probing questions to  identify other problems |       |       |       |
| 5. Conducts in-depth assessment with clients/families who need  more than Information |       |       |       |
| 6. Gives caller/client options for addressing problems; give options  for solutions when appropriate |       |       |       |
| 7. Makes appropriate linkages between needs and available  services or other resources |       |       |       |
| 8. Uses and updates Resource File correctly   |       |       |       |
| 9. Researches resource information or possible resolutions to  questions requested by caller/client |       |       |       |
| 10. Recognizes situations or crises unable to handle and asks  for help |       |       |       |
| 11. Assists clients/families in advocating for own needs with other  systems or resources |       |       |       |
| 12. Recognizes situations that need personal or group advocacy  and takes appropriate action |       |       |       |
| 13. Maintains log/tracking system accurately and completely for  Information cases |       |       |       |
| 14. Develops appropriate plans with clients/families for complex  situations (Assistance cases) |       |       |       |
| 15. Maintains client record/tracking system for Assistance cases  with all required information |       |       |       |
| 1. Notes are succinct and to the point
 |       |       |       |
| 17. Maintains client confidentiality in record keeping and in working  with others |       |       |       |
| 1. Establishes follow-up method(s) with clients/families,

 as appropriate |       |       |       |

#### Attachment D

#### Site Review

This document must be completed by the Provider for each site. It must be filed at the site for review by the AAA during the performance review process.

Name of Site:      Date:

Provider Review Completed By:      Title:

1. The site is accessible to the target population. Yes [ ]  No [ ]

2. The site is available for walk-in clients. Yes [ ]  No [ ]

3. A room for confidential interviews with clients is available. Yes [ ]  No [ ]

Write any comments.