|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency:** | | | | **Date:** | |
|  | | | | **Review Period:** | |
| **REVIEW** | **YES** | **NO** | **NA** | **COMMENTS** | **MANUAL REFERENCE** |
| Does the provider have written policies and procedures for processing service recipient grievances? |  |  |  |  | 300.11 |
| Is the Grievance Procedure Policy Posting (Attachment 8) posted in an area that can be seen by all applicants and service recipients at all agency location(s)? |  |  |  |  | 300.2 and 300.6 |
| Are Grievance Forms maintained in an administrative file? |  |  |  |  | 300.6 |
| Are grievance timelines followed per policy? |  |  |  |  | 300.6 |
| Does the provider have an Emergency Contingency Service Operation Plan (ECSOP) for service recipients and office operations? |  |  |  |  | 300.2 |
| Has the agency conducted public meetings to receive input from seniors and other interested parties regarding the services they want the senior service program to provide (for their 2 year service operations plan? |  |  |  |  | 300.2 |
| Was the annual audit presented by the auditor to the board of directors? |  |  |  |  | 300.2 |
| Does the provider have a written prioritization for services policy/process in place? |  |  |  |  | 300.16 |
| Does the provider have written policies and procedures in effect regarding whistle-blowers and the intentional destruction of internal documents per the Sarbanes-Oxley Act? |  |  |  |  | 300.2 |
| Does the provider have written policies and procedures in effect regarding document retention and destruction? |  |  |  |  | 300.2 |
| Does the provider have a written conflict of interest policy ensuring that board members, officers, directors, trustees and/or employees do not have interests that could give rise to conflict? |  |  |  |  | 300.2 and 300.3 |
| Is the Service Recipients Rights and Responsibilities Posting (Attachment 5)posted in a visible area that can be seen by all service recipients at all provider agency locations(s)? |  |  |  |  | 300.2 |
| Is the Personal Conduct Policy Posting/Form (Attachment 9) posted in a visible area that can be seen by all service recipients at all provider agency locations(s)? |  |  |  |  | 300.5.2 |
| Has the provider submitted the board of director list (Board Certification Form) to the AAA and a list of their board members for the current fiscal year? |  |  |  |  | 300.2 |
| Are there signed confidentiality statements for board members? |  |  |  |  | 300.2 and 300.11 |
| Does the board consist of at least seven (7 members) with the following composition:   1. Two individuals sixty years of age or older who are service recipients in programs offered by the provider agency or are eligible to participate in such programs; and 2. Two representatives of agencies located within the providers service area and/or professionals. |  |  |  |  | 300.2 and 300.11 |
| Are all board members in compliance with term limits of no more than ten (10) consecutive years? |  |  |  |  | 300.11 |
| Is the board in compliance regarding no current staff members serving on the board? |  |  |  |  | 300.11 |
| Is the board in compliance with no board members being employed by the provider agency for at least one (1) year after serving as a board member? |  |  |  |  | 300.11 |
| Is the board in compliance with no provider employees serving as a board member for at least one (1) year from their agency employment end date? |  |  |  |  | 300.11 |
| Does the provider have a nepotism policy in place? |  |  |  |  | 300.11 |
| Does the provider agency submit copies of board minutes to the AAA within the required timeframes? |  |  |  |  | 300.11 |
| Are written financial reports provided to all board members at regular board meetings? |  |  |  |  | Nutrition contract/NGA |

**Agency employees who provided information:**

Printed Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AAA monitor(s)/staff:**

Printed Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_