Title III-B Monitoring

**Date:** Select a date

**Area Agency on Aging:** Select an agency

**SUA Reviewer:** Select a reviewer

**AAAs – Please have the following documents available for review and note the information below:**

* Five (5) client intake forms for the month of July 2023
* 15 timesheets for Title III-B Services provided to clients in the month of July 2023
* Copy of Service Priority Procedures

Staff completing this tool should be the program staff responsible for the day-to-day work. Please list individuals who participated in completing this tool:

**Staff:**

**SUA will meet with program staff individually during the onsite visit and will review the State Program Report, program budgets and units of service, and ask questions as needed.**

1. **What Title III-B Services are available and how do clients access them (i.e. intake form, phone, Senior Center, Care Manager, etc.)?**

CFR 45 Sec. 1321.53(b)(3)

*Please provide any documents associated with this process*

1. **How do you offer clients the opportunity to contribute to the cost of Title III-B Services (i.e. monthly statement)?**

CFR 45 Sec. 1321.67(a)(1)

*Please provide five monthly contribution requests for review, representing examples of all ways clients are given the opportunity to contribute (including request for services provided directly AND contracted services)*

1. **Please describe the process and procedures for how Title III-B client data and service units are entered into PeerPlace and reviewed for accuracy.**
2. **How do you identify individuals eligible for assistance under the Older Americans Act, with a special emphasis on older individuals living in rural areas**? (OAA 306(a)(4)(i)), (CFR 45 Sec. 1321.69 (a)), (CFR 45 Sec. 1321.53 (b) (6))
3. **How does your agency provide outreach to older individuals in rural areas to prevent, detect and respond to negative health effects associated with social isolation?** (Sec. 321(a)(8)).
4. **How do you support cultural experiences, activities, and services, including the arts of older individuals you serve?** (Sec 202(a)(5))

7. **How does your agency verify client data and service units for III-B services provided at Senior Centers or by sub-recipients and contractors?**

**8. How does your agency screen for traumatic brain injuries and fall prevention services?** (OAA Sec. 321 (a)(8))