

AREA IV AGENCY ON AGING CONTRACTOR ASSESSMENT TOOL

PROJECT NAME: Broadwater County Public Health Department		
LOCATION: Townsend, Broadwater County, MT		
To answer the questions please place a check mark in either the "Yes" column or the "No" column opposite the question. Comments are optional for further explanation.		
<u>A. ORGANIZATION CONTROL</u>	Y	N
1. Describe the type of organization: Non-profit 501(C)3; Other Non-profit; For Profit; Public Agency. Comment: Non-Profit Local Government - county public health		
2. Is your organization registered with the Montana Secretary of State? Under what organization name? Comment: Registration is not required by the Montana Secretary of State as we are a local government program.		<input checked="" type="checkbox"/>
3. How is your Governing Board selected? Comment: The county commissioners are elected by the citizens of Broadwater County.		
4. Please include a list of the current Governing Board and the current officers of your Board. Comment: Commissioners - Mike Delger, Darrel Folkvord & Debra Randolph.		
<u>B. PERSONNEL SUPERVISION & DEVELOPMENT</u>	Y	N
1. Does your program have written personnel policies and procedures? (If yes, please have available during onsite review)	<input checked="" type="checkbox"/>	
a. Are they available for all employees to review?	<input checked="" type="checkbox"/>	
b. Do you provide a grievance procedure?	<input checked="" type="checkbox"/>	
c. Is there a non-discrimination policy?	<input checked="" type="checkbox"/>	
Comment: Each employee has a copy of the Broadwater County Personnel Policy & Procedure manual. It includes the grievance procedure and the non-discrimination policy. A copy of the manual is also kept in the Public Health Administration office.		
2. Does the program provide up-to-date and written job descriptions that clearly define the duties, responsibilities, qualifications and expectations for all employees and volunteers?		<input checked="" type="checkbox"/>
a. If not both employees and volunteers, which?	Employees	<input checked="" type="checkbox"/>
	Volunteers	N/A
b. Are vacancy notices posted in a public place for all employees to see?		<input checked="" type="checkbox"/>
Comment: We rarely have vacancies for employees.		

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3. Does your program maintain up-to-date and complete personnel files?	✓	
Comment: Each employee's personnel files are kept at the Broadwater County courthouse and are updated as needed.		
4. Do all employees receive an annual performance appraisal?	✓	
Comment: Performance evaluations are done annually.		
5. Have there been any changes to your Management or Fiscal staff in the last 12 months?	✓	
If YES, please list name and position. Teresa Monson, RN - Public Health Nurse Kami Simmons, LPN - Immunizations Diane Stefano - Administrative Assistant Mindy Shaeffer - Receptionist Jerlyn Hamaker - Homemaker Tammy Fowler - Homemaker		
C. PROGRAM MANAGEMENT	Y	N
1. Does your program have an effective planning process in place? (If "no" go to question C.2.)	✓	
a. Have you conducted a needs assessment or survey in the last two years?	✓	
b. Do you have someone who analyzes and compiles the information generated by surveys?	✓	
c. Do you use the information to set program goals and objectives?	✓	
d. Is this information used for other purposes than goals and objectives?		✓
Comment: We conducted a survey in September 2019 and used the information for our program and to serve our clients better.		
2. Does the program effectively promote coordination of services with other area senior service providers?	✓	
a. Please provide examples of how your program effectively works with other providers?		
Comment: Our program works with Meals on Wheels, local physicians, pharmacy needs; the Senior center, the library; foot care, blood pressure & immunization clinics at our public health dept and the Senior Farmers Market Nutrition program.		
3. Does your staff have ready access to a directory of available resources and services for older persons?	✓	
Comment: We have a list of providers and resources called "Access to Functional Needs Resource".		
4. Does your staff make referral to and receive referrals from the Information and Assistance specialists in their area?	✓	
a. Please provide examples of procedures that are in place for making referrals?		
Comment: Referrals are screened using the MASTS aging intake forms.		
b. Please provide examples of referrals that the staff make to the I & A specialist?		
Comment: We make referrals to the Area IV Agency I & A specialist when additional screening is necessary or additional questions arise.		
5. Do you provide training to staff on all of the following subjects?	✓	

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a. Sensitivity to the problems of older persons, particularly those with the greatest economic or social need;	✓	
b. Methods of effectively working with older persons;	✓	
c. Methods of working with older persons with special needs/disabilities;	✓	
d. Range and variety of services provided by the aging network;	✓	
e. Ways to link older persons with appropriate services;	✓	
f. Rules on confidentiality.	✓	

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Comment: Our homemakers are instructed to contact Public Health for any help needed with appropriate services for older and disabled clients.		
<u>D. OUTREACH PRACTICES</u>	Y	N
1. How does your program assure that preference for services are given to older persons with the greatest economic and social needs, with particular attention to minority individuals.		
Comment: Program applicants are screened for needs by public health staff.		
2. Please provide an example of the outreach methods you use to identify those older persons with the greatest economic and social need?		
Comment: We have access to government programs to assist with evaluation of economic and social needs.		
<u>E. FINANCIAL MANAGEMENT</u>	Y	N
1. To ensure proper financial management, does your program:	✓	
a. Establish proper accounting records, which are current and available for an audit;	✓	
b. Account for program funds separately from other agency funds;	✓	
c. Have someone other than the individual that signs the checks reconcile the bank account;	✓	
d. The purpose of travel is recorded on travel vouchers.	✓	
If you don't conform with a-d, please describe your process:		
2. To ensure proper procedures while handling cash contributions to your program do you conform to the following?	✓	
a. Require two signatures for the handling and counting of cash on the "Daily Review" form. The person collecting the cash, and the person receiving the cash to process it further;	✓	
b. Require that the "Daily Review" form was actually signed;	✓	
c. Require that a different person prepare and make the deposit than the person that collected and counted the cash;	✓	
If you don't conform with a-c, please describe your process:		
3. Do you review monthly budget to actual program operating statements to ensure only approved expenditures are being incurred?	✓	
Comment: Required by county and state.		
4. Do you review the grant agreement on a periodic basis to ensure you are in compliance with types of services allowed, matching requirements and special provisions, if applicable?	✓	
Comment: The budget and matching funding requirements for this program are reviewed monthly.		

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	Y	N
5. Does your organization spend \$750,000.00 or more in Federal Funds during the current fiscal year?		✓
If YES, please include your most recent audit report.		
6. If your organization spends less than \$750,000.00 in Federal Funds during the current fiscal year, do you still conduct scheduled audits?	✓	
If YES, please include your most recent audit report.		
7. Does your organization have written fiscal policies?	✓	
If YES, please have available during onsite review.	✓	
If NO, please explain.		
8. Does management of the organization/program promote a culture of following established policies and procedures?	✓	
Comment:		
9. Does your organization/program use an automated accounting system? If so, which one?	✓	
Comment: Black Mountain		
10. If your program uses Area IV Funds to pay staff salaries and benefits:		
a. Do you use a timesheet to record work, sick, vacation and holiday hours?	✓	
b. How often does your organization process payroll? bi-weekly		
c. Is payroll done in-house or outsourced? in-house		
11. Are checks pre-numbered, sequence is accounted for regularly (i.e., check log) and any blank checks are kept in a locked drawer?		✓
Comment: We do not keep checks in our office.		
12. Are monthly bank reconciliations, along with the bank statement, reviewed and initialed by either a Board member or an employee who does not prepare the bank reconciliation?	✓	
Comment: Bank statements are approved by county commissioners.		
13. Does your organization/program make all efforts to protect the Personally Identifiable Information (PII) of your clients and employees? PII is defined as an individual's first name or first initial and last name in combination with any one or more of the following types of information: social security number, passport number, credit card number, bank number, date and place of birth, mother's maiden name, criminal, medical and financial records, or educational transcripts.	✓	

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<p>Please describe your systems in place to handle this. Personally identifiable information is kept in a locked file and only available to employees working with this program.</p>		
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<u>F. REPORTING REQUIREMENTS</u>		Y	N
1. Are you aware of your reporting requirements: Monthly financial reports and Monthly MASTS		✓	
2. Do you want or need training help in order to meet the reporting requirements.			✓
3. Who in your agency is responsible for completing and submitting:			
Monthly Financial reports <u>Diane Stefano</u>			
MASTS reporting <u>Diane Stefano</u>			
Comment:			
<u>G. MATCH REQUIREMENTS</u>		Y	N
1. Is your required match met for the Federal Title III funding?		✓	
a. With county mill money?			✓
b. With in-kind match?		✓	
c. With other resources?		✓	
Comment:			
<u>H. PROJECT COMPLIANCE</u>		Y	N
1. Does the project give participants the opportunity to make voluntary contributions?		✓	
a. Does the system insure privacy of contributions?		✓	
Comment:			
2. Does the program maintain accurate records concerning participants' eligibility?		✓	
Comment:			
3. Are financial reports (including units of service) for the Area Agency on Aging prepared on time and submitted to the area office by the 10th of each month?		✓	
Comment:			
<u>I. AREA IV AGENCY ON AGING 4 YEAR PLAN</u>		Y	N
1. Do you have a copy of the Agency's 4 Year Plan?		✓	
<u>J. PROCEDURES FOR COMPLIANCE WITH GENERAL AND SPECIFIC REQUIREMENTS.</u>		Y	N
1. Political Activities -- Federal Funds cannot be used for partisan political purposes of any kind by any person. Does your program comply with this?		✓	
Comment:			

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2. Do you have a written grievance procedure in place for client issues? Comment:	✓	
K. NUTRITION SERVICES	Y	N
1. Is your program providing the types of service allowed for Title IIIC1 and Title IIIC2 funding? (Congregate and home delivered meals that provide to each participating older individual a minimum of 1/3 of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day; 5 or more days a week.) If "No", skip L2-L6. Comment:		✓
2. Are you meeting the eligibility standards? (Only persons 60 years of age or older, their spouses - regardless of age, volunteers - while they are providing assistance to the nutrition service provider, disabled persons under 60 who reside in housing facilities occupied primarily by the elderly where congregate nutrition services are provided, and individuals with disabilities who reside at home with, and accompany older individuals who are eligible under this act, are eligible for congregate nutritional services. Persons age 60 or older that are homebound by reason of illness or incapacitating disability or otherwise isolated are eligible for home delivered meals. The Area Agency may make their spouses eligible.) Comment:		
3. In providing the above services is there a means for seniors to contribute voluntarily to the meal costs? (Each service must provide each older person with an opportunity to contribute voluntarily to the cost of the services provided, and all such contributions must be used to expand the services of the provider, increase the number of meals served, and provide access, and/or other supportive services directly related to nutrition services. Service providers must establish appropriate procedures to safeguard and account for all contributions made by program beneficiaries.) Comment:		
4. Is your service providing the required Nutritional Assessment forms? Comment:		
5. Are your menus reviewed by a Registered Dietitian? Karen Shevlin, a Registered Dietician contracted through the state, is available to review site menus at no cost to you. Please contact her at (916)719-9390 to have your menu's reviewed. Comment:		

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6. How are menu substitutions handled, are any modified diets/menus being served? If yes, what is being served and to how many participants.		
Comment:		
7. Are you tracking, recording and expensing your commodity inventory?		
CONCLUSION:		
QUESTIONS ANSWERED BY: Teresa Monson, RN		
This assessment must be reviewed by the Organizations board chair.		
SIGNATURE OF BOARD CHAIR:		
TITLE:		
DATE:		
SIGNATURE:		

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