**Oregon Aging and People with Disabilities (APD)**

**Contract, Fiscal and Oregon Medicaid Administrative Claiming (OMAC) Assessment Tool 2024**

**Due Nov. 30, 2024. Please submit to** sua.email@odhsoha.oregon.gov.

AAA:       Date Submitted:

Contact person for assessment questions:       Contact phone number:

**Part 1: Area Agency on Aging (AAA) Contract Review**

When completing and submitting this portion of the assessment, please refer to current, fully executed contract for specific dollar amounts regarding insurance requirements and other specific requirements that vary by type and size of particular AAA.

| **Contract Compliance** | **Yes** | **No** | **Explanation**  |
| --- | --- | --- | --- |
| 1. Does the AAA have an approved Area Plan for the current contract period? (Section 306 of OAA and OAR 411-032-0005)
 | [ ]  | [ ]  | Please provide the date period of the approved plan:       |
| 1. Are National Aging Program Information System (NAPIS) data being collected on all participants and entered into the appropriate database?
 | [ ]  | [ ]  | Describe any anomalies to this contract requirement:       |
| 1. Are criminal record checks being completed on **all** employees of the AAA, volunteers of the AAA, employees/volunteers of AAA subcontractors and any direct care providers for which the AAA provides service authorization? (OAR 125-007-0200 through OAR 125-007-0030 and OAR 407-007-0200 through OAR 407-007-0370)

**Note: Please provide a copy of your AAAs background check policy as part of this monitoring process.** | [ ]  | [ ]  | If no, describe who and why:       |
| 1. Does the AAA follow competitive procurement processes for any solicitation and contract award within the grant dollars associated with this contract? (OAR 411-011-0005)
 | [ ]  | [ ]  | Describe process:       |
| 1. Does the AAA follow all requirements of their responsibility as a Business Associate of ODHS regarding HIPAA? (OAR 943-014-0400 through OAR 943-014-0465, and 45 CFR 164.502 and 164.504)
2. Has the AAA had a HIPAA confidentiality breach requiring a response?
 |  [ ]  [ ]  | [ ] [ ]  | If YES, describe:       |
| 1. Does the AAA have Commercial General Liability Insurance at the amount specified within the contract, if required?
 | [ ]  | [ ]  | List coverage amount:       |
| 1. Does the AAA have Automobile Liability Insurance at the amount specified within the contract. If required?
 | [ ]  | [ ]  | List coverage amount:       |
| 1. Does the AAA have Worker’s Compensation and Employer’s Liability Insurance for the amount specified within the contract? (ORS 656.027, ORS 656.017, ORS 656.126 AND ORS 656.023)
 | [ ]  | [ ]  | List coverage amount:       |
| 1. Do the above insurance policies, with the exception of worker’s compensation policy, list the state of Oregon, its officers, employees and agents as an additional insured?
 | [ ]  | [ ]  | Comments:       |
| 1. Have proof of insurance certificates been provided?
 | [ ]  | [ ]  | Comments:       |
| 1. Has the AAA required these same insurance requirements of any sub-contractor paid through proceeds of these grant dollars?
 | [ ]  | [ ]  | If no, please describe:       |
| 1. Has an annual organizational-wide audit been completed within the past year? (2 CFR Part 200)
 | [ ]  | [ ]  | If no, describe exemption criteria for such audit:       |
| 1. Does the AAA have an Advisory Council(s)? (OAR 410-210)
 | [ ]  | [ ]  | Please specify if SAC, DSAC or both:       |
| 1. Are members of the Advisory Council(s) appointed by the AAA Board of Directors?
 | [ ]  | [ ]  | If not, explain:       |
| 1. Do the Advisory Council(s) include members of consumers served by the AAA, including low income and minority persons?
 | [ ]  | [ ]  | If not, explain:            |
| 1. Do the Advisory Councils:
 |  |  |  |
| 1. Recommend basic policy guidelines for the administration of the AAA?
 | [ ]  | [ ]  | If no, explain:       |
| 1. Advise the AAA with respect to development of the Area Plan and budget, and review the Area Plan prior to completion/submittal?
 | [ ]  | [ ]  | Describe their involvement in Area Plan development:       |
| 1. Meet at least quarterly?
 | [ ]  | [ ]  | Please state frequency of meetings:       |
| 1. Follow public meetings laws? (ORS 192.610 through 192.690)
 | [ ]  | [ ]  | If no, explain:       |

1. Any additional comments or information for this portion of assessment/monitoring?

**Part 2: Area Agency on Aging (AAA) Fiscal Review**

When completing and submitting this portion of the assessment, the AAA should refer to their current, fully executed contract, as well as their current 148/150 spreadsheet and instructions.

| **Fiscal Compliance** | **Yes** | **No** | **N/A** | **Explanation** |
| --- | --- | --- | --- | --- |
| 1. Have all monthly 148/150s for this contract period been submitted within the specified time (i.e. no later than 35th day of following month?)
 | [ ]  | [ ]  | [ ]  | If not, describe:       |
| 1. Has most recent **final** fiscal 148/150 been submitted no later than 90 days (by September 30) after close of state fiscal year?
 | [ ]  | [ ]  | [ ]  | If not, describe:       |
| 1. Has most recent final audited fiscal 148/150 been submitted no later than 180 days (by December 31) after close of state fiscal year?
 | [ ]  | [ ]  | [ ]  | If not, describe:       |
| 1. Has the AAA submitted an electronic copy of their most recent AAA Fiscal Year End financial audit no later than 180 days (by December 31) after close of state fiscal year?
 | [ ]  | [ ]  | [ ]  | If not, describe:       |
| 1. Has the AAA carried forward more than 10% of previous biennium allocation of OAA funding forward into this biennium?
 | [ ]  | [ ]  | [ ]  | If yes, did the AAA receive permission from CSSU to do so?       |
| 1. Has the AAA transferred any OAA funds between titles? (OAA Section 308(b)(4)(A) and (5)(A))
 | [ ]  | [ ]  | [ ]  | If yes, indicate what transfer:       |
| 1. If yes, did the AAA request and receive CSSU approval for the transfer?
 | [ ]  | [ ]  | [ ]  | If not, indicate why:       |
| 1. If yes, did the transfer exceed 30% from IIIB into IIIC; or 30% from IIIC into IIIB; or 40% between IIIC1 and IIIC2; or be allowed as an exception through COVID or other emergent Department declaration?
 | [ ]  | [ ]  | [ ]  | If yes, please explain and detail transfer:       |
| 1. Has the AAA met the minimum expenditure requirements listed below? (OAA Section 307(a)(2))
 |  |  |  |  |
| 1. Expend a minimum, 3% of IIIB funds for In-Home Services as defined in Older Americans Act (OAA)? (OAA Section 102(a)(30) (A-G))
 | [ ]  | [ ]  | [ ]  | If no, explain:       |
| 1. Expend a minimum, 3% of IIIB funds for legal assistance as described in the OAA? (OAA Section 307(a)(11)E))
 | [ ]  | [ ]  | [ ]  | If no, explain:       |
| 1. Expend a minimum, 18% of IIIB funds for access services as described in OAA? (OAA Section 306(a)(2)(A))
 | [ ]  | [ ]  | [ ]  | If no, explain:       |
| 1. Has the AAA used funding for IIID only for Disease Prevention and Health Promotion evidenced based programs? (OAA Section 361)
 | [ ]  | [ ]  | [ ]  | If no, explain:       |
| 1. Has the AAA spent **more than** 10% of Title III allocation (from IIIB, IIIC1, IIIC2 and IIIE) for administration? (OAA Section 304(d)(1)(A))
 | [ ]  | [ ]  | [ ]  | If yes, explain:       |
| 1. OAA Match: (OAA Sections 309(b)(1) and 373(g)(2))
	1. Is the AAA using non federal funds to pay for at least 25% of the total of the administrative expenditures for IIIB, IIIC1, IIIC2 and IIIE services?
	2. Is the AAA using non federal funds to pay for at least 15% of total expenditures for IIIB, IIIC1 and IIIC2 services?
	3. Is the AAA using non federal funds to pay for at least 25% of the total expenditures for IIIE services?
 | [ ] [ ] [ ]  | [ ] [ ] [ ]  | [ ] [ ] [ ]  | If no, explain:      If no, explain:      If no, explain:       |

Any additional comments or information for this portion of assessment/monitoring?

**Part 3: Aging and Disability Resource Connection (ADRC) Oregon Medicaid Administrative Claiming (OMAC) Review**

| **Fiscal Compliance** | **Yes** | **No** | **N/A** | **Explanation** |
| --- | --- | --- | --- | --- |
| 1. Does your Agency participate in Oregon Medicaid Administrative Claiming (OMAC)?
 | [ ]  | [ ]  | [ ]  | If you answer **no** to this question, you can skip the remaining questions in Part 3 of this tool.  |
| 1. Has your ADRC submitted the OMAC invoices quarterly as directed in your ADRC No Wrong Door contract?
 | [ ]  | [ ]  | [ ]  | If not, describe:       |
| 1. Do staff that are completing Medicaid reimbursable tasks participate in the Random Moment sampling?
 | [ ]  | [ ]  | [ ]  | If not, describe:       |
| 1. Are staff entering the Medicaid reimbursable activity in GetCare as directed in the ADRC No Wrong Door contract?
 | [ ]  | [ ]  | [ ]  | If not, describe:       |

Any additional comments or information for this portion of assessment/monitoring?

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