DADS Access & Intake/Area Agencies on Aging  
AAA Area Plan Budget Review & Approval Form  
Fiscal Year 2011

AAA: __________________________ Initial Review Date: __________________________ Review Staff Initials: ________

Fiscal Review & Approval – FY2011 Area Plan Budget:

Review and Approval – Budget Summary Total Worksheet:

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Is the 10% service match requirement met?</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>Is the 25% Title III-E match requirement met?</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>Is the 25% AAA Administration match requirement met?</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td>Is the FY2010 Title III-D Med. Mgmt. requirement met?</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td>Is the FY2010 Title III-D Med. Mgmt carryover match requirement met?</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td>Is the total FY2010 Title III-D Med. Mgmt. requirement met?</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td>Does the Categorical Transfer Cross-check equal “0”?</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** If yes, document actual %; AAA Manager must approve % exceeded. ________, Have transfers exceeded allowable %? [ ] N/A [ ] Yes [ ] No

AAA Manager initialed

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(8)</td>
<td>Are the total NFA resources budgeted?</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| (9) | Is the Ombudsman MOE met? ➔ Certified by Submission ✈ | [ ] Yes [ ] No |

**NOTE:** If no, notify State Ombudsman for approval, attach e-mail documenting approval. Was In-kind budgeted for volunteer ombudsmen? [ ] Yes [ ] No

| (10) | Is all classified SGR budgeted? | [ ] Yes [ ] No |

| (11) | Adequate Proportion Met? ➔ Certified by Submission ✈ | [ ] Yes [ ] No |

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In-home 10%</td>
<td>If required Actual %</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access/Assist 25%</td>
<td>If required Actual %</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal 2%</td>
<td>If required Actual %</td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** If “No” document actual % & receipt of request for waiver. Review the request for waiver for approval and forward w/ budget packet for AAA Manager’s approval. AAA Manager must approve less than required % of adequate proportion budgeted. ________, AAA Manager initialed

<p>| (13 &amp; 14) | Funds Budgeted ➔ RATES: |
|---|---|---|---|---|---|---|---|
| C-1 | [ ] Yes [ ] No | C-2 | [ ] Yes [ ] No | Trans. D/R | [ ] Yes [ ] No |
| Homemaker | [ ] Yes [ ] No | Personal Assistance | [ ] Yes [ ] No | ERS | [ ] Yes [ ] No |</p>
<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Reassurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vol.Placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Rte. Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part. Assesm’t</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(15) Are Unduplicated Persons’ Counts Completed for all required services budgeted?  □ Yes □ No

**Review and Approval – Administration Worksheet:**

1. **SGR:**
   a. Has the AAA budgeted SGR for Administration?  □ N/A □ Yes □ No
   b. If SGR is budgeted, amount? $_______________  (Can not exceed $15,000)
   c. If yes, have all federal funds allocated for Administration been budgeted for Administration?  □ N/A □ Yes □ No
   d. If III-E Administration funds have been transferred, were they transferred to III-E services?  □ N/A □ Yes □ No

2. Has the AAA budgeted carryover Administration funds as allocated?  *AAA Administrative carryover $$ cannot be transferred to service(s) regardless of funding category.*
   - III-B?  □ N/A □ Yes □ No
   - III-C-1?  □ N/A □ Yes □ No
   - III-C-2?  □ N/A □ Yes □ No
   - III-E?  □ N/A □ Yes □ No

**Review and Approval – Service Worksheets:**

1. All fixed rate services:
   a. *Are units entered where program income and local match are budgeted?  □ N/A □ Yes □ No
   b. *Under Residential Repair are Housing Bond $$ budgeted? If so, is in-kind budgeted supporting match?  □ N/A □ Yes □ No
   c. Does each fixed rate service budgeted have at least one unit rate?  □ Yes □ No

**Comments/e-mails noted:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Comments/e-mails noted: ___________________________________________________
### Capital Equipment:

1. Is there a budget for capital equipment/controlled assets?  
   - [ ] Yes  [ ] No  
   - If yes, was required information submitted?  
     - [ ] N/A  [ ] Yes  [ ] No  

2. Do the proposed purchases comply with state and local policies?  
   - [ ] N/A  [ ] Yes  [ ] No  

3. Are proposed purchases approved?  
   - [ ] N/A  [ ] Yes  [ ] No  

### Comments/e-mails noted:

**DADS A&I/AAA Fiscal Review & Approval of the FY2011 Area Plan Budget Completed by:**

Approved by AAA Fiscal Coordinator:  

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
DADS Access & Intake/Area Agencies on Aging
AAA Area Plan Budget Review & Approval Form
Fiscal Year 2011

AAA: __________________________ Initial Review Date: __________________________ Review Staff Initials: __________

Program Review & Approval – FY2011 Area Plan Budget:

Area Plan (AP) Budgeted Services & Required Processes
(16) (a) Are the Area Plan Local Strategies completed? □ Yes □ No
(b) Do they reconcile with the AAA’s current approved Area Plan? □ Yes □ No

Comments/e-mails noted: __________________________________________________________

Area Agency Response: __________________________________________________________

Comments/e-mails noted: __________________________________________________________

Area Agency Response: __________________________________________________________

Data Management (DMS)
1. Has the AAA budgeted Data Management Services? □ Yes □ No
2. Was an acceptable narrative submitted as required, detailing activities/staffing supporting the funds budgeted for the current fiscal year? □ N/A □ Yes □ No
   • If acceptable DMS narrative was not submitted, an e-mail must be sent to AAA Director requesting required narrative to be submitted with noted due date.
3. Are proposed activities/staffing allowable under DMS? □ N/A □ Yes □ No
   • If not, was a budget revision required? □ Yes □ No
   • If not, were revisions completed w/in the required timeframe? □ Yes □ No

Comments/e-mails noted: __________________________________________________________

Area Agency Response: __________________________________________________________
Title III-D Medication Management (TIII-D MM)

1. Did the AAA receive a sanction for non-expenditure of Title III-D Medication Management in two consecutive years (i.e., loss of III-D MM carryover $$)?
   □ Yes □ No

2. Services and amounts budgeted for TIII-D MM $$ → FY2010 & FY2009 carryover:

<table>
<thead>
<tr>
<th>FY08 Title III-D MM Carryover</th>
<th>FY09 TIII-D MM Allocation</th>
<th>Service</th>
<th>$$ Budgeted</th>
<th>Balance</th>
<th>Requirement Met? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$0</td>
<td>Health Maintenance</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>$0</td>
<td>Health Screening</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>$0</td>
<td>Instruction &amp; Training</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>$0</td>
<td>Nutrition Education</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>$0</td>
<td>Nutrition Counseling</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>$0</td>
<td>Evidence-Based Interv</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>$0</td>
<td>Total</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

3. Was an acceptable required narrative submitted, detailing service(s) & activities supporting the funds budgeted for the current fiscal year? □ Yes □ No
   - If an acceptable TIII-D MM narrative was not submitted, an e-mail must be sent to AAA Director requesting required narrative to be submitted.

Comments/e-mails noted:

Area Agency Response:

4. Are proposed activities allowable for TIII-D MM? □ Yes □ No
5. Are proposed activities allowable under TIII-D MM service(s) budgeted? □ Yes □ No
   - If not, was a budget revision required? □ N/A □ Yes □ No

Comments/e-mails noted:

Area Agency Response:

Evidence-Based Prevention Programming (E-BPP):

1. Has the AAA budgeted Evidence-Based Prevention Program Services? □ Yes □ No
2. Was an acceptable narrative submitted, *detailing program(s) and activities* supporting the funds budgeted for the current fiscal year, as required? □ N/A □ Yes □ No
   • If E-BPP an acceptable narrative was not submitted, an e-mail must be sent to AAA Director requesting required narrative to be submitted.

Comments/e-mails noted:

Area Agency Response:

3. Are proposed activities allowable under E-BPP? □ N/A □ Yes □ No
   • If not, was a budget revision required? □ N/A □ Yes □ No
   • If not, were revisions completed w/in the required timeframe? □ Yes □ No

Comments/e-mails noted:

Area Agency Response:

**Evidence-Based Intervention (E-BI):**

1. Has the AAA budgeted Evidence-Based *Intervention* Services? □ Yes □ No

2. Was an acceptable required narrative submitted, *detailing activities* supporting the funds budgeted for the current fiscal year? □ N/A □ Yes □ No
   • If E-BI narrative was not submitted, an e-mail must be sent to AAA Director requesting required narrative to be submitted.

Comments/e-mails noted:

Area Agency Response:

3. Are proposed activities allowable under E-BI? □ N/A □ Yes □ No
   • If not, was a budget revision required? □ N/A □ Yes □ No
   • If not, were revisions completed w/in the required timeframe? □ Yes □ No

Comments/e-mails noted:
Area Agency Response:

AP Budget Review & Approval Summary:

1. Is the budget approved with contingencies/unresolved items? □ Yes □ No
   (If yes, please summarize below)
   - Identify all contingencies and/or unresolved items and the date(s) all contingencies/ unresolved items to be cleared.

Contingencies/Overall Comments: _______________________________________________________________

DADS A&I/AAA Program and Section Manager Review & Approval of the FY2010 Area Plan Budget Completed by:

Approved by Program Coordinator: ________________________________  ________________
                                      Signature                     Date

Approved by Manager, : ________________________________  ________________
                                      Signature                     Date