

**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:

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------------|
| (1) Is the 10% service match requirement met? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Is the 25% Title III-E match requirement met? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is the 25% AAA Administration match requirement met? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Is the FY2010 Title III-D Med. Mgmt. requirement met? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) Is the FY2010 Title III-D Med. Mgmt carryover match requirement met? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (6) Is the total FY2010 Title III-D Med. Mgmt. requirement met? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (7) Does the Categorical Transfer Cross-check equal "0"? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

(8) Are the total NFA resources budgeted? Yes No

(9)

(10) 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

(11) Is all classified SGR budgeted? Yes No

(12) Adequate Proportion Met? → Certified by Submission ←

In-home 10%	If required Actual %	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access/Assist 25%	If required Actual %	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal 2%	If required Actual %	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

(13 & 14) Funds Budgeted → RATES:

C-1	<input type="checkbox"/> Yes <input type="checkbox"/> No	C-2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trans. D/R	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homemaker	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	ERS	<input type="checkbox"/> Yes <input type="checkbox"/> No

Adult Day Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Escort	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Reassurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visiting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vol.Placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fixed Rte. Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Part. Assesm't	<input type="checkbox"/> Yes <input type="checkbox"/> No

(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: _____
Signature Date

**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:

<i>FY08 Title III-D MM Carryover</i>	<i>FY09 TIII-D MM Allocation</i>	<i>Service</i>	<i>\$\$\$ Budgeted</i>	<i>Balance</i>	<i>Requirement Met? (Y/N)</i>
0	\$0	<i>Health Maintenance</i>	\$0	\$0	
0	\$0	<i>Health Screening</i>	\$0	\$0	
0	\$0	<i>Instruction & Training</i>	\$0	\$0	
0	\$0	<i>Nutrition Education</i>	\$0	\$0	
0	\$0	<i>Nutrition Counseling</i>	\$0	\$0	
0	\$0	<i>Evidence-Based Interv</i>	\$0	\$0	
0	\$0	<i>Total</i>	\$0	\$0	

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