**Legal Assistance AAA Self-Assessment Tool**

**I. AREA AGENCY ON AGING INFORMATION**

REGION:

AAA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COG Executive Dir.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AAA Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person to Contact if questions should arise regarding information recorded in this Self-Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. INFO OF PERSON COMPLETING THE SELF-ASSESSMENT**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. DAAS CONTACT INFORMATION**

Kathryn Lanier, Section Chief

Phone: 919-855-3429 Email: Kathryn.Lanier@dhhs.nc.gov

Jennifer Powell, Lead Monitor

Phone: 919-855-3448 Email: jennifer.a.powell@dhhs.nc.gov

**IV. LEGAL ASSISTANCE PROVIDER INFORMATION**

A. Provide the following information for the region you serve:

|  |
| --- |
| Legal Service Provider Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # for Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address for Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Complete the following about the listed legal service provider above:Counties Served: Funding per County Unit Rate Last Monitored Date |
| ex: |  |  |  |
| Durham | $14,148.23 |  $50.00/hour | 3/8/2019 |

Please use additional space to list each legal service provider in your region and each county in your region\*\*

B. If a county in your region does not have a legal service provider, explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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C. If a county in your region has a legal service provider and the Division of Aging & Adult Service’s reimbursement system, ARMS, shows zero claims for reimbursement in that county, from July 1, 2020 until June 30, 2021, please explain below.

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D. Does your legal service provider respond to requests from the AAA in a timely fashion?

ANSWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Is there an area of law the legal service provider should expand in your region due to demand?

If yes, explain:

\*Note-This question is asking about new types of services not already offered by the legal service provider, not if the demand is greater than funding in your region for legal services.

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F. Is the AAA notified if an attorney who offers services under Title III-B funding is reprimanded, barred or censured by the appropriate State Bar?

 ANSWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G. Is the AAA aware of the legal service provider’s policies regarding client conflicts of interest?

 ANSWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. LEGAL ASSISTANCE SERVICES**

A. Number of Persons 60+ Served

1. How many unduplicated persons 60/60+ received legal assistance funding by the Title III-B program during the fiscal year starting July 1, 2019, and ending June 30, 2020, in your region?

 ANSWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Units of Service

1. How many units of service were provided during the fiscal year starting July 1, 2019, and ending June 30, 2020?

ANSWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Explain your AAA’s process for verifying units of service when monitoring?

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a. What documents do you review to verify units of service?

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b. How does the AAA monitor and legal service provider preserve attorney/client privilege while also verifying units of service?

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3. Do you or your provider limit the number of units per client?

a. If yes:

 How?

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Why?

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4. Can the legal service provider bill for travel time? Y/N: \_\_\_\_\_

a. If yes, upon what terms and conditions:

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5. Can the legal service provider bill for outreach/educational activities? Y/N: \_\_\_\_\_

a. If yes, upon what terms and conditions:

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C. Outreach

1. Do your legal assistance providers conduct presentations or seminars? Y/N: \_\_\_\_\_

If yes, do you require the providers to supply you with an outreach plan for the year with scheduled events and agenda information? Please explain or attach the schedule in lieu of explaining.

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a. If the legal service provider(s) conduct(s) presentations or seminars, please provide a list of topics given, to what type of audience, and general date for each legal service provider. A schedule can be attached in lieu of explaining.

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D. Funding

1. How much funding did the AAA allocate for legal assistance in your region for the fiscal year starting July 1, 2020, and ending June 30, 2021?

ANSWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Was the amount allocated to legal services at least two (2) % or higher than the regional amount?

Y/N: \_\_\_\_\_

3. Were all allocated funds used for legal assistance? Y/N: \_\_\_\_\_

a. If yes, approximately how many weeks after the start of the fiscal year did it take before legal funding ran out (July 1, 2020)?

 ANSWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Does your AAA allocate any funding other than Title IIIB legal assistance funds for legal services?

a. If yes, please explain.

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E. Targeting 60/60+ persons in the greatest need

1. How do legal service providers serve:

 a. low income 60+ persons:

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b. racial minorities:

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c. 60+ persons with limited English proficiency

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d. 60/+ persons residing in rural areas

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d. isolated 60+ persons

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**VI. DOCUMENTS**

1. Thank you for your responses. Please email a copy of this self-assessment tool or send a hard copy via US Mail in addition to copies of your most recent monitoring report for the legal service providers.

E mail: Kathryn.Lanier@dhhs.nc.gov

Attn: Kathryn Lanier

NC DHHS-Division of Aging and Adult Services

2101 Mail Service Center

Raleigh, NC 27699-2101