Legal Assistance Tool for Year 2019

Legal Assistance AAA Self-Assessment Tool

I. AREA AGENCY ON AGING INFORMATION

Region:

AAA Name: ______________________________________________________

C.O.G. Executive Dir.: ____________________________________________

AAA Director: __________________________________________________

Name of Person to Contact if Questions about this Self-Assessment Tool:

________________________________________________________________

II. INFO OF PERSON COMPLETING THE SELF-ASSESSMENT TOOL

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

Misty L. Piekaar-McWilliams, Legal Services Developer
Phone: 919-855-4980 Email: misty.piekaar@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:

<table>
<thead>
<tr>
<th>Counties Served</th>
<th>Funding per County</th>
<th>Unit Rate</th>
<th>Last Monitored Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ex: Durham</td>
<td>$14,148.23</td>
<td>$50.00/hour</td>
<td>3/8/2018</td>
</tr>
</tbody>
</table>

** 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:

_____________________________________________________________________

_____________________________________________________________________

C. If a county in your region has a legal service provider and the Division of Aging & Adult Services’ reimbursement system, ARMS, shows zero claims for reimbursement in that county, from July 1, 2018 until June 30, 2019, please explain below.

_____________________________________________________________________

_____________________________________________________________________

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.

_____________________________________________________________________

_____________________________________________________________________

2.
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 60/60+ 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, 2018, and ending June 30, 2019, in your region?

ANSWER: _________________

B. Units of Service

1. How many units of service were provided during the fiscal year starting July 1, 2018, and ending June 30, 2019?

ANSWER: _________________

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

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

3.
3. Do you or your provider limit the number of units per client?
   a. If yes:
      How?
      _________________________________________________________________
      _________________________________________________________________
      _________________________________________________________________
   Why?
      _________________________________________________________________
      _________________________________________________________________
      _________________________________________________________________

4. Can the legal service provider bill for travel time?  Y/N: _____
   a. If yes, upon what terms and conditions:
      _________________________________________________________________
      _________________________________________________________________
      _________________________________________________________________

5. Can the legal service provider bill for outreach/educational activities?  Y/N: _____
   a. If yes, upon what terms and conditions:
      _________________________________________________________________
      _________________________________________________________________
      _________________________________________________________________

C. Outreach

1. Do your legal service 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.
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
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 presentation. A schedule can be attached in lieu of explaining.

D. Funding

1. How much funding did the AAA allocate for legal assistance in your region for the fiscal year starting July 1, 2018, and ending June 30, 2019?

   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, July 1, 2018, did it take before legal funding ran out?

   ANSWER: _________________

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

   a. If yes, please explain.

   _________________________________________________________________

   _________________________________________________________________

   _________________________________________________________________

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

1. How do legal service providers serve:

   a. low income 60+ persons:
b. racial minorities:

________________________________________________________________________

________________________________________________________________________

c. 60/60+ persons with limited English proficiency

________________________________________________________________________

________________________________________________________________________

d. 60/60+ persons residing in rural areas

________________________________________________________________________

________________________________________________________________________

d. isolated 60/60+ persons

________________________________________________________________________

________________________________________________________________________

VI. DOCUMENTS

A. Thank you for your responses. Please electronically mail or forward via United States postal mail, a copy of this self-assessment tool in addition to copies of your most recent monitoring report for all legal service provider(s) in your region. Please note electronic mail is the preferred method of receipt but not required.

E mail: misty.piekaar@dhhs.nc.gov
Mail: Misty L. Piekaar-McWilliams
      NC DHHS
      Division of Aging and Adult Services
      2101 Mail Service Center
      Raleigh, NC 27699-2101