

**NORTH CAROLINA DIVISION OF AGING
AND REGION _____ AREA AGENCY ON AGING
PERFORMANCE REVIEW FOR
FAMILY CAREGIVER SUPPORT PROGRAM**

Agency: _____ Review Date: _____

Agency Staff Interviewed: _____

Signature of Reviewer: _____

Program Verification – Part I

1. SERVICE PROVISION

The contracting agency provides services in one or more of the service categories under the Older Americans Act, the National Family Caregiver Support Program (FCSP) indicated below.
As Amended in 2006 (Public Law 109-365), Title III –E]

Category I: Information to caregivers about available services

Community and program planning, development, and administration	811 _____
Informational/educational programs (large group)	812 _____
Organization and/or participation in community events (e.g., health or resource fairs,)	813 _____
Program promotion (e.g., public service announcements and advertisements)	814 _____
Public information (e.g., printing and distribution of publications, radio, television & newspaper stories)	815 _____
Other as approved by DAAS	816 _____

Category II: Assistance to caregivers in gaining access to Services

Community and program planning, development, and administration	821 _____
Information & Assistance (I&A)-unregistered	822 _____
Care management (assessment, care planning & coordination)	823 _____
Develop caregiver emergency plan (e.g., hospitalization plan, back-up respite service, and enrollment on special needs registry)	824 _____
Other as approved by DAAS	826 _____

Category III: Individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles

Community and program planning, development, and administration	831 _____
Caregiver counseling (caregiver issues, end of life, grief)	832 _____
Organization of support groups (caregiver, widow, peer, disease specific and grief)	833 _____
Workplace caregiver support (e.g., coordination with employer-sponsored caregiver assistance programs)	834 _____
Caregiver training programs	835 _____
Other as approved by DAAS	836 _____

Category IV: Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities

Community and program administration (contract negotiation, reporting, reimbursement, accounting, monitoring and Q.A.)	841	_____
In-home respite (personal care, homemaker, Senior Companions/home visitors)	842	_____
Community respite (adult day center, group respite center, mobile day respite, or other nonresidential program)	843	_____
Emergency respite program (in-home)	844	_____
Emergency respite program (out of home)	845	_____
Institutional respite (institutional setting such as a nursing home or assisted living for a short period of time)	846	_____
Summer camps, after-school programs or child day-care (for grandparents caring for grandchildren)	847	_____
Other short-term respite options (e.g., respite camps and caregiver retreats)	848	_____
Other as approved by DAAS	849	_____

Category V: Supplemental services, on a limited basis, to complement the care provided by caregivers

Community and program administration (contract negotiation, reporting, reimbursement, accounting, monitoring and Q.A.)	851	_____
Home safety interventions/evaluations	852	_____
Handy man, yard work, or household chore work (i.e., house cleaning for caregivers)	853	_____
Medical equipment and assistive technology (not covered by insurance)	854	_____
Home modifications/accessibility (e.g., grab bars, ramps, etc.)	855	_____
Personal emergency response alarm systems	856	_____
Incontinence supplies	857	_____
Telephone reassurance	858	_____
Liquid nutritional supplements (e.g., Ensure or Boost)	859	_____
Home delivered meals (temporary)	860	_____
Legal assistance	861	_____
Other as approved by DAAS	862	_____
Transportation	863	_____
Congregate Meals	864	_____

Updated: Dec 2004
 June 2008
 July 2008
 Sept 2008

2. Individual Client Record Review

Agency _____

State Fiscal Year Reviewed _____

Service Category Reviewed _____

Client (Name or ID)									
Age of Client									
Care Recipient (Name or ID)									
Age of Care Recipient									
Population Served: (adult or GRG/RAP)									
If GRG/RAP: evidence of primary C/G raising and living with minor(s)									
Confidentiality Policy									
Consumer Contribution Signed									
Grievance/Appeal Policy									
DAAS 101 completed (including signature)									
Evidence of client reassessment within past 12 months									
Cat IV & V: 2 ADL's or cognitive impairment is present									
Service period sampled									
Unit of service definition									
"Units" reported in ARMS									
"Units" verified									
Difference in units reported									

Note: Copy this page as many times as needed. Each category of service should be on a separate sheet.

3. METHOD OF SERVICE PROVISION

The FCSP Community Service Provider uses one of the following methods to provide services to caregivers:

a. Direct Service:

The Community Service Provider records show that their employees provide the services in one or more of the five FCSP service categories directly.

Yes ____ No ____ (e.g., Client records, provider employee work records)

b. Arrangement of Services

The Community Service Provider records show that they have negotiated/arranged for any of the five FCSP service categories to be provided by a government or not-for-profit organization with a clearly defined contract and/or agreement.

Yes ____ No ____ (e.g., copy of contract or agreements)

c. Purchase of Service

If they have contracted a private for-profit agency for provision of services, the Community Service Provider records show that they have followed the referenced regulation regarding bidding and awarding of federal funds, if applicable. (Contracting for the FCSP is allowed with private for-profit agencies without bidding out the contracts provided that the contract is for \$25,000 or less. The contractor may use local bidding procedures that are not in conflict with the referenced federal guidelines. The price negotiated should be reasonable with fair market value. Services contracted through the AAA do not require a direct service waiver): DHHS regulations 45 CFR, Part 92.36.]

(e.g., copy of contract, agreements, procedures, and reimbursement records.)

Yes ____ No ____ N/A ____

4. CLIENT ELIGIBILITY

[OAA, Sec 3 (2)]

a. An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction

or

b. Grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption who is 55 years of age or older and—
(A) lives with the child;

(B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and

(C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

Yes ____ No ____ (e.g., client records and activity reports)

c. Agency records further show that funds for Category IV: Respite and Category V: Supplemental Services are restricted to help caregivers of older individuals who: [OAA, Sec 102(22)(A)(i) and (B)]

i. are unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision

or

ii. due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Yes ____ No ____ (e. g., client records)

5. SERVICE PRIORITY

a. Agency records show that caregiver clients meet one of the FCSP service priorities below: [OAA Title III, Part E, Sec. 372(1)(2)]

i. Family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction

Yes ____ No ____ (e.g., client records and activity reports)

OR

ii. Grandparents or older individuals who are relative caregivers, who provide care for children with severe disabilities

Yes ____ No ____ (e. g., client records and activity reports)

b. Agency records show that priority of services is given to: [OAA, Title III, Part E, Sect. 305 (a),(1),(E),

Older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such areas, the distribution of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas

Yes ___ No ___ (e.g., client records and outreach activities)

6. PROGRAM INTEGRITY

a. Agency records show that services provided adhered to quality assurance standards as spelled out in agency's contract with AAA.

Yes ___ No ___ (e.g., client records, accreditation, customer satisfaction)

b. Agency records show that FCSP funds do not replace/supplant existing services. [OAA, Title III, Part E, Sec. 374]

Yes ___ No ___ (e.g., records indicate new client, temporary, one-time service, previously unmet needs, new service)
[DOA Administrative Letter No. 01.1]

c. Agency records show that they have established and maintained an adequate system for record- keeping of persons served, expenditures, and unmet need.

Yes ___ No ___ (e.g., Client records, DOA Caregiver Activity Summary, expense reports, invoices, and unmet service requests list)

d. Confidentiality [OAA Sec. 314 (42 U.S.C. 3030c-1) AAA Policies & Procedures Manual, 1000]

Agency records show that a policy for confidentiality of client information is in place and information is not released without consent of the client, as well as client received a written Assurance of Confidentiality.

Yes ___ No ___ (e.g., copy of written policy, form signed by client)

e. Grievance/Appeal [OAA Sec. 314 (42 U.S.C. 3030c-1)]

Agency records show that a policy for Applicant/Client appeals or grievance is in place and clients are aware of this right.

Yes ____ No ____ (e.g., copy of written policy, Client Bill of Rights)

f. Conflict of Interest (G.S. 143C-6-23) [Conflict of Interest Policy](#)

Original Conflict of Interest policy document (a copy of which is on file at the Area Agency on Aging) is maintained in agency records.

Yes ____ No ____ (a visual inspection of original signature and notary seal)

g. Consumer Contribution (DAAS ADMINISTRATIVE LETTER 06-11)

<http://www.dhhs.state.nc.us/aging/consumercontributions.htm>

[OAA, Section. 315 (a)]

Agency records show that client received an opportunity to participate in Consumer Contribution.

Yes ____ No ____ (e.g., copy of written policy, and current federal poverty guidelines)

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Fiscal Verification – Part II

1. Reimbursement Methods:

a. Agency records show that expense forms are submitted to the AAA by the _____ day of each month for non-unit service cost.

Yes _____ No _____ N/A _____

(e.g., copies of supporting documents/date submitted)

b. Agency records show allowable expenditures and request for reimbursement for non-unit services.

(AAA VII. I, J, K) (DOA Administrative Letter No. 01-4)

Yes ___ No _____

(e.g., invoices, purchase orders, employee time records)

2. Accounting System

a. Agency records show that they maintain an accounting system that meets the requirements of G.S.143C-6-23 (state) and Sarbanes-Oxley Act, 2002 (federal).

Yes _____ No _____

(e.g., supporting documents)

b. Agency records show that they have procedures to enable participants to contribute to services, and a system for collecting, depositing and recording program income/consumer contributions. (OAA Sec1321.67)

Yes _____ No _____

(e.g., written policy and records of CS contributions, consumer contribution monitoring instrument)

c. Agency records show that a FCSP annual budget and any revisions with justifications were submitted for approval.

Yes _____ No _____ NA _____

(e.g., Copy of authorized budget & revision)

d. Agency records show that the amount of FCSP funds spent to-date agrees with ARMS amount. (DOA Administrative Letter No. 01-6)

Yes ____ No ____

(e.g., compare agency amounts with AAA ZGA370-12)

e. Agency records show that expenditures in Category V are no more than 20% of total budget and no more than 10% for Grandparent Raising Grandchildren/Relatives as Parents. [OAA, Title III, E]

Yes ____ No ____ (e.g., agency budget, general ledger)

f. Complete Fiscal Monitoring Tool for Non-Governmental Community Service

Providers if applicable

http://www.ncdhhs.gov/aging/monitor/Fiscal_MonitoringTool-I.pdf

g. Complete Internal Control Questionnaire

http://www.ncdhhs.gov/aging/monitor/INTERNAL_CONTROL_QUESTIONNAIRE-I.pdf

MONITORING VISIT NOTES: