

**NC DIVISION OF AGING AND ADULT SERVICES AND  
NC AREA AGENCIES ON AGING  
ARRA NUTRITION SERVICES CONSOLIDATED ASSESSMENT TOOL  
(Use this form if provider has been monitored in past 12 months)**

**PART I**

**Staff Interviews and Review of Related Documentation**

Provider Agency: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Agency Staff Interviewed: \_\_\_\_\_

Signature of AAA Interviewer: \_\_\_\_\_

**Nutrition Service Reimbursements:**

1. Check all nutrition services reimbursed through the NC Division of Aging and Adult Services:

	Yes	No	Comments
Congregate Nutrition (180)			
Congregate Nutrition – NSIP-only (181)			
Congregate Liquid Nutritional Supplement (182)			
Congregate Nutrition ARRA (183)			
Congregate Liquid Nutritional Supplement ARRA (184)			
Home-delivered Nutrition (020)			
Home-delivered Nutrition – NSIP-only (021)			
Home-delivered Liquid Nutritional Supplement (022)			
Home-delivered Nutrition ARRA (023)			
Home-delivered Liquid Nutrition Supplement (024)			

**Meal Options:**

2. Check all options for service delivery supported by **ARRA funding**:

	Yes	No	Frequency? (e.g., 5 days/wk, emergencies, as funding allows, occasionally)
Hot lunches			
Frozen meals			
Shelf-stable meals			
Liquid nutritional supplements			
Additional meals: morning meal			
Additional meals: evening meal			
Additional meals: weekend meals			
Therapeutic diet meals			

**Reconciliation of ARRA funded Units:** The purpose of this question is to reconcile the total number of units, by service, reimbursed from ARMS to the total number of units recorded on the ZGA-903 (turnaround documents). With nutrition staff, reconcile a sample month of units by completing the following:

	Congregate Nutrition	Home- delivered Meals
A. = The total units reimbursed by ARMS for the month of _____ (See the ZGA 370 or the Units of Services Verification Report)		
B. = Total units submitted for keying from the ZGA 903 to ARMS for the month chosen above.		
C. - Less units not accepted by ARMS for the chosen month (see error report, if applicable. If the provider keys directly into ARMS, enter zero)		
D. + Add units keyed and accepted by ARMS in the month chosen above that were disallowed in a previous month(s).		
E. = Total (B – C + D): Item A (total units reimbursed) and item E (adjusted units recorded) should equal.		

F. Explain any difference between units reimbursed by ARMS (A) and adjusted units recorded (E):

Corrective Action/Technical Assistance:

**ARRA Client record reviews and unit verifications:**

**ARRA Congregate:**

Select a sample of clients for record review and conduct unit verifications for meals received by these clients. Attach all appropriate Attachment worksheets and related documentation for congregare, congregare supplement, and/or congregare therapeutic diet meals.

**ARRA Home-delivered:**

Select a sample of clients for record review and conduct unit verifications for meals received by these clients. Attach all appropriate Attachment worksheets and related documentation for HD, HD supplement, and/or HD therapeutic diet meals.

**ATTACHMENT: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET**  
**ARRA CONGREGATE NUTRITION**

DATE OF ASSESSMENT \_\_\_\_\_

MONTH AND YEAR REVIEWED \_\_\_\_\_

AGENCY \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	Eligible client? If special eligibility, state documentation reviewed.	Date of most recent CRF?	DOA-101 CRF is complete ?	CRF updated at least every 12 months?	# units reported	# units verified	# units to be adjusted in ARMS
TOTAL UNITS NOT VERIFIED = _____			THIS REPRESENTS _____% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.					
Total units reported for all clients in month reviewed = _____								

**Signature of reviewer(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**ATTACHMENT: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET  
ARRA CONGREGATE LIQUID NUTRITIONAL SUPPLEMENT**

DATE OF ASSESSMENT \_\_\_\_\_

AGENCY \_\_\_\_\_ MONTH AND YEAR REVIEWED \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	Eligible? If special eligibility, state documentation reviewed.	Professional authorization on file?	Professional authorization updated every 6 months?	DOA-101 CRF is complete ?	DOA-101 CRF is updated every 12 months if services are on-going?	[ 2 cans = 1 meal] # units reported	# units verified	# units to be adjusted in ARMS
TOTAL UNITS NOT VERIFIED = _____ Total units reported for all clients in month reviewed = _____				THIS REPRESENTS _____% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.					

Signature of reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_



**ATTACHMENT: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET  
ARRA HOME-DELIVERED LIQUID NUTRITIONAL SUPPLEMENT**

DATE OF ASSESSMENT \_\_\_\_\_

AGENCY \_\_\_\_\_ MONTH AND YEAR REVIEWED \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	HD eligibility established by in-home ass't? <small>If special eligibility, state documentation reviewed.</small>	Professional authorization on file?	Professional authorization updated every 6 months?	DOA-101 CRF is complete ?	DOA-101 updated every 6 months if on-going service?	[ 2 cans = 1 meal] # units reported	# units verified	# units to be adjusted in ARMS
TOTAL UNITS NOT VERIFIED = _____				THIS REPRESENTS _____% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.					
Total units reported for all clients in month reviewed = _____									

Signature of reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_