**NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET**

**PAGE\_\_\_ OF \_**Click or tap here to enter text.**\_**

Local Provider:  Review Date: 

Family Caregiver Support Program, Service Code Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AAA Monitor should select a random sample based on the total number of clients served by service. This verification process is to be done for a sample of clients for each service code included on Page 1 of this Monitoring Tool.

The sample size required is as follows:

1-10 clients: Review all clients

11-100 clients: Review a minimum of 10 clients

101-250 clients: Review a minimum of 10% of clients

251-500 clients: Review a minimum of 7% of clients

If deemed appropriate by the monitor or if 10% of the total units reviewed in the Base Sample are found to be ineligible, the sample must be expanded by 15 new names.

For more specific information refer to Section 308, Monitoring of Community Service Providers, of the AAA Policies and Procedures Manual.

* 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.
* 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.

|  |  |
| --- | --- |
| Signature of AAA Monitor (s):   | Date:   |

|  |  |
| --- | --- |
| Service Code Sampled:  | Time Frame Sampled:  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **IELD NAME:** | **Client Name****Client Age** | **DAAS 101****Completion and Updates** | **Care****Recipient****Name** | **Older Relative****Caregivers** | **Category IV and Category V Services** ***To Meet Frail Eligibility, the care recipient must:******1). Be age 60 or older******AND******2). Have 2 or more ADL impairments OR a Cognitive Impairment*** | **Unit Verification*****Use the ZGA542 to select sample*** |
| **Age** | **ADL Impairment** | **Cognitive Impairment** | **Units Reported** | **Units Verified** | **Variance** |
| **INSTRUCTIONS** | Enter the name of the clientEnter the age of the client  | Is the client’s DAAS 101 complete? Y/N Enter date of most recent DAAS 101.MM/DD/YYYYIs client’s DAAS-101 reviewed and updated at least every 12 months (annually)? Y/N | Enter care recipient (s) name (s) in the box.  | Is care recipient a child or adult with disability? Y/NEnter the age of the child or adult with disability: AAA Monitor verifies caregiver and care recipient reside in same home: Y/N  | Is the participant Age 60 or older? Y/N Enter birthdate listed on the DAAS-101 | Does care recipient have ADL impairments? Y/NIf yes, enter # of ADL impairments listed on the DAAS 101?  | Does participant have a cognitive impairment? Y/NIf yes, Is the cognitive impairment or dementia evidenced?  | # of units in ARMS. | # of units from client record review | Difference between Reported and Verified.  |
| **1** |  | **[ ]  Yes** **[ ]  No****[ ]  Yes [ ]  No** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** |  |  |  |
| **2** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** |  |  |  |
| **3** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** |  |  |  |
| **4** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** |  |  |  |
| **5** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** |  |  |  |
| **6** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** |  |  |  |
| **7** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** |  |  |  |
| **8** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** |  |  |  |
| **9** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** |  |  |  |
| **10** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** |  | **[ ]  Yes [ ]  No****[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** |  |  |  |