**FAMILY CAREGIVER SUPPORT PROGRAM**

**Instructions FY2024**

**Local Provider:** Click or tap here to enter text. **Review Date**: Click or tap here to enter text.

**AAA Monitor Name(s)/Title(s):** Click or tap here to enter text.

**Type of Monitoring**: Full Programmatic Monitoring Fiscal Verification/Unit Verification

***Complete the FCSP Programmatic Monitoring Tool as appropriate and Attachments A, B, and/or C as appropriate for each funded service.***

***For general FY 2024 monitoring guidance, refer to DAAS Administrative Letter 22-09.***

**Attestation Instructions for Local Providers Completing Self-Assessments**

*Upon completion of the required sections and attachments of the Family Caregiver Support Program tool as instructed by the AAA Monitor, please read, sign, and date the attestation below:*

|  |
| --- |
| My signature below affirms that I attest to the following:   * No client records were modified in the process of unit verification (if applicable) * The information provided in the Family Caregiver Support Program Monitoring is complete and accurate to the best of my knowledge.   Name:Click or tap here to enter text.  Title: Click or tap here to enter text.  Date: Click or tap here to enter text. |

**Phone /Video Conference (AAA Monitor and Local Providers) for Provider Self-Assessment or Desk Review Follow-up**

Date/Time: Click or tap here to enter text.

Meeting held via: Phone Video

Participants:Click or tap here to enter text.

Notes (use additional sheets, as needed): Click or tap here to enter text.

**SECTION I. Provider and Subcontractor Monitoring**

*AAA Monitor: Indicate all FCSP services reimbursed by DAAS for this Provider. Also indicate if any grant requirements have been outsourced to a subcontractor.* [AAA Policy and Procedures Manual Section 308, DAAS Administrative Letter 14-14]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **√ if funded** | **OAA Codes** | **Service Description** | **Is service delivered by Provider or Subcontractor?** | **Name of Subcontractor** |
|  | 811 | Community and Program Planning | Provider  Subcontractor | Click or tap here to enter text. |
|  | 812 | Informational/Education Programs/Community Events | Provider  Subcontractor | Click or tap here to enter text. |
|  | 814 | Program Promotion and Public Information | Provider  Subcontractor | Click or tap here to enter text. |
|  | 821 | Community and Program Planning | Provider  Subcontractor | Click or tap here to enter text. |
|  | 822 | Information & Assistance  (unregistered) | Provider  Subcontractor | Click or tap here to enter text. |
|  | 823 | Caregiver Resource Consultation | Provider  Subcontractor | Click or tap here to enter text. |
|  | 824 | Develop Caregiver Emergency Plan | Provider  Subcontractor | Click or tap here to enter text. |
|  | 831 | Community and Program Administration | Provider  Subcontractor | Click or tap here to enter text. |
|  | 832 | Caregiver Counseling | Provider  Subcontractor | Click or tap here to enter text. |
|  | 833 | Support Groups | Provider  Subcontractor | Click or tap here to enter text. |
|  | 835 | Caregiver Training Programs | Provider  Subcontractor | Click or tap here to enter text. |
|  | 841 | Community and Program Administration | Provider  Subcontractor | Click or tap here to enter text. |
|  | 842 | In-Home Respite | Provider  Subcontractor | Click or tap here to enter text. |
|  | 843 | Community Respite | Provider  Subcontractor | Click or tap here to enter text. |
|  | 844 | Caregiver Directed Vouchers | Provider  Subcontractor | Click or tap here to enter text. |
|  | 846 | Residential Facility Respite | Provider  Subcontractor | Click or tap here to enter text. |
|  | 847 | Older Relative Caregiver Respite (Day) | Provider  Subcontractor | Click or tap here to enter text. |
|  | 848 | Older Relative Caregiver Respite (Hourly) | Provider  Subcontractor | Click or tap here to enter text. |
|  | 849 | Other Respite Approved by DAAS | Provider  Subcontractor | Click or tap here to enter text. |
|  | 851 | Community and Program Admin. | Provider  Subcontractor | Click or tap here to enter text. |
|  | 853 | Handyman/Yardwork | Provider  Subcontractor | Click or tap here to enter text. |
|  | 854 | Assistive Technologies | Provider  Subcontractor | Click or tap here to enter text. |
|  | 855 | Home Modification/Accessibility | Provider  Subcontractor | Click or tap here to enter text. |
|  | 856 | Personal Emergency Response/ Alarm System | Provider  Subcontractor | Click or tap here to enter text. |
|  | 857 | Incontinence Supplies | Provider  Subcontractor | Click or tap here to enter text. |
|  | 859 | Liquid Nutritional Supplements | Provider  Subcontractor | Click or tap here to enter text. |
|  | 860 | Home Delivered Meals (temp) | Provider  Subcontractor | Click or tap here to enter text. |
|  | 861 | Legal Assistance | Provider  Subcontractor | Click or tap here to enter text. |
|  | 862 | Other Supplemental as Approved by DAAS | Provider  Subcontractor | Click or tap here to enter text. |
|  | 863 | Transportation | Provider  Subcontractor | Click or tap here to enter text. |

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| **√ if funded** | **ARPA Codes** | **Service Description** | **Is service delivered by Provider or Subcontractor?** | **Name of Subcontractor** |
|  | 878 | Program Planning & Administration | Provider  Subcontractor | Click or tap here to enter text. |
|  | 879 | Information | Provider  Subcontractor | Click or tap here to enter text. |
|  | 880 | Access | Provider  Subcontractor | Click or tap here to enter text. |
|  | 881 | Counseling, Training, Support Groups | Provider  Subcontractor | Click or tap here to enter text. |
|  | 882 | Respite | Provider  Subcontractor | Click or tap here to enter text. |
|  | 883 | Supplemental | Provider  Subcontractor | Click or tap here to enter text. |

*For FCSP service delivery subcontracted by the Provider to another agency, the Provider will submit copies of the subcontracts to the Area Agency on Aging, per Sec. 308.2 (A)****~~.~~***

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| Did AAA Monitor receive copies of provider subcontracts to review? | Yes  No | List documentation used to verify compliance:Click or tap here to enter text. |
| Does AAA Monitor attest that the subcontractor monitoring was completed, as required by AAA Policy & Procedures, Section 308? | Yes  No | List documentation used to verify compliance:  Click or tap here to enter text. |
| Additional notes and/or comments:  Click or tap here to enter text. | | |

***Please complete the Contract Review Form for each subcontract identified above as applicable. See Attachment A.***

**SECTION II. Confirmation of Current License or Certification for Respite Services**

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| Does the Provider utilize a licensed or certified subcontractor for respite services (e.g., home care agency, adult day care/health center, or residential respite facility)? | Yes  No | List of documentation used to verify compliance:  Click or tap here to enter text. |
| If yes, did the AAA Monitor review copies of the license or certification as appropriate? | Yes  No | List the license # if appropriate  List the expiration date of credentials as app  Click or tap here to enter text. |
| Additional comments and/or notes: Click or tap here to enter text. | | |

**SECTION III. Data Tracking and Reporting**

[FCSP Program Manual, Revision 2020; Section V—Service Provision, Part E, pages 22-25; DAAS Administrative Letter 14-08; DAAS Administrative Letter 20-14; DAAS Administrative Letter 22-06]

|  |  |  |  |
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| **Program Data Collection for Categories I, II, and III** | | | |
| For each of the following Service Codes, can AAA Monitor attest that Provider was compliant in collecting and entering required service data?  Note: Per new reporting requirements in Administrative Letter 22-06, regular codes 823, 824, 832, and 835 and ARPA code 881 should now be reported as # hours, not # sessions. | 812 | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by: Click or tap here to enter text. |
| 814 | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by: Click or tap here to enter text. |
| 822 | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by: Click or tap here to enter text. |
| 823 | YesNo | As evidenced by accurate and updated entries in ARMS, verified by: Click or tap here to enter text. |
| 824 | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by: Click or tap here to enter text. |
| 833 | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by: Click or tap here to enter text. |
| 835 | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by: Click or tap here to enter text. |
| ARPA codes for Categories I, II, and III | 879 | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by: Click or tap here to enter text. |
| 880 | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by: Click or tap here to enter text. |
| 881 | YesNo | As evidenced by accurate and updated entries in ARMS, verified by: Click or tap here to enter text. |

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| **Program Data Collection for Categories IV and V** | | | |
| For each of the following Service Codes, can AAA Monitor attest that Provider was compliant in collecting and entering required service data?  Reminder: Per new reporting requirements in Administrative Letter 22-06, regular OAA codes 843/849 and ARPA code 882 should now be reported as # hours, not # days or other units. | 843 | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by:  Click or tap here to enter text. |
| 849 | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by:  Click or tap here to enter text. |
| 882 | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by:  Click or tap here to enter text. |
| **Older Relative Caregiver Identification for reporting number of events and audience size (code 812, 814 or ARPA 879)** | | | |
| Did the Provider enter data appropriately in Site/Route/Worker codes to indicate events specifically for older relatives as caregivers, i.e.:   * + Number of events specifically for older relatives as caregivers   + Estimated audience size for events specifically for older relatives as caregivers | | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by:  Click or tap here to enter text. |
| **Overage Reporting of 812, 814, 822 or ARPA 879, 880** | | | |
| For all entries after July 2020, did the Provider enter outreach and audience totals to the accurate digit, including those in excess of 999?  **Note—this change was effective as of 7-16-20, per DAAS Administrative Letter 20-14.** | | Yes  No | As evidenced by accurate and updated entries in ARMS, verified by:  Click or tap here to enter text. |

**SECTION IV. Title III-E and Project C.A.R.E. $2500 Respite Cap Compliance and Compliance with 20% Supplemental Cap**

[FCSP Program Manual, Revision 2020; Section V—Service Provision, Part C, page 14.]

|  |  |  |
| --- | --- | --- |
| For regular respite provided by FCSP and/or Project C.A.R.E., can AAA Monitor attest that Provider did not exceed the annual respite cap of $2,500 for a single client during the fiscal year reviewed? | Yes  No | List of documentation used to verify compliance:  Click or tap here to enter text. |
| If cap was exceeded, can Provider produce documentation showing authorization was obtained from NC DAAS prior to the excess respite being provided? | Yes  No | List of documentation used to verify compliance:  Click or tap here to enter text. |
| Was respite availability verified with Project C.A.R.E program to ensure the cap is not exceeded? | Yes  No | List of documentation used to verify compliance:  Click or tap here to enter text. |
| Did expenditures for Category V—Supplemental Services exceed 20% of total FCSP budget? | Yes  No | List of documentation used to verify compliance:  Click or tap here to enter text. |
| Additional comments and/or notes: Click or tap here to enter text. | | |

**SECTION V. Compliance with $3500 ARPA Expenditure Cap on Respite and Supplemental Services**

[DAAS Administrative Letter 22-02]

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| Did Provider assure that ARPA expenses between Service Codes 882 and 883 did not exceed $3,500 per individual over the course of the ARPA project period? | Yes  No | List documentation used to verify: Click or tap here to enter text. |
| If cap was exceeded, can Provider produce documentation showing authorization was obtained from NC DAAS prior to the excess being provided? | Yes  No | List documentation used to verify: Click or tap here to enter text. |
| Additional comments and/or notes: Click or tap here to enter text. | | |

**SECTION VI. Program Integrity**

[DAAS Administrative Letter 01-01, DAAS Administrative Letter 16-11]

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| **Administration** | | |
| Do Provider records show that services provided adhere to expectations outlined in contract with Area Agency on Aging? | YesNo | List of documentation used to verify compliance:  *(list records reviewed that draw this conclusion)*  Click or tap here to enter text. |
| Do Provider records show that FCSP funds were used to supplant existing services? | Yes  No | List of documentation used to verify compliance:  Click or tap here to enter text. |
| Do Provider records show that there is an established and maintained systems for record-keeping of persons served, expenditures, and unmet needs? | Yes  No | List of documentation used to verify compliance:  Click or tap here to enter text. |
| **Privacy and Confidentiality** | | |
| Do Provider records and documentation indicate there is a policy for maintaining client confidentiality? | Yes  No | List of documentation used to verify compliance:  Click or tap here to enter text. |
| Does Provider give clients a written Assurance of Confidentiality? | Yes  No | List of documentation used to verify compliance:  Click or tap here to enter text. |
| **Grievance and Appeals** | | |
| Does Provider have a policy in place for applicant/client appeals and/or grievances? | Yes  No | List of documentation used to verify compliance:  Click or tap here to enter text. |
| Does Provider make clients aware of this right? | Yes No | List of documentation used to verify compliance:  Click or tap here to enter text. |
| **Consumer Contributions** | | |
| Does the Provider have policy in place for Consumer Contributions? | Yes No | List of documentation used to verify compliance:  Click or tap here to enter text. |
| Is there documentation indicating that clients received the opportunity to participate in Consumer Contributions? | YesNo | List of documentation used to verify compliance:  Click or tap here to enter text. |
| Additional evidence of compliance or comments: Click or tap here to enter text. | | |

***\*\*\*Reminder- Please complete the Consumer Contributions Monitoring Tool if applicable.***

**SECTION VII. Fiscal Verification—Older Americans Act Funding and ARPA**

[Older Americans Act, Title III, Section E, Older Americans Act, Section 1321.67; DAAS Administrative Letters 01-6, 10-19, 22-02]

|  |  |  |
| --- | --- | --- |
| **Budgeting and Reporting** | | |
| Did Provider submit annual budget for expenditures charged to the Family Caregiver Support Program? | Yes  No | List documentation used to verify compliance:  Click or tap here to enter text. |
| Did Provider submit budget revisions with justifications for approval before reallocating funds within the program? | Yes No | List documentation used to verify compliance:  Click or tap here to enter text. |
| Based on ARMS Report ZGA370-12, do Provider’s expenditures spent to date agree with ARMS entries? | Yes No | List documentation used to verify compliance:  Click or tap here to enter text. |
| Additional comments and notes regarding fiscal monitoring: Click or tap here to enter text. | | |

***Please complete the Attachment B: Client Record Review and Unit Verification Worksheet as well as Attachment C: Non-Unit Tracking Expenditures Worksheet.***

**ATTACHMENT A: Contract Review Form *(make additional digital or paper copies as needed)* PAGE\_\_\_ OF \_**Click or tap here to enter text.

|  |  |
| --- | --- |
| Contract Reviewed for Monitoring Visit:  Contract Period:  Amount Contracted:  Services Contracted: | |
| **GENERAL CONTRACT REQUIREMENTS** | |
| Contracts are in writing and in one instrument with terms and conditions. | Yes  No |
| Signature lines and date lines are provided for authorized representatives. | Yes  No |
| The names and addresses of sub-recipient and contractor (AAA) are listed. | Yes  No |
| Geographic service area is listed. | Yes  No |
| Provisions for termination of the contract defined as either by mutual consent or by 30 days written notice to the other party. The termination clause should include provisions that in the event reimbursement to the Contractor (AAA) is reduced or terminated, the same reduction or termination will follow to the subrecipient. | Yes  No |
| Contract includes a provision for amending the contract should change be required by the contractor. Examples of changes include—change in scope of service, amount of funding, etc. | Yes  No |
| All applicable audit requirements are met, as specified on the Fiscal Monitoring Tool. | Yes  No |
| Monitor attests that ALL of the following provisions are included in the contract:   1. Assurance of civil rights compliance 2. Confidentiality safeguards 3. Compliance with the Americans with Disabilities Act (1990) 4. Compliance with Section 504 of the Rehabilitation Act (1973) 5. Access to records 6. Terms of subcontracting 7. Liabilities 8. Conflict of interest, if applicable 9. Insurance requirements 10. Care of property, if applicable | Yes  No |
| Lobbying, Debarment, Drug Free Workplace and Conflict of Interest Policy forms for signature, if applicable.  **Note: Lobbying, Debarment, and Drug Free Workplace forms are required for all providers except federal agencies.**  **Note: The Conflict of Interest form is required for all private and non-profit agencies, regardless of funding source.** | Yes  No |
| Tax exempt status letters from the IRS.  **Note: This is a requirement for all non-profit agencies**. | Yes  No |
| **SERVICE PROVISION DETAIL REQUIRED IN CONTRACT** | |
| The contract defines the beginning and ending date coinciding with the period of the funding allocation.  **Note: This should not exceed a 12-month period.** | Yes  No |
| Funding source is appropriately cited. | Yes  No |
| The total amount to be reimbursed under the contract as well as billing and reimbursement procedures, any reporting requirements and the required match are specified. | Yes  No |
| If required, a line-item budget is attached to the contract. | Yes  No |
| Targeted population is specified. | Yes  No |
| Eligibility criteria is specified. | Yes  No |
| For Category IV (Respite Services) and Category V (Supplemental Services) it is specified that recipients of these service categories meet the OAA definition of frail.  **Note: Definition of frail must be listed.** | Yes  No |
| Service category is defined. | Yes  No |
| Contract must detail how service will be delivered. | Yes  No |
| Objectives and goals of program service are included. | Yes  No |
| Includes references to Family Caregiver Support Program Manual, DAAS service standards, and AAA or other service provision authorities and how standards will be monitored. | Yes  No |
| **REPORTING AND REIMBURSEMENT REQUIREMENTS** | |
| Contract explains how funds will be drawn down, as evidenced by all of the following details being specified—   1. Definitions of reporting “units” or “hours” for reimbursement (i.e.—by hour, by daily rate, by expense, etc.) 2. Acceptable proofs of reimbursement (i.e., receipts for purchase, time sheets, etc.) 3. When items for reimbursement are due 4. When items for reimbursement will be paid | Yes  No |
| Reporting requirements—such as client data needed, frequency of submission, and means of submission) are detailed. | Yes  No |
| Details how consumer contributions are to be recorded and utilized by the provider. | Yes  No |
| **REQUESTS FOR PROPOSAL, MEMORANDUMS OF AGREEMENT, AND PURCHASE OF SERVICE** | |
| If any of the following documents are referenced in the contract (or in place of the contract), are they attached and available for review in addition to and in lieu of contract?   1. Request for Proposal (RFP) – **Note: It is required for RFP to be attached to Contract for review during monitoring**. 2. Memorandums of Agreement 3. Purchase of Service | Yes  No |
| Comments and Notes: Click or tap here to enter text. | |

**ATTACHMENT B: 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 must be done for a sample of clients for each service code checked as funded in Section I of this FCSP Monitoring Tool.

Note that there are some codes with a non-unit reimbursement that also have reporting requirements for clients and units. Attachment B will review the client and unit information, but Attachment C will be used to verify a sample month of non-unit reimbursements and assure that reimbursements align with actual expenses.

**Make as many digital or paper copies of the Attachment B worksheets as appropriate to cover all funded codes. Note: Attachments A, B, and C are also posted as separate files to make it easier to do digital data entry for each funded code.**

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 ZGA-542 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 for FCSP services. The AAA Monitor should select a sample across funding sources if the same service is also funded by ARPA. As appropriate for ARPA-funded service codes, use the Excel tracking spreadsheet to select clients.
* Identify the clients and specific dates for which units could not be verified, if applicable. Provide this information to the agency during the exit interview if unverified units are found and costs will be disallowed in the monitoring report.

|  |  |
| --- | --- |
| Comments and Notes:Click or tap here to enter text. | |
| Signature of AAA Monitor (s): | Date: |

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

| **FIELD 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 (or the ARPA Excel tracking spreadsheet if appropriate)*** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** | **ADL Impairment** | **Cognitive Impairment** | **Units Reported** | **Units Verified** | **Variance** |
| **INSTRUCTIONS** | Enter the name of the client  Enter the age of the client | Is the client’s DAAS 101 complete? Y/N  Enter date of most recent DAAS 101.  MM/DD/YYYY  Is 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/N  Enter 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/N  If yes, enter # of ADL impairments listed on the DAAS 101? | Does participant have a cognitive impairment? Y/N  If 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** |  |  |  |

**ATTACHMENT C: Non-Unit Fiscal Verification *(make additional digital or paper copies as needed)***

*AAA Monitors: For expenses related to non-unit codes, select a sample month of reimbursement in ARMS for each FCSP code whether funded by regular OAA or ARPA.*

* *Verify that reimbursement correlates with actual expenses/data reported (source documentation, e.g., payments documented in the provider’s general ledger or receipts and other proof of purchases, etc.).*
* *Verify that selected month’s reimbursement matches the reporting of expenses/data in the quarterly ARPA Excel tracking worksheet for the same month.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ARMS CODE** | **MONTH**  **SAMPLED** | **AMOUNT REPORTED IN ARMS** | **AMOUNT REPORTED ON TRACKING SPREADSHEET** | **DOCUMENTATION REVIEWED** | **COMMENTS/DESCRIPTION OF FINDINGS/UNVERIFIED EXPENDITURES** | **DISALLOWED COSTS/ REQUIRED ADJUSTMENTS** |
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