**Local Provider:** ** Review Date**: 

**AAA Monitor Name/Title: **

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

**Funding Source (s):** [ ]  Older Americans Act-OAA (only) [ ]  CARES Act (only) [ ] OAA and CARES (both) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for AAA Monitors**  Based on the Type of Monitoring and Funding Source(s), use the chart below as instructions for which components of monitoring documentation to complete, review, and submit. Maintain this page with monitoring documentation to serve as the Cover Page of the Family Caregiver Support Program Monitoring Thread for all provider monitoring in FY2021.For additional monitoring guidance specific to FY2021, refer to DAAS Administrative Letter 20-21 and DAAS Administrative Letter 21-03.

|  |  |  |
| --- | --- | --- |
|  | **Full Programmatic Monitoring** | **Fiscal Verification/Unit Verification Only** |
| **OAA** **(Only)** | [ ] Monitoring Instruction Sheet (Rev. 3/2021) [ ]  FCSP Monitoring Tool OAA 2021 (Skip, Part III—Client Eligibility) [ ]  Attachment FCSP-B: Contract Review Form (as applicable) | [ ]  Not required for FY2021  |
| **CARES Act** **(Only)** | [ ]  Monitoring Instruction Sheet (Rev. 3/2021) [ ]  FCSP CARES Act Monitoring Tool [ ]  Attachment FCSP-A: Unit Verification Form[ ]  Attachment FCSP-B: Contract Review Form (as applicable) | [ ]  Monitoring instruction Sheet (Rev. 3/2021) [ ]  FCSP CARES Act Monitoring Tool, Part III (addressed by Service Code) [ ]  Attachment FCSP-A: Unit Verification Form |
| 870 | * Subject to Fiscal Verification (Reconciliation between ARMS and Tracking Templates); complete CARES Act Monitoring Tool Part III, A: 870
* Client eligibility is not applicable to this code; do Fiscal Verification in lieu of Unit Verification.
 |
| 871 | * Compliance verified via ARMS and FCSP CARES Act Monitoring Tool Part III “Required Reporting for Codes 871 and 872”.
* This is a count of the # of events/# of posts related to outreach and program promotion with CARES Act funding.
 |
| 872 | * Compliance verified via ARMS and FCSP CARES Act Monitoring Tool Part III “Required Reporting for Codes 871 and 872”.
* This is a count of the # of sessions/# of contacts related to care consultations, caregiver calls, and navigation efforts related to COVID-pandemic response and future emergency preparedness.
 |
| 873 | * Compliance verified via ARMS and FCSP CARES Act Monitoring Tool; complete CARES Act Monitoring Tool Part III, A: 873
* This is a count of the # of participants/# of sessions and the breakdown across types of supportive services is reflected on the III-E Tracking Template
 |
| 874 | * Subject to Unit Verification.
* Complete CARES Act Monitoring Tool Part III, C: 874
* Sample size can be combined with code 875.
 |
| 875 | * Subject to Unit Verification
* Complete CARES Act Monitoring Tool Part III, D: 875
* Sampling size can be combined with code 874.
 |
| OAA and CARES (Both) | * Monitoring Instruction Sheet (Rev. 3/2021)
* FCSP CARES Act Monitoring Tool
* Attachment FCSP-A: Unit Verification Form
* Attachment FCSP-B: Contract Review Form (as applicable)
 | * Monitoring Instruction Sheet (Rev. 3/2021)
* FCSP Monitoring Tool OAA 2021, Section II Only (for non-unit-based services)
* FCSP CARES Act Monitoring Tool, Part III Only (addressed by Service Code)
* Attachment FCSP-A: Unit Verification Form (for CARES Act only)
 |

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

Upon completion of the required documents and sections of the Family Caregiver Support Program Monitoring Thread as listed in the chart above and 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:  Title: Date:  |

**Phone /Video Conference (AAA Monitor and Local Providers)**

Date/Time: 

Meeting held via: [ ] Phone [ ] Video

Participants:

Notes (use additional sheets, as needed):

 