**NC DIVISION OF AGING AND ADULT SERVICES**

**ARPA CHORE/CHORE-ENHANCED SERVICES**

**MONITORING TOOL**

**(Reference the requirements in Administrative Letter 22-02, Appendix D, pp. 31-38)**

**Part I: Program Verification**

Provider Agency:

Review Date:       State Fiscal Year:

Agency Staff Interviewed:

Signature of Reviewer(s):

# **Funded Services:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Chore Services (047) | Yes | No | Chore-Enhanced Services (048) | Yes | No |

**Service Options – check all tasks offered by the agency:**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHORE – tasks** | Yes | No | Notes: |
| Light housekeeping |  |  |  |
| Decluttering |  |  |  |
| Scrubbing floors |  |  |  |
| Washing walls |  |  |  |
| Washing windows indoors |  |  |  |
| Taking trash to dump |  |  |  |
| Basic yardwork, e.g., easy mowing, raking leaves, light yardwork chores |  |  |  |
| Sidewalk maintenance, e.g., sweeping dirt, rocks, and leaves |  |  |  |
| Pest control when authorized with other chore services |  |  |  |

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| --- | --- | --- | --- |
| **CHORE-ENHANCED - tasks** | Yes | No | Notes: |
| Household maintenance that requires heavy cleaning, including appliances |  |  |  |
| Cleaning carpets |  |  |  |
| Washing windows outside |  |  |  |
| Moving furniture when related to carrying out another chore service |  |  |  |
| Heavy yardwork, e.g., extensive mowing, limited pruning, small debris removal |  |  |  |
| Simple repairs for a safe, orderly environment (not handman repairs that require a permit or specialist) |  |  |  |
| Pest control when authorized with other chore services |  |  |  |

**Client Eligibility**

1. Each person served is aged 60 or older and needs

help with light cleaning or heavy housework in order to

remain safely in the home or private living arrangements.  Yes  No

Documentation:

**Program Administration**

1. The provider has defined the agency’s scope of

work in written policies and procedures for the

provision of chore/chore-enhanced services.  Yes  No

Documentation:

1. The provider completes a task list agreement with

each client that shows the agency’s task options

and which ones will be done for the client

with the client’s agreement. ☐ Yes ☐ No

Documentation:

1. The provider has a process for meeting requirements

in the consumer contributions policy for clients

receiving Type I services. ☐ Yes ☐ No

Documentation:

1. If applicable, vendor contracts or purchase of service

agreements are on file for review.  N/A  Yes  No

Documentation:

1. The provider’s vendor RFPs and contracts specify a

scope of work as the basis for bids and contract billing

and include the equipment and supplies that will be

provided under the terms of the contract. ☐ Yes ☐ No

Documentation:

**Service Documentation**

1. The hours of chore/chore-enhanced services provided

to each client are tracked and reported in ARMS on a

monthly basis. ☐ Yes ☐ No

Documentation:

1. The provider submits a monthly non-unit reimbursement

request in ARMS for allowable expenditures.  Yes  No

Documentation:

1. The provider has a suitable system of source documentation

for chore/chore-enhanced services, including:

* DAAS-101 Client Registration Forms  Yes  No
* Client task list agreements or other service plans

with signatures and dates  Yes  No

* Vendor invoices with client names, specific

dates of service, and hours billed  N/A  Yes  No

* Employee timesheets with client names,

specific dates of service, and hours worked  N/A  Yes  No

* Documentation for non-unit reimbursement

requests for sample month(s) reviewed  Yes  No

Documentation:

1. Budget documents are on file (e.g., 732, 732 A, 732 A1)  Yes  No

**Please explain any questions with extenuating circumstances:**

**Notes:**

#### Part II: Fiscal Verification

#### Non-Unit Reimbursement – Chore/Chore-Enhanced Chore Services

Agency:       Date:

Agency Staff Interviewed:

Signature of Reviewer:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

1. Agency budget shows funding is used to support

chore/chore-enhanced services (e.g., DAAS 732 A

or comparable document) Yes  No  N/A

Documentation reviewed/Comments:

1. If positions are funded, agency budget shows the

designated position(s) and the % of each position paid

by chore/chore-enhanced services (e.g., DAAS 732 A1

or comparable document). Yes  No  N/A

Documentation reviewed/Comments:

1. If the agency has collected consumer contributions,

the amount on the ZGA 370 YTD matches the agency’s

YTD financial records. Yes  No  N/A

Documentation reviewed/Comments:

1. At the time of the review, the % utilization rate *(e.g.,*

*ZGA 370 YTD)* is consistent with budget projections

for % of the fiscal year past. Yes  No  N/A

If not, describe any extenuating circumstances and/or

planned adjustments.

1. Any expenses under this budget can be verified as

allowable reimbursements for the provision of chore/

chore-enhanced services. Yes  No  N/A

Documentation reviewed/Comments

*(Select a month of reimbursement in ARMS and review source documentation to verify that reimbursements are allowable and correlate with actual expenses (e.g., payroll records, agency’s general ledger, agency’s expense accounts, vendor invoices, etc. Complete the attached Client Record Review and Unit Verification Worksheet to summarize this review.)*

# **Client Record Review and Unit Verification Worksheet for Chore/Chore-Enhanced Services**

# DATE OF ASSESSMENT: Click or tap to enter a date. Page       of

# SERVICE PROVIDER:       MONTH AND YEAR REVIEWED:

* Attach to this worksheet the report used to select a random sample of clients and units. Identify the persons selected for the sample and the month(s) reviewed. Also attach copies of other worksheets, if appropriate for documentation.
* List on this worksheet the dates of any units (hours of service) that could not be verified by source documentation, if applicable.
* Provide information on disallowed units to the agency during the exit interview, including a copy of this completed worksheet if unverified units are found.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CLIENT NAME | Eligible client? | Date of most recent CRF? | DAAS-101 CRF is complete? | CRF updated at least every 12 months? | Task list agreement on file for units reviewed? | # units reported | # units allowable and verified | # units to be adjusted in ARMS |
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| --- | --- |
| TOTAL UNITS NOT VERIFIED =      . Total units reported for all clients of this service in the month reviewed = | This represents       % of total units reported for the month reviewed. If 10% or more, expand the sample and select another month to review. |

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