**NC DIVISION OF AGING AND ADULT SERVICES**

**NC AREA AGENCIES ON AGING**

**ARPA Health and Wellness Services to Address Social Isolation**

**Part I: Program Verification**

Provider Agency: Click or tap here to enter text.

Agency Staff Interviewed: Click or tap here to enter text.

Review Date: Click or tap to enter a date. State Fiscal Year: Click or tap here to enter text.

Signature of Reviewer(s): Click or tap here to enter text.

Services monitored:  ARPA 404 Social Isolation–Digital Technology Purchases

ARPA 405 Social Isolation–Digital Training & Programming

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| **Client Eligibility** (Administrative Letter # 22-02, p. 42 and 44) | | |
| 1. **Persons served are aged 60 and older or are acting on behalf of a person aged 60 and older.**   *(Examples of supporting documentation – recipient screening and assessment forms, monthly log of participants, etc.)* | Yes | No |
| List of documentation used to verify compliance: Click or tap here to enter text. | | |

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| **Priority of Service** (Administrative Letter # 22-02, p. 42 and 44) | | |
| 1. **Priority was given to those who are most isolated and unable to access traditional social engagement opportunities.**   *(Examples of supporting documentation – recipient screening and assessment forms, etc.)* | Yes | No |
| List of documentation used to verify compliance: Click or tap here to enter text. | | |

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| **Policy and Procedures** (Administrative Letter # 22-02, p. 42 and 44) | | | |
| 1. **Provider has written policies and procedures to define and describe the scope of services offered under this program.**   *(Examples of supporting documentation – policies & procedures and related outreach materials)* | | Yes | No |
| List of documentation use to verify compliance: Click or tap here to enter text. | | | |
| 1. **For monitoring of ARPA code 404 only: Policies assure that devices will only be used by the approved device recipient.**   *(Examples of supporting documentation – policies that require a recipient attestation, waiver, etc.)* | N.A. | Yes | No |
| List of documentation used to verify compliance: Click or tap here to enter text. | | | |

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| **Service Expenditures** (Administrative Letter # 22-02, p. 43 and 44) | | |
| 1. **Expenditures for the Social Isolation program are consistent with allowable expenditures in Administrative Letter 22-02.**   *(Examples of code 404 supporting documentation – invoices for laptops, tablets, smart phone, hotspots, internet service, webcam, etc. Examples of code 405 supporting documentation – payroll and related expenses, staff equipment, training, program licensures, printing, cost of online resources, etc.)* | Yes | No |
| List of documentation used to verify compliance: Click or tap here to enter text. | | |

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| **Service Documentation** (Administrative Letter # 22-02, p. 43) | | | |
| 1. **Non-unit reimbursement requests are documented monthly in ARMS.**   *(Examples of supporting documentation –ZGA-544 Non-Unit Reimbursements Verification Report)* | | Yes | No |
| List of documentation used to verify compliance: Click or tap here to enter text. | | | |
| 1. **For monitoring of ARPA code 404 only: the number of devices distributed and the number of persons served (device recipients) are documented quarterly in the ARPA Excel tracking spreadsheet.** | N.A. | Yes | No |
| List of documentation used to verify compliance: Click or tap here to enter text. | | | |
| 1. **Supporting documentation for ARPA Social Isolation program and expenditures is kept on file.**   *(Examples of supporting documentation – receipts, invoices, timesheets, travel logs, phone logs, log of outreach efforts, outreach materials, participant screening and skill assessment forms, sign-in sheets, log of active participants, training certificates, etc.)* | | Yes | No |
| List documentation used to verify compliance: Click or tap here to enter text. | |  | |

#### Part II: Record Review

Select a random sample of participants and review logs and other documentation to document provider’s interactions with the participant.

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| PARTICIPANT NAME | Eligible client? | Documentation (e.g., screening/ assessment forms, etc.) supports priority of service? | Code 404: If applicable, documentation supports participant’s receipt of digital technology and agreements with agency for such things as use of device and return? | Code 405: If applicable, client’s participation or interest in participating is documented in one or more SI trainings or programs? |
|  | Yes  No  Notes: | Yes  No  Notes: | Yes  No  N.A.  Notes: | Yes  No  N.A.  Notes: |
|  | Yes  No  Notes: | Yes  No  Notes: | Yes  No  N.A.  Notes: | Yes  No  N.A.  Notes: |
|  | Yes  No  Notes: | Yes  No  Notes: | Yes  No  N.A.  Notes: | Yes  No  N.A.  Notes: |
|  | Yes  No  Notes: | Yes  No  Notes: | Yes  No  N.A.  Notes: | Yes  No  N.A.  Notes: |
|  | Yes  No  Notes: | Yes  No  Notes: | Yes  No  N.A.  Notes: | Yes  No  N.A.  Notes: |
|  | Yes  No  Notes: | Yes  No  Notes: | Yes  No  N.A.  Notes: | Yes  No  N.A.  Notes: |
|  | Yes  No  Notes: | Yes  No  Notes: | Yes  No  N.A.  Notes: | Yes  No  N.A.  Notes: |
|  | Yes  No  Notes: | Yes  No  Notes: | Yes  No  N.A.  Notes: | Yes  No  N.A.  Notes: |
|  | Yes  No  Notes: | Yes  No  Notes: | Yes  No  N.A.  Notes: | Yes  No  N.A.  Notes: |
|  | Yes  No  Notes: | Yes  No  Notes: | Yes  No  N.A.  Notes: | Yes  No  N.A.  Notes: |

#### Part III: Fiscal Verification

Agency Staff Interviewed (if different): Click or tap here to enter text.

Review Date (if different): Click or tap to enter a date.

Reviewer(s) (if different): Click or tap here to enter text.

Services verified:  ARPA 404 Social Isolation–Digital Technology Purchases

ARPA 405 Social Isolation–Digital Training & Programming

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| --- | --- | --- | --- | --- |
| 1. Agency budget (e.g., DAAS-732A) shows the revenues and expenses associated with the ARPA Social Isolation program. | | N.A. | Yes | No |
| Documentation reviewed/comments: Click or tap here to enter text. | | | | |
| 1. If positions are funded, agency budget (e.g., DAAS-732A1) shows designated position(s) and % of position(s) funded by ARPA Social Isolation allocation(s). | | N.A. | Yes | No |
| Documentation reviewed/comments: Click or tap here to enter text. | | | | |
| 1. The Social Isolation codes are treated as Type III services under the consumer contributions policy. If the agency collected any consumer contributions, the ZGA-370-YTD matches the agency’s YTD records. | | N.A. | Yes | No |
| Documentation reviewed/comments: Click or tap here to enter text. | | | | |
| 1. At the time of the review, the % utilization rate (e.g., ZGA-370-YTD) is consistent with budget projections for the fiscal year.   If not, describe any extenuating circumstances and/or planned adjustments. | | N.A. | Yes | No |
| Documentation reviewed/comments: Click or tap here to enter text. | | | | |
| 1. Select a month of reimbursement in ARMS to verify that reimbursement matches actual expenses, e.g., payroll records, agency’s general ledger, agency’s expense accounts, etc. Did reimbursement correlate with actual expenses? | | N.A. | Yes | No |
| Sample month/year selected in ARMS: Click or tap here to enter text. | | | | |
| Reimbursement amount for sample month: Click or tap here to enter text. | | | | |
| Break down sample month’s expenses, show expense type, and if verified by documentation:  Amount: Type of Expense: Verified? | | | | |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | Yes | No |
| $Click or tap here to enter text. | ACTUAL TOTAL MONTH EXPENSES | | | |
| Documentation reviewed/Comments: Click or tap here to enter text. | | | | |
| 1. Selected month’s expenditures match reporting on the ARPA Excel tracking spreadsheet for code 404 SI Digital Technology Purchases. | | N.A. | Yes | No |
| Documentation reviewed/Comments: Click or tap here to enter text. | | | | |