**Instructions for Completing SFY 24 AAA Transportation Monitoring Tool**

This tool has been modified to include monitoring for the use of traditional HCCBG transportation funding as well as ARPA transportation funding. For additional guidance, see Administrative Letters 22-02, 22-09, and Change Notice 23-01 for Administrative Letter 22-09.

|  |  |
| --- | --- |
| Service Code | Service Description |
| 033 | HCCBG Medical Transportation |
| 250 | HCCBG General Transportation |
| 252 | HCCBG Bus Pass Program |
| 248 | ARPA Transportation Vouchers |
| 249 | ARPA Assisted Transportation |
| 259 | ARPA Transportation, General or Medical |

* For assessments of high-risk providers or services, full programmatic monitoring with record reviews and unit verification or fiscal verification is required.
  + Change Notice 23-01 for Administrative Letter 22-09 gave monitors flexibility to monitor new ARPA providers or new ARPA services in SFY 24 instead of SFY 23 if service delivery was not operational by Jan. 1, 2023.
  + Since new providers or new services are assessed as high risk, Exhibit 14 monitoring plans should reflect required monitoring of new ARPA services and new ARPA service providers in SFY 23 of SFY 24.
* Risk assessments for determination of monitoring frequency and intensity should be conducted without regard to funding source, except as noted above re the need to monitor new ARPA services.
* Each service code listed above is subject to requirements outlined in the transportation service standards, as supplemented, waived, or modified by the Administrative Letters identified above.
* Complete pp. 3-6 and Attachments A, B, and C as applicable to assess compliance with programmatic requirements in the transportation service standards and ARPA Administrative Letter 22-02. Use of alternate formats as a substitute for worksheets in tool attachments is acceptable if the alternate formats show data that reflect compliance or non-compliance.
* Complete p. 7 to assess compliance with the special non-unit requirements of ARPA service code 248 Transportation Vouchers. This is the only transportation code that is reported as a non-unit reimbursement with a client/unit reporting requirement in ARMS.
* Guidance for the selection of samples during transportation monitoring:
  + As outlined in the administrative letters cited above, monitoring should be guided by a risk-based framework regardless of several funding sources for similar services.
  + Monitors may but are not required to split samples, i.e., the monitor may select a sample for each transportation code and funding source based on the general sampling guidance in Sec. 308.2 B of the AAA policy manual.
* However, the monitor may split a sample across funding sources for review of similar services using the following steps:
  + Monitors can only split the sample within each category of “similar services.” You may not split the sample across categories.

Category 1 - Regular unit-based trips:

HCCBG 033, HCCBG 250, ARPA 249, ARPA 259

Category 2 - Various types of transportation voucher trips:

ARPA 248 S/R/W codes 230/231/232

Category 3 - Bus Passes:

HCCBG 252 and ARPA 248 S/R/W 233

* + Extract the number of clients served for a sample month in ARMS for each transportation service funded in the program being monitored.
  + Add those numbers for each category above to get a total number of clients served by category, and apply that number to the Base Sample guidelines in Sec. 308.2 B to confirm how many client records should be reviewed in each split sample.
  + If possible, with larger samples the selection from each code should be proportional to the client/service totals for the sample month reviewed. This means that codes with more clients served would have more clients in the split sample.
  + For smaller samples across funding sources, it may be necessary and is acceptable to pull data from a two-month period as needed to achieve minimum sample sizes.

# NC DIVISION OF AGING AND ADULT SERVICES NC AREA AGENCIES ON AGING

**TRANSPORTATION SERVICES ASSESSMENT TOOL**

Community Service Provider:

Review Date:      State Fiscal Year:       AAA Monitor:

Provider Staff Interviewed and Title(s):

Services monitored:  HCCBG 033 Medical Transportation

HCCBG 250 General Transportation

HCCBG 252 Bus Pass Program

ARPA 248 Transportation Vouchers

ARPA 249 Assisted Transportation

ARPA 259 Transportation

|  |  |  |  |
| --- | --- | --- | --- |
| PROGRAM ADMINISTRATION  (In addition to the Transportation Service Standard cited at the end of each question, other authorities are cited as appropriate.) | Yes | No | N.A. |
| 1. The agency has a transportation coordinator with at least a high school diploma or a GED certificate.  (Service Standards, VIII.B.1, page 6) |  |  |  |
| Documentation used to verify compliance (verbal assurance is acceptable):  Click or tap here to enter text. | | | |
|  | Yes | No | N.A. |
| 1. Drivers (paid or volunteer) meet the following qualifications:   a. Drivers are 18 years of age or older. .................................   * 1. Drivers hold a valid North Carolina drivers license for the class of vehicle they are to operate.........................................   2. Drivers have two years driving experience. .......................   (Service Standards, VIII.B.2a, page 7. [NC Gen. Statutes § 20-10](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-10.html) and [NC](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-7.html) [Gen. Statutes §20-7.](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-7.html))  *Also see Attachment B worksheet.* |  |  |  |
|  |  |  |
|  |  |  |
|  | | |
| Documentation used to verify compliance and other notes:  Click or tap here to enter text. | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No | N.A. |
| 1. If the agency utilizes volunteers to provide transportation with their own vehicles, then the agency:    1. maintains volunteer records and    2. provides or assures minimum liability insurance coverage on all vehicles owned by volunteers that are used to transport clients   (Service Standards, IX.B, page 10. [NC Gen. Statutes § 20-279.21(b)(2).](http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_20/GS_20-279.21.pdf)\*)  *Also see Attachment B worksheet.* | | | |  |  |  |
|  |  |  |
|  | | |
| \* Motor vehicle liability insurance: bodily injury liability – $30,000 each person; $60,000 each accident; property damage liability – $25,000 each accident.  Documentation used to verify compliance (e.g., insurance declarations page) and other notes: Click or tap here to enter text. | | | | | | |
|  | | | | Yes | No | N.A. |
| Permanent registration plates may be issued to counties, cities, and towns, per [NC Gen. Statutes §20-84.](http://www.ncleg.net/enactedlegislation/statutes/html/bysection/chapter_20/gs_20-84.html)  4A. Vehicles with Regular Plates. All vehicles utilized by the agency to transport clients have a current registration.  4B. Vehicles with Permanent Plates. All vehicles utilized by the agency to transport clients have been properly inspected by the state.  (Service Standards, VIII.D.1, page 8)  *See Attachment C worksheet*. Determine whether the sample of vehicles used for HCCBG transportation have regular license plates or permanent license plates, because the requirements for registration and inspection are different. DMV eliminated inspection stickers on auto windshields in 2008. | | | |  |  |  |
|  |  | Registration Card | Inspection Receipt | | | |
|  | Regular Plate |  | X | | | |
|  | Permanent Plate | X |  | | | |
|  | | | | | | |
| Documentation used to verify compliance and other notes:  Click or tap here to enter text. | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N.A. |
| 5. All vehicles utilized by the agency to transport clients have adequate liability insurance as required by the State of North Carolina  (Service Standards, VIII.D.1c, page 8. Also see other authorities cited below.)  *Also see Attachment B and C worksheets and the monitoring guidance for assuring liability insurance requirements found on the tool webpage*. |  |  |  |
| Documentation used to verify compliance and other notes (monitors should review the declarations page of an unexpired insurance policy or other appropriate documentation):  Click or tap here to enter text. | | | |
|  | Yes | No | N.A. |
| 6. The agency has written policies and procedures establishing priority for:  a. ridership ............................................................................  b. destination and purpose of trip .........................................  c. geographic area covered and ..........................................  d. routes and schedules for providing services. ...................  (Service Standards, VIII, page 5) |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Documentation used to verify compliance and other notes:  Click or tap here to enter text. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N.A. |
| 7. The agency has written policy and procedures regarding accidents and traffic violations involving agency vehicles while on and off duty.  (Service Standards, VII.E, page 9) |  |  |  |
| Documentation used to verify compliance and other notes:  Click or tap here to enter text. | | | |
|  | Yes | No | N.A. |
| 1. The agency demonstrates that transportation services are being coordinated through one of the following ways:    1. Agency is identified in the Community Transportation Services Plan (CTSP), the Locally Coordinated Plan (LCP), or a similar multi-agency coordination document.    2. Agency has written documentation (e.g., a Memorandum of Understanding, board minutes, etc.) that services are coordinated with at least one other human services transportation agency or public/private transportation provider (e.g., the sharing of vehicles, drivers, or operating costs). ................................................................   (Service Standards, VIII.A.1-2, pages 5-6) |  |  |  |
|  |  |  |
|  | | |
| Documentation used to verify compliance and other notes:  Click or tap here to enter text. | | | |

**Non-Unit Fiscal Verification for Transportation Services**

**ARPA Code 248 – Transportation Vouchers**

Agency: Click or tap here to enter text.

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

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

Date: Click or tap to enter a date.

**ARPA code 248 is a non-unit reimbursement code with a monthly reporting requirement for the number of one-way voucher trips for each client served. Use this page to monitor compliance with special requirements for code 248 in Administrative Letter 22-02, pp. 28-30.**

1. The provider has written policies and procedures that:
   1. Define the scope of the voucher program and identify the transportation modes and payment options offered by the agency.

Yes  No Documentation notes: Click or tap here to enter text.

* 1. Outline the policy requirements for volunteer transportation vouchers on p. 28 if applicable.

Yes  No  N.A. Documentation notes: Click or tap here to enter text.

* 1. Outline the policy requirements for vender transportation vouchers on p. 28 if applicable.

Yes  No  N.A. Documentation notes: Click or tap here to enter text.

1. The provider tracks and reports required documentation as outlined on p. 29:
   1. All transportation vouchers contain the appropriate documentation for tracking the number of trips provided to each client (name, issuance date, expiration date, redemption date).

Yes  No Documentation notes: Click or tap here to enter text.

* 1. The provider completes a DAAS-101 on each voucher client and enters it in ARMS.

Yes  No Documentation notes: Click or tap here to enter text.

* 1. All transportation vouchers contain the appropriate fields for tracking one-way trips based on mode of travel (e.g., odometer readings, voucher reimbursement value, or actual per-trip costs).

Yes  No Documentation notes: Click or tap here to enter text.

* 1. The provider reports the number of one-way voucher trips in ARMS for code 248 by the appropriate state-required S/R/W codes based on mode of travel (e.g., S/R/W codes 230, 231, 232, or 233).

Yes  No Documentation notes: Click or tap here to enter text.

1. Select a month of reimbursement in ARMS and the same month of expenses reported in the tracking spreadsheet. Compare the selected month of reimbursement in ARMS to actual expenses based on source documentation (e.g., receipts, payments documented in general ledger, other proof of purchases, etc.). Reimbursement correlates with actual expenses.

Yes  No Documentation notes: Click or tap here to enter text.

1. Sample month selected in ARMS: Click or tap here to enter text.
2. Reimbursement amount for sample month: Click or tap here to enter text.
3. Actual month’s expenses: Click or tap here to enter text.

|  |  |
| --- | --- |
| Type of expense and documentation notes: | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Monthly Total |  |

1. Selected month’s reimbursement matches the reporting of expenses in the tracking worksheet for the same month.

\_\_\_\_\_Yes \_\_\_\_\_No

Documentation reviewed/Comments: Click or tap here to enter text.

1. Select an appropriate sample of clients from the month reviewed and complete Attachment A.

Documentation reviewed/Comments: Click or tap here to enter text.

**ATTACHMENT A: CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET Page      of**

**TRANSPORTATION SERVICES**

AGENCY:       MONTH AND YEAR REVIEWED:

Reviewer should select a random sample of clients from each Site/Route/Worker Code.

* 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. Also attach copies or samples of any documentation reviewed on-site. Examples include drivers’ logs; billing statements that show individual client names, pick-up addresses, and drop-off addresses for specific dates of service; or any printouts from ride-tracking software that clearly represents one-way rides provided on specific dates.
* 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.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CLIENT NAME | HCCBG or ARPA Service Code | S/RW Code | | Eligible client? | Date of  most recent  CRF? | DAAS-101 CRF is on file & complete? | CRF updated at least every 12 mo.? | # units reported | # units verified\* | # units to be adjusted  in ARMS |
|  |  |  | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
| TOTAL UNITS NOT VERIFIED =  Total units reported for all clients in month reviewed = | | | THIS REPRESENTS \_\_\_\_\_ % OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review. | | | | | | | |

# \*Specify documentation reviewed to verify units:

**Signature of reviewer(s)** **Date:**

**ATTACHMENT B: DRIVER REQUIREMENTS [PAID AND/OR VOLUNTEER] WORKSHEET** Page      of

AGENCY:       DATE:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DRIVER’S NAME** | **PAID OR VOL?** | **AGE 18 OR OLDER?** | **CURRENT AND VALID DRIVERS LICENSE? \*** | **2 YRS DRIVING EXPERIENCE?** | **DRIVES AGENCY VEHICLES?** | **DRIVES PERSONAL VEHICLE?** | **Personal vehicles of volunteers have min. liability ins?** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* If the agency being reviewed is a transit system, the monitor may be able to determine real-time license status information from NC DMV. Systems enrolled in the NC Transit Driver System can determine the driver’s license status of their enrolled drivers on a 24/7 basis. If the system being monitored is enrolled in the DMV notification system, monitors should ask if the license statuses of HCCBG drivers can be viewed on-line or if a printout can be generated. This will provide the monitor with the most up-to-date information available.

# ATTACHMENT C: VEHICLE REQUIREMENTS WORKSHEET (OPTIONAL\*) Page       of

# AGENCY:       DATE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| VEHICLE MAKE & MODEL OR VEHICLE ID # | UNEXPIRED STATE INSPECTION?(only for vehicles with permanent plates) | UNEXPIRED VEHICLE REGISTRATION?(only for vehicles with regular plates) | ADEQUATE LIABILITY INSURANCE?\*\* | OTHER OBSERVATIONS RE VEHICLES? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# \* Monitors may find it easier to make a photocopy of the agency’s vehicle inventory and use that list to make notes about inspections and registrations. This worksheet is offered as an option for documenting compliance as needed.

# \*\* Liability insurance compliance may be documented here, on Attachment B, or on Q5.