**ATTACHMENT B: Client Record Review And Unit Verification Worksheet PAGE\_\_**Click or tap here to enter text. **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** |  |  |  |