

**DIVISION OF AGING ADULT DAY CARE/DAY HEALTH PROGRAMMATIC REVIEW, PARTICIPANT RECORD REVIEW AND  
UNIT VERIFICATION**

<b>Enter monitoring visit or review date(s) below:</b>
<b>Enter the State Fiscal Year below being monitored:</b>
<b>Enter the Monitor's Name, Job Title and organization below:</b>
<b>Indicate the type of provider that is being monitored by checking the appropriate box below:</b>  <input type="checkbox"/> Community Service Provider <i>(organization that contracts directly with AAA to receive the funding from the AAA and to directly provide a service)</i>  <input type="checkbox"/> Sub-contractor of a Community Service Provider <i>(The Community Service Provider contracts with the AAA to receive the funding from the AAA, but does not directly provide a service. The Community Service Provider contracts with an organization that will directly provide a service. This organization that the Community Service Provider contracts with is referred to as the Sub-contractor).</i>
<b><u>For Subcontractor Monitoring Only:</u></b> If this tool is being completed by staff employed by a Community Service Provider and is being used to monitor a sub-contractor as defined above, the Community Service Provider staff attests that the sub-contractor requirements of the 308.2: Monitoring Plan of the AAA Policy and Procedure Manual were followed. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>Enter the name of the organization being monitored below:</b>
<b>Indicate which services the organization being monitored receives HCCBG funding to provide by checking the appropriate box(es) below:</b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Day Care  <input type="checkbox"/> Adult Day Health         </div> <div> <input type="checkbox"/> Adult Day Care Transportation  <input type="checkbox"/> Adult Day Health Transportation         </div> </div>
<b>Indicate which HCCBG funded services are being monitored with the completion of this monitoring tool by checking the appropriate box(es) below:</b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Day Care  <input type="checkbox"/> Adult Day Health         </div> <div> <input type="checkbox"/> Adult Day Care Transportation  <input type="checkbox"/> Adult Day Health Transportation         </div> </div>
<b>Indicate the type of monitoring by checking the appropriate box(es) below:</b>  <input type="checkbox"/> Programmatic Review <input type="checkbox"/> Unit Verification
<b>Enter the Name(s) and Job Title(s) of the organization staff that were interviewed during this monitoring visit or acted as informant(s) during this review below:</b>
<b>Indicate the program's current certification status that is providing the direct service by checking the appropriate boxes and entering date information below:</b>  The Adult Day Care/Day Health Care program is currently certified by the North Carolina Division of Aging. Yes <input type="checkbox"/> No* <input type="checkbox"/> <i>*If No, Contact Glenda Artis or Terrie Deal at DA regarding next steps</i>  Dates of Current Certification:    From (Month, Date & Year):                      To (Month, Date & Year):  Current Certification: <input type="checkbox"/> Full Certification <input type="checkbox"/> Provisional Certification

CLIENT RECORD REVIEW & UNIT VERIFICATION – ADULT DAY CARE - DAILY CARE (ARMS CODE 030)

DATE(S) OF MONITORING

ORGANIZATION BEING MONITORED

MONTH(S) AND YEAR REVIEWED

	ADC PARTICIPANT NAME	DAAS-101	DAAS-5027*	DEFINITION OF FRAIL <i>To Meet Frail Eligibility, the participant must:</i> 1). be age 60 or older <u>and</u> 2). have 2 or more ADL impairments OR a Cognitive Impairment			UNIT VERIFICATION <i>Use the ZGA542 to select participant sample. Review each participant's service plan for HCCBG funded &amp; scheduled days of attendance.</i>				
#	ADC PARTICIPANT NAME	Registration & Registration Updates	Registration	Age	ADL Impairment	Cognitive Impairment	HCCBG Funded Scheduled Day(s) of Attendance	Absences	Service Units Reported	Verified Service Units	Unverified Service Units
		Is the participant's DAAS-101 complete?  Enter date of most recent DAAS-101  Is the participant's DAAS-101 reviewed & updated at least every 12 months?	Is the participant's DSS-5027* Complete?	Is the participant Age 60 or older?  Enter birthdate listed on the DAAS-101	Does participant have ADL impairments?  If yes, Enter # of ADL impairments listed on the DAAS-101	Does participant have a cognitive impairment?  If yes, Is the cognitive impairment indicated on the participant's medical exam report?	Enter HCCBG funded days of week that the participant is scheduled to attend the program listed on participant's service plan  (e.g., M, T, TH)	Was reimbursement requested for more than 10 consecutive scheduled days of absence?	Enter # of ADC units reported per ZGA542	Enter # of ADC units verified	Enter # of ADC unverified units to be adjusted in ARMS
1		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
2		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
3		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
4		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
5		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
6		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
7		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
8		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
9		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
10		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
TOTAL UNITS NOT VERIFIED = Total units reported for all participants in month reviewed =					THIS REPRESENTS % OF TOTAL UNITS FOR MONTH REVIEWED. If 10% or more, expand sample and select another month to review.						

\* DSS-5027- only applicable for Departments of Social Services Records.

Monitor(s) Signature \_\_\_\_\_

Date

PARTICIPANT RECORD REVIEW & UNIT VERIFICATION – ADULT DAY CARE – TRANSPORTATION (ARMS CODE 031)

DATE OF MONITORING

ORGANIZATION BEING MONITORED

MONTH(S) AND YEAR REVIEWED

	ADC TRANSPORTATION PARTICIPANT NAME	DAAS-101	DAAS-5027*	DEFINITION OF FRAIL To Meet Frail Eligibility, the participant 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 participant sample. Review participant's service plan for HCCBG funded & scheduled days of attendance. HCCBG funded ADH Transportation Units can only be reimbursed on days when participant's attendance at program was HCCBG funded. Compare # of units on the ZGA542 & # of HCCBG funded days participant attended program per attendance sheets to HCCBG funded & scheduled days of attendance on participant's service plan.				
#	ADC TRANSPORTATION PARTICIPANT NAME	Registration & Registration Updates	Registration	Age	ADL Impairment	Cognitive Impairment	HCCBG Funded Scheduled Day(s) of Attendance	Ride Provided to Participant Verification	Service Units Reported	Verified Service Units	Unverified Service Units
#		Is participant's DAAS-101 complete?  Enter date of most recent DAAS-101  Is participant's DAAS-101 updated at least every 12 months?	Is participant's DAAS-5027* complete?	Is the Participant Age 60 or older?  Enter birthdate listed on the DAAS-101	Does the participant have ADL impairments?  If yes, Enter # of ADL impairments listed on the DAAS-101	Does the participant have a cognitive impairment?  If yes, Is the cognitive impairment indicated on the participant medical exam report?	Enter # of HCCBG funded days participant attended per attendance sheets	Enter source documentation used to verify rides  (i.e., driver's log, vendor printout of pick-ups & drop offs or vendor's itemized monthly bill)	Enter # of ADC transportation units reported on ZGA542	Enter # of ADC transportation units verified	Enter # of ADC transportation units to be adjusted in ARMS
1		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>  N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>					
2		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>  N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>					
3		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>  N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>					
4		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>  N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>					
5		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>  N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>					
6		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>  N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>					
7		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>  N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>					
8		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>  N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>					
9		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>  N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>					
10		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>  N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's:	Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>					
TOTAL UNITS UNVERIFIED =		Total units reported for all participants in sample for month reviewed =				THIS REPRESENTS % OF TOTAL UNITS FOR MONTH REVIEWED. If 10% or more, expand sample and select another month to review.					

\* DSS-5027- only applicable for Departments of Social Services Records. Monitor(s) Signature \_\_\_\_\_

Date \_\_\_\_\_

PARTICIPANT RECORD REVIEW & UNIT VERIFICATION – ADULT DAY HEALTH – DAILY CARE (ARMS CODE 155)

DATE OF MONITORING		ORGANIZATION BEING MONITORED					MONTH(S) AND YEAR REVIEWED						
	ADH PARTICIPANT NAME	DAAS-101	& DAAS-5027*	DEFINITION OF FRAIL <i>To Meet Frail Eligibility, the participant must:</i> 1). be age 60 or older <u>and</u> 2). have 2 or more ADL impairments OR a Cognitive Impairment			ADDITIONAL ADH ELIGIBILITY <i>Must have one of the below documented to be ADH eligible</i>		UNIT VERIFICATION <i>Use the ZGA542 to select participant sample. Review participant's service plan for HCCBG funded &amp; scheduled days of attendance.</i>				
#	ADH PARTICIPANT NAME	Registration & Registration Updates	Registration	Age	ADL Impairments	Cognitive Impairment	Medical Monitoring	Special Services	HCCBG Funded Scheduled Day(s) of Attendance	Absences	Service Units Reported	Verified Service Units	Unverified Service Units
		Is the participant's DAAS-101 complete?  Enter date of most recent DAAS-101  Is the participant's DAAS-101 updated at least every 12 months?	Is the participant's DAAS-5027* complete?	Is the participant Age 60 or older?  Enter birthdate listed on the DAAS-101	Does the participant have ADL impairments?  If yes, Enter # of ADL impairments listed on the DAAS-101	Does the participant have a cognitive impairment?  If yes, Is the cognitive impairment indicated on participant medical exam report?	Does the participant receive monitoring of a medical condition?  Enter Documentation Reviewed	Enter 1,2, or 3 based on which is provided to the participant:  1. Administration of Medication,  2. Special feedings, or  3. Provision of other treatment or services related to health care needs  Enter Documentation Reviewed	Enter HCCBG funded days of week that participant is scheduled to attend listed on participant's service plan  (e.g., M, T, TH)	Was reimbursement requested for more than 10 consecutive scheduled days of absence?	Enter # of ADH units reported per ZGA542	Enter # of ADH units verified	Enter # of ADH unverified units to be adjusted in ARMS
1		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
2		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
3		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
4		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
5		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			

PARTICIPANT RECORD REVIEW & UNIT VERIFICATION – ADULT DAY HEALTH – DAILY CARE (ARMS CODE 155)

	ADH PARTICIPANT NAME	DAAS-101	& DAAS-5027*	DEFINITION OF FRAIL <i>To Meet Frail Eligibility, the participant must: 1). be age 60 or older and 2). have 2 or more ADL impairments OR a Cognitive Impairment</i>			ADDITIONAL ADH ELIGIBILITY <i>Must have one of the below documented to be ADH eligible</i>		UNIT VERIFICATION <i>Use the ZGA542 to select participant sample. Review participant's service plan for HCCBG funded &amp; scheduled days of attendance.</i>				
#	ADH PARTICIPANT NAME	Registration & Registration Updates	Registration	Age	ADL Impairments	Cognitive Impairment	Medical Monitoring	Special Services	HCCBG Funded Scheduled Day(s) of Attendance	Absences	Service Units Reported	Verified Service Units	Unverified Service Units
		Is the participant's DAAS-101 complete?  Enter date of most recent DAAS-101  Is the participant's DAAS-101 updated at least every 12 months?	Is the participant's DAAS-5027* complete?	Is the participant Age 60 or older?  Enter birthdate listed on the DAAS-101	Does the participant have ADL impairments?  If yes, Enter # of ADL impairments listed on the DAAS-101	Does the participant have a cognitive impairment?  If yes, Is the cognitive impairment indicated on participant medical exam report?	Does the participant receive monitoring of a medical condition?  Enter Documentation Reviewed	Enter 1,2, or 3 based on which is provided to the participant:  1. Administration of Medication,  2. Special feedings, or  3. Provision of other treatment or services related to health care needs  Enter Documentation Reviewed	Enter HCCBG funded days of week that participant is scheduled to attend listed on participant's service plan  (e.g., M, T, TH)	Was reimbursement requested for more than 10 consecutive scheduled days of absence?	Enter # of ADH units reported per ZGA542	Enter # of ADH units verified	Enter # of ADH unverified units to be adjusted in ARMS
6		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
7		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
8		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
9		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
10		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed	Days:	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
TOTAL UNITS NOT VERIFIED =      Total units reported for all participants 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.						

\* DSS-5027- only applicable for Departments of Social Services Records.      Monitor(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

PARTICIPANT RECORD REVIEW & UNIT VERIFICATION – ADULT DAY HEALTH – TRANSPORTATION (ARMS CODE 156)

DATE OF MONITORING			ORGANIZATION BEING MONITORED				MONTH(S) AND YEAR REVIEWED						
	ADH PARTICIPANT NAME	DAAS-101 & DAAS-5027*	DAAS-5027*	DEFINITION OF FRAIL <i>To Meet Frail Eligibility, Participant must be age 60 or older, have either 2 ADL Impairments OR a Cognitive Impairment</i>			ADDITIONAL ADH ELIGIBILITY <i>Must have one of the below documented to be ADH eligible</i>		UNIT VERIFICATION <i>Use the ZGA542 to select participant sample. Review participant's service plan for HCCBG funded &amp; scheduled days of attendance. HCCBG funded ADH Transportation Units can only be reimbursed on days when participant's attendance at program was HCCBG funded. Compare # of units on the ZGA542 &amp; # of HCCBG funded days participant attended program per attendance sheets to HCCBG funded &amp; scheduled days of attendance on participant's service plan.</i>				
#	ADH PARTICIPANT NAME	Registration & Registration Updates	Registration	Age	ADL Impairments	Cognitive Impairment	Medical Monitoring	Special Services	HCCBG Funded Scheduled Day(s) of Attendance	Ride Provided to Participant Verification	Service Units Reported	Verified Service Units	Unverified Service Units
		Is participant's DAAS-101 complete?  Enter date of most recent DAAS-101  Is participant's DAAS-101 updated at least every 12 months?	Is participant's DAAS-5027* complete?	Is the participant Age 60 or older?  Enter birthdate listed on the DAAS-101	Does the participant have ADL impairments?  Enter # of ADL impairments listed on the DAAS-101	Does the participant have a cognitive impairment?  Is the cognitive impairment indicated on participant medical exam report?	Does the participant receive monitoring of a medical condition?  Enter Documentation Reviewed	Enter 1,2, or 3 based on Which is provided:  1. Administration of Medication, 2. Special feedings, or 3. Provision of other treatment or services related to health care needs  Enter Documentation Reviewed	Enter # of HCCBG funded days participant attended per attendance sheets	Enter source documentation used to verify rides  (i.e., driver's log, vendor printout of pick-ups & drop offs or vendor's itemized monthly bill)	Enter # of ADH transportation units reported	Enter # of ADH transportation units verified	Enter # of ADH transportation units to be adjusted in ARMS
1		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed					
2		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed					
3		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed					
4		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed					
5		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed					

Monitor(s) Signature \_\_\_\_\_

Date \_\_\_\_\_

PARTICIPANT RECORD REVIEW & UNIT VERIFICATION – ADULT DAY HEALTH – TRANSPORTATION (ARMS CODE 156)

	ADH PARTICIPANT NAME	DAAS-101 &	DAAS-5027*	DEFINITION OF FRAIL <i>To Meet Frail Eligibility, Participant must be age 60 or older, have either 2 ADL Impairments OR a Cognitive Impairment</i>			ADDITIONAL ADH ELIGIBILITY <i>Must have one of the below documented to be ADH eligible</i>		UNIT VERIFICATION <i>Use the ZGA542 to select participant sample. Review participant's service plan for HCCBG funded &amp; scheduled days of attendance. HCCBG funded ADH Transportation Units can only be reimbursed on days when participant's attendance at program was HCCBG funded. Compare # of units on the ZGA542 &amp; # of HCCBG funded days participant attended program per attendance sheets to HCCBG funded &amp; scheduled days of attendance on participant's service plan.</i>				
#	ADH PARTICIPANT NAME	Registration & Registration Updates	Registration	Age	ADL Impairments	Cognitive Impairment	Medical Monitoring	Special Services	HCCBG Funded Scheduled Day(s) of Attendance	Ride Provided to Participant Verification	Service Units Reported	Verified Service Units	Unverified Service Units
		Is participant's DAAS-101 complete?  Enter date of most recent DAAS-101  Is participant's DAAS-101 updated at least every 12 months?	Is participant's DAAS-5027* complete?	Is the participant Age 60 or older?  Enter birthdate listed on the DAAS-101	Does the participant have ADL impairments?  Enter # of ADL impairments listed on the DAAS-101	Does the participant have a cognitive impairment?  Is the cognitive impairment indicated on participant medical exam report?	Does the participant receive monitoring of a medical condition?  Enter Documentation Reviewed	Enter 1,2, or 3 based on Which is provided:  1. Administration of Medication,  2. Special feedings, or  3. Provision of other treatment or services related to health care needs  Enter Documentation Reviewed	Enter # of days of attendance indicated on attendance sheets	Enter source documentation used to verify rides  (i.e., driver's log, vendor printout of pick-ups & drop offs or vendor's itemized monthly bill)	Enter # of ADH transportation units reported	Enter # of ADH transportation units verified	Enter # of ADH transportation units to be adjusted in ARMS
6		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed					
7		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed					
8		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed					
9		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed					
10		Y <input type="checkbox"/> N <input type="checkbox"/> Date: Y <input type="checkbox"/> N <input type="checkbox"/> N/A/Not Yet Due <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Birthdate:	Y <input type="checkbox"/> N <input type="checkbox"/> # of ADL's :	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Documentation Reviewed:	Service Provided Documentation Reviewed					
TOTAL UNITS NOT VERIFIED = Total units reported for all participants 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.				

\* DSS-5027- only applicable for Departments of Social Services Records.

Monitor(s) Signature \_\_\_\_\_

Date

DIVISION OF AGING PARTICIPANT RECORD REVIEW & UNIT VERIFICATION

**Your comment and/or note section:**

e.g., any corrections needed, what documentation were reviewed, any TA provided, any follow-up needed. **Please provide an explanation below if you answered n/a, no or left an answer blank:**