**Division of Aging and Adult Services**

**Home Care Independence Administrative Requirements Monitoring Tool**

Provider Agency:       Region:

Person Interviewed:

Monitor:       ­­­­­­­­ Representing AAA  or DAAS

Date:       Funding: HCCBC  Other:

1. Provider Agency has a local CDS Policy/Procedures Manual?

Yes  No  Comments:

1. Provider Agency has signed MOU (vendor agreement) with the FMS on file?

Yes  No  N/A  Comments:

1. Purchased Emergency Response systems do not exceed $200?

Yes  No  N/A  Comments:

1. Purchased Medical/Adaptive Equipment do not exceed $300 per year?

Yes  No  N/A  Comments:

5. Provider Agency has an appeals process in place?

Yes  No  Comments:

6. Provider Agency provides Participants a home file to maintain important documents? (*Ask provider to share an example of a home file developed*)

Yes  No  Comments:

7. Provider Agency periodically reviews timesheets of Personal Assistants and other reports maintained on FMS website portal (or reports sent to the Care Advisor) and reconciles hours reported with ARMS reports?

Yes  No  Comments:

8. Select a sample month of time sheets, FMS reports and ARMS documents. Complete a sample reconciliation and describes results of this review:

1. Provider Agency maintains a signed Provider Assurance Form for Consumer Contributions and form is updated annually?

Yes  No  Comments:

1. Please describe any areas of concern regarding the payroll service provided by the FMS. Be specific about areas needing improvement. Comments:
2. List any areas of non-compliance found in the review of the individual participant files:
   1. Non-compliance findings:

* 1. Client record review technical assistance:

**Fiscal Verification- CARES Funds-Code 516**

Agency:       Date:

Agency Staff Interviewed:

Signature of Reviewer(s):

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For expenses related to CARES code **516**, select a month of reimbursement in ARMS and the same month of expenses reported in the tracking spreadsheet.

1. Reimbursement correlates with actual expenses.

*(E.g. payments documented in the provider’s*

*general ledger or receipts and other proof of*

*purchases, etc.)*  Yes  No  N/A

Documentation reviewed/Comments

2. Selected month’s reimbursement matches the

reporting of expenses in the tracking worksheet

for the same month. Yes  No  N/A

Documentation reviewed/Comments