**NC Division of Aging and Adult Services (DAAS)**

**NC Area Agencies on Aging (AAAs)**

**Monitoring Tool for entities receiving Title III-D**

**Disease Prevention and Health Promotion Funds (ARMS Service Code 401)**

**Provider Agency:** Click or tap here to enter text.

**Date of Assessment:** Click or tap to enter a date.

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

**Interviewer:** Click or tap here to enter text.

1. **METHOD OF SERVICE**

Are Title III-D funds being used appropriately in accordance with the U.S. Administration on Aging (AoA) definition of evidence-based interventions? *Title III-D funds may be used to support Area Agency on Aging (AAA) staff who coordinate and support the implementation of evidence-based programs in their region.*

Yes [ ]  No [ ]

Describe exactly how Title III-D funds are being utilized.

|  |  |  |
| --- | --- | --- |
| Evidence-based Program | Yes | No |
| A Matter of Balance (AMOB) |[ ] [ ]
| Arthritis Foundation Life Series Program (Exercise, Aquatics Programs) |[ ] [ ]
| Bingocize |[ ] [ ]
| Chronic Disease Self-Management Program (CDSMP/Living Healthy) |[ ] [ ]
| Chronic Pain Self-Management Program (CPSMP/ Living Healthy) |[ ] [ ]
| Diabetes Self-Management Program (DSMP/Living Healthy) |[ ] [ ]
| Eat Smart, Move More, Weigh Less |[ ] [ ]
| Fit and Strong! |[ ] [ ]
| Geri-fit |[ ] [ ]
| Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) |[ ] [ ]
| Home Meds |[ ] [ ]
| PEARLS |[ ] [ ]
| Powerful Tools for Caregivers |[ ] [ ]
| Tai Chi Arthritis Foundation: Tai Chi |[ ] [ ]
| Walk with Ease |[ ] [ ]
| Other (describe) Click or tap here to enter text. |[ ] [ ]
| Other (describe)Click or tap here to enter text. |[ ] [ ]

1. **CLIENT ELIGIBILITY**

Persons served are at least 60 years of age or older, or spouses and/or caregivers of any age are served (*based on attendance logs, observation, etc.)?*

 Yes [ ]  No [ ]  Comments: Click or tap here to enter text.

1. **PROGRAM INTEGRITY**
2. Is there evidence that Title III-D funds are being utilized to purchase medical service, prescription drugs, home safety devices or activities of daily living supply items?

Yes [ ]  No [ ]  If yes, describe: Click or tap here to enter text.

1. Is there evidence that Title III-D funds are being utilized for services which are paid for by Medicare (*such as flu shots, mammograms, pap smears, laboratory services, durable medical equipment)?*

Yes [ ]  No [ ]  If yes, describe: Click or tap here to enter text.

1. Is there evidence that Title III-D funds are being utilized for activities that are strictly recreational in nature? That is, they are offered only for amusement (*such as movies, video games, Bingo).*

Yes [ ]  No [ ]  If yes, describe: Click or tap here to enter text.

1. Are programs offered by appropriately trained leaders, coaches, or instructors?

*It is essential that workshops are conducted with fidelity.*

Yes [ ]  No [ ]

If yes, describe the documentation reviewed: Click or tap here to enter text.

1. **CONSUMER CONTRIBUTION**

Agency records show they have procedures to enable participants to contribute to services and a system for collecting, depositing, and recording program income/consumer contributions (*e.g. written policy, records of consumer contributions*)? Yes [ ]  No [ ]  If yes, describe: Click or tap here to enter text.

1. **REIMBURSEMENT METHODS**
	1. Agency records show that expense forms are maintained and accurately reflect Title III-D funds utilized. Documentation shows allowable expenditures and request for reimbursement for non-unit services (*e.g., copies of support documents: invoices, purchase order, employee time records/date submitted)?*

Yes [ ]  No [ ]

If yes, describe the documentation reviewed: Click or tap here to enter text.

Briefly describe expenses:Click or tap here to enter text.

*(e.g. salary/fringe, supplies, materials, license, stipend, travel, other)*

* 1. Agency records show that the amount of Title III-D funds spent to-date agrees with ARMS amount (*e.g. compare agency amounts with AAA ZGA370-7, Provider Reimbursement Report for Title III-D)?*

Yes [ ]  No [ ]  Comments: Click or tap here to enter text.