#### **Part II: Fiscal Verification**

#### **Non-Unit Reimbursement – HCI Care Advisor/Personal Assistant**

Agency:       Date:

Agency Staff Interviewed:

Signature of Reviewer:

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1. Agency budget shows funding is used to support

Home Care Independence (HCI) services (e.g., DAAS

732 A or comparable document) Yes [ ]  No [ ]  N/A [ ]

Documentation reviewed/Comments:

1. If positions are funded, agency budget shows the

designated position(s) and the % of each position paid

by HCI services (e.g., DAAS 732 A1

or comparable document). Yes [ ]  No [ ]  N/A [ ]

Documentation reviewed/Comments:

1. If the agency has collected consumer contributions,

the amount on the ZGA 370 YTD matches the agency’s

YTD financial records. Yes [ ]  No [ ]  N/A [ ]

Documentation reviewed/Comments:

1. At the time of the review, the % utilization rate *(e.g.,*

*ZGA 370 YTD)* is consistent with budget projections

for % of the fiscal year past. Yes [ ]  No [ ]  N/A [ ]

If not, describe any extenuating circumstances and/or

planned adjustments.

1. Any expenses under this budget can be verified as

allowable reimbursements for the provision of HCI services. Yes [ ]  No [ ]  N/A [ ]

Documentation reviewed/Comments

*(Select a month of reimbursement in ARMS and review source documentation to verify that reimbursements are allowable and correlate with actual expenses (e.g., payroll records, agency’s general ledger, agency’s expense accounts, vendor invoices, etc.)*