**ATTACHMENT C: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET** Page      of

**HOME-DELIVERED THERAPEUTIC DIET MEALS**

# DATE OF ASSESSMENT: Click or tap to enter a date. AGENCY:

# MONTH AND YEAR REVIEWED:      FUND SOURCE (HCCBG, SUPP5, APRA):

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

* + Attach to this worksheet the 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. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
  + List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
  + Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

The provider attests that use of FFRCA/CARES Act funding was for pandemic recovery and future emergency preparedness of this service.

Yes  No  NA

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CLIENT NAME | S/R/W Code | HD eligibility established through in-home assessment?  If special eligibility, state documentation reviewed. | DOA-101  CRF is complete? | | DOA-101 CRF  updated at least every 6 months unless temp status? | Physician's prescription on file? | Physician's prescription reordered every 6 months? | # units reported | # units verified | # units to be adjusted in ARMS |
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| TOTAL UNITS NOT VERIFIED =  Total units reported for all clients 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. | | | | | | |

# Signature of reviewer(s)       Date