# NC DIVISION OF AGING AND ADULT SERVICES AREA AGENCY ON AGING

**OVERNIGHT RESPITE SERVICES COVID TOOL**

Community Service Provider:       State Fiscal Year:

Review Date:

Monitor’s Name/Title:

 Provider Staff Interviewed and Title(s):

 [ ]  HCCBG code 320 [ ]  CARES Act code 920

**Current Licensure:**

1. The Overnight Respite Services program holds a current licensure from the North Carolina Division of

Health Service Regulation?

(Pages 2-3 of the HCCBG Overnight Respite Services Standards)

Yes [ ]  No [ ]

1. Dates of Current Licensure:

 From (Month & Year):       to (Month & Year):

1. Type of Current Licensure:

[ ]  Full Licensure

NOTE\*\*

*The Division of Health Service Regulation oversees the Licensure of Overnight Respite Services. To meet programmatic requirements for HCCBG Overnight Respite Service, please review program license for status and answer the questions above. According to the Overnight Respite Services Licensure rules, admissions to the facility can be suspended. If you have questions about licensure or the suspension process, please contact the Adult Care Home Section of the Division of Health Service Regulation, 919-855-3765.*

*Area Agencies on Aging will complete unit verification for Overnight Respite Services providers. The following record review and unit verification tool on page 2 of this document is be used for verifying units reported and reimbursed. Per DAAS guidance on additional flexibilities for FY 2021 monitoring during the pandemic, monitors are not required to conduct unit verifications on HCCBG-funded services (e.g., code 320). During FY 2021 monitoring, page 1 of this tool should be completed for providers regardless of funding source according to DAAS guidance on risk-based monitoring. The Client Record Review & Unit Verification worksheet should be completed only for CARES-funded services (e.g., 920).*

**NCDAAS CLIENT RECORD REVIEW** & **UNIT VERIFICATION**

**DATE OF ASSESSMENT:**

**AGENCY: MONTH AND YEAR REVIEWED:**

Reviewer should select a random sample of clients from each Site/Route/Worker Code.

► Attach to this worksheet the Units of Service Verification Report (ZGA-542) used to select the sample of client and units. Identify on this report the persons sampled and the month(s) reviewed.

► 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.

► Additional Sheet Make a copy of this sheet if sample size is larger than 10.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | **CLIENT NAME** | **ARMS****Service Codes 920** | **DAAS****101 Completed?** | **Does the client meet the eligibility criteria according to page 2 of the Standards?** | **Number of** **stays indicated on attendance sheets** | **Indicate type of source documentation used to verify units** | **Month sampled for units** | **Unverified units** |
| 1 |       |       | Yes [ ]   No [ ]  | Yes [ ]   No [ ]  |       |       |       |       |
| 2 |       |       | Yes [ ]   No [ ]  | Yes [ ]   No [ ]  |       |       |       |       |
| 3 |       |       | Yes [ ]   No [ ]  | Yes [ ]   No [ ]  |       |       |       |       |
| 4 |       |       | Yes [ ]   No [ ]  | Yes [ ]   No [ ]  |       |       |       |       |
| 5 |       |       | Yes [ ]   No [ ]  | Yes [ ]   No [ ]  |       |       |       |       |
| 6 |       |       | Yes [ ]   No [ ]  | Yes [ ]   No [ ]  |       |       |       |       |
| 7 |       |       | Yes [ ]   No [ ]  | Yes [ ]   No [ ]  |       |       |       |       |
| 8 |       |       | Yes [ ]   No [ ]  | Yes [ ]   No [ ]  |       |       |       |       |
| 9 |       |       | Yes [ ]   No [ ]  | Yes [ ]   No [ ]  |       |       |       |       |
| 10 |       |       | Yes [ ]   No [ ]  | Yes [ ]   No [ ]  |       |       |       |       |
|  | **TOTAL UNITS NOT VERIFIED=****Total units reported for all clients in month reviewed=** |

**Signature of reviewer(s)**       **Date**

**NCDAAS CLIENT RECORD REVIEW & UNIT VERIFICATION CHECK**

**Additional Comments:**