**NORTH CAROLINA DIVISION OF AGING**

**SHOPPING & ERRAND SERVICE MONITORING TOOL FY24**

**(Reference the requirements in Administrative Letter 22-02, Appendix D, pp. 39-41)**

**Part I: Program Verification**

Provider Agency:       Review Date:

State Fiscal Year:       Service code:

Agency Staff Interviewed:

Signature of Reviewer(s):

**Client Eligibility**

1. Each person served is aged 60 or older and is unable to shop for personal items without help. [ ]  Yes [x]  No

Documentation:

**Program Administration**

1. The provider has written policies and procedures that outline what tasks may be provided under Shopping & Errand services. [ ]  Yes [ ]  No
2. Program funds may not be used to purchase food or other products needed by clients. [ ]  Yes [ ]  No
3. When shopping/errand aides provide shopping assistance, it is the client’s decision where to shop. [ ]  Yes [ ]  No
4. The agency defines the scope of errand services offered, such as pick-up/drop-off services (e.g., prescriptions), banking, Post Office, etc., and the geographic area for running errands. [ ]  Yes [ ]  No
5. The agency outlines options for the transport of clients for shopping/errands and addresses requirements for drivers’ licenses, vehicle inspections, and liability insurance (e.g., for non-owned vehicles), as appropriate for the agency’s scope of services. [ ]  Yes [ ]  No
6. The agency addresses how financial transactions will be carried out (e.g., online ordering/payment/pick-up, client shops and pays, or aide makes purchases on behalf of client, etc.) and outlines documentation requirements (e.g., receipts, receipt verification form with client signature/date, etc.). [ ]  Yes [ ]  No

Documentation:

1. The provider maintains a written agreement with each client based on the agency’s service options. [ ]  Yes [ ]  No

Documentation:

1. The provider has a process for meeting requirements in the consumer contributions policy for clients receiving Type I services. ☐ Yes ☐ No

Documentation:

**Service Documentation**

1. Shopping & Errand Services are tracked in ARMS as a unit-based service (one unit = one hour). The hours of service provided to each client are tracked and reported in ARMS on a monthly basis. ☐ Yes ☐ No

Documentation:

1. The provider has a system of source documentation (printed or digital) for Shopping & Errand Services available for monitoring, including:
2. DAAS-101 Client Registration Forms [ ]  Yes [ ]  No
3. Written client agreements based on the provider’s service options [ ]  Yes [ ]  No

Documentation:

1. Budget documents are on file (e.g., 732, 732 A, 732 A1). If positions are funded, they are documented on the 732A1 or a similar budget document, [ ]  Yes [ ]  No

**Please explain any questions with extenuating circumstances:**

**Notes:**

# **Client Record Review and Unit Verification Worksheet for Shopping & Errand Service**

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

# SERVICE PROVIDER:       MONTH AND YEAR REVIEWED:

* Attach to this worksheet the report used to select a random sample of clients and units. Identify the persons selected for the sample and the month(s) reviewed. Also attach copies of other worksheets, if appropriate for documentation.
* List on this worksheet the dates of any units (hours of service) that could not be verified by source documentation, if applicable.
* Provide information on disallowed units to the agency during the exit interview, including a copy of this completed worksheet if unverified units are found.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CLIENT NAME | Eligible client? | Date of most recent CRF? | DAAS-101 CRF is complete? | CRF updated at least every 12 months? | Written agreement on file for units reviewed? | # units reported | # units allowable and verified | # units to be adjusted in ARMS |
|        | [ ]  |       | [ ]  | [ ]  | [ ]  |       |       |       |
|        | [ ]  |       | [ ]  | [ ]  | [ ]  |       |       |       |
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|  |  |
| --- | --- |
| TOTAL UNITS NOT VERIFIED =      . Total units reported for all clients of this service in the month reviewed =       | This represents       % of total units reported for the month reviewed. If 10% or more, expand the sample and select another month to review. |

# Signature of reviewer(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Date \_\_\_\_\_\_\_\_\_\_\_\_\_