**Housing/Home Improvement (H/HI) Monitoring for FY 2020-2021**

Instructions for Completing Housing/Home Improvement Monitoring Tool:

HCCBG and CARES

**Program Guidance for H/HI HCCBG Service Code 140:**

* Beginning in the 2020-2021 fiscal year, the AAAs are no longer required to monitor all HCCBG-funded HHI services on an annual basis and instead will be required to monitor all HCCBG funded HHI services at least once every three yearsor as needed based on risk assessment. Since HCCBG H/HI was monitored last fiscal year (and Administrative Letter 20-21 waives the 3-year requirement), AAAs will not be required to complete HCCBG monitoring unless a provider is determined to be high risk, however they will complete monitoring for CARES H/HI during FY 2020-2021.
* Because H/HI costs are sporadic, it will continue to be important for AAAs to complete the annual risk assessment carefully. AAAs are strongly encouraged to use the specific Risk Assessment tool for H/HI that is provided on the DAAS website as a best practice. This tool has criteria to indicate the risk level and includes a section for assessing risk using ARMS. AAAs can utilize ARMS reports such as the ZGA-542 in order to look for any red flags or inconsistencies in the reporting of project costs.
* H/HI HCCBG is still subject to the $1,500 cap per household per year. The DAAS Client Financial and Service Activity Sheet will continue to be utilized for reporting all project costs. This has been a successful way to capture accurate recordkeeping and simplify the monitoring process.

**Program Guidance for H/HI CARES Service Code 944:**

* Service code 944 is set up for individual clients and specific project costs to assist with CARES funded H/HI services, such as minor home repairs. 944 is set up in ARMS to mirror the HCCBG service code 140, so providers are required to choose a S/R/W code when entering information in ARMS. The S/R/W codes represent specific categories of work for individual client projects that are covered in the H/HI service standards. The S/R/W codes include: security enhancements (141), minor home repairs (142), mobility and accessibility improvements (143), basic household furnishings/appliances (144), and waivers (145). H/HI CARES is subject to a $2,500 cap per household per year.
* In terms of tracking information for federal NAPIS reporting, information for code 944 services can be extracted from ARMS, therefore it is not necessary to report 944 on the tracking spreadsheet.

**Program Guidance for H/HI CARES Service Code 943:**

* Service code 943 is set up for other kinds of non-unit expenses including PPE and equipment that is justifiable under disaster relief, such as large utility trailers and other equipment that may benefit more than one client and possibly more than one county or provider.
* Information for code 943 services cannot be tracked in ARMS and must be reported on the non-unit tracking spreadsheets for purposes of federal NAPIS reporting.

**Program Guidance for H/HI Waivers:**

HCCBG HHI Provider Waiver Request for Ramps (Service Code 140, S/R/W 145)

* This waiver is only for providers requesting ramps for HCCBG.
* Due to supply chain issues during the pandemic, the cost of lumber has significantly increased, and this has affected the ability to purchase materials for ramps. In order to meet the needs of clients in an efficient way, it has been determined that one waiver request to cover materials, supplies, labor, and admin costs for ramps in excess of $1,500 per household per year and not exceeding $2,500 can be submitted to cover all ramp projects until June 30, 2021 for a specific HCCBG provider.

HHI Client Waiver Request for CARES (Service Code 944, S/R/W 145) and HCCBG (Service Code 140, S/R/W 145)

* This waiver is for individual clients receiving CARES or HCCBG funding.
* It is required to use the HHI Client Waiver Request form for CARES and HCCBG when 1) A service that a client needs is not listed in the HHI service standards; 2) A service that a client needs is included in the service standards, however it will exceed $1500 for HCCBG and $2500 for CARES (per household per year); or 3) A service that a client needs is not listed in the HHI service standards and it will exceed $1500 for HCCBG or $2500 for CARES (per household per year).

**Modifications for CARES on HHI Monitoring Tool:**

* Page 9: E. Waiver Requests – New waiver has been created for individual clients requesting a wavier for CARES or HCCBG funding.
* Page 10: H. Exceeding the 20% Cap for Site Route Worker (S/R/W) Code 144. Per Administrative Letter Number 20-16 dated August 4, 2020, service code 944 is not subject to the 20% cap on S/R/W code 144 because this code includes home repairs that impact housing-related sanitation and safety needs.
* Page 10: I. CARES Funding Attestation - Attestation for CARES funding needs to be completed.
* Page 13 and 14: For item J of the Client Record Review, project cost requirements for CARES has been included: Number of client files or records showing actual project costs not exceeding $1,500 (HCCBG) and $2,500 (CARES).

**Guidance for FY 2020-2021 H/HI Monitoring Tool**

This tool has been modified to include monitoring for HCCBG and CARES funding of the service. Please make copies as needed. If conducting full programmatic monitoring of both funding sources for this service at the same time, the monitor has the option to complete one programmatic monitoring tool even though there will be separate client record reviews as well as separate monitoring reports.

**Full Programmatic Monitoring**

HCCBG Monitoring (Service Code 140)

* For full programmatic review of 140, complete the entire H/HI tool except pp. 16-18.
* For the attestation statement related to CARES on p.10 (item I), check N/A.
* AAAs are not required to complete HCCBG full programmatic monitoring unless a provider is determined to be high risk.

CARES Monitoring (Service Code 944)

* For full programmatic monitoring of 944, complete the entire H/HI tool except pp. 16-18.
* For the question related to the 20% cap on HCCBG S/R/W code 144 (item H on page 10), check N/A.
* Per Admin Letter No. 20-21: All funded agencies judged to be high risk must receive a full programmatic monitoring for COVID-funded services as appropriate.

**Fiscal Verification-Only Monitoring**

* For fiscal verification-only of CARES code 944, complete Part II sample month review on pp. 16-17.
* For fiscal verification of CARES code 943, complete Fiscal Verification Part III on p. 18.
* Per Admin Letter No. 20-21: All CARES services that do not receive full programmatic monitoring will be scheduled for fiscal verifications at a minimum.

**Housing/Home Improvement Service Standards**

<https://files.nc.gov/ncdhhs/documents/files/Housing_HomeImprovement_0.pdf>

**FY 2020-2021**

**TITLE III-B PERFORMANCE REVIEW TOOL**

**HOUSING AND HOME IMPROVEMENT (H/HI)**

**NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES**

**NC Area Agencies on Aging and**

**NC DAAS Program Compliance Representatives**

H/HI Provider / Agency:

H/HI Provider / Agency Staff Interviewed:

Date of monitoring visit: Click or tap to enter a date.

Program Fiscal Year Reviewed:

Date of last monitoring visit:

MONITOR:

Funding Source (HCCBG/CARES):

Documentation written in **BOLD** throughout this tool indicates program compliance requirements with supporting administrative code references

The Housing and Home Improvement monitoring tool has been revised to accommodate the FY 2021 monitoring of services provided under CARES Act funding as well as Home and Community Care Block Grant services. It is divided into three parts:

1. Program Administration

The first section is used by the monitor to document program compliance requirements that are accessed through administrative interviews and agency policy and procedure review. See pages 5-10.

1. Client Record Review

Following interviews and policy reviews, monitor will indicate to the service provider which client service files should be pulled for review. The client record review on pages 13-15 can be used to compile client service information and review a sample month of project costs. Use the chart on page 11 to summarize the findings of the client record reviews.

III. Fiscal Verifications

 In addition to a sample month review of project costs that is part of full programmatic monitoring during the review of client records, there are two additional worksheets to guide the monitor in completing fiscal verifications. See pages 16-18.

**A. HOUSING**

 **10A NCAC 06E .0301**

**Housing services support independent living by providing information to individuals and families to enable them to obtain housing, retain the housing they have or return to independent housing. The housing information includes: fair housing; foreclosures; grants or loans for home repair; home buying; homelessness prevention; independent housing options and locations; landlord tenant relations; mortgage delinquency and default resolution counseling; predatory lending; reasonable accommodations; reverse mortgage counseling and tenant’s rights and responsibilities.**

This information and referral service is an optional service but is very important as individuals obtain and retain suitable housing.

Provides housing services Yes [ ]  No [ ]  N/A [ ]

List services provided:

Comments:

 **B. HOME IMPROVEMENT**

 **10A NCAC 06E .0301**

**Home improvement services identify health and safety issues affecting the home or areas adjacent to the home in which an individual or family lives and provides needed improvements to resolve those issues. Health and safety issues include security enhancement; minor home repairs; mobility and accessibility improvements; and basic household furnishings and home appliance repair, replacement or purchase.**

Service Provider agency can provide any or all of the following. Requests for areas not listed may be made as a waiver request.

**Security enhancements**:

1. Doorknobs installed with reliable lock/key and or dead lock bolts
2. Windows fitted with reliable locks
3. Emergency response systems installed (not maintained)
4. Smoke/carbon monoxide detectors installed (not maintained)

Provides security enhancements Yes [ ]  No [ ]  N/A [ ]

List services provided:

Comments:

**Minor home repairs**:

1. Repair to primary bathroom sink, shower/tub or commode
2. Repair to kitchen sink
3. Doorways widened
4. Floors repaired
5. Doors/windows repaired or replaced
6. Shingles and roofing felt replaced

Provides minor home repairs Yes [ ]  No [ ]  N/A [ ]

List services provided:

Comments:

**Mobility and accessibility improvements**:

1. Grab bars or handrail installation with solid blocking as needed
2. Thresholds modified
3. Ramps built and installed within or adjacent to the home

Provides mobility and accessibility improvements Yes [ ]  No [ ]  N/A [ ]

List services provided:

Comments:

**Basic household furnishings and home appliance repair, replacement or purchase**:

1. Chair
2. Mattress/box springs
3. Kitchen stove
4. Hot water heater
5. Refrigerator
6. Washing machine
7. Heating or cooling unit

Provides furnishings and appliances Yes [ ]  No [ ]  N/A [ ]

List services provided:

Comments:

**C. PROHIBITED ACTIVITIES**

 **10A NCAC 06E .0402**

1. **Rent; Utility bills; Food; Medicine; Security deposits; Taxes**
2. **Home improvements negatively affecting the structural integrity of the home**
3. **Duplication of services to the same home during a consecutive three-year period**

Has a policy which prohibits money from being used for rent, utilities, food, medicine, security deposits, taxes

Yes [ ]  No [ ]

Has a policy which prohibits home improvements which could negatively affect the structural integrity of the home

Yes [ ]  No [ ]

Has a policy that prohibits duplication of home improvement services to homes during a 3 year-period

Yes [ ]  No [ ]

Comments:

**D. SERVICE PROVIDER RESPONSIBILITIES**

 **10A NCAC 06E .0401**

**The housing and home improvement service provider shall comply with the following issues:**

**Provides orientation, training or supervision for volunteers assisting with services**

Yes [ ]  No [ ]  N/A [ ]

Ask to see orientation material and note who does training/supervision:

Comments: (how many volunteers might be used annually and what faith based or civic groups assist with service provision)

**Maintains client record confidentiality** Yes [ ]  No [ ]

View written policies and procedures related to confidentiality (HCCBG Procedure Manual Section 6):

Comments:

**Maintains a listing of individuals waiting for services** Yes [ ]  No [ ]  N/A [ ]

Note who submits this information into the ARMS system and note number on waiting list:

Comments:

**E. WAIVER REQUESTS**

 **10A NCAC 06E .0403**

**The service provider agency can request a waiver.**

Has utilized the waiver request option (HCCBG HHI Provider Waiver Request for Ramps) or (HHI Client Waiver Request for CARES and HCCBG) Yes [ ]  No [ ]

List services requested:

Comments:

**F. CONFLICT OF INTEREST**

 **General Statute § 142-6.1**

**Each private, non-profit entity receiving state funds, shall file with the AAA a notarized copy of their policy addressing conflicts of interest that may arise involving their employees and the members of their board of directors or other governing body.**

Has conflict of interest policy available for review Yes [ ]  No [ ]  N/A [ ]

Comments:

**G. ADMINISTRATIVE LETTER Number 15-04 dated July 15, 2015, replacing number 05-04 dated June 22, 2005.**

**Each client receiving services must be registered in ARMS appropriately, using appropriate Site Route Worker (SRW) codes under service code 140, as required by Administrative Letter number 15-04 dated July 15, 2015.**

Clients are entered appropriately into the ARMS system using appropriate SRW codes under service code 140 or 944: Yes [ ]  No [ ]  N/A [ ]

Comments:

**H. Exceeding the 20% Cap for Site/Route/Worker (S/R/W) Code 144**

**Total expenditures listed under SRW code 144 must not exceed 20% of service providers H/HI yearly allocation (excluding heating and air), as prohibited by Administrative Letter number 15-04 dated July 15, 2015.** Per Administrative Letter Number 20-16 dated August 4, 2020, service code 944 is not subject to the 20% cap for Site/Route/Worker (SRW) code 144 because this code includes home repairs that impact housing-related sanitation and safety needs.

For service code 140, provider has a policy and system in place to prevent S/R/W code 144 expenditures from exceeding 20% of yearly allocation: Yes [ ]  No [ ]  N/A [ ]

Is copy of policy available in AAA file?

Comments:

**I. CARES Funding Attestation**

The provider attests that use of CARES Act funding was for pandemic recovery and future emergency preparedness of this service. (Indicate Yes, No, or N/A for HCCBG).

Yes [ ]  No [ ]  N/A [ ]

Comments:

1. **Client Record Review**

 Complete the Client Record Review Worksheet on pages 13-15 and then summarize below.

 **III. Summary of Visit**

Worksheet summary of Client Record Review: Number of client files reviewed

1. Number of clients age 60 and older
2. Number of client files with no one able and willing to assist
3. Number of clients living in a county funding housing and home improvement
4. Number of client files with application appropriately signed and dated
5. Number of clients whose home needed services
6. Number of clients or applicants referred to other resources – federal, state and local
7. Number of clients in rental property with appropriate landlord documentation
8. Number of client files showing 2 opportunities to contribute to service costs
9. Number of client files with receipts and project reports showing labor, materials and actual administrative costs
10. Number of client files or records showing actual project costs not exceeding $1,500 (HCCBG) or $2,500 (CARES) per household per year
11. Number of client files with waivers
12. Number of client files showing services provided

Comments:

Comments:

Noted areas requiring technical assistance or areas of non-compliance:

**MONITORING TOOL: PART II FY 2020-2021**

**Service Provider Monitoring Tool – Client Record Review**

**HCCBG/CARES Funding – Programmatic Monitoring**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | A | B | C | D | E | F | G | H | I | J | K | L |
| List client entered in ARMS. Indicate Yes or No if A-L is included in client file. N/A is option for F, G. Indicate total project costs for J and specific service for L. | Client age 60+ | No one able to make HHI improve-ments | Lived in county funding HHI services | App signed & dated | Home had need for services | Referred to other resources (federal, state, local) | Rental property had landlord document-tation. N/A for home owner | File shows 2 oppor-tunities to contribute | Records receipts total labor materials admin | Indicate total project costs (should not exceed $1500 HCCBG or $2500 CARES) | Utilized a waiver | List specific service code, S/R/W code(s), and services provided to client (e.g., ramp) |
|        | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |

The provider attests that use of CARES Act funding was for pandemic recovery and future emergency preparedness of this service. **Yes**[ ]  **No**[ ]  **N/A** [ ]

|  |  |
| --- | --- |
| A Yes signifies that clients served were age 60 and older | To be in compliance all blocks should be answered yes; n/a is acceptable in block F and G. No is acceptable in K. Block J should indicate total project cost. Block L should indicate service code, S/R/W code, and specific services provided. |
|  No signifies that age exceptions were made |
| 10A NCAC 06E .0303 Record documentation observed:       |
|  |
| B Yes signifies that clients served had no one able and willing to perform the services requested |
|  No signifies that no documentation was available |
| 10A NCAC 06E .0303 Record documentation observed:       |
|  |
| C Yes signifies that clients served lived within the county funding housing and home improvement |
|  No signifies that clients lived outside the county |
| 10A NCAC 06E .0303 Record documentation observed:       |
|  |
| D Yes signifies applications for services were signed & dated by the applicant on his/her own behalf or by an adult acting on behalf of a disabled adult as defined in § 108A-101(d). |
|  No signifies applications were signed by other persons or were not available for review. |
| 10A NCAC 06E .0303 Record documentation observed:       |
|  |
| E Yes signifies the substantiated need for housing and home improvement services |
|  No signifies a need for services is not documented. |
| 10A NCAC 06E .0303 Record documentation observed:       |
|  |
| F Yes signifies that more than one agency was responsible for funding services or clients were referred to other federal, state and local agencies. |
|  No signifies incomplete documentation |
| 10A NCAC 06E .0401 Record documentation observed:       |
|  |
| G Yes indicates applicant lived on rental property and appropriate documentation was in file. |
|  No indicates appropriate documentation was not found. N/A indicates client owned the property. |
| 10A NCAC 06E .0402 Record documentation observed:       |
|  |
| H Yes signifies clients were given opportunities to contribute to the cost of services prior to and following receipt of services. |
|  No signifies there was no documentation to this effect. |
| 10A NCAC 06E .0401 Record documentation observed:       |
|  |
| I Yes signifies clients served had appropriate documentation for labor, materials and actual administrative costs |
|  No signifies records failed to show appropriate documentation. |
| 10A NCAC 06E .0401 Record documentation observed:       |
|  |
| J Total project costs are indicated. Yes signifies actual project cost per client did not exceed $1,500 (HCCBG) or $2,500 (CARES) per program year. |
|  No signifies incomplete documentation or costs exceeded $1,500 (HCCBG) or $2,500 (CARES). |
| 10A NCAC 06E .0401 Record documentation observed:       |
|  |
| K Yes signifies any clients who used waivers had appropriate documentation |
|  No signifies that there was no documentation to this effect. |
| Record documentation observed:       |
|  |
| L Yes signifies specific service code, S/R/W code, and services provided to client (e.g., ramp) are listed in table on HHI Monitoring Tool Part II. **Yes** [ ]  |
|  No signifies specific service code, S/R/W code, and services provided to client (e.g., ramp) are not listed in table on HHI Monitoring Tool Part II. **No** [ ]  |

|  |  |
| --- | --- |
| **MONITORING TOOL – PART II FY 2020-2021** | The provider attests that use of CARES Act funding was for pandemic |
| **Service Provider Monitoring Tool Review** | recovery and future emergency preparedness of this service. |
| **CARES Code 944 Funding – Fiscal Verification Only** | **Yes** [ ]  **No** [ ]  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | A | B | C | D | E | F |
| List names of clients in sample (attach the ZGA-542 used to select the client sample) | Clients age 60+?(Y/N) | Records on file, e.g., receipts, total labor, materials, admin?(Y/N) | State the total project costs for each client (should not exceed $2,500) | Project costs entered in ARMS under S/R/W code(s) = total costs on client financial & service activity worksheet?(Y/N) | Utilized a waiver?(Y/N) | List S/R/W code(s) and services provided to client (e.g., ramp) |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       |
| TOTAL PROJECT COSTS FOR SAMPLE MONTH |  |  | $      |  |  |  |

Amount reimbursed in ARMS for sample month = $

Amount reimbursed in ARMS for sample month = the sum of total project costs for sample month? Yes [ ]  No [ ]  N/A [ ]

|  |
| --- |
| A Yes signifies that clients served were age 60 and older |
|  No signifies that age exceptions were made |
| 10A NCAC 06E .0303 Record documentation observed:       |
|  |
| B Yes signifies clients served had appropriate documentation for labor, materials, and actual administrative costs |
|  No signifies records failed to show appropriate documentation. |
| 10A NCAC 06E .0401 Record documentation observed:       |
|  |
| C Compliance = Total project costs are indicated, and actual project cost per client did not exceed $2,500 (CARES) per program year. |
|  Non-compliance = incomplete documentation or costs exceeded $2,500 (CARES). |
| 10A NCAC 06E .0401 Record documentation observed:       |
|  |
| D Yes signifies amount in ZGA 542 S/R/W codes for this client = project costs reported on client financial & service activity worksheet. |
|  No signifies that the amounts do not match. |
| Administrative Letter 15-04 Record documentation observed:       |
|  |
| E Yes signifies there is an approved waiver on file for this client project. |
|  No signifies that there was no documentation to this effect. |
| Record documentation observed:       |
|  |
| F Yes signifies S/R/W code and services provided to client (e.g., ramp) are listed in table on HHI Monitoring Tool Part II. **Yes** [ ]  |
|  No signifies S/R/W code and services provided to client (e.g., ramp) are not listed in table on HHI Monitoring Tool Part II. **No** [ ]  |

**Housing/Home Improvement Monitoring Tool Part III – FY 2020-2021**

**Fiscal Verification – CARES Funds Service Code 943**

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

**Agency:**

**Agency Staff Interviewed:**

**Signature of Reviewers:**

1. The provider attests that use of CARES Act funding was for pandemic recovery and future emergency preparedness of this service: Yes [ ]  No [ ]
2. For expenses related to CARES service code 943, select a month of reimbursement in ARMS and the same month of expenses reported in the tracking spreadsheet.
3. Reimbursement correlates with actual expenses: Yes [ ]  No [ ]
4. Selected month’s reimbursement matches the reporting of expenses in the tracking worksheet for the same month: Yes [ ]  No [ ]

Sample month selected in ARMS:

Reimbursement amount in ARMS:

|  |  |  |
| --- | --- | --- |
| **Type of Expenses** | **Source Documentation** | **Amount** |
|       |       |       |
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Documentation reviewed/comments: