**Instructions for Completing AAA Transportation Monitoring Tool-HCCBG and CARES**

This tool has been modified to include monitoring for HCCBG funding of the service and CARES funding.

**For HCCBG monitoring:**

If the agency has used HCCBG codes **250** and **251:**

For full programmatic monitoring**,** complete pages 2-5 and Attachments A-C.

For unit verification only, complete Attachment A.

**For CARES monitoring:**

If the agency has used CARES codes **253, 255, 256**, or **257**:

For full programmatic monitoring, complete pages 2-5 and Attachments A-C.

For unit verification only, complete Attachment A.

If the agency has used CARES code **255,** Attachment A should not only reflect the service code number but also what was transported.

If the agency has used CARES code **254,** complete page 6.

A full programmatic monitoring must be completed if a provider is assessed as high risk (e.g., a new provider).

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

**TRANSPORTATION SERVICES ASSESSMENT TOOL**

Community Service Provider:

Review Date:      State Fiscal Year:       AAA Monitor:

Provider Staff Interviewed and Title(s):

|  |  |  |  |
| --- | --- | --- | --- |
| PROGRAM ADMINISTRATION(In addition to the Transportation Service Standard cited at the end of each question, other authorities are cited as appropriate.) | Yes | No | N.A. |
| 1. The agency has a transportation coordinator with at least a high school diploma or a GED certificate.(Service Standards, VIII.B.1, page 6) | [ ]  | [ ]  | [ ]  |
| Documentation used to verify compliance (verbal assurance is acceptable): |
|  | Yes | No | N.A. |
| 1. Drivers (paid or volunteer) meet the following qualifications: a. Drivers are 18 years of age or older. .................................
	1. Drivers hold a valid North Carolina drivers license for the class of vehicle they are to operate.........................................
	2. Drivers have two years driving experience. .......................

(Service Standards, VIII.B.2a, page 7. [NC Gen. Statutes § 20-10](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-10.html) and [NC](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-7.html) [Gen. Statutes §20-7.](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-7.html))*Also see Attachment B worksheet.* | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  |
|  |
| Documentation used to verify compliance and other notes:          |

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| --- | --- | --- | --- |
|  | Yes | No | N.A. |
| 1. If the agency utilizes volunteers to provide transportation with their own vehicles, then the agency:
	1. maintains volunteer records and
	2. provides or assures minimum liability insurance coverage on all vehicles owned by volunteers that are used to transport clients

(Service Standards, IX.B, page 10. [NC Gen. Statutes § 20-279.21(b)(2).](http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_20/GS_20-279.21.pdf)\*)*Also see Attachment B worksheet.* | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  |
|  |
| \* Motor vehicle liability insurance: bodily injury liability – $30,000 each person; $60,000 each accident; property damage liability – $25,000 each accident.Documentation used to verify compliance (e.g., insurance declarations page) and other notes:      |
|  | Yes | No | N.A. |
| Permanent registration plates may be issued to counties, cities, and towns, per [NC Gen. Statutes §20-84.](http://www.ncleg.net/enactedlegislation/statutes/html/bysection/chapter_20/gs_20-84.html)4A. Vehicles with Regular Plates. All vehicles utilized by the agency to transport clients have a current registration.4B. Vehicles with Permanent Plates. All vehicles utilized by the agency to transport clients have been properly inspected by the state.(Service Standards, VIII.D.1, page 8)*See Attachment C worksheet*. Determine whether the sample of vehicles used for HCCBG transportation have regular license plates or permanent license plates, because the requirements for registration and inspection are different. DMV eliminated inspection stickers on auto windshields in 2008. | [ ] [ ]  | [ ]  [ ]  | [ ] [ ]  |
|  |  | Registration Card | Inspection Receipt |
|  | Regular Plate |  | X |
|  | Permanent Plate | X |  |
|  |
| Documentation used to verify compliance and other notes:       |

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| --- |
| 5. All vehicles utilized by the agency to transport clients have adequate liability insurance as required by the State of North Carolina(Service Standards, VIII.D.1c, page 8. Also see other authorities cited below.)*Also see Attachment B and C worksheets and the monitoring guidance for assuring liability insurance requirements found on the tool webpage*. |[ ] [ ] [ ]
| Documentation used to verify compliance and other notes (monitors should review the declarations page of an unexpired insurance policy or other appropriate documentation):      |
|  | Yes | No | N.A. |
| 6. The agency has written policies and procedures establishing priority for:a. ridership ............................................................................b. destination and purpose of trip .........................................c. geographic area covered and ..........................................d. routes and schedules for providing services. ...................(Service Standards, VIII, page 5) |  [ ]  |  [ ]  |  [ ]  |
|  |  [ ]  |  [ ]  |  [ ]  |
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|  |  [ ]  |  [ ]  |  [ ]  |
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| Documentation used to verify compliance and other notes:       |
|  | Yes | No | N.A. |

|  |  |  |  |
| --- | --- | --- | --- |
| 7. The agency has written policy and procedures regarding accidents and traffic violations involving agency vehicles while on and off duty.(Service Standards, VII.E, page 9) | [ ]  | [ ]  | [ ]  |
| Documentation used to verify compliance and other notes:      |
|  | Yes | No | N.A. |
| 1. The agency demonstrates that transportation services are being coordinated through one of the following ways:
	1. Agency is identified in the Community Transportation Services Plan (CTSP), the Locally Coordinated Plan (LCP), or a similar multi-agency coordination document.\*
	2. Agency has written documentation (e.g., a Memorandum of Understanding, board minutes, etc.) that services are coordinated with at least one other human services transportation agency or public/private transportation provider (e.g., the sharing of vehicles, drivers, or operating costs). ................................................................

(Service Standards, VIII.A.1-2, pages 5-6)\*The NC DOT Division of Public Transportation website(<https://connect.ncdot.gov/business/transit>) provides links to Locally Coordinated Plans (LCPs). (click on planning, statewide plans, LCP) |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |  |
| Documentation used to verify compliance and other notes:      |

**Fiscal Verification-CARES Funds Code 254**

Agency:

Agency Staff Interviewed:

Signature of Reviewer(s):

Date:

For expenses related to CARES code **254,** select a month of reimbursement in ARMS and the same month of expenses reported in the tracking spreadsheet.

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

\_\_\_[ ] \_\_Yes \_\_[ ] \_\_\_No

1. Reimbursement correlates with actual expenses. Take the selected month of reimbursement in ARMS and check it against actual expenses (receipts, payments documented in general ledger, other proof of purchases, etc.)

\_\_\_[ ] \_\_Yes \_\_\_[ ] \_\_\_No

1. Sample month selected in ARMS:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Reimbursement amount for sample month:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Actual month’s expenses:

|  |  |
| --- | --- |
| Type of Expense | Amount |
|       |       |
|       |       |
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| Monthly Total       |       |

1. Selected month’s reimbursement matches the reporting of expenses in the tracking worksheet for the same month.

\_\_\_[ ] \_\_Yes \_\_[ ] \_\_\_No

Documentation reviewed/Comments:

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

**TRANSPORTATION SERVICES**

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 used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies or samples of any documentation reviewed on-site. Examples include drivers’ logs; billing statements that show individual client names, pick-up addresses, and drop-off addresses for specific dates of service; or any printouts from ride-tracking software that clearly represents one-way rides provided on specific dates.
* 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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CLIENT NAME | HCCBG or CARES Service Code (include item transported for code 255) | S/RW Code | Eligible client? | Date ofmost recentCRF? | DAAS-101 CRF is on file & complete? | CRF updated at least every 12 mo.? | # units reported | # units verified\* | # units to be adjustedin 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. |

# \*Specify documentation reviewed to verify units:

The provider attests that use of CARES Act funding was for pandemic recovery and future emergency preparedness of this service. \_\_\_[ ] \_\_Yes \_\_[ ] \_\_\_No

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

**ATTACHMENT B: DRIVER REQUIREMENTS [PAID AND/OR VOLUNTEER] WORKSHEET** Page      of

AGENCY:       DATE:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DRIVER’S NAME** | **PD OR VOL?** **PAID/VOL**  | **AGE 18 OR OLDER?** | **CURRENT AND VALID DRIVERS LICENSE? \*** | **2 YRS DRIVING EXPERIENCE?** | **DRIVES AGENCY VEHICLES?** | **DRIVES PERSONAL VEHICLE?** | **Personal vehicles of volunteers have min. liability ins?** |
|            |       |            |            |            |       |            |            |
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\* If the agency being reviewed is a transit system, the monitor may be able to determine real-time license status information from NC DMV. Systems enrolled in the NC Transit Driver System can determine the driver’s license status of their enrolled drivers on a 24/7 basis. If the system being monitored is enrolled in the DMV notification system, monitors should ask if the license statuses of HCCBG drivers can be viewed on-line or if a printout can be generated. This will provide the monitor with the most up-to-date information available.

# ATTACHMENT C: VEHICLE REQUIREMENTS WORKSHEET (OPTIONAL\*) Page       of

# AGENCY:       DATE:

# \* Monitors may find it easier to make a photocopy of the agency’s vehicle inventory and use that list to make notes about inspections and registrations. This worksheet is offered as an option for documenting compliance as needed.

# \*\* Liability insurance compliance may be documented here, on Attachment B, or on Q5.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| VEHICLE MAKE & MODEL OR VEHICLE ID # | UNEXPIRED STATE INSPECTION?(only for vehicles with permanent plates) | UNEXPIRED VEHICLE REGISTRATION?(only for vehicles with regular plates) | ADEQUATE LIABILITY INSURANCE?\*\* | OTHER OBSERVATIONS RE VEHICLES? |
|            |       |       |       |            |
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