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

HOME-DELIVERED LIQUID NUTRITIONAL SUPPLEMENT - NSIP ONLY

DATE OF ASSESSMENT _____

AGENCY_____ MONTH AND YEAR REVIEWED_____

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.

CLIENT NAME	S/R/W Code	HD eligibility established by in-home ass't? If special eligibility, state documentation reviewed.	Professional authorization on file?	Professional authorization updated every 6 months?	DAAS-101 CRF is complete ?	DAAS-101 updated every 6 months if on-going service?	[2 cans = 1 meal] # units reported	# units verified	# units to be adjusted in ARMS

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**_____