## **CARES Instructions for Completing Revised In Home Aide Monitoring Tool**

This tool has not been modified for monitoring for CARES funding. What follows is instructions for documenting service flexibilities offered during the time of the COVID-19 pandemic.

## **Part I Program Administration**

- 1. Under the Levels/Funding section an additional column with the title Other has been added. To document the use of CARES funds place a mark in the appropriate checkbox and document CARES in the comment section below.
- 2. Complete steps 2-4 as usual.
- 3. Step 5 Aide Supervisory contact standards (Attachment B) address the waiver of any in-person visits allowed by EO130 due to the COVID-19 pandemic and Major Disaster Declaration by documenting the methods of virtual visit used, either audio (telephone) or video (computer or smartphone) under the area titled Comments for 5A 1-2 and again in Comments for 5B 1-7 and the reason is COVID-19.
  - a. These visits include: the 2 visits due in the 1<sup>st</sup> month of employment for a new aide, the quarterly supervisory visits, as well as the 60-day visits required for HM levels III & IV.
  - b. Make sure to document this information on the actual Attachment B form as well.
- 4. Step 7. Purchase of service Provider agency responsibilities (sub-contracts) List the alternative (C 1) client assessment and (C 4) supervisory visit methods used during COVID-19 under Documentation for 7C 1-10 and document the reason for using alternative methods under Comments for 7C 1-10. Address the type and methods of supervisory visits/alternatives that are expected/allowable under this contractual arrangement during COVID-19 in the Comment section for 7E.
- 5. The Fiscal Verification tool to use for non-unit CARES code 941 is attached following General Comments (Best Practices)

## Part II Unit Verification

- 1. Check funding source(s) reported of the form
- 2. Complete provider attestation (CARES) statement
- 3. Name of client sampled (this will auto-populate from Attachment A)
- 4. Document the ARMS code from the drop-down box

## **Part III Client Record Review**

- 1. Use the drop-down box to select the level of care
- 2. Complete the Funding box by selecting the funding source> When selecting Other please list the source of the funds ex: CARES.