

Texas Department of Aging and Disability Services Access & Intake – Area Agencies on Aging Instructions for Reviewing the Budget Performance Payment Comparison Workbook

Background:

The Budget Performance Payment Comparison Workbook (BPPCW) provides the AAA with a process for reconciling AAA expenditures reported on the Quarterly Performance Reports (QPRs) to the approved budget, funds requested on requests for reimbursement (RfRs), and notifications of funds available (NFAs).

The BPPCW also provides the AAA with information that can be used to evaluate the services provided to ensure requirements are being met and to analyze numeric information regarding service expenditures, persons served, and units provided.

Introduction:

To facilitate the AAA's review of the BPPCW, the Department has developed a series of review forms. The Department reviewed the information available for each of the services AAAs provide. The services were grouped based on unit, person, and required information. This grouping resulted in eleven (11) service forms and one (1) form for the review of the compiled or total worksheet. A listing of review forms alphabetically by service name is included as Attachment 1. A numerical listing of review forms by review form number is included as Attachment 2.

Many of the requirements and additional analysis are repeated within the worksheets. The listing of requirements and additional analysis is included as Attachment 3. Requirements begin with an R- followed by a number. Additional analysis begins with an AA- followed by a number.

Process:

The attached review forms were developed for AAA internal use. AAAs are not required to use the review forms or submit them to the Department. If the AAA has a process in place for reviewing the BPPCW they may continue to use the process. The Department encourages AAAs to review the forms provided by the Department to ensure their review process includes the review items listed.

AAAs who use the Department's review forms may have additional questions they want to include on the forms. For this reason, the review forms are not password protected and may be modified by the AAA.

The Department will continue to review AAA BPPCWs. The Department will use similar review forms and will notify the AAA of necessary adjustments, required budget amendments, and questions regarding variances in service from the AAA Area Plan and performance projections. If the AAA has completed its review prior to receipt of the Departments review, the AAA should be able to quickly respond to the Departments questions.

Should you have any questions or need additional information, please contact the help desk at T3Ahelp@dads.state.tx.us.

Attachment 1
Texas Department of Aging and Disability Service
Access & Intake – Area Agencies on Aging
Instructions for Reviewing the Budget Performance Payment
Comparison Workbook

Review Forms – Alphabetical by Service Name

Service Name	Review Form Number
Adult Day Care	5
Area Agency Administration	1
Assisted Transportation	5
Care Coordination	11
Caregiver Education & Training	5
Caregiver Information Service	5
Caregiver Program Development	8
Caregiver Respite Care-In Home	5
Caregiver Respite Care-Institutional	5
Caregiver Respite Care-Non-Residential	5
Caregiver Support Coordination	5
Chore Maintenance	5
Congregate Meals	10
Data Management	3
Emergency Response	5
Employment Placement	7
Escort	5
Health Maintenance	5
Health Screening/Monitoring	7
Home Delivered Meals	9
Homemaker	11
Hospice	5
Housing Placement	7
Income Support	5
Information, Referral & Assistance	5
Instruction and Training	7
Legal Assistance Under Age 60	7
Legal Assistance Age 60 & Over	6
Legal Awareness	7
Mental Health Services	5

Service Name	Review Form Number
Nutrition Consultation	4
Nutrition Counseling	7
Nutrition Education	7
Ombudsman	2
Participant Assessment	5
Personal Assistance	6
Physical Fitness	5
Recreation	5
Residential Repair	5
Senior Center Operations	4
Shopping	5
Telephone Reassurance	5
Total or Compiled Review Form	12
Transportation D/R	9
Transportation Fixed Route	5
Visiting	5
Volunteer Placement	7

Attachment 2
Texas Department of Aging and Disability Service
Access & Intake – Area Agencies on Aging
Instructions for Reviewing the Budget Performance Payment
Comparison Workbook

Review Forms – Numerical by Review Form Number

Review Form Number	Service Name
1	Area Agency Administration
2	Ombudsman
3	Data Management
4	Nutrition Consultation
4	Senior Center Operations
5	Adult Day Care
5	Assisted Transportation
5	Caregiver Education & Training
5	Caregiver Information Service
5	Caregiver Respite Care-In Home
5	Caregiver Respite Care-Institutional
5	Caregiver Respite Care-Non-Residential
5	Caregiver Support Coordination
5	Chore Maintenance
5	Emergency Response
5	Escort
5	Health Maintenance
5	Hospice
5	Income Support
5	Information, Referral & Assistance
5	Mental Health Services
5	Participant Assessment
5	Physical Fitness
5	Recreation
5	Residential Repair
5	Shopping
5	Telephone Reassurance
5	Transportation Fixed Route
5	Visiting
6	Legal Assistance Age 60 & Over

**Review Form
Number**

Service Name

6	Personal Assistance
7	Employment Placement
7	Health Screening/Monitoring
7	Housing Placement
7	Instruction and Training
7	Legal Assistance Under Age 60
7	Legal Awareness
7	Nutrition Counseling
7	Nutrition Education
7	Volunteer Placement
8	Caregiver Program Development
9	Home Delivered Meals
9	Transportation D/R
10	Congregate Meals
11	Care Coordination
11	Homemaker
12	Total or Compiled Review Form

Attachment 3
Texas Department of Aging and Disability Service
Access & Intake – Area Agencies on Aging
Instructions for Reviewing the Budget Performance Payment
Comparison Workbook

Requirements:

- R-1. Budget amendments for changes in funding award amounts are required when the total variance between the award and the Current Budget budgeted amount is greater than 10% and/or when transfers of funds between services are greater than 10%. *Note: budget amendments are not applicable to planning budgets.*
- R-2. The reporting of any service with a unit rate description must include the number of units purchased with DADS' and/or Program Income funds.
- R-3. The reporting of any service with a unit rate description must include the number of units purchased with cash match unless the cash match was used for the required 10% match on DADS' units. Refer to technical assistance memo OASO-03-05 for additional information.
- R-4. Requirements for Area Plan Amendment other than Performance Measure Projections:
- When adding new services not identified or deleting services identified in the State/Local strategies section of the current Area Plan.
 - If any addition or deletion of service(s) causes or is a part of a scope change.
- R-5. Program income carried forward from a prior year must be expended as required in program instruction PI-04-02.
- R-6. The NAPIS requirements include reporting separately the amount of program income collected from caregivers serving Individuals 60 years of age and older, and for grandparents and other relative caregivers serving children 18 years of age or younger. The NAPIS report also requires the amount of other funding expended for the caregiver program by service, and separately for caregivers serving individuals 60 years of age and older, and for grandparents and other relative caregivers serving children 18 years of age or younger.

Additional Analysis :

- AA-1. If the percentage of budget reported as expended is not within $\pm 10\%$ of the percentage of the FFY/Contract completed, the AAA should first evaluate the service to ensure the reported performance is accurate:

- If the reported performance is not accurate corrections should be made on the next QPR.
- If the reported performance is accurate and the reported performance exceeds the percentage of FFY contract completed, will the expenditures exceed the budget for the contract year? If expenditures will exceed the budget can additional funds be budgeted or will expenditures have to be reduced?
- If the reported performance is accurate and the reported performance is less than the percentage of FFY contract completed, will projected expenditures for the balance of the contract year equal the budget? If not, should the budget be reduced?

AA-2. If the unduplicated number of Certified Ombudsman:

1. Surpasses the projected target by more than 5% verify the reported number is correct. If the number is not correct, ensure a correction is made on to the next Active Certified Ombudsmen report submitted. If the reported number is correct, review the information used to prepare the projected target and evaluate:
 - If the methodology used to prepare the current approved projection was flawed; or
 - If the methodology used to prepare the approved projection was correct at the time the Area Plan was prepared but unforeseen circumstances have affected the projection.
2. Is less than the projected target and results in a variance of more than 5%, verify the reported number is correct. If the number is not correct, ensure a correction is made on to the next Active Certified Ombudsmen report submitted. If the reported number is correct, project the additional number of Active Certified Ombudsmen expected to be reported for the remainder of the state fiscal year. If the result of this projection results in a variance greater than 5%, review the information used to prepare the projected target and evaluate:
 - If the methodology used to prepare the current approved projection was flawed; or
 - If the methodology used to prepare the approved projection was correct at the time the Area Plan was prepared but unforeseen circumstances have affected the projection.

Based on the above analysis determine if a revised target projection should be submitted to the Department.

AA-3. If the cost per Certified Ombudsman:

1. Surpasses the projected target by more than 5% verify the reported expenditures are correct. If the expenses are not correct, ensure a correction is made on to the next QPR submitted. If the reported expenditures are correct, review the information used to prepare the projected target and evaluate:
 - If the methodology used to prepare the current approved projection was flawed; or

- If the methodology used to prepare the approved projection was correct at the time the Area Plan was prepared but unforeseen circumstances have affected the projection.
- 2. Is less than the projected target and results in a variance of more than 5%, verify the reported expenditures are correct. If the expenditures are not correct, ensure a correction is made on the next QPR submitted. If the reported expenditures are correct, project the additional number of Active Certified Ombudsmen expected to be reported for the remainder of the state fiscal year and the projected expenditures for the remainder of the year. Calculate the projected cost per certified Ombudsman. If this calculation results in a variance greater than 5%, review the information used to prepare the projected target and evaluate:
 - If the methodology used to prepare the current approved projection was flawed; or
 - If the methodology used to prepare the approved projection was correct at the time the Area Plan was prepared but unforeseen circumstances have affected the projection.

Based on the above analysis determine if a revised target projection should be submitted to the Department.

AA-4. If the Ombudsman Maintenance of Effort (MOE) for the contract year has not been met, calculate the projected expenditures for the remainder of the contract year. If the projected total expenditures for the year does not meet the required MOE contact the State Ombudsman Office regarding a MOE waiver.

AA-5. If the calculated program income balance is:

- Greater than zero, the AAA must ensure the balance is expended (see PI-04-02).
- Less than zero, the AAA must correct either the amount of program income reported or expended on the next QPR.

AA-6. Depending on the method used by the AAA to report match (see technical assistance memo OASO-03-05) and the use of local funds and program income for capital equipment purchases, the unit rate may have a large variance from the average DADS' cost per unit referenced in AA-10.

AA-7. If cash match, in-kind, and/or program income is reported but not budgeted for a service, or exceeds the budgeted amount, the AAA should first ensure the reported information is correct. If the information is correct, the budget should be adjusted on the next budget amendment submitted.

AA-8. If the unduplicated number of persons or the number of units purchased:

1. Surpasses the projected target by more than 5%, verify the reported number is correct. If the number is not correct ensure a correction is made on to the next

QPR submitted. If the reported number is correct, review the information used to prepare the projected target and evaluate:

- If the methodology used to prepare the current approved projection was flawed; or
 - If the methodology used to prepare the approved projection was correct at the time the Area Plan was prepared but unforeseen circumstances have affected the projection.
2. Is less than projected and results in a variance of more than 5%, verify the reported number is correct. If the number is not correct, ensure a correction is made on the next QPR submitted. If the reported number is correct, project the additional number of persons expected to be reported for the remainder of the state fiscal year. If the result of this projection results in a variance greater than 5%, review the information used to prepare the projected target and evaluate:
- If the methodology used to prepare the current approved projection was flawed; or
 - If the methodology used to prepare the approved projection was correct at the time the Area Plan was prepared but unforeseen circumstances have affected the projection.

Based on the above analysis determine if a revised target projection should be submitted to the Department.

AA-9. If the cost per person or unit:

1. Surpasses the projected target by more than 5%, verify the reported expenditures are correct. If the expenses are not correct, ensure a correction is made on to the next QPR submitted. If the reported expenditures are correct, review the information used to prepare the projected target and evaluate:
 - If the methodology used to prepare the current approved projection was flawed; or
 - If the methodology used to prepare the approved projection was correct at the time the Area Plan was prepared but unforeseen circumstances have affected the projection.
2. Is less than projected and results in a variance of more than 5%, verify the reported expenditures are correct. If the expenditures are not correct, ensure a correction is made on the next QPR submitted. If the reported expenditures are correct, project the additional number of persons expected to be reported for the remainder of the state fiscal year and the projected expenditures for the remainder of the year. Calculate the projected cost per person or unit. If this calculation results in a variance greater than 5%, review the information used to prepare the projected target and evaluate:
 - If the methodology used to prepare the current approved projection was flawed; or

- If the methodology used to prepare the approved projection was correct at the time the Area Plan was prepared but unforeseen circumstances have affected the projection.

Based on the above analysis determine if a revised target projection should be submitted to the Department.

AA-10. AAAs can use the statewide performance comparison reports for all services included in the Establishing Performance Measure Projections Manual provided to AAAs in March 2004. If based on comparison to the AAA's prior years, to other similar sized AAAs or statewide averages does not justify reasonableness, the AAA should verify the reported expenses and units are correct. If either or both are incorrect, ensure corrections are made on to the next QPR submitted. If the reported information is correct, the AAA should research the reason for the variance from prior year's cost, or similar sized AAAs or statewide averages.

AA-11. AAAs can use the statewide performance comparison reports included in the Establishing Performance Measure Projections Manual provided to the AAAs in March of 2004, to compare the historical *average cost per client*. If the comparison of historical to current year shows a significant change in the cost per client the AAA should verify the reported persons and expenses are correct. If either or both are incorrect, ensure corrections are made on the next QPR submitted. If the reported information is correct, the AAA should research the reason for the variance from prior years. The change may result in an Area Plan scope change and an Area Plan amendment may be necessary.

AA-12. AAAs can use the statewide performance comparison reports included in the Establishing Performance Measure Projections Manual provided to AAAs in March 2004, to calculate the historical *average number of units per client*. The calculation is the number of "Units Purchased With Funds Received From DADS" divided by the number of "Persons Served With Funds Received From DADS". If the comparison of historical to current year shows a significant change in the number of units per client, the AAA should verify the reported persons and units are correct. If either or both are incorrect, ensure corrections are made on the next QPR submitted. If the reported information is correct, the AAA should research the reason for the variance from prior years. The change may result in an Area Plan scope change and an Area Plan amendment may be necessary.

AA-13. AAAs can use the statewide performance comparison reports included in the Establishing Performance Measure Projections Manual provided to AAAs in March 2004, to compare the historical *unduplicated number of persons served*. If the comparison of historical to current year shows a significant change in the number of persons served the AAA should verify the reported unduplicated number of persons is correct. If it is incorrect, ensure corrections are made on to the next QPR submitted. If the reported information is correct, the AAA should

research the reason for the variance from prior years. The change may result in an Area Plan scope change and an Area Plan amendment may be necessary.

- AA-14. AAAs can use the statewide performance comparison reports included in the Establishing Performance Measure Projections Manual provided to AAAs in March 2004, to compare the historical *average cost per unit*. If the comparison of historical to current year shows a significant change in the cost per unit the AAA should verify the reported persons and expenses are correct. If either or both are incorrect, ensure corrections are made on the next QPR submitted. If the reported information is correct, the AAA should research the reason for the variance from prior years. The change may result in an Area Plan scope change and an Area Plan amendment may be necessary.

Texas Department of Aging and Disability Services
Access & Intake – Area Agencies on Aging
Budget Performance Payment Comparison Workbook Review Form
Review Form – 1

AAA: _____

Contract Year: _____ Quarter: _____ Budget Type: Planning Current

Service Reviewed:

Administration

	Yes	No	N/A
<i>Budget Vs Performance</i>			
1 Based on R-1 is a budget amendment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Is the total percentage of Budget Reported (cell F56) as Expended within ± 10% of the Percentage of FFY/Contract completed (cell F6)? If no, review AA-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Performance Vs RfRs</i>			
3 Were funds requested (RfRs) in excess of performance (QPR) reported:			
a. In total for the Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For one or more funding sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 If either 3. a. or b. was answered yes:			
a. Is a Request for Adjustment Journal (RfAJ) or Refund required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Should a correction be entered in the next QPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Capital Equipment</i>			
5 If Capital Equipment is reported and not budgeted:			
a. Has the AAA received approval for the equipment purchase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a budget amendment for the purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Is Capital Equipment budgeted and not reported? If yes, the AAA should evaluate the probability of equipment purchase and possible budget amendment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Match</i>			
7 Is the actual match percentage less than 25%? If Yes, the AAA should evaluate to ensure match will be met prior to contract closeout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If match (cash and/or in-kind) is budgeted is it being reported? If no, the AAA should evaluate to ensure match will be met prior to contract closeout. Refer to Review Form-12 (Total) to determine if the overall match requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 If match (cash and/or in-kind) is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If match (cash and/or in-kind) exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No N/A

Comments:

Reviewed By: _____

Date: _____

Approved By: _____

Date: _____

**Texas Department of Aging and Disability Services
Access & Intake – Area Agencies on Aging
Budget Performance Payment Comparison Workbook Review Form
Review Form – 2**

AAA: _____

Contract Year: _____ Quarter: _____ Budget Type: Planning Current

Service Reviewed:

Ombudsman

	Yes	No	N/A
<i>Budget Vs Performance</i>			
1 If the service is budgeted and no activity has been reported:			
a. Will the service be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the service will not be provided:			
i. Is an Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is a budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If activity is reported for the service and the service was not budgeted is:			
a. An Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the service is not budgeted and no service information was reported or requests for reimbursement submitted, no additional questions apply to this service.</i>			
3 Based on R-1 is a budget amendment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the total percentage of Budget Reported (cell F56) as Expended within $\pm 10\%$ of the Percentage of FFY/Contract completed (cell F6)? If no, review AA-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Performance Vs RfRs</i>			
5 Were funds requested (RfRs) in excess of performance (QPR) reported:			
a. In total for the Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For one or more funding sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If either 5. a. or b. was answered yes:			
a. Is a Request for Adjustment Journal (RfAJ) or Refund required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Should a correction be entered in the next QPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Capital Equipment</i>			
7 If Capital Equipment is reported and not budgeted:			
a. Has the AAA received approval for the equipment purchase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a budget amendment for the purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Is Capital Equipment budgeted and not reported? If yes, the AAA should evaluate the probability of equipment purchase and possible budget amendment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Match</i>			
9 If match (cash and/or in-kind) is budgeted is it being reported? If no, the AAA should evaluate to ensure match will be met prior to contract closeout. Refer to Review Form-12 (Total) to determine if the overall match requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If match (cash and/or in-kind) is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 11 If match (cash and/or in-kind) exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program Income

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 12 Based on the program income balance, if program income was carried forward from the prior year has it been expended? See R-5 for requirements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Is there a program income balance? If yes, see AA-5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 If program income is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Performance Targets

Unduplicated Number of Certified Ombudsmen

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 15 Does the target variance exceed $\pm 5\%$? If yes, see AA-2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Cost per Unduplicated Certified Ombudsman

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 16 Does the target variance exceed $\pm 5\%$? If yes, see AA-3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Ombudsman Maintenance of Effort

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 17 Has the required maintenance been met? If no, see AA-4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Comments:

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

**Texas Department of Aging and Disability Services
Access & Intake – Area Agencies on Aging
Budget Performance Payment Comparison Workbook Review Form
Review Form – 3**

AAA: _____

Contract Year: _____ Quarter: _____ Budget Type: Planning Current

Service Reviewed:

Data Management

	Yes	No	N/A
<i>Budget Vs Performance</i>			
1 If the service is budgeted and no activity has been reported:			
a. Will the service be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the service will not be provided:			
i. Is an Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is a budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If activity is reported for the service and the service was not budgeted is:			
a. An Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the service is not budgeted and no service information was reported or requests for reimbursement submitted, no additional questions apply to this service.</i>			
3 Based on R-1 is a budget amendment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the total percentage of Budget Reported (cell F56) as Expended within ± 10% of the Percentage of FFY/Contract completed (cell F6)? If no, review AA-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Performance Vs RfRs</i>			
5 Were funds requested (RfRs) in excess of performance (QPR) reported:			
a. In total for the Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For one or more funding sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If either 5. a. or b. was answered yes:			
a. Is a Request for Adjustment Journal (RfAJ) or Refund required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Should a correction be entered in the next QPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Capital Equipment</i>			
7 If Capital Equipment is reported and not budgeted:			
a. Has the AAA received approval for the equipment purchase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a budget amendment for the purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Is Capital Equipment budgeted and not reported? If yes, the AAA should evaluate the probability of equipment purchase and possible budget amendment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Match</i>			
9 If match (cash and/or in-kind) is budgeted is it being reported? If no, the AAA should evaluate to ensure match will be met prior to contract closeout. Refer to Review Form-12 (Total) to determine if the overall match requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If match (cash and/or in-kind) is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 If match (cash and/or in-kind) exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation. Yes No N/A

Comments:

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

**Texas Department of Aging and Disability Services
Access & Intake – Area Agencies on Aging
Budget Performance Payment Comparison Workbook Review Form
Review Form – 4**

AAA: _____

Contract Year: _____ Quarter: _____ Budget Type: Planning Current

Service Reviewed:

Nutrition Consultation **Senior Center Operations**

	Yes	No	N/A
<i>Budget Vs Performance</i>			
1 If the service is budgeted and no activity has been reported:			
a. Will the service be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the service will not be provided:			
i. Is an Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is a budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If activity is reported for the service and the service was not budgeted is:			
a. An Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the service is not budgeted and no service information was reported or requests for reimbursement submitted, no additional questions apply to this service.</i>			
3 Based on R-1 is a budget amendment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the total percentage of Budget Reported (cell F56) as Expended within ± 10% of the Percentage of FFY/Contract completed (cell F6)? If no, review AA-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Performance Vs RfRs</i>			
5 Were funds requested (RfRs) in excess of performance (QPR) reported:			
a. In total for the Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For one or more funding sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If either 5. a. or b. was answered yes:			
a. Is a Request for Adjustment Journal (RfAJ) or Refund required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Should a correction be entered in the next QPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Capital Equipment</i>			
7 If Capital Equipment is reported and not budgeted:			
a. Has the AAA received approval for the equipment purchase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a budget amendment for the purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Is Capital Equipment budgeted and not reported? If yes, the AAA should evaluate the probability of equipment purchase and possible budget amendment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Match</i>			
9 If match (cash and/or in-kind) is budgeted is it being reported? If no, the AAA should evaluate to ensure match will be met prior to contract closeout. Refer to Review Form-12 (Total) to determine if the overall match requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If match (cash and/or in-kind) is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 11 If match (cash and/or in-kind) exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program Income

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 12 Based on the program income balance, if program income was carried forward from the prior year has it been expended? See R-5 for requirements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Is there a program income balance? If yes, see AA-5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 If program income is reported and not budgeted or the reported amount exceeds the budget should a budget amendment be prepared, see AA-7? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

Texas Department of Aging and Disability Services
Access & Intake – Area Agencies on Aging
Budget Performance Payment Comparison Workbook Review Form
Review Form – 5

AAA: _____

Contract Year: _____ Quarter: _____ Budget Type: Planning Current

Service Reviewed:

- | | |
|---|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Assisted Transportation | <input type="checkbox"/> Income Support |
| <input type="checkbox"/> Caregiver Education & Training | <input type="checkbox"/> Information, Referral & Assistance |
| <input type="checkbox"/> Caregiver Information Service | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Caregiver Respite Care-In Home | <input type="checkbox"/> Participant Assessment |
| <input type="checkbox"/> Caregiver Respite Care-Institutional | <input type="checkbox"/> Physical Fitness |
| <input type="checkbox"/> Caregiver Respite Care-Non-Residential | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Caregiver Support Coordination | <input type="checkbox"/> Residential Repair |
| <input type="checkbox"/> Chore Maintenance | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Telephone Reassurance |
| <input type="checkbox"/> Escort | <input type="checkbox"/> Transportation Fixed Route |
| <input type="checkbox"/> Health Maintenance | <input type="checkbox"/> Visiting |

	Yes	No	N/A
<i>Budget Vs Performance</i>			
1 If the service is budgeted and no activity has been reported:			
a. Will the service be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the service will not be provided:			
i. Is an Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is a budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If activity is reported for the service and the service was not budgeted is:			
a. An Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the service is not budgeted and no service information was reported or requests for reimbursement submitted, no additional questions apply to this service.</i>			
3 Based on R-1 is a budget amendment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the total percentage of Budget Reported (cell F56) as Expended within ± 10% of the Percentage of FFY/Contract completed (cell F6)? If no, review AA-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Performance Vs RfRs</i>			
5 Were funds requested (RfRs) in excess of performance (QPR) reported:			
a. In total for the Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For one or more funding sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If either 5. a. or b. was answered yes:			
a. Is a Request for Adjustment Journal (RfAJ) or Refund required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Should a correction be entered in the next QPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Capital Equipment</i>			
7 If Capital Equipment is reported and not budgeted:			
a. Has the AAA received approval for the equipment purchase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a budget amendment for the purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
8 Is Capital Equipment budgeted and not reported? If yes, the AAA should evaluate the probability of equipment purchase and possible budget amendment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Match

9 If match (cash and/or in-kind) is budgeted is it being reported? If no, the AAA should evaluate to ensure match will be met prior to contract closeout. Refer to Review Form-12 (Total) to determine if the overall match requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If match (cash and/or in-kind) is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 If match (cash and/or in-kind) exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program Income

12 Based on the program income balance, if program income was carried forward from the prior year has it been expended? See R-5 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Is there a program income balance? If yes, see AA-5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 If program income is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Performance Review

15 Based on R-2 were required DADS' units reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Based on R-2 were required Program Income units reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Based on R-3 were required Match units reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average cost per unit

18 Is the DADS' average cost per unit reasonable and justifiable? See AA-10 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Is the average cost per match unit justifiable? See AA-6 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Is the average cost per other unit justifiable? See AA-6 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Is the average cost per program income unit justifiable? See AA-6 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title III-E Caregiver Information

22 If Title III-E funds were reported was information regarding program income and other funding sources expenditures for Title III-E clients reported? See R-6 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

Comments:

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

**Texas Department of Aging and Disability Services
Access & Intake – Area Agencies on Aging
Budget Performance Payment Comparison Workbook Review Form
Review Form – 6**

AAA: _____

Contract Year: _____ Quarter: _____ Budget Type: Planning Current

Service Reviewed:

Legal Assistance 60 & Over

Personal Assistance

	Yes	No	N/A
<i>Budget Vs Performance</i>			
1 If the service is budgeted and no activity has been reported:			
a. Will the service be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the service will not be provided:			
i. Is an Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is a budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If activity is reported for the service and the service was not budgeted is:			
a. An Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the service is not budgeted and no service information was reported or requests for reimbursement submitted, no additional questions apply to this service.</i>			
3 Based on R-1 is a budget amendment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the total percentage of Budget Reported (cell F56) as Expended within ± 10% of the Percentage of FFY/Contract completed (cell F6)? If no, review AA-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Performance Vs RfRs</i>			
5 Were funds requested (RfRs) in excess of performance (QPR) reported:			
a. In total for the Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For one or more funding sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If either 5. a. or b. was answered yes:			
a. Is a Request for Adjustment Journal (RfAJ) or Refund required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Should a correction be entered in the next QPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Capital Equipment</i>			
7 If Capital Equipment is reported and not budgeted:			
a. Has the AAA received approval for the equipment purchase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a budget amendment for the purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Is Capital Equipment budgeted and not reported? If yes, the AAA should evaluate the probability of equipment purchase and possible budget amendment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Match</i>			
9 If match (cash and/or in-kind) is budgeted is it being reported? If no, the AAA should evaluate to ensure match will be met prior to contract closeout. Refer to Review Form-12 (Total) to determine if the overall match requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If match (cash and/or in-kind) is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 11 If match (cash and/or in-kind) exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program Income

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 12 Based on the program income balance, if program income was carried forward from the prior year has it been expended? See R-5 for requirements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Is there a program income balance? If yes, see AA-5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 If program income is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Performance Review

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 15 Based on R-2 were required DADS' units reported? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Based on R-2 were required Program Income units reported? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Based on R-3 were required Match units reported? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Average cost per unit

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 18 Is the DADS' average cost per unit reasonable and justifiable? See AA-10 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Is the average cost per match unit justifiable? See AA-6 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Is the average cost per other unit justifiable? See AA-6 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Is the average cost per program income unit justifiable? See AA-6 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Title III-E Caregiver Information

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 22 If Title III-E funds were reported was information regarding program income and other funding sources expenditures for Title III-E clients reported? See R-6 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Additional Analysis of Service Delivery

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 23 Is the number of unduplicated clients within the AAA's historical range? See AA-13 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 Is the average cost per client within the AAA's historical range? See AA-11 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Is the average cost per unit within the AAA's historical range? See AA-14 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Is the average number of units per client within the AAA's historical range? See AA-12 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

**Texas Department of Aging and Disability Services
Access & Intake – Area Agencies on Aging
Budget Performance Payment Comparison Workbook Review Form
Review Form – 7**

AAA: _____

Contract Year: _____ Quarter: _____ Budget Type: Planning Current

Service Reviewed:

- | | |
|---|--|
| <input type="checkbox"/> Employment Placement | <input type="checkbox"/> Legal Awareness |
| <input type="checkbox"/> Health Screening/Monitoring | <input type="checkbox"/> Nutrition Counseling |
| <input type="checkbox"/> Housing Placement | <input type="checkbox"/> Nutrition Education |
| <input type="checkbox"/> Instruction and Training | <input type="checkbox"/> Volunteer Placement |
| <input type="checkbox"/> Legal Assistance Under Age 60 | |

	Yes	No	N/A
<i>Budget Vs Performance</i>			
1 If the service is budgeted and no activity has been reported:			
a. Will the service be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the service will not be provided:			
i. Is an Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is a budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If activity is reported for the service and the service was not budgeted is:			
a. An Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the service is not budgeted and no service information was reported or requests for reimbursement submitted, no additional questions apply to this service.</i>			
3 Based on R-1 is a budget amendment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the total percentage of Budget Reported (cell F56) as Expended within \pm 10% of the Percentage of FFY/Contract completed (cell F6)? If no, review AA-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Performance Vs RfRs</i>			
5 Were funds requested (RfRs) in excess of performance (QPR) reported:			
a. In total for the Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For one or more funding sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If either 5. a. or b. was answered yes:			
a. Is a Request for Adjustment Journal (RfAJ) or Refund required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Should a correction be entered in the next QPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Capital Equipment</i>			
7 If Capital Equipment is reported and not budgeted:			
a. Has the AAA received approval for the equipment purchase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a budget amendment for the purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Is Capital Equipment budgeted and not reported? If yes, the AAA should evaluate the probability of equipment purchase and possible budget amendment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Match</i>			
9 If match (cash and/or in-kind) is budgeted is it being reported? If no, the AAA should evaluate to ensure match will be met prior to contract closeout. Refer to Review Form-12 (Total) to determine if the overall match requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 10 If match (cash and/or in-kind) is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 If match (cash and/or in-kind) exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program Income

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 12 Based on the program income balance, if program income was carried forward from the prior year has it been expended? See R-5 for requirements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Is there a program income balance? If yes, see AA-5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 If program income is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Performance Review

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 15 Based on R-2 were required DADS' units reported? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Based on R-2 were required Program Income units reported? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Based on R-3 were required Match units reported? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Average cost per unit

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 18 Is the DADS' average cost per unit reasonable and justifiable? See AA-10 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Is the average cost per match unit justifiable? See AA-6 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Is the average cost per other unit justifiable? See AA-6 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Is the average cost per program income unit justifiable? See AA-6 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

**Texas Department of Aging and Disability Services
Access & Intake – Area Agencies on Aging
Budget Performance Payment Comparison Workbook Review Form
Review Form – 8**

AAA: _____

Contract Year: _____ Quarter: _____ Budget Type: Planning Current

Service Reviewed:

Caregiver Program Development

	Yes	No	N/A
<i>Budget Vs Performance</i>			
1 If the service is budgeted and no activity has been reported:			
a. Will the service be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the service will not be provided:			
i. Is an Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is a budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If activity is reported for the service and the service was not budgeted:			
a. Is an Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has a narrative detailing the proposed Caregiver Program Development plan and activities been submitted to the Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the service is not budgeted and no service information was reported or requests for reimbursement submitted, no additional questions apply to this service.</i>			
3 Based on R-1 is a budget amendment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the total percentage of Budget Reported (cell F56) as Expended within ± 10% of the Percentage of FFY/Contract completed (cell F6)? If no, review AA-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Is the plan/activities outlined in the narrative submitted to the Department with the planning budget being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If the answer to number 5 is no, has a revised Caregiver Program Development plan, detailing new or revised activities, been submitted to the Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Performance Vs RfRs</i>			
7 Were funds requested (RfRs) in excess of performance (QPR) reported:			
a. In total for the Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For one or more funding sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If either 5. a. or b. was answered yes:			
a. Is a Request for Adjustment Journal (RfAJ) or Refund required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Should a correction be entered in the next QPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Capital Equipment</i>			
9 If Capital Equipment is reported and not budgeted:			
a. Has the AAA received approval for the equipment purchase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a budget amendment for the purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Is Capital Equipment budgeted and not reported? If yes, the AAA should evaluate the probability of equipment purchase and possible budget amendment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No N/A

Match

- 11 If match (cash and/or in-kind) is budgeted is it being reported? If no, the AAA should evaluate to ensure match will be met prior to contract closeout. Refer to Review Form-12 (Total) to determine if the overall match requirement is met.
- 12 If match (cash and/or in-kind) is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.
- 13 If match (cash and/or in-kind) exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.

Program Income

- 14 Based on the program income balance, if program income was carried forward from the prior year has it been expended? See R-5 for requirements.
- 15 Is there a program income balance? If yes, see AA-5.
- 16 If program income is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.

Title III-E Caregiver Information

- 17 If Title III-E funds were reported was information regarding program income and other funding sources expenditures for Title III-E clients reported? See R-6 for analysis explanation.

Comments:

Reviewed By: _____

Date: _____

Approved By: _____

Date: _____

**Texas Department of Aging and Disability Services
Access & Intake – Area Agencies on Aging
Budget Performance Payment Comparison Workbook Review Form
Review Form – 9**

AAA: _____

Contract Year: _____ Quarter: _____ Budget Type: Planning Current

Service Reviewed:

Home Delivered Meals Transportation Demand/Response

	Yes	No	N/A
<i>Budget Vs Performance</i>			
1 If the service is budgeted and no activity has been reported:			
a. Will the service be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the service will not be provided:			
i. Is an Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is a budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If activity is reported for the service and the service was not budgeted is:			
a. An Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the service is not budgeted and no service information was reported or requests for reimbursement submitted, no additional questions apply to this service.</i>			
3 Based on R-1 is a budget amendment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the total percentage of Budget Reported (cell F56) as Expended within ± 10% of the Percentage of FFY/Contract completed (cell F6)? If no, review AA-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Performance Vs RfRs</i>			
5 Were funds requested (RfRs) in excess of performance (QPR) reported:			
a. In total for the Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For one or more funding sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If either 5. a. or b. was answered yes:			
a. Is a Request for Adjustment Journal (RfAJ) or Refund required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Should a correction be entered in the next QPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Capital Equipment</i>			
7 If Capital Equipment is reported and not budgeted:			
a. Has the AAA received approval for the equipment purchase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a budget amendment for the purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Is Capital Equipment budgeted and not reported? If yes, the AAA should evaluate the probability of equipment purchase and possible budget amendment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Match</i>			
9 If match (cash and/or in-kind) is budgeted is it being reported? If no, the AAA should evaluate to ensure match will be met prior to contract closeout. Refer to Review Form-12 (Total) to determine if the overall match requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If match (cash and/or in-kind) is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
11 If match (cash and/or in-kind) exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program Income

12 Based on the program income balance, if program income was carried forward from the prior year has it been expended? See R-5 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Is there a program income balance? If yes, see AA-5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 If program income is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Performance Review

15 Based on R-2 were required DADS' units reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Based on R-2 were required Program Income units reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Based on R-3 were required Match units reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average cost per unit

18 Is the DADS' average cost per unit reasonable and justifiable? See AA-10 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Is the average cost per match unit justifiable? See AA-6 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Is the average cost per other unit justifiable? See AA-6 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Is the average cost per program income unit justifiable? See AA-6 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title III-E Caregiver Information

22 If Title III-E funds were reported was information regarding program income and other funding sources expenditures for Title III-E clients reported? See R-6 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Performance Targets

Number of Units

22 Does the target variance exceed 5%? If yes, see AA-8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Average Cost per Unit

23 Does the target variance exceed 5%? If yes, see AA-9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

Additional Analysis of Service Delivery

24 Is the average cost per client within the AAAs historical range? See AA-11 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Is the average number of units per client within the AAAs historical range? See AA-12 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

**Texas Department of Aging and Disability Services
Access & Intake – Area Agencies on Aging
Budget Performance Payment Comparison Workbook Review Form
Review Form – 10**

AAA: _____

Contract Year: _____ Quarter: _____ Budget Type: Planning Current

Service Reviewed:
 Congregate Meals

	Yes	No	N/A
<i>Budget Vs Performance</i>			
1 If the service is budgeted and no activity has been reported:			
a. Will the service be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the service will not be provided:			
i. Is an Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is a budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If activity is reported for the service and the service was not budgeted is:			
a. An Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the service is not budgeted and no service information was reported or requests for reimbursement submitted, no additional questions apply to this service.</i>			
3 Based on R-1 is a budget amendment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the total percentage of Budget Reported (cell F56) as Expended within \pm 10% of the Percentage of FFY/Contract completed (cell F6)? If no, review AA-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Performance Vs RfRs</i>			
5 Were funds requested (RfRs) in excess of performance (QPR) reported:			
a. In total for the Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For one or more funding sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If either 5. a. or b. was answered yes:			
a. Is a Request for Adjustment Journal (RfAJ) or Refund required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Should a correction be entered in the next QPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Capital Equipment</i>			
7 If Capital Equipment is reported and not budgeted:			
a. Has the AAA received approval for the equipment purchase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a budget amendment for the purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Is Capital Equipment budgeted and not reported? If yes, the AAA should evaluate the probability of equipment purchase and possible budget amendment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Match</i>			
9 If match (cash and/or in-kind) is budgeted is it being reported? If no, the AAA should evaluate to ensure match will be met prior to contract closeout. Refer to Review Form-12 (Total) to determine if the overall match requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If match (cash and/or in-kind) is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 11 If match (cash and/or in-kind) exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program Income

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 12 Based on the program income balance, if program income was carried forward from the prior year has it been expended? See R-5 for requirements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Is there a program income balance? If yes, see AA-5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 If program income is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Performance Review

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 15 Based on R-2 were required DADS' units reported? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Based on R-2 were required Program Income units reported? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Based on R-3 were required Match units reported? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Average cost per unit

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 18 Is the DADS' average cost per unit reasonable and justifiable? See AA-10 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Is the average cost per match unit justifiable? See AA-6 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Is the average cost per other unit justifiable? See AA-6 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Is the average cost per program income unit justifiable? See AA-6 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Performance Targets

Number of Units Served

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 22 Does the target variance exceed $\pm 5\%$? If yes, see AA-8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Average Cost per Unit

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 23 Does the target variance exceed $\pm 5\%$? If yes, see AA-9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Additional Analysis of Service Delivery

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 24 Is the average cost per client within the AAAs historical range? See AA-11 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Is the average number of units per client within the AAAs historical range? See AA-12 for analysis explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Reviewed By: _____

Date: _____

Approved By: _____

Date: _____

**Texas Department of Aging and Disability Services
Access & Intake – Area Agencies on Aging
Budget Performance Payment Comparison Workbook Review Form
Review Form – 11**

AAA: _____

Contract Year: _____ Quarter: _____ Budget Type: Planning Current

Service Reviewed:

Care Coordination Homemaker

	Yes	No	N/A
<i>Budget Vs Performance</i>			
1 If the service is budgeted and no activity has been reported:			
a. Will the service be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the service will not be provided:			
i. Is an Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is a budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If activity is reported for the service and the service was not budgeted is:			
a. An Area Plan amendment required? See R-4 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A budget amendment required? See R-1 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the service is not budgeted and no service information was reported or requests for reimbursement submitted, no additional questions apply to this service.</i>			
3 Based on R-1 is a budget amendment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the total percentage of Budget Reported (cell F56) as Expended within ± 10% of the Percentage of FFY/Contract completed (cell F6)? If no, review AA-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Performance Vs RfRs</i>			
5 Were funds requested (RfRs) in excess of performance (QPR) reported:			
a. In total for the Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For one or more funding sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If either 5. a. or b. was answered yes:			
a. Is a Request for Adjustment Journal (RfAJ) or Refund required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Should a correction be entered in the next QPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Capital Equipment</i>			
7 If Capital Equipment is reported and not budgeted:			
a. Has the AAA received approval for the equipment purchase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a budget amendment for the purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Is Capital Equipment budgeted and not reported? If yes, the AAA should evaluate the probability of equipment purchase and possible budget amendment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Match</i>			
9 If match (cash and/or in-kind) is budgeted is it being reported? If no, the AAA should evaluate to ensure match will be met prior to contract closeout. Refer to Review Form-12 (Total) to determine if the overall match requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If match (cash and/or in-kind) is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
11 If match (cash and/or in-kind) exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program Income

12 Based on the program income balance, if program income was carried forward from the prior year has it been expended? See R-5 for requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Is there a program income balance? If yes, see AA-5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 If program income is reported and not budgeted, or the reported amount exceeds the budget, should a budget amendment be prepared? See AA-7 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Performance Review

15 Based on R-2 were required DADS' units reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Based on R-2 were required Program Income units reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Based on R-3 were required Match units reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average cost per unit

18 Is the DADS' average cost per unit reasonable and justifiable? See AA-10 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Is the average cost per match unit justifiable? See AA-6 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Is the average cost per other unit justifiable? See AA-6 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Is the average cost per program income unit justifiable? See AA-6 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title III-E Caregiver Information

22 If Title III-E funds were reported was information regarding program income and other funding sources expenditures for Title III clients reported? See R-6 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Performance Targets

Unduplicated Number of persons

23 Does the target variance exceed $\pm 5\%$? If yes, see AA-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cost per Person

24 Does the target variance exceed $\pm 5\%$? If yes, see AA-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional Analysis

25 Is the average cost per unit within the AAAs historical range? See AA-11 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Is the average number of units per client within the AAAs historical range? See AA-12 for analysis explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

**Texas Department of Aging and Disability Services
Access & Intake – Area Agencies on Aging
Budget Performance Payment Comparison Workbook Review Form
Review Form – 12**

AAA: _____

Contract Year: _____ Quarter: _____ Budget Type: Planning Current

Service Reviewed:
 Total

	Yes	No	N/A
<i>Budget Vs Performance</i>			
1 Based on R-1 is a budget amendment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Match Requirements</i>			
2 Has enough match been reported to meet the match requirements for Title III-B, C-1, C-2 and D? If no, review the individual service review forms to ensure all allowable match and in-kind has been reported. If reporting errors are found, ensure corrections are included in the next QPR. If the QPR reporting is correct, the AAA must review its payment procedures to ensure match requirements will be met prior to contract closeout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Has enough match been reported to meet the match requirements for AAA Administration? If no, review the Administration review form to ensure all allowable match and in-kind has been reported. If reporting errors are found, ensure corrections are included in the next QPR. If the QPR reporting is correct, the AAA must review its payment procedures to ensure match requirements will be met prior to contract closeout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Has enough match been reported to meet the match requirements for Title III-E? If no, review the individual service review forms to ensure all allowable match and in-kind has been reported. If reporting errors are found, ensure corrections are included in the next QPR. If the QPR reporting is correct, the AAA must review its payment procedures to ensure match requirements will be met prior to contract closeout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>NFAs Vs Budget & Performance</i>			
5 Does cell P8 equal zero? If cell P8 is greater than zero, total NFAs have not been budgeted. If cell P8 is less than zero, the total budget exceeds the actual NFAs. Reviews based on a planning budget do not require additional action. If the review is based on current budget a budget amendment may be required. Review the individual service review forms to ensure budget amendment requirements have been met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Yes No N/A
- 6 Does cell P9 equal zero?
 This cell calculates Title III-B, C-1, and C-2 current year budget less current year NFAs. If the NFAs are greater than the budget the result will be a negative amount. If the budget exceeds the NFAs the result will be a positive amount. Reviews based on a planning budget do not require additional action. If the review is based on current budget a budget amendment may be required. Review the individual service review forms to ensure the budget for Title III-B, C-1, and C-2 equals the NFAs.
- 7 Do Budgeted categorical transfers shown in column O exceed allowed limits?

Maximum Allowed Transfer From Title:	Percentage of NFA	Transfer To Title:
III-B	30%	III-C1 and/or III-C2
III-C1	40%	III-B and/or III-C2
III-C2	40%	III-B and/or III-C1

If yes, the AAA should review the projected expenditures for the year and calculate the final projected categorical transfers required. The AAA may need to adjust their budget or request a waiver from the Department.

- 8 Column R: Were funds reported on the QPR in excess of NFAs for any funding source?
 If yes, review the individual service review forms. A correction must be made on the next QPR as reported expenditures cannot exceed actual NFAs.
- 9 Is cell W27 greater than zero?
 Based on the current NFAs and reported expenditures on the QPR the amount in this cell is at risk for loss to the carryover pool at contract closeout. The AAA should evaluate the projected expenditures for the remainder of the contract year and decide if additional services should be provided or if this amount will be expended prior to closeout without changes to projected services.
- 10 Is cell Y31 greater than zero?
 Based on the current NFAs and reported expenditures on the QPR the amount in this cell is the amount of allowable carryover at contract closeout. The AAA should evaluate the projected expenditures for the remainder of the contract year and anticipated needs increases for the next contract year to determine if additional services should be provided in the current year or if all or part of the allowable carryover should be carried over into the next contract year.
- 11 Column Y cells 33-53: Is there a balance available for any of the funding sources listed?
 The listed funding source balances are based on the NFAs less the reported expenditures on the QPR. The listed funding sources are not eligible for carryover by the AAA and cannot be allocated through the carryover pool. Any unexpended balances at contract closeout must be returned to the funding agency. The AAA should evaluate the projected expenditures for the remainder of the contract year to ensure all funds are expended prior to contract closeout.

Yes No N/A

III-D Medication Management

12 Cell O69: Has the total Title III-D Medication Management requirement been met?

If no, the AAA should review the individual service forms to ensure all medication management expenditures were allocated to Title III-D Medication Management on the QPR. If after verifying expenditures have been correctly allocated and if the medication management requirements have not been met the AAA should evaluate the:

- III-D medication management plan submitted to the Department with the planning budget. If planned activities and/or services have changed, a revised plan including new services and/or activities must be submitted to the Department.
- projected expenditures for the remainder of the contract year to ensure medication management requirements will be met prior to contract closeout.

Adequate Proportion

13 Has adequate proportion for In-Home Services been met?

If no, the AAA should evaluate the projected expenditures for the listed services for the remainder of the contract year. If the projected expenditures are less than the required amount the AAA should contact the Department's Help Desk at T3Ahelp@DADS.state.tx.us to request a waiver.

14 Has adequate proportion for Legal Services been met?

If no, the AAA should evaluate the projected expenditures for the listed services for the remainder of the contract year. If the projected expenditures are less than the required amount the AAA should contact the Department's Help Desk at T3Ahelp@DADS.state.tx.us to request a waiver.

15 Has adequate proportion for Access Services been met?

If no, the AAA should evaluate the projected expenditures for the listed services for the remainder of the contract year. If the projected expenditures are less than the required amount the AAA should contact the Department's Help Desk at T3Ahelp@DADS.state.tx.us to request a waiver.

Comments:

Reviewed By: _____

Date: _____

Approved By: _____

Date: _____