



Aging & Disability Verification Statement

Vendor: _____

Reporting Period: _____

☐ Original Report(s)

☐ Corrected or Revised Reports(s)

****Vendor – Complete this portion & Email to sams@ncnmedd.com WITH SIGNED REPORTS****

Data Entry

Reconcile Data

☐ Original Data entered

☐ Data Corrected/Revised
☐ Corrected/revised report includes:
"Revised" in the report title

☐ AAA-Agency Summary Report reconciled to data source
☐ AAA-NSIP Report reconciled to AAA-ASR
☐ Documentation of reconciled data kept & maintained with file

Tracking Unregistered Consumers (If applicable)

- ☐ We did not have unregistered consumers in this reporting period.
☐ Unregistered consumers and their total units have been listed in the comments section of the Service Delivery Detail.
☐ Unregistered Service Delivery Detail printed, signed, and dated.
☐ Year-to-Date Unregistered Spreadsheet updated.

☐ By checking this box and typing my name below, I certify that I have completed each data entry step as detailed above.

Name: _____ Title: _____ Date: _____

Non-Metro AAA Complete & Returned to Vendor

- ☐ AAA-Agency Summary Report (ASR)
☐ AAA-NSIP Report (if applicable)
☐ Unregistered Service Delivery Detail (if applicable)
☐ Caregiver Reconciliation Report (if applicable)

Name: _____ Title: _____ Date: _____

Vendor – Complete this portion & Upload to Monthly Expenditure Folder for Payment

Action Required for Correct Reports:

Comments

The following reports have been signed/dated as corrected:

- ☐ AAA-Agency Summary Report (ASR)
☐ AAA-NSIP Report (if applicable)
☐ Unregistered Service Delivery Detail (if applicable)
☐ Caregiver Reconciliation Report (if applicable)

Errors Discovered

VENDOR – Upload to Citrix

☐ I have reviewed the AAA Report(s) for the month of _____ 20_____, and hereby submit for payment.

Name: _____ Title: _____ Date: _____