State Fiscal Year:

SFY 2024-2025

Provider Name:

Gaston DHHS

Address Line 1:

330 Dr. Martin Luther King Jr. Way

Address Line 2:

Gastonia, NC 28052

County:

Gaston

Area Agency on Aging:

Centralina Council of Governments

	Please Select Services to Be Delivered	
	Transportation (General)	250
	Transportation (Medical)	033
	In-Home Aide-Level I - Home Management	041
	In-Home Aide-Level II - Personal Care	042
	In-Home Aide-Level III - Personal Care	045
	Home Delivered Meals	020
	Adult Day Care	030
	Respite, Group	309
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Federal/State	Loc	al Match	
\$ 6,607	\$	735	<local (cash="" 732a="" be="" broken="" by="" computation="" cost="" form<="" in-kind)="" match="" need="" on="" out="" source="" svc="" td="" to="" will=""></local>
\$ 103,522	\$	11,503	<local (cash="" 732a="" be="" broken="" by="" computation="" cost="" form<="" in-kind)="" match="" need="" on="" out="" source="" svc="" td="" to="" will=""></local>
\$ 87,828	\$	9,759	<local (cash="" 732a="" be="" broken="" by="" computation="" cost="" form<="" in-kind)="" match="" need="" on="" out="" source="" svc="" td="" to="" will=""></local>
\$ 686,659	\$	76,296	< <local (cash="" 732a="" be="" broken="" by="" computation="" cost="" form<="" in-kind)="" match="" need="" on="" out="" source="" svc="" td="" to="" will=""></local>
\$ 23,953	\$	2,662	<local (cash="" 732a="" be="" broken="" by="" computation="" cost="" form<="" in-kind)="" match="" need="" on="" out="" source="" svc="" td="" to="" will=""></local>
\$ 357,921	\$	39,769	<local (cash="" 732a="" be="" broken="" by="" computation="" cost="" form<="" in-kind)="" match="" need="" on="" out="" source="" svc="" td="" to="" will=""></local>
\$ 102,421	\$	11,381	<local (cash="" 732a="" be="" broken="" by="" computation="" cost="" form<="" in-kind)="" match="" need="" on="" out="" source="" svc="" td="" to="" will=""></local>
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Service	
Transportation (General)	250
Transportation (Medical)	033
In-Home Aide-Level I - Home Management	041
In-Home Aide-Level II - Personal Care	042
In-Home Aide-Level III - Personal Care	045
Home Delivered Meals	020
Adult Day Care	030
Respite, Group	309

Prior	Yr. Funding	Pric	or Year Rate	Curre	nt Yr Funding	Current Year Rate	Ft	inding Diff.	 Rate Diff.	
\$	19,468	\$	13.9635	\$	6,607	13.3473	\$	(12,861)	\$ (0.6162	
\$	91,514	\$	17.0835	\$	103,522	15.7136	\$	12,008	\$ (1.3699	
\$	7,075	\$	33.0158	\$	87,828	33.4497	\$	80,753	\$ 0.4339	
\$	523,558	\$	35.1210	\$	686,659	35.6696	\$	163,101	\$ 0.5486	
\$	176,879	\$	38.2021	\$	23,953	37.2025	\$	(152,926)	\$ (0.9996	
\$	554,911	\$	15.3365	\$	357,921	14.8949	\$	(196,990)	\$ (0.4416	
\$	10,873	\$	50.1024	\$	102,421	49.8276	\$	91,548	\$ (0.2748	
\$	3,000	\$	35.0228	\$	7,709	34.9617	\$	4,709	\$ (0.0611	
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NC DIVISION OF AGING AND ADULT SERVICES COST OF SERVICES - LABOR DISTRIBUTION SCHEDULE DAAS-732A1

AGENCY NAME: Gaston DHHS
State Fiscal Year: SPY 2024-2075

Fiscal Period: July 2024 through June 2025

		*****		#101 min :-				SERVICE	SERVICE	SERVICE						SERVIC
STAFF NAME	POSITION	TOTAL SALARY	FTE Equivalent	FULL TIME PART TIME	Assignable Salary	ADMIN. SALARY	Transportation (General)	Transportation (Medical)	In-Home Aide-Level I - Home Management	in-Home Alde-Level II - Personal Care		Home Delivered Meals	Adult Day Care	Respite, Group		
					\$ -								unine in the second			i i i i i i i i i i i i i i i i i i i
ay - u	Coordinator	\$ 90,168		5 PART TIME 1 FULL TIME	\$ 67,626 \$ 72,557		\$ 169	\$ 16,737				\$ 16,907	\$ 13,694	\$ 3,212		275,000,000,000,000
ell. n	Social worker Social Worker	\$ 72,557 \$ 65,503		S PART TIME	\$ 72,557 \$ 49,127	***************************************			\$ 15,963 \$ 9,334	\$ 55,143 \$ 39,793	\$ 1,451					4
	Social Worker	\$ 64,880		5 PART TIME	\$ 32,440				\$ 9,408	\$ 23,032						
	Supervisor	\$ 94,049			\$ 70,537				\$ 17,634		\$ 1,706				(
ms	SWII	\$ 53,204			\$ 53,204							\$ 53,204				
veli	SWII	\$ 51,907			\$ 51,907	Historia de la compansión						\$ 51,907				
	Supervisor	\$ 80,006			\$ 80,006						·····	\$ 80,006				
	Monitor	\$ 35,277		Sie Lines stiller	\$ 17,639							\$ 17,639				
r de la companya de	Monitor	\$ 36,493			\$ 18,247							\$ 18,247				
ohn	Monitor	\$ 32,545			\$ 16,273							\$ 16,273				
rmid	Monitor	\$ 36,815			\$ 18,408							\$ 18,408				
-Burch	Monitor	\$ 33,810			\$ 16,905							\$ 16,905				
	Monitor	\$ 34,449		S PART TIME	\$ 17,225			Carlos especialists				\$ 17,225				
	Monitor	\$ 36,493			\$ 18,247		1					\$ 18,247				1
h L	Supervisor	\$ 81,697			\$ 61,273								\$ 49,631			
	Activities Director	\$ 54,806 \$ 40,833		PART TIME				ang ng 1647 Petrapakan 1527 Pili nyang mananan mananan			omorgographemiske metamikoonemaani		\$ 23,056			
	Activity Aide Activity Aide	\$ 39,438			\$ 26,541 \$ 25,635								\$ 6,533 \$ 25,635	\$ 20,008		-
	Activity Aide	\$ 34,625		PART TIME			0.0000000000000000000000000000000000000						\$ 22,506			
	Activity Director	\$ 54,835			\$ 27,418								\$ 27,418			
	Activity Aide	\$ 38,771		PART TIME									\$ 19,386			\$500,000,000,000 1000,000,000,000
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				SUBTOTAL FT:		\$ -	\$		\$ 15,963							\$
				SUBTOTAL PT:		>	\$ 169 \$ 169		\$ 40,603 \$ 56,566							\$
				TOTAL	\$ 824,212	\$ -	\$ 169	See 10 10 10 10 10 10 16 737	36.566	\$ 181,675	\$ 3,327	\$ 324,968	\$ 187,859	\$ 52,911	\$ -	Š

DAAS-732A

North Carolina Division of Aging and Adult Services' Service Cost Computation Worksheet

Provider:		Gaston DHHS							
County:	CENTRAL AND	G:	iton	T S					
Budget Period:		through	June 2025	2017					

		Service	Service	Service	Service	Service	Service	Service	Service	Service	Service
. Projected Revenues	Grand Total	Transportation (General)	Transportation (Medical) 033	In-Home Aide-Level I - Home Management 041	In-Home Alde-Level II - Personal Care 042	In-Home Alde-Level III - Personal Care 045	Home Delivered Meals 020	Adult Day Care 030	Respite, Group 309	o #N/A	0 MN/A
Fed/State Funding From the Div. of Aging & Adult Svcs. Required Minimum Match - Cash	\$ 1,376,620				***************************************	**********	************		***********		***********
1) required metch	\$ 154,141 \$.	5 740	\$ 11,591	\$ 9,834	5 76,886	\$ 2,682	\$ 40,077	5 11,468	\$ 863		
3) Total Required Minimum Match - Cash Required Minimum Match - In-Kind 1)	5 154,141 5	5 740	\$ 11,591	\$,834 ************************************	S 76,886	\$ 2,682 \$ 2000	\$ 40,077	5 11,468			å
2) 3) Total Required Minimum Match - In-Kind	S			\$.	s -	\$	5 - 5 11,380	\$ - \$ B57	s :	
. Total Required Minimum Match (cash + In-kind) , Subtobal, Fed/State/Required Match Revenues , NSIP Cish Subsidy/Commodity Valuation	\$ 154,141 \$ 1,530,761 \$ 21,618	\$ 734 \$ 7,341 \$.	\$ 115,024		\$ 762,954			\$ 113,801			\$ - \$.
OAA Title V Worker Wages, Fringe Benefits and Costs ocal Cash, Non-Match 1) county general fund 2)	\$ 349,030 \$ -		\$ 2,790	S 10,558	\$ 76,851	\$ 51,660		\$ 150,883	\$ 56,288		••••••
3/ 3/ 5. Subtotal, Local Cash, Non-Match ther Revenues, Non-Match 1) donations	5 - 349,030 S 349,030		5 2,790	\$ 10,558	\$ 76,851	\$ 51,660		\$ 150,883	\$ 56,288		
2) 3) Subtotal, Other Revenues, Non-Match scal In-Kind R-sources (Includes Volunteer Resources) 1) Voluneer Hours (@24.59/hr)	\$ - \$ - \$ -			5	\$100		\$ - 200,000		\$		
2) 3) Subtotal, Local In-kind Resources, Non-Match Client Cest Sharing	\$ - 5 \$ 200,000 \$ 5,438	\$ -	\$ 38				\$ 200,000 \$ 4,800	5 -	5	8	
. Total Projected Revenues (Sum LC,D,E,F,G,H. & I)	\$ 2,106,847	888 \$ 7,341	\$ 117,852	\$ 108,745	\$ 839,805	\$ 78,274	\$ 624,108	\$ 264,684	\$ 64,854	\$ 15000000000000000000000000000000000000	\$

Service Cost Computation Worksheet								Service	Service	Service	Service	Service
	Grand	Admin.	Service Transportation (General)	Service Transportation (Medical)	Service In-Home Also-Level I - Home Management	Service In-Home Aide-Level II - Personal Care	Service	Home Delivered Meals	Adult Day Care	Respite, Group	0	0
. Line Item Expenses		Cost			041	042	045	020	030	309	#N/A	#N/A
itaff Salary From Labor Distribution Schedule	000000000	000000	***************************************	***************************************			•••••			***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***********
Full-time Staff (do not include Title V workers)	\$ 257,674	\$	5	\$	\$ 15,963	\$ 55,143	\$ 1,451	\$ 185,117	5	S Programme Committee Comm	\$	3
Part-time staff (do not include Title V workers)	\$ 566,538	\$	\$ 169									\$
Subtotal, Stalf Salary	\$ 824,212	S SHEEF OUR CO.	\$ 0.00	16,737	\$ 56,566	\$ 181,675	\$ 3,327	3 324,968		\$ 52,911	3	
ingo Benefits	**********		***************************************		***************************************			***************************************		************		
FICA @ 2.65 %	\$ 63,052	\$ -	\$ 13	\$ 1,280	\$ 4,327	\$ 13,898	\$ 255	\$ 24,860	5 14,371	\$ 4,048	\$.	\$ -
Health Insurance	\$	KOODIE ASSESSIO					ter encomment in 1804264					r its in the only of the state of the
Retirement	5		bne/estillies/ideasadbass/statesse							Blocker Children		r abliged hardes made an
Unemployment insurance	\$	Zinganali	kan ako ing tang at sa kanasa kanasa ka				Estrata di unimatri		200-2000	ENGINEERING SERVICE SE		
Worker's Compensation	\$.		的 地位,可以1985年1985年1985年1985年1							RESERVATION OF STREET,		
Other	\$		Hardware Burnstage St. 1985 24		Karokana na manakana						MORRES CONTRACTOR	
Subtotal, Fringe Benefits	\$ 63,052	\$.	\$ 13	\$ 1,280	\$ 4,327	\$ 13,898	\$ 255	5 24,860	\$ 14,371	\$ 4,048	************	0000000000
cal In-Kind Resources Non-Match	*********	*****		•••••	**************		**********	***************************************	*************	***********	***********	**********
2) valunteers	5 .	THE REPORT	以中国的1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年,1990年									Particular designation of the control of the contro
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4)	\$		MCCHEROS (10) 123 155 14 15 12 20 15 25 1	165年2月1日 1857年 1867年 1971年 1871	PRESCUENCE REPORT NAMED AND	[[6]5]([5]5][5][5][6][6][6][6][6][6][6][6][6][6][6][6][6]	PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN NAMED IN COLUM		alegisminus automobil	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON OF THE PE		
Subtotat, Local In-Kind Resources Non-Match	\$ 349,030		\$	\$ 2,790	\$ 10,558	\$ 76,851	\$ 51,660	\$	\$ 150,883	\$ 56,288	\$	A CHARGER CONTRACTOR OF THE CO
OAA Ti le V Worker Wages, Fringe Benefits and Costs							*************				***********	
ravei 1)	20000000	******	*************	***********	************	************	***********		~~~~~~~	******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1) Per Diem 2)	\$						E29076116B114F162618B1/I/OCCUC				SANDAR CONTRACTOR STATES	
2) Mileage @mbursement	\$											
3) Other Travel Cost	5	ERELGENE PROLET	6 mas a 19 may 1	\$ -	\$	5	5	\$ -	\$		\$	
. Subtotal, Travel			***************************************		*******				*********	0000000000	00000000000	000000000000000000000000000000000000000
Seneral Operating Expenses	P80000000	0000000	000000000000000000000000000000000000000	2000000000000000000	000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	MACADOOCK CONTRACTOR	SHEET PROCESS ASSESSMENT OF THE PROCESS ASSE	*******************	***********	
2) service contracts	5 -									The state of the s		
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ARMS toat	\$ 200,000					8		\$ 200,000		\$.		
possage, dues, subscriptions	\$ 5,438					\$ 839.805	\$ 78,274			\$ 64,854		٠ .
	\$ 2,106,847		\$ 7,341	\$ 117,852	\$ 108,745	3 839,805	78,274	2 524,108	3 284,004	7		Transfer and the second
program supplies	representation	2050 16 21 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1		rroeus protestation de president de la			AND THE PROPERTY OF THE PROPER					
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Subtotal, General Operating Expenses		BEST BURNES	Include Proceedings of the State of Co.	Constitution to part Deligible Resident			r-material resource and resource			Af CONTROL OF THE SAME CONTROL OF		and an experience of the second

Subtotal, Other Administrative Cost Not Allocated in											
es II.A through E Total Proj. Expenses Prior to Admin. Distribution	\$ 2,117,505 \$ -	\$ 7,400	\$ 118,742	\$ 109,500 \$	845,711	9 79,481	627,187	\$ 265,584	\$ 64,920		
Distribution of Admininistrative Cost	5 11,843 000000		\$ 890		5,906			\$ 980		3	\$
Total Proj. Expenses After Admin. Distribution	5 2,105,663 00000000				839.805			3 264,684		\$ 100 months 100 month	
	vices Must Equal	Service			Service	Service	Service	Service	Service	Service	Service
	Grand	Transportation (General)	Service Transportation (Medical)	Service ome Alde-Level I - Home Manager Ho	me Alde-Level II - Personal Cim	e Aide-Level III - Persons	Home Delivered Meals	Adult Day Care	Respite, Group	0	0
Computation of Rates	Total	250	033		D42	045	020	030	309	#N/A	#N/A
Computation of Unit Cost Rate; 1. Total Expenses (equals line IIJ)		5 7,341			839.805					*****	(*********
Total Expenses (equals line II.) Total Projected Unils	***************************************	550		3,251	23,544	2,104	27,022	5,312	1,855	1910/1911/1920/09/09/09/09/09	CONSTRUCTION OF THE STATE OF
3. Total Unit Cost Rate		5 13.3473			35,6696	5 37.2025	23,0963	5 49.8276		.	-
Computation of Reimbursement Rate:	***************************************	000000000000000000000000000000000000000	***************************************	000000000000000000000000000000000000000	************	***********	******************	**********	000000000000000000000000000000000000000	2000000000	00000000
Total Revenues (equals line I.J)	\$ 2,106,847	\$ 7,341			839,805			S 264,684		•	6
2. Less: NSIP (equals line I.D)	5 21,618 000000	8		5			21,618			3	è
Title V (equals line I.E less II.D)	\$ ************************************	0 to the contract of the contr		š				\$			Ś
Non Match In-Kind (equals line I.H less II.C)	5 200,000 0000000	82		<u> </u>			200,000			s constant and a second	ć
Revenues Subject to Unit Reimbursement	\$ 1.885,229	S 7.341			839,805					ś .	i e
4. Total Projected Units (equals line III.A.2)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	550		3,251	23,544	2,104	27,022	5,312	1,855	Paramananan kan	
5. Total Reimbursement Rate	000000000000000000000000000000000000000	5 13.3473			35.6696	\$ 37.2025 5	14,8949	5 49.8276			e
Units Reimbursed Through HCCBG	100000000000000000000000000000000000000	9 560		2,917	21,389	715	26,700	2.284	245		1
	10000000000000000		1,320		21,386		322				
Hallan Dalanta and Stanon to Barrana ta annua											
Units Reimbursed Through Program Income*									2 640		000000000000000000000000000000000000000
. Units Reimbursed Through Remaining Revenues			178	316	2,165	1,389	13,427	3,028	1,610		
. Units Reimbursed Through Remaining Revenues . Total Units Reimbursed/Total Projected Units		556	178 178	316 3,251	2,165 23,544	1,388 2,104 E			1,610 1,865		
. Units Reimbursed Through Remaining Revenues	Certification: I certify to the best of my knowle	550 oviders. Line III.D Indicates the number edge and belief that the information inc mation could limit funding, and aboves	17B 7,500 of units that will haveto be produce	316 3,251 d in addition to those stated on line III. is accurate and complies with all laws	2,165 23,544 C in orderto earn the net rever	1,389 2,104 E nues stated on line I.C.	13,427 40,449	3,028			
Units Reimbursed Through Remaining Revenues Total Units Reimbursed/Total Projected Units the Division of Aging ARMS deducts reported program Incon rmation on this form (DAAS-732A) corresponds with rmation stated on the Provider Services Summary	Certification: I certify to the best of my knowledge deviations in reported cost information of the control of	560 Soviders. Line III.D Indicates the number edge and belief that the information increasion could limit funding, and absores gnature	17B 7,500 of units that will haveto be produce	3.6 3.251 dlin addition to those stated on line III. is accurate and compiles with all laws mission results in a higher than actual	2,165 23,544 C in orderto earn the net rever	1,389 2,104 Enues stated on line i.C.	13,427 40,449	3,028			
Units Reimbursed Through Remaining Revenues Total Units Reimbursed/Total Projected Units the Division of Aging ARMS deducts reported program Incon rmation on this form (DAAS-732A) corresponds with rmation stated on the Provider Services Summary AS-732) as follows:	Certification: I certify to the best of my knowledwiations in reported cost information and the cost of the cost	560 Soviders. Line III.D Indicates the number edge and belief that the information increasion could limit funding, and absores gnature	17B 7,500 of units that will haveto be produce	3.6 3.251 dlin addition to those stated on line III. is accurate and compiles with all laws mission results in a higher than actual	2,165 23,544 C in orderto earn the net rever	1,389 2,104 Enues stated on line i.C.	13,427 40,449	3,028			
. Units Reimbursed Through Remaining Revenues . Total Units Reimbursed/Total Projected Units . the Division of Aging ARMS deducts reported program incon . the Division of Aging ARMS deducts reported program . the Division of Aging ARMS deducts reported program incon . the Division of Aging ARMS deducts reported program incon . the	Certification: Certifiy to the best of my knowledwaltions in reported cost information of the cost o	560 Soviders. Line III.D Indicates the number edge and belief that the information increasion could limit funding, and absores gnature	17B 7,500 of units that will haveto be produce	3.6 3.251 dlin addition to those stated on line III. is accurate and compiles with all laws mission results in a higher than actual	2,165 23,544 C in orderto earn the net rever	1,389 2,104 Enues stated on line i.C.	13,427 40,449	3,028			
Units Reimbursed Through Remaining Revenues Total Units Reimbursed/Total Projected Units the Division of Aging ARMS deducts reported program Incon rmation on this form (DAAS-732A) corresponds with rmation stated on the Provider Services Summary AS-7323 as follows: the Grant Funding under Local Match Cash & In-Kind	Certification: certify to the best of my knowledwistors in reported cost information of the cost of	560 Soviders. Line III.D Indicates the number edge and belief that the information increasion could limit funding, and absores gnature	17B 7,500 of units that will haveto be produce	3.6 3.251 dlin addition to those stated on line III. is accurate and compiles with all laws mission results in a higher than actual	2,165 23,544 C in orderto earn the net rever	1,389 2,104 Enues stated on line i.C.	13,427 40,449	3,028			
Units Reimbursed Through Remaining Revenues Total Units Reimbursed/Total Projected Units the Division of Aging ARMS deducts reported program Incon transition on this form (DAAS-732A) corresponds with remailion on this form (DAAS-732A) corresponds with remailion stated on the Provider Services Summary AS-732) as follows: & Grant Funding ultred Local Match Cash & In-Kind Service Cost	Certification: Locatify to the best of my knowled deviations in reported cost information in reported cost in	560 Soviders. Line III.D Indicates the number edge and belief that the information increasion could limit funding, and absores gnature	17B 7,500 of units that will haveto be produce	3.6 3.251 dlin addition to those stated on line III. is accurate and compiles with all laws mission results in a higher than actual	2,165 23,544 C in orderto earn the net rever	1,389 2,104 Enues stated on line i.C.	13,427 40,449	3,028			
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Gaston DHHS				<u> </u>												DAAS-732			
					County Funding Plan										County:		Gaston		
330 Dr. Martin Luther King Jr. Way													Budget		July 2024	through	June 2025		
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n-Home Aide-Level I - Home Management		Х	\$ -	\$ 87,828	\$		\$		\$	9,759	\$	97,587	\$ -	\$		2,917	\$ 33.4497	12	3,25
n-Home Aide-Level II - Personal Care		X	\$ -	\$ 686,659	\$		\$	686,659	\$	76,295	\$	762,954	\$ -	\$	762,954	21,389	\$ 35.6696	175	23,544
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Home Delivered Meals		Х	\$ -	\$ 357,921	\$		\$	357,921	\$	39,769	\$	397,690	\$ 21,618	\$	419,308	26,700	\$ 14.8949	400	40,449
Adult Day Care	X		S -	\$ 102,421	\$	-	\$	102,421	\$	11,380	\$	113,801	S -	\$	113,801	2,284	\$ 49.8276	450	5,312
Respite, Group	X		S -	\$ 7,709	\$		\$	7,709	\$	857	\$	8,566	S -	\$	8,566	245	\$ 34.9617	51	1,855
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Home and Community Care Block Grant for Older Adults Outreach Methodology

July 2024 through June 2025

Outreach Methodology to Address the Service Needs of Target Population

Community Service Provider:		
County:	Gaston	

While all older adults age 60 and over are eligible for services, sec. 305(a)(2)(E) of the Older Americans Act requires programs to target services to older individuals with the greatest economic and social need, (with particular attention to low-income older adults, including low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas). The community service provider shall specify how these service needs will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conform with specific objectives established by the Area Agency on Aging, for providing services to low income minority individuals. Additional pages may be used as necessary.

The Department has continued to be successful in reaching the low-income minority with services. 12% of Gaston County's 65+ population are below 100% of poverty level and an additional 24% are within 100%-199% of poverty level. According to 2022 census data, 23% of Gaston County population are age 60+ and 16% of Gaston County's population are minority. Between January 1, 2023 and December 31, 2023, the Department reached this target population as evidenced below:

	 Minority A	t/Below Pov	erty Level
Transportation	41%	24%	
In-Home Aide	26%	18%	
Home Delivered Meals	19%	33%	
Adult Day Care	75%	25%	

Gaston County's 60+ rural population is estimated to be 20%. At last count, 28% of those receiving In-Home Aide services are considered rural (living outside the city limits). In addition, 29% of Home Delivered Meal recipients, 26% of Congregate Nutrition participants and 27% of Transportation riders live outside the city limits based on 2020 accounts.

Public awareness/service access efforts are on-going. In addition, other human service professionals (home health agencies, hospital discharge planners, social work staff) are in touch with both target populations (low-income minority and rural) and consistently make these individuals aware of service availability.

July 2024 through June 2025

Home and Community Care Block Grant for Older Adults Community Service Provider Standard Assurances

Gaston DHHS	agrees to provide services through the Home and
Community Care Block Grant, as specified on the	Provider Services Summary (DAAS-732)
in accordance with the following:	

- 1. Services shall be provided in accordance with requirements set forth in:
 - a) The County Funding Plan;
 - b) The Division of Aging and Adult Services Home and Community Care Block Grant Procedures Manual for Community Service Providers; and
 - c) The Division of Aging and Adult Services Standards at

https://www.ncdhhs.gov/divisions/daas/monitoring

Community service providers shall monitor any subcontracts with providers of Block Grant services and take appropriate measures to ensure that services are provided in accordance with the aforementioned documents.

- Priority shall be given to providing services to those older persons with the greatest economic or social needs. The service needs of low-income minority elderly will be addressed in the manner specified on the <u>Outreach Methodology to Address</u> <u>Service Needs of Target Population</u> (DAAS-733).
- The following service authorization activities will be carried out in conjunction with all services provided through the Block Grant:
 - a) Eligibility determination;
 - b) Client intake/registration;
 - c) Client assessment/reassessments and quarterly visits, as appropriate;
 - d) Determining the amount of services to be received by the client; and
 - e) Reviewing consumer contributions policies with eligible clients.
- 4. All licenses, permits, bonds, and insurance necessary for carrying out Block Grant Services will be maintained by the community service provider and any subcontracted providers.
- 5. As specified in 45 CFR 75, Subpart D-Post Federal Award Requirements, Procurement Standards, community service providers shall have procedures for settling all contractual and administrative issues arising out of procurement of services through the Block Grant. Community service providers shall have procedures governing the evaluation of bids for services and procedures through which bidders and contracted providers may appeal or dispute a decision made by the community service provider.
- Applicant/Client appeals shall be addressed as specified in Section 7 of the Division of Aging and Adult Services Home and Community Care Block Grant Manual for Community Service Providers.
- Community service providers are responsible for providing or arranging for the provision of required local match, as specified on the Provider Services Summary, (DAAS-732). Local match shall be expended simultaneously with Block Grant funding.
- 8. Community service providers agree to comply with audit and fiscal reporting requirements as specified in the Agreement for the Provision of County-Based Aging Services (DAAS-735).
- Compliance with Equal Employment Opportunity and Americans with Disabilities Act requirements, as specified in paragraph fourteen (14) of the Agreement for the Provision of County-Based Aging Services (DAAS-735) shall be maintained.
- 10. Providers of In-Home Aide, Home Health, Housing and Home Improvement, and Adult Day Care or Adult Day Health Care shall sign and return the attached assurance to the area agency on aging indicating that recipients of these services have been informed of their client rights, as required in Section 314 of the 2006 Amendments to the Older Americans Act (DAAS-734 Standard Assurances Regarding In-Home Client Rights).

- 11. Subcontracting All HCCBG community service providers must assure that subcontractors (for-profit and non-profit entities only) meet the following requirements:
 - a. The subcontractor has not been suspended or debarred. (N.C.G.S. §143C-6-23, 09 NCAC 03M)
 - b. The subcontractor has not been barred from doing business at the federal level.
 - c. The subcontractor is able to produce a notarized
- "State Grant Certification of No Overdue Tax Debts."
- d. All licenses, permits, bonds and insurance necessary for carrying out Home and Community Care Block Grant services will be maintained by both the community service provider and any subcontractors.
- e. The subcontractor is registered as a charitable, tax-exempt (501c3) organization with the Internal Revenue Service (non-profit subcontractors only).
- 12. Confidentiality and Security. Per the requirements in 10A NCAC 05J and Section 6 of the Home and Community Care Block Grant Procedures Manual, client information in any format and whether recorded or not shall be kept confidential and not disclosed in a form that identifies the person without the informed consent of the person or legal representative. Community service providers, including subcontractors and vendors, must adhere to all applicable federal, state and departmental requirements for protecting the security and confidentiality of client information including but not limited to appropriately restricting access, establishing procedures to reduce the risk of accidental disclosures from data processing systems, and developing a process by which the Division of Adult Aging Services is notified of suspected or confirmed security incidents and data breaches.
- 13. Record Retention and Disposition. All community service providers are responsible for maintaining custody of records and documentation to support the allowable expenditure of funds, service provision, and the reimbursement of services. Service providers must adhere to the approved record retention and disposition schedule posted at https://www.ncdhhs.gov/about/administrative-offices/office-controller/records-retention by the NC Department of Health and Human Services Controller's Office, as well as the local government schedules posted by the NC Department of Natural and Culltural Resources at https://archives.ncdcr.gov/government/local

Service providers are not authorized to destroy records related to the provision of services under this Agreement except in compliance with the approved DHHS retention and disposition schedule, which allows for the proper destruction of records based on a schedule by funding source and fiscal year. The agency agrees to comply with 07 NCAC 04M .0510 when deciding on a method of record destruction. Confidential records will be destroyed in such a manner that the records cannot be practically read or recognistructed.

MUJ-A+AS Administratu

(Authorized Signature)

(Date)

Standard Assurance To Comply with Older Americans Act **Requirements Regarding Clients Rights** For

Agencies Providing In-Home Services through the Home and Community Care Block Grant for Older Adults

As a provider of one or more of the services listed below, our agency agrees to notify all Home and Community Care Block Grant clients receiving any of the below listed services provided by this agency of their rights as a service recipient. Services in this assurance include:

- In-Home Aide
- Home Care (home health)
- Housing and Home Improvement
- Adult Day Care or Adult Day Health Care

Notification will include, at a minimum, an oral review of the information outlined below as well as providing each service recipient with a copy of the information in written form. In addition, providers of in-home services will establish a procedure to document that client rights information has been discussed with in-home services clients (e.g. copy of signed Client Bill of Rights statement).

Clients Rights information to be communicated to service recipients will include, at a minimum, the right to:

- · be fully informed, in advance, about each in-home service to be provided and any change in service(s) that may affect the wellbeing of the participant;
- participate in planning and changing any in-home service provided unless the client is adjudicated incompetent;
- voice a grievance with respect to service that is or fails to be provided, without discrimination or reprisal as a result of voicing a grievance;
- confidentiality of records relating to the individual;
- · have property treated with respect; and
- be fully informed both orally and in writing, in advance of receiving an in-home service, of the individual's rights and obligations.

Client Rights will be distributed to, and discussed with, each new client receiving one or more of the above listed services prior to the onset of service. For all existing clients, the above information will be provided no later than the next regularly scheduled service reassessment.

Agency Name:	Gaston DHHS
Name of Agency Administrator:	Lara Gurganus
Signature:	Jana Gureymus
(Please return thi	s form to your Area Agency on Aging and retain a copy for your files.)

CLIENT/PATIENT RIGHTS

- 1. You have the right to be fully informed of all your rights and responsibilities as a client/patient of the program.
- 2. You have the right to appropriate and professional care relating to your needs.
- 3. You have the right to be fully informed in advance about the care to be provided by the program.
- 4. You have the right to be fully informed in advance of any changes in the care that you may be receiving and to give informed consent to the provision of the amended care.
- 5. You have the right to participate in determining the care that you will receive and in altering the nature of the care as your needs change.
- 6. You have the right to voice your grievances with respect to care that is provided and to expect that there will be no reprisal for the grievance expressed.
- 7. You have the right to expect that the information you share with the agency will be respected and held in strict confidence, to be shared only with your written consent and as it relates to the obtaining of other needed community services.
- 8. You have the right to expect the preservation of your privacy and respect for your property.
- 9. You have the right to receive a timely response to your request for service.
- 10. You shall be admitted for service only if the agency has the ability to provide safe and professional care at the level of intensity needed.
- 11. You have the right to be informed of agency policies, changes, and costs for services.
- If you are denied service solely on you inability to pay, you have the right to be referred elsewhere.
- 13. You have the right to honest, accurate information regarding the industry, agency and of the program in particular.
- 14. You have the right to be fully informed about other services provided by this agency.

Internal Consistency Checks

Review of Local Match Comparison Input Sheet vs. 732A Cash and In-Kind Totals

		Difference
Transportation (General)	Match Totals Do Not Match Difference Is>	(6)
Transportation (Medical)	Match Totals Do Not Match Difference Is>	(89)
In-Home Aide-Level I - Home Management	Match Totals Do Not Match Difference Is>	(75)
In-Home Aide-Level II - Personal Care	Match Totals Do Not Match Difference Is>	(591)
In-Home Aide-Level III - Personal Care	Match Totals Do Not Match Difference Is>	(21)
Home Delivered Meals	Match Totals Do Not Match Difference Is>	(308)
Adult Day Care	Match Totals Do Not Match Difference Is>	(88)
Respite, Group	Match Totals Do Not Match Difference Is>	(6)
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732A1 Labor Distribution Schedule Comparison of Assignable Salary To Overall Salary Entered

Total Assignable Salary and Cumulative Salary total for Se

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