HCCBG Budget			
			DAAS-730 (Rev. 2/16)
	Home a	and Community Care Block Grant for Older Adults	
		County Funding Plan	
Identification of A	Agency or Office with Lea	ad Responsibility for County Funding Plan	
County:	Gaston	July 1, 2023 through June 30, 2024	
and their families	3		
		Gaston DHHS	
		(Name of Agency/Office with lead responsibility)	
		Lara Gurganus	
		Authorized Signature Date	
		Aging and Adult Services Administra	tor
		(Type name and title of signatory agent)	

DAAS-731 (Rev. 2/16)

County

Gaston

July 1, 2023 through June 30, 2024

### **County Funding Plan**

### **County Services Summary**

				A			В	С		D	E	F		G	Н	1	
													Projected		Projected	Projected	Projected
C				nt Funding	_	Tabal	4	equired	Net		USDA	Total	HCCBG	Rei	mbursement	HCCBG	Total
Services	Acc		In-Home	Other		Total		cal Match	ervice Cost		Subsidy	Funding	Units	Φ	Rate	Clients	Units
Transportation (General)		19,468	\$ -	\$ -	\$	19,468	\$	2,163	21,631	\$	-	\$ 21,631	1,549	\$	13.9635	120	1,560
Transportation (Medical)	_	91,514	\$ -	\$ -	\$	91,514	\$	10,168	\$ 101,682	\$	-	\$ 101,682	5,952	_	17.0835	280	6,130
In-Home Aide-Level I - HM	\$	-	\$ 7,075		\$	7,075	\$	786	\$ 7,861	\$	-	\$ 7,861	238	-	33.0158	12	570
In-Home Aide-Level II - PC	\$	-	\$ 523,558	\$ -	\$	523,558	\$	58,173	\$ 581,731	\$	-	\$ 581,731	16,564	+	35.1210	175	18,823
In-Home Aide-Level III - PC	\$	-	\$ 176,879	\$ -	\$	176,879	\$	19,653	\$ 196,532	\$	-	\$ 196,532	5,145	\$	38.2021	30	6,523
Congregate Nutrition	\$	-	\$ -	\$ -	\$	-	\$	-	\$ -	\$	-	\$ -	-	\$	-	-	-
Home Delivered Meals	\$	-	\$ 554,911	\$ -	\$	554,911	\$	61,657	\$ 616,568	\$	54,018	\$ 670,586	40,203	\$	15.3365	450	67,523
Adult Day Care	\$	-	\$ 10,873	\$ -	\$	10,873	\$	1,208	\$ 12,081	\$	-	\$ 12,081	241	\$	50.1024	51	1,475
Respite, Group	\$	-	\$ 3,000	\$ -	\$	3,000	\$	333	\$ 3,333	\$	-	\$ 3,333	95	\$	35.0228	12	788
					\$	-	\$	-	\$ -			\$ -					
					\$	-	\$	-	\$ -			\$ -					
					\$	-	\$	-	\$ -			\$ -					
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	-				\$	-	\$	-	\$ -			\$ -					
					\$	-	\$	-	\$ -			\$ -					
					\$	-	\$	-	\$ -			\$ -					
					\$	-	\$	-	\$ -			\$ -					
					\$	-	\$	-	\$ -			\$ -					
					\$	-	\$	-	\$ -			\$ -					
Total	\$ 11	10,982	\$ 1,276,296	\$ -	\$	1,387,278	\$	154,141	\$ 1,541,419	\$	54,018	\$ 1,595,437	69,986			1130	103,392

Signature, Chairman, Board of Commissioners

Date

State Fiscal Year:

SFY 2023-2024

Provider Name:

**Gaston DHHS** 

Address Line 1:

330 Dr. Martin Luther King Jr. Way

Address Line 2:

Gastonia, NC 28052

County: Area Agency on Aging:

REQUIRES INPUT TO POPULATE WORKBOOK---

Gaston
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
	Congregate Nutrition	180
	Home Delivered Meals	020
	Adult Day Care	030
	Respite, Group	309
REQUIRES INPUT TO POPULATE WORKBOOK>		
REQUIRES INPUT TO POPULATE WORKBOOK>		
REQUIRES INPUT TO POPULATE WORKBOOK>		
REQUIRES INPUT TO POPULATE WORKBOOK>		

		Federal/State	Local Match	
)	\$	19,468	\$ 2,164	<
;	\$	91,514	\$ 10,169	<
	\$	7,075	\$ 787	<
	\$	523,558	\$ 58,174	<
,	\$	176,879	\$ 19,654	<
)			\$ -	1
)	\$	554,911	\$ 61,657	<
)	\$	10,873	\$ 1,209	<
)	\$	3,000	\$ 334	<
			\$ -	1
			\$ -	1
Ī			\$ -	
			\$ -	
			\$ -	
				•

<<—Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Computation Form <<<—Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Computation Form <<<—Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Computation Form <<<—Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Computation Form <<<—Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Computation Form</p>

<<--Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Computation Form</p>
<<--Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Computation Form</p>
<<--Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Computation Form</p>

#### Comparison of Fed/State Funding and Rates vs. Prior Year

Service	Pri	or Yr. Funding	P	Prior Year Rate	Cui	rrent Yr Funding	Current Year Rate	F	unding Diff.	Rate Diff.	
Transportation (General)	250	\$	35,688	\$	13.7252	\$	19,468	13.9635	\$	(16,220)	\$ 0.2383
Transportation (Medical)	033	\$	83,272	\$	17.8412	\$	91,514	17.0835	\$	8,242	\$ (0.7577)
In-Home Aide-Level I - Home Management	041	\$	34,367	\$	28.3467	\$	7,075	33.0158	\$	(27,292)	\$ 4.6691
In-Home Aide-Level II - Personal Care	042	\$	481,128	\$	28.2883	\$	523,558	35.1210	\$	42,430	\$ 6.8327
In-Home Aide-Level III - Personal Care	045	\$	171,832	\$	32.4849	\$	176,879	38.2021	\$	5,047	\$ 5.7172
Congregate Nutrition	180	\$	118,960	\$	14.9413			0.0000	\$	-	\$ (14.9413)
Home Delivered Meals	020	\$	356,881	\$	11.8402	\$	554,911	15.3365	\$	198,030	\$ 3.4963
Adult Day Care	030	\$	39,652	\$	50.0770	\$	10,873	50.1024	\$	(28,779)	\$ 0.0254
Respite, Group	309					\$	3,000	35.0228	\$	3,000	\$ 35.0228
								0.0000	\$	-	\$ -
								0.0000	\$	-	\$ -
								0.0000	\$	-	\$ -
								0.0000	\$	-	\$ -
								0.0000	\$	-	\$ -

#### NC DIVISION OF AGING AND ADULT SERVICES COST OF SERVICES - LABOR DISTRIBUTION SCHEDULE DAAS-732A1

GENCY NAME: State Fiscal Year:	Gaston DHHS SFY 2023-2024									Fiscal Period:	July 2023	through	June 2024				
tate riscai Year:	SFY 2023-2024							SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE
		TOTAL	FTE	FULL TIME	Assigna	ole Al	DMIN.	i		In-Home Aide-Level I - Home	In-Home Aide-Level II -	In-Home Aide-Level		i i		i	
STAFF NAME	POSITION	SALARY	Equivalent	PART TIME	_	S/	ALARY	Transportation (General)	Transportation (Medical)	Management	Personal Care			Home Delivered Meals	Adult Day Care	Respite, Group	0
	Canadinatas	Ć 91 040	0.75	DADT TIME	\$	- 700		ć 45.600	ć 16.537	ć 1.662	ć 14.5C2	¢ 3.000		ć 5.001	ć 2.027	ć 3,000	
	Coordinator Social worker	\$ 81,040 \$ 65,212		PART TIME FULL TIME	\$ 60,			\$ 15,690	\$ 16,527	\$ 1,663 \$ 1,956				\$ 5,601	\$ 2,037	\$ 2,000	
	Social Worker	\$ 58,872		FULL TIME						\$ 1,766							
	Social Worker			FULL TIME						\$ 1,749							
	Supervisor	\$ 58,313		FULL TIME						\$ 1,749							
	SWII	\$ 46,933		FULL TIME						3 3,301	3 33,170	\$ 21,576		\$ 46,933			
	SWII	\$ 45,917		FULL TIME										\$ 45,917			
	Supervisor	\$ 66,281		FULL TIME										\$ 45,917			
	Monitor	\$ 31,706		PART TIME										\$ 15,853			
	Monitor	\$ 32,799		PART TIME													
	Monitor	\$ 30,384		PART TIME										\$ 16,399 \$ 15,192			
	Monitor	\$ 33,088		PART TIME													
	Monitor Monitor	\$ 31,565 \$ 31,706		PART TIME PART TIME										\$ 15,782 \$ 15,853			
	Monitor	\$ 31,706		PART TIME										\$ 15,853			
	Supervisor	\$ 74,144		FULL TIME											\$ 51,901	\$ 22,243	
cccii	Supervisor	y /4,144	1	TOLL TIME		-									3 31,901	22,243	
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				SUBTOTAL FT:			-										
				SUBTOTAL PT:			-	\$ 15,690						\$ 117,623			
				TOTAL	\$ 673,	003 \$	-	\$ 15,690	\$ 16,527	\$ 10,515	\$ 203,235	\$ 72,101	\$ -	\$ 276,754	\$ 53,938	\$ 24,243	\$
				PERCENT FT:	74	32% #[	DIV/0!	0.00%	0.00%	84.18%	92.83%	96.26%	#DIV/0!	57.50%	96.22%	91.75%	#DIV/0

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

DAAS-732A

Provider: Gaston DHHS
County: Gaston
Budget Period: July 2023 through June 2024

Properties   Pro			Service	Service	Service	Service	Service	Service	Service	Service	Service	Service
Register From the Div. of Aging & Adult Sts.   Register From the Div.			Transportation (General)	Transportation (Medical)	In-Home Aide-Level I - Home Management	In-Home Aide-Level II - Personal	In-Home Aide-Level III -	Congregate Nutrition	Home Delivered Meals	Adult Day Care	Respite Group	0
A Fae/State funding From the Dov Aging & Abult Sc.  Regulared Minimum Match - Cash  1 registed Minimum Match - Cash  2 1 registed Minimum Match - Cash  3 134,124	Projected Revenues	Grand Total										#N/Δ
Regarded Minimum Match - Cash  1   regarded minimum Match - Cash 2   5   5   4   5   2,168   5   10,168   5   5,178   5   5,173   5   1,058   5   1,068   5   3,33   1,000    2   5   5   5   5   5   5   5   5   5												
1		7 2,501,210	9 25,460	33,524	7,575	9 313,550	3 270,073	7	9 354,511	2 20,073	9 3,000	7
2) 3) 5 -		S 154.141	\$ 2.163	\$ 10.168	\$ 786	\$ 58.173	\$ 19.653		\$ 61,657	\$ 1,208	\$ 333	
Total Required Minimum Match - Cash Regulared Minimum Match - Nicid   1	2)	S -	-,			+				, ,,,,,,		
Regulared Minimum Match - In-Kind  1	3)	S -										
Regulared Minimum Match - In-Kind  1	Total Required Minimum Match - Cash	S 154.141	S 2.163	S 10.168	\$ 786	S 58.173	S 19.653	s -	\$ 61.657	S 1,208	S 333	S -
S	Required Minimum Match - In-Kind											
Tabla Register Minimum Match - In-Kind	1)	S -										
Total Required Minimum Match - In-Xind  5	2)	\$ -										
B. Total Required Minimum Match (cash + in-kind) C. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match (cash + in-kind) S. Subtosit, Feddistable Required Minimum Match	3)	\$ -										
C. Subtotal, Fed.State/Required Match Revenues D. NSIP Cash Daily/Commodify Valuation E. OAA Title V Worker Wages, Fringe Benefits and Costs Local Cash, Non-Match    Committee   Committe	Total Required Minimum Match - In-Kind	\$ -	S -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
D. NSP CASH Subsidy/Commodity Valuation  E. OAT Hist Writer Wages, Fringe Benefits and Cost  LOCAL Titles Writer Wages, Fringe Benefits and Cost  E. OAT Hist Writer Wages, Fringe Benefits and Cost  E. OAT Hist Writer Wages, Fringe Benefits and Cost  E. OAT Hist Writer Writer, Fringe Benefits and Cost  E. OAT HIST Writer Writer, Fringe Benefits and Cost  E. OAT HIST Writer Writer, Fringe Benefits and Cost  E. OAT HIST Writer Writer, Fringe Benefits and Cost  E. OAT HIST Writer, Writer, Fringe Benefits and Cost  E. OAT HIST Writer, Write	B. Total Required Minimum Match (cash + in-kind)	\$ 154,141	\$ 2,163	\$ 10,168	\$ 786	\$ 58,173	\$ 19,653	\$ -	\$ 61,657	\$ 1,208	\$ 333	\$ -
E CAAT He V Worker Wages, Fringe Benefits and Cost   Coal Cash, Non-Match   Coal Cash, Non-	C. Subtotal, Fed/State/Required Match Revenues	\$ 1,541,419	\$ 21,631	\$ 101,682	\$ 7,861	\$ 581,731	\$ 196,532	\$ -	\$ 616,568	\$ 12,081	\$ 3,333	\$ -
Local Cash, Non-Match    1	D. NSIP Cash Subsidy/Commodity Valuation	\$ 54,018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 54,018	\$ -	\$ -	\$ -
1	E. OAA Title V Worker Wages, Fringe Benefits and Costs	Ş -										
2   S   S   S   S   S   S   S   S   S	Local Cash, Non-Match											
S	1) county general fund	\$ 370,090		\$ 2,790	\$ 10,558	\$ 76,851	\$ 51,660		\$ 150,883	\$ 53,233	\$ 24,115	
4) 5	2)	\$ -										
F. Subtotal, Local Cash, Non-Match  S 370,000 S S S 2,700 S 10,558 S 76,851 S 51,660 S S 150,883 S 53,223 S 24,115 S  Other Revenues, Non-Match  1 domaintors 3 S S S S S S S S S S S S S S S S S S S	3)	Ş -										
Other Revenues, Nor-Match  1 journalists 2 j	4)											
1) denations   S		\$ 370,090	\$ -	\$ 2,790	\$ 10,558	\$ 76,851	\$ 51,660	\$ -	\$ 150,883	\$ 53,233	\$ 24,115	\$ -
2) 3) 5 -												
G. Subtotal, Other Revenues, Non-Match Local In-Kind Resources (Includes Volunteer Resources)  1) Volunteer Hours (@24 19/hr) 2) 5 71,955	1) donations	\$ -										
G. Subtotal, Other Revenues, Non-Match   S	2)	\$ -										
Local In-Kind Resources (Includes Volunteer Resources)         S         271,955         S         C         S         264,118         S         7,837         S         S         C         S         264,118         S         7,837         S         S         C	3)	\$ -										
1) Volunteer Hours (@2419/hr)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2) S - S - S - S - S - S - S - S - S - S												
3) 5 - 1 - 271,955 \$ - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	<ol> <li>Volunteer Hours (@24.19/hr)</li> </ol>	\$ 271,955							\$ 264,118	\$ 7,837		
H. Subtotal, Local In-kind Resources, Non-Match 5 271,955 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2)	\$ -										
l. Client Cost Sharing \$ 9,202 \$ 152 \$ 250 \$ 400 \$ 2,500 \$ 1,000 \$ 5 4,000 \$ 750 \$ 150	3)											
				9				\$ -				\$ -
J. Total Projected Revenues (Sum J.C.D.E.F.,G.H., & I)   \$ 2,245,684   \$ 21,783   \$ 104,722   \$ 18,819   \$ 661,082   \$ 249,192   \$ -   \$ 1,089,587   \$ 73,901   \$ 27,598   \$ -												
	J. Total Projected Revenues (Sum I.C,D,E,F,G,H, & I)	\$ 2,246,684	\$ 21,783	\$ 104,722	\$ 18,819	\$ 661,082	\$ 249,192	\$ -	\$ 1,089,587	\$ 73,901	\$ 27,598	\$ -

Division of Aging and Adult Services												
Service Cost Computation Worksheet												
Service cost computation worksheet			Service	Service	Service	Service	Service	Service	Service	Service	Service	Service
	Grand	Admin.	Transportation (General)	Transportation (Medical)	In-Home Aide-Level I - Home Management	In-Home Aide-Level II - Personal Care	In-Home Aide-Level III - Personal Care		Home Delivered Meals	Adult Day Care	Respite, Group	0
II. Line Item Expenses	Total	Cost	250	033	041	042	045	180	020	030	309	#N/A
Staff Salary From Labor Distribution Schedule												
Full-time Staff (do not include Title V workers)	\$ 500,201	\$ -		\$ -	\$ 8,852	\$ 188,672	\$ 69,402	\$ -	\$ 159,131	\$ 51,901	\$ 22,243	\$ -
Part-time staff (do not include Title V workers)	\$ 172,802	\$ -	\$ 15,690	\$ 16,527	\$ 1,663	\$ 14,563	\$ 2,699	\$ -	\$ 117,623	\$ 2,037	\$ 2,000	\$ -
A. Subtotal, Staff Salary	\$ 673,003	\$ -	\$ 15,690	\$ 16,527	\$ 10,515	\$ 203,235	\$ 72,101	\$ -	\$ 276,754	\$ 53,938	\$ 24,243	\$ -
Fringe Benefits												
1) FICA @ 7.65 %	\$ 51,485	\$ -	\$ 1,200	\$ 1,264	\$ 804	\$ 15,547	\$ 5,516	\$ -	\$ 21,172	\$ 4,126	\$ 1,855	\$ -
2) Health Insurance	\$ -											
3) Retirement	\$ -											
Unemployment Insurance	\$ -											
5) Worker's Compensation	\$ -											
6) Other	\$ 9,615								\$ 9,615			
B. Subtotal, Fringe Benefits	\$ 61,100	S -	\$ 1,200	\$ 1,264	\$ 804	\$ 15,547	\$ 5,516	\$ -	\$ 30,787	\$ 4,126	\$ 1,855	\$ -
Local In-Kind Resources Non-Match												
1) volunteers	\$ 271,955								\$ 264,118	\$ 7,837		
2)	\$ -											
3)	\$ -											
C. Subtotal, Local In-Kind Resources Non-Match	\$ 271,955	\$ -	S -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 264,118	\$ 7,837	\$ -	\$ -
D. OAA Title V Worker Wages, Fringe Benefits and Costs	\$ -											
Travel												
1) Per Diem	S -											
2) Mileage Reimbursement	\$ 4,500								\$ 4,500			
3) Other Travel Cost	S -								, , , , , , , , , , , , , , , , , , , ,			
E. Subtotal, Travel	\$ 4,500	S -	s -	S -	s -	s -	s -	s -	\$ 4,500	s -	S -	S -
General Operating Expenses												
service contracts	S 713.197		S 4.891	S 86.931	\$ 7,500	\$ 442.300	S 171.575					
2) rent, utilities, supplies	\$ 3,680		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	2,0.0		\$ 3,680			
3) ARMS cost	\$ 320								\$ 320			
postage, dues, subscriptions	\$ 192								\$ 192			
5) advertizing	\$ -											
program supplies	\$ 832								\$ 832			·
7) caterer	\$ 518,766								\$ 509,266	\$ 8,000	\$ 1,500	
8) balance	S (861)								\$ (861)	, ,,,,,		
F. Subtotal, General Operating Expenses	\$ 1,236,126	s -	S 4.891	S 86.931	\$ 7.500	\$ 442,300	S 171.575	s -	\$ 513,429	\$ 8,000	S 1.500	S -
G. Subtotal, Other Administrative Cost Not Allocated in			4,052		7,500		2.1,575			3,000	2,300	
Lines II.A through E	s -											
H. Total Proj. Expenses Prior to Admin. Distribution	\$ 2,246,684	s -	\$ 21,781	\$ 104,722	\$ 18.819	\$ 661,082	\$ 249,192	s -	\$ 1,089,588	\$ 73,901	\$ 27,598	s -
I. Distribution of Admininistrative Cost	\$ (1)		\$ (2)				\$ (0)					
J. Total Proj. Expenses After Admin. Distribution	\$ 2,246,684		\$ 21.783							\$ 73,901		
Expenses rates ramms biomoditori	- 2,240,304		21,705	104,722	10,013	301,002	2-70,102		1,000,007	. 3,301	2.,000	•

vices Must Equal Services Must Equal

		Service	Service	Service	Service	Service	Service	Service	Service	Service	Service
	Grand	Transportation (General)	Transportation (Medical)	ome Aide-Level I - Home Manager	Home Aide-Level II - Personal C	me Aide-Level III - Persona	Congregate Nutrition	Home Delivered Meals	Adult Day Care	Respite, Group	0
III. Computation of Rates	Total	250	033	041	042	045	180	020	030	309	#N/A
A. Computation of Unit Cost Rate:											
Total Expenses (equals line II.J)	\$ 2,246,684	\$ 21,783	\$ 104,722	\$ 18,819	\$ 661,082	\$ 249,192	\$ -	\$ 1,089,587	\$ 73,901	\$ 27,598	\$ -
Total Projected Units		1,560	6,130	570	18,823	6,523		67,523	1,475	788	
Total Unit Cost Rate		\$ 13.9635	\$ 17.0835	\$ 33.0158	\$ 35.1210	\$ 38.2021	\$ -	\$ 16.1365	\$ 50.1024	\$ 35.0223	\$ -
B. Computation of Reimbursement Rate:											
Total Revenues (equals line I.J)	\$ 2,246,684	\$ 21,783	\$ 104,722	\$ 18,819	\$ 661,082	\$ 249,192	\$ -	\$ 1,089,587	\$ 73,901	\$ 27,598	\$ -
2. Less: NSIP (equals line I.D)	\$ 54,018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 54,018	\$ -	\$ -	\$ -
Title V (equals line I.E less II.D)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non Match In-Kind (equals line I.H less II.C)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<ol><li>Revenues Subject to Unit Reimbursement</li></ol>	\$ 2,192,666	\$ 21,783	\$ 104,722	\$ 18,819	\$ 661,082	\$ 249,192	\$ -	\$ 1,035,569	\$ 73,901	\$ 27,598	\$ -
<ol> <li>Total Projected Units (equals line III.A.2)</li> </ol>		1,560	6,130	570	18,823	6,523		67,523	1,475	788	
<ol><li>Total Reimbursement Rate</li></ol>		\$ 13.9635	\$ 17.0835	\$ 33.0158	\$ 35.1210	\$ 38.2021	\$ -	\$ 15.3365	\$ 50.1024	\$ 35.0228	\$ -
C. Units Reimbursed Through HCCBG		1,549	5,952	238	16,564	5,145		40,203	241	95	
D. Units Reimbursed Through Program Income*		11	15	12	71	26		261	15	4	-
E. Units Reimbursed Through Remaining Revenues		-	163	320	2,188	1,352		27,060	1,219	689	-
F. Total Units Reimbursed/Total Projected Units		1,560	6,130	570	18,823	6,523	-	67,523	1,475	788	-

\* The Division of Aging ARMS deducts reported program income from reimbursement paid to providers. Line III.D indicates the number of units that will have to be produced in addition to those stated on line III.C in order to earn the net revenues stated on line II.

#### Certification:

I certify to the best of my knowledge and belief that the information included in the cost computation above is accurate and complies with all laws and regulations. I also understand that material deviations in reported cost information could limit funding, and also result in return of funds if the error or omission results in a higher than actual reported cost.

Authorized Cignature	Title	Date

Information on this form (DAAS-732A) corresponds with information stated on the Provider Services Summary (DAAS-732) as follows:

| DAS-732 | DAS-

					Hon	ne and	Commu	nity	Care Block	Gı	rant for Ol	der Adults					
Gaston DHHS														DAAS-732			
				•			Coun	ty F	unding Pl	an				County:	Gaston		
330 Dr. Martin Luther King Jr. Way								-					Budge	t Period:	July 2023	through	June 2024
Gastonia, NC 28052						Р	rovider S	erv	rices Sumr	mar	у			Revision #:		Date:	
					A				В		С	D	Е	F	G	Н	I
	Serv.	Delivery															
	(Chea	ck One)		Block Gra	ant Fun	ding			Required	١.,	~ .			Projected	Projected	Projected	
					0.1		- T		Local	N	et Service	NSIP	Total	HCCBG	Reimburse	HCCBG	Projected
Services	Direct	Purchase	Access	In-Home	Oth	ner	Total		Match	Φ	Cost	Subsidy	Funding	Units	Rate	Clients	Total Units
Transportation (General)	X	-	\$ 19,468	\$ -	\$	-	\$ 19,46	_	\$ 2,163	\$	21,631	\$ -	\$ 21,631	1,549	\$ 13.9635	120	1,560
Transportation (Medical)	X	37	\$ 91,514	\$ -	\$	-	\$ 91,51		\$ 10,168	\$	101,682	\$ -	\$ 101,682		\$ 17.0835	280	6,130
In-Home Aide-Level I - Home Management		X	\$ -	-	\$	-	\$ 7,07		\$ 786 \$ 58,173	\$	7,861	\$ -	\$ 7,861	238	<del> </del>	12	570
In-Home Aide-Level II - Personal Care		X	\$ -	\$ 523,558		-	\$ 523,55	_		\$	581,731	\$ -	\$ 581,731	16,564	\$ 35.1210	175 30	18,823
In-Home Aide-Level III - Personal Care		X	\$ -		\$	-	\$ 176,87	-	\$ 19,653	\$	196,532	\$ -	\$ 196,532	5,145	+	30	6,523
Congregate Nutrition  Home Delivered Meals		X	\$ -	\$ - \$ 554,911	\$	-	\$ - \$ 554,91		\$ - \$ 61,657	\$	616,568	\$ - \$ 54,018	\$ - \$ 670,586	40,203	\$ - \$ 15.3365	450	67,523
	v	X	\$ -	-	\$	-		_	-	_						51	1,475
Adult Day Care	X	-	\$ -			-		_	\$ 1,208 \$333	\$	12,081	\$ -	\$ 12,081	241	\$ 50.1024	12	788
Respite, Group		-	\$ -		\$	-	\$ 3,00	-		\$	3,333	\$ -	\$ 3,333	95		12	
0		+	\$ - \$ -	\$ - \$ -	\$	-	\$ - \$ -	-	\$ - \$ -	\$	-	\$ - \$ -	\$ - \$ -	+ -	\$ - \$ -		-
0		+	\$ -	\$ -	\$	-	\$ -	_	\$ -	\$		\$ -	\$ -	+ -	\$ -		-
0		+	\$ -	\$ -	\$	-	\$ -	-+	\$ -	\$		\$ -	\$ -	+ -	\$ -		-
0		1	\$ -	\$ -	\$	-	\$ -	-+	\$ -	\$	-	\$ -	\$ -	<u> </u>	\$ -		-
0			φ -	φ -	φ	-	<b>Ф</b> -	+	<b>ў</b> -	φ	-	φ -	φ -	-	<b>5</b> -		-
Total			\$ 110,982	\$1,276,296	\$	_	\$1,387,27	18	\$ 154,141	\$	1,541,419	\$ 54,018	\$1,595,437	69,986		1,130	103,392
Total			ψ 110,702	\$1,270,290	Ψ		\$1,367,2	0	ψ 13 1,1 11	Ψ	1,5 11, 117	Ψ 31,010	ψ1,373,137	07,700		1,130	103,372
					Certifi	cation	of require	d m	inimum loca	al m	natch availa	bility.					
									be expended			•	Authorized	Signature, Tit	le		Date
					-		Grant Fund		•			J		Service Prov			
								Θ.					,				
					Signat	ure, C	ounty Fina	nce	Officer		D	ate	Signature, C	hairman, Boa	ard of Comm	issioners	Date
					-		-										

# Home and Community Care Block Grant for Older Adults Outreach Methodology

July 2023 through June 2024

# **Outreach Methodology to Address the Service Needs of Target Population**

Community Service Provider:	Gaston DHHS
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. 10.7% of Gaston County's 65+ population are below 100% of poverty level and an additional 25.7% are within 100%-199% of poverty level. According to 2020 census data, 23% of Gaston County population are age 60+ and 13.9% of Gaston County's population are minority. Between January 1, 2021 and December 31, 2021, the Department reached this target population as evidenced below:

	Minority	At/Below Poverty Level
Transportation	19%	29%
In-Home Aide	23%	23%
Congregate Meals	18%	66%
Home Delivered Meals	36%	62%

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 2023 through June 2024

# 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 (DAAS-733)</u>.
- 3. 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.
- 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.
- 6. 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 <a href="">"State Grant Certification of No Overdue Tax Debts."</a>
  - 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 <a href="https://www.ncdhhs.gov/about/administrative-offices/office-controller/records-retention">https://www.ncdhhs.gov/about/administrative-offices/office-controller/records-retention</a> 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 <a href="https://archives.ncdcr.gov/government/local">https://archives.ncdcr.gov/government/local</a>

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 reconstructed.

(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 inhome 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:	

(Please return this 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.
- 12. 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)	ОК	-
Transportation (Medical)	OK	-
In-Home Aide-Level I - Home Management	OK	-
In-Home Aide-Level II - Personal Care	OK	-
In-Home Aide-Level III - Personal Care	OK	-
Congregate Nutrition	OK	-
Home Delivered Meals	OK	-
Adult Day Care	OK	-
Respite, Group	OK	-
(	O OK	-
(	O OK	-
(	О ОК	-
(	O OK	-
	O OK	_

732A1 Labor Distribution Schedule Comparison of Assignable Salary To Overall Salary Entered

Total Assignable Salary and Cumulative Salary total for So

0 \$