



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Social Services Division

Board Action

File #: 19-338

Commissioner Chad Brown - DHHS (Social Services Division) - To Accept and Appropriate Additional FY2019-2020 Home and Community Care Block Grant Funding (HCCBG) for the Nutrition Services Incentives Program (NSIP) in the Amount of \$47,193

STAFF CONTACT

Angela Karchmer - DHHS - Social Services Division - 704-862-7930

BUDGET IMPACT

Appropriate Federal revenues. No additional County funds.

BUDGET ORDINANCE IMPACT

Increase Federal revenues by \$47,193 and appropriate \$47,193 into Nutrition Program account.

BACKGROUND

Gaston County has been approved to receive \$1,162,552 in Home and Community Care Block Grant funding for FY2019-2020 to provide support services to older adults. Included in this funding plan are Nutrition Services Incentive Program funds. These are 100% federal USDA funds, therefore, they are listed as a separate funding source on the plan. We recently received notification that the County will receive an additional allocation of \$47,193 of NSIP funding for meal costs for the Congregate Meal Sites and Home Delivered Meals programs. We are requesting to appropriate this additional funding into the FY2019-2020 budget. No additional County funds required.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request and Revised FY2019-2020 HCCBG Funding Plan

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	CBrown	JBrown	AFraley	BHovis	TKelgher	TPimbeck	RWorley	Vote
2019-227	08/27/2019	CB	AF	A	A	A	A	A	A	A	U

DISTRIBUTION:

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim Eagle COUNTY MANAGER

FROM: 5600 DHHS- Social Services
Dept. # Department Name

Chris Dobbins 8/7/2019
Department Director's Name Date

TYPE OF REQUEST:

☐ Line Item Transfer Within Department & Fund

☐ Line Item Transfer Between Funds *

☐ Project Transfer Within Department & Fund

☒ Additional Appropriation of Funds *

☐ Line Item Transfer Between Departments*

* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER	PROJECT xxxxxx	AMOUNT
	Fund - Function - Dept - Division - Object		Whole Dollars Only
	xxx - xx - xxxx - xxxx - xxxxx		(See Note Below)
Comm Food Subsidy	020-05-5622-0000-425017-		(47,193)
Nutrition- Other Services	020-05-5622-0000-530015-		47,193

JUSTIFICATION FOR REQUEST:

Gaston County has been approved to receive \$1,162,552 in Home and Community Care Block Grant funding for FY2019-2020 to provide support services to older adults. Included in this funding plan are Nutrition Services Incentive Program funds. These are 100% federal USDA funds, therefore, they are listed as a separate funding source on the plan. We recently received notification that the County will receive an additional allocation of \$47,193 of NSIP funding for meal costs for the Congregate Meal Sites and Home Delivered Meals programs. We are requesting to appropriate this additional funding into the FY2019-2020 budget. No additional County funds required.

Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.

Gaston DHHS

330 Dr. Martin Luther King Jr. Way
Gastonia, NC 28052

DAAS-732

County: **Gaston**

Budget Period: **July 2019 through June 2020**

Revision #: **Date:**

Home and Community Care Block Grant for Older Adults

County Funding Plan

Provider Services Summary

Services	Serv. Delivery		Block Grant Funding					Required Local Match	Net Service Cost	NSIP Subsidy	Total Funding	Projected HCCBG Units	Projected Reimburse Rate*	Projected HCCBG Clients	Projected Total Units
	(Check One)		Access	In-Home		Other	Total								
	Direct	Purch													
Transportation (General)	X		\$ 34,876	\$ -	\$ -	\$ -	\$ 34,876	\$ 3,875	\$ 38,751	\$ -	\$ 38,751	3,340	\$ 11,6021	120	3,340
Transportation (Medical)	X		\$ 81,379	\$ -	\$ -	\$ -	\$ 81,379	\$ 9,042	\$ 90,421	\$ -	\$ 90,421	7,450	\$ 12,1370	200	7,450
In-Home Aide-Level I - Home Management		X	\$ -	\$ 23,251	\$ -	\$ -	\$ 23,251	\$ 2,583	\$ 25,834	\$ -	\$ 25,834	1,454	\$ 17,7719	12	1,675
In-Home Aide-Level II - Personal Care		X	\$ -	\$ 453,395	\$ -	\$ -	\$ 453,395	\$ 50,377	\$ 503,772	\$ -	\$ 503,772	21,240	\$ 23,7183	158	33,183
In-Home Aide-Level III - Personal Care		X	\$ -	\$ 162,757	\$ -	\$ -	\$ 162,757	\$ 18,084	\$ 180,841	\$ -	\$ 180,841	6,574	\$ 27,5100	54	9,280
Congregate Nutrition	X		\$ -	\$ -	\$ 93,004	\$ -	\$ 93,004	\$ 10,334	\$ 103,338	\$ 34,875	\$ 138,213	8,541	\$ 12,0997	150	30,442
Home Delivered Meals	X		\$ -	\$ 279,013	\$ -	\$ -	\$ 279,013	\$ 31,001	\$ 310,014	\$ 57,318	\$ 367,332	31,965	\$ 9,6984	450	49,191
Adult Day Care	X		\$ -	\$ 34,877	\$ -	\$ -	\$ 34,877	\$ 3,875	\$ 38,752	\$ -	\$ 38,752	1,107	\$ 35,0217	51	3,092
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	-
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	-
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	-
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	-
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	-
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	-
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	-
Total			\$ 116,255	\$ 953,293	\$ 93,004	\$ 1,162,552	\$ 129,171	\$ 1,291,723	\$ 92,193	\$ 1,383,916	81,670	1,195		137,653	

* Adult Day Care & Adult Day Health Care Proj. Service Cost/Rate

ADC	ADHC
Daily Care \$33.07	\$ 40.00
Administrative \$ 1.95	

Proj. Reimbursement Rate \$35.02	\$ 40.00
Administrative % 5.90%	0.00%

Certification of required minimum local match availability.
Required local match will be expended simultaneously with Block Grant Funding

[Signature] **County Finance Officer** Date: **8/27/19**

Authorized Signature, Title
[Signature] **Community Service Provider** Date: **8/27/19**

[Signature] **Signature, Chairman, Board of Commissioners** Date: **8/27/19**

[Signature] **Clerk to the Board** Date: **8/27/19**