

## HOME AND COMMUNITY CARE BLOCK GRANT SERVICE PROPOSAL INFORMATION/INSTRUCTIONS

- I. In submitting a proposal to provide Home and Community Care Block Grant (HCCBG) services, the service agency guarantees adherence to all policies, rules, and guidelines of the Older Americans Act of 1965, as amended; all current and future policies, rules, and guidelines of the NC Division of Aging and Adult Services, including those described in the HCCBG Policies and Procedures Manual and the NC Division of Aging and Adult Service Standards for the services being proposed. The service agency will maintain a copy of the HCCBG Policies and Procedures Manual and the NC Division of Aging and Adult Service Standards in its offices if the service funding is awarded to the agency.

Copies of these materials are available from the Albemarle Commission Area Agency on Aging at 252-426-8244.

- II. The service area will be **Camden, Chowan, Currituck, Gates, Hyde, Pasquotank, Perquimans, Tyrrell & Washington** Counties, North Carolina.
- III. The contractual period for service provision will be **July 1, 2024 through June 30, 2027**. The budget will be developed for the first 12-month funding cycle. Prior to the end of the first service year (July 1, 2024 – June 30, 2025), the Area Agency on Aging and the HCCBG Planning Committee will make a recommendation to county commissioners that the grantee continue to provide the second and third year of service based upon a satisfactory assessment conducted by the Area Agency on Aging and the availability of funds. The provider will submit the required forms (DOA 732, 732A, 732A1, 733, and 734) for the next service year to the Area Agency on Aging, on a date to be determined by the Area Agency on Aging.
- IV. The funds listed are based on funds allocated during Fiscal Year 2023-2024. Fund distributions are based on availability of Federal, State and Local resources. These amounts are subject to change prior to award.

County	Service Name	Federal/State Funding	Local Match	Total Funding
Camden	IHA Level II, III	\$44,835	\$4,981	\$49,816
Chowan	IHA Level I, II, III	\$80,015	\$8,891	\$88,906
Currituck	IHA Level I, II, III	\$77,996	\$8,667	\$86,663
Gates	IHA Level I, II, III	\$56,731	\$6,303	\$63,034
Hyde	IHA Level II (PC/ HM)	\$40,687	\$4,520	\$45,207
Pasquotank	IHA Level II, III	\$100,037	\$11,115	\$111,152
Perquimans	IHA Level I, II	\$77,879	\$8,653	\$86,532
Tyrrell	IHA Level I, II	\$52,224	\$5,803	\$58,027
Washington	IHA Level I, II	\$23,747	\$2,639	\$26,386

Payments to providers are made monthly on a reimbursement basis by Albemarle Commission Area Agency on Aging (ACAAA). Providers are reimbursed 90% of the cost (calculated as number units x unit cost) of services, minus the amount of any cost sharing revenue collected by the agency.

The amount available for reimbursement may increase or decrease due to changes in budget appropriations at the federal or state level. Provider agencies will receive notice of these changes from the Area Agency on Aging and /or County.

- V. A 10% cash or in-kind match must be provided by the provider agency or county, and must be expended at the same time the contract funds are expended.
- VI. Agencies will complete forms DAAS 732, 732A, 732A1, 733, and 734. Instructions for completing these forms are included in the proposal packet.
- VII. The ARMS user fee for providers is \$.17 per record (a record = all units submitted in a given month for a given client). The cost of the ARMS user fee will be included as an expense on the Unit Cost Development Worksheet.
- VIII. Unit rates will be determined on the basis of total service cost (federal, state and local match).
- IX. Agencies will complete form DAAS 733, describing the agency's methodology to address service needs of low-income minority elderly.

The AAA expects service providers to serve minority elderly in proportions equal to or greater than the proportion of the county population they comprise.

- X. Non-government organizations that perform as service authorizing agencies through grants or contracts with AAA's shall maintain fidelity bonding. Fidelity bonding indemnifies the grantee/contractor against losses resulting from fraud or lack of fidelity of persons in a position of trust within the organization.
- XI. Subcontracting – The HCCBG Grantee/Service Provider shall not subcontract any of the work contemplated without prior written approval from the Area Agency on Aging Director. Any approved subcontract shall be subject to HCCBG Service Standards for the service being provided. The Grantee/Service Provider shall be responsible for the performance and monitoring of all of its subcontractors. Subcontracts must include at a minimum the full scope of work, deliverables and appropriate references to service standard requirements.
- XI. General Audit Requirements  
All public, non-profit, and for-profit grantees/contractors or subgrantees/  
subcontractors who receive funding through the Home and Community Block Grant are subject to *Financial Reporting Requirements as Defined by General Statute 143-6.2*

Grantees that have federal revenue in the amount of \$500,000 or more are required to have a single audit. A copy of the audit must be sent to the Area Agency on Aging within six months from the end of the grantee's fiscal year. Grantees that have federal revenue under \$500,000 must complete forms from the NC State Audits Office within six months of the end of the grantee's fiscal year. The Area Agency on Aging will provide the forms to the grantee. Grantees that do not turn in audit requirements within the required time frame will forfeit the opportunity for renewal of the grant.

- XII. All MIS data required for reimbursement must be transmitted by the service provider, via internet, to the NC Division of Aging and Adult Services, by 5:00 p.m. on the 11th day of the month following the service month.

Appropriate provider agency staff will be trained by the AAA staff in method(s) of data collection and transmission.

- XIII. In submitting this proposal, the service agency certifies that they will authorize service to clients determined eligible under eligibility guidelines described in the HCCBG Manual and applicable Service Standards. If the agency subcontracts for service provision, the agency will retain these service authorization responsibilities.

- XIV. The AAA reserves the right to negotiate specific terms contained within each proposal, as well as the right to request additional information from the proposer(s) at any time during the proposal review process.

The AAA reserves the right to accept or reject any or all proposals in whole or in part. The response time may be extended if proposals are rejected and additional advertisements for proposals must be made.

All proposals submitted will become public information immediately after opening. Further, any correspondence between the AAA and the proposer(s) becomes public record/information.

- XV. The proposal(s) will be evaluated by the AAA Director and AAA Aging Program and Contract Specialist who will make a recommendation to the County Board of Commissioners. The County Commissioners shall have final power over the decision for service provision.

**The proposal(s) will be evaluated on:**

1. Unit cost/ rate
2. Proposer's qualifications to provide the service(s)
3. Proposal's capacity and demonstrated ability to increase resources for service provision to older adults.

4. Completeness and accuracy of proposal

5. Minority, female and/or handicapped business status whereby priority will be given according to this status if all aspects including price are determined by the Advisory Committee to be equal with such status indicated by the following criteria:

- 51% of the governing board of a private-not-for-profit agency are minority, female, or handicapped; or
- 51% of the stock of a private-for-profit company is controlled by minority, female, or handicapped interest or a partnership exists which is at least 50% owned by such interests as specified above.

XVI. Successful and unsuccessful agencies will be notified by the Area Agency on Aging Director of the recommendation from the AAA. The decision of the County Commissioners in designating service providers shall be final.

**XVII. Each agency will prepare one original of their proposal and one copy. Return the original and copy to the Albemarle Commission Area Agency on Aging by 5:00 p.m. on Friday, April 12, 2024. Proposals postmarked on that date, but not received by the AAA will not be considered. Please note that sealed bids must be submitted in a sealed envelope or box and marked "Sealed Bid."**

The completed proposal will consist of:

- I. Narrative Responses
- II. Forms DOA 732, 732A, 732A1, 733, and 734.

**SFY 2025-2027  
HOME AND COMMUNITY CARE BLOCK GRANT SERVICES  
FUNDING PROPOSAL**

**AGENCY NAME:** \_\_\_\_\_

**AGENCY DIRECTOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PERSON PREPARING APPLICATION:** \_\_\_\_\_

**COUNTY TO BE SERVED:** *Please complete a different proposal for each county you intent to bid on.*

**Camden  
Chowan  
Currituck**

**Gates  
Hyde  
Pasquotank**

**Perquimans  
Tyrrell  
Washington**

**I - NARRATIVE**

**1. Organizational Capability Statement:**

A. Describe the purpose and brief history of your organization. Include your mission statement if developed. Cite any accreditations your agency has achieved which are related to the service(s).  
**Licensed Home Care Agencies – Please attach a copy of the agency license**

B. Describe your organization's facilities and resources and their adequacy to carry out the tasks of the proposed program.

- C. Describe your organization's technological capacities, including presence and types of computers, printers, software, etc. used on a regular basis. Also describe staff's competence with computers, software, and modems.

**2. Experience:**

- A. Describe your organization's knowledge and experience in providing the service(s) proposed:

- B. Has your agency previously provided this service? If so, provide details of when, what funding sources were used and other related details.

- C. If this service was provided using HCCBG funds during the past five years, did the agency:

- 1. At any time terminate service to clients before the end of the fiscal year? If yes, when and how long was service terminated? What were the reasons for terminating service?

- 2. If the service was not officially terminated, were there any times when no clients were served or when the service was inactive? If yes, what were the reasons?

**3. Staffing**

- A. List key staff, by position name, with responsibilities for the service delivery component of proposed service, and describe the responsibilities of each. List any special skills, education or training.

- B. List the qualifications of key administrative staff to be assigned responsibility to this program. (Executive Director, Program Administrator, Fiscal Officer, Project Director.) Use the space provided or attach resumes.
  
  
  
  
  
  
  
  
  
  
- C. Please describe the organization's current staffing capacity for each county that you are applying for. Please include how many aides you currently have in that county and how many clients you can potentially serve with existing staff.

**5. Service Implementation:**

- A. Describe how this service would be provided. Include information as to the hours and days service is available.
  
  
  
  
  
  
  
  
  
  
- B. Describe back-up arrangements when regular staff and/or volunteers are unavailable in order to ensure consistent service delivery.
  
  
  
  
  
  
  
  
  
  
- C. Describe your intake procedures when referrals are made for the service. Include information on the follow-up, time frame to make client contact, informing the referral source of the action taken, waiting list status, etc., and assisting clients in taking advantage of benefits under other

programs. Attach appropriate forms.

- D. How will your agency determine service priority for clients, particularly in the case of waiting lists?

**6. Weather-Related Emergencies:**

- A. Explain how you will, where feasible and appropriate, make arrangements for the availability of services to older person in weather-related emergencies.

- B. Beyond making efforts to provide the service in weather-related emergencies, how will you reach out to frail clients before and/or after emergencies to insure their well-being?

**7. Community Awareness:**

- A. Describe the method(s) of increasing community knowledge about the service(s).

**8. Program Evaluation:**



- A. Describe the results you expect to help clients achieve through provision of the service. How will you measure your success in helping the clients achieve these results?

**9. Transition Plan:**

- A. If you are not currently providing this service include information on how you would transition from the current provider to your agency, causing as little disruption for clients as possible.

**10. Consumer Contributions and Resource Development:**

- A. Describe how your agency implements or will implement the Consumer Contributions and Procedures Policy. Include a description of the process for collecting cost-sharing revenues as well as how services will be expanded through cost-sharing income.
  
- B. Describe your agency's strategy for expanding services in the event there is an increase in funding.
  
- C. Describe your agency's strategy for increasing service resources on your own, such as through fundraising, grant writing, volunteer development, etc.

**II. MINORITY, FEMALE, AND/OR HANDICAPPED CONTROLLED BUSINESS/AGENCY**

Is this a minority, female, and/or handicapped controlled business/agency?\* \_\_\_\_\_ YES \_\_\_\_\_ NO

\*If private-for-profit, at least 51% of the stock is controlled by minority, female and/or handicapped interest or a partnership exists which is at least 50% owned by these interests.  
If private-non-profit, 51% of the board of the governing body are minority, female, and/or handicapped persons.

**III. BUDGET INFORMATION**

Complete the attached forms DOA 732, 732-A, 732A1, 733, 734 and 734 In Home Clients Rights . Instructions for completing these forms are included. If there are questions, call the Area Agency on Aging at (252) 426-8244.

**IV. AUDIT OR ACCOUNTANT’S OPINION**

Submit as an attachment one copy of the most recent company/agency audit or accountant’s opinion of the fiscal operations, if available.

**V. CERTIFIED ASSURANCES AND AVAILABILITY OF DOCUMENTS**

The undersigned hereby gives full assurance that the following documents will be maintained in the administrative offices of the applicant in such a manner as to ensure ready availability for inspection by the Albemarle Commission Area Agency on Aging at any time during the program period.

- 1) North Carolina Home and Community Care Block Grant Policy and Procedures Manual, Complete Service Standards
- 2) Corporate/Agency By-Laws
- 3) Agency Personnel Policies and Procedures Manual
- 4) Equal Opportunity Employment Statement
- 5) Assurance of Compliance with the Department of Health and Human Service regulations under Title VI of the Civil Rights Act of 1964.
- 6) Affirmative Action Plan
- 7) Copy of current home care license
- 8) Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973
- 9) Interagency Agreements
- 10) Assurance of Compliance with Americans with Disabilities Act

\_\_\_\_\_  
Executive Director / CEO

\_\_\_\_\_  
Date

**Standard Assurance To Comply with Older Americans Act  
Requirements Regarding Client 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).

Client 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 well-being 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: \_\_\_\_\_

Name of Agency Administrator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(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 your 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.

**July 1, 2024 through June 30, 2025**  
**Home and Community Care Block Grant for Older Adults**  
**Community Service Provider**  
**Standard Assurances**

Community Service Provider \_\_\_\_\_  
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
  - 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.

2. 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 older adults will be addressed in the manner specified on the Outreach Methodology to Address Service Needs of Target Population (DAAS-733).
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. Determination of the amount of services to be received by the client
  - e. Review of 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 subcontracted 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.
7. 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).
9. 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 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 Aging and Adult 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 schedules 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 agency schedules posted at <https://archives.ncdcr.gov/government/local> by the NC Department of Natural and Cultural Resources.

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)

**Home and Community Care Block Grant for Older Adults**  
**County Funding Plan – Outreach Methodology**  
**July 1, \_\_\_\_ through June 30, \_\_\_\_**  
**Outreach Methodology to Address the Service Needs of Target Population**

Community Service Provider \_\_\_\_\_

County \_\_\_\_\_

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 the 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.

Outreach Methodology:



## INSTRUCTIONS FOR LABOR DISTRIBUTION SCHEDULE DAAS-732A1

The Labor Distribution Schedule is the primary attachment that accompanies the Service Cost Computation Sheet (DAAS FORM 732A). The Labor Distribution Schedule should be completed as the first step in computing the cost of services. While the cells can be easily modified to accommodate the needs of various agencies, the basic data should be entered as follows:

**STAFF NAME** - Enter the name of all current staff. Last name is generally sufficient, but the column width can be expanded.

**POSITION** - Enter the job title for each staff member shown in the previous column.

**FULL TIME/PART TIME** - Indicate the appropriate status for each staff member. Note: It is very important to indicate the status since a formula has been included to subtotal the salaries of full and part time employees by service. The growing trend of part time employment in the work force makes the identification of full and part time salaries a key factor in determining service cost. Also note that the formula has been developed to add salary ONLY when "Full Time" or "Part Time" is entered. DO NOT SPACE AFTER THE "E" IN TIME WHEN MAKING THIS ENTRY.

**TOTAL SALARY** - Enter the total annual salary of each employee.

**ADMINISTRATIVE SALARY** - If applicable, allocate the prorata share of the total salary shown in the previous column that is NOT allocated to a specific service(s). Total salary of each employee can be allocated in this column in whole, part, or not at all.

**SERVICE** - Edit each column heading to indicate the services provided. Allocate the appropriate prorata share of Total Salary for each employee.

**SUBTOTALS, TOTALS & PERCENT** - Simple formulas have been included to sum each column and determine percentages of full and part time salaries. To provide space for the maximum number of service columns, no formulas were included to reconcile the allocated salary cost to Total Salary. Therefore, formulas for the totals for each column will need to be added, or the column totals will need to be verified manually.

## Instructions for Completion of Service Cost Computation Sheet (DAAS-732A)

### Introduction

This worksheet has been developed to aid aging service provider agencies to determine the actual cost of providing specific services. If this worksheet is properly completed, the unit rate or total cost reimbursement will reflect the total cost for providing the service.

Service provider agencies are encouraged to use this worksheet as a tool to budget their total agency resources. While this may not be as practical for larger agencies, this worksheet can assist agencies in allocating resources across multiple services and programs. The information provided on the service cost computation sheet and labor distribution schedule will provide Home and Community Care Block Grant lead agencies, advisory committees, and other community aging interests with a better understanding of the resources required for aging services and their impact.

### General Instructions

This worksheet will be utilized to develop and revise service budgets during the program year. **The Service Cost Computation Sheet (DAAS-732A) and Labor Distribution Schedule (DAAS-732A1) will be submitted with Provider Services Summary (DAAS-732) as a part of the Home and Community Care Block Grant funding package.** Indicate the service to be provided in the appropriate column

### I. Projected Revenues

- A. Indicate the amount of **federal and/or state funding received through the Division of Aging**. This includes Home and Community Care Block Grant (HCCBG) funding as specified by the county lead agency for the Block Grant for each service.
- B. Indicate the **minimum matching requirements for federal/state resources**. For HCCBG funding, minimum match is determined as follows: Amount of HCCBG funding stated in line I.A, divided by .90, multiplied by .10. The sum of cash and in-kind must total to the minimum matching requirement. If in-kind resources are being used to meet any or all local matching requirements, adequate documentation describing the contribution and the method of determining its value must be maintained. Make certain that all in-kind resources are stated as expenses in section II. Providers may list sources of local match at their discretion.
- C. **Subtotal, federal/state/required matching revenues** is the sum of I.A and I.B. **Instructions for Completion of Service Cost Computation Worksheet (DAAS-732A)**
- D. **USDA cash subsidy/commodity valuation** reflects the projected number of meals to be provided multiplied by the current USDA reimbursement rate. This includes meals not reimbursed through HCCBG, but receiving USDA reimbursement through ARMS codes 021 and 181. Providers receiving

commodity valuation rather than the USDA cash subsidy will state this projected amount.

- E. **Older Americans Act Title V worker wages, fringe benefits, and costs** reflects funding received by the provider for participant wages, fringe benefits, training and other allowable worker support costs associated with the specific budgeted service.
- F. **Subtotal, local cash, non-match** reflects resources **in excess** of minimum matching requirements from sources such as United Way and the county. Local cash can be itemized by source or stated as a lump sum for each applicable service. Local cash does not include projected client cost sharing/program income.
- G. **Subtotal, other revenues, non-match** reflects resources other than local cash, such as federal or state funds from agencies other than the Division of Aging and Adult Services, grants or other special funding that directly supports the stated services. Other revenues can be itemized by source or stated as a lump sum for each service.
- H. **Subtotal, local in-kind resources, non-match** are goods and services that are provided free of charge that would otherwise have to be purchased; for example, volunteer janitorial services provided by an older adult at a nutrition site or office space provided by the county. **Consideration for in-kind resources should be conservative so as not to inflate the cost of services.** The value of the volunteer janitor can reflect the hourly wage of a county janitorial worker and the value of the office space can reflect the annual square footage cost for a similar building in the community. Again, be sure to state all in-kind resources as expenses in section II.
- I. **Client program income projections** should be based primarily on past experience. A reasonable method to estimate this amount is to compute a per unit cost sharing rate for the prior year and multiply that amount by the number of projected units for the stated services, or if the prior year was not typical, cost sharing collected for specific services can be averaged for the past 3 to 5 years.
- J. **Total projected revenues** is the sum of I.C through I.

## II. Projected Expenses

Note: Direct administrative costs should be entered in the **Admin. Cost** column. **Do not** allocate these administrative costs to services on the individual budget lines. These administrative cost will be allocated on line **II.H**.

- A. **Staff salaries**, indicate **positions that are allocated to the specified services**. Information for full and part time positions should reflect that which is stated on the Labor Cost Distribution Schedule (DAAS-732A1). Wages for Title V workers **are not** included here.
- B. Indicate **fringe benefits** to be paid for staff indicated on line II.A. Fringe benefits may be itemized or computed as a lump for each specified service.

- C. **Local in-kind resources, non-match** must be stated if it is included as a part of the cost stated in lines I.B or H. If the value of volunteer time is included, it should be reasonable in order to avoid inflating service costs. An example is congregate nutrition site volunteer time based on the hourly wage for county school cafeteria workers.
- D. State **OAA Title V worker wages, fringe benefits and costs** stated on line I.E.
- E. Compute **per diem and mileage reimbursement expenses** in keeping with agency policy and recent experience. **Other travel** cost would take into account costs such as conference registration and airfares, etc.
- F. **General operating expenses** are costs reasonable and necessary for the delivery of specified services. Examples of these expenses are: 1) equipment depreciation; 2) catered meals/raw food costs; 3) consumable supplies for in-home aides; 4) fuel and maintenance associated with transportation services; 5) training and other costs associated with home health provider certification; and 6) the cost of subcontracts for services such as van service for clients as a part of transportation services or in-the-home workers as a part of in-home aide services. Appropriate in-kind resources that are stated in section I and not associated with volunteer time will be stated here.
- G. **Other administrative cost** are indirect administrative expenses which have not been stated as allocated direct administrative costs in the **Admin. Cost** column in lines II.A through F. The agency will maintain either an approved indirect cost plan and/or cost allocation plan to support state administrative cost.
- H. **Total projected expenses prior to administrative cost distribution** is the sum of lines II.A through G for the specified services.
- I. Administrative cost, as stated in the **Admin. Cost** Column, lines II.A through G, are **distributed across specified services**, based upon an allocation plan maintained by the agency. (The formatted DAAS-732A form distributes administrative costs by subtracting **Total Proj. Expenses Prior to Admin. Distribution (line II.H)** from **Total Projected Revenues (line I.J)**).
- J. **Total projected expenses after administrative cost distribution** is the sum of specified services cost, lines II.A through H. The sum of services must agree with the projected revenues stated on line I. J.

### III. Computation of Rates

- A. Computation of Unit Cost Rate
  - 1. **Total expenses** equals line II.J
  - 2. **Total projected units** is a stated figure reflecting the agency's projection of service units to be provided. This applies to unit-producing services only.
  - 3. **Total unit cost rate** reflects **total expenses** (line III.A.1) divided by the number of **total projected units** (line III.A.2). The purpose of this calculation is to indicate the actual total cost of providing a unit of service.

- B. Computation of Reimbursement Rate
1. **Total revenues** equals line I.J. Total Revenues will equal **total expenses** stated on line III.A1.
  2. Indicate any **USDA subsidy** from line I.D, **Title V funding** from line I.E/II.D, and **non-matching in-kind resources** from line I.H/II.C. The USDA subsidy is deducted because it is a supplement to the reimbursement rate for nutrition services. Title V funding is deducted because, while it is a cost of providing the service, it is reimbursed from non-HCCBG resources. Non-matching in-kind resources are deducted because they are not required and do not represent an actual cost of providing the service. Including this item would inflate the reimbursement rate and reduce the number of units to be provided.
  3. **Revenues subject to unit reimbursement** provide the basis for computing the unit reimbursement rate.
  4. **Total projected units** equals the number of units stated on line III.A.2.
  5. **Total reimbursement rate** reflects **revenues subject to unit reimbursement** (line III.B.3) divided by **total projected units** (line III.A.4).
- C. **Units reimbursed through HCCBG** equals **subtotal, fed/state/required match revenues** (line I.C) divided by **total reimbursement rate** (line III.B.5).
- D. **Units reimbursed through program income** are the number of units that will have to be provided in addition to those stated on line III.C in order to earn the funding stated on line I.C because the Division of Aging and Adult Services ARMS deducts reported program income from reimbursement paid to providers. These additional units are determined by dividing the **projected client program income** (line I.I) by the **total reimbursement rate** (line III.B.5).
- E. **Units reimbursed through remaining revenues** equals the sum of **subtotal, local cash, non-match** (line I.F) and **subtotal, other revenues, non-match** (line I.G) divided by **total reimbursement rate** (line III.B.5)
- F. **Total units reimbursed/total projected units** is the sum of lines III. C, D, and E and equals **total projected units** stated on line III.A.2.