

**North Carolina Division of Aging and Adult Services  
Home and Community Care Block Grant  
County Budget Instructions**

This document provides time frames and instructions to counties for the development, completion, and submission of the Home and Community Care Block Grant County Funding Plan. The County Funding Plan, upon review by the Area Agency on Aging, establishes the basis for and becomes wholly a part of the Agreement for the Provision of County-Based Aging Services (DAAS-735) between the Area Agency on Aging and the county.

**Purpose of Home and Community Care Block Grant**

The Home and Community Care Block Grant as authorized in N.C.G.S. 143B-181.1(a)(11) is designed to improve the planning and coordination of in-home and community based services provided to North Carolina's older adults. It also is intended to promote the visibility of aging programs at the local level by giving counties increased flexibility with respect to funding aging services through the Home and Community Care Block Grant.

**Older Americans Act Funds**

The majority of federal funds comprising the Home and Community Care Block Grant are authorized by the Older Americans Act. Since this is the largest federal funding source that states receive to develop services and programs specifically for older adults, it is necessary to incorporate the philosophy and policies of the Older Americans Act as part of the Home and Community Care Block Grant.

**Intent of the Older Americans Act**

The primary role of aging programs established with Older Americans Act funds is to develop and enhance comprehensive and coordinated community-based systems of services, opportunities, and protections for older people. Community service systems are designed to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible. Comprehensive systems of services include:

1. Access services - such as transportation, outreach, information and assistance, and case management;
2. Community services - such as congregate meals, education, legal services and counseling, elder abuse services, and senior center programs;
3. In-home services - such as home health, in-home aide, home-delivered meals, adult day care, and adult day health care services.

Services and programs authorized under the Older Americans Act are intended to serve all older people including those who are high risk (frail), the at-risk, and the well elderly. However, to maximize the impact of available resources, aging programs are required by federal law to target older adults in greatest social and economic need and low income and minority older people. Although there are federal mandates and priorities established by the Older Americans Act, the legislation provides for state and local discretion in the funding of particular services and programs. Local flexibility in decision-making is encouraged in order to take into consideration the needs of particular communities. Thus, the intent of the Older Americans Act is consistent with the purpose of the Home and Community Care Block Grant, which is to foster flexibility and discretion in the decision-making process at the local level.

## Development of the County Funding Plan

The Home and Community Care Block Grant is a formula block grant to Area Agencies on Aging and counties for the provision of in-home and community-based services to the state’s older adults. The development of a County Funding Plan includes a local planning process that develops recommendations about services the county should fund, funding levels, and community service providers. **Area Agencies on Aging** are regional entities that administer the county grants, and they have key responsibilities for planning, funds administration, advocacy, information brokerage, and program development. The **County Board of Commissioners** is responsible for the planning, coordination, and implementation of the HCCBG County Funding Plan. The board designates a **County Lead Agency** responsible for coordinating the development of the plan, assuring community input through a Block Grant Advisory Committee, and assuring that the plan meets state requirements. The **Block Grant Advisory Committee** represents a broad range of aging interests in the county and helps build consensus on the contents of the County Funding Plan.

The following chart provides more information about each stakeholder’s role and responsibilities.

<p>Area Agency on Aging</p>	<p>The Area Agency on Aging administers the grant and signs an agreement with the county for the provision of HCCBG services. The Older Americans Act requires that Area Agencies on Aging function as public advocates in the development and enhancement of community-based aging services. In carrying out their mandated responsibilities, Area Agencies on Aging must serve on the county’s Block Grant Advisory Committee. The AAA should contribute to the development of the County Funding Plan as follows:</p> <ol style="list-style-type: none"> <li>1. Train Block Grant Advisory Committee members as necessary on:             <ol style="list-style-type: none"> <li>a. Flow of funds and budgetary requirements</li> <li>b. Responsibilities of the Division of Aging and Adult Services, Area Agency on Aging, Board of Commissioners, lead agency, and advisory committee</li> <li>c. Service standard requirements</li> </ol> </li> <li>2. Interpret demographic information in the County Data Package and explain variations in regional and county funding from the previous year.</li> <li>3. Provide analysis of provider performance, expenditures and service levels, and effectiveness of client targeting, based on monitoring and provider performance data available through the Division’s information system (ARMS).</li> <li>4. Make recommendations concerning an effective service mix and provider selection.</li> <li>5. Review and approve the County Funding Plan submitted by the Board of Commissioners as part of the agreement for the provision of services.</li> </ol>
<p>County Board of Commissioners</p>	<p>The Board of Commissioners is responsible for appointing entities to assist with developing a funding plan as follows:</p> <ol style="list-style-type: none"> <li>1. Designate an agency or office within the county to serve as County Lead Agency with responsibility for planning and coordinating the development of the County Funding Plan. At the discretion of the Board of Commissioners, the designation can be for more than one year.</li> </ol>

	<ol style="list-style-type: none"> <li>2. Appoint a committee to serve as a Block Grant Advisory Committee and assist the County Lead Agency responsible for planning/coordinating the development of the County Funding Plan. The length of appointment to the committee is determined by the Board of Commissioners. When the Area Agency on Aging is not designated as lead agency, a AAA representative must be appointed to the Block Grant Advisory Committee. The Division strongly recommends that older adults comprise no less than one-third of Advisory Committee membership.</li> <li>3. Ensure that the County Funding Plan complies with budgetary instructions provided by the Division of Aging and Adult Services.</li> <li>4. Submit the recommended County Funding Plan to the Area Agency on Aging and enter into a grant agreement with the Area Agency on Aging.</li> </ol>
County Lead Agency	<p>The role of County Lead Agency may be assigned to the county manager's office, a public human services agency, a private nonprofit human services agency, or the Area Agency on Aging. The County Lead Agency shall:</p> <ol style="list-style-type: none"> <li>1. Direct the work of the Block Grant Advisory Committee to assure community input into the County Funding Plan.</li> <li>2. Submit the County Funding Plan information to the County Budget Officer by April 30. At a minimum, the County Budget Officer must be provided with the amount of Block Grant funding and required local match for each service to be funded to meet the requirements of N.C.G.S. § 159-10.</li> <li>3. Ensure that the approved County Funding Plan meets all requirements as specified by the Division of Aging and Adult Services and submit the funding plan, as recommended by the county Board of Commissioners, to the Area Agency on Aging by June 30.</li> </ol>
Block Grant Advisory Committee	<p>The advisory committee must represent a broad range of aging interests to effectively build local consensus on the County Funding Plan. A viable committee will not be viewed as being predisposed toward certain providers or favoring specific interests. Representation should include the following:</p> <ul style="list-style-type: none"> <li>• Area Agencies on Aging (must be represented on committee if not designated as the County Lead Agency)</li> <li>• Aging service providers (public, private nonprofit, and for-profit)</li> <li>• Local elected officials and civic leaders</li> <li>• Older consumers (the Division of Aging and Adult Services strongly recommends that older consumers comprise no less than one-third of the Advisory Committee membership)</li> </ul> <p>The committee shall function as a resource to the County Lead Agency by obtaining input from provider interests, older consumers, and their families and providing consensus on the contents of the County Funding Plan.</p>

## Allowable Services in the County Funding Plan

With the Home and Community Care Block Grant allocation, counties may fund the following allowable services, plus services under a consumer-directed care program known as Home Care Independence:

1. Adult Day Care and ADC Transportation
2. Adult Day Health and ADH Transportation
3. Care Management
4. Congregate Nutrition and Congregate Liquid Nutritional Supplement
5. Consumer-Directed Care  
(any of the following Consumer-Directed Care services may be included in the County Funding Plan – CDC Care Advisor, CDC Personal Care Supplies/Nutritional Supplement, CDC Emergency Response Equipment, CDC Medical Adaptive Equipment, CDC Personal Assistant, CDC Adult Day Services, CDC Financial Management Services, or CDC Home-Delivered Meals)<sup>1</sup>
6. Group Respite Care
7. Health Promotion/Disease Prevention
8. Health Screening
9. Home Delivered Meals and Home-Delivered Liquid Nutritional Supplement
10. Home Health  
(any of the following may be included in the County Funding Plan – HH Skilled Nursing, HH Therapy, HH Medical Social Services, or HH Nutrition Care)
11. Housing & Home Improvement
12. Information & Options Counseling
13. In-Home Aide Services  
(any of the following may be included in the County Funding Plan – IHA Levels I, II, III, or IV Home Management; IHA Levels II or III Personal Care; and IHA Levels I, II, III, or IV Respite)
14. Institutional Respite Care
15. Mental Health Counseling
16. Overnight Respite
17. Senior Center Operations
18. Senior Companion
19. Transportation (General and/or Medical)
20. Volunteer Program Development

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<sup>1</sup> Consumer-Directed Services is a program known as Home Care Independence under the Home and Community Care Block Grant. It gives consumers control over their home care services. Technically it is not a discrete HCCBG service but, for purposes of developing the County Funding Plan, counties interested in funding the Home Care Independence program are asked to treat Consumer-Directed Services as a HCCBG service. This means that interested counties should allot funding from the county allocation in the same manner as for any other allowable service and identify on the County Funding Plan documents each of the CDC services that will be funded.

Allowable Services with Minimum Budget Requirements – The Older Americans Act requires certain services in North Carolina to be budgeted at minimum levels:

- Congregate and home-delivered nutrition services
- Access services (care management, information & options counseling, and/or transportation)
- In-home support services (adult day care, adult day health care, home health, housing & home improvement, in-home aide, and/or senior companion services).

The Area Agency on Aging will work with the County Lead Agency to assure that funding amounts for these priority levels do not go below required minimums unless authorized by the Division of Aging and Adult Services.

Despite these minimum funding levels required by the Older Americans Act, considerable flexibility is given to counties. Approximately 70% of most counties' HCCBG funding is not associated with minimum budget requirements and the budgeting of these funds can be based on local priorities.

**Key Dates and Benchmarks in Developing the County Funding Plan**

March 31	The Division of Aging and Adult Services and the Area Agency on Aging provide the county HCCBG allocations, budgeting instructions, and planning data to each county by March 31. Allocations are contingent upon the award of full federal fiscal year Older Americans Act funding. Counties are advised to base any preliminary HCCBG service planning on current year funding levels.
March 31	The Chairman of the Board of Commissioners notifies the agency or office chosen to serve as the County Lead Agency and appoints a Block Grant Advisory Committee. (This is done only when lead agency designation changes from the previous year. The length of advisory committee appointment is at the discretion of the Board of Commissioners.)
April 30	The County Lead Agency submits initial County Funding Plan information to the County Budget Officer. At a minimum, the County Budget Officer must be provided with the amount of Block Grant funding and required local match for each service to be funded to meet requirements of N.C. G.S. 159-10.
April 30	Area Agencies on Aging may be designated to purchase services on behalf of the county. County commissioners or the County Lead Agency works with the Block Grant Advisory Committee and the Area Agency on Aging to identify services to be procured by the Area Agency on Aging for the county. Providing notification as soon as possible but no later than April 30 allows Area Agencies to undertake a procurement process for services to be provided in the new grant year.
April 30	Counties may ask Area Agencies on Aging to provide HCCBG services when there are no suitable options available for service delivery. Area Agencies on Aging to be identified in the County Funding Plan as direct service providers must obtain a waiver from the Division of Aging and Adult Services as required by the Older Americans Act. Notification of direct service authorization is contingent upon approval of the County Funding Plan by the Board of Commissioners.

June 30	The County Lead Agency submits the funding plan, as recommended by the Chairman of the Board of Commissioners, to the Area Agency on Aging by June 30 as part of a review for compliance with the budgeting requirements of the Division of Aging and Adult Services.
June 30	The Area Agency on Aging enters into a grant agreement with the county for the provision of aging services specified in the County Funding Plan. If the review of the County Funding Plan is incomplete or the County Funding Plan does not meet requirements, the Area Agency on Aging must attach a condition to the grant agreement indicating that the agreement is entered into pending approval of the County Funding Plan for procedural compliance. The attached condition shall state any procedural deficiencies found in the County Funding Plan. The county should address all procedural deficiencies and resubmit the County Funding Plan to the Area Agency on Aging for a final review before July 31.
July 1	The Division of Aging and Adult Services issues a final Notification of Grant Award to the Area Agency on Aging by the beginning of the fiscal year, if possible, or upon passage and approval of the statewide budget. This grant award includes the Home and Community Care Block Grant funding allocated to each county in the region.
July 31	The Area Agency on Aging completes the compliance review and assures the following: <ol style="list-style-type: none"> <li>1. Allocated minimum budget requirements have been met or the amounts agree with minimum budget amounts negotiated by the Area Agency on Aging or authorized by the Division of Aging and Adult Services.</li> <li>2. The total county Home and Community Care Block Grant allocation is utilized and not exceeded.</li> <li>3. Funding plan documents are accurate and complete, including signatures and dates.</li> </ol>

If additional service funding becomes available after the initial allocation, Area Agencies on Aging will allocate funding to counties based on county equity funding plans specified in the Area Plan. The Division also will issue instructions for budgeting additional service funding. Counties will have full discretion in budgeting additional allocations for any allowable Block Grant service that meets the legislative intent of the funding.

## **Instructions for Completion of the County Funding Plan**

The County Funding Plan consists of the following documents:

- Identification of Agency or Office with Lead Responsibility for County Funding Plan (DAAS-730)
- County Services Summary (DAAS-731)
- Provider Services Summary (DAAS-732) – also used for revising county funding during the grant year
- Service Cost Computation Worksheet (DAAS-732A)
- Labor Distribution Schedule (DAAS-732A1)
- Outreach Methodology to Address Service Needs of Low-Income (Including Low-Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency (DAAS-733)
- Community Service Provider Standard Assurances (DAAS-734)
- Standard Assurances to Comply with Older Americans Act Requirements Regarding Client Rights for Agencies Providing In-Home Services (734 HCCBG In-Home Clients Rights)
- Agreement for the Provision of County-based Aging Services (DAAS-735)
- Supplemental form included with the DAAS-735 when the Area Agency on Aging is designated by the county to write checks to community service providers (DAAS-735OPT).

The County Funding Plan is based on a twelve (12) month funding cycle from July 1 through June 30 of the applicable State Fiscal Year.

After receiving input from the Block Grant Advisory Committee, the County Lead Agency works with the county's designated community service providers and the Area Agency on Aging to complete the appropriate forms in the County Funding Plan so the package can be presented to the county for approval.

All formats for the County Funding Plan documents are available through the Division of Aging and Adult Services website at <http://www.ncdhs.gov/document/home-and-community-care-block-grant-hccbg-county-budget-instructions-documents>, including the basic County Budget Instructions for the Home and Community Care Block Grant and more specific instructions for certain forms. The county budget instructions and the funding plan documents also may be accessed from the website home page by clicking on "Documents" and typing "Home and Community Care Block grant" in the search field.

### **PLEASE READ THESE IMPORTANT NOTES FOR SFY 2019-2020:**

**Beginning with the SFY 2019-2020 grant year, the Division of Aging and Adult Services is making available a new electronic version of the County Funding Plan documents. For many years, these documents have been available as Word and Excel documents. However, the forms were not linked, and they required substantial data entry of the same information by providers across multiple forms.**

**A new electronic version is available on the DAAS website as the "[HCCBG Provider Packet](#)." The DAAS-732A1, 732A, 732, 733, and 734 forms are linked inside this single Excel workbook. The workbook includes a tab for "Instructions," a tab for data entry labeled "Input," followed by tabs for each worksheet in the County Funding Plan. Even the assurance forms are included within this workbook. When data is entered on the Input tab, this information pre-populates all relevant fields in every form.**

Additional functions have been added to highlight errors or missing data. The workbook was developed as a 10-year format, so it can be saved and simply updated in future fiscal years with minimal re-entry of data except as needed. The improved format should be a substantial timesaver for service providers.

For FY 2019-2020, the Division is not removing the [non-linked forms](#) still available for download on the website, but counties and providers are **strongly encouraged** to try the improved electronic version of the County Funding Plan documents. The "[HCCBG Provider Packet](#)" will not only streamline data entry for service providers, but also minimize errors and save time for county and AAA staff who review and approve the County Funding Plan forms as outlined above.

**Providers are encouraged to review a training webinar on how to complete the "HCCBG Provider Packet."** A link to the training video is embedded in the "Instructions" found in the packet. As noted above, the "HCCBG Provider Packet" is available at this link: <https://www.ncdhhs.gov/documents/home-and-community-care-block-grant-hccbg-county-budget-instructions-documents>.

County Lead Agencies, community service providers, and county staff are encouraged to view the training webinar and try the improved electronic format when developing funding plan documents for SFY 2019-2020. The new Excel workbook was developed and tested jointly by state, regional, and local partners. However, the Division fully expects to receive additional feedback from AAAs statewide as the new format is field-tested by the entire aging network.

## Overview of Forms in the County Funding Plan

The “HCCBG Provider Packet” includes specific instructions for completing the linked forms in that format. In addition, the instructions that have previously been available on the website for completing the cost computation and labor distribution forms will continue to be available on the website at <https://www.ncdhhs.gov/documents/home-and-community-care-block-grant-hccbg-county-budget-instructions-documents>. The following information is provided as a general overview of the process for completing the individual forms in the County Funding Plan.

**County Lead Agency:** There are three forms that will be completed by the lead agency or office for planning and coordination of the County Funding Plan – the DAAS-730, DAAS-731, and DAAS-735 forms.

<b>DAAS -730: Identification of Agency or Office with Lead Responsibility for County Funding Plan</b>
This form identifies the agency or office with lead planning and coordination responsibilities and is used to recommend the funding plan to the Board of Commissioners for approval.
<b>DAAS-731: County Service Summary</b>
This form is applicable when more than one community service provider is designated in the County Funding Plan. Service information from each <u>Provider Services Summary</u> (DAAS-732) will be compiled on the <u>County Services Summary</u> (DAAS-731) for each service provided through the Home and Community Care Block Grant. The federal/state funding amounts and local match requirements specified on the form will reflect budgetary instructions and allocation levels issued to the county by the Division of Aging and Adult Services.
<b>DAAS-735: County Funding Plan Agreement for the Provision of County-Based Aging Services</b> <b>DAAS- 735OPT if applicable</b>
The County and/or County Lead Agency must submit an appropriately completed and signed County Funding Plan Agreement (DAAS-735) with all accompanying documents to the Area Agency on Aging for review prior to the issuance of a Notification of Grant Award to the county. If the county wants to designate the Area Agency on Aging to write checks from the grant award to community service providers on behalf of the county, then the DAAS-735OPT should be added to the funding plan agreement.

**Community Service Providers:** There are three budget forms and three administrative forms that will be completed, as appropriate, by each community service provider who is designated by the county to receive funding under the HCCBG County Funding Plan. The budget forms are the DAAS-732A1 Labor Distribution Schedule, the DAAS-732A Service Cost Computation Worksheet, and the DAAS-732 Provider Services Summary. The administrative forms are the DAAS-733 Outreach Methodology to Address Service Needs, the DAAS-734 Standard Assurances, and if appropriate the Standard Assurances Regarding Client Rights (DAAS-734 HCCBG In-Home Client Rights) for in-home aide, home health care, housing and home improvement, and adult day care/adult day health services.

Note that the DAAS-732 Supplement – In-Home Aide Services Detail has been eliminated from the County Funding Plan documents. This form was needed previously when funding allocations for In-Home Aide Services were allocated by four levels of service and reimbursed by ten specific service codes. However, all ten categories of in-home aide services are now allocated on the DAAS-732 and thus the additional form is no longer required.

**Providers are encouraged to complete the HCCBG budget forms in the following order: complete the 732A-1 Labor Distribution Schedule first, followed by the 732A Service Cost Computation Worksheet (or comparable formats, as explained below), and then complete the 732 Provider Services Summary.**

**DAAS-732A-1: Labor Distribution Schedule**

**DAAS-732A: Service Cost Computation Worksheet**

1. All providers of Home and Community Care Block Grant services must have a method to project service costs based on estimated revenues and expenditures. HCCBG providers will utilize the DAAS-732A-1 Labor Distribution Schedule and DAAS-732A Service Cost Computation Worksheet, or comparable formats, to develop HCCBG unit and non-unit costs. These budget forms will accompany the Provider Services Summary (DAAS-732) provided to the County Lead Agency and will be available to the Area Agency on Aging upon request.

While it is important to recognize the true cost of services and to take measures to receive adequate reimbursement, it is imperative that service costs be reasonable and justifiable so that, when possible, services are continued for existing clients and expanded to address waiting lists.

Computerized formats of the Service Cost Worksheet and Labor Cost Distribution Schedule are available on the website at <https://www.ncdhs.gov/home-and-community-care-block-grant-hccbg-county-budget-instructions-documents>. **Separate instructions for these two forms are still posted at the same link.** However, as discussed above, counties and providers are strongly urged to try the improved "HCCBG Provider Packet" (available on the same webpage) in order to take advantage of the improved functionality in the linked forms when computing unit costs. The HCCBG Provider Packet has its own set of instructions embedded in the packet.

The purpose of these budget forms is (1) to encourage service providers to recognize common funding streams and more accurately determine the actual cost of providing services, and (2) to allow County Lead Agencies, Block Grant Advisory Committees, and other aging interests to be more informed about the cost of providing community-based aging services.

In addition to allowing the provider to show how additional funding sources will be used to expand services, the DAAS-732A also provides for the budgeting of consumer contributions and highlights the units that will be provided with this program income. The regulations implementing the Older Americans Act (45 C.F.R. 1321.67) require that earned program income be used to expand services through the federal "addition" method of accounting for program income, which mandates the expansion of services when using earned program income.

As specified in the Health and Human Services Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments [2 C.F.R. § 200.307 (e) (2)], the "addition" method requires that program income be added to funds committed through a grant agreement and subtracted from program reimbursement as it is earned. Service expansion occurs when the level of service exceeds the Net Service Cost stated in Column D of the DAAS-732. For example, if In-Home Aide Level II Personal Care is budgeted for \$50,000 (including federal/state Block Grant funding and required local match) and also earns \$3,500 in program income, the sum of net service cost and earned program income must be \$53,500 for the provider to earn all of the net service cost in column D of the DAAS-732.

### DAAS-732: Provider Services Summary

As described above, the non-linked versions of the 732A-1 Labor Distribution Schedule and 732A Cost Computation forms, as well as their separate instructions, will continue to be available on the website for SFY 2020. The following overview of the DAAS-732 and other non-linked forms provides instructions for their completion. Instead of using the non-linked forms as in prior years, providers are urged to try the “HCCBG Provider Packet,” which pre-populates most fields on the DAAS-732 with information from the Input tab. The packet has its own set of instructions imbedded in the workbook, but the following information will be helpful as an overview of the documents.

2. Community service providers designated in the County Funding Plan shall be public or private nonprofit agencies or organizations, except when a procurement process has been used to select and contract with a for-profit organization to provide services. When service providers designated in the County Funding Plan procure contractual services from subcontractors, they will follow their own procurement procedures. All providers must make certain their procurement procedures are not in conflict with the requirements of 2 CFR § 200.317-326.

Counties may delegate any procurement responsibilities to their Area Agency on Aging.

County Lead Agencies may recommend the designation of an Area Agency on Aging as a community service provider only when the Area Agency has received a waiver from the Division of Aging and Adult Services to directly provide aging services.

3. The DAAS-732 will be completed by each community service provider and submitted to the County Lead Agency. Funding amounts on this form shall be rounded to the nearest whole dollar, not to exceed available funding.

*[Note: Providers who submit an older version of the DAAS-732 as part of the County Funding Plan for SFY 2019-2020 may also use this form for making budget revisions when allowed during the second half of the grant year. However, for the new electronic “HCCBG Provider Packet”, additional instructions for budget revisions will be forthcoming prior to budget adjustment time.]*

4. List the allowable HCCBG services (as described above) that the county intends to fund through the Home and Community Care Block Grant in the Services column of the DAAS-732. Uniform service standards have been developed for each service and are available at this link: <https://www.ncdhhs.gov/documents/daas-monitoring-service-standards>. Providers who have never been funded by the HCCBG are encouraged to familiarize themselves with these service standards in preparation for completing the County Funding Plan budget documents.

5. Indicate the method of Service Delivery by the community service provider, either Direct or Purchased, for each listed HCCBG service. “Direct services” are provided by employees of the community service provider or by individuals chosen by eligible clients to provide services under “cash pay” arrangements or consumer-directed service programs. “Purchased services” are provided by a subcontractor that has been procured in an open manner according to local purchase and contracting procedures, so long as they are not in conflict with the requirements of 2 CFR § 200.317-326. The Area Agency on Aging can assist with questions about procurement requirements for purchased services.

Special Note Concerning Bid Bonds: The Division of Aging and Adult Services has had discussions with the Department of Administration, Office of Procurement, Contracts, and Grants, concerning bid bonds for goods and services procurement. While there is no prohibition on requiring bid bonds, the Office of Procurement, Contracts, and Grants does not consider them appropriate for

the procurement of goods and services and recognizes that bid bonds may restrict competition unnecessarily. Entities involved in service procurement are requested to take this into consideration when making decisions concerning bid bonds.

6. Block Grant Funding -- Enter the amount of federal/state funding for each service under the appropriate category of Block Grant Funding – Access, In-Home, or Other.

Access services: care management, information & options counseling, and transportation.

In-Home Services: adult day care & ADC transportation, adult day health & ADH transportation, home health services, housing & home improvement, in-home aide services, and senior companion services.

All other services will be categorized as Other.

Indicating total funding by category is important because minimum budget requirements apply to certain services and service categories. The Area Agency on Aging must approve county funding levels for the access service category, the in-home service category, and congregate/home-delivered nutrition services in order to assure that allocations meet the minimums specified in budget instructions issued to the county by the Division of Aging and Adult Services. The amount entered here on the DAAS-732 will equal Line I.A of the Service Cost Computation Worksheet (DAAS-732A).

7. Required Local Match must be computed on the basis of 10 percent of the Net Service Cost.

Service providers will divide the amount of Block Grant Funding by 90 percent to determine the Net Service Cost. The difference between the Block Grant Funding amount and the Net Service Cost is the amount of Required Local Match. The amount entered here will equal Line I.B of the Service Cost Computation Worksheet (DAAS-732A) – **the sum of total cash and in-kind match**.

Example: (Block Grant Funding for In-Home Aide Level II Personal Care = \$50,000 divided by 90%) = \$55,556 Net Service Cost minus \$50,000 Block Grant Funding = \$5,556 Required Local Match.

Required minimum match can be cash, in-kind, or a combination. Reported cash or in-kind match cannot be sourced from another federal or state grant unless that grant expressly allows those funds to be used as matching funds for another grant. Service providers must assure that match is available in proportion to the federal/state funding being drawn down at any given time.

While agencies prefer to secure cash match, in-kind match can be used so long as donated goods and services would actually be allowable costs if grant funding were used to pay for them.

Supporting documentation for in-kind match has to be available on file for review by grantors and auditors. Agencies may want to discuss with their auditors, for example, acceptable documentation and methods for assigning a value to volunteer hours, in-kind rent for a county or city-owned building, or in-kind janitorial service provided by a municipality. Agencies are encouraged not to over-value in-kind goods and services to meet required minimum match in order to assure adequate cash match is available to cover the cost of service delivery.

8. Net Service Cost is the sum of the Block Grant Funding amount and the Required Local Match. The amount entered here will equal Line I.C of the Service Cost Computation Worksheet (DAAS-732A).

9. NSIP Subsidy is the amount of reimbursement paid to the provider through the Area Agency on Aging for the provision of congregate and home-delivered meals. This subsidy is calculated on the basis of “reimbursement subsidy rate per meal” x the “number of planned meals” (units) for the grant period. The Division of Aging and Adult Services establishes the meal reimbursement subsidy

rate based on anticipated NSIP funding from the Administration on Aging. **The reimbursement subsidy rate will be \$.75 per meal**, unless further notice is received from the Division of Aging and Adult Services. The amount entered here will equal Line I.D of the Service Cost Computation Worksheet (DAAS-732A).

10. Total Funding is the sum of the Net Service Cost and the NSIP Subsidy.

11. Projected HCCBG Units must be specified by the service provider for services that are reimbursed on the basis of the number of service units delivered. Unit-based services include adult day care & ADC transportation, adult day health care & ADH transportation, congregate nutrition, home-delivered meals, home health services, in-home aide services, group respite, institutional respite, overnight respite, senior companion services, and transportation.

The following consumer-directed services are unit-based: CDC personal assistant, CDC adult day services, CDC financial management services, and CDC home-delivered meals.

The number of units entered here will equal the number entered on Line III.C of the Service Cost Computation Worksheet (DAAS-732A).

12. Projected Reimbursement Rate\* is the amount calculated by dividing the Net Service Cost by the Projected HCCBG Units. The amount entered here will equal Line III.B.5 of the Service Cost Computation Worksheet (DAAS-732A).

\* Special note regarding rates for Adult Day Services: The maximum HCCBG reimbursement rates for adult day care, adult day health care, and optional transportation services to and from these facilities are based on capped daily care rates. The “projected reimbursement rate” for adult day care or adult day health care is a combination of the maximum capped rate for daily care plus HCCBG administrative costs for providing these services. Providers must provide details of the rate in the lower left corner of the DAA-732.

Daily care is the direct cost of providing care to a client for one day. The maximum daily care rate for adult day care is \$33.07. The maximum daily care rate for adult day health care is \$40.00.

Administration represents all other costs associated with the provision of the adult day services.

Note that the capped rates are maximum rates, and the actual calculated rates for daily care provided to these clients may be less. The maximum rates do not automatically justify increases in the calculated reimbursement rates. As with all HCCBG services, the projected costs for providing adult day services must be reasonable and accurately stated on the Service Cost Computation Worksheet (DAAS-732A).

When Projected HCCBG Units are multiplied times the Projected Reimbursement Rates itemized in the lower left corner of the DAAS-732, the total must equal the amount of Net Service Costs specified in column C for adult day care or adult day health care services.

\* Special note regarding the rate for Adult Day Care Transportation or Adult Day Health Care Transportation: Transportation is no longer automatically included in the unit costs for adult day care and adult day health care services (see Administrative Letter 10-09), and transportation will not be included in the rate detail found in the lower left corner of the DAAS-732. Adult Day Care Transportation and Adult Day Health Care Transportation must be listed as separate services on the DAAS-732 if the county chooses to fund them. However, the rate for the provision of Adult Day Care Transportation or Adult Day Health Care Transportation is also capped.

The maximum rate for transporting a client one-way to or from adult day care/adult day health care facilities must not exceed \$1.50. The maximum daily reimbursement for round trip transportation will not exceed \$3.00.

13. Projected HCCBG Clients reflects the estimated number of unduplicated persons to be served. When revisions are made to funding levels during the grant year, corresponding revisions must be made to projected clients, where appropriate.

14. Projected Total Units are the total number of units of service estimated to be provided through the identified revenues. This number is provided for informational purposes only and is not associated with reimbursement through the Home and Community Care Block Grant. The number entered here will equal Line III.F of the Service Cost Computation Worksheet (DAAS-732A).

15. The signature of the county finance officer will certify that the community service provider has budgeted local resources to meet the local matching requirements specified on the DAAS-732 and that the required local match will be expended simultaneously with Block Grant funding.

16. The signatures of the authorized representative of the community service provider and the Chairman of the Board of Commissioners will affirm the information on the DAAS-732.

**DAAS-733: Outreach Methodology to Address Service Needs of Low-Income (Including Low-Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency**

17. This narrative must be completed by each community service provider. As required by the Older Americans Act, Area Agencies on Aging set specific objectives in the Area Plan for providing services to older individuals with the greatest economic or social needs. The Outreach Methodology of each service provider must support the outreach and targeting objectives established by the Area Agency on Aging. The Area Agency on Aging will provide County Lead Agencies with specific objectives for outreach and targeting in time for County Funding Plans to meet completion deadlines. Regarding elderly with limited English proficiency, the narrative can reference coordination efforts that are already taking place with local non-profit organizations that serve immigrant communities, local public health outreach programs, and county DSS refugee and immigrant assistance programs. On the website of the Administration for Community Living (<https://acl.gov/>), providers can find guidance and best practices for providing outreach and services to Holocaust Survivors.

**DAAS-734: Community Service Provider Standard Assurances**

18. In addition to the stipulations in the DAAS-735 County Funding Plan Agreement for the Provision of County-Based Aging Services between the county and the Area Agency on Aging, each community service provider is required to sign a special set of Standard Assurances for the provision of Home and Community Care Block Grant services.

**DAAS-734 HCCBG In-Home Client Rights: Standard Assurances to Comply with Older Americans Act Requirements Regarding Client Rights for Agencies Providing In-Home Services**

19. This form must be completed by all agencies providing in-home aide, home care (home health), housing and home improvement, and adult day care/adult day health care services. It is an assurance that the service provider will notify clients of their rights as service recipients.