



HAYWOOD COUNTY BOARD OF COMMISSIONERS

AGENDA REQUEST

***Must be presented to the County Manager's Office
NO LATER THAN 5 P.M. FRIDAY THE WEEK BEFORE THE MEETING***

DATE OF REQUEST: June 10, 2016

FROM: Julie Davis, Finance Director

MEETING DATE REQUESTED: June 20, 2016

SUBJECT: Home & Community Care Block Grant budget

REQUEST: Approval of HCCBG budget for FY 16-17

BACKGROUND: Haywood County has been the pass-through entity for the federal Home & Community Care Block Grant for Older Adults in Haywood County for a number of years. The following agencies receive funding for various programs from this grant:

Haywood County Health & Human Services Agency
Mountain Projects, Inc.
Interim Health Care

IMPLEMENTATION PLAN: The program funds will come to the County to send on to the agencies. The County provides a 10% match for the funds that are pass-through to the agencies.

FINANCIAL IMPACT STATEMENT: The budget for FY16-17 includes the funding and the match for the HCCBG programs

SUPPORTING ATTACHMENTS: YES NO HOW MANY?

PERSON MAKING PRESENTATION AT MEETING:

TITLE: Julie Davis
PHONE NUMBER: 828-452-6724
E-MAIL: jhdavis@haywoodnc.net

THIS SECTION FOR OFFICE USE ONLY

Home and Community Care Block Grant for Older Adults

County Funding Plan

County Haywood
July 1, 2016 through June 30, 2017

County Services Summary

Services	A				B	C	D	E	F	G	H	I
	Access	In-Home	Other	Total	Required Local Match	Net Service Cost	NSIP Subsidy	Total Funding	Projected HCCBG Units	Projected Reimbursement Rate	Projected HCCBG Clients	Projected Total Units
IHA Level II		23,209.00		23,209.00	2,579.00	25,788.00	0.00	25,788.00	1288	\$20.0130	10	1288
HDM			70,000.00	70,000.00	7,778.00	77,778.00	7,852.00	85,630.00	13636	\$5.7039	200	24138
Adult Day Care		19,000.00		19,000.00	2,111.00	21,111.00	0.00	21,111.00	630	\$33.4861	8	1652
ADC Transp.	2,900.00			2,900.00	322.00	3,222.00	0.00	3,222.00	2148	\$1.5000	4	2148
Adult Day Health		16,000.00		16,000.00	1,778.00	17,778.00	0.00	17,778.00	444	\$40.0211	14	1940
ADH Transp	3,065.00			3,065.00	341.00	3,406.00	0.00	3,406.00	2270	\$1.5000	5	2270
IHA Level I		49,451.76		49,451.76	5,495.00	54,946.76	0.00	54,946.76	2699	20.3595	40	2699
Home Repair		22,284.43		22,284.43	2,476.00	24,760.43	0.00	24,760.43	N/A	N/A	16	N/A
Congregate			84,668.43	84,668.43	9,408.00	94,076.43	7,679.00	101,755.43	10239	10.4121	100	10239
Gen. Transp.	42,174.43			42,174.43	4,686.00	46,860.43	0.00	46,860.43	2782	16.8466	45	2782
Med. Transp.	11,023.43			11,023.43	1,225.00	12,248.43	0.00	12,248.43	612	20.0000	30	612
I & A	30,511.43			30,511.43	3,390.00	33,901.43	0.00	33,901.43	1644	20.3687	N/A	1664
Senior Companion		34,037.43		34,037.43	3,782.00	37,819.43	0.00	37,819.43	4721	8.0105	20	4721
				0.00	0.00	0.00		0.00				
Total	89,674.29	163,982.62	154,668.43	408,325.34	45,369.00	453,696.34	15,531.00	469,227.34	43113	//////////	492	56153

Signature, Chairman, Board of Commissioners

Date

NAME AND ADDRESS
 COMMUNITY SERVICE PROVIDER
 Haywood County Health & Human Services Agency
 157 Paragon Parkway, Suite 300
 Clyde, NC 28721

Home and Community Care Block Grant for Older Adults

County Funding Plan

Provider Services Summary

DAAS-732 (Rev. 2/16)
 County Haywood
 July 1, 2016 through June 30, 2017

REVISION # , DATE :

Services	Ser. Delivery		A				B	C	D	E	F	G	H	I
	(Check One)		Block Grant Funding				Required	Net*	NSIP	Total	Projected	Projected	Projected	Projected
	Direct	Purch.	Access	In-Home	Other	Total	Local Match	Serv Cost	Subsidy	Funding	HCCBG Units	Reimburse Rate	HCCBG Clients	Total Units
Home Delivered Meals	x				70,000	////////////////////	7,778	77,778	7,852	85,630	13,636	5.7039	200	24,138
Adult Day Care	x			19,000		////////////////////	2,111	21,111		21,111	630	33.4861	8	1,652
ADC Transportation	x		2,900			////////////////////	322	3,222		3,222	2,148	1.5000	4	2,148
Adult Day Health	x			16,000		////////////////////	1,778	17,778		17,778	444	40.0211	14	1,940
ADH Transportation	x		3,065			////////////////////	341	3,406		3,406	2,270	1.5000	5	2,270
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
Total	////////	////////	5965	35000	70000	110965	12330	123295	7852	131147	19128	////////	231	32148

*Adult Day Care & Adult Day Health Care Net Service Cost

	ADC	ADHC
Daily Care	_____	_____
Transportation	_____	_____
Administrative	_____	_____
Net Ser. Cost Total	_____	_____

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

Michelle M. Haynes, Business Services Director
Michelle M. Haynes 06/08/16
 Authorized Signature, Title Date
 Community Service Provider

 Signature, County Finance Officer Date

 Signature, Chairman, Board of Commissioners Date

NAME AND ADDRESS	Home and Community Care Block Grant for Older Adults	DAAS-732 (Rev. 2/16)
COMMUNITY SERVICE PROVIDER	County Funding Plan	County <u>Haywood</u>
Mountain Projects, Inc.		July 1, 2016 through June 30, 2017
2251 Old Balsam Road	Provider Services Summary	REVISION- Initial , DATE : May 17, 2016
Waynesville, NC 28786		

Services	Ser. Delivery		A				B	C	D	E	F	G	H	I
	(Check One)		Block Grant Funding				Required	Net*	NSIP	Total	Projected	Projected	Projected	Projected
	Direct	Purch.	Access	In-Home	Other	Total	Local Match	Serv Cost	Subsidy	Funding	HCCBG Units	Reimburse Rate	HCCBG Clients	Total Units
In Home Level 1	x			49450.76		////////////////////	5495	54945.76		54945.76	2699	20.3595	40	2699
Home Repair	x			22284.43		////////////////////	2476	24760.43		24760.43			16	
Congregate	x				84668.43	////////////////////	9408	94076.43	7679	101755.4	10239	10.4121	100	10239
General Transport	x		42174.43			////////////////////	4686	46860.43		46860.43	2782	16.8466	45	2782
Medical Transport	x		11023.43			////////////////////	1225	12248.43		12248.43	612	20	30	612
I & A	x		30511.43			////////////////////	3390	33901.43		33901.43	1644	20.3687		1664
Senior Companion	x			34037.43		////////////////////	3782	37819.43		37819.43	4721	8.0105	20	4721
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
						////////////////////	0	0		0				
Total	////////	////////	83709.29	105772.62	84668.43	274150.34	30462	304612.3	7679	312291.3	22697	////////	251	22717

*Adult Day Care & Adult Day Health Care Net Service Cost		
Daily Care	ADC	ADHC
Transportation	_____	_____
Administrative	_____	_____
Net Ser. Cost Total	_____	_____
Certification of required minimum local match availability. Required local match will be expended simultaneously with Block Grant Funding.		 Authorized Signature, Title Community Service Provider
_____ Signature, County Finance Officer		_____ Date
_____ Signature, Chairman, Board of Commissioners		_____ Date

NAME AND ADDRESS
 COMMUNITY SERVICE PROVIDER
 Interim Healthcare
 2 Walden Ridge Dr, Unit 20-A
 Asheville, NC 28803

Home and Community Care Block Grant for Older Adults

County Funding Plan

Provider Services Summary

DAAS-732 (Rev. 2/16)
 County Haywood
 July 1, 2016 through June 30, 2017
 REVISION # . DATE :

Services	A						B	C	D	E	F	G	H	I
	Ser. Delivery (Check One)		Block Grant Funding				Required	Net*	NSIP	Total	Projected	Projected	Projected	Projected
	Direct	Purch.	Access	In-Home	Other	Total	Local Match	Serv Cost	Subsidy	Funding	HCCBG Units	Reimburse. Rate	HCCBG Clients	Total Units
IHA Level 2				23209		////////////////	2579	25788		25788	1288	20.013	10	1288
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
						////////////////	0	0		0				
Total	////	////	0	23209	0	23209	2579	25788	0	25788	1288	////	10	1288

*Adult Day Care & Adult Day Health Care Net Service Cost

	ADC	ADHC
Daily Care	_____	_____
Transportation	_____	_____
Administrative	_____	_____
Net Ser. Cost Total	_____	_____

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

 Authorized Signature, Title
 Community Service Provider

 Signature, Chairman, Board of Commissioners

 Signature, County Finance Officer

 Date

 Date

North Carolina Division of Aging and Adult Services

Service Cost Computation Worksheet C:732A.xls

Provider: Interim Healthcare

County: Haywood

Budget Period: July 1, 2016 through June 30, 2017

Revision ___yes, _X_no

DoA-732A

3/99

	Grand Total	Service IHA Level 2	Service							
I. Projected Revenues										
A. Fed/State Funding From the Division of Aging	23,209	23,209								
Required Minimum Match - Cash										
1)	0									
2)	0									
3)	0									
Total Required Minimum Match - Cash	0	0	0	0	0	0	0	0	0	0
Required Minimum Match - In-Kind										
1) Administrative expenses - on file	2,579	2,579								
2)	0									
3)	0									
Total Required Minimum Match - In-Kind	2,579	2,579	0	0	0	0	0	0	0	0
B. Total Required Minimum Match (cash + in-kind)	2,579	2,579	0	0	0	0	0	0	0	0
C. Subtotal, Fed/State/Required Match Revenues	25,788	25,788	0	0	0	0	0	0	0	0
D. USDA Cash Subsidy/Commodity Valuation	0									
E. OAA Title V Worker Wages, Fringe Benefits and Costs	0									
Local Cash, Non-Match										
1)	0									
2)	0									
3)	0									
4)	0									
F. Subtotal, Local Cash, Non-Match	0	0	0	0	0	0	0	0	0	0
Other Revenues, Non-Match										
1)	0									
2)	0									
3)	0									
G. Subtotal, Other Revenues, Non-Match	0	0	0	0	0	0	0	0	0	0
Local In-Kind Resources (Includes Volunteer Resources)										
1)	0									
2)	0									
3)	0									
H. Subtotal, Local In-kind Resources, Non-Match	0	0	0	0	0	0	0	0	0	0
I. Client Cost Sharing	0									
J. Total Projected Revenues (Sum I C,D,E,F,G,H, & I)	25,788	25,788	0	0	0	0	0	0	0	0