

Welcome to the Improved HCCBG Provider Packet*

**The forms look the same, but the user experience is completely different*

Quick Summary of Improvements

- ① Electronic copy of workbook limits need to input all new data each year, just what changed.
- ② Workbook is set up to be a 10 year workbook, just select the fiscal year from list on the "Input" worksheet and it populates all required dates for the new year.
- ③ Dramatic reduction in keystrokes required! When you enter information now, it automatically forwards the value to the next sheet in the packet requiring that information.
- ④ Calculation formulas are already included throughout, including match calculations.
- ⑤ Useful header information; click on a header row and it describes the field name and how to complete cell or column labels.
- ⑥ Increased number of service selections available on forms (increased from 8 to 14).
- ⑦ Detail service information by level eliminates requirement of In-home supplement form.
- ⑧ Salary calculation for fractional FTE reduces math errors on 732A1 Labor Distribution Schedule.
- ⑨ Color coding of input cells. If it is tan it is calculated and locked, if it is green it will accept your input.
- ⑩ Entry proof and error checking... if the system detects an error it will pop up a warning message. Need a second look? make sure no errors are on the new "Proof" worksheet.

Instructions for use

- Read the "instructions" worksheet first. For a video walkthrough of the HCCBG Provider Packet Please click on the link below. GoToMeeting will request name/email information to register. When video launches please forward through the first 1:30 of the video as the screen is black prior to the video starting, additionally, the webinar launches in "letterbox" format, to make larger click in the presentation and select the arrows in the lower right hand corner.
- <https://attendee.gotowebinar.com/recording/1667454861360868867>
- ① **Green** cells on Input tab must be completed, they are necessary to populate entire workbook. Provider will not need to complete all cells for services, only for the number of unique HCCBG services they provide. Tan cells are formulas, so let the program fill in the values there.
 - ② Navigation through worksheet is left to right, progress through the workbook completing the **green** shaded cells
 - ③ Click on the header cells, the specific instruction on what is necessary to complete the cell will pop up when clicked.
 - ④ 7321A new feature: Assignable salary is calculated based on the FTE value multiplied by the staff salary. This assigned salary must also be categorized into Admin or one of the services selected. The "assigned salary" must match the total keyed into green cells, or an error will pop up at the end of the row.
732A instructions: Click on row descriptors to left and header cells, instruction on how to complete section or column will show. This is a complicated sheet,
 - ⑤ it is recommended to review video link above prior to completion. Please check for red error messages that pop up below each section and at bottom of page.
In-Home Supplement is hidden as it is no longer required by most AAAs, if your AAA requires it, you will need to right click in the tab area of the workbook
 - ⑥ and select unhide from the box that pops up. When clicking on unhide a few worksheet names are selected you will need to select the "In-Home Svc Supplement Worksheet."
 - ⑦ 732 instructions: Much less to complete here as most cells are populated from the 732A form, must select drop down indicator for direct or purchased service, and HCCBG clients anticipated to be served.
 - ⑧ 733 Instructions: Complete green shaded text box with narrative on outreach activities you have implemented or plan to pursue.
 - ⑨ 734 form Instructions (Standard Assurances and Client Rights Assurances): Read it, sign it and submit.
 - ⑩ Proof Sheet: will display known calculation errors or questions. Please use this form to check for internal consistency and discuss issues with county or COG staff. Errors are displayed with a specific message, and value of calculated variance is to the right of the message.
 - ⑪ Save a copy of your file, and submit an electronic copy to the county and/or COG. A signed copy of the forms is also required, but please be aware that some forms are not printer friendly as the forms are wider to incorporate a wider service selection.
 - ⑫

State Fiscal Year: SFY 2023-2024

Provider Name: Chatham County Council on Aging

Address Line 1: 365 Highway 87 N Pittsboro NC 27312

Address Line 2: <-----REQUIRES INPUT TO POPULATE WORKBOOK

County: CHATHAM
 Area Agency on Aging: Triangle J Council of Governments

Please Select Services to Be Delivered		Federal/State	Local Match	
Senior Center Operation	170	\$ 120,500	\$ 13,389	<<--Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Compu
Congregate Nutrition	180	\$ 95,000	\$ 10,556	<<--Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Compu
Home Delivered Meals	020	\$ 120,000	\$ 13,334	<<--Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Compu
Information & Case Assistance	040	\$ -	\$ -	
In-Home Aide-Level II - Personal Care	042	\$ 243,198	\$ 27,022	<<--Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Compu
In-Home Aide-Level III - Personal Care	045	\$ 65,000	\$ 7,223	<<--Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Compu
Health Promotion/Disease Prevention	220	\$ 5,000	\$ 556	<<--Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Compu
Volunteer Program Development	#N/A	\$ 8,000	\$ 889	<<--Local Match will need to be broken out by source (Cash/In-Kind) on 732A Svc Cost Compu
REQUIRES INPUT TO POPULATE WORKBOOK-->			\$ -	
REQUIRES INPUT TO POPULATE WORKBOOK-->			\$ -	
REQUIRES INPUT TO POPULATE WORKBOOK-->			\$ -	
REQUIRES INPUT TO POPULATE WORKBOOK-->			\$ -	
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REQUIRES INPUT TO POPULATE WORKBOOK-->			\$ -	

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

Service		Prior Yr. Funding	Prior Year Rate	Current Yr Funding	Current Year Rate	Funding Diff.	Rate Diff.
Senior Center Operation	170	\$ 120,761		\$ 120,500	0.0000	\$ (261)	\$ -
Congregate Nutrition	180	\$ 135,496		\$ 95,000	7.4589	\$ (40,496)	\$ 7.4589
Home Delivered Meals	020	\$ 116,218		\$ 120,000	7.7926	\$ 3,782	\$ 7.7926
Information & Case Assistance	040				0.0000	\$ -	\$ -
In-Home Aide-Level II - Personal Care	042	\$ 250,695		\$ 243,198	32.5000	\$ (7,497)	\$ 32.5000
In-Home Aide-Level III - Personal Care	045	\$ 45,000		\$ 65,000	32.5000	\$ 20,000	\$ 32.5000
Health Promotion/Disease Prevention	220	\$ 10,000		\$ 5,000	0.0000	\$ (5,000)	\$ -
Volunteer Program Development	#N/A	\$ 10,000		\$ 8,000	0.0000	\$ (2,000)	\$ -
					0.0000	\$ -	\$ -
					0.0000	\$ -	\$ -
					0.0000	\$ -	\$ -
					0.0000	\$ -	\$ -
					0.0000	\$ -	\$ -

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F. Subtotal, General Operating Expenses	\$ 1,239,228	\$ -	\$ 252,829	\$ 206,233	\$ 268,913	\$ -	\$ 385,270	\$ 65,000	\$ 42,183	\$ 18,800	\$ -	\$ -	\$ -	\$ -	\$ -
G. Subtotal, Other Administrative Cost Not Allocated in Lines II.A through E	\$ 104,090	\$ -	\$ 78,853	\$ -	\$ 14,135	\$ -	\$ 3,280	\$ 7,222	\$ -	\$ 600	\$ -	\$ -	\$ -	\$ -	\$ -
H. Total Proj. Expenses Prior to Admin. Distribution	\$ 1,351,558	\$ -	\$ 337,782	\$ 206,473	\$ 283,048	\$ -	\$ 388,550	\$ 72,222	\$ 43,483	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ -
I. Distribution of Administrative Cost	\$ 0	\$ -	\$ -	\$ -	\$ 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
J. Total Proj. Expenses After Admin. Distribution	\$ 1,351,558	\$ -	\$ 337,782	\$ 206,473	\$ 283,048	\$ -	\$ 388,550	\$ 72,222	\$ 43,483	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ -

Prices Must Equal

III. Computation of Rates	Grand Total	Service		Service		Service		Service		Service		Service		Service		Service		Service	
		Senior Center Operation 170	Congregate Nutrition 180	Home Delivered Meals 020	Information & Case Assistance 040	me Aide-Level II - Personal 042	me Aide-Level III - Personal 045	h Promotion/Disease Prevelunteer Program Developm 220	190	0 #N/A	0 #N/A	0 #N/A	0 #N/A	0 #N/A	0 #N/A	0 #N/A	0 #N/A	0 #N/A	0 #N/A
A. Computation of Unit Cost Rate:																			
1. Total Expenses (equals line II.J)	\$ 1,351,558	\$ 337,782	\$ 206,473	\$ 283,048	\$ -	\$ 388,550	\$ 72,222	\$ 43,483	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Total Projected Units		25,000	32,941	11,955	2,222														
3. Total Unit Cost Rate		\$ -	\$ 8.2589	\$ 8.5926	\$ -	\$ 32.5000	\$ 32.5000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Computation of Reimbursement Rate:																			
1. Total Revenues (equals line I.J)	\$ 1,351,560	\$ 337,782	\$ 206,473	\$ 283,048	\$ -	\$ 388,550	\$ 72,222	\$ 43,483	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Less: NSIP (equals line I.D)	\$ 46,353	\$ -	\$ 20,000	\$ 26,353	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Title V (equals line I.E less II.D)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non Match In-Kind (equals line I.H less II.C)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Revenues Subject to Unit Reimbursement	\$ 1,305,207	\$ 337,782	\$ 186,473	\$ 256,695	\$ -	\$ 388,550	\$ 72,222	\$ 43,483	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Total Projected Units (equals line III.A.2)			25,000	32,941		11,955	2,222												
5. Total Reimbursement Rate		\$ -	\$ 7.4589	\$ 7.7926	\$ -	\$ 32.5000	\$ 32.5000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C. Units Reimbursed Through HCCBG			14,152	17,110		8,314	2,222												
D. Units Reimbursed Through Program Income*																			
E. Units Reimbursed Through Remaining Revenues			10,848	15,831		3,641													
F. Total Units Reimbursed/Total Projected Units			25,000	32,941		11,955	2,222												

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

Certification:

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

Lacey Monte
Authorized Signature

Finance Officer
Title

8/18/2022
Date

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

DAAS-732A	DAAS-732
Block Grant Funding	Line I.A Col. A
Required Local Match-Cash & In-Kind	Line I.B Col. B
Net Service Cost	Line I.C Col. C
NSIP Subsidy	Line I.D Col. D
Total Funding	L. I.C+I.D Col. E
Projected HCCBG Reimbursed Units	Line III.C Col. F
Total Reimbursement Rate	Line III.B.5 Col. G
Projected Total Service Units	Line III.F Col. I

Home and Community Care Block Grant for Older Adults

Chatham County Council on Aging
 365 Highway 87 N Pittsboro NC 27312
 0

County Funding Plan

Provider Services Summary

DAAS-732

County:

CHATHAM

Budget Period:

July 2023 through June 2024

Revision #:

1 Date: 5/26/2023

Services	Serv. Delivery (Check One)		A				B	C	D	E	F	G	H	I
	Direct	Purchase	Block Grant Funding				Required Local Match	Net Service Cost	NSIP Subsidy	Total Funding	Projected HCCBG Units	Projected Reimburse Rate	Projected HCCBG Clients	Projected Total Units
			Access	In-Home	Other	Total								
Senior Center Operation	X		\$ -	\$ -	\$ 120,500	\$ 120,500	\$ 13,389	\$ 133,889	\$ -	\$ 133,889	-	\$ -		-
Congregate Nutrition	X		\$ -	\$ -	\$ 95,000	\$ 95,000	\$ 10,556	\$ 105,556	\$ 20,000	\$ 125,556	14,152	\$ 7.4589	190	25,000
Home Delivered Meals	X		\$ -	\$ 120,000	\$ -	\$ 120,000	\$ 13,333	\$ 133,333	\$ 26,353	\$ 159,686	17,110	\$ 7.7926	90	32,941
Information & Case Assistance	X		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	900	-
In-Home Aide-Level II - Personal Care		X	\$ -	\$ 243,198	\$ -	\$ 243,198	\$ 27,022	\$ 270,220	\$ -	\$ 270,220	8,314	\$ 32.5000	22	11,955
In-Home Aide-Level III - Personal Care		X	\$ -	\$ 65,000	\$ -	\$ 65,000	\$ 7,222	\$ 72,222	\$ -	\$ 72,222	2,222	\$ 32.5000	9	2,222
Health Promotion/Disease Prevention	X		\$ -	\$ -	\$ 5,000	\$ 5,000	\$ 556	\$ 5,556	\$ -	\$ 5,556	-	\$ -	325	-
Volunteer Program Development	X		\$ -	\$ -	\$ -	\$ 8,000	\$ 889	\$ 8,889	\$ -	\$ 8,889	-	\$ -	250	-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
Total			\$ -	\$ 428,198	\$ 220,500	\$ 656,698	\$ 72,967	\$ 729,665	\$ 46,353	\$ 776,018	41,799		1,786	72,119

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

 Authorized Signature, Title
 Community Service Provider

Date

 Signature, County Finance Officer

Date

 Signature, Chairman, Board of Commissioners

Date

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

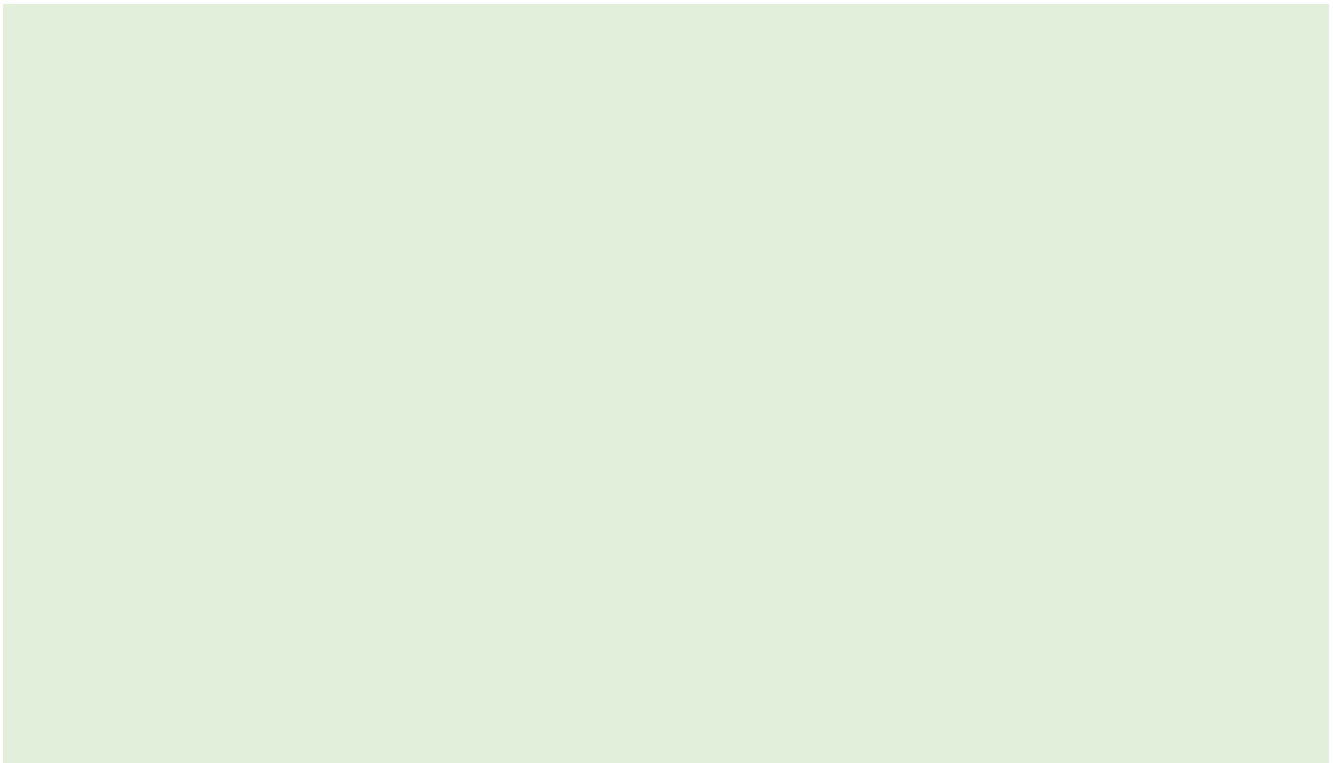
July 2023 through June 2024

Outreach Methodology to Address the Service Needs of Target Population

Community Service Provider: Chatham County Council on Aging

County: CHATHAM

While all older adults age 60 and over are eligible for services, sec. 305(a)(2)(E) of the Older Americans Act requires programs to target services to older individuals with the greatest economic and social need, (with particular attention to low-income older adults, including low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas). The community service provider shall specify how these service needs will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conform with specific objectives established by the Area Agency on Aging, for providing services to low income minority individuals. Additional pages may be used as necessary.



July 2023 through June 2024

**Home and Community Care Block Grant for Older Adults
Community Service Provider
Standard Assurances**

Chatham County Council on Aging agrees to provide services through the Home and Community Care Block Grant, as specified on the Provider Services Summary (DAAS-732) in accordance with the following:

1. Services shall be provided in accordance with requirements set forth in:
 - a) The County Funding Plan;
 - b) The Division of Aging and Adult Services Home and Community Care Block Grant Procedures Manual for Community Service Providers; and
 - c) The Division of Aging and Adult Services Standards at <https://www.ncdhhs.gov/divisions/daas/monitoring>

Community service providers shall monitor any subcontracts with providers of Block Grant services and take appropriate measures to ensure that services are provided in accordance with the aforementioned documents.
 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 elderly 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) Determining the amount of services to be received by the client; and
 - e) Reviewing consumer contributions policies with eligible clients.
 4. All licenses, permits, bonds, and insurance necessary for carrying out Block Grant Services will be maintained by the community service provider and any subcontracted providers.
 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 contracted providers may appeal or dispute a decision made by the community service provider.
 6. Applicant/Client appeals shall be addressed as specified in Section 7 of the Division of Aging and Adult Services Home and Community Care Block Grant Manual for Community Service Providers.
 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 2006 Amendments to the Older Americans Act (DAAS-734 Standard Assurances Regarding In-Home Client Rights).
 11. Subcontracting – All HCCBG community service providers must assure that subcontractors (for-profit and non-profit entities only) meet the following requirements:
 - a. The subcontractor has not been suspended or debarred. (N.C.G.S. §143C-6-23, 09 NCAC 03M)
 - b. The subcontractor has not been barred from doing business at the federal level.
 - c. The subcontractor is able to produce a notarized [“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 Adult Aging Services is notified of suspected or confirmed security incidents and data breaches.
 13. Record Retention and Disposition. All community service providers are responsible for maintaining custody of records and documentation to support the allowable expenditure of funds, service provision, and the reimbursement of services. Service providers must adhere to the approved record retention and disposition schedule posted at <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 schedules posted by the NC Department of Natural and Cultural Resources at <https://archives.ncdcr.gov/government/local>
- 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.

Lacee Monte 6/3/2022

(Authorized Signature)

(Date)

**Standard Assurance To Comply with Older Americans Act
Requirements Regarding Clients Rights
For
Agencies Providing In-Home Services through the
Home and Community Care Block Grant for Older Adults**

As a provider of one or more of the services listed below, our agency agrees to notify all Home and Community Care Block Grant clients receiving any of the below listed services provided by this agency of their rights as a service recipient. Services in this assurance include:

- In-Home Aide
- Home Care (home health)
- Housing and Home Improvement
- Adult Day Care or Adult Day Health Care

Notification will include, at a minimum, an oral review of the information outlined below as well as providing each service recipient with a copy of the information in written form. In addition, providers of in-home services will establish a procedure to document that client rights information has been discussed with in-home services clients (e.g. copy of signed Client Bill of Rights statement).

Clients Rights information to be communicated to service recipients will include, at a minimum, the right to:

- be fully informed, in advance, about each in-home service to be provided and any change in service(s) that may affect the wellbeing of the participant;
- participate in planning and changing any in-home service provided unless the client is adjudicated incompetent;
- voice a grievance with respect to service that is or fails to be provided, without discrimination or reprisal as a result of voicing a grievance;
- confidentiality of records relating to the individual;
- have property treated with respect; and
- be fully informed both orally and in writing, in advance of receiving an in-home service, of the individual's rights and obligations.

Client Rights will be distributed to, and discussed with, each new client receiving one or more of the above listed services prior to the onset of service. For all existing clients, the above information will be provided no later than the next regularly scheduled service reassessment.

Agency Name: Chatham County Council on Aging

Name of Agency Administrator: Lacee Monte

Signature: _____

(Please return this form to your Area Agency on Aging and retain a copy for your files.)

CLIENT/PATIENT RIGHTS

1. You have the right to be fully informed of all your rights and responsibilities as a client/p 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
 4. You have the right to be fully informed in advance of any changes in the care that you r 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 alte 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 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 resp held in strict confidence, to be shared only with your written consent and as it relates to obtaining of other needed community services.
 8. You have the right to expect the preservation of your privacy and respect for your prop
 9. You have the right to receive a timely response to your request for service.
 10. You shall be admitted for service only if the agency has the ability to provide safe and professional care at the level of intensity needed.
 11. You have the right to be informed of agency policies, changes, and costs for services.
 12. If you are denied service solely on you inability to pay, you have the right to be referre elsewhere.
 13. You have the right to honest, accurate information regarding the industry, agency and program in particular.
 14. You have the right to be fully informed about other services provided by this agency.
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Internal Consistency Ch

Review of Local Match Comparison Input Sheet vs. 732A Cash and In-Kind Totals

Senior Center Operation	OK
Congregate Nutrition	OK
Home Delivered Meals	Match Totals Do Not Match Difference Is--->
Information & Case Assistance	OK
In-Home Aide-Level II - Personal Care	OK
In-Home Aide-Level III - Personal Care	Match Totals Do Not Match Difference Is--->
Health Promotion/Disease Prevention	OK
Volunteer Program Development	OK
0	OK
0	OK
0	OK
0	OK
0	OK
0	OK
0	OK

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

Total Assignable Salary and Cumulative Salary total for Se

0

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Difference

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