NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Aging and
Adult Services

Aging Resource Management System

ARMS

Reimbursement Reports Manual
ZGA Series XXX

And other Financial Reports

Version 5

Prepared for Users of ARMS

Revised November 16, 2016
Created November 1994

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ZGA370: PROVIDER REIMBURSEMENT

This report is a detailed account of community service provider activity. For each service provider within a county, within a region, this report details activity by HCCBG category of service, i.e. Access, In-Home and Support, Congregate Nutrition and Home Delivered Nutrition. Column names and definitions are:

Heading: Identifies the report/document, Region, County, service Provider (number) and the category of service in which the service provider is active.

Column 1. **SERV CODE** - The community service code applicable to the category activity. Active services provided for a category for an individual provider may be singular or multiple.

Column 2. **BUDGETED SERVICE COST** - The amount of Federal, State and minimum local funds budgeted for a given service code within a given category.

Column 3. PROGRAM **GROSS HCCBG ALLOTMENT** - The allotted quarterly amounts for each service budget. Quarter one is for services from July and August reimbursed in August and September. Quarter two is for service delivered in September, October and November and reimbursed in October, November and December. The amount reflected in this column will be progressive in nature. The quarters are based on the state's cash basis accounting system. Quarter one reflects the two months allocated and paid in the state's first quarter ending September. Quarter two represents the five months of cumulative payments through December. Quarter three represents eight months, quarter four represents 11 months and the final month of June will be reimbursed in July. Column 2 divided by 12 equals the monthly amount and the monthly amount times the number of months in the quarter equal the quarterly HCCBG allotment.

Column 4. **CURRENT UNITS** - Number of units (current and prior month's adjustments) reported for the purpose of calculating reimbursement for the current month reported.

Column 5. **GROSS UNIT RATE** - Current reimbursement amount for each unit.

Column 6. **GROSS CURRENT MONTH EXP** - Current costs calculated by multiplying the unit rates of the various services provided by the number of units reported in Column 4.

Column 7. **CURRENT MONTH CS/PI*** - The total amount of program income reported from client cost sharing activities for the report period. *(*CS/PI = Consumer Contributions)*

ZGA370: PROVIDER REIMBURSEMENT CONTINUED

Column 8.   **OTHER ADJ** - this column reflects adjustments resulting from limits of reimbursement forced by the quarterly allocations and or budget ceiling amounts. EXAMPLE: if the YTD requested reimbursement exceed the allotment for the quarter, the system adjusts the reimbursement request not to exceed the quarterly allotment. Or in the first month of a subsequent quarter unpaid reimbursements limited in prior quarters is factored in for payment.

Column 9.   **ADJ CURRENT MONTH EXPEND** - Column 6 minus Column 7 plus or minus Column 8. This is the amount of request that is subject to the application of the Federal, State and local share in computing the reimbursement of Federal and State shares of the reimbursement request.

Column 10.   **CURRENT MONTH LOCAL SHARE** - 10% of column 9.

Column 11.   **CURRENT MOTH EXPEND** - 90% of Column 9. Or subtract Column 10 from Column 9.

Column 12.   **NSIP CURRENT MONTH REIMB** - The amount reflected in this column is computed by multiplying the current NSIP per meal rate times the number of units reported in Column 2. This column is only applicable to Congregate and Home Delivered Nutrition categories and is a supplement to the meals component of the HCCBG.

Column 13.   **TOTAL REIMB** - This column is computed by adding Column 11 and column 12 and represent the Total Reimbursement for Current Month.

The totals of the detail both by category and by provider reconcile with the, ZGA370-A. This detail will also reconcile with the ZGA380-A and ZGA390 series reports. Every reports may not be suitable for your needs. You may rely on one or more of these reports for general ledger entries, reimbursements to providers or regional reimbursements to counties.

```
                        NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
RUN DATE: 01/14/2015               PROVIDER REIMBURSEMENT REPORT - ZGA370
MONTH REPORTING:December 2014              REGION A COUNTY 044 Haywood
PRINT DATE: 01/14/2015     PROVIDER A044 HAYWOOD COUNTY HEALTH AND HUMAN SERVICES
                                CATEGORY IN HOME AND SUPPORT SERVICES
```

1	2	3	4	5	6	7	8	9	10	11	12	13
SERV CODE	GROSS BUDGETED SERVICE COST	PROGRAM GROSS HCCBG ALLOTMENT	CURRENT UNITS	GROSS UNIT RATE	GROSS CURRENT MONTH EXP	CURRENT MONTH CS/PI	OTHER ADJ	ADJ CURRENT MONTH EXPEND	CURRENT MONTH LOCAL SHARE	NET CURRENT MONTH EXPEND	NSIP CURRENT MONTH REIMB	TOTAL REIMB
030	25,062	13,165	90	36.3734	3,274	-248	-720	2,306	231	2,075	0	2,075
031	3,647	1,916	60	3.6792	221	0	0	221	22	199	0	199
155	21,458	11,272	31	38.5211	1,194	0	0	1,194	119	1,075	0	1,075
156	3,912	2,055	42	4.7824	201	0	0	201	20	181	0	181

```
    CATEGORY IN HOME AND SUPPORT SERVICES TOTAL
```

	2	3	4		6	7	8	9	10	11	12	13
	54,079	28,408	223		4,890	-248	-720	3,922	392	3,530	0	3,530

```
    PROVIDER A044 HAYWOOD COUNTY HEALTH AND HUMAN SERVICES AGENCY TOTAL
```

	2	3	4		6	7	8	9	10	11	12	13
	120,277	63,182	2,574		12,384	-568	-2,732	9,084	908	8,176	1,764	9,940

Figure 1 - ZGA-370 - Provider Reimbursement Report

ZGA370-A: PROVIDER SUMMARY

This report is a summary of community service provider activity. For each service provider within a county this report summarizes activity by HCCBG category of service, i.e., Access, In-Home and Support, Congregate Nutrition and Home Delivered Nutrition. Column names and definitions are:

Heading: Identifies the report/document, Region and County for which the service providers are listed.

Column 1. **PROVIDER CODE** - The community service provider's identification code.

Column 2. **CATEGORY** - Identifies the service category in which activity occurred.

Column 3. **CURRENT UNITS** - Number of units (Current and prior month's adjustments) reported for the purpose of calculating reimbursement for the current month reported.

Column 4. **GROSS CURRENT MONTH EXP** - Current costs calculated by multiplying the unit rates of the various services provided by the number of units reported in Column 3.

Column 5. **CURRENT MONTH CS/PI*** - Total amount of program income reported from client cost sharing activities for the report period. *(*CS/PI = Consumer Contributions)*

Column 6. **OTHER ADJ** - Adjustments resulting from limits of reimbursement forced by the quarterly allocations and or budget ceiling amounts. As an example, if the YTD requested reimbursement exceed the allotment for the quarter, the system adjusts the reimbursement request not to exceed the quarterly allotments. In the first month of a subsequent quarter unpaid reimbursements limited in prior quarters is factored in for payment.

Column 7. **ADJ CURRENT MONTH EXPEND** - Column 4 minus column 5 plus or minus Column 6. This is the amount of request that is subject to the application of the Federal, State and local share in computing the reimbursement of Federal and State shares of the reimbursement request.

Column 8. **CURR MONTH LOCAL SHARE** - 10% of Column 7.

Column 9. **NET CURRENT MONTH EXPEND** - 90% of Column 7. Or subtract Column 8 from Column 7.

Column 10. **NSIP CURRENT MONTH REIMB** - Supplement to the meals component of the HCCBG. The amount reflected here is computed by multiplying the current *NSIP* per meal rate times the number of units reported in Column 3. This column is only applicable to Congregate and Home Delivered Nutrition categories.

Column 11. **TOTAL REIMB** - Final amount DAAS reimburses. This amount is computed by adding Column 9 and Column 10.

```
                            NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
RUN DATE: 01/14/2015                  PROVIDER SUMMARY REPORT - ZGA370-A
MONTH REPORTING:December 2014              REGION A COUNTY 044 Haywood
PRINT DATE: 01/14/2015
```

1	2	3	4 GROSS CURRENT MONTH EXP	5 CURRENT MONTH CS/PI	6 OTHER ADJ	7 ADJ CURRENT MONTH EXPEND	8 CURRENT MONTH LOCAL SHARE	9 NET CURRENT MONTH EXPEND	10 NSIP CURRENT MONTH REIMB	11
PROVIDER CODE	CATEGORY	CURRENT UNITS								TOTAL REIMB
A016	IN HOME AND SUPPORT SERVICES	164	3,282	0	-1,177	2,105	211	1,894	0	1,894
	PROVIDER 016 INTERIM HEALTHCARE TOTAL									
		164	3,282	0	-1,177	2,105	211	1,894	0	1,894
A044	HOME DELIVERED NUTRITION SERVIC	2,351	7,494	-320	-2,012	5,162	516	4,646	1,764	6,410
A044	IN HOME AND SUPPORT SERVICES	223	4,890	-248	-720	3,922	392	3,530	0	3,530
	PROVIDER 044 HAYWOOD COUNTY HEALTH AND HUMAN SERVICES AGENCY TOTAL									
		2,574	12,384	-568	-2,732	9,084	908	8,176	1,764	9,940
A062	ACCESS SERVICES	665	14,059	0	-6,818	7,241	724	6,517	0	6,517
A062	CONGREGATE NUTRITION SERVICES	907	9,444	-858	-309	8,277	828	7,449	680	8,129
A062	IN HOME AND SUPPORT SERVICES	555	10,875	-250	-255	10,370	1,037	9,333	0	9,333
	PROVIDER 062 MOUNTAIN PROJECTS INC TOTAL									
		2,127	34,378	-1,108	-7,382	25,888	2,589	23,299	680	23,979
	COUNTY 044 Haywood TOTAL	4,865	50,044	-1,676	-11,291	37,077	3,708	33,369	2,444	35,813

Figure 2 - ZGA-370-A - Provider Summary Report

ZGA370-A-YTD: YEAR-TO-DATE PROVIDER SUMMARY

This report is a summary of community service provider activity. For each service provider within a county this report summarizes activity by HCCBG category of service, i.e., Access, In-Home and Support, Congregate Nutrition and Home Delivered Nutrition. Column names and definitions are:

Heading: Identifies the report/document, Region and County for which the service providers are listed.

Column 1. **PROV CODE** - The community service provider's identification code.

Column 2. **CATEGORY** - Identifies the service category in which activity occurred.

Column 3. **YTD UNITS** - Number of units reported for the purpose of calculating reimbursement Year-to-Date.

Column 4. **GROSS YTD EXP** - Year-to-Date costs calculated by multiplying the unit rates of the various services provided by the number of units reported in Column3.

Column 5. **YTD CS/PI*** - Total amount of program income reported from client cost sharing activities Year-to-Date. *(*CS/PI = Consumer Contributions)*

Column 6. **OTHER ADJ** - Adjustments resulting from limits of reimbursement forced by the quarterly allocations or budget ceiling amounts. As an example, if the YTD requested reimbursement exceed the allotment for the quarter, the system adjusts the reimbursement request not to exceed the quarterly allotment. In the first month of a subsequent quarter unpaid reimbursements limited in prior quarters is factored in for payment.

Column 7. **YTD ADJ EXP** - Column 4 minus Column 5 plus or minus Column 6. This is the amount of request that is subject to the application of the Federal, State and local share in computing the reimbursement of Federal and State shares of the reimbursement request.

Column 8. **YTD LOCAL SHARE** - 10% of Column 7.

Column 9. **YTD NET REIMB** - 90% of column 7 or subtract Column 8 from Column 7.

Column 10. **YTD NET NSIP** - Supplement to the meals component of the HCCBG. The amount reflected here is computed by multiplying the current NSIP rate times the number of YTD Units reported in Column 3. This column is only applicable to Congregate and Home Delivered Nutrition categories.

Column 11. **TOTAL YTD REIMB** - Final amount DAAS reimburses. This amount is computed by adding Column 9 and Column 10.

Column 12. **UNAPP PRGM INC** - Unapplied program income. Program income reported exceeds expenditures.

Column 13. **EXPEND EXCEED ALLOC** - Amount that expenditures exceed quarterly allotments. Should be reimbursed in the following quarter.

```
                              NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
RUN DATE: 04/14/2014                 PROVIDER SUMMARY REPORT - ZGA370-A-YTD
MONTH REPORTING:March 2014                  REGION A COUNTY 020 Cherokee
PRINT DATE: 05/09/2014
```

1	2	3	4	5	6	7	8	9	10	11	12	13
PROV CODE	CATEGORY	YTD UNITS	GROSS YTD EXP	YTD CS/PI	OTHER ADJ	YTD ADJ EXPEND	YTD LOCAL SHARE	YTD NET REIMB	YTD NET NSIP	TOTAL YTD REIMB	UNAPP PROGRAM INCOME	EXPEND EXCEED ALLOC
A017	ACCESS SERVICES	5,314	29,832	-1,847	0	27,985	2,799	25,186	0	25,186	0	0
	PROVIDER 017 CHEROKEE COUNTY TRANSIT TOTAL											
		5,314	29,832	-1,847	0	27,985	2,799	25,186	0	25,186	0	0
A020	IN HOME AND SUPPORT SERVICES	2,129	81,215	-212	-10,172	70,831	7,083	63,748	0	63,748	0	10,384
	PROVIDER 020 CHEROKEE COUNTY DSS TOTAL											
		2,129	81,215	-212	-10,172	70,831	7,083	63,748	0	63,748	0	10,384
A065	ACCESS SERVICES	4,063	22,809	-1,406	-4,124	17,279	1,728	15,551	0	15,551	0	5,530
A065	CONGREGATE NUTRITION SERVICES		39,317	-5,716	0	33,601	3,360	30,241	6,045	30,241	0	0
A065	HOME DELIVERED NUTRITION SERVICES		59,969	-5,746	0	54,223	5,422	48,801	10,096	48,801	0	0
A065	IN HOME AND SUPPORT SERVICES	0	3,725	-10	0	3,715	372	3,343	0	3,343	0	0
	PROVIDER 065 J ROBERT PENLAND SENIOR CENTER TOTAL											
		25,584	125,820	-12,878	-4,124	108,818	10,882	97,936	16,141	97,936	0	5,530
	COUNTY 020 Cherokee TOTAL											
		33,027	236,867	-14,937	-14,296	207,634	20,764	186,870	16,141	186,870	0	15,914

Figure 3 -ZGA-370-YTD - Provider Summary Report

ZGA370-YTD: YEAR-TO-DATE PROVIDER REIMBURSEMENT

This report is a detail account of community service provider activity. For each service provider within a county, within a region, this report details activity by HCCBG category of service, i.e. Access, In-Home and Support, Congregate Nutrition and Home Delivered Nutrition. Column names and definitions are:

Heading: Identifies the report/document, Region, County, Service provider (number and the category of service in which the service provider is active.

Column 1.   **SERV CODE** - The community service code applicable to the category activity. Active services provided for a category for an individual provider may be singular or multiple.

Column 2.   **YTD UNITS** - Number of units reported for the purpose of calculating reimbursement year-to-date.

Column 3.   **GROSS UNIT RATE** - Reimbursement amount for each unit.

Column 4.   **NET BUDGETED F/S ONLY SERV COST** - The amount of Federal and State budgeted for a given service code within a given category.

Column 5.   **GROSS YTD EXP** - Year-to-Date costs calculated by multiplying the unit rates of the various services provided by the number of units reported in Column 4.

Column 6.   **YTD CS/PI** - The total amount of program income reported from client cost sharing activities Year-to-Date.

Column 7.   **OTHER ADJ** - This column reflects adjustments resulting from limits of reimbursement forced by the quarterly allocations and or budget ceiling amounts. EXAMPLE: if the YTD requested reimbursement exceed the allotment for the quarter, the system adjusts the reimbursement request not to exceed the quarterly allotment. Or in the first month of a subsequent quarter unpaid reimbursements limited in prior quarters is factored in for payment.

Column 8.   **YTD ADJ EXPEND** - Column 5 minus Column 6 plus or minus Column 7. This is the amount of request that is subject to the application of the Federal, State and local share in computing the reimbursement of Federal and State shares of the reimbursement request.

Column 9.   **YTD LOCAL SHARE** - 10% of Column 8.

Column 10.   **YTD NET REIMB** - 90% of column 8 or subtract Column 9 from Column 8.

ZGA370-YTD: YEAR-TO-DATE PROVIDER REIMBURSEMENT CONTINUED

Column 11.   **YTD NET NSIP** - Supplement to the meals component of the HCCBG. The amount reflected here is computed by multiplying the current *NSIP* per meal rate times the number of units reported in Column 2. This column is only applicable to Congregate and Home Delivered Nutrition categories.

Column 12.   **TOTAL YTD REIM** - Final amount DAAS reimburses. This amount is computed by adding Column 11 and Column 12.

Column 13.   **% OF BUDGET REIMBURSED** - Column 12 divided by Column 4.

The totals of the detail both by category and by provider reconcile with the ZGA370A. This detail will also reconcile with the ZGA380-A and ZGA390 series reports, all reports will not be suitable for your needs but you will rely on one or more of these reports for general ledger entries, reimbursements to providers or regional reimbursement to counties.


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                              NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
RUN DATE: 01/14/2015                 PROVIDER REIMBURSEMENT REPORT - ZGA370-YTD
MONTH REPORTING:December 2014                  REGION A COUNTY 044 Haywood
PRINT DATE: 01/14/2015        PROVIDER 044 HAYWOOD COUNTY HEALTH AND HUMAN SERVICES AGENCY
                                  CATEGORY:HOME DELIVERED NUTRITION SERVICES
```

1	2	3	4 NET BUDGETED F/S ONLY SVC COST	5	6	7	8	9	10	11	12	13
SERV CODE	YTD UNITS	GROSS UNIT RATE		GROSS YTD EXP	YTD CS/PI	OTHER ADJ	YTD ADJ EXPEND	YTD LOCAL SHARE	YTD NET REIMB	YTD NET NSIP	TOTAL YTD REIMB	% OF BUDGET REIMB
020	8,484	5.7424	59,578	48,719	-385	-13,560	34,774	3,477	31,297	6,363	37,660	53
021	6,545	0.0000	0	0	0	0	0	0	0	4,909	4,909	0
CATEGORY HOME DELIVERED NUTRITION SERVICES TOTAL	15,029		59,578	48,719	-385	-13,560	34,774	3,477	31,297	11,272	42,569	

Figure 4 - ZGA-370-YTD - Provider Reimbursement Report

ZGA370-CNTY
ZGA370-CNTY-YTD
ZGA370-A-CNTY
ZGA370-A-CNTY-YTD

The column definitions on this series of ZGA370 reports are the same as the previous ZGA370 series except the reports are sorted by county. These reports are mailed directly to the respective county finance officers each month by the Controller's Office.

ZGA370-5: LEGAL SUMMARY REPORT

This report is a summary of community service provider activity for legal services.
This report summarizes activity by region, provider, and county for current month and
Y-T-D activity. Column names and definitions are:

Heading: Identifies the report/document, region and service provider (name and number).

Column 1.   **CNTY CODE** - Identifies the county.

Column 2.   **GROSS UNIT RATE** - Reimbursement amount for each unit.

Column 3.   **GROSS BUDGETED SERVICE COST** - The amount of Federal, State, and minimum local funds budgeted for a given service code within a category.

Column 4.   **CURRENT UNITS** - Number of units (Current and prior month's adjustments) reported for the purpose of calculating reimbursement for the Current month reported.

Column 5.   **YTD UNITS** - Number of units reported for the purpose of calculating reimbursement Year-to-Date.

Column 6.   **YTD CS/PI** - Total amount of program income reported from client cost sharing activities Year-to-Date.

Column 7.   **GROSS CURRENT MONTH EXP** - Current costs calculated by multiplying the unit rates of the various services provided by the number of units reported in Column 4.

Column 8.   **CURRENT MONTH CS/PI** - The total amount of program income reported from client cost sharing activities for the report period.

Column 9.   **ADJ GROSS CURRENT MONTH** - Column 7 minus column 8. This calculation is mandated by federal regulation 45 CFR 92.25 which requires program income to be used to fund the program costs prior to any reimbursement of federal funds.

Column 10.   **OTHER ADJ** - Adjustments resulting from limits of reimbursement forced by the quarterly allocations and or budget ceiling amounts. As an example, if the YTD requested reimbursement exceed the allotment for the quarter, the system adjusts the reimbursement request not to exceed the quarterly allotment. In the first month of a subsequent quarter unpaid reimbursements limited in prior quarters is factored in for payment.

> **Quarterly allotment does not apply to Legal (Service code 130)**

ZGA370-5: LEGAL SUMMARY REPORT CONTINUED

Column 11.   **ADJ CURRENT MONTH EXP** - Column 9 minus column 10. This is the amount of request that is subject to the application of the Federal, State, and local share in computing the reimbursement of Federal and State shares of the reimbursement request.

Column 12.   **CURRENT MONTH LOCAL SHARE** - 10% of column 11.

Column 13.   **NET CURRENT MONTH EXPEND** - 90% of column 11. Or subtract column 12 from column 11.

Column 14.   **YTD NET CURRENT REIMB** - Adds column 13 to the prior month's column 14.

Column 15.   **TOTAL REIMB** - Final amount DAAS reimburses.

```
                            NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
  RUN DATE:01/14/2015               LEGAL SUMMARY REPORT - ZGA370-5
  MONTH REPORTING:December 2014                REGION A
  PRINT DATE: 1/14/2015      PROVIDER A010 KERSTEN, DAVIS, & WIJEWICKRAMA, P.A.

                                        CATEGORY LEGAL
```

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
CNTY CODE	GROSS BUDGETED SERVICE COST	CURRENT UNITS	GROSS UNIT RATE	YTD UNITS	YTD CS/PI	GROSS CURRENT MONTH EXP	CURRENT MONTH CS/PI	ADJ GROSS CURRENT MONTH	OTHER ADJ	ADJ CURRENT MONTH EXPEND	CURRENT MONTH LOCAL SHARE	NET CURRENT MONTH EXPEND	YTD NET CURRENT REIMB	TOTAL REIMB
044	3,750	0	75.0000	33	0	0	0	0	0	0	0	0	2,227	0
COUNTY 044 Haywood TOTAL														
	3,750	0		33	0	0	0	0	0	0	0	0	2,227	0
PROVIDER A010 KERSTEN, DAVIS, & WIJEWICKRAMA, P.A. TOTAL														
	3,750	0		33	0	0	0	0	0	0	0	0	2,227	0

Figure 5 - ZGA-370-5 - Legal Summary Report

ZGA370-7: PROVIDER REIMBURSEMENT REPORT - III D/HEALTH-90%

This report is a detail account of community service provider activity. For each service provider within a region, this report details activity for IIID/Health Promotion contracts.

Heading: Identifies the report/document, region, service, and service provider (number).

Column 1.   **PRV CODE** - The community service provider's identification code.

Column 2.   **SERVICE CODE** – Name of the service identified for reimbursement.

Column 3.   **GROSS BUDGETED SERVICE COST** - The amount of Federal, State and minimum local funds budgeted for a given service code.

Column 4.   **GROSS CURRENT MONTH EXP**- The sum of Current month non-unit reimbursement records submitted (Administrative Direct Cost plus Administrative Indirect Cost plus Program Costs). This total will also include prior month expenditures reported during the Current month.

Column 5.   **CURRENT MONTH CS/PI** - The total amount of program income reported from client cost sharing activities for the report period.

Column 6.   **ADJ GROSS CURRENT MONTH** - Column 3 minus Column 4.

Column 7.   **OTHER ADJ** - Adjustments resulting from limits of reimbursement forced by the quarterly allocations and or budget ceiling amounts. As an example, if the Y-T-D requested reimbursement exceeds the allotment for the quarter, the system adjusts the reimbursement request not to exceed the quarterly allotment. In the first month of a subsequent quarter unpaid reimbursement limited in prior quarters is factored in for payment.

> **Quarterly allotment does not apply to III D/Health (Service code 401)**

Column 8.   **ADJ CURRENT MONTH EXP** -   Column 5 minimum column 6. This is the amount of request that is subject to the application of Federal, State, and local share in computing the reimbursement of Federal and State shares of the reimbursement request.

Column 8.   **CURRENT MONTH LOCAL SHARE** - 10% of column 7.

Column 9.   **NET CURRENT MONTH EXPEND** - 90% of column 7. Or subtract column 8 from column 7.

ZGA370-7: PROVIDER REIMBURSEMENT REPORT - III D/HEALTH-90% CONTINUED

Column 10.   **YTD NET CURRENT REIMB** - Adds column 9 to the prior month's column 10.

Column 11.   **TOTAL REIMB** - Final amount DAAS reimburses.

```
                               NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
RUN DATE:01/14/2015                     III D/HEALTH-90% SUMMARY REPORT - ZGA370-7
MONTH REPORTING:December 2014                            REGION A
PRINT DATE: 1/14/2015                           CATEGORY III D/HEALTH-90%
```

1	2	3	4	5	6	7	8	9	10	11	12
PRV CODE	SVC CODE	GROSS BUDGETED SERVICE COST	GROSS CURRENT MONTH EXP	CURRENT MONTH CS/PI	ADJ GROSS CURRENT MONTH	OTHER ADJ	ADJ CURRENT MONTH EXPEND	CURRENT MONTH LOCAL SHARE	NET CURRENT MONTH EXPEND	YTD NET CURRENT REIMB	TOTAL REIMB
A018	401	13,591	1,040	0	1,040	0	1,040	104	936	9,154	936
PROVIDER A018 SW NC PLANNING COMMISSION TOTAL											
		13,591	1,040	0	1,040	0	1,040	104	936	9,154	936
REGION A TOTAL											
SERVICE 401		13,591	1,040	0	1,040	0	1,040	104	936	9,154	936
OVERALL		13,591	1,040	0	1,040	0	1,040	104	936	9,154	936

Figure 6 - ZGA -370-7 - III D / Health

ZGA370-11 SENIOR CENTER GENERAL PURPOSE SUMMARY REPORT

This report is a summary of community service provider activity for State Senior Center General Purpose Funding. This report summarizes activity by region, provider, and county for Current month and Y-T-D activity. Column names and definitions are:

Heading: Identifies the report/document, region and provider for which services are listed.

Column 1.   **CNTY CODE** - Identifies the county.

Column 2.   **GROSS BUDGETED SERVICE COST** - The amount of Federal, State, and minimum local funds budgeted for a given service code within a category.

Column 3.   **CURRENT UNITS** - **Not applicable** to STATE SR CTR GENERAL PURPOSE FUNDING REPORT

Column 4.   **YTD UNITS** - **Not applicable** to STATE SR CTR GENERAL PURPOSE FUNDING REPORT

Column 5.   **YTD CS/PI** - Total amount of program income reported from client cost sharing activities Year-to-Date.

Column 6.   **GROSS CURRENT MONTH EXP** - The sum of Current month non-unit reimbursement records submitted (Administrative Direct Cost plus Administrative Indirect Cost plus Program Costs). This total will also include prior month expenditures reported during the Current month.

Column 7.   **CURRENT MONTH CS/PI** - The total amount of program income reported from client cost sharing activities for the report period.

Column 8.   **ADJ GROSS CURRENT MONTH** - Column 7 minus column 8. This calculation is mandated by federal regulation 45 CFR 92.25, which requires program income to be used to fund the program costs prior to any reimbursement of federal funds.

Column 9.   **OTHER ADJ** - Adjustments resulting from limits of reimbursement forced by the quarterly allocations and or budget ceiling amounts. As an example, if the YTD requested reimbursement exceed the allotment for the quarter, the system adjusts the reimbursement request not to exceed the quarterly allotment. In the first month of a subsequent quarter unpaid reimbursements limited in prior quarters is factored in for payment.

<div style="border:1px solid black; text-align:center; color:red; font-weight:bold;">

Quarterly allotment does not apply to Senior Center General Purpose (176)

</div>

Column 10.   **ADJ CURRENT MONTH EXP** - Column 9 minus column 10. This is the amount of request that is subject to the application of the Federal, State, and local share in computing the reimbursement of Federal and State shares of the reimbursement request.

Column 11.   **CURRENT MONTH LOCAL SHARE** - 10% of Column 11.

Column 12.   **NET CURRENT MONTH EXPEND** - 90% of column 11. Or subtract column 12 from column 11.

Column 13.   **YTD NET CURRENT REIMB** - Adds column 13 to the prior month's column 14.

Column 14.   **TOTAL REIMB** - Final amount DAAS reimburses.

```
                            NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
RUN DATE:01/14/2015         SENIOR CENTER GENERAL PURPOSE SUMMARY REPORT - ZGA370-11
MONTH REPORTING:December 2014                    REGION A
PRINT DATE: 1/14/2015            PROVIDER A037 GRAHAM CO SENIOR SERVICES
                                CATEGORY SENIOR CENTER GENERAL PURPOSE
```

1	2	3	4	5	6	7	8	9	10	11	12	13	14
CNTY CODE	GROSS BUDGETED SERVICE COST	CURRENT UNITS	YTD UNITS	YTD CS/PI	GROSS CURRENT MONTH EXP	CURRENT MONTH CS/PI	ADJ GROSS CURRENT MONTH	OTHER ADJ	ADJ CURRENT MONTH EXPEND	CURRENT MONTH LOCAL SHARE	NET CURRENT MONTH EXPEND	YTD NET CURRENT REIMB	TOTAL REIMB
038	5,190	0	0	0	0	0	0	0	0	0	0	3,892	0
COUNTY 038 Graham TOTAL													
	5,190	0	0	0	0	0	0	0	0	0	0	3,892	0
PROVIDER A037 GRAHAM CO SENIOR SERVICES TOTAL													
	5,190	0	0	0	0	0	0	0	0	0	0	3,892	0

Figure 7 - ZGA-370-11 - Senior Center General Purpose Summary Report

ZGA370-12 FAMILY CAREGIVER SUPPORT SUMMARY REPORT

This report is a summary of community service provider activity for Family Caregiver Support. This report summarizes activity by region, provider, and county for Current month and Y-T-D activity. Column names and definitions are:

Heading: Identifies the report/document, region and provider for which services are listed.

Column 1.   **CNTY CODE** - Identifies the county.

Column 2.   **CATEGORY** - Identifies the service category in which activity occurred.

Column 3.   **GROSS BUDGETED SERVICE COST** - The amount of Federal, State, and minimum local funds budgeted for a given service code within a category.

Column 4.   **CURRENT UNITS** - Number of units (Current and prior month adjustments) reported for the purpose of calculating reimbursement for the Current month reported. Subtract Current Units from YTD Units.

Column 5.   **GROSS UNIT RATE** - Current reimbursement amount for each unit.

Column 6.   **YTD UNITS** – Total Number of All Units reported for the purpose of calculating Reimbursement for YTD Units.

Column 7.   **YTD CS/PI** - Total amount of program income reported from client cost sharing activities Year-to-Date.

Column 8.   **YTD OTHER ADJ** - Adjustments resulting from limits of reimbursement forced by the budget ceiling amounts. As an example, if the YTD requested reimbursement exceeds the budget, the system adjusts the reimbursement request not to exceed the Gross Budgeted Service Cost.

Column 9.   **GROSS CURRENT MONTH EXP** - The sum of Current month non-unit reimbursement records submitted (Administrative Direct Cost plus Administrative Indirect Cost plus Program Costs) and/or unit reimbursement calculated by Current Unit (Column 4) multiplied by Gross Unit Rate (Column 5). The total will also include prior month expenditures reported during the Current month.

Column 10.   **CURRENT MONTH CS/PI** - The total amount of program income reported from client cost sharing activities for the report period.

Column 11.   **ADJ GROSS CURRENT MONTH** - Column 9 minus column 10. This calculation is mandated by federal regulation 45 CFR 92.25, which requires program income to be used to fund the program costs prior to any reimbursement of federal funds.

Column 12. **OTHER ADJ** - Adjustments resulting from limits of reimbursement forced by the quarterly allocations and or budget ceiling amounts. As an example, if the YTD requested reimbursement exceeds the allotment for the quarter, the system adjusts the reimbursement request not to exceed the quarterly allotment. In the first month of a subsequent quarter unpaid reimbursements limited in prior quarters is factored in for payment. Family Caregiver Support does not have any quarterly allotment criteria.

> **Quarterly allotment does not apply to Family Caregiver Support Services**

Column 13. **ADJ CURRENT MONTH EXP** - Column 13 minus Column 14. This is the amount of request that is subject to the application of the Federal, State, and local share in computing the reimbursement request.

Column 14. **CURRENT MONTH LOCAL SHARE** – No calculation.

Column 15. **NET CURRENT MONTH EXPEND** - 100% of Column 13.

Column 16. **YTD NET CURRENT REIMB (Non-Unit)** - Add Column 15 to the prior month Column 15. Example: Current month (May) plus Prior Month (April) = YTD NET CURRENT REIMB.

OR

Column 16. **YTD NET CURRENT REIMB (Unit Rate)** – YTD UNITS multiplied by GROSS UNIT RATE for the purpose of calculating reimbursement for the Current month reported.

Column 17. **TOTAL REIMB** - Final amount to be reimbursed by the State equals Column 16 minus prior month Column 16. Example: Current month (May) minus Prior Month (April) = TOTAL REIMB.

Figure 8 - ZGA-370-12 - Family Caregiver Support Summary Report

ZGA380-A: REGIONAL SUMMARY BY CATEGORY

This report is a summary by region for each category. Total reimbursements for each category are summarized for each region. Column names and definitions are:

Heading: Identifies the report/document name and the Region.

Column 1. **CATEGORY** – Identified the service category.

Column 2. **CURRENT UNITS** – Number of units (Current and prior month's adjustments) reported for the purpose of calculating reimbursement for the Current month reported.

Column 3. **GROSS CURRENT MONTH EXP** – Current costs calculated by multiplying the unit rates of the various services provided by the number of units reported in Column 2.

Column 4. **CURRENT MONTH CS/PI** – Total amount of program income reported from client cost sharing activities for the report period.

Column 5. **ADJ GROSS CURRENT MONTH** – Column 3 minus Column 4. This calculation is mandated by federal regulations 45 CFR 92.25 which required program income to be used to fund the program costs prior to any reimbursement of federal funds.

Column 6. **OTHER ADJ** – Adjustments resulting from limits of reimbursement forced by the quarterly allocations and or budget ceiling amounts. As an example, if the YTD requested reimbursement exceed the allotment for the quarter, the system adjusts the reimbursement request not to exceed the quarterly allotment. In the first month of a subsequent quarter unpaid reimbursements limited in prior quarters is factor in for payment.

Column 7. **ADJ CURRENT MONTH EXP** - Column 5 plus or minus Column 6. This is the amount of request that is subject to the application of the Federal, State and local share in computing the reimbursement of Federal and State share of the reimbursement request.

Column 8. **CURRENT MONTH LOCAL SHARE** – 10% of Column 7.

Column 9. **NET CURRENT MONTH EXPEND** – 90% of Column 7. Or subtract Column 8 from Column7.

Column 10. **YTD NET CURRENT REIMB** -Add Column 9 to the prior month's Column 10.

ZGA380-A: REGIONAL SUMMARY BY CATEGORY CONTINUED

Column 11.   **NSIP CURRENT MONTH REIMB** - supplement to the meals component of the HCCBG. The amount reflected here is computed by multiplying the Current *NSIP* per meal rate times the number of units reported in Column 2. This column is only applicable to Congregate and Home Delivered Nutrition categories.

Column 12.   **TOTAL REIMB** -Final amount DAAS reimburses. This amount is computed by adding Column 9 and Column 11.

```
                          NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
RUN DATE:01/14/2015              REGIONAL SUMMARY BY CATEGORY REPORT - ZGA380-A
MONTH REPORTING:December 2014                      REGION A
PRINT DATE: 1/14/2015
```

1	2	3	4	5	6	7	8	9	10	11	12
CATEGORY	CURRENT UNITS	GROSS CURRENT MONTH EXP	CURRENT MONTH CS/PI	ADJ GROSS CURRENT MONTH	OTHER ADJ	ADJ CURRENT MONTH EXPEND	CURRENT MONTH LOCAL SHARE	NET CURRENT MONTH EXPEND	YTD NET CURRENT REIMB	NSIP CURRENT MONTH REIMB	TOTAL REIMB
ACCESS SERVICES	2,253	29,374	-583	28,791	-5,652	23,139	2,314	20,825	136,734	0	20,825
CONGREGATE NUTRITION SERVICES	5,069	39,188	-3,006	36,182	-87	36,095	3,609	32,486	196,895	3,801	36,287
HOME DELIVERED NUTRITION SERVICES	9,126	53,963	-3,304	50,659	-6,515	44,144	4,415	39,729	250,037	6,846	46,575
IN HOME AND SUPPORT SERVICES	2,873	70,869	-3,470	67,399	3,332	70,731	7,073	63,658	259,535	0	63,658
REGION A TOTAL:	19,321	193,394	-10,363	183,031	-8,922	174,109	17,411	156,698	843,201	10,647.00	167,345

Figure 9 - ZGA-380-A - Regional Summary by Category

ZGA380-B: REGIONAL SUMMARY ALL CATEGORIES

This report is a summary by region for all categories sorted by county. Total reimbursements for categories by county are summarized for each region. Column names and definitions are:

Heading: Identifies the report/document name and the Region.

Column 1.   **COUNTY** – Identifies the county.

Column 2.   **CURRENT UNITS** – Number of units (Current and prior month's adjustments) reported for the purpose of calculating reimbursement for the Current month reported.

Column 3.   **GROSS CURRENT MONTH EXP** – Current costs calculated by multiplying the unit rates of the various services provided by the number of units reported in Column 2.

Column 4.   **CURRENT MONTH CS/PI** – Total amount of program income reported from client cost sharing activities for the report period.

Column 5.   **ADJ GROSS CURRENT MONTH** – Column 3 minus Column 4. This calculation is mandated by federal regulations 45 CFR 92.25 which required program income to be used to fund the program costs prior to any reimbursement of federal funds.

Column 6.   **OTHER ADJ** – Adjustments resulting from limits of reimbursement forced by the quarterly allocations and or budget ceiling amounts. As an example, if the YTD requested reimbursement exceed the allotment for the quarter, the system adjusts the reimbursement request not to exceed the quarterly allotment. In the first month of a subsequent quarter unpaid reimbursements limited in prior quarters is factor in for payment.

Column 7.   **ADJ CURRENT MONTH EXPEND** - Column 5 plus or minus Column 6. This is the amount of request that is subject to the application of the Federal, State and local share in computing the reimbursement of Federal and State share of the reimbursement request.

Column 8.   **CURRENT MONTH LOCAL SHARE** – 10% of Column 7.

Column 9.   **NET CURRENT MONTH REIMB** – 90% of Column 7. Or subtract Column 8 from Column7.

Column 10.   **YTD NET CURRENT REIMB** -Add Column 9 to the prior month's Column 10.

ZGA380-B: REGIONAL SUMMARY ALL CATEGORIES CONTINUED

Column 11.   **NSIP CURRENT MONTH REIMB** - supplement to the meals component of the HCCBG. The amount reflected here is computed by multiplying the Current *NSIP* per meal rate times the number of units reported in Column 2. This column is only applicable to Congregate and Home Delivered Nutrition categories.

Column 12.   **TOTAL REIMB** -Final amount DAAS reimburses. This amount is computed by adding Column 9 and Column 11.

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                              NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
RUN DATE:01/14/2015             REGIONAL SUMMARY ALL CATEGORIES REPORT - ZGA380-B
MONTH REPORTING:December 2014                    REGION A
PRINT DATE: 1/14/2015
```

1	2	3	4	5	6	7	8	9	10	11	12
COUNTY	CURRENT UNITS	GROSS CURRENT MONTH EXP	CURRENT MONTH CS/PI	ADJ GROSS CURRENT MONTH	OTHER ADJ	ADJ CURRENT MONTH EXPEND	CURRENT MONTH LOCAL SHARE	NET CURRENT MONTH EXPEND	YTD NET CURRENT REIMB	NSIP CURRENT MONTH REIMB	TOTAL REIMB
020 Cherokee	3,289	28,792	-1,395	27,397	9	27,406	2,741	24,665	150,287	1,651	26,316
022 Clay	1,605	11,781	0	11,781	1,906	13,687	1,368	12,319	71,926	1,046	13,365
038 Graham	1,159	12,190	-155	12,035	-1,039	10,996	1,099	9,897	60,988	870	10,767
044 Haywood	4,865	50,044	-1,676	48,368	-11,291	37,077	3,708	33,369	178,870	2,444	35,813
050 Jackson	3,686	44,136	-3,877	40,259	-3,644	36,615	3,662	32,953	127,869	1,947	34,900
056 Macon	2,412	27,804	-3,260	24,544	1,515	26,059	2,606	23,453	146,555	1,468	24,921
087 Swain	2,305	18,647	0	18,647	3,622	22,269	2,227	20,042	106,706	1,221	21,263
REGION A TOTAL:	19,321	193,394	-10,363	183,031	-8,922	174,109	17,411	156,698	843,201	10,647	167,345

Figure 10 - ZGA-380-B - Regional Summary All Categories Report

ZGA390: AREA AGENCY SUMMARY

This report is a summary by Region, by category for all counties in a Region. For each region this report summarizes county activity for HCCBG categories, i.e. Access, In-Home and Support, Congregate Nutrition and Home Delivered Nutrition. Column names and definitions are:

Heading: Identifies the report/document and Region for which the services are listed.

Column 1.   **CNTY CODE** – Identifying statewide code for a particular county, i.e. 020 represents Cherokee County.

Column 2.   **GROSS BUDGETED SERVICE COST** – The amount of Federal, State, and minimum local funds budgeted for a given service code within a category.

Column 3.   **PROGRAM GROSS HCCBG ALLOT** – Allotted quarterly amounts for each service budget. Quarter one is for services from July and August reimbursed in August and September. Quarter two is for services delivered in September, October and November and reimbursed in October, November, and December. The amount reflected in this column will be progressive in nature. The quarters are based on the state's cash basis accounting system. Quarter one reflects the two months allocated and paid in the state's first quarter ending September. Quarter two represents the five months of payments cumulative through December. Quarter three represents eight months, quarter four represents 11 months and the final month of June will be reimbursed in July.

Column 2 divided by 12 equals the monthly amount and the monthly amount times the number of months in the quarter represents the quarterly HCCBG amount.

Column 4.   **CURRENT UNITS** – Number of units (Current and prior month's adjustments) reported for the purpose of calculating reimbursement for the Current month reported.

Column 5.   **YTD CS/PI** – Total amount of program income reported from client cost sharing activities for the report period.

Column 6.   **GROSS CURRENT MONTH EXP** – Current costs calculated by multiplying the unit rates of the various services provided by the number of units reported in Column 4.

Column 7.   **CURRENT MONTH CS/PI** – Total amount of program income reported from client cost sharing activities for the report period.

Column 8.   **ADJ CURRENT MONTH EXPEND** – Column 7 plus or minus Column 8. This is the amount of request that is subject to the application of the Federal, State and local share in computing the reimbursement of Federal and State shares of the reimbursement request.   .

Column 9**.**   **OTHER ADJ** – Adjustments resulting from limits of reimbursement forced by the quarterly allocations and or budget ceiling amounts. As an example, if the YTD requested reimbursement exceeds the allotment for the quarter, the system adjusts the reimbursement request not to exceed the quarterly allotment. In the first month of a subsequent quarter unpaid reimbursements limited in prior quarters is factored in for payment.

Column 10.   **ADJ CURRENT MONTH LOCAL SHARE** – 10% of Column 9.

Column 11.   **CURRENT MONTH LOCAL SHARE** – Column 3 minus Column 4. This calculation is mandated by federal regulations 45 CFR 92.25 which required program income to be used to fund the program costs prior to any reimbursement of federal funds.

Column 12.   **NET CURRENT MONTH EXPEND** – 90% of Column 9. Or subtract Column 10 from Column 9.

Column 13.   **YTD NET CURRENT REIMB** – Add Column 11 to the prior month's Column 12.

Column 14.   **NSIP CURRENT MONTH REIMB** – Supplement to the meals component of the HCCBG. The amount reflected here is computed by multiplying the Current *NSIP* per meal rate times the number of units reported in Column 4. This column is only applicable to Congregate and Home Delivered Nutrition categories.

Column 15.   **TOTAL REIMB** – Final amount DAAS reimburses. This amount is computed by adding Column 11 and Column 13.

```
                          NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
RUN DATE:01/14/2015              AREA AGENCY SUMMARY REPORT - ZGA390
MONTH REPORTING:December 2014                  REGION A
PRINT DATE: 1/14/2015             CATEGORY ACCESS SERVICES
```

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
CNTY CODE	GROSS BUDGETED SERVICE COST	PROGRAM GROSS HCCBG ALLOTMENT	CURRENT UNITS	YTD CS/PI	GROSS CURRENT MONTH EXP	CURRENT MONTH CS/PI	ADJ GROSS CURRENT MONTH	OTHER ADJ	ADJ CURRENT MONTH EXPEND	CURRENT MONTH LOCAL SHARE	NET CURRENT MONTH EXPEND	YTD NET CURRENT REIMB	NSIP CURRENT MONTH REIMB	TOTAL REIMB
020	63,991	33,614	839	-2,144	4,960	-266	4,694	282	4,976	498	4,478	29,433	0	4,478
022	14,116	7,416	40	-50	649	0	649	114	763	76	687	5,368	0	687
044	91,383	48,003	665	0	14,059	0	14,059	-6,818	7,241	724	6,517	41,251	0	6,517
050	20,346	10,688	0	-774	0	-100	-100	0	-100	-10	-90	3,344	0	-90
056	88,140	46,300	293	-1,365	6,785	-217	6,568	0	6,568	657	5,911	36,649	0	5,911
087	45,452	23,876	416	-633	2,921	0	2,921	770	3,691	369	3,322	20,689	0	3,322
CATEGORY ACCESS SERVICES TOTAL														
	323,428	169,897	2,253	-4,966	29,374	-583	28,791	-5,652	23,139	2,314	20,825	136,734	0	20,825

Figure 11 - ZGA-390 - Area Agency Summary Report

ZGA390-A: STATE SUMMARY

This report is a summary of the state's regions. Total reimbursements for all categories combined are summarized for each region. Column names and definitions are:

Heading: Identifies the report/document name.

Column 1.   **REGION** – Identifies the Region.

Column 2.   **CURRENT UNITS** – Number of units (Current and prior month's adjustments) reported for the purpose of calculating reimbursement for the Current month reported.

Column 3.   **GROSS CURRENT MONTH EXP** – Current costs calculated by multiplying the unit rates of the various services provided by the number of units reported in Column 2.

Column 4.   **CURRENT MONTH CS/PI** – Total amount of program income reported from client cost sharing activities for the report period.

Column 5.   **ADJ GROSS CURRENT MONTH** – Column 3 minus Column 4. This calculation is mandated by federal regulation 45 CFR 92.25 which required program income to be used to fund the program costs prior to any reimbursement of federal funds.

Column 6.   **OTHER ADJ** – Adjustments resulting from limits of reimbursement forced by the quarterly allocations and or requested budget ceiling amounts. As an example, if the YTD requested reimbursement exceed the allotment for the quarter, the system adjusts the reimbursement request not to exceed the quarterly allotment. In the first month of a subsequent quarter unpaid reimbursements limited in prior quarters is factored in for payment.

Column 7.   **ADJ CURRENT MONTH EXP** – Column 5 plus or minus Column 6. This is the amount of request that is subject to the application of the Federal, State and local share in computing the reimbursement of Federal and State share of the reimbursement request.

Column 8.   **CURRENT MONTH LOCAL SHARE** – 10% of Column 7.

Column 9.   **NET CURRENT MO EXPEND** – 90% of Column 7. Or subtract Column 8 from Column 7.

Column 10.   **YTD NET CURRENT REIMB** – Adds Column 9 to the prior month's Column 10.

ZGA390-A: STATE SUMMARY continued

Column 11.   **NSIP Current Month Reimbursement** – Supplement to the meals component of the HCCBG. The amount reflected here is computed by multiplying the Current *NSIP* per meal rate times the number of units reported in Column 2. This column is only applicable to Congregate and Home Delivered Nutrition categories.

Column 12.   **TOTAL REIMB** – Final amount DAAS reimburses. This amount is computed by adding column 9 and column 11.


```
RUN DATE:01/14/2015                    NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
MONTH REPORTING:December 2014                     STATE SUMMARY REPORT - ZGA390-A
PRINT DATE: 1/14/2015

   1       2          3          4         5          6         7          8          9          10         11         12
                   GROSS                 ADJ                                          NET        YTD        NSIP
                   CURRENT              GROSS                ADJ        CURRENT        CURRENT    NET        CURRENT
                   MONTH    CURRENT     CURRENT             CURRENT     MONTH          MONTH      CURRENT    MONTH
          CURRENT  EXP      MONTH       MONTH     OTHER     MONTH       LOCAL          EXPEND     MONTH      MONTH      TOTAL
  REGION  UNITS             CS/PI                 ADJ       EXPEND      SHARE                     REIMB      REIMB      REIMB

  A       19,321   193,394  -10,363     183,031   -8,922    174,109    17,411    156,698    843,201    10,647    167,345
  B       31,011   316,041  -5,770      310,271   -42,048   268,223    26,828    241,395    1,377,095  10,170    251,565
  C       22,633   215,974  -10,106     205,868   -35,147   170,721    17,073    153,648    862,264    13,947    167,595
  D       22,515   209,867  -5,415      204,452   -35,410   169,042    16,907    152,135    856,702    11,703    163,838
  E       19,576   227,143  -1,527      225,616   -28,996   196,620    19,661    176,959    972,681    9,975     186,934
  F       86,735   1,045,650 -19,517    1,026,133 -293,942  732,191    73,221    658,970    3,935,637  37,409    696,379
  G       107,634  991,457  -31,067     960,390   -79,718   880,672    88,069    792,603    4,513,693  62,936    855,539
  J       60,592   757,408  -14,955     742,453   -125,620  616,833    61,683    555,150    3,285,121  28,550    583,700
  K       14,448   179,115  -2,722      176,393   -23,317   153,076    15,310    137,766    788,116    7,185     144,951
  L       22,452   296,733  -9,529      287,204   5,672     292,876    29,295    263,581    1,267,088  8,985     272,566
  M       22,295   238,971  -2,415      236,556   4,711     241,267    24,127    217,140    1,297,767  12,100    229,240
  N       22,381   187,789  -1,508      186,281   5,767     192,048    19,205    172,843    1,087,007  10,834    183,677
  O       24,066   339,675  -7,862      331,813   -78,826   252,987    25,301    227,686    1,310,527  14,069    241,755
  P       40,725   435,234  -6,770      428,464   -41,180   387,284    38,732    348,552    1,824,408  19,508    368,060
  Q       17,850   232,280  -6,050      226,230   -31,113   195,117    19,513    175,604    1,045,260  9,140     184,744
  R       16,227   171,281  -6,219      165,062   -28,289   136,773    13,687    123,086    638,834    7,081     130,167

STATE TOTAL
          550,461  6,038,012 -141,795   5,896,217 -836,378  5,059,839  506,023   4,553,816  25,905,401 274,239   4,828,055
```

Figure 12 - ZGA-390-A - State Summary Report

Quarterly Allotment for Home and Community Care Block Grant Services

Reimbursement Percentages		
	Month	**Reimbursement Percentage**
1	July	0.08330
2	August	0.16630
3	September	0.24930
4	October	0.34130
5	November	0.43330
6	December	0.52530
7	January	0.61930
8	February	0.71330
9	March	0.80730
10	April	0.90130
11	May	1.00000
12	June	1.00000

Other Financial Reports

ZGA543: COST SHARING VERIFICATION REPORT

This report is a detail account of "Cost Sharing" records processed monthly and Year-to-Date by Area Agencies on Aging and Service Providers. This report is sorted by Region, Provider, County, and Service.

Heading: Identifies the report/document, report number, and Fiscal Year.

Column 1.   Report Period.

Column 2.   **PROVIDER -** The community service provider's identification code.

Column 3.   **COUNTY CODE –** Identifies the county.

Column 4.   **SERVICE** – The applicable service code.

Column 5.   **AMOUNT COLLECTED** - Monthly gross Cost Sharing collected.

Column 6.   **AMOUNT DEDUCTED** – Monthly amount deducted to cover allowable cost.

Column 7.   **BALANCE** – Amount Collected minus Amount Deducted.

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
ZGA543 - Consumer Contributions/Program Income Verification Report
FISCAL YEAR: 2014
REGION: A

Print Date: 7/21/2014

CONFIDENTIAL

Real-Time Data Captured on this report;
NOT designed to match Reimbursement Reports

1	2	3	4	5	6	7
	Provider Code	County Code	Service Code	Amount Collected	Amount Deducted	Balance
Jul						
	A055	050	041	0.00	0.00	0.00
	A075	050	236	85.00	0.00	85.00
	A080	087	020	60.00	0.00	60.00
	A037	038	020	70.00	0.00	70.00
	A065	020	250	529.00	0.00	529.00
	A065	020	180	610.00	0.00	610.00
	A075	050	020	338.00	0.00	338.00
	A075	050	030	1,234.00	0.00	1,234.00
	A023	022	033	11.00	0.00	11.00
	A060	056	020	895.00	0.00	895.00
	A044	044	021	170.00	0.00	170.00
	A048	022	020	239.00	0.00	239.00
	A011	050	250	144.00	0.00	144.00
	A065	020	020	774.00	0.00	774.00
	A060	056	042	25.00	0.00	25.00
	A022	022	041	20.00	0.00	20.00
	A062	044	041	100.00	0.00	100.00
	A062	044	180	903.00	0.00	903.00
	A020	020	041	16.00	0.00	16.00

ZGA-544: NON-UNIT VERIFICATION REPORT

This report is a detail account of "Non-Unit Reimbursement" records processed monthly and Year-to-Date by Area Agencies on Aging and Service Providers. This report is sorted by Region, Provider, County, and Service.

Heading: Identifies the report/document, report number, and Fiscal Year.

Column 1.   **COUNTY CODE** – Identifies the county.

Column 2.   **SERVICE** – The applicable service code.

Column 3-14.   **JULY-JUNE** – The total of the Federal, State, and Local amounts of Administrative Direct Cost, Administrative Indirect Cost, and Program Cost for the respective report month.

Column 4.   **GROSS YTD TOTAL** – Gross (F/S/L) amount Year-to-Date.

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                    NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
                         ZGA544 - NON-UNIT SERVICE VERIFICATION REPORT
                              FISCAL YEAR 2014              PRINT DATE: 07/21/2014
                                    REGION A
CONFIDENTIAL

Real-Time Data Captured on this report;
NOT designed to match Reimbursement Reports

                                                                                               GROSS
                                                                                                YTD
     County  Service   Jul    Aug    Sep    Oct    Nov    Dec    Jan    Feb    Mar    Apr    May    Jun   TOTAL
..............................................................................................................
PROVIDER A013
       050     823    1,666  1,666  1,666  1,666  1,666    172  1,417  1,417  1,417  1,417  1,417  1,417  17,004
       020     844        0  1,000      0      0      0      0      0      0    675      0    160  2,325   4,160
       022     844        0    230      0    220      0      0     50      0      0      0      0  1,000   1,500
       038     844        0      0      0      0      0    500      0      0      0      0      0    980   1,480
       044     844        0    500    800    240    500  1,200      0      0      0      0    760  1,000   5,000
       050     844        0    593    460  1,150    680      0    605    421    575     60    352  3,534   8,430
       056     844        0  1,162    919    489    644  1,062    740      0     42    984    444  1,590   8,076
       087     844        0      0      0    256      0    340      0      0      0      0      0    904   1,500
       020     845        0      0      0      0      0      0      0      0      0    108      0    384     492
       056     845        0      0      0      0      0      0      0      0      0    500      0      0     500
       087     845        0      0      0      0      0      0      0    500      0      0      0      0     500
       050     851        0      0      0      0      0      0      0      0      0      0      0  2,408   2,408
       020     857        0      0      0      0      0      0      0     24     88      0      0      0     112
       044     857        0     45      0      0     54      0      0      0      0      0      0      0      99
       050     857        0      0     29      0      0      0      0      0     30      0      0    112     171
       056     857        0      0     51      0      0     32      0      0     79      0      0      0     162
       087     857        0      0      0      0      0     51      0      0      0      0      0      0      51
       050     859        0      0      0      0      0      0      0      0     48      0      0      0      48
       056     859        0      0      0     58      0      0      0      0      0      0      0      0      58
..............................................................................................................
PROVIDER A013 Total:  1,666  5,196  3,925  4,079  3,544  3,357  2,812  2,362  2,954  3,069  3,133 15,654  51,751
```

Figure 14 - ZGA-544 - Non-Unit Service Verification Report

ZGA517: SERVICE EXPENDITURE REPORT

Heading   Identifies the report/document, Region, County, Service Provider (number) and the category of service in which the service provider is active.

Column 1   **REG**: Region Code

Column 2   **PROVIDER CODE**: Provider Code (4-digit code)

Column 3   **CTY**: County (3-digit code)

Column 4   **PROJ UNITS:** PROJ GROSS REIMB divided by NET REIMB RATE

Column 5   **UNITS SERVED**: For the "fiscal year, region, provider, county, service" Combinations from SRW Service Totals, Units Served are calculated depending on the Current month.

     Example of how Units are calculated:

     If Current month = **July** (add up all July units)
     If Current month = **August** (add up all July units + August units)
     If Current month = **September** (add up all July units +August units + September units).
     …Add Current month to all previous months through June
     If Current month = **June** (add up all July units + August units + September units + October units + November units +December units + January units + February units + March units + April units +May units + June units)

Column 6   **NET REIMB RATE**: A non-calculated field... value comes directly from 'Unit Cost' in the Provider Budget Database

Column 7   **PROJ GROSS REIMB**: A non-calculated field... value comes directly from 'Service Cost' in the Provider Budget Database

Column 8   **YTD GROSS REIMB:** A non-calculated field... value comes directly from 'YTD Expenditures' in the Provider Budget Database.

Column 9   **YTD COST SHRG**: For the "fiscal year, region, provider, county, service" combinations in Service Totals Database, 'YTD Cost Sharing' is calculated depending on the Current month and report month.

     For example:

     If the Current record falls within the date range in question, then YTD Cost Sharing = YTD Cost Sharing + Monthly Gross Consumer Contribution Collected **minus** Monthly Amount Deducted. *(Cost Sharing also refers to Consumer Contribution and/or Program Income)*

Column 10   **TOTAL NET**: Total Net = F/S Reimb (Column 11) **plus** (+) YTD Local Match (Column 12)

Column 11   **YTD F/S REIMB**: YTD F/S Reimb = Total Net (Column 10) **minus (-)**YTD Local Match (Column 12).

Column 12   **YTD LOCAL MATCH**: YTD Local Match = Total Net (Calculation based on established Funding Percentage by Fund Source)

Column 13   **YTD NSIP**: YTD NSIP Reimbursed – Units Served (Column 5) **multiplied** by established NSIP Rate (NOTE: Current NSIP Rate = 0.75; Rate is subject to change)

Column 14   **HCCBG %**: Percentage of HCCBG Reimbursed = Total Net (Column 10) **divided** by Proj Gross Reimb (Column 7).

```
                              NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
  RUN DATE:01/14/2015                            REPORT - ZGA517
  MONTH REPORTING:December 2014                 CONGREGATE NUTRITION
  PRINT DATE: 01/14/2015 1:47:59PM
```

1	2	3	4	5	6	7	8	9	10	11	12	13	14
	PRV		PROJ	UNITS	NET REIMB	PROJ GROSS	YTD GROSS	YTD COST	TOTAL	YTD F/S	YTD LOCAL	YTD	HCCBG
REG	CDE	CTY	UNITS	SERVED	RATE	REIMB	EXPND	SHRG	NET	REIMB	MATCH	NSIP	%
Q	Q009	008	11,549	4,807	5.4839	63,333	26,361	-1,308	25,053	22,548	2,505	3,605	40
Q	Q047	046	18,209	10,937	5.7500	104,700	62,888	-9,732	53,156	47,840	5,316	8,203	51
Q	Q073	074	2,442	3,447	5.1375	12,544	17,709	-1,864	6,589	5,930	659	2,585	53
Q	Q075	058	8,640	7,214	8.2500	71,278	59,516	-5,256	37,442	33,698	3,744	5,411	53
R	R010	015	3,486	3,303	6.4400	22,450	21,271	-2,307	11,793	10,614	1,179	2,477	53
R	R010	021	3,251	1,527	6.4400	20,934	9,834	-1,269	8,565	7,708	857	1,145	41
R	R010	027	4,869	4,579	6.4400	31,358	29,489	-3,263	16,472	14,825	1,647	3,434	53
R	R010	028	3,166	3,266	6.4400	20,389	21,033	-749	10,710	9,639	1,071	2,450	53
R	R010	037	3,266	2,177	6.4400	21,032	14,020	-1,130	11,048	9,943	1,105	1,633	53
R	R010	048	1,732	1,483	6.4400	11,151	9,551	-736	5,858	5,272	586	1,112	53
R	R010	070	7,450	5,584	6.4400	47,980	35,961	-2,751	25,204	22,684	2,520	4,188	53
R	R010	072	3,599	3,536	6.4400	23,178	22,772	-2,970	12,175	10,957	1,218	2,652	53
R	R010	089	3,213	3,035	6.4400	20,690	19,545	-1,370	10,868	9,781	1,087	2,276	53
R	R010	094	2,478	1,112	6.4400	15,961	7,161	-548	6,613	5,952	661	834	41
TOTALS:			1,341,010	853,562		8,795,137	5,657,421	-388,264	4,364,788	3,928,305	436,483	40,186	

Figure 15 - ZGA-517 - Service Expenditures by Services

Non-Unit Reimbursement Services such as *Housing and Home Improvements* (140), Units Served do not display on the ZGA-517 Report.

```
                              NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
  RUN DATE:01/14/2015                            REPORT - ZGA517
  MONTH REPORTING:December 2014                 HOUSING AND HOME IMPROVEMENT
  PRINT DATE: 01/14/2015 1:47:59PM
```

1	2	3	4	5	6	7	8	9	10	11	12	13	14
	PRV		PROJ	UNITS	NET REIMB	PROJ GROSS	YTD GROSS	YTD COST	TOTAL	YTD F/S	YTD LOCAL	YTD	HCCBG
REG	CDE	CTY	UNITS	SERVED	RATE	REIMB	EXPND	SHRG	NET	REIMB	MATCH	NSIP	%
A	A062	044	0	0	0.0000	24,217	13,376	-400	12,721	11,449	1,272	0	53
A	A065	020	0	0	0.0000	5,556	2,237	0	2,237	2,013	224	0	40
A	A070	087	0	0	0.0000	3,480	0	0	0	0	0	0	0
A	A075	050	**Non-unit Reimbursement**			9,839	6,125	0	5,168	4,651	517	0	53
B	B020	045	..	..	......	20,221	14,160	-160	10,622	9,560	1,062	0	53
B	B030	011	0	0	0.0000	7,621	1,368	0	1,368	1,231	137	0	18

Figure 16 - ZGA-517 - Service Expenditures by Services (Non-Unit)

ZGA515-1 and ZGA-515-2: AREA PLAN SERVICE BY ACTIVITY BY REGION

Heading   **Identifies the Report name, Type of Report and Fiscal Year.**

Column 1   **REGION CODE** and **COUNTY**

Column 2   **PROVIDER NAME**

Column 3   **SERVICE NAME**

Column 4   **PLAN PERS:** A non-calculated field... value comes directly from '*Projected People*' in the Provider Budget Database

Column 5   **PLAN UNITS:** Fed/State Dollars + Local Cash Match divided by Unit Cost.

Column 6   *UNIT COST*: Current reimbursement amount for each unit. A non-calculated field... value comes directly from 'Net Unit Cost' in the Provider Budget Database

Column 7   **FED/STATE DOLLARS:** *90% of* '*Net S*ervice Cost' in the Provider Budget Database*. NOTE: Based on Funding Source, Example - Family Caregiver=100%.*

Column 8   **LOCAL CASH MATCH:** 10% of Column 7. NOTE: Based on Funding Source, Example - Family Caregiver=100%, no local match required.

Column 9   **NSIP CURRENT MONTH REIMB** - The amount reflected in this column is computed by multiplying the **NSIP** per meal rate times the number of **PLAN UNITS** reported in Column 5. This column is only applicable to Congregate and Home Delivered Nutrition categories.

Column 10   **OTHER MATCH RES**: A non-calculated field... value comes directly from 'Service Cost' in the Provider Budget Database

Column 11   **OTHER NON-MATCH RESOURCES:** A non-calculated field... value comes directly from 'Service Cost' in the Provider Budget Database

Column 12   **TOTAL** - The amount reflected in this column is the sum of Column 7 through Column 11.

Figure 17 - ZGA-515-1 - Area Plan Service by Activity by Region

Figure 18 - ZGA-515-1 - Area Plan Service by Activity by County

ZGA-515-3 – SERVICE EXPENDITURES

Heading   Identifies the Report name, Type of Report and Fiscal Year.

Column 1   **REGION CODE, COUNTY** and **PROVIDER NAME** and **CODE**

Column 2   **SERVICE NAME**

Column 3   **BUDGET:** A non-calculated field...value comes directly from "Net Service Cost' in the Provider Budget Database

Column 4   **YTD EXPEND:** The amount YTD Net Reimbursed.

Column 5   **% EXPEND:** Column 4 (**BUDGET**) divided by Column 3 (**YTD EXPEND**).

Print Date: 12/8/2015 1:23:39PM
Report Month: October
Region Code: C
Provider Code: C020
County Code: 023
Service Code: 180

North Carolina Division of Aging and Adult Services
Report ZGA515-3 - Service Expenditures
Fiscal Year 2016

1	2 Service Name	3 Budget	4 YTD Expend	5 % Expend
Region: C				
County Name: Cleveland				
Provider: CLEVELAND CO COUNCIL ON AGING (C020)				
	CONGREGATE NUTRITION	76,623	23,536	30.72%
	HOME DELIVERED MEALS	138,641	42,586	30.72%
	RESPITE, GROUP	6,660	777	11.67%
	SENIOR CENTER GENERAL PURPOSE FUND	15,200		
	SENIOR CENTER OPERATION	122,405	33,001	26.96%
Provider: CLEVELAND COUNTY DSS (C023)				
	IN-HOME LEVEL 1 - HOME MANAGEMENT	8,775	1,325	15.10%
	IN-HOME LEVEL 2 - PERSONAL CARE	148,401	42,184	28.43%
Provider: CLEVELAND REGIONAL MEDICAL CTR (C024)				
	CARE MANAGEMENT	79,727	17,634	22.12%
	FC-COMMUNITY RESPITE	10,160	3,507	34.52%
	FC-IN-HOME RESPITE	13,340	6,434	48.23%
	FC-PUBLIC INFORMATION	250		

Figure 19 - ZGA-515-3 - Service Expenditures

ZGA-060 – Financial Report

Heading   Identifies the Report name, Type of Expenditure, and Region.

Column 1   **EXPENDITURES**: Type of expenditures by line item

Column 2   **APPROVED BUDGET**: A non-calculated field...value comes directly from
               "Approved Budget Database

Column 3   **CURRENT MONTH**: A calculated field subtracted from prior month Column 4
               (CUMMULATIVE YEAR TO DATE)

               Example: October - NET COST: 54,967 - 41,971 = 12,996

Column 4   **CUMMULATIVE YEAR TO DATE**: A calculated field. Column 4 subtracted
               from prior month CUMMULATIVE YEAR TO DATE

Column 5   **BUDGET BALANCE**: A calculated field. Column 5 (BUDGET BALANCE)
               minus Column 4 (CUMMULATIVE YEAR TO DATE)

Column 6   **PERCENT EARNED**: Column 4 (CUMMULATIVE YEAR TO DATE) divided
               by Column 2 (APPROVED BUDGET).

NOTE: When **PROGRAM INCOME** and **OVERMATCH** are keyed in REGIONAL
EXPENDITURES in ARMS, these amounts are subtracted from CURRENT MONTH and
CUMULATIVE YEAR TO DATE and are added to the BUDGET BALANCE. These amounts
are displayed on the ZGA-060 Report

                    LESS **PROGRAM INCOME**
                          OVERMATCH

See Example

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
ZGA060 - Planning And Admin
FINANCIAL REPORT (AAA)
REGION

MONTH REPORTING: September 2015
PRINT DATE: 12/08/2015

Prior Month

1 EXPENDITURES:	2 APPROVED BUDGET	3 CURRENT MONTH	4 CUMULATIVE YEAR TO DATE	5 BUDGET BALANCE	6 PERCENT EARNED
SALARIES	70,831	5,704	17,110	53,721	24
FRINGE	23,374	1,643	4,925	18,449	21
TRAVEL	7,852	321	1,362	6,490	17
ADMINISTRATIVE SUPPORT COSTS	20,000	2,230	4,904	15,096	25
EQUIPMENT	6,200	0	1,132	5,068	18
INDIRECT	45,643	4,161	12,538	33,105	27
TOTAL COST	173,900	14,059	41,971	131,929	24
LESS PROGRAM INCOME	0	0	0	0	0
OVERMATCH	0	0	0	0	0
NET COST	173,900	14,059	41,971	131,929	24

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
ZGA060 - Planning And Admin
FINANCIAL REPORT (AAA)
REGION

MONTH REPORTING: October 2015
PRINT DATE: 12/08/2015

Current Month

1 EXPENDITURES:	2 APPROVED BUDGET	3 CURRENT MONTH	4 CUMULATIVE YEAR TO DATE	5 BUDGET BALANCE	6 PERCENT EARNED
SALARIES	70,831	4,742	21,852	48,979	31
FRINGE	23,374	1,378	6,303	17,071	27
TRAVEL	7,852	2,039	3,401	4,451	43
ADMINISTRATIVE SUPPORT COSTS	20,000	1,366	6,270	13,730	31
EQUIPMENT	6,200	0	1,132	5,068	18
INDIRECT	45,643	3,471	16,009	29,634	35
TOTAL COST	173,900	12,996	54,967	118,933	32
LESS PROGRAM INCOME	0	0	0	0	0
OVERMATCH	0	0	0	0	0
NET COST	173,900	12,996	54,967	118,933	32

Figure 20 - ZGA-060 Financial Report

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
ZGA060 - STATE AAA ADMIN COST
FINANCIAL REPORT (AAA)
REGION

MONTH REPORTING: July 2015
PRINT DATE: 12/08/2015

EXPENDITURES:	APPROVED BUDGET	CURRENT MONTH	CUMULATIVE YEAR TO DATE	BUDGET BALANCE	PERCENT EARNED
SALARIES	27,088	10,000	10,000	17,088	37
FRINGE	8,397	100	100	8,297	1
TRAVEL	0	100	100	-100	0
ADMINISTRATIVE SUPPORT COSTS	0	100	100	-100	0
EQUIPMENT	0	100	100	-100	0
INDIRECT	12,777	100	100	12,677	1
TOTAL COST	48,262	10,500	10,500	37,762	22
LESS PROGRAM INCOME	0	100	100	-100	0
OVERMATCH	0	100	100	-100	0
NET COST	48,262	10,300	10,300	37,962	21

Figure 21 - ZGA-060 - Program Income/Overmatch

ZGA-801 – Expenditure Compliance Report

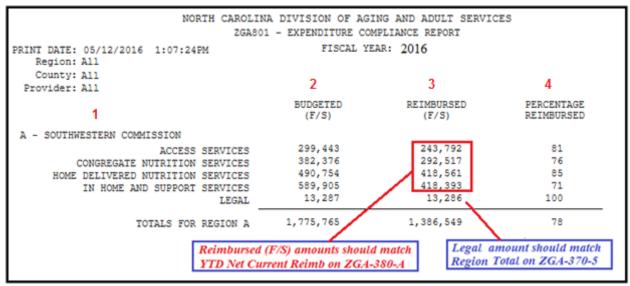
Figure 22 - ZGA-801 – Expenditure Compliance Report

Column 1   **REGION CODE** and **REGION NAME**, **SERVICE CATEGORY**

Column 2   **BUDGETED (F/S)** – YTD amount allocated.

Column 3   **REIMBURSED (F/S) -** YTD amount reimbursed as of the report month and date.

Column 4   **PERCENTAGE REIMBURSED** is the percentage of YTD reimbursement as of the report month and date.

Figure 23 - Allocation Screen

Below are the **ONLY** Service Codes by Categories used to generate the ZGA-801 Report.

Access Services	Congregate	Home Delivered	In-Home Aide Support				Legal
033	180	020	030	046	155	220	130
040	182	022	031	060	156	235	
250			041	081	160	236	
252			042	082	170	237	
440			043	083	190	238	
610			044	084	209	260	
			045	140	210	309	
			CDC - 500 Service Code Series				

Table 1 - ZGA-801 Service Codes Chart