Aging Resource Management System

Reimbursement Reports Manual
ZGA Series XXX

And other Financial Reports

Version 5

Prepared for Users of ARMS

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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 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.*

---

**Table Example:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Gross Expenditure</th>
<th>Program Gross Expenditure</th>
<th>Current Gross Expenditure</th>
<th>Other Adjustments</th>
<th>Current Local Share</th>
<th>Current Month Expenditure</th>
<th>Total Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATEGORY OF HOME AND SUPPORT SERVICES TOTAL</td>
<td>65,070</td>
<td>20,000</td>
<td>220</td>
<td>5,050</td>
<td>-250</td>
<td>-720</td>
<td>9,522</td>
</tr>
</tbody>
</table>

**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.

![Figure 2 - ZGA-370-A - Provider Summary Report](image-url)
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 Column 3.

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.

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

<table>
<thead>
<tr>
<th>PROV CODE CATEGORY</th>
<th>UNITS</th>
<th>GROSS YTD</th>
<th>YTD CO/PRI</th>
<th>OTHER ADJ</th>
<th>YTD ADJ</th>
<th>YTD LOCAL</th>
<th>YTD NET</th>
<th>REMB</th>
<th>YTD REIMB</th>
<th>TOTAL YTD</th>
<th>UNAPP PRGM INC</th>
<th>EXPEND EXCEED ALLOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>A017 ACCESS SERVICES</td>
<td>5,314</td>
<td>29,332</td>
<td>-1,847</td>
<td>0</td>
<td>27,985</td>
<td>2,799</td>
<td>25,106</td>
<td>0</td>
<td>25,106</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>PROVIDER 017 CHEROKEE COUNTY TRANSIT TOTAL</td>
<td>5,314</td>
<td>29,332</td>
<td>-1,847</td>
<td>0</td>
<td>27,985</td>
<td>2,799</td>
<td>25,106</td>
<td>0</td>
<td>25,106</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>A020 IN HOME AND SUPPORT SERVICES</td>
<td>81,256</td>
<td>70,383</td>
<td>-10,172</td>
<td>0</td>
<td>70,383</td>
<td>7,088</td>
<td>63,748</td>
<td>0</td>
<td>63,748</td>
<td>0</td>
<td>10,834</td>
<td></td>
</tr>
<tr>
<td>PROVIDER 020 CHEROKEE COUNTY DHSS TOTAL</td>
<td>81,256</td>
<td>70,383</td>
<td>-10,172</td>
<td>0</td>
<td>70,383</td>
<td>7,088</td>
<td>63,748</td>
<td>0</td>
<td>63,748</td>
<td>0</td>
<td>10,834</td>
<td></td>
</tr>
<tr>
<td>A045 ACCESS SERVICES</td>
<td>6,063</td>
<td>22,059</td>
<td>-1,404</td>
<td>-6,124</td>
<td>17,274</td>
<td>1,725</td>
<td>15,551</td>
<td>0</td>
<td>15,551</td>
<td>0</td>
<td>5,500</td>
<td></td>
</tr>
<tr>
<td>A065 CONSUMER NUTRITION SERVICES</td>
<td>29,217</td>
<td>39,517</td>
<td>-5,716</td>
<td>0</td>
<td>39,517</td>
<td>3,500</td>
<td>20,211</td>
<td>6,646</td>
<td>20,211</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>A065 IN HOME AND SUPPORT SERVICES</td>
<td>59,946</td>
<td>59,946</td>
<td>-5,716</td>
<td>0</td>
<td>54,233</td>
<td>5,422</td>
<td>48,601</td>
<td>0</td>
<td>48,601</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>A065 IN HOME AND SUPPORT SERVICES</td>
<td>3,724</td>
<td>3,724</td>
<td>-10</td>
<td>0</td>
<td>3,714</td>
<td>572</td>
<td>3,142</td>
<td>0</td>
<td>3,142</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>PROVIDER 065 J ROBERT REILAND SENIOR CENTER TOTAL</td>
<td>25,894</td>
<td>225,520</td>
<td>-12,975</td>
<td>-5,124</td>
<td>108,018</td>
<td>20,992</td>
<td>97,996</td>
<td>16,141</td>
<td>97,996</td>
<td>0</td>
<td>5,500</td>
<td></td>
</tr>
<tr>
<td>COUNTY 020 Cherokee TOTAL</td>
<td>55,027</td>
<td>236,587</td>
<td>-14,937</td>
<td>-13,286</td>
<td>207,602</td>
<td>20,744</td>
<td>156,870</td>
<td>16,141</td>
<td>156,870</td>
<td>0</td>
<td>15,814</td>
<td></td>
</tr>
</tbody>
</table>
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.

![Figure 4 - ZGA-370-YTD - Provider Reimbursement Report](image)

**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:

<table>
<thead>
<tr>
<th>Heading</th>
<th>Identifies the report/document, region and service provider (name and number).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column 1. <strong>CNTY CODE</strong></td>
<td>Identifies the county.</td>
</tr>
<tr>
<td>Column 2. <strong>GROSS UNIT RATE</strong></td>
<td>Reimbursement amount for each unit.</td>
</tr>
<tr>
<td>Column 3. <strong>GROSS BUDGETED SERVICE COST</strong></td>
<td>The amount of Federal, State, and minimum local funds budgeted for a given service code within a category.</td>
</tr>
<tr>
<td>Column 4. <strong>CURRENT UNITS</strong></td>
<td>Number of units (Current and prior month’s adjustments) reported for the purpose of calculating reimbursement for the Current month reported.</td>
</tr>
<tr>
<td>Column 5. <strong>YTD UNITS</strong></td>
<td>Number of units reported for the purpose of calculating reimbursement Year-to-Date.</td>
</tr>
<tr>
<td>Column 6. <strong>YTD CS/PI</strong></td>
<td>Total amount of program income reported from client cost sharing activities Year-to-Date.</td>
</tr>
<tr>
<td>Column 7. <strong>GROSS CURRENT MONTH EXP</strong></td>
<td>Current costs calculated by multiplying the unit rates of the various services provided by the number of units reported in Column 4.</td>
</tr>
<tr>
<td>Column 8. <strong>CURRENT MONTH CS/PI</strong></td>
<td>The total amount of program income reported from client cost sharing activities for the report period.</td>
</tr>
<tr>
<td>Column 9. <strong>ADJ GROSS CURRENT MONTH</strong></td>
<td>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.</td>
</tr>
<tr>
<td>Column 10. <strong>OTHER ADJ</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>

**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.

![Figure 5 - ZGA-370-5 - Legal Summary Report](image-url)
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.

![Table](image)

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.

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

---

<table>
<thead>
<tr>
<th>CITY CODE</th>
<th>GROSS BUDGETED</th>
<th>CURRENT</th>
<th>YTD</th>
<th>ADJ CURRENT</th>
<th>OTHER</th>
<th>NET CURRENT</th>
<th>NET TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>SERVICE COST</td>
<td>UNITED</td>
<td>EXP</td>
<td>LOCAL SHARE</td>
<td>EXPEND</td>
<td>INCOME</td>
<td>REIMB</td>
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<tr>
<td>GROSS</td>
<td>GROSS CURRENT</td>
<td>EXP</td>
<td></td>
<td></td>
<td></td>
<td>ADJ EXPEND</td>
<td></td>
</tr>
<tr>
<td>YTD</td>
<td>EXP</td>
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</tr>
<tr>
<td>ADJ</td>
<td>EXP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** 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:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CNTY CODE</td>
<td>CATEGORY</td>
<td>GROSS BUDGETED SERVICE COST</td>
<td>CURRENT UNITS</td>
<td>GROSS UNIT RATE</td>
<td>YTD UNITS</td>
<td>YTD CS/PI</td>
<td>YTD OTHER ADJ</td>
<td>GROSS CURRENT MONTH EXP</td>
<td>CURRENT MONTH CS/PI</td>
<td>ADJ GROSS CURRENT MONTH</td>
</tr>
<tr>
<td></td>
<td>Identifies the county.</td>
<td>Identifies the service category in which activity occurred.</td>
<td>The amount of Federal, State, and minimum local funds budgeted for a given service code within a category.</td>
<td>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.</td>
<td>Current reimbursement amount for each unit.</td>
<td>Total Number of All Units reported for the purpose of calculating Reimbursement for YTD Units.</td>
<td>Total amount of program income reported from client cost sharing activities Year-to-Date.</td>
<td>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.</td>
<td>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.</td>
<td>The total amount of program income reported from client cost sharing activities for the report period.</td>
<td>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.</td>
</tr>
</tbody>
</table>
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](image-url)
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 Column 7.

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.

![Figure 9 - ZGA-380-A - Regional Summary by Category](image-url)
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.
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.

![Figure 10 - ZGA-380-B - Regional Summary All Categories Report](image)
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 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.

![Figure 11 - ZGA-390 - Area Agency Summary Report](image-url)
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.

---

### Quarterly Allotment for Home and Community Care Block Grant Services

<table>
<thead>
<tr>
<th>Month</th>
<th>Reimbursement Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>0.08330</td>
</tr>
<tr>
<td>August</td>
<td>0.16630</td>
</tr>
<tr>
<td>September</td>
<td>0.24930</td>
</tr>
<tr>
<td>October</td>
<td>0.34130</td>
</tr>
<tr>
<td>November</td>
<td>0.43330</td>
</tr>
<tr>
<td>December</td>
<td>0.52530</td>
</tr>
<tr>
<td>January</td>
<td>0.61930</td>
</tr>
<tr>
<td>February</td>
<td>0.71330</td>
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<tr>
<td>March</td>
<td>0.80730</td>
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<tr>
<td>April</td>
<td>0.90130</td>
</tr>
<tr>
<td>May</td>
<td>1.00000</td>
</tr>
<tr>
<td>June</td>
<td>1.00000</td>
</tr>
</tbody>
</table>
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.
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.
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).

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.
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 Service 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

<table>
<thead>
<tr>
<th>Region</th>
<th>Service</th>
<th>Plan Pers</th>
<th>Plan Units</th>
<th>Unit Cost</th>
<th>Fed/State Dollars</th>
<th>Local Cash Match</th>
<th>NSIP</th>
<th>Other Match Res</th>
<th>Other Non-Match Resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>POLK CO TRANSPORTATION AUTH</td>
<td>150</td>
<td>4,132</td>
<td>7,700</td>
<td>28,636</td>
<td>3,582</td>
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<td>0</td>
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<td>0</td>
<td></td>
<td></td>
<td></td>
<td>43,062</td>
</tr>
</tbody>
</table>

**Total**

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Service</th>
<th>Plan Pers</th>
<th>Plan Units</th>
<th>Unit Cost</th>
<th>Fed/State Dollars</th>
<th>Local Cash Match</th>
<th>NSIP</th>
<th>Other Match Res</th>
<th>Other Non-Match Resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>SEASONS OF LIFE HOME CARE</td>
<td>3</td>
<td>101</td>
<td>53,9700</td>
<td>2,998</td>
<td>533</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3,332</td>
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<td>SEASONS OF LIFE HOME CARE</td>
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<td>2,433</td>
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<td></td>
<td>32,326</td>
</tr>
</tbody>
</table>

**Total**
**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).

| Region: C  |
| County Name: Cleveland  |
| Provider: CLEVELAND CO. COUNCIL ON AGING (C020)  |
| CONGREGATE NUTRITION | 75,623 | 23,036 | 30.72%  |
| HOME DELIVERED MEALS | 139,641 | 42,586 | 30.72%  |
| RESPITE GROUP | 5,680 | 777 | 13.67%  |
| SENIOR CENTER GENERAL PURPOSE FUND | 15,230 | 15,230 | 100.00% |
| SENIOR CENTER OPERATION | 122,400 | 33,091 | 26.96%  |
| Provider: CLEVELAND COUNTY D59 (C023)  |
| IN-HOME LEVEL 1 - HOME MANAGEMENT | 8,775 | 1,225 | 14.10%  |
| IN-HOME LEVEL 2 - PERSONAL CARE | 148,401 | 42,184 | 28.43% |
| Provider: CLEVELAND REGIONAL MEDICAL CTR (C024)  |
| CARE MANAGEMENT | 78,727 | 17,634 | 22.42% |
| FC-COMMUNITY RESPITE | 10,150 | 3,597 | 35.50% |
| FC-IN-HOME RESPITE | 12,340 | 6,434 | 48.23% |
| FC-PUBLIC INFORMATION | 250 | 250 | 100.00% |

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 CUMMULATIVE 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
### Figure 20 - ZGA-060 Financial Report

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Approved</th>
<th>Current Month</th>
<th>Cumulative Year To Date</th>
<th>Budget Balance</th>
<th>Percent Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>70,631</td>
<td>5,704</td>
<td>17,110</td>
<td>53,711</td>
<td>24</td>
</tr>
<tr>
<td>Fringe</td>
<td>23,374</td>
<td>1,643</td>
<td>4,925</td>
<td>18,419</td>
<td>21</td>
</tr>
<tr>
<td>Travel</td>
<td>7,852</td>
<td>321</td>
<td>1,362</td>
<td>6,490</td>
<td>17</td>
</tr>
<tr>
<td>Administrative Support Costs</td>
<td>20,000</td>
<td>2,230</td>
<td>4,904</td>
<td>15,096</td>
<td>25</td>
</tr>
<tr>
<td>Equipment</td>
<td>6,200</td>
<td>0</td>
<td>1,132</td>
<td>5,068</td>
<td>18</td>
</tr>
<tr>
<td>Indirect</td>
<td>45,443</td>
<td>4,161</td>
<td>12,531</td>
<td>33,155</td>
<td>27</td>
</tr>
<tr>
<td>Total Cost</td>
<td>173,900</td>
<td>14,059</td>
<td>41,971</td>
<td>131,919</td>
<td>24</td>
</tr>
<tr>
<td>Less Program Income</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Overmatch</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net Cost</td>
<td>173,900</td>
<td>14,059</td>
<td>41,971</td>
<td>131,919</td>
<td>24</td>
</tr>
</tbody>
</table>

### Figure 21 - ZGA-060 - Program Income/Overmatch

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Approved</th>
<th>Current Month</th>
<th>Cumulative Year To Date</th>
<th>Budget Balance</th>
<th>Percent Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>27,088</td>
<td>10,000</td>
<td>10,000</td>
<td>17,088</td>
<td>37</td>
</tr>
<tr>
<td>Fringe</td>
<td>8,397</td>
<td>100</td>
<td>100</td>
<td>8,297</td>
<td>1</td>
</tr>
<tr>
<td>Travel</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>-100</td>
<td>0</td>
</tr>
<tr>
<td>Administrative Support Costs</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>-100</td>
<td>0</td>
</tr>
<tr>
<td>Equipment</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>-100</td>
<td>0</td>
</tr>
<tr>
<td>Indirect</td>
<td>12,777</td>
<td>100</td>
<td>100</td>
<td>12,677</td>
<td>1</td>
</tr>
<tr>
<td>Total Cost</td>
<td>48,262</td>
<td>10,500</td>
<td>10,500</td>
<td>37,762</td>
<td>22</td>
</tr>
<tr>
<td>Less Program Income</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>-100</td>
<td>0</td>
</tr>
<tr>
<td>Overmatch</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>-100</td>
<td>0</td>
</tr>
<tr>
<td>Net Cost</td>
<td>48,262</td>
<td>10,500</td>
<td>10,500</td>
<td>37,762</td>
<td>22</td>
</tr>
</tbody>
</table>
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 22 - ZGA-801 – Expenditure Compliance Report

Figure 23 - Allocation Screen
Below are the **ONLY** Service Codes by Categories used to generate the ZGA-801 Report.

<table>
<thead>
<tr>
<th>Access Services</th>
<th>Congregate</th>
<th>Home Delivered</th>
<th>In-Home Aide Support</th>
<th>Legal</th>
</tr>
</thead>
<tbody>
<tr>
<td>033</td>
<td>180</td>
<td>020</td>
<td>030</td>
<td>130</td>
</tr>
<tr>
<td>040</td>
<td>182</td>
<td>022</td>
<td>031</td>
<td></td>
</tr>
<tr>
<td>250</td>
<td>041</td>
<td>081</td>
<td>030</td>
<td></td>
</tr>
<tr>
<td>252</td>
<td>042</td>
<td>082</td>
<td>040</td>
<td></td>
</tr>
<tr>
<td>440</td>
<td>043</td>
<td>209</td>
<td>040</td>
<td></td>
</tr>
<tr>
<td>610</td>
<td>044</td>
<td>210</td>
<td>045</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CDC - 500 Service Code Series</td>
<td></td>
</tr>
</tbody>
</table>

Table 1 - ZGA-801 Service Codes Chart