Area Agency on Aging for Southwest Florida

State General Revenue Programs
Service Provider Application Update
Guidelines and Instructions
7/01/2018 – 6/30/2019 Contract Period

This packet contains programmatic instructions for the Service Provider Application to be used by Lead Agencies receiving funding under the following Department of Elder Affairs State General Revenue funded programs:

- Community Care for the Elderly
- Home Care for the Elderly
- Alzheimer's Disease Initiative
- Emergency Home Energy Assistance Program

Service Provider Application / Guidelines and Instructions
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II.A. Program Module - General Requirements

1. Demographics and Community Care Service System

Lead Agencies must accept Aging and Disability Resource Center (ADRC) referrals and provide case management and services on a countywide basis for all eligible consumers residing in the specific county. The CCE lead agencies for each county must coordinate the system of community based services to meet the needs of newly referred and existing clients who are functionally impaired, persons assessed for services, and targeted elderly persons identified through outreach and referral activities during the program year.

Case management and case aide are considered separate from core services delivery. Case management and case aide must be provided directly **only** by a Lead Agency. Case aides will support case management and if charged to the Area Agency on Aging, must be reflected as a separate service.

2. Consumer Identification

The ADRC and Lead Agencies are charged with the responsibility to identify and inform frail elders and their caregivers of the range and availability of services. This may be carried out in cooperation with church, civic, social and medical organizations. The target group consists of those individuals most likely to fall into the high-risk category (priority levels 4 and 5) when assessed.

Lead Agency staff should participate in local networks and consortiums where hospital, home health, social and medical providers are represented, since these may be sources of referrals for high-risk individuals.

It is important for this section to include the strategy to be used by the agency to gather public input from key stakeholders for organizational service planning, evaluation and feedback.

3. Care Management and Lead Agency Requirements

Coordination

Lead Agency case managers will coordinate all community resources for functionally impaired elderly persons in a community care service system designed to provide a continuum of care as the needs of consumers change.

Programs Administered

This includes administering and managing these programs: Community Care for the Elderly (CCE), Home Care for the Elderly (HCE), Alzheimer's Disease Initiative (ADI) and Emergency Home Energy Assistance Program (EHEAP).

These programs are funded individually and carry distinct program responsibilities. Alternative funding (City, County, Local, etc.) must be used to fund client services prior to using Area Agency on Aging contracted funds.

HCE

The goal of the HCE Program is to encourage the provision of care for elders in family-type living arrangements or private homes, as an alternative to nursing home or other forms of institutional care. The program encourages a person or group, acting as caregiver(s), to provide basic support and maintenance, as well as assistance in arranging specialized services for three or fewer elders on a not-for-profit basis.

Adult Protective Services (APS)

APS emergency services must be provided within 72 hours to alleged or actual victims of abuse, neglect or exploitation. Under this provision, services must be carefully coordinated by the CCE Lead Agency with the Adult Protective Services case worker / investigator and service provider agencies. Actual or alleged victims of abuse, neglect or exploitation, or those at risk for the same, are afforded the highest priority access to CCE services.

ADRC Intake

The intake process begins when an older person, caregiver or family member makes contact with, or is referred to, the ADRC. Unless outsourced, lead agencies must refer all potential consumers in need of service to the ADRC for screening and intake. Essential information about the nature of the person's problem, as well as general background information is obtained to assist in screening for eligibility and appropriate service referrals.

Outsourced Intake

Where outsourced, the lead agency will perform the intake process securing the essential information about the nature of the person's problem, as well as general background information to assist in screening for eligibility and appropriate service referrals.

If the elderly person appears to be eligible for CCE, HCE and ADI services based on the preliminary information received, the intake worker will explain that a more thorough discussion of the potential consumer's situation and need for services, called an assessment, is required to ensure all eligibility requirements are met.

If the person clearly does not appear to meet eligibility requirements for any of the programs case managed by a CCE Lead Agency, the intake worker will explain the nature of the eligibility criteria and reason for determination. For elderly individuals not meeting eligibility requirements for case managed services, the CCE Lead Agency will make a referral to the ADRC to discuss private pay options, if appropriate. Individuals determined to be ineligible for CCE, or other services, will be informed of their right to appeal the decision according to the established grievance and appeal policies and procedures.

Initial Screening

The screening process begins with a determination of the urgency of a person's need and type of assistance required. The purpose of the Initial Screening is to assess the

severity of the consumer's situation and prioritize which person(s) are to receive an in-home comprehensive assessment by placing them on the assessed priority consumer list. The Initial Screening, using the DOEA Form 701S, does not take the place of the comprehensive in-home assessment, DOEA Form 701B, which is required before care plan development and commencement of service delivery.

Eligibility Determination

As defined under Section 430.203(7), F.S., "A...functionally impaired elderly person" means any person 60 years of age or older, having physical or mental limitations that restrict the ability to perform the normal activities of daily living and impede the capacity to live independently without the provision of services. Functional impairment shall be determined through a functional assessment developed by the DOEA and administered to each applicant for Community Care for the Elderly services.

Final determination of eligibility is the responsibility of the Lead Agency. A potential consumer will be determined eligible only after a comprehensive assessment has been completed to establish age, need and risk of institutional placement without services.

Prioritization

The Uniform Client Assessment Instrument developed by the DOEA must be used by the Lead Agency case manager to determine an individual's level of need and risk factor(s). Scores obtained through use of the assessment will rank consumers as being at a high, moderate or low risk of institutional placement.

Those persons determined to be victims of abuse, neglect or exploitation, and who are referred by the Department of Children and Families Adult Protective Services Unit, shall be given primary consideration over all others for receiving Community Care for the Elderly Services.

ADRC Priority List Management

The ADRC will manage and maintain the Priority List for formal services funded by State General Revenue.

Coordination of Case Management and Consumers to be Case Managed

Each consumer will be assigned one, and only one, case manager, even if the consumer is enrolled in more than one program. This means the Area Agency on Aging will reimburse for the services of only one case manager at any given time or date. Case management providers are strongly encouraged to cost-share case managers across programs to assure consumers receive the most appropriate mix of services.

Multiple assessments during the year will not be conducted unless a significant change in the consumer's status occurs that warrants such an action. Providers will check CIRTS to determine if a current assessment has been completed prior to conducting an assessment.

- For clients dually enrolled in CCE, HCE or ADI, the Lead Agency will follow ADRC care plan review protocols to determine the case management funding source.

The case manager is the gatekeeper in the community care service system with the knowledge and responsibility to link consumers to the most beneficial and least restrictive array of community services and resources irrespective of funding source or program. Case managers serve as a contact between health care and social service delivery systems, particularly physicians, hospitals, health maintenance organizations, nursing homes and home health agencies.

Consumer choice is the primary consideration in determining service referrals. In those instances when there is more than one subcontractor available for a given service, and the consumer expresses no preference, the Lead Agency should make the referral

based on geographical and cost efficiency considerations. The procedures and referral formats used are to be developed by the Case Management / Lead Agency.

A complete listing of the services funded under all programs managed by the Department of Elder Affairs, and descriptions for each of these services may be found in the DOEA Programs and Services Handbook.

Voter Registration

The case manager must complete a Voter Registration Preference Form to be filed in the client record; assist, if the consumer desires, with completion of the Voter Registration Application Form; forward the application form to the Supervisor of Elections within five days; and complete CIRTS client voter registration data fields. Voter Registration Preference Forms and Voter Registration Application Forms (in English and Spanish) may be obtained from the Supervisor of Elections.

Comprehensive Assessment of Eligible Consumers

Comprehensive Assessments of clients selected through the screening process must be completed by the case manager using DOEA Form 701B. The assessment will determine the person's level of functioning, existing resources and service needs. Further information on Comprehensive Assessment requirements may be found in the DOEA Programs and Services Handbook, Chapter 2.

Determination for Level of Risk

A person's risk level is determined by the scores obtained on the DOEA Form 701B. (See above section on prioritization). The total score obtained after all sections of the Comprehensive Assessment have been tallied must be compared to a scale, which contains a range of scores reflecting consumer frailty and risk of institutional placement.

Determination of Functional Status

A consumer's functional status is determined by the scores received on the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) sections of the Comprehensive Assessment Instrument.

Establishing Service Needs

The end result of the Assessment process is establishment of the consumer care plan, which comprehensively addresses all service needs of the functionally impaired consumer.

Service Care Plan

Case managers must prepare a plan of care for each eligible consumer using the format prescribed by the DOEA. The plan of care is developed in coordination with the consumer and / or caregiver, if applicable, and must address all of the consumer's needs. It is the responsibility of the case manager to consider the most appropriate resources to provide the services needed, as indicated in the care plan. Consumers or caregivers may accept or decline services, or providers of services. The consumer's option to choose from multiple service provider agencies must be observed at all times.

Case managers must manage the consumer care plan by arranging for the services accepted, and monitoring the quality of service delivered to their clients. Periodic review of the continuing appropriateness of the care plan should occur semi-annually, at a minimum. All consumers must be reassessed annually, with updates completed to document any significant changes. Care plans must reflect changing or ongoing consumer needs.

Resource Management and Development

The Lead Agency must ensure all other funding sources available have been exhausted before requesting use of the state appropriated funding. Additionally, the Lead Agency must prepare and forward surplus / deficit reports to Area Agency on Aging monthly. Lead Agencies must ensure coordination is established with all community-based health

and social services programs for functionally impaired older persons funded wholly or in part by federal, state and local funds, to provide a continuum of care.

Co-Payment

In accordance with rules and guidelines adopted by the DOEA, Case Managers must assess all non-exempt CCE and ADI consumers for services rendered based on ability to pay. Co-pay Guidelines are included in the DOEA's Programs and Services Handbook and any policy memoranda on this subject, issued subsequently.

The Lead Agency is responsible for billing and collecting assessed co-payments for all services provided under the CCE and ADI programs. This includes coordinating with other service provider agencies with which CCE and ADI consumers are shared in common. Case managers must exercise particular attention to the procedures established for termination of consumers due to non-payment, requirements for consumer notification of right to appeal, and approval of waiver of termination for non-payment.

The collected funds must be reported to the Area Agency on Aging monthly with the on-line invoice, and annually with the Annual Co-Payment Collection Report. All collected co-payment funds must be used to expand consumer services under the CCE and ADI programs. The designated Lead Agency annual Co-Pay goals will be established (based on client data) and the goal will become a term of the negotiated CCE contract.

4. Services

The Lead Agency must provide information on services provided directly and services that are subcontracted.

4a. Subcontract Monitoring Schedule

The Lead Agency must submit a subcontract monitoring schedule for all services which will be subcontracted with State General Revenue (SGR) funding. The following information must be included: 1) Subcontractor / Vendor name and address, 2) proposed date of monitoring visit, 3) program to be monitored, and 4) services to be monitored. If monitoring dates are changed from the original schedule, an updated subcontract monitoring schedule must be provided to the Area Agency on Aging.

5. Quality Assurance

To assure the delivery of quality services, Lead Agencies must participate in pre-service and in-service training.

The Lead Agency will self-monitor and self-evaluate the quality of service delivery by its own agency staff. Additionally, the Area Agency on Aging will conduct independent monitoring visits and evaluations of all Lead Agencies.

The degree of client satisfaction with service quality and staff effectiveness must be evaluated periodically during the contract period. A consumer survey must be conducted, the compiled results evaluated and reported to the Area Agency on Aging. Each consumer must be given a survey at least once a year.

Survey results must be used to develop continuous quality assurance initiatives to ensure improvement of case management and other service delivery.

6. Consumer Adverse Incident, Complaint and Grievance Procedures

The Lead Agency must develop and maintain procedures that provide for handling consumer adverse incidents, complaints and for processing grievance appeals regarding denial, reduction or termination of core services.

These procedures must include the process for receiving, reporting and remediating adverse incidents, complaints and grievances.

In addition, part of the grievance process is required to inform consumers of the appeal process and must include prior written notification to the consumer of activities related to filing a grievance / appeal, and assistance to consumers when they desire to file a grievance / appeal.

Detailed information regarding grievance / appeal requirements may be found in the Master Contract. The Master Contract language supersedes the DOEA Programs and Services Handbook language in this area.

7. Reporting

The Lead Agency is required to compile CCE, HCE, ADI and LSP, if applicable, service delivery statistics and other data and report to the Area Agency on Aging and the DOEA if requested, as prescribed in the Master Contract.

Monthly reporting requirements for CIRTS require all client and service data for the previous month to be entered into CIRTS by the 7th day of the month, as prescribed in the Master Contract. Information is to be reported in the following categories:

- Consumer Demographics
- Consumer Program Enrollment
- Consumer Assessment Information
- Consumer Care Plan Information
- Consumer Services
- Units of Service

Case management, case aide and any CCE, ADI, HCE or LSP, if applicable, service provided by the Lead Agency must be reported on a monthly basis in CIRTS. Additionally, all requests for payment reporting requirements must be submitted within the time frame established by the Area Agency on Aging.

The Area Agency on Aging requires the proper storage, protection, security and preservation of source documentation, including case files, vendor invoices, case management time and client log sheet information. CIRTS data must also be protected. Maintenance will include valid backup and retention of electronic data on a regular basis.

8. Confidentiality & Security

Information about functionally impaired elderly persons who receive services under the Community Care for the Elderly Program is confidential (s. 430.207, F.S.). Information received through files, reports, inspections, or otherwise, by the Area Agency on Aging, DOEA, or by departmental employees, by persons who volunteer services, or by persons who provide services through contracts with the Department, area agencies on aging, lead agencies or other contracting agencies, is confidential and exempt from the provisions of Section 119.07(1), F.S.

Such information may not be disclosed publicly in a manner as to identify a functionally impaired elderly person, unless that person or their legal guardian provides written consent. The exemption is subject to the Open Government Sunset Review Act in accordance with Section 119.14, F.S.

The Lead Agency must ensure confidentiality of consumer information by all employees, service providers and volunteers as required by state laws. It is essential for training to be established to promote security of information, including protection from loss, damage, defacement or unauthorized access.

HIPAA

The Lead Agency must comply with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The Area Agency on Aging and Lead Agency recognize each is a Business Associate of the other under the terms of HIPAA. As such, each agrees to the terms as written in the Master Contract.

Social Security Disclosure

The Lead Agency must comply with all requirements of the Social Security number confidentiality and security measures as required by Section 119.07 (5) F.S. Whenever possible, please submit reports which include client identifying information to the Area Agency on Aging using the assigned client CIRTS identification number in lieu of the individual's social security number.

E-Verify Requirements

The Lead Agency must comply with all requirements pursuant to Executive Order Number 11-116 and all applicable Area Agency on Aging Notices of Instruction related to the requirements to use the U.S. Department of Homeland Security's E-verify system to verify the employment of all new employees hired by the agency.

Background Screening

The Lead Agency must comply with all requirements pursuant to Chapter 2010-114, Laws of Florida (L.O.F.), Sections 430.0402 and 435.01(2) Florida Statues and applicable Area Agency on Aging Notices of Instruction.

9. Disaster Preparedness

Lead Agencies are required to enter disaster preparedness data for all active consumers in CIRTS. In addition to basic identification, location, emergency contact and disability information, this data includes fields to indicate if a consumer needs help

with emergency evacuation; specially equipped shelter; and a special disaster registry listing.

Lead Agencies must be prepared to use CIRTS reports to routinely provide registry information to the local emergency management team and identify, locate and assist with the evacuation and other needs of endangered elderly in the event of a disaster.

To prepare for an emergency / disaster event, the Lead Agency will cooperate, coordinate and train with the local emergency management agency to the fullest extent possible. The Lead Agency will maintain a current Disaster Plan to be implemented, at the direction of the DOEA or the Area Agency on Aging, in the event a disaster is declared by federal, state or local officials. The plan minimally calls for the following measures and procedures:

- Designation of a Disaster Coordinator
- Plans for contacting all at-risk consumers, on a priority basis, prior to and immediately following a disaster
- Plans for receiving referrals and conducting outreach and delivering services, before and after a disaster, to elderly persons in need that may or may not be current consumers
- Plans for after-hours coverage of network services, as necessary
- Plans for dispatching the Disaster Coordinator or other staff to shelters outside the disaster area to assist elderly evacuees with special needs
- Plans for helping at-risk consumers register with the Special Needs Registry of the local emergency management agency
- Plans for delivering meals to consumers prior to and following a disaster
- Plans for assigning staff to Emergency Operation Centers and / or declared assistance centers to ensure elderly victims in the disaster area receive help

10. Volunteers

Lead Agencies must provide assurance and demonstrate staffing capable to train and supervise volunteer staff and volunteer supervisors. All Lead Agencies must submit a written plan to address recruitment, training, utilization, and retention of volunteers, to assist with activities of the Lead Agency.

11. Organizational Chart

An approved organizational chart illustrating the structure and relationship of positions, units, supervision, and functions must be developed and submitted by the Lead Agency as part of the proposal.

Staffing and Facility Requirements

Each Lead Agency's Governing Board must designate a local representative or employee with legal authority to act on behalf of the agency and / or Community Care for the Elderly program. This individual must devote sufficient time to ensure the CCE program is administered and managed in accordance with DOEA requirements.

All services (including case management) must be delivered by qualified staff in accordance with service standards and program requirements included in the DOEA Programs and Services Handbook. The number of staff should be sufficient to ensure delivery of service to all agency consumers in a timely manner.

All Lead Agencies must be open and accessible to the public a minimum of 40 hours per week, Monday through Friday, between the hours of 8:00 AM and 5:00 PM. During all other hours, telephone coverage via answering service must be provided. The office or facility should be reasonably accessible to persons seeking assistance and / or information; it is preferable for the Lead Agency to be centrally located within the Community Care Service Area, and be disability accessible.

Lead Agencies must demonstrate they have sufficient resources, in terms of trained staff and equipment, to complete timely CIRTS data entry and access electronic mail from the Area Agency on Aging. Lead Agencies must present evidence of an adequate number of trained staff to meet the case management, data entry and data maintenance requirements of the programs in a timely fashion.

Case coordination by a Lead Agency case manager must be available on a 24 hour / seven day per week basis for elderly victims of abuse, neglect or exploitation who are referred by an Adult Protective Services investigator.

Training

All DOEA services require a general pre-service orientation along with training specific to the service being provided. Lead Agencies shall be responsible for provision of the pre-service and in-service training for all paid and volunteer staff. Required training will include, but not be limited to, intake and risk assessment instruments; care plan development; costing; and APS imminent risk policies / procedures.

Service Provider Training

It is essential Lead Agencies meet with all subcontractors to establish necessary protocols and procedures for authorization of services, paperwork and reporting, unusual incident reports and general expectations for service coordination. Service provider agencies must recognize case managers are responsible for coordinating and authorizing service to consumers.

Personnel Standards and Employee Benefits

Personnel policies, which are incorporated into agency operating procedures, must be developed which address at least the following topics:

1. Employee recruitment and hiring
2. Lines of authority and supervision
3. Working schedules and hours of operation

4. Employee compensation
5. Employee fringe benefits
6. Employee evaluation and promotion
7. Leave
8. Confidentiality and privacy
9. Employee discipline and termination
10. Employee grievance procedures
11. Accidents, safety, and unusual incidents
12. Travel and transportation policies
13. Employee conduct
14. Employee pre-and in-service training and staff development
15. Assurance of agency compliance with all applicable federal and state laws and regulations

Job descriptions must be established for each funded and associated unpaid position. Job descriptions for funded positions must include salary ranges, and must be submitted as part of the proposal. In addition, the minimum education, training, experience and qualifications necessary for each position must be included.

A salary range for each paid position must be established and approved by the Board of Directors or other governing body. Salary ranges must be reasonably consistent with equivalent positions in the Community Care Service System.

12. Description of Service Delivery

The "Description of Service Delivery" section of the Service Provider Application includes subcontractor information, training requirements and unit tracking methodology. A "Description of Service Delivery" form must be completed for <u>each</u> funded SGR service provided (i.e. CCE, ADI, HCE and EHEAP). To complete item "d – Activities" The DOEA <u>Programs and Services Handbook</u> should be reviewed for a description of <u>services</u> and specific standards, record keeping and reporting

requirements. Case management agencies must specify how consumers in common programs, i.e., CCE, ADI, HCE or OAA, will be case managed on the “Case Management- Description of Service Delivery” form.

A “Unit Tracking Methodology” section is included in the “Description of Service Delivery” item. The Area Agency on Aging’s Fiscal and Program staff will review the provider’s response to ascertain if the steps to validate service units are clear and concise.

13. **Objectives and Performance Measures**

In keeping with the legislatively mandated requirements for performance-based budgeting, the Florida Department of Elder Affairs has identified six key objectives which serve as overarching goals to planning and developing implementation strategies to assist the department in achieving the statewide outcome and output measures it has identified for the aging network. These identified goals are:

- Empower older people, individuals with disabilities, their families and other consumers to choose and easily access options for existing mental and physical health and long-term care.
- Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based supports, including supports for family caregivers.
- Empower older people and their caregivers to live active, healthy lives to improve their mental and physical health status.
- Ensure the legal rights of older people are protected and prevent their abuse, neglect and exploitation
- Promote planning and collaboration at the community level that recognize benefits and needs of its aging population
- Maintain effective and responsive management

All Lead Agencies are required to describe in detail the strategies and actions they intend to implement and follow to meet and / or exceed the outcome / output measures as specified by the Department of Elder Affairs.

The 2018-2019 Service Provider Application Update contains the pertinent Objectives and Performance Measures for which all Lead Agencies are responsible. To complete this section of the SPA, providers should document the actions required to meet each performance measure defined by the Department of Elder Affairs and the Florida State Legislature. Providers are to include new strategies and actions for objectives, to address compliance issues and improve quality assurance.

14. **SPA Appendix**

The SPA Appendix is to include requested Program Module general requirement documentation as referenced in the Service Provider Application Update (i.e. any updated Policies and Procedures, Consumer Complaint and Client Confidentiality documents, Subcontracts and Sample Survey).

15. **SPA Program Module Checklist**

The SPA Program Module Checklist is to be completed to indicate each Program Module Requirement is included and the page location for each item.

CONTRACT MODULE INSTRUCTIONS

General Requirements:

The **Contract Module** is comprised of the Department of Elder Affairs' **Unit Cost Development Worksheets**, the **Match Commitment**, and **Availability of Documents**. The Unit Cost Development Worksheets and detailed instructions are included with the Excel workbook entitled "2018-2019 SGR Contract Module Worksheets.xls." All Contract Module documentation must be completed using the required Word documents and Excel worksheets. The Excel worksheets include formulas and links intended to assist the applicant. These formulas and links should not be overwritten or altered. It is important for the applicant to review the detailed instructions and worksheets before beginning the unit cost development process.

The Area Agency on Aging reserves the right to request additional documentation if any of the information presented in the **Contract Module** is incomplete or inadequate. The applicant should include additional documentation wherever clarification is needed.

Section II.B.1 – Personnel Allocations Worksheet:

The **Personnel Allocations Worksheet** is located in the Excel workbook entitled "2018-2019 SGR Contract Module Worksheets.xls." This spreadsheet is the first of the three **Unit Cost Development Worksheets** to be completed by the applicant. The **Personnel Allocations Worksheet** develops the staff time allocations for each DOEA funded service. It is intended to include all staff positions in the applicant's agency. The allocation of staff time must be based on recent time studies or other accurate and verifiable documentation.

Section II.B.2 – Unit Cost Worksheet:

The **Unit Cost Worksheet** is located in the Excel workbook entitled "2018-2019 SGR Contract Module Worksheets.xls." This spreadsheet is the second of the three **Unit**

Cost Development Worksheets to be completed by the applicant. The **Unit Cost Worksheet** develops an "agency-wide" unit rate for each DOEA funded service. It is intended to include all of the agency's budgeted units and costs for the proposed annual period no matter what the funding source.

Personnel wages for each service are linked to the **Personnel Allocations Worksheet**. Personnel benefits are calculated by formula, unless more accurate manual allocations are documented and made. Specific cost categories for other budgeted costs are identified. Budgeted costs that can be directly charged to a service should be manually included. Budgeted costs that apply to all services can be included and allocated by formula using the "Management & General Cost Pool" and the "Facilities & Maintenance Cost Pool." Considerations and allowances are given to applicants who may include service subcontractors or in-kind costs in their budgets.

The **Unit Cost Worksheet** develops an "agency-wide" or "total" unit rate by taking the total budgeted cost for each service, and dividing this cost by the proposed "agency-wide" or "total" units to be achieved during the contract period. This total unit rate becomes the basis for the applicant's proposed unit rate for the services funded by the Area Agency.

Section II.B.3 – Supporting Budget Schedule By Program Activity:

The **Supporting Budget Schedule By Program Activity Worksheet** is located in the Excel workbook entitled "2018-2019 SGR Contract Module Worksheets.xls." This spreadsheet is the third of the three **Unit Cost Development Worksheets** to be completed by the applicant. The **Supporting Budget Schedule By Program Activity Worksheet** develops the "adjusted cost per unit of service" for each service funded by the Area Agency. It is intended to include any required match and other resources that may affect the proposed unit rate.

Unlike the first two worksheets, the **Supporting Budget Schedule By Program Activity Worksheet** reflects only the proposed units and funding available for the specific program and services funded by the Area Agency. It is not an "agency-wide" spreadsheet. The unit rate developed on the **Unit Cost Worksheet** is linked to the **Supporting Budget Schedule By Program Activity Worksheet** for each funded service. This rate is then "adjusted" for match (CCE only, 10% required), client co-payments, program income or other resources contributed by the applicant. These factors and the allocation determined by the Area Agency will result in the proposed units to be achieved and the proposed unit rate.

Section II.B.4-9 - Match Commitments:

The **Match Commitment** pages are located in the Service Provider Application as Word.docs. These pages are provided to assist the applicant in documenting the required match. The required match (CCE only) is 10% of the total budgeted funds (calculated by taking the Area Agency allocation and dividing by 90%). The required match can be cash or in-kind.

Section II.B.5 – Availability of Documents:

The **Availability of Documents** is located in the Service Provider Application as a Word.doc. The **Availability of Documents** identifies required documentation that must be maintained and available at the applicant's administrative office. If requested, the documentation must be accessible for review by the Area Agency.

Section II.B.6 – SPA Contract Module Checklist

The SPA Contract Module Checklist is to be completed and indicate each Contract Module Requirement is included and the page location for each item.