



Aging and Adult Services
HEALTH AND HUMAN 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

TABLE OF CONTENTS

ZGA370: PROVIDER REIMBURSEMENT	4
Figure 1 - ZGA-370 - Provider Reimbursement Report.....	5
ZGA370-A: PROVIDER SUMMARY	6
Figure 2 - ZGA-370-A - Provider Summary Report	7
ZGA370-A-YTD: YEAR-TO-DATE PROVIDER SUMMARY	8
Figure 3 -ZGA-370-YTD - Provider Summary Report.....	9
ZGA370-YTD: YEAR-TO-DATE PROVIDER REIMBURSEMENT	10
Figure 4 - ZGA-370-YTD - Provider Reimbursement Report	11
ZGA370-CNTY	11
ZGA370-CNTY-YTD	11
ZGA370-A-CNTY	11
ZGA370-A-CNTY-YTD	11
ZGA370-5: LEGAL SUMMARY REPORT	12
Figure 5 - ZGA-370-5 - Legal Summary Report.....	13
ZGA370-7: PROVIDER REIMBURSEMENT REPORT - III D/HEALTH-90%	14
Figure 6 - ZGA -370-7 - III D / Health	15
ZGA370-11 SENIOR CENTER GENERAL PURPOSE SUMMARY REPORT	16
Figure 7 - ZGA-370-11 - Senior Center General Purpose Summary Report.....	17
ZGA370-12 FAMILY CAREGIVER SUPPORT SUMMARY REPORT	18
Figure 8 - ZGA-370-12 - Family Caregiver Support Summary Report	19
ZGA380-A: REGIONAL SUMMARY BY CATEGORY	20
Figure 9 - ZGA-380-A - Regional Summary by Category.....	21
ZGA380-B: REGIONAL SUMMARY ALL CATEGORIES	22
Figure 10 - ZGA-380-B - Regional Summary All Categories Report.....	23
ZGA390: AREA AGENCY SUMMARY	24
Figure 11 - ZGA-390 - Area Agency Summary Report.....	25
ZGA390-A: STATE SUMMARY	26
Figure 12 - ZGA-390-A - State Summary Report.....	27
QUARTERLY ALLOTMENT FOR HOME AND COMMUNITY CARE BLOCK GRANT SERVICES	27
OTHER FINANCIAL REPORTS	28
ZGA543: COST SHARING VERIFICATION REPORT	29
Figure 13 - ZGA-543 - Consumer Contributions/Program Income Verification Report.....	30
ZGA-544: NON-UNIT VERIFICATION REPORT	30
Figure 14 - ZGA-544 - Non-Unit Service Verification Report	30
ZGA517: SERVICE EXPENDITURE REPORT	31
Figure 15 - ZGA-517 - Service Expenditures by Services	32
Figure 16 - ZGA-517 - Service Expenditures by Services (Non-Unit)	33

ZGA515-1 AND ZGA-515-2: AREA PLAN SERVICE BY ACTIVITY BY REGION	34
Figure 17 - ZGA-515-1 - Area Plan Service by Activity by Region	35
Figure 18 - ZGA-515-1 - Area Plan Service by Activity by County.....	35
ZGA-515-3 – SERVICE EXPENDITURES	36
Figure 19 - ZGA-515-3 - Service Expenditures	36
ZGA-060 – FINANCIAL REPORT	37
Figure 20 - ZGA-060 Financial Report.....	38
ZGA-801 – EXPENDITURE COMPLIANCE REPORT	39
Table 1 - ZGA-801 Service Codes Chart	40

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												
PROVIDER REIMBURSEMENT REPORT - ZGA370												
REGION A COUNTY 044 Haywood												
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	12,165	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												
	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												
	120,277	62,182	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.

**ZGA370-A: PROVIDER SUMMARY
CONTINUED**

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										
PROVIDER SUMMARY REPORT - ZGA370-A										
REGION A COUNTY 044 Haywood										
RUN DATE: 01/14/2015										
MONTH REPORTING: December 2014										
PRINT DATE: 01/14/2015										
1	2	3	4	5	6	7	8	9	10	11
PROVIDER CODE	CATEGORY	CURRENT UNITS	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
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 SERVICE	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 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.

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 TRANSII 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	39,317	-5,716	0	33,601	3,360	30,241	6,045	30,241	0	0
A065	HOME DELIVERED NUTRITION SERVICES	38	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.

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES												
PROVIDER REIMBURSEMENT REPORT - ZGA370-YTD												
REGION A COUNTY 044 Haywood												
PROVIDER 044 HAYWOOD COUNTY HEALTH AND HUMAN SERVICES AGENCY												
CATEGORY:HOME DELIVERED NUTRITION SERVICES												
1	2	3	4	5	6	7	8	9	10	11	12	13
SERV CODE	YTD UNITS	GROSS UNIT RATE	NET BUDGETED F/S ONLY SVC COST	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														
LEGAL SUMMARY REPORT - ZGA370-5														
REGION A														
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 minus 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											
III D/HEALTH-90% SUMMARY REPORT - ZGA370-7											
REGION A											
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.

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

ZGA370-11 SENIOR CENTER GENERAL PURPOSE SUMMARY REPORT
CONTINUED

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													
SENIOR CENTER GENERAL PURPOSE SUMMARY REPORT - ZGA370-11													
REGION A													
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.

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES FAMILY CAREGIVER SUPPORT SUMMARY REPORT - ZGA370-12 REGION F PROVIDER F054 LINCOLN CO SENIOR SERVICES DPT CATEGORY FAMILY CAREGIVER SUPPORT																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
CNTY CODE	SERVICE CAT CODE	GROSS BUDGETED SERVICE COST	CURRENT UNITS	GROSS UNIT RATE	YTD UNITS	YTD CS/PI	YTD OTHER ADJ	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
055	812	5,560	Non	0	0.0000	0	0	430	0	430	0	430	0	430	2,588	430
055	814	0	Unit	0	0.0000	0	0	0	0	0	0	0	0	0	0	0
055	822	0	0	0.0000	0	0	0	0	0	0	0	0	0	0	0	0
055	823	5,165	0	0.0000	0	0	0	884	0	884	0	884	0	884	2,631	884
055	842	12,954	77	16.0190	487	Unit	0	1,156	0	1,156	0	1,156	0	1,156	6,864	1,156
055	843	3,000	7	45.0000	33	Rate	0	315	0	315	0	315	0	315	1,485	315
055	857	500	0	0.0000	0	0	0	0	0	0	0	0	0	0	51	0
055	859	500	0	0.0000	0	0	0	0	0	0	0	0	0	0	96	0
COUNTY 055 Lincoln TOTAL		27,679	84		490	0	0	2,785	0	2,785	0	2,785	0	2,785	13,715	2,785
PROVIDER F054 LINCOLN CO SENIOR SERVICES DPT TOTAL		27,679	84		490	0	0	2,785	0	2,785	0	2,785	0	2,785	13,715	2,785

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 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.

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES REGIONAL SUMMARY BY CATEGORY REPORT - ZGA380-A REGION A											
RUN DATE:01/14/2015 MONTH REPORTING:December 2014 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	29,974	-583	28,791	-5,652	23,139	2,214	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	193,994	-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 Column 7.
- 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.

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES											
REGIONAL SUMMARY ALL CATEGORIES REPORT - ZGA380-B											
REGION A											
RUN DATE: 01/14/2015											
MONTH REPORTING: December 2014											
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	-1,398	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.

ZGA390: AREA AGENCY SUMMARY - CONTINUED

- 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														
AREA AGENCY SUMMARY REPORT - ZGA390														
REGION A														
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	29,483	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	292	-1,265	6,785	-217	6,568	0	6,568	657	5,911	36,649	0	5,911
087	45,452	23,876	416	-693	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.

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES STATE SUMMARY REPORT - ZGA390-A											
RUN DATE: 01/14/2015 MONTH REPORTING: December 2014 PRINT DATE: 1/14/2015											
1	2	3	4	5	6	7	8	9	10	11	12
REGION	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
A	19,321	193,394	-10,263	183,091	-8,922	174,109	17,411	156,698	849,201	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	22,632	215,974	-10,106	205,868	-35,147	170,721	17,072	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	186,924
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	-79,713	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	61,693	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	789,116	7,155	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	17,550	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	13,697	123,086	638,934	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

Figure 13 - ZGA-543 - Consumer Contributions/Program Income Verification Report

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.

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES														
ZGAS44 - NON-UNIT SERVICE VERIFICATION REPORT														
FISCAL YEAR 2014														
REGION A														
PRINT DATE: 07/21/2014														
CONFIDENTIAL														
Real-Time Data Captured on this report; NOT designed to match Reimbursement Reports														
County	Service	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	GROSS YTD 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	354	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	2,262	2,954	3,069	3,193	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. <i>For example:</i> 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. (<i>Cost Sharing also refers to Consumer Contribution and/or Program Income</i>)

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													
REPORT - ZGA517													
CONGREGATE NUTRITION													
RUN DATE:01/14/2015													
MONTH REPORTING:December 2014													
PRINT DATE: 01/14/2015 1:47:59PM													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
REG	PRV CDE	CTY	PROJ UNITS	UNITS SERVED	NET REIMB RATE	PROJ GROSS REIMB	YTD GROSS EXPND	YTD COST SHRGR	TOTAL NET	YTD F/S REIMB	YTD LOCAL MATCH	YTD NSIP	HCCBG %
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													
REPORT - ZGA517													
HOUSING AND HOME IMPROVEMENT													
RUN DATE:01/14/2015													
MONTH REPORTING:December 2014													
PRINT DATE: 01/14/2015 1:47:59PM													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
REG	PRV CDE	CTY	PROJ UNITS	UNITS SERVED	NET REIMB RATE	PROJ GROSS REIMB	YTD GROSS EXPND	YTD COST SHRGR	TOTAL NET	YTD F/S REIMB	YTD LOCAL MATCH	YTD NSIP	HCCBG %
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	0	0	0.0000	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 ' <i>Projected People</i> ' 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 ' <i>Net Service Cost</i> ' in the Provider Budget Database. <i>NOTE: Based on Funding Source, Example - Family Caregiver=100%.</i>
Column 8	LOCAL CASH MATCH: 10% of Column 7. <i>NOTE: Based on Funding Source, Example - Family Caregiver=100%, no local match required.</i>
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.

North Carolina Division of Aging and Adult Services											
Report ZGA515-1											
Area Plan Service by Activity by Region											
Fiscal Year 2016											
1	2	3	4	5	6	7	8	9	10	11	12
Region	C	Service	Plan Pers	Plan Units	Unit Cost	Fed/State Dollars	Local Cash Match	NSIP	Other Match Res	Other Non-Match Resources	Total
Polk	POLK CO TRANSPORTATION AUTH	TRANSPORTATION (MEDICAL)	50	1,460	7.7000	10,121	1,125	0	0	0	11,245
Polk	POLK CO TRANSPORTATION AUTH	TRANSPORTATION	150	4,132	7.7000	28,635	3,182	0	0	0	31,817
Service Total			200	5,592		38,756	4,306		0		43,062

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

North Carolina Division of Aging and Adult Services											
Report ZGA515-2											
Area Plan Service by Activity by County											
Fiscal Year 2016											
1	2	3	4	5	6	7	8	9	10	11	
Polk	Service	Plan Pers	Plan Units	Unit Cost	Fed/State Dollars	Local Cash Match	NSIP	Other Match Res	Other Non-Match Resources	Total	
C	SEASONS OF LIFE HOME CARE ADULT DAY SERVICES	ADULT DAY CARE	3	101	33.0700	2,999	333	0	0	0	3,332
C	SEASONS OF LIFE HOME CARE ADULT DAY SERVICES	FC-COMMUNITY RESPITE	0	50	40.0000	2,000	0	0	0	0	2,000
C	SEASONS OF LIFE HOME CARE ADULT DAY SERVICES	FC-IN-HOME RESPITE	0	414	14.5000	6,000	0	0	0	0	6,000
C	SEASONS OF LIFE HOME CARE ADULT DAY SERVICES	IN-HOME LEVEL 1 - HOME MANAGEMENT	3	374	17.5000	5,891	655	0	0	0	6,546
C	SEASONS OF LIFE HOME CARE ADULT DAY SERVICES	IN-HOME LEVEL 2 - PERSONAL CARE	6	803	18.0000	13,003	1,445	0	0	0	14,448
Service Total			12	1,741		29,893	2,433		0		32,326

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		North Carolina Division of Aging and Adult Services		
Report Month: October		Report ZGA515-3 - Service Expenditures		
Region Code: C		Fiscal Year 2016		
Provider Code: C020				
County Code: 023				
Service Code: 180				
1	2	3	4	5
	Service Name	Budget	YTD Expend	% 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%
	RESPIRE, 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 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](#)

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

1 **Prior Month** **2** **3** **4** **5** **6**

EXPENDITURES:	APPROVED BUDGET	CURRENT MONTH	CUMULATIVE YEAR TO DATE	BUDGET BALANCE	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

1 **Current Month** **2** **3** **4** **5** **6**

EXPENDITURES:	APPROVED BUDGET	CURRENT MONTH	CUMULATIVE YEAR TO DATE	BUDGET BALANCE	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

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES ZGA801 - EXPENDITURE COMPLIANCE REPORT			
PRINT DATE: 05/12/2016 1:07:24PM	FISCAL YEAR: 2016		
Region: All			
County: All			
Provider: All			
1	2	3	4
	BUDGETED (F/S)	REIMBURSED (F/S)	PERCENTAGE REIMBURSED
A - SOUTHWESTERN COMMISSION			
ACCESS SERVICES	299,443	243,792	81
CONGREGATE NUTRITION SERVICES	382,376	292,517	76
HOME DELIVERED NUTRITION SERVICES	490,754	418,561	85
IN HOME AND SUPPORT SERVICES	589,905	418,393	71
LEGAL	13,287	13,286	100
TOTALS FOR REGION A	1,775,765	1,386,549	78

Reimbursed (F/S) amounts should match YTD Net Current Reimb on ZGA-380-A
Legal amount should match Region Total on ZGA-370-5

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.

	Allocated Amount	Budgeted	Balance
STATE AAA ADMIN COST	\$48,262	\$48,262	\$0
LEGAL	\$13,288	\$13,287	\$1
Senior Center General Purpose Fund	\$45,600	\$45,597	\$3
Disease Prevention/Health Promotion	\$22,820	\$22,819	\$1
PROJECT CARE-STATE RECURRING	\$0	\$0	\$0
Family Caregiver	\$140,366	\$140,365	\$1
Planning And Admin	\$133,146	\$133,146	\$0
Elder Abuse	\$4,043	\$4,043	\$0
Ombudsman	\$94,973	\$94,973	\$0
Totals:	\$502,498	\$502,492	\$6
Home Community Care Block Grant Funding Allocations			
County	Allocated Amount	Budgeted	Balance
Cherokee	\$290,722	\$290,421	\$301
Clay	\$138,897	\$138,896	\$1
Graham	\$120,694	\$120,693	\$1
Haywood	\$403,525	\$403,520	\$5
Jackson	\$287,296	\$287,288	\$8
Macon	\$304,930	\$304,929	\$1
Swain	\$216,736	\$216,735	\$1
Totals:	\$1,762,800	\$1,762,483	\$318

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