FY 20XY AGING SERVICES PROGRAM APPLICATION

Buncombe County

~~Please note: This application is for HCCBG funding only. We will know more about BCSAF funding after March 20, 2025.~~

Note for the Committee: Substantial additions, rewrites and edits are colored in blue; strikeouts are ~~obvious~~; and fields to be updated when the application is launched are colored in red. Also in red are explanatory notes and questions for the Committee (to be removed once the application is ready to be launched).

Note for the Committee: Character – word equivalents (charactercounter.com) are roughly:

100 => 15-20 words
200 => 31-40
250 => 38-50
300 => 46-60
500 => 77-100
1000 => 154-200
1500 => 231-300

Should we reconsider the Character Limits on questions?

ORGANIZATION INFORMATION

Name of Organization:

Character limit: 100

Type of Organization:

- Non-Profit 501(c)(3)
- Private / For-Profit
- Public Agency
- Government Unit

Organization Website:

Please provide a link to your organization's website.

Character limit: 250

Board Chair Information:

Please provide the Name and Email Address of the Board Chair.

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Character limit: 300

OVERVIEW

Home and Community Care Block Grant Funds (HCCBG):

HCCBG funds are for persons 60 years of age and older and their unpaid primary caregivers in need of in-home and community-based services. Services funded through the block grant include the following.

(Please read Sections 1 – 7 for details, ~~see~~ NC DHHS: Home and Community Care Block Grant Procedures Manual for Community Service Providers.)

- Adult Day Programs
- Care Management
- Congregate Nutrition
- Group Respite
- Health Promotion and Disease Prevention
- Health Screening
- Home-Delivered Meals
- Skilled Home Health Care
- Housing and Home Improvement
- Information and Options Counseling
- In-Home Aide
- Institutional Respite Care
- Mental Health Counseling
- Senior Center Operations
- Volunteer Program Development
- Consumer Directed Services
- Overnight Respite Service
- Transportation

Buncombe County Supplemental Aging Funds (BCSAF):

In addition, the Buncombe County Board of Commissioners provides additional funds for persons age 60 and older to supplement and fund services that are outside of the allowable HCCBG categories. These services may include, but are not limited to, the following categories.

- Services that address identified unmet needs or gaps in service; AND
- Services that approach old problems in new ways;

OR

- New, innovative or non-traditional collaborations; AND / OR
- Existing collaborations to operate in new ways.

Question for Billie and the Committee: The description of the projects the County is willing to fund is somewhat confusing. Does the insertion of "OR" between the first and last two bullet point make the point more clear? The first two bullet points refer to understood needs approach in new ways, while the last two points refer to completely new approaches to problems. Or just leave it as it was?

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Applicants are welcome to contact Billie Breeden at Billie.Breeden@buncombecounty.org with questions or for technical assistance.

The completed application must be submitted by **5:00 PM on DAY, MONTH DAYCOUNT, 20XY.**

The HCCBG Advisory Committee may contact you with questions. Not all applicants will be interviewed. Should the committee have additional questions or need to interview you, you will be contacted in MONTH 20XY.

The HCCBG federal funds are provided through Title III of the Older Americans Act. The Act states that programs and services funded should be for individuals with the greatest economic and greatest social need. When making funding recommendations, the HCCGB Advisory Committee also is guided by Buncombe County's Strategic Plan and Age-Friendly Action Plan.

Grant Guidelines:

Have you read and understand the information presented in the FY XY HCCBG / Aging Services Grant Guidelines? Click here to view the Grant Guidelines.

- Yes
- No

PROGRAM PLAN

Program Name and Description:

Please describe your program's mission, services, client population and goals.

Is it eligible for HCCBG funds? If so, please list the appropriate category.

Character Limit: 1000

Funding Amount Requested:

Please enter the amount requested.

Character Limit: 200

COMMUNITY NEED

Please describe (a) the community need addressed, (b) how that need was identified, and (c) how the target population is served; include supporting data if possible.

Character Limit: 1000

Please describe the impact of your services on the quality of the lives of clients, and include measurable data of impacts where appropriate and possible.

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Character Limit: 1000

Note for the Committee: The aim here is an impact statement like those we sought to buttress arguments for funding from the Buncombe County Board of Commissioners. Do we think this would be helpful?

Does your organization keep a record of residents who request service but are unable to be accommodated?

- Yes
- No

COORDINATION

Please list some of the other organizations (non-profit and for-profit) that provide similar services.

Character Limit: 1500

Do you partner or coordinate with any of them?

- Yes
- No

- If yes, how and under what circumstances?

  Character Limit: 1500

Do you subcontract any program services?

- Yes
- No

- If yes, please describe the subcontractor's service obligations and the rates paid to them.

  Character Limit: 1000

Between your organization and others, is the demand within the community for your services adequately met?

- Yes
- No
- Unclear

CLIENT SERVICE EXPERIENCE

Please explain how prospective clients learn about your agency's program.

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Character Limit: 1000

Please describe the application process for prospective clients.

Character Limit: 1000

Is access to your programs means tested?

- Yes
- No

- If yes, please explain how.

  Character Limit: 1000

Note and Question for Billie: Can we ask this? Question for the Committee: Do we want to ask this if we are allowed?

What proportion of prospective clients self-advocate compared to those with family-and-friend caregiver-advocates who actively support them?

Character Limit: 250

In accessing your services, what are the challenges faced by prospective clients without caregiver-advocates to help them? Please explain if and how you help them subscribe to your services.

Character Limit: 1500

Under what circumstances do you deny access to services or refer the prospective client to other agencies?

Character Limit: 1000

Once accepted into your program, how are new clients transitioned into it?

Character Limit: 1500

Once the needs of a client exceed your program's ability to meet them, how do you transition the client to a program more able to address those needs?

Character limit: 1500

Note for the Committee: The goal behind the Client Service Experience questions is insight into how an agency functions in the delivery of its services. Are their processes excessively bureaucratic? Do they generate significant caregiver burden with paperwork, scheduling or transport? Is access to program services effectively limited to clients with caregiver support? Do we think this would be helpful?

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SERVICE COSTS

If you were to be funded at your requested amount, what would be your Net Service Cost?

Note: HCCBG funds require a local match by the provider (note: a match is not required for Buncombe County Supplemental Aging Services Funds). Any block grant eligible service that is selected will first be allocated to the block grant funding. The allocations committee will make all recommendations regarding which funds are to be used for which service.

"Required Local Match must be computed on the basis of 10 percent of the Net Service Cost. Service providers will divide the amount of Block Grant Funding by 90 percent to determine the Net Service Cost. The difference between the Block Grant Funding amount and the Net Service Cost is the amount of the Required Local Match."

Question for Billie: From what document was the above quote taken? Is the language (e.g., "net service cost") statutory and required in the application? See the related question below.

Or: Allocated Amount = .90 x Net Service Cost
Allocated Amount / .90 = Net Service Cost
And: Required Local Match = Net Service Cost – Allocated Amount

Example: Block Grant Funding for In-Home Aide Level II

Allocated Amount = $50,000
$50,000 = .90 x Net Service Cost
$50,000 / .90 = Net Service Cost
Net Service Cost = $55,556
Required Local Match = $55,556 - $50,000 = $5,556
~~Note: Net Service Cost is Funded Amount divided by 90 percent.~~

Character Limit = 100

Based on ~~the information above~~ your Net Service Cost as calculated above, what ~~would be~~ is your required local match? What is your match (cash, in-kind or combination)?

Note: Reported cash or in-kind match cannot be sourced from another federal or state grant unless that grant expressly allows those funds to be used as matching funds for another grant.

Character Limit: 1000

Note and Question for the Committee: In the interest of clarity, would it not make more sense to substitute 'Maximum Fundable Amount' for 'Allocated Amount' and 'Total Service Cost' for 'Net Service Cost'? Is the current language in the application a reflection of HCCBG contract language? If so, must we use it?

Define the Unit of Service used for billing as well as the Cost per Unit (e.g., hour, day, trip, etc.).

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Note: A Unit of Service should include all the costs to run the program (e.g., ~~the unit rate should include~~ staff time, any administrative costs, etc., and all expenses should roll into the overall unit rate.

Example: Meal Program

- Per meal cost = X, staffing time per meal = Y, transportation per meal = Z
- Total cost per unit = X + Y + Z ~~= total cost per unit~~

Note: If the service is something other than unit based, please describe the service and, if funded, how the service will be billed for reimbursement purposes (e.g., by person served, by family served, billing of staff time, etc.).

Character Limit: 1000

Is your billable unit rate different ~~than~~ from the actual unit cost of the service?

- Yes
- No

If yes, please explain. If no, note as 'not applicable'.

Character Limit: 1000

How many units of service do you propose to provide?

Character Limit: 100

How many unduplicated clients do you propose to service?

Character Limit: 100

PERFORMANCE MEASURES

The following questions reflect the Results Based Accountability model.
https://clearimpact.com/results-based-accountability/

Above you have noted the number of clients you plan to serve and the cost per service. Now we would like to know how you plan to evaluate the quality and impact of that service.

Quality of Service: Identify one or more specific measures for how well you deliver the proposed service.

Recommended client survey questions: "How satisfied are you with this service" and "Would you recommend this service to a friend?"

Character limit: 1000

Impact: Identify 1 or more measures that demonstrate how clients are better off as a result of your service.

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Describe the measure(s) as specifically as possible.

Character limit: 1000

~~**DIVERSITY, EQUITY, INCLUSION AND ACCESSIBILITY (DEIA)**~~

~~Please note that if your organization is funded you will be asked to share demographic data (race, income, age, and zip codes) of clients served at the mid-year and the end of year reporting.~~

~~(16) Commitment to DEIA (Diversity, Equity, Inclusion and Accessibility).~~

~~Does your organization have a document that reflects your commitment to DEIA? If so, please attach below. Describe your agency's goals and action steps for realizing DEIA.~~

~~*Character limit: 1500*~~

ADDENDUM FOR IN-HOME AIDE PROGRAMS

If applying for funding for In-Home Aide services, please complete the following.

As of July 1, 2022 Buncombe County no longer allocates funds for Level III or Level IV In-Home Aide services.

In addition, there will be a cap on all hours provided to clients receiving Level I and Level II services. The hours listed below are the maximum allowable hours per service level:

Service Level 1 – Maximum 6 hours per week
Service Level 2 – Maximum 9 hours per week

Note: When determining the unit rate, providers are expected to include all costs associated with providing the service. Many clients live in downtown Asheville and aides may need to park in pay lots, parking garages or hourly spaces. Providers are expected to have that cost accounted for in the unit rate. Please note that a unit is defined as 1 hour of service. Please complete the following questions:

1. What is your unit rate per service level?

Please see the note above regarding what should be included in your unit rate. Also, while it is ultimately up to the provider to decide on the unit rates including pay to aides and other staff, we believe it is important to share the unit rate Buncombe County pays for our in-house social services block grant program that supports our internal in-home aide program ($33.00 / hour of which $17.00 goes to non-certified aides and $18.00 to certified aides).

Questions for Billie: "$33.00 / hour of which $17.00 goes to non-certified aides and $18.00 to certified aides" is confusing. A blended average rate would be $17.50 not $33.00. Does the $33.00 / hour rate imply or reflect that in-home aide services typically involve visits by two aides at a time: one non-certified and one certified?

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Also: Are these rates still current?

Character Limit: 500

2. How will you determine the number of hours that a client needs within the capped hours listed above?

Character Limit: 1000

3. Do you pay your aides mileage?

If so, how much and how is it calculated (i.e., from client to client, or aides home to clients home, etc.)?

Character Limit: 500

4. Are aides paid for their driving time to and from client's homes?

- Yes
- No

5. Do you pay for parking for your aides?

- Yes
- No

6. What is your hiring range for aides?

If you pay a higher rate for a certain aide, please state as two different rates.

Character Limit: 500

7. How do you pair aides with clients?

~~Is it determined by location in the county, first on the list or some other way~~

What are the factors considered? Location, priority of need, position on wait list, or other metrics?

Character Limit: 1000

8. How do you plan to address the In-Home Aide waiting list?

Character Limit: 1000

ATTACHMENT

Attachment A – Proposed Budget

Download the budget form HERE.

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Complete the budget form, save it to your computer, then upload it by clicking “upload a file”. Prepare the budget to correspond to Buncombe County’s fiscal year (FY) July 1 to June 30.

If your program is unit based, please confirm that the **Billable Rate** ~~noted in question #8 times~~ multiplied by the number of projected **Units of Service** ~~projected to provide noted in question #10~~ equals the **Grant Amount requested**.

Upload the document by clicking “upload a file”.

File size limit: 3 MB

~~**Attachment B – Diversity, Equity, Inclusion and Accessibility (DEIA) Document**~~

~~Upload the document by clicking “upload a file”.~~

~~File size limit: 3 MB~~

Questions and / or Technical Assistance

If you have any questions or would like technical assistance, please contact Billie Breeden at Billie.Breeden@buncombecounty.org.

SIGNATURES

Electronic Signature

Enter the full name and business title of your organization’s authorized representative and the date of submission (e.g., Erin Smith, Executive Director, February 1, 2025).

Character limit: 250

Signature Acknowledgement

By entering your signature information above and clicking “I Agree” below, you certify that the statements contained in this application are true and correct to the best of your knowledge and belief.

- ○ I Agree
- ○ I Do Not Agree

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