



**REQUEST FOR
APPROPRIATION
OF
FEDERAL FUNDS**

FISCAL YEAR 2021-2022

**Prepared for
Appropriations Committee Hearings
2021**

**Commonwealth of Pennsylvania
Tom Wolf
Governor**

**Robert Torres
Secretary of Aging**

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**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

	Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Programs for the Aging - Title III - Administration 7000700000	2. State Agency Department of Aging	3. Action Requested <input checked="" type="checkbox"/> Legislative Appropriation
4. Supplemented Appropriation (Title/Symbol) General Government Operations 1070100000	8. Federal CFDA No. 93.045	<input type="checkbox"/> Executive Authorization
5. Contact Person (Telephone No.) Sue Venkatadri (783-7364)	9. Purpose <input type="checkbox"/> Original Request <input type="checkbox"/> Subgrant <input type="checkbox"/> Amendment to Appropriation <input type="checkbox"/> Carryover <input type="checkbox"/> Language <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amend Governor's Budget <input type="checkbox"/> Other:	
6. Restricted Receipt/Revenue Title/Symbol N/A		
7. Federal Grant Program Title Special Programs for the Aging		
10. Federal Granting Agency/Division DHHS/Administration for Community Living	12. Federal Grant Authorization OAA of 2006 (as amended); P.L. 109-365	

11. TYPE OF PROGRAM

on-going One time From: To:

13. Funding (Dollar Amounts in Thousands)

	Actual 2019-20		Available 2020-21		Request 2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$1,781	75.00%	\$1,781	75.00%	\$1,781	75.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$1,781		\$1,781		\$1,781	
Required Matching						
State	\$594	25.00%	\$594	25.00%	\$594	25.00%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$2,375	100.00%	\$2,375	100.00%	\$2,375	100.00%
100% Federal Complement	0		0		0	

MATCH EXPLANATION:

14. Is the amount requested an increase or decrease from the amount in previous years? Yes No If yes, explain below.
15. Are these funds discretionary? Yes No If yes, explain below.
16. Are these administrative funds for a restricted receipt? Yes No If so, what is the amount of the restricted receipt?
17. What is the Federal lapse date? 9/30/2023
18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).
Funds are provided to maintain administrative and support services for the operation of a statewide program for older persons. This program includes the provision of social services, multi-purpose senior centers and low-cost nutritious meals served in a congregate setting or delivered to the home. These funds are used for the administration of the Aging Program in Pennsylvania. Activities include statewide planning, technical assistance, monitoring, policy making and grants and contract administration. The expected result is a well managed program for older persons in Pennsylvania and one that is in compliance with state and federal regulations.

19. For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

Appropriation Title	Commonwealth Fund (Fund Type)	SAP Fund Number	Business Area
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**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

	Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Programs for the Aging - Title V - Administration 7000800000	2. State Agency Department of Aging	3. Action Requested <input checked="" type="checkbox"/> Legislative Appropriation <input type="checkbox"/> Executive Authorization
4. Supplemented Appropriation (Title/Symbol) General Government Operations 1070100000	8. Federal CFDA No. 17.235	
5. Contact Person (Telephone No.) Sue Venkatadri (783-7364)	9. Purpose <input type="checkbox"/> Original Request <input type="checkbox"/> Subgrant <input type="checkbox"/> Amendment to Appropriation <input type="checkbox"/> Carryover <input type="checkbox"/> Language <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amend Governor's Budget <input type="checkbox"/> Other:	
6. Restricted Receipt/Revenue Title/Symbol N/A		
7. Federal Grant Program Title Senior Community Service Employment Program		
10. Federal Granting Agency/Division DOL/Employment Training Administration	12. Federal Grant Authorization OAA - 2006, Title V, P.L. 109-365	

11. TYPE OF PROGRAM
 on-going

One time From: To:

13. Funding (Dollar Amounts in Thousands)

	Actual 2019-20		Available 2020-21		Request 2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$127	90.00%	\$127	90.00%	\$127	90.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$127		\$127		\$127	
Required Matching						
State	\$14	10.00%	\$14	10.00%	\$14	10.00%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$141	100.00%	\$141	100.00%	\$141	100.00%
100% Federal Complement	0		0		0	

MATCH EXPLANATION:

14. Is the amount requested an increase or decrease from the amount in previous years? Yes No If yes, explain below.
15. Are these funds discretionary? Yes No If yes, explain below.
16. Are these administrative funds for a restricted receipt? Yes No If so, what is the amount of the restricted receipt?
17. What is the Federal lapse date? 6/30/2023
18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a
Funds are provided to maintain administrative and support systems for the operation of this statewide program. The program fosters and promotes useful and part-time work opportunities up to 20 hours per week in community service activities for low income persons who are 55 years old and older, and who have poor employment prospects. These funds support the Employment Unit within the Department of Aging. The unit provides planning, technical assistance, monitoring, policy making and grants management to support the program. The Area Agencies on Aging provide subsidized jobs for older persons with the funds provided by the Title V program described here.

For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

19. Appropriation Title Commonwealth SAP Fund Business
Fund (Fund Type) Number Area

**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

		Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Medical Assistance - Administration 7000900000	2. State Agency Department of Aging		3. Action Requested <input checked="" type="checkbox"/> Legislative Appropriation <input type="checkbox"/> Executive Authorization
4. Supplemented Appropriation (Title/Symbol) General Government Operations 1070100000	8. Federal CFDA No. 93.778		
5. Contact Person (Telephone No.) Sue Venkatadri (783-7364)	9. Purpose <input type="checkbox"/> Original Request <input type="checkbox"/> Subgrant <input type="checkbox"/> Amendment to Appropriation <input type="checkbox"/> Carryover <input type="checkbox"/> Language <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amend Governor's Budget <input type="checkbox"/> Other:		
6. Restricted Receipt/Revenue Title/Symbol N/A			
7. Federal Grant Program Title Medical Assistance Program			
10. Federal Granting Agency/Division DHHS/Centers for Medicare and Medicaid Services	12. Federal Grant Authorization 42 U.S.C. 1396 et seq.		

11. TYPE OF PROGRAM
 on-going One time

From: _____ To: _____

13. Funding (Dollar Amounts in Thousands)

	Actual 2019-20		Available 2020-21		Request 2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$2,272	50.00%	\$888	50.00%	\$888	50.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$2,272		\$888		\$888	
Required Matching						
State	\$2,272	50.00%	\$888	50.00%	\$888	50.00%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$4,544	100.00%	\$1,776	100.00%	\$1,776	100.00%
100% Federal Complement	0		0		0	

MATCH EXPLANATION:

- Is the amount requested an increase or decrease from the amount in previous years? Yes No If yes, explain below.
- Are these funds discretionary? Yes No If yes, explain below.
- Are these administrative funds for a restricted receipt? Yes No If so, what is the amount of the restricted receipt?
- What is the Federal lapse date? 9/30/2023
- Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).
Funds are provided to maintain administrative and support systems for the operation of a statewide program for older persons. These funds are used for the administration of the Waiver, Nurse Aide Testing and Pre-Admission Testing Programs. Activities include statewide planning, technical assistance, monitoring, policy making and grants and contract administration. The expected result is a well-managed program for older persons in Pennsylvania and one that is in compliance with state and federal regulations.
- For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

Appropriation Title	Commonwealth Fund (Fund Type)	SAP Fund Number	Business Area
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**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

		Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Program for the Aging - Title VII - Administration 710480000		2. State Agency Department of Aging	3. Action Requested <input checked="" type="checkbox"/> Legislative Appropriation <input type="checkbox"/> Executive Authorization
4. Supplemented Appropriation (Title/Symbol) General Government Operations 1070100000		8. Federal CFDA No. 93.779	
5. Contact Person (Telephone No.) Sue Venkatadri (783-7364)		9. Purpose <input type="checkbox"/> Original Request <input type="checkbox"/> Subgrant <input type="checkbox"/> Amendment to Appropriation <input type="checkbox"/> Carryover <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amend Governor's <input type="checkbox"/> Other: Budget	
6. Restricted Receipt/Revenue Title/Symbol N/A			
7. Federal Grant Program Title State Health Insurance Assistance Program			
10. Federal Granting Agency/Division DHHS/Centers for Medicare and Medicaid Services		12. Federal Grant Authorization Sec 4360 OBRA of 1990	
11. TYPE OF PROGRAM <input checked="" type="checkbox"/> on-going <input type="checkbox"/> One time From: To:			

13. Funding (Dollar Amounts in Thousands)

	Actual 2019-20		Available 2020-21		Request 2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$352	100.00%	\$352	100.00%	\$352	100.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$352		\$352		\$352	
Required Matching						
State	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$352	100.00%	\$352	100.00%	\$352	100.00%
100% Federal Complement	0		0		0	

MATCH EXPLANATION:

14. Is the amount requested an increase or decrease from the amount in previous years? Yes No X. If yes, explain below.
15. Are these funds discretionary? Yes No X. If yes, explain below.
16. Are these administrative funds for a restricted receipt? Yes No X. If so, what is the amount of the restricted receipt?
17. What is the Federal lapse date? 9/30/2023
18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).
The State is to engage in targeted outreach to Medicare beneficiaries potentially eligible for the Medicare Savings Program and the Low Income Subsidy. Funds made available to the states are a result of a provision in the Medicare Improvements for Patients and Provider Act (MIPPA).

19. For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

<u>Appropriation Title</u>	Commonwealth	SAP Fund	Business
	Fund (Fund Type)	Number	Area

**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

		Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Programs for the Aging - Title III 7104900000		2. State Agency Department of Aging	3. Action Requested <input checked="" type="checkbox"/> Legislative Appropriation <input type="checkbox"/> Executive Authorization
4. Supplemented Appropriation (Title/Symbol) PENNCARE 1000800000		8. Federal CFDA No. 93.043, 93.044, 93.045, 93.052	
5. Contact Person (Telephone No.) Sue Venkatadri (783-7364)		9. Purpose <input type="checkbox"/> Original Request <input type="checkbox"/> Subgrant <input type="checkbox"/> Amendment to Appropriation <input type="checkbox"/> Carryover <input type="checkbox"/> Language <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amend Governor's Budget <input type="checkbox"/> Other:	
6. Restricted Receipt/Revenue Title/Symbol N/A			
7. Federal Grant Program Title Special Programs for the Aging Title III, Parts B, C, D			
10. Federal Granting Agency/Division DHHS/Administration for Community Living		12. Federal Grant Authorization OAA of 2006 (as amended); P.L. 109-365	

11. TYPE OF PROGRAM
 on-going One time

From: _____ To: _____

13. Funding (Dollar Amounts in Thousands)

	Actual 2019-20		Available 2020-21		Request 2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$52,000	85.00%	\$52,000	85.00%	\$52,000	85.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$52,000		\$52,000		\$52,000	
Required Matching						
State	\$9,176	15.00%	\$9,176	15.00%	\$9,176	15.00%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$61,176	100.00%	\$61,176	100.00%	\$61,176	100.00%
100% Federal Complement	0		0		0	

MATCH EXPLANATION:

14. Is the amount requested an increase or decrease from the amount in previous years? Yes No If yes, explain below.

15. Are these funds discretionary? Yes No If yes, explain below.

16. Are these administrative funds for a restricted receipt? Yes No If so, what is the amount of the restricted receipt?

17. What is the Federal lapse date? 9/30/2023

18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).

Funds are provided to operate a statewide program through the Area Agencies on Aging for older persons which includes the provision of social services, multi-purpose senior centers and low cost nutritious meals served in a congregate setting or delivered to the home. To avoid premature or inappropriate institutionalization, community-based social services which promote independence and support to aid older persons in self-maintenance are provided. Meals, social rehabilitative, and educational services in strategically located multi-purpose or neighborhood senior centers are provided to improve health and nutrition to reduce this isolation faced by older persons. Other services funded by this grant are personal care, home support, protective services, transportation, day care, outreach, family caregiver, and informational and referral services. A full range of recreational activities are also available.

19. For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

Appropriation Title	Commonwealth Fund (Fund Type)	SAP Fund Number	Business Area
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**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

		Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Programs for the Aging - Nutrition 7105000000		2. State Agency Department of Aging	3. Action Requested <input checked="" type="checkbox"/> Legislative Appropriation <input type="checkbox"/> Executive Authorization
4. Supplemented Appropriation (Title/Symbol) PENNCARE 1000800000		8. Federal CFDA No. 93.053	
5. Contact Person (Telephone No.) Sue Venkatadri (783-7364)		9. Purpose <input type="checkbox"/> Original Request <input type="checkbox"/> Subgrant <input type="checkbox"/> Amendment to Appropriation <input type="checkbox"/> Carryover <input type="checkbox"/> Language <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amend Governor's Budget <input type="checkbox"/> Other:	
6. Restricted Receipt/Revenue Title/Symbol N/A			
7. Federal Grant Program Title Nutrition Services Incentive Program			
10. Federal Granting Agency/Division DHHS/Administration for Community Living		12. Federal Grant Authorization OAA of 2006 (as amended); P.L. 109-365	
11. TYPE OF PROGRAM <input checked="" type="checkbox"/> on-going <input type="checkbox"/> One time From: To:			

13. Funding (Dollar Amounts in Thousands)

	Actual 2019-20		Available 2020-21		Request 2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$10,000	100.00%	\$10,000	100.00%	\$10,000	100.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$10,000		\$10,000		\$10,000	
Required Matching						
State	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$10,000	100.00%	\$10,000	100.00%	\$10,000	100.00%
100% Federal Complement			0		0	

MATCH EXPLANATION:

14. Is the amount requested an increase or decrease from the amount in previous years? Yes No If yes, explain below.
15. Are these funds discretionary? Yes No If yes, explain below.
16. Are these administrative funds for a restricted receipt? Yes No If so, what is the amount of the restricted receipt?
17. What is the Federal lapse date? 9/30/2023
18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).
The objective of this program is to improve the diets of older persons. Funds are used to purchase food for the provision of meals to eligible persons in the nutrition programs mandated under the Older Americans Act, as amended. This program enables the Area Agencies on Aging to serve more meals as needed and includes breakfast, snacks, home delivered meals, etc.

19. For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

Appropriation Title	Commonwealth Fund (Fund Type)	SAP Fund Number	Business Area
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**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

		Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Programs for the Aging - Title V - Employment 7105100000		2. State Agency Department of Aging	3. Action Requested <input checked="" type="checkbox"/> Legislative Appropriation <input type="checkbox"/> Executive Authorization
4. Supplemented Appropriation (Title/Symbol) PENNCARE 1000800000		8. Federal CFDA No. 17.235	
5. Contact Person (Telephone No.) Sue Venkatadri (783-7364)		9. Purpose <input type="checkbox"/> Original Request <input type="checkbox"/> Subgrant <input type="checkbox"/> Amendment to Appropriation <input type="checkbox"/> Carryover <input type="checkbox"/> Language <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amend Governor's Budget <input type="checkbox"/> Other:	
6. Restricted Receipt/Revenue Title/Symbol N/A			
7. Federal Grant Program Title Senior Community Service Employment Program			
10. Federal Granting Agency/Division DOL/Employment Training Administration		12. Federal Grant Authorization OAA - 2006, Title V, P.L. 109-365	
11. TYPE OF PROGRAM <input checked="" type="checkbox"/> on-going <input type="checkbox"/> One time From: To:			

13. Funding (Dollar Amounts in Thousands)

	Actual 2019-20		Available 2020-21		Request 2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$8,000	90.00%	\$8,000	90.00%	\$8,000	90.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$8,000		\$8,000		\$8,000	
Required Matching					\$8,000	
State	\$0	0.00%	\$0	0.00%	\$0	0.00%
Local	\$889	10.00%	\$889	10.00%	\$889	10.00%
Program Total	\$8,889	100.00%	\$8,889	100.00%	\$8,889	100.00%
100% Federal Complement	0		0		0	

MATCH EXPLANATION:

14. Is the amount requested an increase or decrease from the amount in previous years? Yes No If yes, explain below.
15. Are these funds discretionary? Yes No If yes, explain below.
16. Are these administrative funds for a restricted receipt? Yes No If so, what is the amount of the restricted receipt?
17. What is the Federal lapse date? 9/30/2023
18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).
Funds are provided to foster and promote useful part-time work opportunities up to 20 hours per week in community service activities for low income persons who are 55 years old and older, and who have poor employment prospects. Jobs are provided through the Area Agencies on Aging. The Employment Unit, in cooperation with the Bureau of Employment Security will place older persons in unsubsidized employment positions in the community.

19. For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

Appropriation Title	Commonwealth Fund (Fund Type)	SAP Fund Number	Business Area
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**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

		Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Programs for the Aging - Title VII - Elder Rights Protection 7105200000	2. State Agency Department of Aging		3. Action Requested <input checked="" type="checkbox"/> Legislative Appropriation <input type="checkbox"/> Executive Authorization
4. Supplemented Appropriation (Title/Symbol) PENNCARE 1000800000	8. Federal CFDA No. 93.041; 93.042; 93.779		
5. Contact Person (Telephone No.) Sue Venkatadri (783-7364)	9. Purpose <input type="checkbox"/> Original Request <input type="checkbox"/> Amendment to Appropriation <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Other:		<input type="checkbox"/> Subgrant
6. Restricted Receipt/Revenue Title/Symbol N/A			<input type="checkbox"/> Carryover <input type="checkbox"/> Language
7. Federal Grant Program Title Special Programs for the Aging Title VII, Chapters 2 & 3			<input type="checkbox"/> Amend Governor's Budget
10. Federal Granting Agency/Division DHHS/Centers for Medicare & Medicaid Services	12. Federal Grant Authorization Sec 4360 OBRA of 1990		

11. TYPE OF PROGRAM

on-going One time From: To:

13. Funding (Dollar Amounts in Thousands)

	Actual 2019-20		Available 2020-21		Request 2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$4,700	100.00%	\$7,800	100.00%	\$7,800	100.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$4,700		\$7,800		\$7,800	
Required Matching						
State	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$4,700	100.00%	\$7,800	100.00%	\$7,800	100.00%
100% Federal Complement	0		0		0	

MATCH EXPLANATION:

14. Is the amount requested an increase or decrease from the amount in previous years? Yes No If yes, explain below.

15. Are these funds discretionary? Yes No If yes, explain below.

16. Are these administrative funds for a restricted receipt? Yes No If so, what is the amount of the restricted receipt?

17. What is the Federal lapse date? 9/30/2023

18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).

Funds are provided to operate statewide programs through the Area Agencies on Aging for older persons. Services include ombudsman, elder abuse prevention and pension counseling.

19. For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

Appropriation Title	Commonwealth Fund (Fund Type)	SAP Fund Number	Business Area
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**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

		Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Medical Assistance Support 7042500000	2. State Agency Department of Aging	3. Action Requested <input checked="" type="checkbox"/> Legislative Appropriation <input type="checkbox"/> Executive Authorization	
4. Supplemented Appropriation (Title/Symbol) PENNCARE 1000800000	8. Federal CFDA No. 93.778		
5. Contact Person (Telephone No.) Sue Venkatadri (783-7364)	9. Purpose <input type="checkbox"/> Original Request <input type="checkbox"/> Subgrant <input type="checkbox"/> Amendment to Appropriation <input type="checkbox"/> Carryover <input type="checkbox"/> Language <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amend Governor's Budget <input type="checkbox"/> Other:		
6. Restricted Receipt/Revenue Title/Symbol N/A			
7. Federal Grant Program Title Medical Assistance Program			
10. Federal Granting Agency/Division DHHS/Centers for Medicare and Medicaid Services	12. Federal Grant Authorization Social Security Act, Title XIX, as amended		
11. TYPE OF PROGRAM <input checked="" type="checkbox"/> on-going <input type="checkbox"/> One time From: To:			

13. Funding (Dollar Amounts in Thousands)

	Actual 2019-20		Available 2020-21		Request 2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$9,000	50.00%	\$9,000	50.00%	\$9,000	50.00%
Estimated Expenditures	XXXXXXXX		\$0		XXXXXXXX	
Ending Balance	\$9,000		\$9,000		\$9,000	
Required Matching						
State	\$9,000	50.00%	\$9,000	50.00%	\$9,000	50.00%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$18,000	100.00%	\$18,000	100.00%	\$18,000	100.00%
100% Federal Complement	0		0		0	

MATCH EXPLANATION:

14. Is the amount requested an increase or decrease from the amount in previous years? Yes No If yes, explain below.
15. Are these funds discretionary? Yes No If yes, explain below.
16. Are these administrative funds for a restricted receipt? Yes No If so, what is the amount of the restricted receipt?
17. What is the Federal lapse date? 9/30/2023
18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).
To provide services as a result of Nursing Home Transition and to reduce reliance on institutional long-term care and promote growth of high quality home and community - based services.
19. For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

	Commonwealth	SAP Fund	Business
<u>Appropriation Title</u>	<u>Fund (Fund Type)</u>	<u>Number</u>	<u>Area</u>

**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

		Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Medical Assistance Nursing Home Transition Administration 7105300000		2. State Agency Department of Aging	3. Action Requested <input checked="" type="checkbox"/> Legislative Appropriation <input type="checkbox"/> Executive Authorization
4. Supplemented Appropriation (Title/Symbol) PENNCARE 1000800000		8. Federal CFDA No. 93.778	
5. Contact Person (Telephone No.) Sue Venkatadri (783-7364)		9. Purpose <input type="checkbox"/> Original Request <input type="checkbox"/> Subgrant <input type="checkbox"/> Amendment to Appropriation <input type="checkbox"/> Carryover <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amend Governor's Budget <input type="checkbox"/> Other: Supplemental	
6. Restricted Receipt/Revenue Title/Symbol N/A			
7. Federal Grant Program Title Medical Assistance Program			
10. Federal Granting Agency/Division DHHS/Centers for Medicare and Medicaid Services		12. Federal Grant Authorization	
11. TYPE OF PROGRAM <input checked="" type="checkbox"/> on-going <input type="checkbox"/> One time From: To:			

13. Funding (Dollar Amounts in Thousands)

	Actual 2019-20		Available 2020-21		Request 2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$700	100.00%	\$700	100.00%	\$700	100.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$700		\$700		\$700	
Required Matching						
State	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$700	100.00%	\$700	100.00%	\$700	100.00%
100% Federal Complement	0		0		0	

MATCH EXPLANATION:

14. Is the amount requested an increase or decrease from the amount in previous years? Yes No If yes, explain below.

15. Are these funds discretionary? Yes No If yes, explain below.

16. Are these administrative funds for a restricted receipt? Yes No If so, what is the amount of the restricted receipt?

17. What is the Federal lapse date? 9/30/2023

18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).
To provide Federal funding for Nursing Home Transition activities.

19. For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

Appropriation Title	Commonwealth Fund (Fund Type)	SAP Fund Number	Business Area
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**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

	Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Pre-Admission Assessment 7000600000	2. State Agency Department of Aging	3. Action Requested <input checked="" type="checkbox"/> Legislative Appropriation
4. Supplemented Appropriation (Title/Symbol) Pre-Admission Assessment 1074900000	8. Federal CFDA No. 93.778	<input type="checkbox"/> Executive Authorization
5. Contact Person (Telephone No.) Sue Venkatadri (783-7364)	9. Purpose <input type="checkbox"/> Original Request <input type="checkbox"/> Subgrant <input type="checkbox"/> Amendment to Appropriation <input type="checkbox"/> Carryover <input type="checkbox"/> Language <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Amend Governor's Budget <input type="checkbox"/> Other:	
6. Restricted Receipt/Revenue Title/Symbol N/A		
7. Federal Grant Program Title Medical Assistance Program		
10. Federal Granting Agency/Division DHHS/Centers for Medicare and Medicaid Services	12. Federal Grant Authorization Social Security Act, Title XIX, as amended	

11. TYPE OF PROGRAM
 on-going One time From: To:

13. Funding (Dollar Amounts in Thousands)

	Actual 2019-20		Available 2020-21		Request 2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$4,000	51.58%	\$4,000	51.58%	\$4,000	51.58%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$4,000		\$4,000		\$4,000	
Required Matching						
State	\$3,755	48.42%	\$3,755	48.42%	\$3,755	48.42%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$7,755	100.00%	\$7,755	100.00%	\$7,755	100.00%
100% Federal Complement	0		0		0	

MATCH EXPLANATION: This grant has both a 50/50 and 75/25 split - pursuant to 42 CFR § 432.50(d).

14. Is the amount requested an increase or decrease from the amount in previous years? Yes No If yes, explain below.
15. Are these funds discretionary? Yes No If yes, explain below.
16. Are these administrative funds for a restricted receipt? Yes No If so, what is the amount of the restricted receipt?
17. What is the Federal lapse date? 9/30/2023
18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).
 Funds provide for Pre-Admission Assessments for applicants of medical assistance funded nursing homes and state-funded community personal care residential living arrangements. The purpose of the program is to provide a comprehensive assessment of the health and social needs of the applicants of that the appropriate level of care may be identified and properly initiated.

19. For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

Appropriation Title	Commonwealth Fund (Fund Type)	SAP Fund Number	Business Area
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**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

		Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Programs for the Aging - Title III - Caregiver Support 7001100000	2. State Agency Department of Aging	3. Action Requested <input checked="" type="checkbox"/> Legislative Appropriation <input type="checkbox"/> Executive Authorization	
4. Supplemented Appropriation (Title/Symbol) Caregiver Support 1091400000	8. Federal CFDA No. 93.052; 93.072		
5. Contact Person (Telephone No.) Sue Venkatadri (783-7364)	9. Purpose <input type="checkbox"/> Original Request <input type="checkbox"/> Amendment to Appropriation <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Other:	<input type="checkbox"/> Subgrant	
6. Restricted Receipt/Revenue Title/Symbol N/A		<input type="checkbox"/> Carryover <input type="checkbox"/> Language	
7. Federal Grant Program Title National Family Caregiver Support, Title III, Part E		<input type="checkbox"/> Amend Governor's Budget	
10. Federal Granting Agency/Division DHHS/Administration for Community Living	12. Federal Grant Authorization OAA, as amended, P.L. 106-501, Title III, Part E		

11. TYPE OF PROGRAM
 on-going One time From: To:

13. Funding (Dollar Amounts in Thousands)

	Actual 2019-20		Available 2020-21		Request 2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$10,000	75.00%	\$10,000	75.00%	\$10,000	75.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$10,000		\$10,000		\$10,000	
Required Matching						
State	\$3,333	25.00%	\$3,333	25.00%	\$3,333	25.00%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$13,333	100.00%	\$13,333	100.00%	\$13,333	100.00%
100% Federal Complement	0		0		0	

MATCH EXPLANATION:

- 14. Is the amount requested an increase or decrease from the amount in previous years? Yes No If yes, explain below.
- 15. Are these funds discretionary? Yes No If yes, explain below.
- 16. Are these administrative funds for a restricted receipt? Yes No If so, what is the amount of the restricted receipt?
- 17. What is the Federal lapse date? 9/30/2023

18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).
 Funds the National Family Caregiver Support Program to aid families in caring for their frail elderly relatives and for grandparents caring for grandchildren and other related children. Services that are provided to caregivers include (1) information and assistance in gaining access to services; (2) counseling, support groups and caregiver training; (3) respite care; and (4) supplemental services on a limited basis.

19. For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

Appropriation Title	Commonwealth Fund (Fund Type)	SAP Fund Number	Business Area
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**COMMONWEALTH OF PENNSYLVANIA
REQUEST FOR APPROVAL OF FEDERAL FUNDS**

		Authorization Number 2021-01	Date Prepared 04-Feb-21
1. Federal Appropriation & Symbol Program for the Aging - Overdose Data to Action Grant - 8059400000		2. State Agency Department of Aging	3. Action Requested <input type="checkbox"/> Legislative Appropriation <input checked="" type="checkbox"/> Executive Authorization
4. Supplemented Appropriation (Title/Symbol) PACE Contracted Services (EA) 2023300000		8. Federal CFDA No. 93.136	
5. Contact Person (Telephone No.) Kathy Laudenslager (772-0191)		9. Purpose <input checked="" type="checkbox"/> Original Request <input type="checkbox"/> Subgrant <input type="checkbox"/> Amendment to Appropriation <input type="checkbox"/> Carryover <input type="checkbox"/> Language <input type="checkbox"/> Renewal <input type="checkbox"/> Amend Governor's Budget <input type="checkbox"/> Other:	
6. Restricted Receipt/Revenue Title/Symbol N/A			
7. Federal Grant Program Title Overdose Data to Action			
10. Federal Granting Agency/Division Department of Health		12. Federal Grant Authorization 42 U.S.C. 241	
11. TYPE OF PROGRAM <input type="checkbox"/> on-going <input checked="" type="checkbox"/> One time From: 1/1/2020 To: 8/31/2022			

13. Funding (Dollar Amounts in Thousands)

	2019-20		2020-21		2021-22	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$525	100.00%	\$700	100.00%	\$700	100.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$525		\$700		\$700	
Required Matching						
State	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$525	100.00%	\$700	100.00%	\$700	100.00%
100% Federal Complement	0		0		0	

MATCH EXPLANATION:

14. Is the amount requested an increase or decrease from the amount in previous years? Yes No If yes, explain below.
15. Are these funds discretionary? Yes No If yes, explain below.
16. Are these administrative funds for a restricted receipt? Yes No If so, what is the amount of the restricted receipt?
17. What is the Federal lapse date? N/A
18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).
This is an Interagency Grant between PA Department of Health and PA Department of Aging. This Subgrant will serve to transfer federal funds received under the CDC Overdose Data to be utilized to expand statewide academic detailing for prescribers utilizing PDMP approved educational materials & targeting aberrant prescribers determined by analysis of PDMP system data, & to increase academic detailing sessions in all counties except Philadelphia & Allegheny.

19. For Subgrants only, identify the parent Federal appropriation and the agency from which the subgrant will be made:

Appropriation Title	Commonwealth Fund (Fund Type)	SAP Fund Number	Business Area
Health	001	7103700000	67