

## REQUEST FOR APPROVAL OF FEDERAL FUNDS

# FISCAL YEAR 2022-2023

Prepared for Appropriations Committee Hearings 2022

Commonwealth of Pennsylvania Tom Wolf Governor **Robert Torres** Secretary of Aging

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			Authorization N 2022-01	umber	Date Prepared 03-Feb-22	
<ol> <li>Federal Appropriation &amp; Symbols Programs for the Aging - Title</li> </ol>		0000	2. State Agency Department of Aging		3. Action Requested [X] Legislative Appropriation	
4. Supplemented Appropriation (Title/Symbol) General Government Operations 1070100000			8. Federal CFDA No. 93.045		[] Executive Authorization	
5. Contact Person (Telephone No.) Kim Adams (717-783-0732)		9. Purpose [] Original Request		[] Subgrant		
6. Restricted Receipt/Revenue Title/Symbol N/A		[ ] Amendment to Appropriation		[] Carryover [] Language		
7. Federal Grant Program Title Special Programs for the Aging			[X ] Renewal [] Amend Governo [] Other: Budget		ernor's	
10. Federal Granting Agency/Divis DHHS/Administration for Com			12. Federal Grant A OAA of 2006 (a		P.L. 109-365	
11. TYPE OF PROGRAM [X] On-going	[] One time F	From:	Т	0:		
13. Funding (Dollar Amounts in Ti	nousands) Actual 2020-21		Available 2021-22		Request 2022-23	
Carryover New Funding Available Federal Appropriation Estimated Expenditures Ending Balance	\$0 \$0 \$1,781 XXXXXXXX \$1,781	75.00%	\$0 \$0 \$1,781 XXXXXXXX \$1,781	75.00%	\$0 \$0 \$1,781 XXXXXXXX \$1,781	75.00%
Required Matching State Other Program Total	\$594 \$0 \$2,375	25.00% 0.00% 100.00%	\$594 \$0 \$2,375	25.00% 0.00% 100.00%	\$594 \$0 \$2,375	25.00% 0.00% 100.00%
r iografii i otal	φ2,375	100.00%	<b>Φ</b> ∠,373	100.00%	φ <b>∠</b> ,373	100.00%

#### MATCH EXPLANATION:

100% Federal Complement

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

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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? 9/30/2024
- 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.

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

	Authorization Number 2022-01	Date Prepared 14-Jan-22
<ol> <li>Federal Appropriation &amp; Symbol Programs for the Aging - Title V - Administration 7000800000</li> </ol>	2. State Agency Department of Aging	3. Action Requested [X] Legislative Appropriation
4. Supplemented Appropriation (Title/Symbol) General Government Operations 1070100000	8. Federal CFDA No. 17.235	[] Executive Authorization
5. Contact Person (Telephone No.) Kimberly Adams (717-783-0732)	9. Purpose [ ] Original Request	[] Subgrant
6. Restricted Receipt/Revenue Title/Symbol N/A	[ ] Amendment to Appropriation	[] Carryover [] Language
7. Federal Grant Program Title Senior Community Service Employment Program	[ X ] Renewal [ ] Other:	[ ] Amend Governor's Budget
10. Federal Granting Agency/Division DOL/Employment Training Administration	12. Federal Grant Authorization OAA - 2006, Title V, P.L. 109-36	5
11. TYPE OF PROGRAM		

[X] On-going [	] One time	From:	Т	o:		
13. Funding (Dollar Amounts in Thousands	5)					
	Actual		Available		Request	
	2020-21		2021-22		2022-23	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$127	90.00%	\$127	90.00%	\$127	90.00%
Estimated Expenditures	XXXXXXXXX		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 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? 6/30/2024
- 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 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:

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

	Authorization Number 2022-01	Date Prepared 14-Jan-22
<ol> <li>Federal Appropriation &amp; Symbol Medical Assistance - Administration 7000900000</li> </ol>	2. State Agency Department of Aging	3. Action Requested [X] Legislative Appropriation
4. Supplemented Appropriation (Title/Symbol) General Government Operations 1070100000	8. Federal CFDA No. 93.778	[] Executive Authorization
5. Contact Person (Telephone No.) Kimberly Adams (717-783-0732)	9. Purpose [] Original Request	[] Subgrant
6. Restricted Receipt/Revenue Title/Symbol N/A	[ ] Amendment to Appropriation	[ ] Carryover [ ] Language
7. Federal Grant Program Title Medical Assistance Program	[ X ] Renewal [ ] Other:	[ ] Amend Governor's Budget
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 [X] On-going [] One time From:	То:	

#### 13. Funding (Dollar Amounts in Thousands)

13. Funding (Dollar Amounts in Thousan	as)					
	Actual		Available		Request	
	2020-21		2021-22		2022-23	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$888	50.00%	\$888	50.00%	\$888	50.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$888		\$888		\$888	
Required Matching						
State	\$888	50.00%	\$888	50.00%	\$888	50.00%
Other	\$0	0.00%	\$0	0.00%	\$0	0.00%
Program Total	\$1,776	100.00%	\$1,776	100.00%	\$1,776	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? 9/30/2024
- 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 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.

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

			Authorization N 2022-01	umber	Date Prepared 14-Jan-22	
<ol> <li>Federal Appropriation &amp; Symbol Program for the Aging - Title VII - Administration 7104800000</li> </ol>		2. State Agency Department of Aging		3. Action Requested [X] Legislative Appropriation		
4. Supplemented Appropriation (Title/Symbol General Government Operations 1070100			8. Federal CFDA No. 93.779		[] Executive Authorization	
5. Contact Person (Telephone No.) Kimberly Adams (717-783-0732)		9. Purpose [] Original Request		[] Subgrant		
6. Restricted Receipt/Revenue Title/Symbol N/A			[] Amendmen Appropriatio		[ ] Carryover [ ] Language	
<ol> <li>Federal Grant Program Title</li> <li>State Health Insurance Assistance Program</li> </ol>	7. Federal Grant Program Title State Health Insurance Assistance Program		[ X] Renewal [ ] Other:		[] Amend Governor's Budget	
10. Federal Granting Agency/Division DHHS/Centers for Medicare and Medicaid	Services		12. Federal Grant A Sec 4360 OBR			
11. TYPE OF PROGRAM [X] On-going [] C	one time	From:	Т	0:		
13. Funding (Dollar Amounts in Thousands)	Actual 2020-21		Available 2021-22		Request 2022-23	
Carryover New Funding Available Federal Appropriation Estimated Expenditures Ending Balance Required Matching	\$0 \$0 \$352 XXXXXXXX \$352	100.00%	\$0 \$0 \$352 XXXXXXXX \$352	100.00%	\$0 \$0 \$352 XXXXXXXXX \$352	100.00%
State Other Program Total 100% Federal Complement	\$0 \$0 \$352 0	0.00% 0.00% 100.00%	\$0 \$0 \$352 0	0.00% 0.00% 100.00%	\$0 \$0 \$352 0	0.00% 0.00% 100.00%

#### 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? 9/30/2024

 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).

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

			Authorization Numbe 2022-01	r	Date Prepared 14-Jan-22	
1. Federal Appropriation & Symbol Programs for the Aging - Title III 7104900000			2. State Agency Department of Aging		3. Action Requested [X] Legislative Appropriation	
4. Supplemented Appropriation (Titl PENNCARE 1000800000	e/Symbol)		8. Federal CFDA No. 93.043, 93.044, 93.0	45, 93.052	[] Executive Authori	zation
5. Contact Person (Telephone No.) Kimberly Adams (717-783-0732)			9. Purpose [] Original Request		[] Subgrant	
<ol> <li>Restricted Receipt/Revenue Title N/A</li> </ol>	/Symbol		[] Amendment to Appropriation		[ ] Carryover [ ] Language	
7. Federal Grant Program Title Special Programs for the Aging T	⁻itle III, Parts B, C, D		[ X ] Renewal [ ] Other:		[] Amend Governor Budget	'S
10. Federal Granting Agency/Division DHHS/Administration for Commu			12. Federal Grant Author OAA of 2006 (as am		109-365	
11. TYPE OF PROGRAM [X] On-going	[] One time	From:	т	D:		
13. Funding (Dollar Amounts in Thou	isands) Actual 2020-21		Available 2021-22		Request 2022-23	
Carryover New Funding Available Federal Appropriation Estimated Expenditures Ending Balance	\$0 \$0 \$52,000 XXXXXXXX \$52,000	85.00%	\$0 \$0 \$52,000 XXXXXXXX \$52,000	85.00%	\$0 \$0 \$52,000 XXXXXXXX \$52,000	85.00%
Required Matching State Other Program Total 100% Federal Complement	\$9,176 \$0 \$61,176 0	15.00% 0.00% 100.00%	\$9,176 \$0 \$61,176 0	15.00% 0.00% 100.00%	\$9,176 \$0 \$61,176 0	15.00% 0.00% 100.00%

#### 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? 9/30/2024
- 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.

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

REQUEST FOR APPROVAL OF F	EDERAL FUNDS	_				
			Authorization Numbe 2022-01	er	Date Prepared 14-Jan-22	
<ol> <li>Federal Appropriation &amp; Symbol Programs for the Aging - Nutrition 7105000000</li> </ol>			2. State Agency Department of Aging		3. Action Requested [X] Legislative Appropriation	
4. Supplemented Appropriation ( PENNCARE 1000800000	4. Supplemented Appropriation (Title/Symbol) PENNCARE 1000800000		8. Federal CFDA No. 93.053		[] Executive Authori	zation
5. Contact Person (Telephone No Kimberly Adams (717-783-073			9. Purpose [] Original Request	t	[] Subgrant	
6. Restricted Receipt/Revenue T N/A	itle/Symbol		[] Amendment to Appropriation		[] Carryover [] Language	
7. Federal Grant Program Title Nutrition Services Incentive Program			[ X ] Renewal [ ] Other:		[ ] Amend Governor's Budget	
10. Federal Granting Agency/Divis DHHS/Administration for Com			12. Federal Grant Autho OAA of 2006 (as am		109-365	
11. TYPE OF PROGRAM [X] On-going	[] One time F	From:	Т	ю:		
13. Funding (Dollar Amounts in Th	ousands) Actual 2020-21		Available 2021-22		Request 2022-23	
Carryover New Funding Available Federal Appropriation Estimated Expenditures Ending Balance Beguired Matching	\$0 \$0 \$10,000 XXXXXXXX \$10,000	100.00%	\$0 \$0 \$10,000 XXXXXXXX \$10,000	100.00%	\$0 \$0 \$10,000 XXXXXXXX \$10,000	100.00%
Required Matching State Other Program Total	\$0 \$0 \$10,000	0.00% 0.00% 100.00%	\$0 \$0 \$10,000	0.00% 0.00% 100.00%	\$0 \$0 \$10,000	0.00% 0.00% 100.00%

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#### MATCH EXPLANATION:

100% Federal Complement

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? 9/30/2024

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.

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

Authorization Number 2022-01	Date Prepared
2022-01	14-Jan-22
2. State Agency Department of Aging	3. Action Requested [X] Legislative Appropriation
8. Federal CFDA No. 17.235	[] Executive Authorization
9. Purpose [ ] Original Request	[] Subgrant
[ ] Amendment to Appropriation	[ ] Carryover [ ] Language
[ X ] Renewal [ ] Other:	[ ] Amend Governor's Budget
12. Federal Grant Authorization OAA - 2006, Title V, P.L. 109-365	5
To:	
Available 2021-22	Request 2022-23
\$0 \$0 % \$8,000 90.00% XXXXXXXX \$8,000	\$0 \$0 \$8,000 90.00% XXXXXXX \$8,000
% \$889 10.00%	\$0 0.00% \$889 10.00% \$8,889 100.00% 0
00	Department of Aging           8. Federal CFDA No. 17.235           9. Purpose [] Original Request           [] Amendment to Appropriation           [X] Renewal [] Other:           12. Federal Grant Authorization OAA - 2006, Title V, P.L. 109-365           To:           Xavailable 2021-22           \$0 \$0 \$0 \$0 \$8,000           \$0 \$0 \$0 \$8,000           \$0 \$0 \$0 \$8,000           \$0 \$0 \$0 \$8,000           \$0 \$0 \$0 \$8,000           \$0 \$0 \$0 \$8,000           \$0 \$0 \$0 \$8,889           \$0 \$0 \$8,889

#### 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? 9/30/2024

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.

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Appropriation Title	Fund (Fund Type)	Number	Area

	Authorization Number 2022-01	Date Prepared 14-Jan-22
<ol> <li>Federal Appropriation &amp; Symbol Programs for the Aging - Title VII - Elder Rights Protection 7105200000</li> </ol>	2. State Agency Department of Aging	3. Action Requested [X] Legislative Appropriation
4. Supplemented Appropriation (Title/Symbol) PENNCARE 1000800000	8. Federal CFDA No. 93.041; 93.042; 93.779	[] Executive Authorization
5. Contact Person (Telephone No.) Kimberly Adams (717-783-0732)	9. Purpose [ ] Original Request	[] Subgrant
<ol> <li>Restricted Receipt/Revenue Title/Symbol N/A</li> </ol>	[ ] Amendment to Appropriation	[] Carryover [] Language
<ol> <li>Federal Grant Program Title</li> <li>Special Programs for the Aging Title VII, Chapters 2 &amp; 3</li> </ol>	[ X ] Renewal [ ] Other:	[ ] Amend Governor's Budget
10. Federal Granting Agency/Division DHHS/Centers for Medicare & Medicaid Services	12. Federal Grant Authorization Sec 4360 OBRA of 1990	

[X] On-going	[] One time Fro	om:	Те	<b>D</b> :		
13. Funding (Dollar Amounts in Thous	ands)					
	Actual		Available		Request	
	2020-21		2021-22		2022-23	
Carryover	\$0		\$0		\$0	
New Funding Available	\$0		\$0		\$0	
Federal Appropriation	\$7,800	100.00%	\$7,800	100.00%	\$7,800	100.00%
Estimated Expenditures	XXXXXXXX		XXXXXXXX		XXXXXXXX	
Ending Balance	\$7,800		\$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	\$7,800	100.00%	\$7,800	100.00%	\$7,800	100.00%

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#### MATCH EXPLANATION:

100% Federal Complement

11 TYPE OF PROCRAM

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

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- 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? 9/30/2024
- 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:

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

			Authorization Number 2022-01	ər	Date Prepared 14-Jan-22	
1. Federal Appropriation & Symbol Medical Assistance Support 7042500000					3. Action Requested [X] Legislative Appro	priation
4. Supplemented Appropriation (Titl PENNCARE 1000800000	e/Symbol)		8. Federal CFDA No. 93.778		[] Executive Authori	zation
5. Contact Person (Telephone No.) Kimberly Adams (717-783-0732)			9. Purpose [] Original Request	t	[] Subgrant	
6. Restricted Receipt/Revenue Title, N/A	'Symbol		[] Amendment to Appropriation		[] Carryover [] Language	
7. Federal Grant Program Title Medical Assistance Program			[ X ] Renewal [ ] Other:		[] Amend Governo Budget	r's
10. Federal Granting Agency/Divisior DHHS/Centers for Medicare and			12. Federal Grant Autho Social Security Act,		amended	
11. TYPE OF PROGRAM [X] On-going	[] One time	From:	т	ю:		
13. Funding (Dollar Amounts in Thou	sands) Actual 2020-21		Available 2021-22		Request 2022-2023	
Carryover New Funding Available Federal Appropriation Estimated Expenditures Ending Balance Poduirod Matching	\$0 \$0 \$9,000 XXXXXXXX \$9,000	50.00%	\$0 \$0 \$9,000 \$0 \$9,000	50.00%	\$0 \$0 \$9,000 XXXXXXXX \$9,000	50.00%
Required Matching State Other Program Total 100% Federal Complement	\$9,000 \$0 \$18,000 0	50.00% 0.00% 100.00%	\$9,000 \$0 \$18,000 0	50.00% 0.00% 100.00%	\$9,000 \$0 \$18,000 0	50.00% 0.00% 100.00%

#### 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? 9/30/2024

 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.

Tor oubgrants only, lucitary the paren	п і састаї арріорітат	ion and the agency	monn winion and
	Commonwealth	SAP Fund	Business
Appropriation Title	Fund (Fund Type)	Number	<u>Area</u>

			Authorization Number 2022-01	ər	Date Prepared 14-Jan-22	
1. Federal Appropriation & Symbol Medical Assistance Nursing Home	<ol> <li>Federal Appropriation &amp; Symbol Medical Assistance Nursing Home Transition Administration 7105300000</li> </ol>		2. State Agency Department of Aging	I	<ol> <li>Action Requested</li> <li>[X ] Legislative Apprentic</li> </ol>	opriation
4. Supplemented Appropriation (Title/ PENNCARE 1000800000	'Symbol)		8. Federal CFDA No. 93.778		[] Executive Authori	zation
5. Contact Person (Telephone No.) Kimberly Adams (717-783-0732)	5. Contact Person (Telephone No.) Kimberly Adams (717-783-0732)		9. Purpose [ ] Original Request	:	[] Subgrant	
<ol> <li>Restricted Receipt/Revenue Title/S N/A</li> </ol>	Symbol		[] Amendment to Appropriation		[] Carryover [] Language	
<ol> <li>Federal Grant Program Title Medical Assistance Program</li> </ol>			[X ] Renewal [ ] Other: Suppleme	ental	[] Amend Governo Budget	r's
10. Federal Granting Agency/Division DHHS/Centers for Medicare and M	edicaid Services		12. Federal Grant Autho	rization		
11. TYPE OF PROGRAM [X ] On-going	[] One time	From:	T	0:		
13. Funding (Dollar Amounts in Thouse	ands) Actual 2020-21		Available 2021-22		Request 2022-23	
Carryover New Funding Available Federal Appropriation Estimated Expenditures Ending Balance Required Matching	\$0 \$0 \$700 XXXXXXXX \$700	100.00%	\$0 \$0 \$700 XXXXXXXX \$700	100.00%	\$0 \$0 \$700 XXXXXXXX \$700	100.00%
State Other Program Total 100% Federal Complement	\$0 \$0 \$700 0	0.00% 0.00% 100.00%	\$0	0.00% 0.00% 100.00%	\$0 \$0 \$700 0	0.00% 0.00% 100.00%
MATCH EXPLANATION:						
14. Is the amount requested an increase	se or decrease from the	e amount in previous	years? Yes No <u>X</u> If yes	s, explain belo	ow.	
15. Are these funds discretionary? Yes	s No <u>X</u> If yes, ex	plain below.				
16. Are these administrative funds for a	a restricted receipt? Y	es No <u>X</u> If so, wh	nat is the amount of the res	tricted receip	t?	

- 17. What is the Federal lapse date? 9/30/2024
- 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:

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

			Authorization Numbe 2022-01	er	Date Prepared 14-Jan-22	
1. Federal Appropriation & Symbol Pre-Admission Assessment 700	0060000		2. State Agency Department of Aging		3. Action Requested [X] Legislative Appropriation	
<ol> <li>Supplemented Appropriation (Title/Symbol) Pre-Admission Assessment 1074900000</li> </ol>			8. Federal CFDA No. 93.778		[] Executive Authoriz	zation
5. Contact Person (Telephone No.) Kim Adams (717-783-0732)			9. Purpose [] Original Request		[] Subgrant	
<ol> <li>Restricted Receipt/Revenue Title N/A</li> </ol>	e/Symbol		[] Amendment to Appropriation		[ ] Carryover [ ] Language	
7. Federal Grant Program Title Medical Assistance Program			[X] Renewal [ ] Other:		[] Amend Governor Budget	s
10. Federal Granting Agency/Divisio DHHS/Centers for Medicare and			12. Federal Grant Author Social Security Act, <sup>-</sup>		amended	
11. TYPE OF PROGRAM [X] On-going	[] One time F	rom:	Т	0:		
13. Funding (Dollar Amounts in Thou	usands) Actual		Available		Request	
	2020-21		2021-22		2022-23	
Carryover New Funding Available Federal Appropriation Estimated Expenditures	\$0 \$0 \$4,000 XXXXXXXX \$4,000	51.58%	\$0 \$0 \$4,000 XXXXXXXX \$4,000	51.58%	\$0 \$0 \$4,000 XXXXXXXX \$4,000	51.58%
Ending Balance Required Matching	\$4,000					48.42%

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

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? 9/30/2024

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.

	Commonwealth	SAF Funu	Dusiness
Appropriation Title	Fund (Fund Type)	<u>Number</u>	Area

EQUEST FOR APPROVAL OF FED	ERAL FUNDS	_				
			Authorization Numbe 2022-01	r	Date Prepared 14-Jan-22	
1. Federal Appropriation & Symbol Programs for the Aging - Title III	- Caregiver Support 700	1100000	2. State Agency Department of Aging		3. Action Requested [X] Legislative Appropriation	
<ol> <li>Supplemented Appropriation (Title/Symbol) Caregiver Support 1091400000</li> </ol>			8. Federal CFDA No. 93.052; 93.072		[] Executive Authori	zation
5. Contact Person (Telephone No.) Kim Adams (717-783-0732)			9. Purpose [] Original Request	-	[] Subgrant	
<ol> <li>Restricted Receipt/Revenue Title N/A</li> </ol>	e/Symbol		[] Amendment to Appropriation		[ ] Carryover [ ] Language	
<ol> <li>Federal Grant Program Title National Family Caregiver Support, Title III, Part E</li> </ol>			[X] Renewal [X] Amend Governor' [] Other: Budget		r's	
<ol> <li>Federal Granting Agency/Division DHHS/Administration for Communication</li> </ol>			12. Federal Grant Author OAA, as amended, F		Title III, Part E	
11. TYPE OF PROGRAM [X] On-going	[] One time	From:	Т	0:		
13. Funding (Dollar Amounts in Thou	isands) Actual 2020-21		Available 2021-22		Revised 2022-23	
Carryover New Funding Available Federal Appropriation Estimated Expenditures Ending Balance	\$0 \$0 \$10,000 XXXXXXXX \$10,000	75.00%	\$0 \$0 \$10,000 XXXXXXXX \$10,000	75.00%	\$0 \$0 \$10,000 XXXXXXXX \$10,000	75.00%
Required Matching State Other Program Total 100% Federal Complement	\$3,333 \$0 \$13,333 0	25.00% 0.00% 100.00%	\$3,333 \$0 \$13,333 0	25.00% 0.00% 100.00%	\$3,333 \$0 \$13,333 0	25.00% 0.00% 100.00%

#### MATCH EXPLANATION:

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

Grant increase due to the American Rescue Plan.

- 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? 9/30/2024
- 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.

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

		_				
			Authorization Numb 2022-01	er	Date Prepared 14-Jan-22	
<ol> <li>Federal Appropriation &amp; Symbol Chronic Disease Self-Management</li> </ol>	ent Education 711200000	D	2. State Agency Department of Aging	g	3. Action Requested [X] Legislative Appro	priation
4. Supplemented Appropriation (Tit	le/Symbol)		8. Federal CFDA No. 93.734		[] Executive Author	zation
5. Contact Person (Telephone No.) Kimberly Adams (717-783-0732)			9. Purpose [] Original Reques	it	[] Subgrant	
6. Restricted Receipt/Revenue Title N/A	s/Symbol		[] Amendment to Appropriation		[] Carryover [] Language	
<ol> <li>Federal Grant Program Title 2021 Empowering Communities Chronic Pain through Chronic Discourt</li> </ol>			[ X ] Renewal [ ] Other:		[ ] Amend Governo Budget	r's
<ol> <li>Federal Granting Agency/Divisio Department of Health and Huma Community Living (ACL)</li> </ol>		for	12. Federal Grant Author PPHF (42 U.S.C. §			
11. TYPE OF PROGRAM [X] On-going	[] One time F	rom:	ī	Го:		
13. Funding (Dollar Amounts in Thou	usands) Actual 2020-21		Available 2021-22		Revised 2022-23	
Carryover New Funding Available Federal Appropriation Estimated Expenditures Ending Balance Required Matching	\$0 \$0 \$0 XXXXXXXX \$0	100.00%	\$0 \$0 \$271 XXXXXXXX \$271	100.00%	\$0 \$0 \$271 XXXXXXXX \$271	100.00%
State Other Program Total 100% Federal Complement	\$0 \$0 \$0 0	0.00% 0.00% 100.00%	\$0 \$0 \$271 0	0.00% 0.00% 100.00%	\$0 \$0 \$271 0	0.00% 0.00% 100.00%

#### 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? 4/30/2024
- Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).

This funding opportunity is designed for applicants to propose how they will develop or expand capacity for, deliver, and sustain evidence-based chronic disease self-management education and support programs among older adults and adults with disabilities, particularly those in underserved areas/populations, as defined by Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. The two primary goals are:

Goal 1: Develop or expand capacity to significantly increase the number of older adults and adults with disabilities, particularly those in underserved areas/populations, who participate in evidence-based self-management education and self-management support programs to empower them to better manage their chronic conditions. Goal 2: Enhance the sustainability of evidence-based self-management education and self-management support programs through the implementation of robust sustainability strategies.

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

			Authorization N 2022-01	umber	Date Prepared 14-Jan-22	
<ol> <li>Federal Appropriation &amp; Symbol Program for the Aging - Overdos 8059400000</li> </ol>	e Data to Action Grant		2. State Agency Department of	Aging	3. Action Requeste [ ] Legislative A	
4. Supplemented Appropriation (Titl PACE Contracted Services (EA)			8. Federal CFDA 93.136	No.	[X] Executive A	uthorization
5. Contact Person (Telephone No.) Kimberly Adams (717-783-0732)			9. Purpose [ X ] Original R	equest	[] Subgrant	
6. Restricted Receipt/Revenue Title N/A	/Symbol		[] Amendmen Appropriatio		[ ] Carryover [ ] Language	
7. Federal Grant Program Title Overdose Data to Action			[ ] Renewal [ ] Other:		[] Amend Gov Budget	ernor's
10. Federal Granting Agency/Division Department of Health	1		12. Federal Grant / 42 U.S.C. 241	Authorization		
11. TYPE OF PROGRAM [] On-going	[ X ] One time	From:	1/1/2020 T	0:	8/31/2022	
13. Funding (Dollar Amounts in Thou	isands)					
	2020-21		2021-22		2022-23	
Carryover New Funding Available Federal Appropriation Estimated Expenditures Ending Balance Required Matching	\$0 \$0 \$700 XXXXXXXX \$700	100.00%	\$0 \$0 \$700 XXXXXXXX \$700	100.00%	\$0 \$0 \$700 XXXXXXXX \$700	100.00%
State Other Program Total 100% Federal Complement	\$0 \$0 \$700 0	0.00% 0.00% 100.00%	\$0 \$0 \$700 0	0.00% 0.00% 100.00%	\$0 \$0 \$700 0	0.00% 0.00% 100.00%

#### 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? 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.

	Commonwealth	SAP Fund	Business
Appropriation Title	Fund (Fund Type)	Number	Area
<u>Health</u>	<u>001</u>	<u>7103700000</u>	<u>67</u>

			Authorization N 2022-01	lumber	Date Prepared 14-Jan-22	
<ol> <li>Federal Appropriation &amp; Symbol Diabetes Prevention Program 8059700000</li> </ol>			2. State Agency Department of	Aging	<ol> <li>Action Requester</li> <li>Legislative A</li> </ol>	
4. Supplemented Appropriation (Title PA Department of Health	e/Symbol)		8. Federal CFDA 93.426	No.	[X] Executive A	uthorization
5. Contact Person (Telephone No.) Kimberly Adams (717-783-0732)			9. Purpose [] Original Re	quest	[X] Subgrant	
6. Restricted Receipt/Revenue Title/ N/A	Symbol		[] Amendmen Appropriatio		[] Carryover [] Language	
<ol><li>Federal Grant Program Title Improving the Health of Americans through Prevention</li></ol>			[X] Renewal [ ] Other:		[ ] Amend Governor's Budget	
10. Federal Granting Agency/Division Department of Health			12. Federal Grant / 301(a) and 317		Public Health Service	Act
11. TYPE OF PROGRAM [] On-going	[ X ] One time F	rom:	7/1/2021 T	o:	6/29/2023	
13. Funding (Dollar Amounts in Thous	sands)					
	2020-21		2021-22		2022-23	
Carryover New Funding Available Federal Appropriation Estimated Expenditures Ending Balance Required Matching	\$0 \$0 \$115 XXXXXXXXX \$115	100.00%	\$0 \$0 \$60 XXXXXXXXX \$60	100.00%	\$0 \$0 \$60 XXXXXXXX \$60	100.00%
State Other Program Total 100% Federal Complement	\$0 \$0 \$115 0	0.00% 0.00% 100.00%	\$0 \$0 \$60 0	0.00% 0.00% 100.00%	\$0 \$0 \$60 0	0.00% 0.00% 100.00%

#### 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? 6/29/2023
- 18. Grant description and results (give purpose of grant and describe key program activities and expected results in terms of a major program measure).

This is an Interagency Grant between PA Department of Health and PA Department of Aging. This Subgrant will serve to transfer federal funds received to increase capacity for CDC's Diabetes Prevention Program (DPP), to prevent or delay the onset of type 2 diabetes among adult Pennsylvanians with prediabetes. CDC estimates that almost half of adults 65 years or older have prediabetes, and most do not know it. The activities in Pennsylvania's DPP are intended to scale and sustain the program in the state by increasing awareness of prediabetes, increasing the number of DPP sites in the state, increasing screenings, testing and referrals to DPP by healthcare providers, as well as increasing DPP coverage through private and public insurers and employers.

	Commonwealth	SAP Fund	Business
Appropriation Title	Fund (Fund Type)	Number	Area
<u>Health</u>	<u>001</u>	<u>7103600000</u>	<u>67</u>

			Authorization N 22-01	umber	Date Prepared 14-Jan-22	
1. Federal Appropriation & Symbol State Opioid Response (SOR) 8091000000			2. State Agency Department of Aging		3. Action Requested [] Legislative Appropriatio	
4. Supplemented Appropriation (T PA Department of Drug and Alo			8. Federal CFDA I 93.788	No.	[X] Executive A	uthorization
5. Contact Person (Telephone No Kimberly Adams (717-783-0732			9. Purpose [] Original Re	quest	[ x ] Subgrant	
<ol> <li>Restricted Receipt/Revenue Tit N/A</li> </ol>	le/Symbol		[] Amendmen Appropriatio		[ ] Carryover [ ] Language	
7. Federal Grant Program Title Title II Division H of the Consoli	dated Appropriations Ac	t	[ X ] Renewal [ ] Other:		[] Amend Gov Budget	rernor's
10. Federal Granting Agency/Divisi DHHS/Administration on Aging	on		12. Federal Grant A 1H79TI083297-			
11. TYPE OF PROGRAM [] On-going	[x ] One time	From:	9/30/2021 T	0:	6/30/2022	
13. Funding (Dollar Amounts in The	ousands) Actual 2020-2021		Available 2021-2022		Request 2022-2023	
Carryover New Funding Available Federal Appropriation Estimated Expenditures Ending Balance	\$0 \$0 \$0 XXXXXXXX \$0	0.00%	\$0 \$0 \$57 XXXXXXXX \$57	100.00%	\$0 \$0 \$19 XXXXXXXX \$19	100.00%
Required Matching State Other Program Total 100% Federal Complement	\$0 \$0 \$0 \$0	0.00% 0.00% 0.00%	\$0 \$0 \$57 \$0	0.00% 0.00% 100.00%	\$0 \$0 \$19 \$0	0.00% 0.00% 100.00%

#### MATCH EXPLANATION:

- 14. Is the amount requested an increase or decrease from the amount in previous years? Yes<u>X</u> No If yes, explain below. Decreased amount from original year of the grant award.
- 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? 6/30/2024
- 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 Department of Aging is to receive the funding to support efforts to increase access to naloxone by implementing a copay assistance pilot program that will serve as the payor of the last resorl for the US Food and Drug Administration. These funds shall support supplies and materials needed to support this initiative.

	Commonwealth	SAP Fund	Business
Appropriation Title	Fund (Fund Type)	Number	Area
State Opioid Response (SOR) Grant	R19649	<u>74017061</u>	<u>74</u>