



STATE OF ARKANSAS
**Department of Finance
and Administration**

J

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May 5, 2023

Senator Jonathan Dismang, Co-Chair
Representative Francis Cavanaugh, Co-Chair
Performance Evaluation & Expenditure Review Committee
Arkansas Legislative Council
State Capitol Building
Little Rock, AR 72201

RE: FY23 Miscellaneous Federal Grant Request(s)

Dear Co-Chairs:

I am forwarding for appropriate action as required by law, the attached Miscellaneous Federal Grant Request(s) that have received my approval as Chief Fiscal Officer of the State.

Sincerely,


Larry W. Walther
Secretary

Attachment(s)

FY23 REQUEST FOR LEGISLATIVE REVIEW
 MISCELLANEOUS FEDERAL PROGRAMS ACT
 (A.C.A. 19-7-101 ET. SEQ.)

CHANGE IN EXISTING PROGRAM

<u>Agency</u>	<u>Purpose of Grant & Funding Percentages</u>	<u>Federal Appropriation Amount Requested</u>	<u>No. of Positions Requested (if any)</u>	<u>DFA - Chief Fiscal Officer</u>		<u>DFA IGS State Technology Planning Agency Request in compliance with IT Plan Certification (if applicable)</u>
				<u>Approve</u>	<u>Disapprove</u>	
1. Department of Human Services - Division of Child Care and Early Childhood Education - Child Care and Early Childhood Education Expenses	DCCECE is requesting additional appropriation to pay for the increase in child care and early childhood education expenses. DCCECE has implemented a reimbursement rate increase, and has increased the levels of quality from three to five.	\$30,000,000	0	X		Yes

Funding Percentages

	Federal	State	Other	Total
FY23	100	0	0	100
FY24	0	0	0	0
FY25	0	0	0	0
FY26	0	0	0	0
FY27	0	0	0	0

Anticipated Duration of Federal Funds: September 30, 2025

**UTILIZATION REPORT
FOR
MISCELLANEOUS FEDERAL GRANT PROGRAM APPROPRIATION
AND PERSONNEL AUTHORIZATION REQUEST
A.C.A. §19-7-501 ET SEQ.**

Date: 4/4/2023 Grant ID: 93.575 Legislative Review Date: _____

Agency: DHS/Division of Child Care and Early Childhood Education Program Title: CCDF

Granting Organization: DHS Grant #: 2301ARCCDC

Effective Date of Authorization: Beginning: 10/1/2022 Ending: 6/30/2023

Purpose of Grant / Reason for addition or change: (include attachments as necessary to provide thorough information):
DCCECE is requesting additional appropriation to pay for the increase in child care and early childhood education expenses. DCCECE has implemented a reimbursement rate increase, and has increased the levels of quality from three to five.

Project-Grant Funding

Business Area Code: 0710
Funds Center Code: 320
Fund Code: FWF6900
Functional Area Code: HHS

Continuation of Existing Program: _____
Change in Existing Program: X
New Program: _____

	New Federal Funds	State Matching Funds	Other Matching Funds	Project Total
Regular Salaries				-
Extra Help				-
Personal Services Matching				-
Operating Expenses				-
Conference & Travel Expenses				-
Professional Fees				-
Capital Outlay				-
Data Processing				-
Grants and Aid (CI: 04)	30,000,000			30,000,000
Other:				-
Other:				-
Total	\$ 30,000,000	\$ -	\$ -	\$ 30,000,000

Funding Percentages

	Federal	State	Other	Total
FY23	100%			100%
FY24				0%
FY25				0%
FY26				0%
FY27				0%

Type of Federal Grant

WIA _____
Non-WIA X

Anticipated Duration of Federal Funds: 9/30/2025

DFA IGS State Technology Planning Date _____
Items requested for information technology must be in compliance with Technology Plans as submitted to DFA IGS State Technology Planning.

Positions to be established: (list each position separately)

* unclassified positions only

Org Unit	Pers Area	Pers SubArea	Cost Center	Position Number	Comnt Item	Position Title	Class Code	Grade	Line Item Maximum *

State funds will not be used to replace federal funds when such funds expire, unless appropriated by the General Assembly and authorized by the Governor.

Approved by: Joseph Williams 4/4/23
Agency Director Date

Robert Brech 5/3/23
Office of Budget Date

Office of Personnel Mgmt Date

Janet Ph 4/6/23
Secretary

Alanie Hart

4/7/2023

FY23 REQUEST FOR LEGISLATIVE REVIEW
 MISCELLANEOUS FEDERAL PROGRAMS ACT
 (A.C.A. 19-7-101 ET. SEQ.)

NEW PROGRAM

DFA IGS
 State Technology Planning
 Agency Request in
 compliance with IT Plan
 Certification (if applicable)

<u>Agency</u>	<u>Purpose of Grant & Funding Percentages</u>	<u>Federal Appropriation Amount Requested</u>	<u>No. of Positions Requested (if any)</u>	<u>DFA - Chief Fiscal Officer</u> Approve Disapprove		<u>Certification (if applicable)</u>																														
2. Arkansas Department of Health - Strength Infrastructure, Workforce, and Data Processes/AR Public Health System	This is for A2 of the grant. The COVID-19 pandemic emphasized the critical importance of a robust public health system and the role of public health in delivering equitable health care. The experience helped the Arkansas Department of Health (ADH) grow and adapt to changing circumstances and at the same time exposed weaknesses and gaps that the department is working to address. Improvements in several foundational infrastructure areas will create a more efficient and effective public health system for Arkansas. Many of these improvements address bolstering and modernizing ADH processes, positioning the department to be a better service provider and partner and more responsive to changing circumstances brought on by a public health emergency, and equipping staff to pivot to remote work quickly is critical in being prepared for ongoing and future public health events. Several systems will be developed or expanded to further electronic document, processing, and reporting. These include document routing and approval, vital records migration, the Arkansas Central Cancer Registry, and the establishment of an Enterprise Data Warehouse. Reaccreditation efforts will be supported, and an expanded performance management system and dashboard will help ensure systems are operating efficiently, staff needs are met, capacities are realized and developed, and customer services is maximized.	\$1,353,364	0	X		Yes																														
		Funding Percentages																																		
		<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Federal</th> <th style="text-align: center;">State</th> <th style="text-align: center;">Other</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">FY23</td> <td style="text-align: center;">100</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">100</td> </tr> <tr> <td style="text-align: center;">FY24</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">FY25</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">FY26</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">FY27</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>						Federal	State	Other	Total	FY23	100	0	0	100	FY24	0	0	0	0	FY25	0	0	0	0	FY26	0	0	0	0	FY27	0	0	0	0
	Federal	State	Other	Total																																
FY23	100	0	0	100																																
FY24	0	0	0	0																																
FY25	0	0	0	0																																
FY26	0	0	0	0																																
FY27	0	0	0	0																																

Anticipated Duration of Federal Funds: March 31, 2023

**UTILIZATION REPORT
FOR
MISCELLANEOUS FEDERAL GRANT PROGRAM APPROPRIATION
AND PERSONNEL AUTHORIZATION REQUEST
A.C.A. §19-7-501 ET SEQ.**

Date: 1/24/2023 Grant ID: 93.967 Legislative Review Date: _____
 Agency: Arkansas Department of Health Program Title: Strength Infrastr, Workforce, & Data Processes/AR Public Health System
 Granting Organization: DHHS: Centers for Disease Control & Prevention Grant #: 1 NE11OE000049-01-00
 Effective Date of Authorization: _____ Beginning: 12/1/2022 Ending: 6/30/2023

Purpose of Grant / Reason for addition or change: (include attachments as necessary to provide thorough information):
 This is for A2 of the grant. The COVID-19 pandemic emphasized the critical importance of a robust public health system and the role of public health in delivering equitable health care. The experience helped the Arkansas Department of Health (ADH) grow and adapt to changing circumstances and at the same time exposed weaknesses and gaps that the department is working to address. Improvements in several foundational infrastructure areas will create a more efficient and effective public health system for Arkansas. Many of these improvements address bolstering and modernizing ADH processes, positioning the department to be a better service provider and partner and more responsive to changing circumstances brought on by a public health emergency, and equipping staff to pivot to remote work quickly is critical in being prepared for ongoing and future public health events. Several systems will be developed or expanded to further electronic document, processing, and reporting. These include document routing and approval, vital records migration, the Arkansas Central Cancer Registry, and the establishment of an Enterprise Data Warehouse. Reaccreditation efforts will be supported, and an expanded performance management system and dashboard will help ensure systems are operating efficiently, staff needs are met, capacities are realized and developed, and customer service is maximized.

Project-Grant Funding

Business Area Code: 0645
 Funds Center Code: 34P
 Fund Code: PHD0000
 Functional Area Code: HHS
 Continuation of Existing Program: _____
 Change in Existing Program: _____
 New Program: X

	New Federal Funds	State Matching Funds	Other Matching Funds	Project Total
Regular Salaries				-
Extra Help				-
Personal Services Matching				-
Operating Expenses	853,299			853,299
Conference & Travel Expenses				-
Professional Fees	500,065			500,065
Capital Outlay				-
Data Processing				-
Grants and Aid (CI: 04)				-
Other:				-
Other:				-
Total	\$ 1,353,364	\$ -	\$ -	\$ 1,353,364

Funding Percentages

	Federal	State	Other	Total
FY23	100%			100%
FY24				0%
FY25				0%
FY26				0%
FY27				0%

Type of Federal Grant

WIA _____
 Non-WIA X

Anticipated Duration of Federal Funds: 11/30/2023

Minghua Li 3/1/2023

DFA IGS State Technology Planning Date
 Items requested for information technology must be in compliance with Technology Plans as submitted to DFA IGS State Technology Planning.

Positions to be established: (list each position separately)

* unclassified positions only

Org Unit	Pers Area	Pers SubArea	Cost Center	Position Number	Comnt Item	Position Title	Class Code	Grade	Line Item Maximum *

State funds will not be used to replace federal funds when such funds expire, unless appropriated by the General Assembly and authorized by the Governor.

Approved by: Robert Brech 03/10/2023
 Agency Director Date Office of Budget Date Office of Personnel Mgmt Date
2/14/23 CRB 2/17/2023

FY23 REQUEST FOR LEGISLATIVE REVIEW
 MISCELLANEOUS FEDERAL PROGRAMS ACT
 (A.C.A. 19-7-101 ET. SEQ.)

NEW PROGRAM

DFA IGS
 State Technology Planning
 Agency Request in
 compliance with IT Plan
 Certification (if applicable)

<u>Agency</u>	<u>Purpose of Grant & Funding Percentages</u>	<u>Federal Appropriation Amount Requested</u>	<u>No. of Positions Requested (if any)</u>	<u>DFA - Chief Fiscal Officer</u> Approve Disapprove		<u>Certification (if applicable)</u>
3. Department of Commerce - Insurance Department - Senior Health Insurance Information	Arkansas State Insurance Assistance Program develops and maintains a network of local providers and volunteers to dispense information and assistance to senior citizens with their health insurance needs. Requesting funding for year 4 of the grant.	\$737,466	0	X		Yes

Funding Percentages

	Federal	State	Other	Total
FY23	100	0	0	100
FY24	0	0	0	0
FY25	0	0	0	0
FY26	0	0	0	0
FY27	0	0	0	0

Anticipated Duration of Federal Funds: March 31, 2025

**UTILIZATION REPORT
FOR
MISCELLANEOUS FEDERAL GRANT PROGRAM APPROPRIATION
AND PERSONNEL AUTHORIZATION REQUEST
A.C.A. §19-7-501 ET SEQ.**

Date: 4/11/2023 Grant ID: 90SAPG0077-04 Legislative Review Date: _____

Agency: Department of Commerce - Insurance Program Title: Senior Health Insurance Information

Granting Organization: Dept of Health and Human Services Grant #: 90SAP0077

Effective Date of Authorization: _____ Beginning: 4/1/2023 Ending: 6/30/2023

Purpose of Grant / Reason for addition or change: (include attachments as necessary to provide thorough information):
Arkansas State Insurance Assistance Program develops and maintains a network of local providers and volunteers to dispense information and assistance to senior citizens with their health insurance needs. Requesting funding for year 4 of the grant.

Project-Grant Funding

Business Area Code: 0425
Funds Center Code: 2TE
Fund Code: FID0500
Functional Area Code: COMM

Continuation of Existing Program _____
Change in Existing Program: x
New Program: _____

	New Federal Funds	State Matching Funds	Other Matching Funds	Project Total
Regular Salaries	176,794			176,794
Extra Help				-
Personal Services Matching	194,964			194,964
Operating Expenses	75,137			75,137
Conference & Travel Expenses	11,471			11,471
Professional Fees	244,100			244,100
Capital Outlay				-
Data Processing				-
Grants and Aid (CI: 04)				-
Other: Promotional Items	35,000			35,000
Other:				-
Total	\$ 737,466	\$ -	\$ -	\$ 737,466

Funding Percentages

Type of Federal Grant

	Federal	State	Other	Total
FY23	100%			100%
FY24				0%
FY25				0%
FY26				0%
FY27				0%

WIA _____
Non-WIA x

Anticipated Duration of Federal Funds: 03/31/2025

DFA IGS State Technology Planning Date _____
Items requested for information technology must be in compliance with Technology Plans as submitted to DFA IGS State Technology Planning.

Positions to be established: (list each position separately)

* unclassified positions only

Org Unit	Pers Area	Pers SubArea	Cost Center	Position Number	Comnt Item	Position Title	Class Code	Grade	Line Item Maximum *

State funds will not be used to replace federal funds when such funds expire, unless appropriated by the General Assembly and authorized by the Governor.

Approved by: [Signature] 4/12/23
Date
Agency Director
[Signature] 4/12/23
Date
Cabinet Fiscal Officer
David L. Bell, CFO, Ark. Dept. of Commerce

Robert Brech 5/3/23
Date
Office of Budget

Office of Personnel Mgmt Date

FY23 REQUEST FOR LEGISLATIVE REVIEW
 MISCELLANEOUS FEDERAL PROGRAMS ACT
 (A.C.A. 19-7-101 ET. SEQ.)

NEW PROGRAM

<u>Agency</u>	<u>Purpose of Grant & Funding Percentages</u>	<u>Federal Appropriation Amount Requested</u>	<u>No. of Positions Requested (if any)</u>	<u>DFA - Chief Fiscal Officer</u> Approve Disapprove		<u>DFA IGS State Technology Planning Agency Request in compliance with IT Plan Certification (if applicable)</u>
4. Department of Commerce - Insurance Department - Senior Medicaid Patrol State Projects	The mission of the State Medicaid Patrol (SMP) program is to empower and assist Medicare beneficiaries to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. This grant is being transferred from Department of Human Services to Arkansas Insurance Department. The hiring of the two requested GS06 positions will be staggered through the first two quarters of FY24. This is a five year grant. This MFG is for FY23, a continuation MFG will be submitted for FY24.	\$433,278	3	X		Yes

Funding Percentages

	Federal	State	Other	Total
FY23	100	0	0	100
FY24	100	0	0	100
FY25	100	0	0	100
FY26	100	0	0	100
FY27	100	0	0	100

Anticipated Duration of Federal Funds: June 30, 2023

**UTILIZATION REPORT
FOR
MISCELLANEOUS FEDERAL PROGRAM APPROPRIATION
AND PERSONNEL AUTHORIZATION REQUEST
A.C.A. §19-7-501 ET SEQ.**

Date: 4/24/2023 Grant ID: HHS-2023-ACL-CIP-MPPG-0006 Legislative Review Date: _____
 Agency: Department of Commerce - Insurance Program Title: Senior Medicaid Patrol State Projects
 Granting Organization: Dept of Health and Human Services Grant #: 2023-CIP-MPPG-0006
 Effective Date of Authorization: Beginning: 6/1/2023 Ending: 6/30/2023

Purpose of Grant / Reason for addition or change: (include attachments as necessary to provide thorough information):
 The mission of the SMP program is to empower and assist Medicare beneficiaries to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. This grant is being transferred from DHS to Arkansas Insurance Department. The highering of the 2 requested GS06 positions will be staggered through the first two quarters of FY24. This is a 5 year grant. This MFG is for FY23, a continuation MFG will be submitted for FY24.

Project-Grant Funding

Business Area Code: 0425
 Funds Center Code: NEW
 Fund Code: NEW
 Functional Area Code: COMM
 Continuation of Existing Program: _____
 Change in Existing Program: _____
 New Program: x

	New Federal Funds	State Matching Funds	Other Matching Funds	Project Total
Regular Salaries	117,139			117,139
Extra Help				-
Personal Services Matching	49,784			49,784
Operating Expenses	78,269			78,269
Conference & Travel Expenses	12,086			12,086
Professional Fees	175,000			175,000
Capital Outlay				-
Data Processing				-
Grants and Aid (CI: 04)				-
Other: Promotional Items	1,000			1,000
Other:				-
Total	\$ 433,278	\$ -	\$ -	\$ 433,278

Funding Percentages

Type of Federal Grant

	Federal	State	Other	Total
FY23	100%			100%
FY24	100%			100%
FY25	100%			100%
FY26	100%			100%
FY27	100%			100%

WIA _____
 Non-WIA x

Anticipated Duration of Federal Funds: 06/30/2023

DFA IGS State Technology Planning Date _____
 Items requested for information technology must be in compliance with Technology Plans as submitted to DFA IGS State Technology Planning.

Positions to be established: (list each position separately)

Org Unit	Pers Area	Pers SubArea	Cost Center	Position Number	Cmnt Item	Position Title	Class Code	Grade	Line Item Maximum *
22170787	IN01	NEL1	NEW	NEW	5010000	Sr Hlth Insurance Information	G064C	GS08	NA
22170787	IN01	OAL1	NEW	NEW	5010000	Program Eligibility Specialist	M066C	GS06	NA
22170787	IN01	OAL1	NEW	NEW	5010000	Program Eligibility Specialist	M066C	GS06	NA

State funds will not be used to replace federal funds when such funds expire, unless appropriated by the General Assembly and authorized by the Governor.

Approved by: [Signature] 4/24/23
 Agency Director Date
[Signature] 4/24/23
 Cabinet Fiscal Officer Date
 David L. Bell, CFO, Ark. Dept. of Commerce

Robert Brech 5/4/23
 Office of Budget Date
 mgober 4/24/2023

[Signature] 5/4/23
 Office of Personnel Mgmt Date
 JLT