

**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