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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES

BUREAU OF ELDERLY & ADULT SERVICES

Nicholas A. Toumpas
Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9203 1-800-351-1888

Diane Langley
Director
Sheri Rockburn
Director

Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

May 9, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

100% Federal funds

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to accept and expend Planning and Demonstration Grant for Testing Experience and Functional Tools in Community-Based Long Term Services and Supports federal funds from the Centers for Medicare & Medicaid Services in the amount of \$68,732 effective upon date of Governor and Executive Council approval, through June 30, 2015, and further authorize the allocation of these funds in the accounts below. Of the grant funds awarded, \$36,941 will be utilized to fund a portion of a current employee's salary and benefits which is currently appropriated. Grant funds will collect through cost allocation for this purpose. The balance of the grant, \$31,791, will be expended as outlined below.

05-95-48-481010-8909 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: ELDERLY – ADULT SERVICES, PROGRAM OPERATIONS, TEFT Grant

Class/Object	Class Title	Current Authorized	Increase/ (Decrease) Amount	Revised Authorized
SFY 2015				
000-400146	Federal Funds	\$0	\$31,791	\$31,791
	General Fund	<u>0</u>	<u>0</u>	<u>0</u>
Total Revenue		<u>\$0</u>	<u>\$31,791</u>	<u>\$31,791</u>
020-500200	Current Expenses	\$0	\$ 5,854	\$ 5,854
021-502668	Food Institutions	0	350	350
041-500801	Audit Fund Set Aside	0	32	32
230-500765	Interpreter Services	<u>0</u>	<u>25,555</u>	<u>25,555</u>
Total Expense		<u>\$0</u>	<u>\$31,791</u>	<u>\$31,791</u>

EXPLANATION

The Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services seeks approval to accept and expend the Planning and Demonstration Grant for Testing

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Experience and Functional Tools in Community-Based Long Term Services and Supports (TEFT) federal funds in the amount of \$68,732 from The Centers for Medicare & Medicaid Services (CMS). This grant was not included in the operating budget because the Bureau only recently received the award notice. This request represents the first year of a four year grant award (April 1, 2014 – March 31, 2018). The balance of this grant will be budgeted in future State fiscal years. A copy of the grant award is attached.

The TEFT grant funds will be used to field test the beneficiary experience survey, developed by the Center for Medicare and Medicaid Services, on three community-based, long-term services and supports programs. A representative sample of individuals receiving services from the Bureaus of Behavioral Health, Developmental Services and Elderly and Adult Services will be surveyed twice over the four year grant period. The benefits to the Department of Health and Human Services of conducting these surveys are to identify trends from the aggregated survey data received prior to and after the implementation of Medicaid Managed Care for community based waiver services and to have improved relationships and services for some of the individuals who are recipients of community-based, long-term services and supports. The funds will be used for:

- Class 020 Postage and gift cards to participants for completion of the survey.
- Class 021 Refreshments for meetings with community partners and stakeholders.
- Class 041 Audit fund set aside expense.
- Class 230 Interpreter services for an estimated 10% of the survey sample.

Should the Governor and Executive Council determine not to approve this request the Department will be unable to participate in field testing the new beneficiary experience survey.

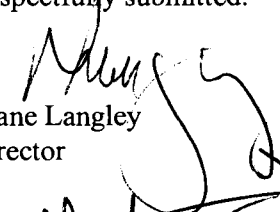
In response to the anticipated two-part question, “Can these funds be used to offset general funds?” and “What is the compelling reason for not offsetting general funds?” the Bureau offers the following information: these Federal funds cannot be used to offset general funds, as they are restricted to the activities referenced herein. Should this request be denied, the funds in question must be returned to the Federal government.

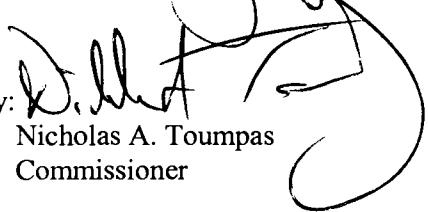
Geographic area served: Statewide.

Source of Funds: 100% Federal.

If federal funds become no longer available, general funds will not be requested to support the program expenditures.

Respectfully submitted:


Diane Langley
Director

Approved by: 
Nicholas A. Toumpas
Commissioner

Enclosures

Bureau of Elderly and Adult Services

TEFT Grant

Fiscal Situation

010-095-048-480510-89090000

Grant Award	\$68,732
Allocated Cost Adjustment	<u>(36,941)</u>
Available to Accept in FY15	<u>\$ 31,791</u>

1. DATE ISSUED MM/DD/YYYY 04/04/2014
 2. CFDA NO. 93.627
 3. ASSISTANCE TYPE Project Grant

Department of Health and Human Services
 Centers for Medicare & Medicaid Services
 Office of Acquisitions and Grants Management

7500 Security Boulevard
 Baltimore, MD 21244

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulations)
 Affordable Care Act, Section 2701, Adult Health Quality Measures

1a. SUPERSEDES AWARD NOTICE dated
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 1H1CMS331306-01-00
 Formerly

5. ACTION TYPE New

6. PROJECT PERIOD MM/DD/YYYY
 From 04/01/2014 Through 03/31/2018

7. BUDGET PERIOD MM/DD/YYYY
 From 04/01/2014 Through 03/31/2015

8. TITLE OF PROJECT (OR PROGRAM)
 The Department of Health and Human Services' grant proposal is to field test CMS' beneficiary

9a. GRANTEE NAME AND ADDRESS
 New Hampshire Dept of Health & Human Services
 129 Pleasant St
 Community Based Care Services
 Concord, NH 03301-3852

9b. GRANTEE PROJECT DIRECTOR
 Sally Varney
 129 PLEASANT ST
 CONCORD, NH 03301-3852
 Phone: 603-271-9218

10a. GRANTEE AUTHORIZING OFFICIAL
 Sally Varney
 129 PLEASANT ST
 CONCORD, NH 03301-3852
 Phone: 603-271-9218

10b. FEDERAL PROJECT OFFICER
 Ms. Anita Yuskasuskas
 7500 Security Boulevard
 Baltimore, MD 21244
 Phone: 410-786-0268

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only

II Total project costs including grant funds and all other financial participation

a. Salaries and Wages	20,957.00
b. Fringe Benefits	9,418.00
c. Total Personnel Costs	30,375.00
d. Equipment	0.00
e. Supplies	1,454.00
f. Travel	0.00
g. Construction	0.00
h. Other	30,305.00
i. Contractual	0.00
j. TOTAL DIRECT COSTS	62,134.00
k. INDIRECT COSTS	6,598.00
l. TOTAL APPROVED BUDGET	68,732.00
m. Federal Share	68,732.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	68,732.00
b. Less Unobligated Balance From Prior Budget Period	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	68,732.00
13. Total Federal Funds Awarded to Date for Project Period	68,732.00

14. RECOMMENDED FUTURE SUPPORT
 (Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

a. DEDUCTION	
b. ADDITIONAL COSTS	<input checked="" type="checkbox"/>
c. MATCHING	
d. OTHER RESEARCH (Add / Deduct Option)	
e. OTHER (See REMARKS)	

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation
 b. The grant program regulations.
 c. This award notice including terms and conditions, if any, noted below under REMARKS.
 d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached - Yes No)
 See next page

GRANTS MANAGEMENT OFFICER: Mary Greene, Grants Management Officer

17. OBJ CLASS 41.45	18a. VENDOR CODE 1026000618B3	18b. EIN 026000618	19. DUNS 011040545	20. CONG. DIST. 02
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 4-5991062	b. 1H1331306A	c. TEFT	d. \$68,732.00	e. 75X0509
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.