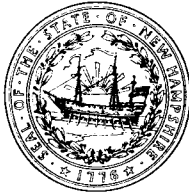


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**STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF COMMUNITY BASED CARE SERVICES  
 BUREAU OF ELDERLY & ADULT SERVICES**

**Nicholas A. Toumpas  
 Commissioner**

**Diane Langley  
 Director**

129 PLEASANT STREET, CONCORD, NH 03301-3857  
 603-271-9203 1-800-351-1888  
 Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

October 17, 2014

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to accept and expend Medicare Improvements for Patients and Providers Act federal funds from the Administration for Community Living in the amount of \$96,066 effective upon date of Executive Council approval, through June 30, 2015, and further authorize the allocation of these funds in the accounts below. *100% Federal*

**05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS,  
 HHS: ELDERLY – ADULT SERVICES, GRANTS TO LOCALS, MIPPA Grant**

Class/Object	Class Title	Current Authorized	Increase/ (Decrease) Amount	Revised Authorized
<b>SFY 2015</b>				
000-400146	Federal Funds	\$72,685	\$96,066	\$168,751
	General Fund	<u>0</u>	<u>0</u>	<u>0</u>
Total Revenue		<u>\$72,685</u>	<u>\$96,066</u>	<u>\$168,751</u>
041-500801	Audit Fund Set Aside	\$ 25	\$ 96	\$ 121
102-500731	Contracts for Program Services	<u>72,660</u>	<u>95,970</u>	<u>168,630</u>
Total Expense		<u>\$72,685</u>	<u>\$96,066</u>	<u>\$168,751</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 Medicare Improvements for Patients and Providers Act federal funds in the amount of \$96,066 from the Administration for Community Living.

Medicare Improvements for Patients and Providers Act will fund three programs in New Hampshire that serve people with Medicare as follows:

- State Health Insurance Assistance Program by increasing Medicare beneficiaries understanding of and applying for programs, such as the Medicare Savings Programs and the Low Income Subsidy that reduce their Medicare expenses;
- Area Agencies on Aging (known as the Single State Unit on Aging in New Hampshire) by increasing Medicare beneficiaries, especially those who live in rural areas, understanding and access to free Medicare preventive and screening services that will impact their health and wellness;
- Aging and Disability Resource Centers (known as the ServiceLink Resource Centers in New Hampshire) by increasing Medicare beneficiaries', especially in rural areas, knowledge and information about, and applying for Medicare Part D prescription coverage.

The Administration for Community Living granted the funding through three (3) separate award letters (see attached), that make up the full sum of this request.

- Class 041 The funds will be used to pay audit fund set aside expense.  
Class 102 The funds will be used for contracts to conduct outreach and educational workshops for Medicare beneficiaries, to facilitate collaboration with community partners to educate the target population and to develop and distribute materials increasing awareness of Medicare's beneficial programs.

Should the Governor and Executive Council determine not to approve this request, many of New Hampshire's older residents who are low-income may not become aware of the programs funded through Medicare to help them afford their premiums, may not be able to avail themselves of the assistance that helps them to apply for the Part D prescription coverage and they may not know of the preventive screening and services now available through Medicare.

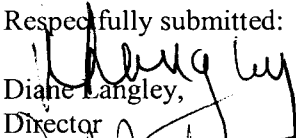
In response to the anticipated two-part question, "Can these funds be used to offset general funds?" and "What is the compelling reason for not offsetting general funds?" the Bureau offers the following information: these Federal funds cannot be used to offset general funds, as they are restricted to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

Geographic area served: Statewide.

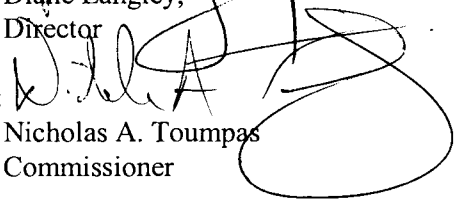
Source of Funds: 100% Federal.

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 Situation

Medicare Improvements for Patients and Providers Act

Fiscal Situation

010-095-048-481010-88880000

Grant Awards

ACL grant #14AANHMSHI	\$46,160	
ACL grant #14AANHMAAA	44,535	
ACL grant #14AANHMADR	<u>30,786</u>	
Total Grant Awards		\$121,481
Allocated Cost Adjustment FY15		( <u>25,415</u> )
Available to Accept in FY15		<u>\$ 96,066</u>

Notice of Award**Medicare Improvements for Patients and Providers Act (MIPPA):  
Medicare Improvements for Patients and Providers Act: State Plans for Medicare Savings  
Program, Low Income Subsidy & Prescription Drug Enrollment Outreach and Assistance**

**Grantee:**  
New Hampshire  
New Hampshire Dept of Health & Human Services  
129 Pleasant St  
Concord, NH 03301-3852

**Date:**  
September 26, 2014

**ACL Grant No.:** 14AANHMSHI **Seq. No.:** 2014 / 1  
**GrantSolutions Application No.:** MI14000047  
**Award Instrument:** Grant (Formula)  
**Project Period:** 09/30/2014 – 09/29/2017  
**Budget Period:** 09/30/2014 – 09/29/2015

**EIN:** 1-026000618-B3  
**DUNS:** 011040545

<b>CFDA Program Title</b>	<b>Award This Action</b>	<b>Cumulative Grant Award to Date</b>	<b>Appropriation</b>	<b>Object Class Code</b>
93.071 MIPPA (Priority Area 1 SHIPs)	\$46,160	\$46,160	75-X-0511	41.15
<b>Total</b>	<b>\$46,160</b>	<b>\$46,160</b>		

**Standard Terms and Conditions:**

1. The terms and conditions of this Notice of Award and other requirements have the following descending order of authority if there is any conflict in what they require: (1) The Medicare Improvements for Patients and Providers Act of 2008 – Section 119, Public Law (PL) 110-275 as amended by section 3306 the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), reauthorized by section 610 of the American Taxpayer Relief Act of 2012 (ATRA) and reauthorized by section 110 of the Protecting Access to Medicare Act of 2014;(2) other applicable Federal statutes and their implementing regulations; (3) program regulations; and (4) terms and conditions of award.
2. This award is issued under the authority of the Medicare Improvements for Patients and Providers Act of 2008 – Section 119, Public Law (PL) 110-275 as amended by section 3306 the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), reauthorized by section 610 of the American Taxpayer Relief Act of 2012 (ATRA) and reauthorized by section 110 of the Protecting Access to Medicare Act of 2014. By expending funds received under this award, the recipient commits to ensuring that it will carry out the project/program described in its approved state plan(s). Funds must be expended on the approved MIPPA plans; failure to do so will result in the disallowance of expenditures and require the return of all funds spent on inappropriate activities.
3. This award is subject to the requirements of the Uniform Administrative Requirement for Grants and Cooperative Agreements to State, Local, and Tribal Governments under Title 45 Code of Federal Regulations, Part 92.
4. Additional terms and conditions that are applicable to this award can be found on the ACL website: [http://www.acl.gov/Funding\\_Opportunities/Grantee\\_Info/Terms.aspx](http://www.acl.gov/Funding_Opportunities/Grantee_Info/Terms.aspx).

5. Financial Reports: A Federal Financial Report (SF-425) is due semi-annually. The report is due 30 days following each six month period, effective with the start date of the budget period. For each subsequent report, the end date should be extended by six months retaining the original start date. You must reconcile your cash accounts (lines 10a. thru 10c.) with your expenditures for the reporting period and submit a cumulative report each reporting period. A final report is due 90 days after the expiration date of the project period.

This report must be submitted as an "Application Notes", for the Application No. shown underneath the ACL Grant No. above, using an authorized GrantSolutions (GS) account that is set up in GS under this award number. Enter your ACL Grant No. and the reporting period in the "Subject:" line when using the "Application Notes" function. GrantSolutions Grantee Resources can be found on the GrantSolutions Grantee Resources Page on the ACL website ([http://www.acl.gov/Funding\\_Opportunities/Grantee\\_Info/Grantee\\_Resources.aspx](http://www.acl.gov/Funding_Opportunities/Grantee_Info/Grantee_Resources.aspx)).

6. Progress Reports: Narrative progress reports shall be submitted semi-annually through GrantSolutions, similar to the method described in item (5.) above. States are to report on the goals, outcomes, key objectives and major tasks/action steps established in their state plan. Standard reporting guidelines are described on the Reporting Requirements page on the ACL website ([http://www.acl.gov/Funding\\_Opportunities/Grantee\\_Info/Reporting.aspx](http://www.acl.gov/Funding_Opportunities/Grantee_Info/Reporting.aspx)).
7. Products. At any phase of the project period, the recipient shall deliver to the Administration for Community Living (ACL) upon request, any materials, systems or other items developed, refined, or enhanced under the grant award. The recipient agrees that ACL shall have royalty-free, non-exclusive, and irrevocable rights to reproduce, publish, or otherwise use and authorize others to use the items for Federal Government purposes.
8. Publications. On all publications funded solely or in part by MIPPA funds, the recipient shall include the express acknowledgement, "This publication has been created or produced by [the State] with financial assistance, in whole or in part, through funds from the Administration for Community Living". States undertaking projects under government sponsorship are encouraged to express their findings and conclusions. These contents do not necessarily represent the policy of the U.S. Department of Health and Human Services and the grantee should not assume endorsement by the Federal Government."
9. Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award. The effective date is for all grants and contracts issued on or after July 1, 2013, through January 1, 2017.
10. **United States v. Windsor, 133 S.Ct. 2675 (June 26, 2013); section 3 of the Defense of Marriage Act, codified at 1 USC § 7.** All grantees are expected to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia, or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, recipients must review and revise, as needed, any policies and procedures which interpret or apply Federal statutory or regulatory references to such terms as "marriage," "spouse," "family," "household member" or similar references to familial relationships to reflect inclusion of same-sex spouse and marriages. Any similar familial terminology references in HHS statutes, regulations, or policy transmittals will be interpreted to include same-sex spouses and marriages legally entered into as described herein.

**Remarks:**

1. Payment under this award will be made available through the HHS Departmental Payment Management System (PMS). PMS provides instructions for making withdrawals of Federal funds. **When requesting payment from PMS, please use your P account login and reference the sub-account code "MIPPA14\_SHIP" for payment.** Inquiries regarding payments should be directed to Program Support Center/Division of Payment Management (PSC/DPM), DHHS; Post Office Box 6021; Rockville, MD 20852; 1-877-614-5533; [PMSSupport@psc.gov](mailto:PMSSupport@psc.gov).
2. Federal Cash Reporting: On the SF-425 form, lines 10 a through c are reported on a quarterly calendar year basis at the HHS Departmental Payment Management System (PMS). PMS website is located at: <http://www.dpm.psc.gov>.
3. Future funding is subject to the availability of funds and satisfactory progress of the project.

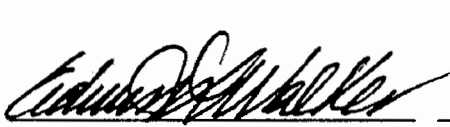
**ACL Contact Information:**

**ACL Program Contact**

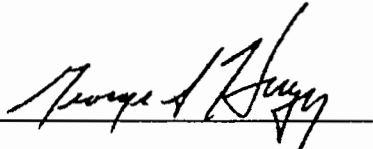
**Name:** Katherine "Katie" Glendening  
**Telephone:** (202) 357-3589  
**E-mail:** [katherine.glendening@acl.hhs.gov](mailto:katherine.glendening@acl.hhs.gov)

**ACL Fiscal Contact**

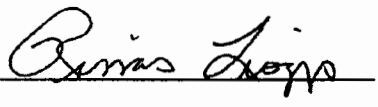
**Name:** Yi-Hsin Yan  
**Telephone:** (202) 357-3436  
**E-mail:** [yi-hsin.yan@acl.hhs.gov](mailto:yi-hsin.yan@acl.hhs.gov)



**ACL Authorizing Official**



**Funds Certifying Official**



**ACL Grants Officer**

Notice of Award**Medicare Improvements for Patients and Providers Act (MIPPA):  
Medicare Improvements for Patients and Providers Act: State Plans for Medicare Savings  
Program, Low Income Subsidy & Prescription Drug Enrollment Outreach and Assistance**

**Grantee:**  
New Hampshire  
New Hampshire Dept of Health & Human Services  
129 Pleasant St  
Concord, NH 03301-3852

**Date:**  
September 26, 2014

**ACL Grant No.:** 14AANHMAAA **Seq. No.:** 2014 / 1  
**GrantSolutions Application No.:** MI14000047  
**Award Instrument:** Grant (Formula)  
**Project Period:** 09/30/2014 – 09/29/2017  
**Budget Period:** 09/30/2014 – 09/29/2015

**EIN:** 1-026000618-B3  
**DUNS:** 011040545

<b>CFDA Program Title</b>	<b>Award This Action</b>	<b>Cumulative Grant Award to Date</b>	<b>Appropriation</b>	<b>Object Class Code</b>
93.071 MIPPA (Priority Area 2 AAAs)	\$44,535	\$44,535	75-X-0142	41.15
<b>Total</b>	<b>\$44,535</b>	<b>\$44,535</b>		

**Standard Terms and Conditions:**

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**Remarks:**

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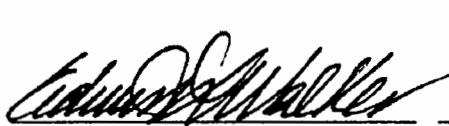
**ACL Contact Information:**

**ACL Program Contact**

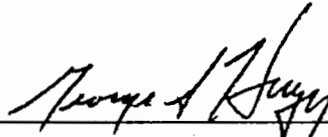
**Name:** Katherine "Katie" Glendening  
**Telephone:** (202) 357-3589  
**E-mail:** [katherine.glendening@acl.hhs.gov](mailto:katherine.glendening@acl.hhs.gov)

**ACL Fiscal Contact**

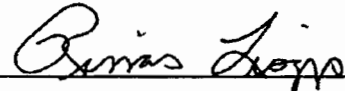
**Name:** Yi-Hsin Yan  
**Telephone:** (202) 357-3436  
**E-mail:** [yi-hsin.yan@acl.hhs.gov](mailto:yi-hsin.yan@acl.hhs.gov)



ACL Authorizing Official



Funds Certifying Official



ACL Grants Officer



Notice of Award

**Medicare Improvements for Patients and Providers Act (MIPPA):  
Medicare Improvements for Patients and Providers Act: State Plans for Medicare Savings  
Program, Low Income Subsidy & Prescription Drug Enrollment Outreach and Assistance**

**Grantee:**  
New Hampshire  
New Hampshire Dept of Health & Human Services  
129 Pleasant St  
Concord, NH 03301-3852

**Date:**  
September 26, 2014

**ACL Grant No.:** 14AANHMANDR **Seq. No.:** 2014 / 1  
**GrantSolutions Application No.:** MI14000047  
**Award Instrument:** Grant (Formula)  
**Project Period:** 09/30/2014 – 09/29/2017  
**Budget Period:** 09/30/2014 – 09/29/2015

**EIN:** 1-026000618-B3  
**DUNS:** 011040545

CFDA Program Title	Award This Action	Cumulative Grant Award to Date	Appropriation	Object Class Code
93.071 MIPPA (Priority Area 3 ADRCs)	\$30,786	\$30,786	75-X-0142	41.15
<b>Total</b>	<b>\$30,786</b>	<b>\$30,786</b>		

**Standard Terms and Conditions:**

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8. Publications. On all publications funded solely or in part by MIPPA funds, the recipient shall include the express acknowledgement, "This publication has been created or produced by [the State] with financial assistance, in whole or in part, through funds from the Administration for Community Living". States undertaking projects under government sponsorship are encouraged to express their findings and conclusions. These contents do not necessarily represent the policy of the U.S. Department of Health and Human Services and the grantee should not assume endorsement by the Federal Government."
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10. **United States v. Windsor, 133 S.Ct. 2675 (June 26, 2013); section 3 of the Defense of Marriage Act, codified at 1 USC § 7.** All grantees are expected to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia, or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, recipients must review and revise, as needed, any policies and procedures which interpret or apply Federal statutory or regulatory references to such terms as "marriage," "spouse," "family," "household member" or similar references to familial relationships to reflect inclusion of same-sex spouse and marriages. Any similar familial terminology references in HHS statutes, regulations, or policy transmittals will be interpreted to include same-sex spouses and marriages legally entered into as described herein.

**Remarks:**

1. Payment under this award will be made available through the HHS Departmental Payment Management System (PMS). PMS provides instructions for making withdrawals of Federal funds. **When requesting payment from PMS, please use your P account login and reference the sub-account code "MIPPA14\_ADRG" for payment.** Inquiries regarding payments should be directed to Program Support Center/Division of Payment Management (PSC/DPM), DHHS; Post Office Box 6021; Rockville, MD 20852; 1-877-614-5533; [PMSSupport@psc.gov](mailto:PMSSupport@psc.gov).
2. Federal Cash Reporting: On the SF-425 form, lines 10 a through c are reported on a quarterly calendar year basis at the HHS Departmental Payment Management System (PMS). PMS website is located at: <http://www.dpm.psc.gov>.
3. Future funding is subject to the availability of funds and satisfactory progress of the project.

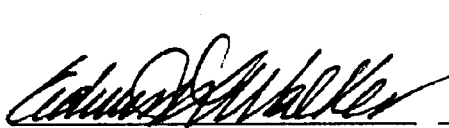
**ACL Contact Information:**

**ACL Program Contact**

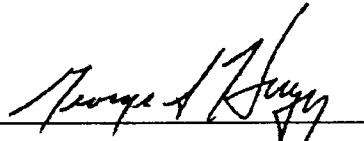
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**ACL Fiscal Contact**

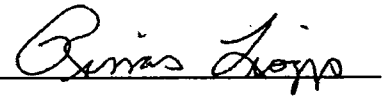
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ACL Authorizing Official



Funds Certifying Official



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