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STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF LONG TERM SUPPORTS AND SERVICES  
 BUREAU ELDERLY AND ADULT SERVICES

Jeffrey A. Meyers  
 Commissioner

Christine L. Santaniello  
 Director

105 PLEASANT STREET, CONCORD, NH 03301  
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September 25, 2018

The Honorable Neal M. Kurk, Chairman  
 Fiscal Committee of the General Court, and

His Excellency, Governor Christopher T. Sununu  
 and the Honorable Council  
 State House  
 Concord, New Hampshire 03301

*[Signature]*  
 Approved by Fiscal Committee Date 10/19/18

**REQUESTED ACTION**

Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Long Term Supports and Services, Bureau of Elderly and Adult Services to accept and expend Money Follows The Person Grant funds from the Centers for Medicare & Medicaid Services in the amount of \$708,909 effective upon date of Fiscal Committee and Governor and Executive Council approval, through June 30, 2019, and further authorize the funds to be allocated as follows. Grant funds awarded for periods after SFY 2019 will be included in the future operating budgets for SFY 2020. 100% Federal Funds.

**05-95-48-481010-89200000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: ELDERLY & ADULT SVCS DIV, GRANTS TO LOCALS, MONEY FOLLOWS THE PERSON**

Class/Object	Class Title	Current Authorized Budget	Increase/ (Decrease) Amount	Revised Modified Budget
<b>SFY 2019</b>				
000-400146	Federal Funds	\$92,872	\$ 708,909	\$801,781
	General Funds	\$0	\$0	\$0
Total Revenue		\$92,872	\$708,909	\$801,781
041-500801	Audit Fund Set Aside	\$0	\$709	\$709
102-500731	Contracts for Program Svcs	\$92,872	\$708,200	\$801,072
Total Expense		\$92,875	\$708,909	\$801,781

**EXPLANATION**

The Department of Health and Human Services, Division of Long Term Supports and Services, Bureau of Elderly and Adult Services seeks approval to accept and expend Money Follows The Person

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(MFP) grant federal funds in the amount of \$708,909 from the Centers for Medicare & Medicaid Services (CMS). This request represents a portion of the grant balance awarded September 23, 2016 that the Center for Medicare and Medicaid Services has made available to states through March 31, 2020. A copy of the grant award is attached. As these dollars do not extend beyond March 31, 2020, the Department is requesting one-time use of these funds, as outlined below:

1. Hire a consultant to assist with work towards compliance with the Electronic Visit Verification (EVV) requirements set forth by the CURES Act with a January 1, 2020 compliance date. The Department will use these funds for EVV implementation. The EVV consultant will conduct its work prior to the availability of the capital dollars, so if and when they are available, the Department can secure the system for January 1, 2020 system implementation.
2. During this past Legislative Session (SFY 2018), HB 1816 was signed into law, ending the plan for long term supports and services to be provided in a managed care model. New Hampshire is the second oldest state in the nation, has a fragmented and fragile system of providers, and lacks full community engagement among the spectrum of service provision and prevention. We are seeking funds to engage with a consultant to evaluate increased capacity, enhance the state-county-community partnership, and create capacity and oversight at the local level. A new model would focus on holistic, integrated supports and services, with a focus on social determinants on health to enable people to remain at home, with the right supports, at the right time, for as long as possible, continuing New Hampshire's efforts towards rebalancing from an institutional bias to one of community-based services.
3. As mentioned above, New Hampshire will not be moving its nursing facility and CFI Waiver services into Managed Care. New Hampshire is interested in developing a Program for All-Inclusive Care for the Elderly (PACE) for those ages 55 and over and eligible for nursing facility level of care. The Department is to use a portion of these funds to hire a consultant to assist with the development of PACE in New Hampshire.
4. As part of our work with the Balancing Incentive State (BIP) program, New Hampshire developed Eligibility Coordinators to assist individuals to access streamlined eligibility and enrollment, coordinating all components of the process and helping with accessing home and community-based services as an alternative to nursing facility. The Department requests to use a portion of these funds to continue this work with federal dollars until March 31, 2020.
5. A subset of New Hampshire's Long Term Supports and Services Brain Injury population has had difficulty navigating and receiving community-based mental health treatment and substance misuse services. The Department wants to increase our ability to develop resources that assist providers to work with this population in the community and avoid unnecessary institutionalization. The Department will work with the Brain Injury Association upon approval of this proposal and develop a work plan to increase this community-based capacity.

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6. The Department will contract to hire a Housing Specialist to assist those receiving area agency and community mental health services with accessing housing stipends and programs. Specifically, this contractor will partner with DHHS, Area Agencies, Community Mental Health Centers, and other community providers to address the immediate housing and support needs of individuals who are state eligible for services through the Bureau of Developmental Services (BDS) and the Bureau of Mental Health Services (BMHS).

Funds will be used for:

Class 041     Audit fund set aside expense.  
Class 102     Contract payments to providers.


Area served: Statewide.

Source of Funds: 100% Federal from the Centers for Medicare and Medicaid Services.

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

Respectfully submitted,

  
Christine L. Santaniello  
Director

Approved by:   
Jeffrey A. Meyers  
Commissioner

Division for Long Term Supports and Services  
Bureau of Elderly and Adult Services

Money Follows The Person

Fiscal Situation

010-095-048-481010-89200000

Grant Award	\$ 14,531,810
Expended to Date	<u>(\$ 12,281,228)</u>
Available to Accept	\$ 2,250,582
Award to be budgeted in FY2019	<u>(\$ 708,909)</u>
Balance to be budgeted in SFY 2020	<u>\$ 1,541,673</u>

Ledger: MFP grant year: 2014

Amount = \$1,835,002.00  
Description = Directed Supplement

1. DATE ISSUED MM/DD/YYYY 09/23/2016	2. CFDA NO. 93.791	3. ASSISTANCE TYPE PROJECT_GRANT
1a. SUPERSEDES AWARD NOTICE dated 03/25/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 1LICMS300148-01-10 Formerly	5. ACTION TYPE Directed Supplement	
6. PROJECT PERIOD From MM/DD/YYYY 01/01/2007	Through MM/DD/YYYY 09/30/2020	
7. BUDGET PERIOD From MM/DD/YYYY 01/01/2007	Through MM/DD/YYYY 09/30/2020	

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)  
Section 6071 of the DRA of 2005

8. TITLE OF PROJECT (OR PROGRAM)  
New Hampshire Money Follows the Person Program

9a. GRANTEE NAME AND ADDRESS  
New Hampshire Department of Health and Human Services  
129 Pleasant St.  
Bureau of Elderly & Adult Services  
Concord, NH 03301-3852

9b. GRANTEE PROJECT DIRECTOR  
Ms. Margaret Almeida  
~~179 Pleasant St~~  
Concord, NH 03301-3852  
Phone: 603-271-9093

10a. GRANTEE AUTHORIZING OFFICIAL  
Ms. Nancy Rollins  
Gov. Gallen State Office Park South  
Community Based Care Services  
Concord, NH 03301-3857  
Phone: 603-271-9470

10b. FEDERAL PROJECT OFFICER  
Mr. John V. Sorensen  
7500 Security Boulevard  
Baltimore, MD 21244-1849  
Phone: 410-786-5933

9/28/16  
POSTED  
[Signature]

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	404,910.00
b. Fringe Benefits	279,514.00
c. Total Personnel Costs	684,424.00
d. Equipment	10,000.00
e. Supplies	20,815.00
f. Travel	14,839.00
g. Construction	0.00
h. Other	11,399,895.00
i. Contractual	2,281,639.00
j. TOTAL DIRECT COSTS	14,411,612.00
k. INDIRECT COSTS	120,198.00
l. TOTAL APPROVED BUDGET	14,531,810.00
m. Federal Share	14,531,810.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from Item 11m)	14,531,810.00
b. Less Unobligated Balance From Prior Budget Periods	559,038.00
c. Less Cumulative Prior Award(s) This Budget Period	12,137,770.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	1,835,002.00
13. Total Federal Funds Awarded to Date for Project Period	13,972,772.00

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
- c. MATCHING
- d. OTHER RESEARCH (See / Division Option)
- e. OTHER (See REMARKS)

[b]

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING 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. The award notice including terms and conditions, if any, noted below under REMARKS
- d. Federal administrative requirements and principles and award 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 received from the grant payment system.

REMARKS (Other Terms and Conditions Attached)  Yes  No  
Please see the terms and conditions on the next page.

GRANTS MANAGEMENT OFFICIAL: Geoffrey Ntosi, 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. 6-5990153	b. MFP300148A	c. 1LI	d. \$1,835,002.00	e. 75-1416-0516
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

[Signature]  
9/29/16

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 09/23/2016
GRANT NO. 1LICMS300148-01-10	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
01/01/2007	06/30/2007	Semi-Annual	07/30/2007
07/01/2007	12/31/2007	Semi-Annual	01/30/2008
01/01/2008	06/30/2008	Semi-Annual	07/30/2008
07/01/2008	12/31/2008	Semi-Annual	01/30/2009
01/01/2009	06/30/2009	Semi-Annual	07/30/2009
07/01/2009	12/31/2009	Semi-Annual	01/30/2010
01/01/2010	06/30/2010	Semi-Annual	07/30/2010
07/01/2010	12/31/2010	Semi-Annual	01/30/2011
01/01/2011	06/30/2011	Semi-Annual	07/30/2011
07/01/2011	12/31/2011	Semi-Annual	01/30/2012
01/01/2012	06/30/2012	Semi-Annual	07/30/2012
07/01/2012	12/31/2012	Semi-Annual	01/30/2013
01/01/2013	06/30/2013	Semi-Annual	07/30/2013
07/01/2013	12/31/2013	Semi-Annual	01/30/2014
01/01/2014	06/30/2014	Semi-Annual	07/30/2014
07/01/2014	12/31/2014	Semi-Annual	01/30/2015
07/01/2014	12/31/2014	Semi-Annual	01/30/2015
01/01/2015	06/30/2015	Semi-Annual	07/30/2015
07/01/2015	12/31/2015	Semi-Annual	01/30/2016
07/01/2015	12/31/2015	Semi-Annual	01/30/2016
07/01/2015	12/31/2015	Semi-Annual	01/30/2016
01/01/2016	06/30/2016	Semi-Annual	07/30/2016
07/01/2016	12/31/2016	Semi-Annual	01/30/2017
01/01/2017	06/30/2017	Semi-Annual	07/30/2017
07/01/2017	12/31/2017	Semi-Annual	01/30/2018
01/01/2018	06/30/2018	Semi-Annual	07/30/2018
07/01/2018	12/31/2018	Semi-Annual	01/30/2019
01/01/2019	06/30/2019	Semi-Annual	07/30/2019
07/01/2019	12/31/2019	Semi-Annual	01/30/2020
01/01/2020	06/30/2020	Semi-Annual	07/30/2020
07/01/2020	09/30/2020	Final	12/29/2020

AWARD CONDITIONS

- **RESTRICTION PLACED ON FEDERAL FUNDS:** Within thirty (30) days from the issuance date of this NOA, grantee will submit to the Grants Management Specialist and the Project Officer at CMS the requested information necessary to complete the processing of this award. Therefore, all Federal grant funds have been placed in the 'Other' category during this interim period. Failure to submit a fundable application by the specified time may result in adverse administrative action.

*HHS Program person responsible*

CONTACTS

- For programmatic questions and concerns, please contact John Sorensen at 410-786-5933 or [John.Sorensen@cms.hhs.gov](mailto:John.Sorensen@cms.hhs.gov).
- For Financial questions and concerns, please contact Monica Anderson at 410-786-2988

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 1LICMS300148-01-10	

or [Monica.Anderson@cms.hhs.gov](mailto:Monica.Anderson@cms.hhs.gov).

For CMS purposes only: Transmittal Number: P-214-16-002141-004 BOAX621414