



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF ECONOMIC AND HOUSING STABILITY

Jeffrey A. Meyers  
Commissioner

Mark F. Jewell  
Director

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December 21, 2018

The Honorable Mary Jane Wallner, Chairman  
Fiscal Committee of the General Court

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

*[Signature]*  
Approved by Fiscal Committee 1/4/19  
Date

**REQUESTED ACTION**

Pursuant to the provisions of RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Client Services to accept and expend Federal Funds in the amount of \$1,806,305 from the Centers For Medicare and Medicaid Services (CMS) for purposes of infrastructure and capabilities to support the Department's strategic vision for eligibility and enrollment enterprise services effective upon date of Fiscal Committee and Governor and Executive Council approvals through June 30, 2019, and further authorize the allocation of these funds in the accounts below. 100% Federal Funds.

**05-95-45-451010-79930000 DIVISION OF CLIENT SERVICES, FIELD ELIGIBILITY & OPERATIONS**

| Class/Object   | Class Title                   | Current Authorized Budget | This Request        | Adjusted Budget      |
|----------------|-------------------------------|---------------------------|---------------------|----------------------|
| <b>Revenue</b> |                               |                           |                     |                      |
| 000-403950     | Federal Funds                 | \$ 33,469,557             | \$ 1,806,305        | \$ 35,275,862        |
|                | General Funds                 | \$ 13,022,901             |                     | \$ 13,022,901        |
|                | <b>Total Revenue:</b>         | <b>\$ 46,492,458</b>      | <b>\$ 1,806,305</b> | <b>\$ 48,298,763</b> |
| <b>Expense</b> |                               |                           |                     |                      |
| 010-500100     | Personal Services Perm        | \$ 15,622,635             | \$ -                | \$ 15,622,635        |
| 018-500106     | Overtime                      | \$ 609,658                | \$ -                | \$ 609,658           |
| 020-500200     | Current Expenses              | \$ 181,224                | \$ -                | \$ 181,224           |
| 022-500257     | Rents-Leases Other Than Sta   | \$ 10,134                 | \$ -                | \$ 10,134            |
| 028-582814     | Transfers to Gen Services     | \$ 46,530                 | \$ -                | \$ 46,530            |
| 030-500321     | Office Equip & Furn (Replace) | \$ 5,250                  | \$ -                | \$ 5,250             |
| 037-500166     | Technology-Hardware           | \$ 599,400                | \$ 229,500          | \$ 828,900           |
| 038-500177     | Technology-Software           | \$ 1,750,140              | \$ 1,575,000        | \$ 3,325,140         |
| 039-500180     | Telecommunications            | \$ 4,503                  | \$ -                | \$ 4,503             |
| 040-500800     | Indirect Costs                | \$ 209,809                | \$ -                | \$ 209,809           |
| 041-500801     | Audit Fund Set Aside          | \$ 17,046                 | \$ 1,805            | \$ 18,851            |
| 042-500620     | Post Retirement Benefits      | \$ 412,002                | \$ -                | \$ 412,002           |
| 046-500464     | Gen Consultants, Non-Benefit  | \$ 13,644,897             | \$ -                | \$ 13,644,897        |
| 050-500109     | Other Personal Services       | \$ 372,257                | \$ -                | \$ 372,257           |
| 059-500117     | Temp Full Time                | \$ 562,203                | \$ -                | \$ 562,203           |
| 060-500601     | Benefits                      | \$ 10,577,424             | \$ -                | \$ 10,577,424        |
| 070-500700     | In State Travel Reimb         | \$ 186,153                | \$ -                | \$ 186,153           |
| 102-500731     | Contracts for Program Service | \$ 1,681,193              | \$ -                | \$ 1,681,193         |
|                | <b>Total Expense:</b>         | <b>\$ 46,492,458</b>      | <b>\$ 1,806,305</b> | <b>\$ 48,298,763</b> |

### EXPLANATION

This request is being made to allow for procurement of hardware and software approved by CMS through an Advanced Planning Document (APDU). This procurement is required to fulfill the Department's strategic planning obligation to modernize the Bridges system in support of the Division for Children, Youth and Families (DCYF) mission as well as the Medicaid Eligibility, Intake and Authorization for the Development Disability and Acquired Brain Disorder Project (DD).

The Department has determined that Salesforce will be the enterprise software for the Department. The Salesforce platform will be used to facilitate business process improvements based on the needs of DCYF case workers. Salesforce will also be used to incorporate and bridge the DD needs into this system. The Department has determined that the enterprise system does not need to be a custom application. Using the Salesforce platform will accelerate the delivery of this scope of services, reduce ongoing maintenance and enhancements cost, and will provide a common platform for similar future initiatives. Salesforce has also been selected by the Department of Information Technology (DoIT) as a preferred platform for new application development. The platform will also provide enhanced systems agility to support ongoing and evolving business needs. This purchase was included in the CMS APDU scope definition through which 90/10 federal funding has been approved using the time limited A-87 exception.

The Department will also purchase 150 tablets to support caseworker mobility at District Offices supporting Medicaid enrollment enabling them to use the eligibility and enrollment (E&E) Platform on the move in interview rooms and in the lobby interacting directly with clients.

Funds will be used for:

- Class 037 – Purchase of Tablets for District Offices
- Class 038 – Purchase of the Salesforce enterprise software.
- Class 041 – Audit fund set aside expense.

Area served: Statewide.

Source of Funds: 100% Federal Funds.

If Federal Funds become no longer available, General Funds will not be requested to support the program expenditures.

Respectfully submitted,



Jeffrey A. Meyers  
Commissioner



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street SW., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

January 7, 2019

Jeffrey A. Meyers  
Commissioner  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

RE: NH-2018-11-30

Dear Commissioner Meyers,

We are responding to your letter dated November 29, 2018 requesting that Department of Health and Human Services (HHS) approve New Hampshire's Advance Planning Document (APD) Update for the New Hampshire Empowering Individuals to Get Help Transitioning to Self-sufficiency (HEIGHTS) modernization project.

The scope of this IAPD-U includes infrastructure and capabilities to support the Department's strategic vision for eligibility and enrollment enterprise services. This update aligns the Department's priorities and usage of the time limited A-87 cost allocation exception. This IAPD-U scope requests 90/10 funding to purchase a Salesforce Application Framework. In addition, DHHS requires 150 tablets to support case worker mobility at District Offices supporting Medicaid enrollment enabling them to use the E&E platform on the move in interview rooms and in the lobby interacting directly with clients. HHS has completed its review of this APD, including revisions/supplemental information/the state's response to a Request for Additional Information submitted on December 17, 2018.

HHS also approves the Medicaid Federal Financial Participation (FFP) for Federal fiscal year(s) 2019 as described in the tables in Appendix A, covering the date of this letter or insert effective date through September 30, 2019.

This approval letter supersedes any previous letters that may have been issued for the approval period noted above. This letter includes all previously approved funds covering the approval period. Appendix B contains additional information about Federal guidance and the state's responsibilities concerning the APD.

HHS request that you plan on submitting an Annual APD Update (within 10 months of the date of your state's last Annual APD Update or August 1, 2019) outlining budget and implementation activities.

Mr. Meyers, p. 2

While we encourage states to report their development and operational costs in a single Annual APD, the state has not provided the information described in CMS's IAPD for FFY 2020. Therefore, to ensure that the state has authority to claim FYY(2020) FFP for ongoing design, development, maintenance, operational expenditures and eligible system and staff costs related to the determination of Medicaid eligibility, the state must provide this information in a separate APD covering Federal Fiscal Year 2020 no later than August 1, 2019. This information is needed by CMS in order to approve FFY (2020) funding by October 1, 2020. Failure to provide this information timely may result in a gap in funding beginning October 1, 2019.

HHS has 60 days to review and respond to a state's APD submission. Failure to timely submit an Annual APD Update may put the state at risk for not having FFP for future Federal fiscal years. Again, we strongly encourage the state to include this information by federal fiscal year in future Annual APDs for this project to avoid the need to submit separate operational APDs.

All HHS APDs, RFPs, and contracts, along with a cover letter should be sent to HHSMulti-ProgramAPDSubmissions@acf.hhs.gov and the HHS program offices participating in the funding of a project. If you have any questions or concerns regarding this letter, please contact Christi Dant at 202-402-7042, or by e-mail at Christi.Dant@acf.hhs.gov.

Sincerely,



Naomi Goldstein  
Deputy Assistant Secretary for  
Planning, Research, and Evaluation

cc:

Ed Dolly, CMCS/CMS  
Terry Watt, CB/ACF  
Karen Painter-Jaquess, FNS/USDA  
Carrie Feher, CMCS/CMS  
Alberta Sannie-Ariyibi, CMCS/CMS  
Eugene Gabriyelov, CMCS/CMS  
Dian Carroll, CB/ACF  
Dawn Bartolomeo, FNS/USDA

Appendix A

New Hampshire Medicaid Detailed Budget Table

Covers Federal Fiscal Years (FFY) 2012-2020,(ending September 30, 2020)

Funding amounts described below are summarized by FFY, however funding is only approved to be used in accordance with the approval dates described in this letter

“Please note: The amounts provided for Federal fiscal years 2012 – 2018 and 2020 are for informational purposes only.”

|          | Medicaid Share (90% FFP) DDI | State Share (10%) | Medicaid Share (75% FFP) DDI (COTS) | State Share (25%) | Medicaid Share (75% FFP) M&O | State Share (25%) | Medicaid Share (75% FFP) M&O E&E Staff | State Share (25%) | Medicaid ENHANCED FUNDING FFP Total | State Share Total | Medicaid ENHANCED FUNDING (TOTAL COMPUTABLE) |
|----------|------------------------------|-------------------|-------------------------------------|-------------------|------------------------------|-------------------|--|-------------------|-------------------------------------|-------------------|--|
|          | 28A & 28B†                   | --                | 28A & 28B†                          | --                | 28C & 28D†                   | --                | 28E & 28F†                             | --                |                                     |                   |  |
| FFY 2012 | \$3,952,335                  | \$439,148         | \$823,178                           | \$274,393         | \$0                          | \$0               | \$0                                    | \$0               | \$4,775,513                         | \$713,541         | \$5,489,054                                  |
| FFY 2013 | \$7,508,748                  | \$834,305         | \$221,412                           | \$73,804          | \$0                          | \$0               | \$0                                    | \$0               | \$7,730,160                         | \$908,109         | \$8,638,269                                  |
| FFY 2014 | \$12,663,307                 | \$1,407,034       | \$538,231                           | \$179,410         | \$0                          | \$0               | \$13,480,338                           | \$4,493,446       | \$26,681,876                        | \$6,079,890       | \$32,761,766                                 |
| FFY 2015 | \$13,159,156                 | \$1,462,128       | \$1,272,978                         | \$424,326         | \$0                          | \$0               | \$14,605,165                           | \$4,868,388       | \$29,037,299                        | \$6,754,843       | \$35,792,142                                 |
| FFY 2016 | \$11,753,640                 | \$1,305,960       | \$146,557                           | \$48,852          | \$0                          | \$0               | \$15,471,419                           | \$5,157,140       | \$27,371,616                        | \$6,511,952       | \$33,883,568                                 |
| FFY 2017 | \$13,817,034                 | \$1,535,226       | \$600,000                           | \$200,000         | \$0                          | \$0               | \$15,780,847                           | \$5,260,282       | \$30,197,881                        | \$6,995,508       | \$37,193,389                                 |
| FFY 2018 | \$30,640,440                 | \$3,404,493       | \$0                                 | \$0               | \$0                          | \$0               | \$16,032,558                           | \$5,344,186       | \$46,672,998                        | \$8,748,679       | \$55,421,677                                 |
| FFY 2019 | \$23,780,562                 | \$2,642,285       | \$0                                 | \$0               | \$0                          | \$0               | \$15,757,355                           | \$5,252,452       | \$39,537,917                        | \$7,894,736       | \$47,432,653                                 |
| FFY 2020 | \$1,248,999                  | \$138,778         | \$0                                 | \$0               | \$0                          | \$0               | \$0                                    | \$0               | \$1,248,999                         | \$138,778         | \$1,387,777                                  |

|          | Medicaid Share<br>(50% FFP)<br>M&O<br>E&E Staff | State Share<br>(50%) | Medicaid<br>NOT<br>ENHANCED<br>FUNDING<br>FFP Total | State Share<br>Total | Medicaid NOT<br>ENHANCED<br>FUNDING<br>(TOTAL<br>COMPUTABLE) |
|----------|---|----------------------|---|----------------------|--|
|          | 28G & 28H†                                      | --                   |   |                      |  |
| FFY 2012 | \$0   | \$0                  | \$0   | \$0                  | \$0  |
| FFY 2013 | \$0   | \$0                  | \$0   | \$0                  | \$0  |
| FFY 2014 | \$4,258,374                                     | \$4,258,374          | \$4,258,374   | \$4,258,374          | \$8,516,748  |
| FFY 2015 | \$4,615,226                                     | \$4,615,226          | \$4,615,226   | \$4,615,226          | \$9,230,452  |
| FFY 2016 | \$6,462,596                                     | \$6,462,596          | \$6,462,596   | \$6,462,596          | \$12,925,192   |
| FFY 2017 | \$6,591,848                                     | \$6,591,848          | \$6,591,848   | \$6,591,848          | \$13,183,696   |
| FFY 2018 | \$7,599,393                                     | \$7,599,393          | \$7,599,393   | \$7,599,393          | \$15,198,786   |
| FFY 2019 | \$7,055,431                                     | \$7,055,431          | \$7,055,431   | \$7,055,431          | \$14,110,862   |
| FFY 2020 | \$0   | \$0                  | \$0   | \$0                  | \$0  |

|          | Medicaid<br>ENHANCED<br>FUNDING<br>FFP Total | Medicaid<br>NOT ENHANCED<br>FUNDING<br>FFP Total | TOTAL FFP    | STATE SHARE TOTAL | APD TOTAL (TOTAL<br>COMPUTABLE) |
|----------|--|--|--------------|-------------------|---------------------------------|
| FFY 2012 | \$4,775,513                                  | 0  | \$4,775,513  | \$713,541         | \$5,489,054                     |
| FFY 2013 | \$7,730,160                                  | 0  | \$7,730,160  | \$908,109         | \$8,638,269                     |
| FFY 2014 | \$26,681,876                                 | \$4,258,374                                      | \$30,940,250 | \$10,338,264      | \$41,278,514                    |
| FFY 2015 | \$29,037,299                                 | \$4,615,226                                      | \$33,652,525 | \$11,370,069      | \$45,022,594                    |
| FFY 2016 | \$27,371,616                                 | \$6,462,596                                      | \$33,834,212 | \$12,974,548      | \$46,808,760                    |
| FFy 2017 | \$30,197,881                                 | \$6,591,848                                      | \$36,789,729 | \$13,587,356      | \$50,377,085                    |
| FFY 2018 | \$46,672,998                                 | \$7,599,393                                      | \$54,272,391 | \$16,348,072      | \$70,620,463                    |
| FFY 2019 | \$39,537,917                                 | \$7,055,431                                      | \$46,593,348 | \$14,950,167      | \$61,543,515                    |
| FFY 2020 | \$1,248,999                                  | \$0  | \$1,248,999  | \$138,778         | \$1,387,777                     |

| †MBES Line Item |   |
|-----------------|---|
| 28A             | E&E - Title 19 (Medicaid) DDI- In-house Activities  |
| 28B             | E&E - Title 19 (Medicaid) DDI- Contractors  |
| 28C             | E&E - Title 19 (Medicaid) Software/Services/Ops- In-house Activities  |
| 28D             | E&E - Title 19 (Medicaid) Software/Services/Ops- Contractors  |
| 28E             | E&E – Title 19 (Medicaid) Eligibility Staff- Cost of In-house Activities (staff who makes eligibility determinations)   |
| 28F             | E&E – Title 19 (Medicaid) Eligibility Staff- Cost of Private Sector (staff who makes eligibility determinations)  |
| 28G             | E&E – Title 19 (Medicaid) Eligibility Staff- Cost of In-house Activities (staff whose duties are related to eligibility, such as outreach, plan enrollment, etc.) |
| 28H             | E&E – Title 19 (Medicaid) Eligibility Staff- Cost of Private Sector (staff whose duties are related to eligibility, such as outreach, plan enrollment, etc.)      |

FFP rates for specific activities and costs can be found at 76 FR 21949, available at <https://federalregister.gov/a/2011-9340>

Appendix B

HHS approval of this APD is in accordance with Federal regulations at 42 CFR § 433, subpart C, “Mechanized Claims Processing and Information Retrieval Systems,” 45 CFR § 95, subpart F, “Automatic Data Processing Equipment and Services - Conditions for Federal Financial Participation,” and 42 CFR § 457.230, “FFP for State ADP expenditures.”

The amounts allocated per Federal fiscal year in Appendix A cannot be reallocated between Federal fiscal years, even within the period of this letter’s approval, without submission and approval of an APD Update. Only actual costs incurred are reimbursable.

Please refer to Federal regulations at 42 CFR § 433 for specific CMS FFP rates for the variety of activities supporting proper matching rates. Specifically, please note that commercial off the shelf (COTS) licenses are matched at 75 percent FFP and training is matched at 50 percent FFP.

Also, states may claim 75 percent Title XIX FFP for the costs of certain staff time spent on mechanized eligibility determination systems. Please note that continued access to the enhanced match from Title XIX for the staff positions, as outlined in the CMS Frequently Asked Questions (FAQ) from April 25, 2013 on [www.Medicaid.gov](http://www.Medicaid.gov), is contingent upon the state’s execution of the approved mitigation plan, verification plan, and transition plan.

CMS will be monitoring progress of the state’s eligibility and enrollment modernization project using the Enterprise Life Cycle (ELC) model. This approach supports the high degree of interaction that will be required between Medicaid, CHIP, and the Health Insurance Marketplace, and the use of a shared eligibility service among the programs. Based on the state’s project management plan, CMS will be working with the state to schedule the next Medicaid IT review.

As part of the ELC model, the state should submit to CMS monthly status reports as well as participate in regular monitoring calls. Monthly status reports should include, at a minimum, the status of the project as well as risks, issues, and planned mitigations.

As described in regulation at 45 CFR § 95.611, Requests for Proposals (RFPs) or contracts that the state procures with funding from the herein approved APD, must be approved by [HHS/CMS] prior to release of the RFP or prior to execution of the contract.

CMS requires the State to be in conformance with the technical documentation in the T-MSIS State Support Site in Confluence, the CMS collaboration tool, (<https://tmsis2.atlassian.net/wiki/spaces/STATE/pages/380895588/T-MSIS+Technical+Compliance+Documentation> [[tmsis2.atlassian.net](https://tmsis2.atlassian.net)]) and in the T-MSIS Coding Blog on Medicaid.gov (<https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/index.html> [[medicaid.gov](https://www.medicaid.gov)]). If you need access to the T-MSIS State Support Site, please contact the CMS T-MSIS Help Desk at [T-MSIS\\_Helpdesk@cms.hhs.gov](mailto:T-MSIS_Helpdesk@cms.hhs.gov). CMS expects the State to consider and incorporate T-MSIS requirements in every phase of the SDLC as applicable for any changes to state system that impacts T-MSIS data reporting. The State is required to keep T-MSIS production data current until the State has been able to demonstrate successfully the changes to be implemented and continue to meet T-MSIS data reporting requirements. Data to be submitted must not result in



Mr. Meyers, p. 7

any degradation in the level of accuracy, completeness, or timeliness of the State's T-MSIS production data submissions. CMS expects the State to successfully complete implementation deliverables that validate comparability of data submissions and share these results with CMS. Should the new or enhanced system fail to maintain and produce all federally required program management data and information, including the required T-MSIS eligibility, provider, claim, and managed care encounter data, in accordance with all applicable regulations and sub-regulatory guidance and the approved APD for this effort, FFP may be suspended or disallowed as provided for in federal regulations at 45 CFR 95.612.