STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Donald (First) R. (Middle) Hunter (Last) Work Phone No. 603-271-5255

Work Address: NH Dept. of Health and Human Services, 129 Pleasant St., Concord, NH 03301

Office/Appointment/Employment held: Senior Management Analyst

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: _____
First Middle Last

Post Office Address: ___

RECEIVED

Occupation: _____

APR 0 3 2011

Principal Place of Business: _____

NEW HAMPSHIRE
DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Boston Public Health Commission

Name of Corporate/Entity Representative: Cara Matthews

Work Address of Representative: 1010 Massachusetts Avenue, Boston, MA 02118

Food and/or beverages consumed pursuant to RSA 15-B:6, II with **value over $25.00** |

Value of Honorarium: _____ Date Received: _____ ***If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.*** | Exact | Estimate

Value of Expense Reimbursement: $98.50 Date Received: 4/2/2011 ***A copy of the agenda or an equivalent document must be attached to this filing.*** X Exact | Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:
Mileage reimbursement to make an informational presentation on NH Medicaid to the Planning Council of the BPHC

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Donald R Hunter
Signature of Filer

April 8, 2011
Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

Ryan White Part A Boston EMA
HIV Health Services Planning Council

Meeting Agenda: Thursday, February 10, 2011

Meeting Focus:

- **Educational presentation:** *Medicaid Program* – Learn about the Medicaid programs in MA and NH that provide health coverage to many PLWH in the EMA.
- **Educational presentation:** *Needs Assessment* – The Planning Committee will present the results of their work collecting information on the needs of LPWH in the EMA.

Welcome, Introductions and Review of Meeting Agenda *(Darren Sack)*	*4:00-4:05*
Review and Approve January 13, 2011 Summary of Meeting	*4:05-4:10*
Committees Update	*4:10-4:20*
• Consumer Committee (*Diane Hackett*)	
• Evaluation Committee (*Lena Asmar*)	
• Planning Committee (*Larry Day*)	
• Policy Committee (*Frank Schiano*)	
• Executive Committee (*Darren Sack*)	
Presentation: Medicaid in the EMA	
• MA (*Alison Kirchgasser*)	*4:20-4:45*
• NH (*Don Hunter*)	*4:45-5:10*
Presentation: 2010 Needs Assessment *(Planning Committee)*	*5:10-5:45*
Agency reports	*5:45-5:55*
• MA Department of Public Health (*Annette Rockwell*)	
• NH Department of Health and Human Services (*Chris Adamski*)	
• Office of Medicaid (*Alison Kirchgasser*)	
• Boston Public Health Commission (*Michael Goldrosen*)	
• Planning Council Support (*Laura Kozek*)	
Complete Evaluation of Meeting	*5:55-6:00*
Adjourn	*6:00*

REMINDER - Next Planning Council Meeting
"Priority Setting"
Contact: Laura Kozek, 617-947-4299, lkozek@bphc.org
Info: www.bostonplanningcouncil.org

Thursday, March 10, 2011
4:00- 6:00pm
John Hancock Conference Center, 3rd Floor
40 Trinity Place, Boston, MA 02116

Form #A-24 (08/30/95)

REQUEST FOR AUTHORIZATION FOR OUT-OF-STATE TRAVEL

Date: January 5, 2011

TO THE HONORABLE GOVERNOR & COUNCIL:

The Department of Health and Human Services, Office of Medicaid Business and Policy requests permission for 1 employees or their designees to travel to Boston, MA for 1 days of travel status from Thursday, February 10, 2011 to Thursday, February 10, 2011.

Conference/Workshop/Seminar Title

Ryan White Part A Boston EMA HIV Health Services Planning Council (to be held at the John Hancock Conference Center, 40 Trinity Place, Boston, MA 02116).

Purpose of Travel

The Boston Planning Council is an independent federally required planning body that works with stakeholders to organize, evaluate, and prioritize Ryan White HIV funding in the Boston Eligible Metropolitan Area (EMA).

The Ryan White Act was created to fill gaps in existing medical and supportive HIV services and contains several parts. Part A provides the funding for the Boston EMA and other urban areas most heavily impacted by the HIV & AIDS epidemic. Three southern New Hampshire counties (Hillsborough, Rockingham and Strafford) are in the Boston EMA and are eligible to receive Part A funding, subject to the recommendation and approval of the Boston Planning Council. These funds amounted to $3,512,037 in 2009.

Mr. Hunter will present an overview of the NH Medicaid program and provide information on "People Living With HIV/AIDS" in NH and the three counties covered by the Boston EMA.

The Boston Planning Council will be covering 100% of Mr. Hunter's expenses associated with this conference. No state funds are being requested.

Attendees and their Titles

Donald R. Hunter, Senior Management Analyst, Office of Medicaid Business and Policy (OMBP)

Fiscal Information - Summary

Objt	Description		Amount			Amount
0710	Common Carriers	$	0.00	Appropriation of Out-of-State Travel	$	0.00
0711	Per Diem in Lieu	$	0.00	Amount Expended to date	$	0.00
0712	Meals	$	0.00	Available Balance	$	0.00
0713	Hotel	$	0.00	Amount requested this authorization	$	171.00
0714	Mileage	$	71.00	Estimated Balance Available	$	-171.00
0715	Operation State Car	$	0.00			
0717	Miscellaneous	$	100.00	Appropriation Code	- - -	
0719	Registration Fees	$	0.00	Source of Funds	100% Boston Planning Council	
TOTAL		$	171.00	Job #		

Authorized Signature: Kathleen Dunn
Kathleen A. Dunn
Medicaid Director

Approved By: Nicholas A. Toumpas
Nicholas A. Toumpas
Commissioner

Fiscal Information - Detail #1 (Job #:)

Objt	Description	Amount		Amount
0710	Common Carriers	$ 0.00	Appropriation of Out-of-State Travel	$ 0.00
0711	Per Diem in Lieu	$ 0.00	Amount Expended to date	$ 0.00
0712	Meals	$ 0.00	Available Balance	$ 0.00
0713	Hotel	$ 0.00	Amount requested this authorization	$ **171.00**
0714	Mileage	$ 71.00	Estimated Balance Available	$ -171.00
0715	Operation State Car	$ 0.00		
0717	Miscellaneous	$ 100.00	Appropriation Code	- - -
0719	Registration Fees	$ 0.00	Source of Funds	100% Boston Planning Council
TOTAL		**$ 171.00**		

Fiscal Information - Detail #2 (Job #:)

Objt	Description	Amount		Amount
0710	Common Carriers	$ 0.00	Appropriation of Out-of-State Travel	$ 0.00
0711	Per Diem in Lieu	$ 0.00	Amount Expended to date	$ 0.00
0712	Meals	$ 0.00	Available Balance	$ 0.00
0713	Hotel	$ 0.00	Amount requested this authorization	$ **0.00**
0714	Mileage	$ 0.00	Estimated Balance Available	$ 0.00
0715	Operation State Car	$ 0.00		
0717	Miscellaneous	$ 0.00	Appropriation Code	- - -
0719	Registration Fees	$ 0.00	Source of Funds	
TOTAL		**$ 0.00**		

Fiscal Information - Detail #3 (Job #:)

Objt	Description	Amount		Amount
0710	Common Carriers	$ 0.00	Appropriation of Out-of-State Travel	$ 0.00
0711	Per Diem in Lieu	$ 0.00	Amount Expended to date	$ 0.00
0712	Meals	$ 0.00	Available Balance	$ 0.00
0713	Hotel	$ 0.00	Amount requested this authorization	$ **0.00**
0714	Mileage	$ 0.00	Estimated Balance Available	$ 0.00
0715	Operation State Car	$ 0.00		
0717	Miscellaneous	$ 0.00	Appropriation Code	- - -
0719	Registration Fees	$ 0.00	Source of Funds	
TOTAL		**$ 0.00**		

Fiscal Information - Detail #4 (Job #:)

Objt	Description	Amount		Amount
0710	Common Carriers	$ 0.00	Appropriation of Out-of-State Travel	$ 0.00
0711	Per Diem in Lieu	$ 0.00	Amount Expended to date	$ 0.00
0712	Meals	$ 0.00	Available Balance	$ 0.00
0713	Hotel	$ 0.00	Amount requested this authorization	$ **0.00**
0714	Mileage	$ 0.00	Estimated Balance Available	$ 0.00
0715	Operation State Car	$ 0.00		
0717	Miscellaneous	$ 0.00	Appropriation Code	- - -
0719	Registration Fees	$ 0.00	Source of Funds	
TOTAL		**$ 0.00**		