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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF BUSINESS OPERATIONS  
BUREAU OF FINANCE

Jeffrey A. Meyers  
Commissioner  
  
Sheri L. Rockburn  
Chief Financial Officer

129 PLEASANT STREET, CONCORD, NH 03301-3857  
603-271-9546 1-800-852-3345 Ext. 9546  
Fax: 603-271-2896 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

April 21, 2017

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

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

**REQUESTED ACTION**

Pursuant to the provisions of RSA 14:30-a, VI, authorize the Department of Health and Human Services to accept and expend Other Funds in the amount of \$1,131,048 of Supplemental Nutrition Assistance Program (SNAP) high performance bonus funds, effective upon date of Fiscal Committee and Governor and Executive Council approval through June 30, 2017, and further authorize the allocation of these funds in the accounts below.

05-95-45-451010-7993 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: TRANSITIONAL ASSISTANCE, CLIENT SVCS - DFA FIELD SVCS

| Class/Object         | Class Title   | Current Authorized Budget | Increase/ (Decrease) Amount | Revised Modified Budget |
|----------------------|---------------|---------------------------|-----------------------------|-------------------------|
| SFY 2017             |               |                           |                             |                         |
| 000-403950           | Federal Funds | \$18,930,021              | \$0                         | \$18,930,021            |
| 007-409282           | Other Funds   | \$0                       | \$1,131,048                 | \$1,131,048             |
|                      | General Fund  | \$10,116,387              | \$0                         | \$10,116,387            |
| <b>Total Revenue</b> |               | <b>\$29,046,408</b>       | <b>\$1,131,048</b>          | <b>\$30,177,456</b>     |

| Class      | Class Title                   | Current Authorized Budget | Increase/ (Decrease) Amount | Revised Modified Budget |
|------------|-------------------------------|---------------------------|-----------------------------|-------------------------|
| 010-500100 | Regular Officer and Employees | \$13,362,155              | \$1,131,048                 | \$14,493,203            |
| 018-500106 | Overtime                      | \$644,901                 | \$0                         | \$644,901               |
| 020-500200 | Supplies (Consumable)         | \$158,512                 | \$0                         | \$158,512               |
| 022-500257 | Rents-Leases Other Than State | \$9,462                   | \$0                         | \$9,462                 |
| 028-582814 | Transfers to Gen Services     | \$35,798                  | \$0                         | \$35,798                |
| 030-500321 | Office Equip & Furn (Replace) | \$5,250                   | \$0                         | \$5,250                 |

The Honorable Neal M. Kurk, Chairman  
 His Excellency, Governor Christopher T. Sununu  
 April 21, 2017  
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|               |                                  |              |             |              |
|---------------|----------------------------------|--------------|-------------|--------------|
| 039-500180    | Telecommunications               | \$85,114     | \$0         | \$85,114     |
| 040-500800    | Indirect Costs                   | \$209,809    | \$0         | \$209,809    |
| 041-500801    | Audit Fund Set Aside             | \$14,082     | \$0         | \$14,082     |
| 042-500620    | Post Retirement Benefits         | \$577,002    | \$0         | \$577,002    |
| 046-500464    | Gen Consultants, Non-Benefit     | \$3,491,214  | \$0         | \$3,491,214  |
| 050-500109    | Personal Services-Temp           | \$368,179    | \$0         | \$368,179    |
| 059-500117    | Temp Full Time                   | \$550,000    | \$0         | \$550,000    |
| 060-500602    | Health Ins Benefit (Perm)        | \$8,848,777  | \$0         | \$8,848,777  |
| 070-500704    | Mileage, Private Cars (In-State) | \$186,153    | \$0         | \$186,153    |
| 102-500731    | Contracts for Program Services   | \$500,000    | \$0         | \$500,000    |
| Total Expense |                                  | \$29,046,408 | \$1,131,048 | \$30,177,456 |

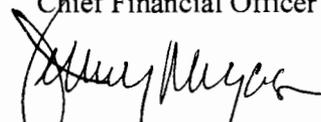
### EXPLANATION

The Department received and deposited SNAP High Performance Bonus funds in March 2017. Bonus Funds are dependent upon how well a state processes applications, provides adequate access, and how low denial or error rates are. Since in any given year a state may not know if they will be awarded such bonus funds, DHHS did not budget for the bonus in the SFY16-17 operating budget. Bonus Funds are limited in use and can only be used in support of the Food Stamp Program. This request is to seek approval to accept and expend these funds to cover staffing costs associated with eligibility workers. In the Medicaid fiscal transfer, approved at the April Fiscal and Governor & Council respective meetings, the general funds associated with these positions were transferred out to cover some of the Medicaid deficit. Subsequent to the approvals, Department of Administrative Services identified an error in the submission in that the acceptance of the Food Stamp Bonus was not included in the requested action. As such, this request is necessary to complete the full transfer.

Respectfully submitted,



Sheri L. Rockburn  
 Chief Financial Officer



Jeffrey A. Meyers  
 Commissioner



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF HUMAN SERVICES

Jeffrey A. Meyers  
Commissioner

Maureen Ryan  
Director

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-9646 1-800-852-3345 Ext. 9646  
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February 9, 2017

Ms. Bonnie Brathwaite  
SNAP Director  
10 Causeway Street, RM 501  
Boston, MA 02222

Dear Ms. Brathwaite,

The Department of Health and Human Services is pleased to receive a Food Stamp Bonus award in the amount of \$940,968 during FFY 2015, including \$432,226 for most improved program access index, and \$508,742 for best application processing timeliness rate. This financial award will assist the Department in meeting many of our programmatic process enhancements and quality measures to further improve our Supplemental Nutrition Assistance Program.

Please find attached New Hampshire's State Bonus Expenditure Plan that provides a high level overview of the initiative that is planned. The area that the Department intends to focus on is certification.

Again, thank you for your continued support of the NH SNAP program. Feel free to contact Human Services Director Maureen Ryan at 603-271-9444 for additional information or questions that you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey A. Meyers".

Jeffrey A. Meyers  
Commissioner

Encl. Expenditure plan

## Food and Nutrition Service-- SNAP Bonus Award State Bonus Expenditure Plan

|   |   |
|---|---|
| State:  | New Hampshire                           |
| State Agency Name:                                    | Department of Health and Human Services |
| State Agency Full Street Address (not P.O. Box):      | 129 Pleasant Street                     |
| (Please use 9-digit Zip Code!)                        | Concord, NH 03301-3857                  |
| State Bonus Award Contact:                            | Mary Calise                             |
| Bonuses Awarded for State Performance in Fiscal Year: | FY 2015                                 |

### Contact and Electronic Funds Transfer (EFT)/Banking Information

Contact Information: Provide full name, email address, and phone number of contact person for questions regarding the EFT award transaction.

|                |  |
|----------------|--|
| Name:          |  |
| Email Address: |  |
| Phone Number:  |  |

State and Bank Information:

|   |                             |
|---|-----------------------------|
| State Agency Name: (must match official name on EIN#) | DHHS-State of New Hampshire |
| EIN# of State Agency:                                 | 026000618                   |
| Name of Bank (where reimbursement is to go):          | Citizens Bank               |
| Account Name:   |                             |
| Bank Routing Number:                                  | 011401533                   |
| Bank Account Number:                                  | 3300021202                  |
| Type of Bank Account: Checking (X) Savings ( )        |                             |

### State Award and Performance Plan

| Type of SNAP Bonus Awarded:                  | Dollars Awarded: |
|--|------------------|
| Payment Error Rate                           | -                |
| Most Improved Payment Accuracy               | -                |
| Best Case and Procedural Error Rate          | -                |
| Most Improved Case and Procedural Error Rate | -                |
| Best Program Access Index                    | -                |
| Most Improved Program Access Index           | 432,220 -        |
| Best Application Processing Timeliness Rate  | 508,742          |
| <b>Total</b>                                 | <b>940,968</b>   |

Performance Bonus Expenditure Plan:

|  |                |
|--|----------------|
| Certification  | 940,968        |
| EBT Issuance   | -              |
| Quality Control  | -              |
| Management Evaluation  | -              |
| Fraud Control  | -              |
| ADP, Dev.  | -              |
| ADP, Oper.   | -              |
| Fair Hearing   | -              |
| E&T 50% Grant  | -              |
| E&T Dependent Care   | -              |
| E&T Trans. & Other   | -              |
| Other Activities: (Please list and describe in remarks or attach separate sheet) | -              |
| a.   | -              |
| b.   | -              |
| c.   | -              |
| d.   | -              |
| e.   | -              |
| <b>Total</b>   | <b>940,968</b> |

Note: All award dollars must be accounted for in the expenditure plan in whole dollars Balanced

Remarks:

Funds will be used in place of general funds to support eligibility workers.

Typed or Printed Name and Title of Authorized Official: **Jeffrey A. Meyers, Commissioner**

*Jeffrey A. Meyers*

Date: **2/13/17**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Award History  
Food Stamp Bonus Funds**

|                                |                         |
|--------------------------------|-------------------------|
| FFY 2013 Bonus                 | 891,494                 |
| FFY 2015 Bonus                 | 940,968                 |
| Expended Through 3/31/17       | <u>(701,414)</u>        |
| Available Award Balance 7/1/17 | 1,131,048               |
| SFY 17 Appropriations *        | -                       |
| Available To Accept            | <u><u>1,131,048</u></u> |
| Amount Requested this Action   | <u><u>1,131,048</u></u> |



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF HUMAN SERVICES

Nicholas A. Toumpas  
Commissioner

Mary Ann Cooney  
Associate Commissioner

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-9404 1-800-852-3345 Ext. 9404  
Fax: 603-271-4232 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

June 26, 2015

Ms. Bonnie Brathwaite  
SNAP Director  
10 Causeway Street, RM 501  
Boston, MA 02222

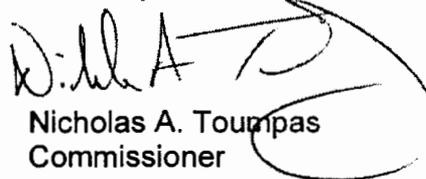
Dear Ms. Brathwaite,

The Department of Health and Human Services is pleased to receive a Food Stamp Bonus award in the amount of \$891,494 during FFY 2013, \$314,141 for achieving a high negative error rate and \$577,353 for improved program access/participation. This financial award will assist the Department in meeting many of our programmatic process enhancements and quality measures to further improve our Supplemental Nutrition Assistance Program.

Please find attached New Hampshire's State Bonus Expenditure Plan and supporting documentation that provides a high level overview of the initiatives that are planned. The areas that the Department intends to focus on are improving SNAP program access and continuing efforts toward greater error reduction.

Again, thank you for your continued support of the NH SNAP program. Feel free to contact Mary Ann Cooney, Associate Commissioner, at 603-271-9444 for additional information or questions that you have.

Sincerely,

  
Nicholas A. Toumpas  
Commissioner

Encl. Expenditure plan  
Supporting documentation

## Food and Nutrition Service-- SNAP Bonus Award State Bonus Expenditure Plan

|   |   |
|---|---|
| State:  | New Hampshire                           |
| State Agency Name:                                    | Department of Health and Human Services |
| State Agency Full Street Address (not P.O. Box):      | 129 Pleasant Street                     |
| (Please use 9-digit Zip Code!)                        | Concord, NH 03301-3857                  |
| State Bonus Award Contact:                            | Mary Calise                             |
| Bonuses Awarded for State Performance in Fiscal Year: | FY 2013                                 |

### Contact and Electronic Funds Transfer (EFT)/Banking Information

Contact Information: Provide full name, email address, and phone number of contact person for questions regarding the EFT award transaction.

|                |                             |
|----------------|-----------------------------|
| Name:          | Richard Bowen               |
| Email Address: | rbowen@treasury.state.nh.us |
| Phone Number:  | 603-271-2617                |

#### State and Bank Information:

|   |                        |
|---|------------------------|
| State Agency Name: (must match official name on EIN#)   | State of New Hampshire |
| EIN# of State Agency:   | 026000618              |
| Name of Bank (where reimbursement is to go):  | Citizens Bank NA       |
| Account Name:   |                        |
| Bank Routing Number:  | 0114 015 33            |
| Bank Account Number:  | 33 000 212 02          |
| Type of Bank Account: Checking ( <input checked="" type="checkbox"/> ) Savings ( <input type="checkbox"/> ) |                        |

### State Award and Performance Plan

| Type of SNAP Bonus Awarded:                  | Dollars Awarded: |
|--|------------------|
| Payment Error Rate                           | 314,141          |
| Most Improved Payment Accuracy               | -                |
| Best Case and Procedural Error Rate          | -                |
| Most Improved Case and Procedural Error Rate | -                |
| Best Program Access Index                    | -                |
| Most Improved Program Access Index           | 577,353          |
| Best Application Processing Timeliness Rate  | -                |
| <b>Total</b>                                 | <b>891,494</b>   |

#### Performance Bonus Expenditure Plan:

|  |                |
|--|----------------|
| Certification  | 190,080        |
| EBT Issuance   | -              |
| Quality Control  | -              |
| Management Evaluation  | -              |
| Fraud Control  | -              |
| ADP. Dev.  | -              |
| ADP. Oper.   | -              |
| Fair Hearing   | -              |
| E&T 50% Grant  | -              |
| E&T Dependent Care   | -              |
| E&T Trans. & Other   | -              |
| Other Activities: (Please list and describe in remarks or attach separate sheet) | -              |
| a. Program Access Improvements   | 520,298        |
| b. Error Reduction Plan  | 181,116        |
| c.   | -              |
| d.   | -              |
| e.   | -              |
| <b>Total</b>   | <b>891,494</b> |

Note: All award dollars must be accounted for in the expenditure plan in whole dollars.

Balanced

#### Remarks:

Please see attached

Typed or Printed Name and Title of Authorized Official:

Nicholas A. Thompkins, Commissioner, NH, DHHS

Signature:

*Nicholas A. Thompkins*

Date: