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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

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9203 1-800-351-1888

Nancy L. Rollins
Associate
Commissioner

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October 28, 2013

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

REQUESTED ACTION

100% federal funds

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to accept and expend SMP Capacity Building Grant federal funds from the Administration for Community Living in the amount of \$75,594 effective upon date of Executive Council approval, through June 30, 2015, and further authorize the allocation of these funds in the accounts below.

05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: ELDERLY – ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT-SMPP

Class/Object	Class Title	Current Authorized	Increase/ (Decrease) Amount	Revised Authorized
SFY 2014				
000-40450	Federal Funds	\$250,000	\$56,695	\$306,695
	General Fund	<u>60,000</u>	<u>0</u>	<u>60,000</u>
Total Revenue		<u>\$310,000</u>	<u>\$56,695</u>	<u>\$366,695</u>
020-500200	Current Expenses	\$1,977	\$0	\$1,977
041-500801	Audit Fund Set Aside	89	72	161
070-500704	In State Travel Reimbursement	275	0	275
080-500710	Out of State Travel Reimbursement	1,265	0	1,265
102-500731	Contracts for Program Services	<u>306,394</u>	<u>56,623</u>	<u>363,017</u>
Total Expense		<u>\$310,000</u>	<u>\$56,695</u>	<u>\$366,695</u>

05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: ELDERLY – ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT-SMPP

Class/Object	Class Title	Current Authorized	Increase/ (Decrease) Amount	Revised Authorized
SFY 2015				
000-40450	Federal Funds	\$250,000	\$18,899	\$268,899
	General Fund	<u>60,000</u>	<u>0</u>	<u>60,000</u>
Total Revenue		<u>\$310,000</u>	<u>\$18,899</u>	<u>\$328,899</u>
020-500200	Current Expenses	\$1,977	\$0	\$1,977
041-500801	Audit Fund Set Aside	89	25	114
070-500704	In State Travel Reimbursement	275	0	275
080-500710	Out of State Travel Reimbursement	1,265	0	1,265
102-500731	Contracts for Program Services	<u>306,394</u>	<u>18,874</u>	<u>325,268</u>
Total Expense		<u>\$310,000</u>	<u>\$18,899</u>	<u>\$328,899</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 Senior Medicare Patrol (SMP) Capacity Building Grant federal funds in the amount of \$75,594 from the Administration for Community Living. This is a recent grant award and therefore was not included in the operating budget. A copy of the grant award is attached.

The Administration for Community Living requires that uses of Capacity Building Grant will satisfy the following requirements:

1. Strengthen the capacity of the State’s SMP project by increasing the number of trained volunteers through out the state;
2. Increase public awareness of health care fraud, waste and abuse, by conducting outreach and education at community locations so that health care consumers can learn how to avoid becoming victims of health care fraud and other scams; and
3. Expand the SMP reporting into the national database that manages SMP activities, such as the number of beneficiaries educated, the number of complaints received and responded to, and the number of cases referred for further investigation.

Class 041 The funds will be used to pay audit fund set aside expense.

Class 102 The funds will be used for contracts to recruit and train SMP volunteers, to conduct educational events and to train and monitor the quality of reporting SMP activities for the national database.

Should Governor and Executive Council determine not to approve this request, important outreach and education on how to avoid health care fraud will not be provided to Medicare recipients, their families and caregivers, resulting in people not receiving assistance through services on how to protect themselves, their health care benefits, private financial information and their medical identity.

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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.

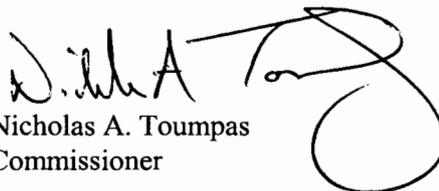
Source of Funds: 100% Federal.

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

Respectfully submitted:



Nancy L. Rollins
Associate Commissioner

Approved by: 
Nicholas A. Toumpas
Commissioner

Enclosures

Bureau of Elderly and Adult Situation

Admin on Aging Svcs Grant - SMPP

Fiscal Situation

010-095-048-481010-33170000

Grant Award		\$95,000
Allocated Cost Adjustment FY14	(14,555)	
Allocated Cost Adjustment FY15	<u>(4,851)</u>	
Total Allocated Cost Adjustments		<u>(19,406)</u>
Available to Accept in FY14 and FY15		\$ 75,594
This request FY14	56,695	
This request FY15	<u>18,899</u>	
Total this request		<u>\$ 75,594</u>

1. DATE ISSUED MM/DD/YYYY 09/26/2013
 2. CFDA NO. 93.048
 3. ASSISTANCE TYPE Cooperative Agreement

Department of Health and Human Services
 Administration For Community Living
 Administration on Aging (AoA)
 ACL Office of Grants Management
 Washington, DC 20201-1401

1a. SUPERSEDES AWARD NOTICE dated
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 90SP0101-01-00
 Formerly

5. ACTION TYPE New

6. PROJECT PERIOD MM/DD/YYYY
 From 09/30/2013 Through 09/29/2015

7. BUDGET PERIOD MM/DD/YYYY
 From 09/30/2013 Through 09/29/2014

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulations)
 42 USC 3001 et seq

8. TITLE OF PROJECT (OR PROGRAM)
 NH SMP Capacity Building Grant

9a. GRANTEE NAME AND ADDRESS
 New Hampshire Dept of Health & Human Services
 129 Pleasant St
 Concord, NH 03301-3852

9b. GRANTEE PROJECT DIRECTOR
 Ms. Karol Dermon
 129 Pleasant St.
 State Office Park
 Concord, NH 03301-3857
 Phone: 603-271-9080

10a. GRANTEE AUTHORIZING OFFICIAL
 Ms. Diane Langley
 129 PLEASANT ST
 CONCORD, NH 03301-3852
 Phone: 603-271-9093

10b. FEDERAL PROJECT OFFICER
 Jennifer Throwe
 ACL Office of Grants Management
 Washington, DC 20201-1401
 Phone: 617-565-1158

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	7,340.00
b. Fringe Benefits	2,425.00
c. Total Personnel Costs	9,765.00
d. Equipment	0.00
e. Supplies	0.00
f. Travel	0.00
g. Construction	0.00
h. Other	9,738.00
i. Contractual	75,497.00
j. TOTAL DIRECT COSTS	95,000.00
k. INDIRECT COSTS	0.00
l. TOTAL APPROVED BUDGET	95,000.00
m. Federal Share	95,000.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	95,000.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	95,000.00
13. Total Federal Funds Awarded to Date for Project Period	95,000.00

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:

- DEDUCTION
- ADDITIONAL COSTS
- MATCHES
- OTHER RESEARCH (Add / Deduct Option)
- 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. This award notice including terms and conditions if any noted below under REMARKS.
- d. Federal administrative requirements, cost principles and audit 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 obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached - Yes No)
 This award is the result of your application under the Funding Opportunity Announcement #HHS-2013-ACL-AoA-SP-0049, which is incorporated by reference.

GRANTS MANAGEMENT OFFICER: **Rimas T Liogys, Director, OGM**

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.	3-2992447	b.	90SP010101	c.	ACLAOA	d.	\$95,000.00	e.	7530142
22. a.		b.		c.		d.		e.	
23. a.		b.		c.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

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SPECIAL CONDITIONS

1. The following award term is specific to this award. It overrides references in the HHS Grants Policy Statement and in 45 CFR 74.52 or 45 CFR 92.41, as applicable, regarding the Financial Status Report (SF-269) and Federal Cash Transactions Report (SF-272). All other provisions concerning financial reporting remain in effect.

Effective March 1, 2011, the Department of Health and Human Services requires that all grantees use the Federal Financial Report (SF-425) form. The SF-425 is downloadable from http://www.aoa.gov/AoARoot/Grants/Reporting_Requirements/index.aspx and can be submitted as a PDF or on Excel to your Grantsolutions account as a "note". Complete all lines as appropriate. The Federal Cash Reporting on the SF-425, i.e., lines 10 a through c are already reported on a quarterly calendar year basis at the HHS Departmental Payment Management System (PMS).

Reporting requirements for this grant award are on an annual basis. The annual report for this project period is cumulative and covers the identified budget period. The report is due 30 days after the budget period end date. For each subsequent report, the end date should be extended by one year retaining the original start date. You must reconcile your cash accounts with your expenditures for the reporting period and submit a cumulative report each year. A final report is due 90 days after the expiration date of the project period and must reconcile with the final cash portion reported on line 10c.

PROGRAM PROGRESS REPORTING

Program Progress Reports are due semi-annually (within 30 days of each six month period), effective with the start date of the award.

SPECIAL CONDITIONS - GrantSolutions Registration

1. Effective October 1, 2013, all ACL discretionary grantees will be required to begin utilizing Grantsolutions (GS) for their end to end grants management services (tracking and receiving various award actions, submitting financial and progress reports, general correspondence, requests etc.). With this Notice of Award (NOA), you must register with GS by completing a Grantee User Account Request Form. Please follow the directions for completing and submitting the form to the GS Helpdesk identified in this link: <https://home.grantsolutions.gov/home/home/customer-support/getting-started/>.

If you are a grantee already registered with GS through another HHS operating division, please verify with the GS helpdesk access to your ACL award(s). The ACL Grants.Office@AoA.HHS.gov email box should no longer be used for the submission of your action items starting in October.

Standard Administrative Terms

1. This award is paid by DHHS Payment Management System (PMS). Please go to <http://www.dpm.psc.gov/> for payment and reporting information.
2. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award. This includes requirements in Parts I and II (available at <http://www.hhs.gov/asfr/agapa/grantinformation/hhsgps107.pdf>) of the HHS GPS.

NOTICE OF AWARD (Continuation Sheet)

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3. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.acf.hhs.gov/grants/award_term.html. This grant is subject to the requirements set forth in 45 CFR part 74 (for non-profit organizations and educational institutions) or 45 CFR Part 92 (for state, local, and federally recognized tribal governments).
4. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 74 or 92, directly apply to this award apart from any coverage in the HHS GPS. The general provisions from The Consolidated Appropriation Act, 2012 (P.L. 112-74) enacted on December 23, 2011, for all awards funded with FY12 appropriations issued on or after December 23, 2011 can be found on the AoA website: <http://www.aoa.gov/AoARoot/Grants/Terms/CAA.aspx>.
5. Initial expenditure of funds by the grantee constitutes acceptance of this award. Any future support is subject to the availability of funds and programmatic priorities.

STAFF CONTACTS

1. Please direct any questions related to the negotiation of this award and/or interpreting the fiscal or administrative requirements, policies, or provisions, to the Grants Management Specialist, **Christine Ramirez (202) 357-3465** or **Christine.Ramirez@acl.hhs.gov**. If you have questions related to the program requirements, or if you require additional technical assistance, please contact the Program Officer listed in section 10b., of the Notice of Award.