

8
mal



State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9200 FAX: 603-271-4912 TDD ACCESS: RELAY NH 1-800-735-2964

JEFFREY A. MEYERS
COMMISSIONER

September 15, 2017

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 Additional Revenue authorize the Department of Health and Human Services, Office of Program Support, Health Facilities Administration to accept and expend supplemental federal funding in the amount of \$450 from the Centers for Medicaid and Medicaid Services (CMS) effective upon approval of the Governor and Executive Council through September 30, 2017. 100% Federal Funds.

05-095-095-952010-51460000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: COMMISSIONER, OFFICE OF PROGRAM SUPPORT, HEALTH FACILITIES ADMINISTRATION

SFY 2018

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-408155	Federal Funds	\$2,013,395	\$450	\$2,013,845
007-407698	Agency Income	\$381,980		\$381,980
Total Revenue		\$2,395,375	\$450	\$2,395,825
010-500100	Personal Services Perm	\$1,875,812		\$1,875,812
018-500106	Overtime	\$6,816		\$6,816
020-500200	Current Expenses	\$12,754		\$12,754
026-500251	Organizational Dues	\$549		\$549
030-500301	Equipment New	\$1,050		\$1,050
037-500173	Technology-Hardware	\$37,159	\$450	\$37,609
039-500190	Telecommunications	\$1,300		\$1,300
041-500801	Audit Fund Set Aside	\$2,500		\$2,500
042-500620	Additional Fringe Benefits	\$50,000		\$50,000
049-584921	Transfer to State Agencies	\$47,583		\$47,583
050-500109	Personnel Services-Temp	\$40,619		\$40,619
060-500601	Benefits	\$930,507		\$930,507
066-500546	Employee Training	\$563		\$563
070-500704	In State Travel	\$179,354		\$179,354
080-500710	Out of State Travel	\$24,400		\$24,400
103-502664	Contracts for Op Services	\$150,000		\$150,000
Total Expenses		\$3,360,966	\$450	\$3,361,416

EXPLANATION

CMS provides funding annually for states to inspect health facilities for clinical safety and to investigate complaints reported against any of the facilities, minimizing risks to clients served by licensed health care facilities. The Health Facilities Certification staff within the Department of Health and Human Services, Health Facilities Administration conduct on-site surveys of Long Term Care (LTC) Facilities in New Hampshire to ensure compliance with the federal requirements for participation to provide quality care that ensures the safety of residents, and enables them to meet their highest practicable well-being.

CMS has issued a new Long-Term Care (LTC) Survey Process (LTCSP) to be implemented on November 28, 2017. This new Survey Process requires minimum technology requirements. New Hampshire requested and was granted supplemental funding to offset the costs to implement the new Survey process. A total of \$38,217 was awarded to New Hampshire; however CMS reviewed the award documentation and found that \$38,667 should have been awarded. CMS has issued an award document in the amount of \$450 to correct this error.

Funds are budgeted for Technology-Hardware (Class 037) for the purchase of a Microsoft Surface Pro 4 required for the LTC Survey software and to be used by the surveyors at sites.

Area served: Statewide.

Source of Funds: 100% Federal, 0% General Funds, 0% Other

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

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

**Award History
Health Facility Administration**

	CLIA 1705NH5002	SURV 18 Impact 1705NHPACT	SURV 18 1705NH5000	SURV 19 1705NH5001	
Award Ending 9/30/17	183,250	60,500	1,101,091	675,613	2,020,454
Award Expected Ending 9/30/18	183,250	60,500	807,872	675,613	1,727,235
Expended Through 6/30/17	(108,668)	(27,881)	(991,339)	(599,297)	(1,727,185)
Available Award Balance 8/31/17	257,832	93,119	917,624	751,929	2,020,504
SFY 18 Appropriations *	(257,832)	(93,119)	(917,174)	(751,929)	(2,020,054)
Available To Accept	-	-	450	-	450
Amount Requested this Action			450		450

* SFY 18 Appropriations: 10-095-51460000	2018 Budget	OYR	Total	This Action	Revised Budget
	2,013,395	-	-	-	-
	-	(32)	2,013,363	450	2,013,813
Total	2,013,395	-	2,013,363	450	2,013,813

<p>a. PAYMENT CLAUSES (Check one. If b or a insert name address and telephone number)</p> <p>2. (X) DFAFS</p> <p>Payments under this award will be made available through the DHHS payment Management System (PMS). PMS is administered by the Federal Assistance Financing Branch (FAFB), Office of the Deputy Assistant Secretary, Finance which will forward instructions for obtaining payments. Inquires regarding payment should be directed to:</p> <p>Director, Division of Payment Management Post Office Box 6021 Rockville, Maryland 20852-0605</p> <p>Telephone No. (301) 443-1660</p>	<p>2. CENTRAL REGISTRY SYSTEM ENTITY IDENTIFICATION NUMBER (CRS/EIN) _____ 1-026000618-B5</p> <p>3. DOCUMENT NUMBER _____ 1705NH5000</p> <p>4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION</p> <table border="1"> <thead> <tr> <th><u>Fiscal Year</u></th> <th><u>CAN</u></th> <th><u>Amount of Award/Action</u></th> </tr> </thead> <tbody> <tr> <td>FY 2017</td> <td></td> <td></td> </tr> <tr> <td>ANNUAL BUDGET</td> <td>75996800</td> <td>\$1,409,719</td> </tr> </tbody> </table> <p>Supplemental funding for the Period 10/1/2016 through 9/30/2017</p> <p>IMPORTANT: SEE REMARKS BELOW</p> <p>Total Amount of This Award _____ \$450</p>	<u>Fiscal Year</u>	<u>CAN</u>	<u>Amount of Award/Action</u>	FY 2017			ANNUAL BUDGET	75996800	\$1,409,719
<u>Fiscal Year</u>	<u>CAN</u>	<u>Amount of Award/Action</u>								
FY 2017										
ANNUAL BUDGET	75996800	\$1,409,719								
<p>b. {} AGENCY LETTER OF CREDIT</p> <p>Payments under this award will be made available through a letter of credit administered by _____</p> <p>Inquires regarding payments should be directed to: _____</p> <p>Telephone #: _____</p>	<p>5. CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS</p> <p>Amount _____</p> <p>6. SPECIAL EXPENDITURE REPORTING REQUIREMENT (For Awards paid by DFAFS only)</p> <p>_____ YES _____ NO</p> <p>If the yes block is checked, the recipient of this award must report his allowable expenditures to DFAFS Document Number.</p>									
<p>c. {} TREASURY CHECK</p> <p>Payments under this award will be made available by Treasury Check issued through the _____</p> <p>Finance Office. Inquires regarding payments should be directed to: _____</p> <p>Telephone #: _____</p> <p>HHS-640T</p>	<p>7. REMARKS:</p> <p>The Medicare funds awarded in this notice can only be drawn from sub-account 17S&CTITLE18MEDICARE</p> <p>One-time award to cover difference August request which contained a typo</p>									