



Jeffrey A. Meyers  
Commissioner

Deborah D. Scheetz  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF LONG TERM SUPPORTS AND SERVICES

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-5034 1-800-852-3345 Ext. 5034  
Fax: 603-271-5166 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

September 3, 2019

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Long Term Supports and Services, to accept and expend Money Follows The Person Grant funds from the Centers for Medicare & Medicaid Services in the amount of \$43,838 effective upon date of Governor and Executive Council approval, through June 30, 2020, and further authorize the funds to be allocated as follows. 100% Federal Funds.

**05-95-48-481010-89200000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: ELDERLY & ADULT SVCS DIV, GRANTS TO LOCALS, MONEY FOLLOWS THE PERSON**

| Class/Object    | Class Title                | Current Authorized Budget | Increase/ (Decrease) Amount | Revised Modified Budget |
|-----------------|----------------------------|---------------------------|-----------------------------|-------------------------|
| <b>SFY 2020</b> |                            |                           |                             |                         |
| 000-400146      | Federal Funds              | \$242,640                 | \$43,838                    | \$286,478               |
|                 | General Funds              | \$0                       | \$0                         | \$0                     |
| Total Revenue   |                            | \$242,640                 | \$43,838                    | \$286,478               |
| 041-500801      | Audit Fund Set Aside       | \$0                       | \$44                        | \$44                    |
| 102-500731      | Contracts for Program Svcs | \$242,640                 | \$43,794                    | \$286,434               |
| Total Expense   |                            | \$242,640                 | \$43,838                    | \$286,478               |

**EXPLANATION**

The Department of Health and Human Services, Division of Long Term Supports and Services, seeks approval to accept and expend Money Follows The Person (MFP) grant federal funds in the amount of \$43,838 from the Centers for Medicare & Medicaid Services (CMS). This request represents a portion of the grant balance awarded September 23, 2016 that the Center for Medicare and Medicaid Services has made available to states through September 30, 2020. \$14,531,810 was originally awarded. \$663,776 remains to be obligated and expended by September 30, 2020. A copy of the grant

award is attached. This grant was not included in the SFY 18-19 budget resulting in it not being included in the "Adjusted/Authorized" amount for SFY 19 to be used as a basis per the Continuing Resolution language. Funds are needed to support existing contracts in place for SFY 20. The contracts will continue to support the Departments effort towards rebalancing from an institutional bias to one of community-based services. These funds were included in the SFY20/21 biennial budget.

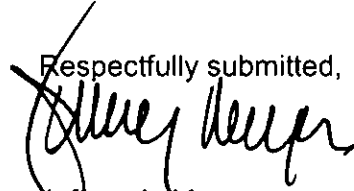
Class 041      Audit fund set aside expense.  
Class 102      Contract payments to providers.

Area served: Statewide.

Source of Funds: 100% Federal from the Centers for Medicare and Medicaid Services.

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

Respectfully submitted,



Jeffrey A. Meyers  
Commissioner

Division for Long Term Supports and Services  
Bureau of Elderly and Adult Services

Money Follows The Person

Fiscal Situation

010-095-048-481010-89200000

|   |                        |
|---|------------------------|
| Grant Award   | \$ 14,531,810          |
| Expended to Date  | <u>(\$ 12,374,773)</u> |
| Available to Accept                                     | \$ 2,157,037           |
| SFY20 Pending Appropriation (less below request)        | (\$ 1,493,261)         |
| This request  | <u>\$ (43,838)</u>     |
| Balance to be appropriated through 9/30/20 (For SFY 21) | <u>\$ 619,938</u>      |

Ledger: MFP grant year: 2014 Amount = \$1,835,002.00  
 Description = Directed Supplement

1. DATE ISSUED MM/DD/YYYY 09/23/2016  
 2. CFDA NO. 93.791  
 3. ASSISTANCE TYPE PROJECT GRANT

1a. SUPERSEDES AWARD NOTICE dated 03/25/2016  
 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 11ICMS300148-01-10  
 Formerly

5. ACTION TYPE Directed Supplement

6. PROJECT PERIOD  
 From MM/DD/YYYY 01/01/2007 Through MM/DD/YYYY 09/30/2020

7. BUDGET PERIOD  
 From MM/DD/YYYY 01/01/2007 Through MM/DD/YYYY 09/30/2020

Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
 Office of Acquisitions and Grants Management  
 7500 Security Boulevard  
 Baltimore, MD 21244

**NOTICE OF AWARD**  
 AUTHORIZATION (Legislation/Regulations)  
 Section 6071 of the DRA of 2005

8. TITLE OF PROJECT (OR PROGRAM)  
 New Hampshire Money Follows the Person Program

9a. GRANTEE NAME AND ADDRESS  
 New Hampshire Department of Health and Human Services  
 129 Pleasant St  
 Bureau of Elderly & Adult Services  
 Concord, NH 03301-3852

9b. GRANTEE PROJECT DIRECTOR  
 Ms. Margaret Almeida  
 129 Pleasant St  
 Concord, NH 03301-3852  
 Phone: 603-271-9093

10a. GRANTEE AUTHORIZING OFFICIAL  
 Ms. Nancy Rollins  
 Gov. Gillen State Office Park South  
 Community Based Care Services  
 Concord, NH 03301-3857  
 Phone: 603-271-9470

10b. FEDERAL PROJECT OFFICER  
 Mr. John V. Sorensen  
 7500 Security Boulevard  
 Baltimore, MD 21244-1849  
 Phone: 410-786-5933

9/28/16 pm  
 POSTED  
 ✓

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    | 404,910.00    |
| b. Fringe Benefits       | 279,514.00    |
| c. Total Personnel Costs | 684,424.00    |
| d. Equipment             | 10,000.00     |
| e. Supplies              | 20,815.00     |
| f. Travel                | 14,839.00     |
| g. Construction          | 0.00          |
| h. Other                 | 11,399,895.00 |
| i. Contractual           | 2,281,639.00  |
| j. TOTAL DIRECT COSTS    | 14,411,612.00 |
| k. INDIRECT COSTS        | 120,198.00    |
| l. TOTAL APPROVED BUDGET | 14,531,810.00 |
| m. Federal Share         | 14,531,810.00 |
| n. Non-Federal Share     | 0.00          |

12. AWARD COMPUTATION

|  |               |
|--|---------------|
| a. Amount of Federal Financial Assistance (from Item 11a)  | 14,531,810.00 |
| b. Less Unobligated Balance From Prior Budget Periods      | 559,038.00    |
| c. Less Cumulative Prior Award(s) This Budget Period       | 12,137,770.00 |
| d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION              | 1,835,002.00  |
| 13. Total Federal Funds Awarded to Date for Project Period | 13,972,772.00 |

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:

- a. DEDUCTION
- b. ADDITIONAL COSTS
- c. MATCHING
- d. OTHER RESEARCH (paid / Discount Option)
- e. OTHER (See REMARKS)

b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDBG 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. The award notice including terms and conditions, if any, noted below under REMARKS
- d. Federal administrative requirements, award policies and award 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 received from the grant payment system.

REMARKS (Other Terms and Conditions Attached -  Yes  No)  
 Please see the terms and conditions on the next page.

GRANTS MANAGEMENT OFFICIAL: Geoffrey Ntosi, Grants Management Officer

|                     |                               |                     |                      |                    |
|---------------------|-------------------------------|---------------------|----------------------|--------------------|
| 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. 6-5990153    | b. MFP300148A                 | c. 11I              | d. \$1,835,002.00    | e. 75-1416-0516    |
| 22. a.              | b.                            | c.                  | d.                   | e.                 |
| 23. a.              | b.                            | c.                  | d.                   | e.                 |

9-29-16

NOTICE OF AWARD (Continuation Sheet)

|                              |                           |
|------------------------------|---------------------------|
| PAGE 2 of 3                  | DATE ISSUED<br>09/23/2016 |
| GRANT NO. 11ICMS300148-01-10 |                           |

| Federal Financial Report Cycle |                           |                |                           |
|--------------------------------|---------------------------|----------------|---------------------------|
| Reporting Period Start Date    | Reporting Period End Date | Reporting Type | Reporting Period Due Date |
| 01/01/2007                     | 06/30/2007                | Semi-Annual    | 07/30/2007                |
| 07/01/2007                     | 12/31/2007                | Semi-Annual    | 01/30/2008                |
| 01/01/2008                     | 06/30/2008                | Semi-Annual    | 07/30/2008                |
| 07/01/2008                     | 12/31/2008                | Semi-Annual    | 01/30/2009                |
| 01/01/2009                     | 06/30/2009                | Semi-Annual    | 07/30/2009                |
| 07/01/2009                     | 12/31/2009                | Semi-Annual    | 01/30/2010                |
| 01/01/2010                     | 06/30/2010                | Semi-Annual    | 07/30/2010                |
| 07/01/2010                     | 12/31/2010                | Semi-Annual    | 01/30/2011                |
| 01/01/2011                     | 06/30/2011                | Semi-Annual    | 07/30/2011                |
| 07/01/2011                     | 12/31/2011                | Semi-Annual    | 01/30/2012                |
| 01/01/2012                     | 06/30/2012                | Semi-Annual    | 07/30/2012                |
| 07/01/2012                     | 12/31/2012                | Semi-Annual    | 01/30/2013                |
| 01/01/2013                     | 06/30/2013                | Semi-Annual    | 07/30/2013                |
| 07/01/2013                     | 12/31/2013                | Semi-Annual    | 01/30/2014                |
| 01/01/2014                     | 06/30/2014                | Semi-Annual    | 07/30/2014                |
| 07/01/2014                     | 12/31/2014                | Semi-Annual    | 01/30/2015                |
| 07/01/2014                     | 12/31/2014                | Semi-Annual    | 01/30/2015                |
| 01/01/2015                     | 06/30/2015                | Semi-Annual    | 07/30/2015                |
| 07/01/2015                     | 12/31/2015                | Semi-Annual    | 01/30/2016                |
| 07/01/2015                     | 12/31/2015                | Semi-Annual    | 01/30/2016                |
| 07/01/2015                     | 12/31/2015                | Semi-Annual    | 01/30/2016                |
| 01/01/2016                     | 06/30/2016                | Semi-Annual    | 07/30/2016                |
| 07/01/2016                     | 12/31/2016                | Semi-Annual    | 01/30/2017                |
| 01/01/2017                     | 06/30/2017                | Semi-Annual    | 07/30/2017                |
| 07/01/2017                     | 12/31/2017                | Semi-Annual    | 01/30/2018                |
| 01/01/2018                     | 06/30/2018                | Semi-Annual    | 07/30/2018                |
| 07/01/2018                     | 12/31/2018                | Semi-Annual    | 01/30/2019                |
| 01/01/2019                     | 06/30/2019                | Semi-Annual    | 07/30/2019                |
| 07/01/2019                     | 12/31/2019                | Semi-Annual    | 01/30/2020                |
| 01/01/2020                     | 06/30/2020                | Semi-Annual    | 07/30/2020                |
| 07/01/2020                     | 09/30/2020                | Final          | 12/29/2020                |

**AWARD CONDITIONS**

- **RESTRICTION PLACED ON FEDERAL FUNDS:** Within thirty (30) days from the issuance date of this NOA, grantee will submit to the Grants Management Specialist and the Project Officer at CMS the requested information necessary to complete the processing of this award. Therefore, all Federal grant funds have been placed in the 'Other' category during this interim period. Failure to submit a fundable application by the specified time may result in adverse administrative action.

*HHS Program  
perman  
no possible?*

**CONTACTS**

- For programmatic questions and concerns, please contact John Sorensen at 410-786-5933 or [John.Sorensen@cms.hhs.gov](mailto:John.Sorensen@cms.hhs.gov).
- For Financial questions and concerns, please contact Monica Anderson at 410-786-2988

NOTICE OF AWARD (Continuation Sheet)

|                              |                           |
|------------------------------|---------------------------|
| PAGE 3 of 3                  | DATE ISSUED<br>09/23/2016 |
| GRANT NO. 1LICMS300148-01-10 |                           |

---

or [Monica.Anderson@cms.hhs.gov](mailto:Monica.Anderson@cms.hhs.gov).

For CMS purposes only: Transmittal Number: P-214-16-002141-004 BOAX621414