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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

Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

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 Medicare Improvements for Patients and Providers Act (MIPPA) federal funds from the from the Centers for Medicare & Medicaid Services and the Administration for Community Living in the amount of \$96,613 effective upon date of Executive Council approval, through June 30, 2015, and further authorize the allocation of these funds in the accounts below.

05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS,  
HHS: ELDERLY - ADULT SERVICES, GRANTS TO LOCALS, MIPPA Grant

Class/Object	Class Title	Current Authorized	Increase/ (Decrease) Amount	Revised Authorized
<b>SFY 2014</b>				
000-400146	Federal Funds	\$0	\$72,459	\$72,459
	General Fund	<u>0</u>	<u>0</u>	<u>0</u>
Total Revenue		<u>\$0</u>	<u>\$72,459</u>	<u>\$72,459</u>
041-500801	Audit Fund Set Aside	\$0	\$73	\$73
102-500731	Contracts for Program Services	<u>0</u>	<u>72,386</u>	<u>72,386</u>
Total Expense		<u>\$0</u>	<u>\$72,459</u>	<u>\$72,459</u>

**05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS,  
 HHS: ELDERLY – ADULT SERVICES, GRANTS TO LOCALS, MIPPA Grant**

Class/Object	Class Title	Current Authorized	Increase/ (Decrease) Amount	Revised Authorized
<b>SFY 2015</b>				
000-400146	Federal Funds	\$0	\$24,154	\$24,154
	General Fund	<u>0</u>	<u>0</u>	<u>0</u>
Total Revenue		<u>\$0</u>	<u>\$24,154</u>	<u>\$24,154</u>
041-500801	Audit Fund Set Aside	\$0	\$25	\$25
102-500731	Contracts for Program Services	<u>0</u>	<u>24,129</u>	<u>24,129</u>
Total Expense		<u>\$0</u>	<u>\$24,154</u>	<u>\$24,154</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 Medicare Improvements for Patients and Providers Act (MIPPA) federal funds in the amount of \$96,613. The Centers for Medicare & Medicaid Services (CMS) and the Administration for Community Living (ACL) are jointly administering the funding. There are three priorities from the two funding sources, that consist of State Health Insurance Assistance Program (SHIP), Area Agencies on Aging (AAA) and Aging and Disability Resource Centers (ADRC). Each priority carries a separate award letter making up the full sum of the grant award. This grant was not included in the operating budget because the Bureau only recently received the award notices. A copy of the grant awards are attached.

The Administration for Community Living requires that uses of MIPPA funds must satisfy the following requirements:

1. To help Medicare beneficiaries understand and apply for programs, such as the Medicare Savings Programs and the Low Income Subsidy that reduce their Medicare expenses;
2. To help Medicare beneficiaries, especially those who live in rural areas, understand and access free Medicare preventive and screening services that will impact their health and wellness;
3. To help Medicare beneficiaries learn about Medicare Part D prescription coverage and help them apply, especially in rural areas.

- Class 041 The funds will be used to pay audit fund set aside expense.
- Class 102 The funds will be used for contracts to conduct outreach and educational workshops for Medicare recipients, to facilitate collaboration with community partners to educate the target population and to develop and distribute materials increasing awareness of Medicare’s beneficial programs.

Should the Governor and Executive Council determine not to approve this request, many of New Hampshire’s older residents who are low-income may not become aware of the programs funded through Medicare to help them afford their premiums, may not be able to avail themselves of the assistance that helps them to apply for the Part D prescription coverage and they may not know of the preventive screening and services now available through Medicare.

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

Her Excellency, Governor Margaret Wood Hassan

October 28, 2013

Page 3

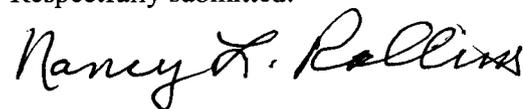
Federal funds cannot be used to offset general funds, as they are restricted to the activities referenced herein. Should this request be denied, the funds in question must be returned to the Federal government.

Geographic area served: Statewide.

Source of Funds: 100% Federal.

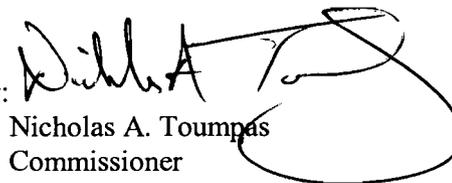
If federal funds become no longer available, general funds will not be requested to support the program expenditures.

Respectfully submitted:



Nancy L. Rollins  
Associate Commissioner

Approved by:



Nicholas A. Toumpas  
Commissioner

Enclosures

Bureau of Elderly and Adult Situation

Medicare Improvements for Patients and Providers Act

Fiscal Situation

010-095-048-481010-88880000

Grant Awards		
ACL grant #13AANHMAAA	\$43,152	
ACL grant #13AANHMADR	31,722	
CMS grant #IX0CMS331283-01-00	<u>46,896</u>	
Total Grant Awards		\$121,770
Allocated Cost Adjustment FY14	(18,868)	
Allocated Cost Adjustment FY15	<u>( 6,289)</u>	
Total Allocated Cost Adjustments		<u>(25,157)</u>
Available to Accept in FY14 and FY15		\$ 96,613
This request FY14	72,459	
This request FY15	<u>24,154</u>	
Total this request		<u>\$ 96,613</u>

Notice of Award**Medicare Improvements for Patients and Providers Act (MIPPA): Medicare Savings Program, Low Income Subsidy & Prescription Drug Enrollment Assistance through the Aging Network, State Health Insurance Assistance Program and Aging & Disability Resource Centers.**

**Grantee:**  
New Hampshire  
NH Dept of Health and Human Services  
Bureau of Elderly & Adult Serv  
129 Pleasant St.  
Concord, NH 03301-3857

**Date:**  
September 19, 2013

**Grant No.:** 13AANHMAAA    **Seq. No.:** 2013 / 1  
**Award Instrument:** Grant (Formula)  
**Budget Period:** 09/30/2013 - 09/29/2014

**EIN:** 1-026000618-B1  
**DUNS:** 011040545

<b>CFDA Program Title</b>	<b>Award This Action</b>	<b>Cumulative Grant Award to Date</b>	<b>Appropriation</b>	<b>Object Class Code</b>
93.071 MIPPA (Priority Area 2 AAAs)	\$43,152	\$43,152	75-X-0142	41.15
<b>Total</b>	<b>\$43,152</b>	<b>\$43,152</b>		

**Special Terms and Conditions:**

1. The terms and conditions of this Notice of Award and other requirements have the following descending order of authority if there is any conflict in what they require: (1) the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) as amended by Section 3306 of the Affordable Care Act of 2010 (ACA) and Section 610 of the American Taxpayer Relief Act of 2012 (ATRA); (2) other applicable Federal statutes and their implementing regulations; (3) program regulations; and (4) terms and conditions of award
2. This mandatory award is issued under the authority of the Medicare Improvements for Patients and Providers Act of 2008, Section 119, PL 110-275, as amended by Section 3306 of ACA and Section 610 of ATRA. By expending funds received under this award, the recipient commits to ensuring that it will carry out the project/program described in its approved state plan(s). Funds must be expended on the approved MIPPA plans; failure to do so will result in the disallowance of expenditures and require the return of all funds spent on inappropriate activities.
3. This mandatory award is subject to the requirements of the Uniform Administrative Requirement for Grants and Cooperative Agreements to State, Local, and Tribal Governments under Title 45 Code of Federal Regulations, Part 92.
4. The terms and conditions can be found on the ACL website:  
[http://www.acl.gov/Funding\\_Opportunities/Grantee\\_Info/Terms.aspx](http://www.acl.gov/Funding_Opportunities/Grantee_Info/Terms.aspx). The HHH Grants Policy Statement, Trafficking Victims Protection Act, Federal Funding Accountability and Transparency Act (FFATA), and SAM / DUNS Requirements apply for this award.

5. The lead grantee listed on the Notice of Award shall distribute funds to sub-grantees in a timely manner. The lead grantee shall review and approve payment requests from sub-grantees, within 30 days of receipt in order to avoid administrative and programmatic disruptions.
6. Financial Reports. A Federal Financial Report (SF-425) is due semi-annually. Reports are due within 30 days of the end of the first 6 months, and then within 90 days of the end of the 12-month period. For ACL's Priority Area 2 and Priority Area 3 grants, the FFRs shall be sent to MIPPA.Grants@acl.hhs.gov mailbox with subject line "MIPPA [semi-annual or final] FFR Report for [Priority 2 or Priority 3] for [your state]".
7. Progress Reports. Narrative progress reports shall be submitted semi-annually. States are to report on the targets established in their application. See page 9 of the FOA #: HHS-2013-ACL-AOA-MI-0051. The first 6-month progress report is due 30 days after the 6 month period following the project start date. The report shall be submitted to MIPPA.Grants@acl.hhs.gov. A final report will be due 90 days after the end of the 12-month grant period. In addition, states should submit the number of LIS, MSP applications, and Part D assistance sessions completed to the MIPPA.Grants@acl.hhs.gov mailbox.
8. Grant Products. At any phase of the grant period, the grantee shall deliver to the Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS) upon request, any materials, systems or other items developed, refined, or enhanced under the grant award. The grantee agrees that ACL and CMS shall have royalty-free, non-exclusive, and irrevocable rights to reproduce, publish, or otherwise use and authorize others to use the items for Federal Government purposes.
9. Grant Publications. On all publications funded solely or in part by the MIPPA grant, the grantee shall include the express acknowledgement, "this publication has been created or produced by [the State] with financial assistance, in whole or in part, through a grant from the Administration for Community Living and the Centers for Medicare & Medicaid Services. Grantees undertaking projects under government sponsorship are encouraged to express their findings and conclusions. These contents do not necessarily represent the policy of the U.S. Department of Health and Human Services and the grantee should not assume endorsement by the Federal Government."

All SHIP grantees are expected to use the SHIP Logo and Tagline on all SHIP publications. (Publications are subject to HHS Policy Statement: <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>).

**Remarks:**

1. Payment under this award will be made available through the HHS Departmental Payment Management System (PMS). PMS provides instructions for making withdrawals of Federal funds. **When requesting payment from PMS, please use your P account login and reference the sub-account code "MIPPA13\_AAA" for payment.** Inquiries regarding payments should be directed to Program Support Center/Division of Payment Management (PSC/DPM), DHHS; Post Office Box 6021; Rockville, MD 20852; 1-877-614-5533; [PMSSupport@psc.gov](mailto:PMSSupport@psc.gov).
2. Federal Cash Reporting: On the SF-425 form, lines 10 a through c are reported on a quarterly calendar year basis at the HHS Departmental Payment Management System (PMS). PMS website is located at: <http://www.dpm.psc.gov>.

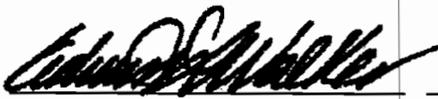
**ACL Contact Information:**

**ACL Program Contact**

**Name:** Katherine "Katie" Glendening  
**Telephone:** (202) 357-3589  
**E-mail:** [katherine.glendening@acl.hhs.gov](mailto:katherine.glendening@acl.hhs.gov)

**ACL Fiscal Contact**

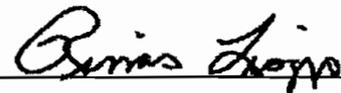
**Name:** Yi-Hsin Yan  
**Telephone:** (202) 357-3436  
**E-mail:** [yi-hsin.yan@acl.hhs.gov](mailto:yi-hsin.yan@acl.hhs.gov)



ACL Authorizing Official



Funds Certifying Official



ACL Grants Officer



Notice of Award

**Medicare Improvements for Patients and Providers Act (MIPPA): Medicare Savings Program, Low Income Subsidy & Prescription Drug Enrollment Assistance through the Aging Network, State Health Insurance Assistance Program and Aging & Disability Resource Centers.**

**Grantee:**  
New Hampshire  
NH Dept of Health and Human Services  
Bureau of Elderly & Adult Serv  
129 Pleasant St.  
Concord, NH 03301-3857

**Date:**  
September 19, 2013

**Grant No.:** 13AANHMANDR **Seq. No.:** 2013 / 1  
**Award Instrument:** Grant (Formula)  
**Budget Period:** 09/30/2013 - 09/29/2014

**EIN:** 1-026000618-B1  
**DUNS:** 011040545

CFDA Program Title	Award This Action	Cumulative Grant Award to Date	Appropriation	Object Class Code
93.071 MIPPA (Priority Area 3 ADRCs)	\$31,722	\$31,722	75-X-0142	41.15
<b>Total</b>	<b>\$31,722</b>	<b>\$31,722</b>		

**Special Terms and Conditions:**

1. The terms and conditions of this Notice of Award and other requirements have the following descending order of authority if there is any conflict in what they require: (1) the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) as amended by Section 3306 of the Affordable Care Act of 2010 (ACA) and Section 610 of the American Taxpayer Relief Act of 2012 (ATRA); (2) other applicable Federal statutes and their implementing regulations; (3) program regulations; and (4) terms and conditions of award
2. This mandatory award is issued under the authority of the Medicare Improvements for Patients and Providers Act of 2008, Section 119, PL 110-275, as amended by Section 3306 of ACA and Section 610 of ATRA. By expending funds received under this award, the recipient commits to ensuring that it will carry out the project/program described in its approved state plan(s). Funds must be expended on the approved MIPPA plans; failure to do so will result in the disallowance of expenditures and require the return of all funds spent on inappropriate activities.
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**Remarks:**

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**ACL Contact Information:**

**ACL Program Contact**

**Name:** Katherine "Katie" Glendening  
**Telephone:** (202) 357-3589  
**E-mail:** [katherine.glendening@acl.hhs.gov](mailto:katherine.glendening@acl.hhs.gov)

**ACL Fiscal Contact**

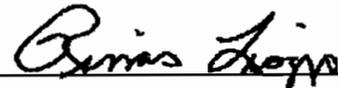
**Name:** Yi-Hsin Yan  
**Telephone:** (202) 357-3436  
**E-mail:** [yi-hsin.yan@acl.hhs.gov](mailto:yi-hsin.yan@acl.hhs.gov)



ACL Authorizing Official



Funds Certifying Official



ACL Grants Officer

1. DATE ISSUED MM/DD/YYYY 09/11/2013 2. CFDA NO. 93.071 3. ASSISTANCE TYPE Cooperative Agreement

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

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

4. GRANT NO. IXOCMS331283-01-00  
Formerly  
5. ACTION TYPE New  
6. PROJECT PERIOD MM/DD/YYYY  
From 09/30/2013 Through 09/29/2014  
7. BUDGET PERIOD MM/DD/YYYY  
From 09/30/2013 Through 09/29/2014

**NOTICE OF AWARD**  
AUTHORIZATION (Legislation/Regulations)  
MIPPA of 2008 Sec 119, PL 110-275

8. TITLE OF PROJECT (OR PROGRAM)  
2013 MIPPA

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

9b. GRANTEE PROJECT DIRECTOR  
Ms. Diane Langley  
129 PLEASANT ST  
CONCORD, NH 03301-9093  
Phone: 603-271-4394

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

10b. FEDERAL PROJECT OFFICER  
Donna Cupina  
7500 Security Boulevard  
Baltimore, MD 21244  
Phone: 410-786-2126

**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>		<b>12. AWARD COMPUTATION</b>	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from Item 11m)	
II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods	
a. Salaries and Wages	2,366.00	c. Less Cumulative Prior Award(s) This Budget Period	
b. Fringe Benefits	1,128.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	
c. Total Personnel Costs	3,494.00	13. Total Federal Funds Awarded to Date for Project Period	
d. Equipment	0.00	46,896.00	
e. Supplies	0.00	<b>14. RECOMMENDED FUTURE SUPPORT</b>	
f. Travel	0.00	<i>(Subject to the availability of funds and satisfactory progress of the project):</i>	
g. Construction	0.00	YEAR	TOTAL DIRECT COSTS
h. Other	6,294.00	a. 2	d. 5
i. Contractual	37,108.00	b. 3	e. 6
j. TOTAL DIRECT COSTS	46,896.00	c. 4	f. 7
k. INDIRECT COSTS	0.00	<b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>	
l. TOTAL APPROVED BUDGET	46,896.00	<ul style="list-style-type: none"> <li>1. DEDUCTION</li> <li>2. ADDITIONAL COSTS</li> <li>3. MATCHING</li> <li>4. OTHER RESEARCH (Add / Deduct Option)</li> <li>5. OTHER (See REMARKS)</li> </ul>	
m. Federal Share	46,896.00	<input checked="" type="checkbox"/> b	
n. Non-Federal Share	0.00	<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY OR THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b>	
REMARKS (Other Terms and Conditions Attached - See next page)		<ul style="list-style-type: none"> <li>a. The grant program legislation</li> <li>b. The grant program regulations</li> <li>c. This award notice including terms and conditions, if any, noted below under REMARKS.</li> <li>d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.</li> </ul> <p>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.</p>	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

GRANTS MANAGEMENT OFFICER: Mary Greene, 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.	3-5995819	b.	IX0331283A	c.	IX0	d.	\$46,896.00	e.	75X0511
22. a.		b.		c.		d.		e.	
23. a.		b.		c.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 09/11/2013
GRANT NO. IX0CMS331283-01-00	

REMARKS:

The purpose of this Notice of Award is to award funds for the grant program entitled, "The Medicare Improvements for Patients and Providers Act (MIPPA): Medicare Low Income Subsidy, Medicare Savings Program, and Medicare Prescription Drug Enrollment Assistance through the Aging Network, State Health Insurance Assistance Program, and Aging & Disability Resource Centers." This cooperative agreement is awarded to the State of New Hampshire in the amount of \$46,896 for Priority Area 1 SHIP, for the budget and project periods of 9/30/2013 through 9/29/2014. This award is authorized by section 119 of MIPPA 2008, Public Law 110-275 as amended by the Patient Protection and Affordable Care Act of 2010, and reauthorized by the American Taxpayer Relief Act of 2012.

Future funding is contingent upon the availability of funds, satisfactory progress by the grantee, and determination by CMS that continued funding is in the best interest of the Government.

Standard Terms and Conditions (T&C's) are attached to this award. In addition, there are Special T&C's attached to this award.

Any applicable statutory or regulatory requirements, including 45 CFR Part 74 or 92, directly apply to this award.

This grant is subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282), as amended by Section 6202 of P.L. 110-252 and implemented by 2 CFR Part 170.

Initial expenditure of funds by the grantee constitutes acceptance of this award and the terms and conditions, as well as agreement to perform in accordance with the requirements of the award.

For administrative assistance please contact Linda Gmeiner, Grants Management Specialist at 410-786-9954 or [linda.gmeiner@cms.hhs.gov](mailto:linda.gmeiner@cms.hhs.gov).

For programmatic assistance please contact Donna Cupina, Project Officer at 410-786-2126 or [donna.cupina@cms.hhs.gov](mailto:donna.cupina@cms.hhs.gov).

FOR CMS PURPOSES ONLY: Transmittal Number: P-203-13-008200-001; BOAX Number: 382001