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

Jeffrey A. Meyers
 Commissioner

Christine Tappan
 Associate Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-9546 1-800-852-3345 Ext. 9546
 Fax: 603-271-4912 TDD Access: 1-800-735-2964
 www.dhhs.nh.gov

December 14, 2017

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, Bureau of Elderly and Adult Services to accept and expend the Medicare Improvements for Patients and Providers Act (MIPPA) federal funds from the Administration for Community Living program in the amount of \$62,130 effective upon date of Governor and Executive Council approval through June 30, 2018, and further authorize the allocation of these funds in the accounts below.

05-95-48-481010-95650000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: ELDERLY AND ADULT SERVICES, SERVICELINK

Class/Object	Class Title	Current Authorized Budget	Requested Change	Adjusted Budget
Revenue				
	General Funds	\$ 1,661,153		\$ 1,661,153
000-400146	Federal Funds	\$ 1,939,500	\$ 62,130	\$ 2,001,630
	Total Revenue:	\$ 3,600,653	\$ 62,130	\$ 3,662,783
Expense				
020-500200	Current Expenses	\$ 2,550	\$ 10,000	\$ 12,550
039-500191	Telecommunications	\$ 17,657	\$ -	\$ 17,657
041-500801	Audit Fund Set Aside	\$ 3,911	\$ 621	\$ 4,532
102-500731	Contracts For Program Svcs	\$ 3,007,716	\$ 51,509	\$ 3,059,225
545-500387	I&R Contracts	\$ 150,819	\$ -	\$ 150,819
570-500928	Family Caregiver	\$ 418,000	\$ -	\$ 418,000
	Total Expense:	\$ 3,600,653	\$ 62,130	\$ 3,662,783

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 \$62,130 from the Administration for Community Living (ACL).

Medicare Improvements for Patients and Providers Act will fund three programs in New Hampshire that serve people with Medicare as follows:

- State Health Insurance Assistance Program by increasing Medicare beneficiaries understanding of and applying for programs, such as the Medicare Savings Programs and the Low Income Subsidy that reduce their Medicare expenses;
- Area Agencies on Aging (known as the Single State Unit on Aging in New Hampshire) by increasing Medicare beneficiaries, especially those who live in rural areas, understanding and access to free Medicare preventive and screening services that will impact their health and wellness;
- Aging and Disability Resource Centers (known as the ServiceLink Resource Centers in New Hampshire) by increasing Medicare beneficiaries', especially in rural areas, knowledge and information about, and applying for Medicare Part D prescription coverage.

The Administration for Community Living granted the funding through three (3) separate award letters (See attached), that make up the full sum of this request.

Class 020	The funds will be used to provide educational pamphlets and materials for Medicare beneficiaries and the community partners who work to educate the target population.
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 beneficiaries, 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.

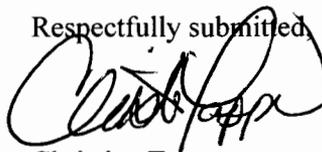
These Federal funds cannot be used to offset general funds, as they are restricted to the activities referenced herein. Should this request be denied, the funds in question must be returned to the Federal government.

Geographic area served: Statewide.

Source of Funds: 100% Federal Funds.

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

Respectfully submitted,



Christine Tappan,
Associate Commissioner

Approved by:



Jeffrey A. Meyers
Commissioner

MIPPA Grant

TOTAL MIPPA
(3 Sub-Awards)

Award 10/1/17 - 9/30/18 123,253

Expended through 10/31/17 (1,732)

Available Award Balance	-	121,521
Less: Total Budgeted		59,391
Available To Accept	-	<u>62,130</u>
Amount Requested This Action	-	<u>62,130</u>

SFY 18 Appropriations (ONLY AFFECTED CLASSES):

10-048-4810-95650000	Total Budget	This Action	Revised Budget
Revenue	3,014,177	62,130	-
Expense (048-95650000-020)	2,550	10,000	12,550
Expense (048-95650000-041)	3,911	621	4,532
Expense (048-95650000-102)	3,007,716	51,509	3,059,225
		62,130	

1. DATE ISSUED MM/DD/YYYY 09/29/2017	2. CFDA NO. 93.071	3. ASSISTANCE TYPE Formula grant
1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 1701NHMISH-01 Formerly	5. ACTION TYPE Mandatory	
6. PROJECT PERIOD From 09/30/2017	Through 09/29/2018	
7. BUDGET PERIOD From 09/30/2017	Through 09/29/2018	
8. TITLE OF PROJECT (OR PROGRAM) FY2017 MIPPA: Priority 1 for SHIPs		

Department of Health and Human Services
Administration For Community Living
CIP - MIPPA Project Grants
Switzer Building
330 C Street, SW
Washington, DC 20201-0003

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
The Medicare Improvements for Patients and Providers Act of 2008 –
Section 119, Public Law (PL) 110-275 as amended and reauthorized by the

9a. GRANTEE NAME AND ADDRESS New Hampshire Department of Health and Human Services 129 PLEASANT ST NH Department of Health and Human Svcs CONCORD, NH 03301-3852	9b. GRANTEE PROJECT DIRECTOR Jean Crouch 129 Pleasant St -DUP5 Concord, NH 03301-3852 Phone: 603-271-0406
10a. GRANTEE AUTHORIZING OFFICIAL Ms. Tracey L Tarr 129 Pleasant St NH Department of Health and Human Svcs Concord, NH 03301-3852 Phone: 603-271-9216	10b. FEDERAL PROJECT OFFICER Mr. Isaac Long Switzer Building 330 C Street, SW Washington, DC 20201-0003 Phone: 202 795-7315

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only <input type="checkbox"/>		a. Amount of Federal Financial Assistance (from item 11m) 63,458.00	
II Total project costs including grant funds and all other financial participation <input type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages 0.00		c. Less Cumulative Prior Award(s) This Budget Period 63,556.00	
b. Fringe Benefits 0.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION -98.00	
c. Total Personnel Costs 0.00		13. Total Federal Funds Awarded to Date for Project Period 63,458.00	
d. Equipment 0.00		14. RECOMMENDED FUTURE SUPPORT	
e. Supplies 0.00		(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel 0.00		YEAR	TOTAL DIRECT COSTS
g. Construction 0.00		a.	d.
h. Other 63,458.00		b.	e.
i. Contractual 0.00		c.	f.
j. TOTAL DIRECT COSTS 63,458.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS (rate of) 0.00		a. DEDUCTION	
l. TOTAL APPROVED BUDGET 63,458.00		b. ADDITIONAL COSTS	
m. Federal Share 63,458.00		c. MATCHING	
n. Non-Federal Share 0.00		d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		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)

GRANTS MANAGEMENT OFFICIAL: Tanielle Chandler, Grants Management Officer

17. OBJ CLASS 41.15	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. 7-299999E	b. 1701NHMISH	c. CIP	d. (\$98.00)	e. 75-X-0511
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 09/29/2017
GRANT NO. 1701NHMISH-01	

REMARKS

1. This amendment is issued to administratively correct the total approved budget as identified in box 11m of this Notice of Award by adjusting the award by the amount identified in box 12d.

1. DATE ISSUED MM/DD/YYYY 2. CFDA NO. 3. ASSISTANCE TYPE
 09/29/2017 93.071 Formula grant

Department of Health and Human Services
 Administration For Community Living
 CIP - MIPPA Project Grants

Switzer Building
 330 C Street, SW
 Washington, DC 20201-0003

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
 The Medicare Improvements for Patients and Providers Act of 2008 –
 Section 119, Public Law (PL) 110-275 as amended and reauthorized by the

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

4. GRANT NO. 5. ACTION TYPE
 1701NHMIAA-01 Mandatory
 Formerly

6. PROJECT PERIOD MM/DD/YYYY
 From 09/30/2017 Through 09/29/2018

7. BUDGET PERIOD MM/DD/YYYY
 From 09/30/2017 Through 09/29/2018

8. TITLE OF PROJECT (OR PROGRAM)
 FY2017 MIPPA: Priority 2 for AAAs

9a. GRANTEE NAME AND ADDRESS
 New Hampshire Department of Health and Human Services
 129 PLEASANT ST
 NH Department of Health and Human Svcs
 CONCORD, NH 03301-3852

9b. GRANTEE PROJECT DIRECTOR
 Jean Crouch
 129 Pleasant St
 -DUP5
 Concord, NH 03301-3852
 Phone: 603-271-0406

10a. GRANTEE AUTHORIZING OFFICIAL
 Ms. Tracey L Tarr
 129 Pleasant St
 NH Department of Health and Human Svcs
 Concord, NH 03301-3852
 Phone: 603-271-9216

10b. FEDERAL PROJECT OFFICER
 Mr. Isaac Long
 Switzer Building
 330 C Street, SW
 Washington, DC 20201-0003
 Phone: 202 795-7315

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	<input type="checkbox"/>
II Total project costs including grant funds and all other financial participation	<input type="checkbox"/>
a. Salaries and Wages	0.00
b. Fringe Benefits	0.00
c. Total Personnel Costs	0.00
d. Equipment	0.00
e. Supplies	0.00
f. Travel	0.00
g. Construction	0.00
h. Other	35,142.00
i. Contractual	0.00
j. TOTAL DIRECT COSTS	35,142.00
k. INDIRECT COSTS (rate of)	0.00
l. TOTAL APPROVED BUDGET	35,142.00
m. Federal Share	35,142.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION			
a. Amount of Federal Financial Assistance (from item 11m)	35,142.00		
b. Less Unobligated Balance From Prior Budget Periods	0.00		
c. Less Cumulative Prior Award(s) This Budget Period	35,065.00		
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	77.00		
13. Total Federal Funds Awarded to Date for Project Period		35,142.00	
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.		d.	
b.		e.	
c.		f.	
15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:			b
a. DEDUCTION			
b. ADDITIONAL COSTS			
c. MATCHING			
d. OTHER RESEARCH (Add / Deduct Option)			
e. OTHER (See REMARKS)			
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)

GRANTS MANAGEMENT OFFICIAL: Tanielle Chandler, Grants Management Officer

17. OBJ CLASS 41.15	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. 7-299999C	b. 1701NHMIAA	c. CIP	d. \$77.00	e. 75-X-0142
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 09/29/2017
GRANT NO. 1701NHMIAA-01	

REMARKS

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 09/29/2017 93.071 Formula grant

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 Administration For Community Living
 CIP - MIPPA Project Grants

Switzer Building
 330 C Street, SW
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NOTICE OF AWARD

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 in effect unless specifically rescinded

4. GRANT NO. 5. ACTION TYPE
 1701NHMIDR-01 Mandatory
 Formerly

6. PROJECT PERIOD MM/DD/YYYY
 From 09/30/2017 Through 09/29/2018

7. BUDGET PERIOD MM/DD/YYYY
 From 09/30/2017 Through 09/29/2018

8. TITLE OF PROJECT (OR PROGRAM)
 FY2017 MIPPA: Priority 3 for ADCs

9a. GRANTEE NAME AND ADDRESS
 New Hampshire Department of Health and Human Services
 129 PLEASANT ST
 NH Department of Health and Human Svcs
 CONCORD, NH 03301-3852

9b. GRANTEE PROJECT DIRECTOR
 Jean Crouch
 129 Pleasant St
 -DUP5
 Concord, NH 03301-3852
 Phone: 603-271-0406

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 Ms. Tracey L Tarr
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 Phone: 603-271-9216

10b. FEDERAL PROJECT OFFICER
 Mr. Isaac Long
 Switzer Building
 330 C Street, SW
 Washington, DC 20201-0003
 Phone: 202 795-7315

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only	<input type="checkbox"/>
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	0.00
b. Fringe Benefits	0.00
c. Total Personnel Costs	0.00
d. Equipment	0.00
e. Supplies	0.00
f. Travel	0.00
g. Construction	0.00
h. Other	24,653.00
i. Contractual	0.00
j. TOTAL DIRECT COSTS	24,653.00
k. INDIRECT COSTS (rate of)	0.00
l. TOTAL APPROVED BUDGET	24,653.00
m. Federal Share	24,653.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	24,653.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	23,524.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	1,129.00
13. Total Federal Funds Awarded to Date for Project Period	24,653.00

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.		d.	
b.		e.	
c.		f.	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
 a. DEDUCTION
 b. ADDITIONAL COSTS
 c. MATCHING
 d. OTHER RESEARCH (Add / Deduct Option)
 e. 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)

GRANTS MANAGEMENT OFFICIAL: Tanielle Chandler, Grants Management Officer

17. OBJ CLASS 41.15	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. 7-299999B	b. 1701NHMIDR	c. CIP	d. \$1,129.00	e. 75-X-0142
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 09/29/2017
GRANT NO. 1701NHMIDR-01	

REMARKS

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