



Lori A. Shilbette  
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 22, 2020

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 State Health Insurance Program (SHIP) Supplemental funds from the Administration For Community Living in the amount of \$36,414 effective upon date of Governor and Executive Council approval, through June 30, 2021, and further authorize the funds to be allocated as follows. 100% Federal Funds.

**05-95-48-481010-89250000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: ELDERLY & ADULT SVCS DIV, GRANTS FOR SOCIAL SVC PROG, MEDICAID SERVICES GRANTS**

Class/Object	Class Title	Current Authorized Budget	Increase/ (Decrease) Amount	Revised Modified Budget
<b>SFY 2021</b>				
000-403839	Federal Funds	\$150,144	\$36,414	\$186,558
	General Funds	\$3,756	\$0	\$3,756
<b>Total Revenue</b>		<b>\$153,900</b>	<b>\$36,414</b>	<b>\$190,314</b>
010-500100	Personal Services Perm	\$57,492	\$0	\$57,492
020-500200	Current Expenses	\$1,400	\$0	\$1,400
039-500188	Telecommunications	\$472	\$0	\$472
041-500801	Audit Fund Set Aside	\$341	\$36	\$377
042-500620	Additional Fringe Benefits	\$3,000	\$0	\$3,000
060-500602	Benefits	\$32,078	\$0	\$32,078
066-500546	Employee Training	\$500	\$0	\$500
070-500704	In State Travel	\$834	\$0	\$834
080-500710	Out of State Travel	\$1,837	\$0	\$1,837
102-500731	Contracts for Program Svcs	\$55,946	\$36,378	\$92,324
<b>Total Expense</b>		<b>\$153,900</b>	<b>\$36,414</b>	<b>\$190,314</b>

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### EXPLANATION

The Department of Health and Human Services, Division of Long Term Supports and Services seeks approval to accept and expend SHIP Supplemental grant federal funds in the amount of \$36,414 from the Administration for Community Living (ACL). This request represents year 1 of a five-year grant (April 1, 2020 – March 31, 2025). This grant does not have a matching funds requirement. A copy of the grant award is attached.

The purpose of this amendment is to allow for the addition of the SHIP Administrative Supplement funds to the currently approved SHIP budget within the ServiceLink contract for each ServiceLink Vendor. These additional funds will be used to protect the SHIP Counselor and the Consumer, as best we understand how, to provide in-office, face to face counseling. The funds can be used to prepare for safe face to face office visits. These additional funds will be used to protect the SHIP Counselor, additional volunteers that onboard, and the clients to provide in-office, face to face counseling. The following are examples of how ServiceLink will use SHIP Supplemental funds:

- Portable Free Standing Sneeze Guards with Access Hole Counter/Desk Shields
- Push Style Wall Mounted Hand Sanitizer stations
- Costs to modifying counseling space and extra office supplies needed so that CDC guidance can be followed.
- Additional costs related to communication access, and other hearing, vision access equipment.
- And other protective items as approved by the State SHIP Director

Without these funds ServiceLink Medicare Options Counselors will not have the needed protections to meet with clients during the Medicare Open Enrollment period due to the possible risk of being exposed to the COVID – 19 virus for staff and/or clients. There will not be a counselor available for in person counseling, which could impact the potential savings to clients when choosing a prescription drug plan that will meet their needs.

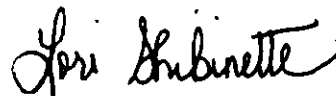
Class 041      Audit fund set aside expense.  
Class 102      Contract payments to providers.

Area served: Statewide.

Source of Funds: 100% Federal from Administration For Community Living.

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

Respectfully submitted,



Lori A. Shibinette  
Commissioner

Division for Long Term Support and Services  
Bureau of Elderly & Adult Services

Medicaid Services Grants

Fiscal Situation

010-095-048-481010-89250000

SFY 2021 Adjusted Authorized	\$ 153,900
Supplemental Award (4/01/20 –3/31/21)	<u>\$ 36,414</u>
Revised Adjusted Authorized	<u>\$190,314</u>

1. DATE ISSUED MM/DD/YYYY 08/14/2020

1a. SUPERSEDES AWARD NOTICE dated 03/24/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO. 93.324 - State Health Insurance Assistance Program(SHIP)

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 90SAPG0087-01-01 Formerly

5. TYPE OF AWARD Demonstration

4a. FAIN 90SAPG0087

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 04/01/2020 Through 03/31/2025

7. BUDGET PERIOD MM/DD/YYYY From 04/01/2020 Through 03/31/2021

8. TITLE OF PROJECT (OR PROGRAM) NH 2020 State Health Insurance Assistance Statewide Program

Department of Health and Human Services  
Administration For Community Living  
CIP State Health Insurance Assistance Program Project Grants

330 C Street, SW  
Washington, DC 20201

**NOTICE OF AWARD**

AUTHORIZATION (Legislation/Regulations)  
29 U.S.C. §§ 796f-1, 796-f-2; Sections 722 and 723 of the Rehabilitation Act of 1973, as amended

9a. GRANTEE NAME AND ADDRESS  
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF  
105 Pleasant St  
Division of Elderly Adult Svcs  
Concord, NH 03301-3852

9b. GRANTEE PROJECT DIRECTOR  
Ms. Louisa Simpson  
105 Pleasant St  
Concord, NH 03301-3852  
Phone: 603-271-9080

10a. GRANTEE AUTHORIZING OFFICIAL  
Ms. Jean Crouch  
105 Pleasant St  
Concord, NH 03301-3852  
Phone: 603-271-0406

10b. FEDERAL PROJECT OFFICER  
Marissa Whitehouse  
Switzer Building  
330 C Street, SW  
Washington, DC 20201-1401  
Phone: 202-795-7425

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION																	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 330,255.00																	
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 0.00																	
a. Salaries and Wages	43,550.00	c. Less Cumulative Prior Award(s) This Budget Period 293,841.00																	
b. Fringe Benefits	7,180.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 36,414.00																	
c. Total Personnel Costs	50,740.00	13. Total Federal Funds Awarded to Date for Project Period 330,255.00																	
d. Equipment	36,056.00	14. RECOMMENDED FUTURE SUPPORT																	
e. Supplies	3,000.00	(Subject to the availability of funds and satisfactory progress of the project):																	
f. Travel	2,472.00	<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL DIRECT COSTS</th> <th>YEAR</th> <th>TOTAL DIRECT COSTS</th> </tr> </thead> <tbody> <tr> <td>a. 2</td> <td></td> <td>d. 5</td> <td></td> </tr> <tr> <td>b. 3</td> <td></td> <td>e. 6</td> <td></td> </tr> <tr> <td>c. 4</td> <td></td> <td>f. 7</td> <td></td> </tr> </tbody> </table>		YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS	a. 2		d. 5		b. 3		e. 6		c. 4		f. 7	
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS																
a. 2		d. 5																	
b. 3		e. 6																	
c. 4		f. 7																	
g. Construction	0.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:																	
h. Other	12,629.00	a. DEDUCTION																	
i. Contractual	225,000.00	b. ADDITIONAL COSTS																	
j. TOTAL DIRECT COSTS	329,897.00	c. MATCHING																	
k. INDIRECT COSTS	367.00	d. OTHER RESEARCH (Add / Deduct Option)																	
l. TOTAL APPROVED BUDGET	330,264.00	e. OTHER (See REMARKS)																	
m. Federal Share	330,255.00	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:																	
n. Non-Federal Share	9.00	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 includes an administrative supplement as requested in the grantee's application submitted via GrantSolutions on June 12, 2020. These funds may not be expended for any other purpose without the written prior approval of the Administration for Community Living.

GRANTS MANAGEMENT OFFICIAL:

Tanielle Chandler, Grants Management Officer  
Switzer Building  
330 C Street, SW  
Washington, DC 20201-0003  
Phone: N/A

17. OBJ CLASS 41.45	18a. VENDOR CODE 1028000618B1	18b. EIN 028000618	19. DUNS 011040545	20. CONG. DIST. 02
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 0-2997448	b. 90SAPG008701	c. CIP	d. \$36,414.00	e. 75-20-0142
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.