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State of New Hampshire
OFFICE OF LEGISLATIVE BUDGET ASSISTANT
State House, Room 102
Concord, New Hampshire 03301

RICHARD J. MAHONEY, CPA
Director, Audit Division
(603) 271-2785

April 15, 2014

To the Members of the Fiscal Committee
of the General Court

The Chairman of the Fiscal Committee of the General Court, as established by RSA 14:30-a, of which you are a member, has requested that you be notified that the Fiscal Committee will hold a special meeting pertaining to, Laws of 2014, Chapter 3 (SB 413), An act relative to health insurance coverage, on Friday, April 18, 2014, at 9:00 a.m. in Room 210-211 of the Legislative Office Building.

Please find attached information to be discussed at that meeting.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey A. Pattison".

Jeffrey A. Pattison
Legislative Budget Assistant

JAP/pe
Attachments

FISCAL COMMITTEE
SPECIAL AGENDA

Friday, April 18, 2014 in Room 210-211 of the Legislative Office Building

9:00 a.m.

(1) Chapter 3 (SB 413), Laws of 2014, New Hampshire Health Protection Act:

FIS 14-063 Department of Health and Human Services – requests approval of an amendment to the New Hampshire State Medicaid Plan in order to add the new adult group (“newly eligible adults”) for coverage in New Hampshire

(2) Chapter 3:7, II, Laws of 2014, Department of Health and Human Services; Contracting; Transfer Among Accounts, and RSA 14:30-a, VI Fiscal Committee Approval Required for Acceptance and Expenditure of Funds Over \$100,000 from any Non-State Source:

FIS 14-064 Department of Health and Human Services – request approval to transfer \$2,397,864 in general funds and increase related federal revenues by \$10,587,042 and decrease related other revenues by (\$236,326) for SFY 2014, and to transfer \$1,775,415 in general funds and increase related federal revenues by \$542,357 and decrease related other revenues by (\$995,273) for SFY 2015, through June 30, 2015

(3) Date of Next Meeting and Adjournment

The next meeting of the Fiscal Committee is scheduled for Friday, April 25, 2014 at 10:00 a.m.



State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

1295 PLEASANT STREET, CONCORD, NH 03301-3857
XXXXXXX
603-271-4688 FAX: 603-271-4912 TDD ACCESS: 1-800-735-2964
New Number: 603-271-9200

FIS 14-063
Replacement

NICHOLAS A. TOUMPAS
COMMISSIONER

April 15, 2014

The Honorable Mary Jane Wallner, Chairman
Fiscal Committee of the General Court
Legislative Office Building
104 North State Street
Concord, NH 03301

Requested Action

Pursuant to the requirements of the New Hampshire Health Protection Act, 2014 Laws Chapter 3 (SB 413), codified at RSA 126-A:5, XXIII-XXVI, the New Hampshire Department of Health and Human Services requests approval of an amendment to the New Hampshire State Medicaid Plan in order to add the new adult group ("newly eligible adults") for coverage in New Hampshire. This state plan amendment (SPA) is needed in order to enroll newly eligible adults into the mandatory Health Insurance Premium Program and the Voluntary Bridge to Marketplace Program.

New Hampshire's current State Medicaid Plan does not cover newly eligible adults up to 133% of the federal poverty level. This SPA will change our current state plan to add the newly eligible adults for coverage consistent with federal law and with the New Hampshire Health Protection Program. SB 413 provides how the newly eligible adults will receive health benefits: through the mandatory Health Insurance Premium Program (HIPP), the Voluntary Bridge to Marketplace Program and the Premium Assistance Program.

The Eligibility SPA presented for approval with this request will allow the newly eligible adults to access health benefits through the New Hampshire Health Protection Program and in accordance with all other state plan amendments and waivers that are required to be approved by the Fiscal Committee prior to submission to the Centers for Medicare and Medicaid Services (CMS) for federal approval.

Fiscal approval of the Eligibility SPA is required now in order for the Department to submit it to CMS for approval in sufficient time to begin the enrollment process targeted for May 1, 2014, for the mandatory HIPP and Voluntary Bridge to Marketplace programs. SB 413 requires that CMS approve all SPAs and waivers for a New Hampshire Health Protection Act program prior to the commencement of that program. Delay of approval of the Eligibility SPA would likely delay the commencement of enrollment for the HIPP and Voluntary Bridge programs.

Description of the Eligibility SPA

The Eligibility SPA, which is attached, is a three-page fillable .PDF electronic document. The purpose of this SPA is to affirm to CMS that New Hampshire will cover newly eligible adults, the so-called "Adult Group," consistent with federal requirements. The SPA requires the Department to check a series of boxes attesting to our coverage. Thus, for example, the Department is attesting that the newly eligible adults are between 19 and 65 years old; that the group does not include pregnant women, who are now enrolled up to 185% of FPL; are not dual eligible for Medicaid and Medicare, as the so-called duals were not included in the newly eligible adult group; and that the newly eligible adult group has a household income at or below 133% of the federal poverty level.

In addition to making these attestations, the Department is also required to submit a copy of the single state application for enrollment and a copy of the materials used by qualified entities in making presumptive eligibility determinations. Presumptive eligibility allows established community-based organizations – such as community health centers -- which often serve the lowest-income families, to temporarily enroll individuals who present with urgent health care needs.

In order to ensure that the Fiscal Committee has a full understanding of the Eligibility SPA and its relationship to all other SPAs and waivers that will be presented to the committee in the future to implement the New Hampshire Health Protection Program, the Department has included in this request a detailed explanation of the Program and the state plan amendments and waivers that will be brought forward for review and approval at subsequent meetings.

New Hampshire Health Protection Act

SB 413 established three programs in order to deliver health benefits to low income newly eligible adults in New Hampshire: the mandatory Health Insurance Premium Program; the Voluntary Bridge to Marketplace Program and the Premium Assistance Program. SB 413 also directs the Department to seek a comprehensive Section 1115 Medicaid Demonstration Waiver from CMS. The status and approval requirements for each of these programs are addressed below.

A. Mandatory Health Insurance Premium Program

Newly eligible adults that have access to private employer-sponsored insurance (ESI) that is determined by the Department to be cost effective are required under the New Hampshire Health Protection Program to access health benefits through their employer. Under the HIPP program, New Hampshire will access 100% federal funds through December 31, 2016, to pay the employee's share of premiums, co-pays, deductibles, cost-sharing and wrap-around services for those with cost-effective ESI.

Private employer sponsored coverage is generally considered cost effective when the costs associated with paying for the employee's share of premium, co-pays, deductibles, cost-sharing and wrap around services are determined to be less expensive than the cost of covering that individual in alternative (traditional) Medicaid coverage. Again, for the period of the program authorized under SB 413, 100% federal funds will be used to pay the cost of the ESI coverage of those enrolled in mandatory HIPP.

New Hampshire received state plan approval for its current HIPP program in the 1990s. The mandatory HIPP program will be implemented under the existing state plan approval authority. The Department will be adopting new administrative rules governing the mandatory HIPP program through the JLCAR rulemaking process. The implementation of the mandatory HIPP program will not require a waiver from CMS. The Department is currently in the process of selecting a qualified vendor to administer the mandatory HIPP program.

B. Voluntary Bridge to Marketplace Program

Those newly eligible adults that do not have access to cost effective ESI may access health benefits through the Voluntary Bridge to Marketplace Program. Such persons have two choices: participation in a voluntary premium assistance program under which the person would enroll in a Qualified Health Plan on the federal marketplace in New Hampshire, if determined to be cost effective, or in an alternative benefit plan (ABP) that is offered by the three managed care organizations under contract with the state.

Like the mandatory HIPP program, the Voluntary Bridge to Marketplace programs will access 100% federal funds to pay for health benefits.

Implementation of coverage by the three private managed care organizations will involve several state plan amendments, including the Eligibility SPA submitted to the Committee today. The Department will also be bringing to the Fiscal Committee state plan amendments for the following aspects of the managed care coverage:

- Alternative Benefit Plan SPA (defining the benefits to be provided)
- Federal Medical Assistance Participation (FMAP) SPA (allowing DHHS to receive the 100% federal funds for newly eligible adults)
- Cost-Sharing SPA (defining the cost-sharing required to be paid by the newly eligible)

These three additional SPAs will be submitted for review and action at a future meeting of the Fiscal Committee. The Department is asking the Fiscal Committee to approve these additional SPAs by May 23, 2014. The Department is now in ongoing discussions with CMS officials and staff concerning any additional state plan amendments that may be necessary for the implementation of the Voluntary Bridge to Marketplace Programs. All SPAs will be submitted and approved by Fiscal before being submitted to CMS.

The voluntary premium assistance option may be accessed if it is determined to be cost effective. The only Qualified Health Plan on the federal marketplace in New Hampshire in 2014 is the Anthem product. Discussions are now ongoing with CMS concerning how cost effectiveness would be determined for the voluntary premium assistance option given the very limited choice currently available on the marketplace. Implementation of a voluntary premium assistance program beginning this year would be by state plan amendment.

C. Premium Assistance Program

Under SB 413, as long as CMS approves a premium assistance waiver by March 31, 2015, the Voluntary Bridge to Marketplace Program will continue through December 31, 2015, and newly eligible adults who are not in the mandatory HIPP program and who are not deemed to be "medically frail," will begin enrollment into private Qualified Health Plans on the federal marketplace in New Hampshire in October 2015. Coverage under QHPs on the marketplace would begin on January 1, 2016. The purchase of QHPs on the marketplace will be paid for with 100% federal funds through December 31, 2016.

The implementation of a premium assistance program for newly eligible adults will be through a federal waiver issued under Section 1115 of the Social Security Act (Medicaid statute). After complying with all federal notice, comment and hearing requirements for the waiver application, the Department will submit the Premium Assistance Waiver Application to the Fiscal Committee in November 2014 for approval by Fiscal on or before December 1, 2014. This waiver must be approved by Fiscal before it is submitted to CMS.

The waivers granted by CMS for premiums assistance programs in Arkansas and Iowa exempted persons determined to be "medically frail." The medically frail are those persons with disabling mental disorders, chronic substance use disorders, serious and complex medical conditions, and those with significant physical, intellectual and developmental disabilities. These individuals may voluntarily choose coverage under a QHP, but they must also have the ability to enroll in a traditional Medicaid coverage program. The Department anticipates that CMS will condition our premium assistance waiver on exempting the medically frail from coverage in a QHP.

D. Health Benefits for the Newly Eligible Adults

Under the Affordable Care Act, newly eligible adults are entitled to certain minimum health benefits. These benefits are described below and are known as the Essential Health Benefits. The health benefit plan that will apply to those enrolled in the HIPP, Voluntary Bridge to Marketplace and Premium Assistance programs is called the Alternative Benefit Plan.

The Alternative Benefit Plan (ABP) will define the health benefits for each of these programs in the following manner:

1. First, the ABP will define the benefits available to those who receive their health coverage through the three managed care organizations in the Voluntary Bridge program;
2. Second, the ABP will define the benefits that will be available to those in QHPs when the Premium Assistance Program begins.
3. Third, the ABP will serve as a "benchmark" for the mandatory HIPP program, in that those ABP benefits that are not offered in the employer sponsored plan will be provided as supplement or so-called "wrap around" benefit to ensure that all newly eligible adults receive all required benefits.
4. Fourth, in a manner similar to HIPP, the ABP would also serve as a benchmark to a QHP in 2014 and 2015 for the voluntary premium assistance program, if it were determined that voluntary premium assistance in 2014 and 2015 is cost effective. Required benefits not provided by the QHP would be provided as wrap around coverage.

The 10 Essential Health Benefits established under the Affordable Care Act are: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services, laboratory services, preventative and wellness services and chronic disease management, and early and periodic screening and diagnostic and treatment services (EPSDT).

In addition to the 10 EHB's, CMS will require newly eligible adults to receive non-emergency transportation and early and periodic screening and diagnostic and treatment services (EPSDT) for adults aged 19 and 20.

E. Provider Rates for Services for Newly Eligible Adults

SB 413 provides that "[a]lternative benefit plans shall reimburse at rates that are sufficient to ensure improved access to and quality of care." RSA 125-A:5,XXIV(e). In this connection, CMS will require that rates for services to the newly eligible adults are actuarially sound and are reasonable. The Department is now working with its actuary and CMS to develop rates for the newly eligible adults that will satisfy these criteria. The Department will also work with the three managed care organizations to negotiate amendments to the current contracts for both year 3 of the Step I services and for the newly eligible adult population under the Voluntary Bridge to Marketplace Program.

The provider rates will be included in the managed care contract amendments that are to be negotiated and brought to Governor and Council in May 2014. Once approved by the Governor and Council, the contract amendments are submitted to CMS for its approval, including the rates. Provider rates are not submitted to CMS through a state plan amendment or waiver.

April 15, 2014

F. Section 1115 Medicaid Demonstration Waiver

SB 413 also directs the Department to submit to CMS no later than June 1st, 2014 a comprehensive Medicaid waiver to further transform the state's Medicaid program.


New Hampshire is currently engaged in the comprehensive reform of its Medicaid program and its health care delivery system through its Medicaid Care Management (MCM) program. New Hampshire Senate Bill 147 (2011 Laws Chapter 125), was signed into law by the Governor on June 2, 2011, mandating a MCM program in the State. The MCM program is being implemented by DHHS via a three-step approach that recognizes the issues of specialty services for vulnerable populations, and is consistent with the spirit and letter of SB 147. The first step of the program launched on December 1, 2013. The next step of the program will take into account the Medicaid eligibility expansion population and will begin on or about July 1, 2014. The final step of the program will include the mandatory enrollment of dual-eligibles, Medicaid waived services, nursing home services, and other long term services and supports (LTSS).

DHHS is positioning its Section 1115 Demonstration Waiver as an element of this broader MCM strategy, as there is significant alignment between the populations who will be included in the third step of the program and those receiving the services DHHS plans to expand through this demonstration. The first step of the MCM program began the integration of behavioral health and mental health care in the State and the MCM roll out will continue to improve the integration of and access to needed services, with an emphasis on both mental health and SUD treatment services. To begin progressing towards this goal, DHHS will propose several related Designated State Health Programs (DSHPs) for mental health, substance use disorder treatment, and population health initiatives.

The Department will present a detailed concept paper on its Section 1115 Waiver to the Fiscal Committee at its Friday, April 25th meeting.

The Department looks forward to working with the Fiscal Committee to implement SB 413.

Sincerely,



Nicholas A. Toumpas
Commissioner



Jeffrey A. Meyers, Director
Intergovernmental Affairs

Enclosures

cc: Jeffrey A. Pattison
Members, Fiscal Committee



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage

Adult Group

S32

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

Yes No

Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Have attained age 19 but not age 65.

Are not pregnant.

Are not entitled to or enrolled for Part A or B Medicare benefits.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

Have household income at or below 133% FPL.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

Under age 19, or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No

The presumptive period begins on the date the determination is made.



Medicaid Eligibility

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Other reasonable limitation:

The state requires that a written application be signed by the applicant or representative.

- Yes No

- The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

- The presumptive eligibility determination is based on the following factors:

- The individual must meet the categorical requirements of 42 CFR 435.119.
- Household income must not exceed the applicable income standard described at 42 CFR 435.119.
- State residency.
- Citizenship, status as a national, or satisfactory immigration status.

- The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act



Medicaid Eligibility

- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act,
- and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

APPLICATION FOR ASSISTANCE

Welcome to the Department of Health & Human Services (DHHS), Division of Family Assistance (DFA)

To apply for the programs and services we offer, you must fill out this *Application for Assistance*, have an interview, and give us proof of your household circumstances. Please read all of the information given to you, and answer all of the questions as best as you can. **Do not answer anything that you do not understand.** If you need help in filling out this *Application*, tell us. **We will accept your Application even if you only fill in your name, address, and signature.** However, we will be able to figure out if you can get benefits much quicker if you complete the entire *Application*. DFA assistance is based on your income. Some DFA programs may also look at the cash value of things that you own, your "assets," when figuring out if you qualify for a program DFA offers.

Food Stamp (FS) Benefits

The Food Stamp Program helps low-income people buy the food they need for good health. You will need to have an interview with a DHHS worker to see if you are eligible for this program. **Your FS benefits are based on the date of application.**

With identification, you may get emergency FS benefits within 7 calendar days if:

- you have less than \$150 in monthly gross income and no more than \$100 in liquid resources;
- you have shelter costs that are higher than your gross income and liquid resources; **or**
- you are a migrant or seasonal farm worker who is destitute as defined in 7 CFR 273.10(e)(3).

Social Security Numbers (SSN)

The Federal Privacy Act of 1974 as amended, requires that we tell you the laws that allow us to ask for the SSN of each person requesting assistance, whether you are required to give them to us, and what we will do with them. SSNs are required for the following programs. After each program is the law or regulation that requires us to ask for these SSNs:

- FANE: 42 USC 405(c)(2), 45 CFR 205.52, RSA 167:4-c, & RSA 167:79,iii(h).
- Food Stamps: RSA 167:4-c, Food Stamp Act of 1977, as amended, 7 USC 2011-2036, 7 CFR 273.2(b)(4), & 7 CFR 273.6.
- Medical Assistance and other financial assistance: RSA 167:4-c, Section 2651 of PL 98-369, 42 CFR 435.910, 42 CFR 435.920, & 42 USC 1320b-7.

Each person who wants assistance from the above programs must provide an SSN or apply for a number at the Social Security Administration (SSA).

If you are applying only for some members of your family, such as a parent applying for Medical Assistance just for a child, you only have to give us the child's number or apply for one for your child. Your child's eligibility for medical coverage will not be affected if you don't give us your SSN.

If an SSN is not provided for each person who is applying for the listed programs, your application may be denied or you may get less benefits. If someone wants help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-325-0778.

Applicants for NH Child Care Scholarship only do not have to provide an SSN, but if SSNs are provided, it may help shorten the eligibility verification process.

We ask for SSNs so we can verify identity, earned and unearned income, and resource information you give us. It will be shared with:

- federal, state, and local entities;
- various offices within DHHS as allowed by federal law;
- employment and unemployment databases;
- the Internal Revenue Service and SSA;
- financial entities; and
- other computer matching programs.

The information will be used:

- to figure out if your household is eligible or continues to be eligible for the assistance you requested;
- to figure out the amount of your benefits or errors in your eligibility or benefits; and
- in an investigation of suspected abuse of program law or rules.

This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If a

Food Stamp claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

We do not give SSNs or any other information regarding non-applicants to the US Citizenship and Immigration Services (USCIS), formerly known as INS, or any other agency not directly connected with programs and/or services offered by DHHS.

Emergency Medicaid for Non-Citizens

Emergency Medicaid may be available to certain non-citizens, regardless of their immigration status, to cover some emergency services, including labor and delivery. **Social Security Numbers are not needed to apply for Emergency Medicaid.**

Citizenship & Identity

You must declare and prove the citizenship or non-citizenship status of each household member applying for assistance. Non-citizens applying for assistance, except Emergency Medicaid, must provide USCIS documentation of qualified alien status. USCIS documentation will be verified.

Third Party Insurance or Medical Payments

If you are applying for Medical Assistance, receipt of such assistance is an assignment to DHHS of your rights to all third party insurance or medical payments without anyone having to sign any other form. All available parties must be billed and all resulting payments must be applied to the cost of medical care before DHHS will pay. Also, if you receive a settlement or an award from a liable third party, you must pay DHHS back for related medical services we paid. RSA 167:14-a

Benefits Received in Error

You are required to pay back any benefits or services received in error, regardless of whether you made a mistake in the information you provided, or failed to provide, to us. If you get Food Stamps, you must also pay back any benefits you

received in error if we made a mistake in processing your case.

Financial or Medical Child Support

If you are applying for TANF cash payments, your receipt of such assistance is an assignment to DHHS of your rights to financial child support. Without signing any other form, you give DHHS the right to collect and keep financial child support payments made on behalf of your children who receive assistance. RSA 161-C:22

DHHS collects and keeps the support to partially offset the amount of cash assistance paid to you. If support payments are equal to or more than the amount we give you, your cash assistance case will be closed and the support payments sent to you.

Receipt of Children's Medicaid is an assignment of medical child support rights. This means that you must cooperate with DHHS to establish and enforce medical child support for your children. Medical child support usually means health insurance provided by the absent parent, but can also be an ongoing dollar amount paid by the other parent to allow you to buy health insurance for your children.

If you receive money to purchase medical insurance, this money will be kept by the State if you receive Medicaid for your child and will be used to pay back the state and federal governments. If paternity is not established for any of your children who are getting Medicaid, you must also cooperate with DHHS to legally establish paternity.

The assignment of support rights is a requirement. Your rights and responsibilities and the penalty for refusal without a good reason, will be explained to you when you meet with your District Office worker.

Begin Date for Medicaid Eligibility

Your Medicaid eligibility generally begins on the day that you meet all the requirements for the program you applied for, including the resource limit.

AGENCY USE ONLY

This is your record of application and will be filled out by a Department of Health and Human Services worker and returned to you. DFA has received a completed application for _____ from _____ on _____

District Office

Signature of Worker

Referred for XFS Yes No
 Initials: _____

APPLICATION FOR ASSISTANCE

A. Please tell us about who you are and where you live.

Name: _____ Primary Language: _____
 Current Place of Residence: Own home Nursing Facility Adult Family Home Assisted Living
 Congregate Housing Homeless Hospital Hotel/Motel Residential Care Facility Other
 Street Address: _____ Mailing Address: _____
 City/State/Zip: _____ (if different) _____
 Home Phone: _____ Work Phone: _____ Cell/Message: _____
 E-Mail Address: _____ I do not have an E-Mail address
 Does anyone in your family have Medicare Part A or B? Y N
 Why do you need our help? _____

Information Supplier: _____
 (if different from applicant) Name Address Phone #

B. Please tell us about the people you live with. Start with yourself and list ALL of the people living with you. You do not have to give the Social Security Number or citizenship status of any individual who is not applying for assistance.

Name	SSN	DOB	Relation to you	U.S. Citizen?	Student (Yes or No. If Yes, put grade too)	RID (DFA Use Only)
1.			SELF	<input type="checkbox"/> Y <input type="checkbox"/> N		
2.				<input type="checkbox"/> Y <input type="checkbox"/> N		
3.				<input type="checkbox"/> Y <input type="checkbox"/> N		
4.				<input type="checkbox"/> Y <input type="checkbox"/> N		
5.				<input type="checkbox"/> Y <input type="checkbox"/> N		
6.				<input type="checkbox"/> Y <input type="checkbox"/> N		

C. I want to apply for: (TYPES OF ASSISTANCE REQUESTED)

ALL PROGRAMS Cash Food Stamps Child Care
 Home and Community-Based Care (HCBC) Medicare Savings Programs (MSP) [QMB/QWDI/SLMB/SLMB135]
 Nursing Facility (NF) Services - Facility Name: _____
 Medical Assistance – if you need Medical Assistance for a child, pregnant women, or parent/caretaker relative of a child, you must also complete the insert entitled *Medical Assistance for Children, Pregnant Women, and Parent/Caretaker Relatives Insert*

D. The following information is collected to be sure that everyone is served fairly. Your answers are voluntary. The information provided will not affect your eligibility or benefit amount.

Are you Hispanic or Latino? Yes No
 Are you: White? Y N Asian? Y N Native Hawaiian or Other Pacific Islander? Y N
 Black or African American? Y N American Indian or Alaskan Native? Y N

AGENCY USE ONLY:

RFA# _____	Case # _____	Forms Given: 725 177
Cash _____	OPEN CLOSE DENY DATE: _____	DO: _____
Food Stamps _____	OPEN CLOSE DENY DATE: _____	DO: _____
MA _____	OPEN CLOSE DENY DATE: _____	DO: _____
CM/MCPW _____	OPEN CLOSE DENY DATE: _____	DO: _____
Child Care _____	OPEN CLOSE DENY DATE: _____	DO: _____
EBT Card Status: _____	None Active Deactivated Cancelled	

PLEASE SIGN YOUR APPLICATION ON THE BACK!

E. Please tell us about all income for everyone in your home. **G. Your Expenses:**

Your Wages: \$ _____ Weekly Bi-Weekly Monthly
 Other Wages: \$ _____ Weekly Bi-Weekly Monthly
 Other Wages: \$ _____ Weekly Bi-Weekly Monthly
 Has anyone recently lost a job? Yes No
 If yes, who? _____ When? ____ / ____ / ____
 SSA/SSDI: \$ _____ Spousal Support: \$ _____
 SSI: \$ _____ Unemployment: \$ _____
 VA: \$ _____ Child Support: \$ _____
 Pension: \$ _____ Other: \$ _____

Rent (monthly): \$ _____
 Mortgage (monthly): \$ _____
 Lot Rent/Condo Fee (monthly): \$ _____
 Taxes (yearly): \$ _____
 Dependent Care: \$ _____
 Medical Expenses: \$ _____

F. Please tell us about all assets for everyone in your home.

Checking/Savings: \$ _____ Other Chk/Save: \$ _____
 Stocks/Bonds/CD's: \$ _____ IRA: \$ _____
 Your or Your Spouse's Annuity: \$ _____ Other Assets: \$ _____
 Trusts: \$ _____ Life Insurance: \$ _____
 Vehicle (Yr/Mdl): _____ Vehicle (Yr/Mdl): _____

Do you pay for the following utilities separate from your rent or mortgage?

Heat: Yes No
 Phone: Yes No
 Electric: Yes No
 Other: Yes No

H. Potential Eligibility Questionnaire

1. Are you a migrant or seasonal farm worker? Yes No
2. Have you or anyone in your household received Food Stamp assistance for this month? Yes No
3. Are you currently living in a shelter for battered individuals? Yes No
4. Is anyone in your household blind or disabled? Yes No
5. Have you sold or transferred property in the last 5 years? Yes No
6. Is anyone in your household currently receiving assistance from another State? Yes No
 If yes, which State? _____ What kind of assistance? _____
7. Is anyone in your household pregnant or has anyone given birth in the last 3 months? Yes No
8. Do you have any unpaid medical bills from the past 3 months that you would like help paying? Yes No
9. If you are applying for Financial Assistance to Needy Families (FANF), is the father's name blank or "not stated" on the birth certificate for any of your children? Yes No
10. If applying for FANF, how many absent parents? _____
11. Do you or any other household member have health insurance other than Medicaid? Yes No
 If yes, name of Insurer? _____ Policy Number: _____

I. Signatures

I CERTIFY, UNDER PENALTY OF PERJURY, THAT I HAVE REVIEWED THIS INFORMATION ON THIS APPLICATION, INCLUDING ANY INFORMATION INDICATED ON THE INSERT; IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INCLUDING THE INFORMATION CONCERNING CITIZENSHIP AND ALIEN STATUS. I UNDERSTAND A FULL FINANCIAL AND MEDICAL ELIGIBILITY INTERVIEW MAY NEED TO BE CONDUCTED BEFORE MY ELIGIBILITY CAN BE DETERMINED.

 Applicant Signature Date

 Signature of Person Helping the Applicant Date Relationship to Applicant

I withdraw my application for: Cash Medical Assistance Food Stamps Child Care HCBC/NF MSP

 Signature Date

I certify that I have given the above individual(s) the opportunity to review this application. I also certify that I have provided a copy of this form, if one was requested.

 Printed Name & Signature Title/Agency Date

APPLICATION: YOUR RIGHTS AND RESPONSIBILITIES

Time Limits

You can only receive Financial Assistance to Needy Families for 60-months in your lifetime. Months you received this assistance while you were a child do not count towards the lifetime limit. Your time limit begins when you receive benefits as an adult. **There is no time limit on State Supplement Programs, Medical Assistance, Food Stamp benefits, or child care assistance.**

Nondiscrimination Notice

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is also prohibited on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice & TDD). Write HHS, Director, Office of Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers. Or you may also write Ombudsman, NH DHHS, 129 Pleasant St., Concord, NH 03301-3857 or call (603) 271-6941 or 1-800-852-3345 ext 6941. TDD Access: Relay NH 1-800-735-2964 or 711.

Administrative Appeal

You or someone representing you may request an Administrative Appeal if you are not satisfied with any decision regarding eligibility made by DHHS. You may be represented by an attorney, yourself, or another person, such as a relative or friend, at an Administrative Appeal. DHHS will not pay for the cost of any legal services, but there are free and reduced cost legal services available in NH. An Administrative Appeal may be requested either verbally or in writing by contacting a District Office or DHHS, 105 Pleasant Street, Concord, NH 03301-6521. Telephone (603) 271-4292 or 1-800-852-3345 ext 4292; TDD Access: Relay NH 1-800-735-2964 or 711.

Quality Control

Your case may be selected for a quality control or other governmental review. Such a review entails an in-depth investigation into your household's financial or medical situation, living arrangements and other circumstances. We may be contacting banks, employers, companies, merchants, child care providers, and other appropriate sources, concerning your household and statements you made to DHHS. **Failure to cooperate in these reviews could result in the loss of your benefits.**

Reporting Changes

You will be required to periodically complete a review of your circumstances. Your cash, child care, and Food Stamp case could be closed, and/or your eligibility for Medical Assistance may be affected, if you do not completely fill out the form and return it by the due date and participate in a personal interview, if required.

If you only get Food Stamp benefits and you have a 4, 5, or 6-month eligibility period, you only need to report those changes in household circumstances that would place your household's income above 130% of the poverty level.

If you receive cash, child care, Medical Assistance, or if your Food Stamp eligibility period is not 4, 5, or 6 months, then you must notify the Department within 10 calendar days after the change happens for changes in factors that affect eligibility, such as:

- source of income;
- hours worked by a household member;
- amount of income of any member in your household;
- all household changes, such as marriage, divorce, new baby, child leaves, etc.;
- child care provider;
- resources (e.g., cash, stocks, bonds, or money in a bank or savings account);
- receipt of any lump sum payment or settlement;
- residence, or shelter costs; or
- dependent care costs, child support payments or medical deductions, or other changes that may affect the amount of your household's benefits.

Protection of Medical Assistance for Social Security Beneficiaries

If you are receiving cash assistance under the OAA, ANB, or APTD program, and a Social Security cost-of-living increase or this increase combined with an increase in other income makes you ineligible for financial assistance, you may still be entitled to Medical Assistance under the Pickle Amendment policy.

Once you begin receiving Medical Assistance under the Pickle Amendment, future Social Security cost-of-living increases will not affect your eligibility. However, other changes in your circumstances can still make you ineligible for Medical Assistance.

If you are eligible to receive money payments under one of the above programs, but choose not to receive a payment, you will **NOT** be entitled to this protection of your Medical Assistance under the Pickle Amendment.

ATTENTION!

Anything you tell or give to us will be verified:

- at the federal, state and local levels; and also
- through collateral contacts and/or computer matching with other electronic verification tools such as, but not limited to, USCIS, IEVS, Vital Records, SSA, financial institutions, & employment databases.

We do this to confirm your eligibility for our programs and determine your benefits. If any information we get from using these sources doesn't match the information you provided to us, you may be denied assistance, your benefits may change, and you may be subject to criminal prosecution for knowingly providing false information. Any member of your household who breaks any of these rules on purpose can be prohibited from participating in the cash assistance, child care assistance, and Food Stamp programs for periods ranging from one year to permanently. In the Food Stamp Program, you can also be fined up to \$250,000, imprisoned up to 20 years, or both, and will be subject to prosecution under the applicable state and federal laws for violations of the Food Stamp Act.

Notice to Immigrant Families

If you get help with health care or Food Stamps, it will not affect your immigration status. If you or members of your family used or received Medicaid or Food Stamps, it will not affect your or your family members' ability to become U.S. citizens. However, if you get cash assistance such as TANF or help with the cost of nursing home care, it might create problems with becoming a U.S. citizen, especially if the benefits are your family's only income. Before you apply, you may want to talk with an agency that helps immigrants with legal questions or contact the US Citizenship and Immigration Services (USCIS).

DO NOT

- Do not give false information or hide information to get or continue to get benefits.
- Do not trade or sell Food Stamp benefits to anyone who is not authorized to use them for your household.
- Do not use Food Stamp benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use any benefits your household was not entitled to receive.
- Do not give your EBT Card PIN out to anyone.
- Do not use child care services paid for by DHHS, for employment-related activities not approved by DHHS.
- Do not use your EBT card or cash from your EBT card at liquor stores, gaming establishments, or businesses which provide adult-oriented entertainment.

Identity & Residence

Anyone convicted of making a fraudulent statement or representation with respect to identity or residence in order to receive benefits in two locations at the same time will be ineligible for financial assistance and Food Stamp benefits for 10 years.

Trafficking Food Stamp Benefits

Any person who is found guilty in a court of law for buying or selling illegal drugs or certain prescription drugs in exchange for Food Stamp benefits, will be prohibited from participating in the Food Stamp Program for 24 months for the first offense and permanently for the second offense. Any person who is found guilty in a court of law for buying or selling ammunition, firearms or explosives in exchange for Food Stamp benefits, or of any trafficking in Food Stamp benefits of more than \$500, will become permanently ineligible for Food Stamp benefits.

Medical Assistance Fraud

Section 1128B of the Social Security Act provides federal penalties for fraudulent acts and false reporting in connection with your application for or receipt of Medical Assistance benefits.

A person may be prosecuted in Federal Court for deliberate statements that are known to be false and which affect eligibility for any benefit or payment under the Medical Assistance program.

A person may also be prosecuted for concealing or failing to disclose any event that affects their right to any benefit or payment, or its conversion to a use other than intended. The law also provides a penalty for a kickback, bribe, or rebate in connection with the furnishing of Medical Assistance.

Conviction of an offense could result in loss of Medical Assistance benefits for a period not to exceed 1 year. Penalties are fines up to \$25,000 or imprisonment for not more than 5 years, or both.

Intentional False Statements

Any person who intentionally makes a false statement or misrepresents his or her circumstances or intentionally fails to disclose the receipt of property, wages, income or resources or any change in circumstances that would affect his or her initial or continued eligibility for assistance may be found guilty of violating state law. The penalties are: a class A felony where the value of the monetary award or goods or services exceeds \$1,000; a class B felony where the value exceeds \$100; and a misdemeanor where the value does not exceed \$100. RSA 167:17-b and 17-c.

APPLICATION: STATEMENTS OF UNDERSTANDING **INITIALS**

All Programs

I **certify** that I have read "Your Rights and Responsibilities," and I understand them. _____

I **understand** that DHHS will keep my eligibility and case information confidential and only persons involved in administering DHHS' programs or as otherwise permitted by Federal regulations or State law will review it. _____

I **understand** that despite other rules of confidentiality, names of children in Food Stamp and/or FANF households are required to be released to schools so that they may be determined automatically eligible for Free School Meals. _____

I **understand** that I must provide proof of: my household situation, what I have written on the application, and what I have told DHHS. _____

I **understand** that the information I have provided will be verified by collateral contacts and/or Federal, State, and local officials and that if any information is found to be incorrect or false, or if I have deliberately withheld information related to my receipt of assistance, now or in the future, I may lose my benefits and may be prosecuted for fraud. _____

I **understand** that my signature below and/or on the application authorizes DHHS to obtain verification that I or anyone in my assistance group (AG) meet the eligibility requirements for assistance, and authorizes release of such information to DHHS. My authorization to release information to DHHS remains in effect for as long as I or anyone in my AG receives any kind of DHHS assistance. _____

I **understand** that my signature below **and/or** on the application permits DHHS and any contracted third party entity to verify my income, identity, and assets, and the income, identity, and assets of any other person whose income, identity, and assets are required to determine eligibility for the assistance I am requesting. Failure to give permission to conduct these verifications or revoking permission to conduct these verifications will result in denial or termination of assistance. _____

Cash & Food Stamp Programs

I **certify** that if I applied for FANF, the Domestic Violence Option has been explained to me, and I understand it. _____

I **certify** that if I applied for FANF, I got written information about the treatment of lump sum income. _____

I **understand** that my receipt of TANF cash assistance is an assignment to DHHS of each recipient's rights to child and spousal support. _____

I **understand** that if I get cash assistance from DHHS, the cash I get could cause my Food Stamp benefits to end or be reduced. I also understand that if this happens, I will not get advance notice of this change. _____

I **understand** that to get a cash payment from any DFA program, I must be eligible to get that cash every day of the entire payment period. If I am not eligible for cash at any time during that payment period, I understand that a cash payment will not be issued to me. _____

I **understand** that in NH, if anyone in my household is fleeing to avoid prosecution of a felony crime, or is violating conditions of probation or parole, that person will be ineligible to get cash or Food Stamp benefits until that individual has satisfied his/her legal obligations with respect to the felony crime or probation or parole violations. My signature below is my sworn statement that no one in my household at this time is fleeing felony prosecution or violating conditions of probation or parole. _____

I **understand** that the use of my Electronic Benefits Transfer (EBT) card for Food Stamp or cash benefits is controlled by my 4-digit Personal Identification Number (PIN), that I am responsible for the security of my EBT card and PIN, and that EBT benefits will not be replaced if someone else uses my card after I have activated it. _____

I **understand** that if I do not use my Food Stamp benefits on my EBT card for 365 days in a row, I will lose those benefits and not get them back. If I do not use my cash benefits for 90 days in a row, I will lose those benefits and not get them back. I understand that I will be disqualified from the Food Stamp Program and may be prosecuted if I use my EBT card for illegal purposes. These illegal activities include selling my card and my PIN for cash, drugs, or other items, or exchanging Food Stamp benefits for cash at a retailer. _____

PLEASE INITIAL AND SIGN THE BACK!

Cash & Food Stamp Programs Con't

INITIALS

I understand that for Food Stamp benefits, to get a deduction for child care expenses, rent or mortgage payments, utility or other shelter expenses, child support paid to a non-household member, or medical expenses (only for the elderly or disabled), I must tell DHHS about these expenses and then provide proof of them. Failure to report or verify any of the above listed expenses, or of receipt of fuel assistance, could mean that I will get less Food Stamp benefits each month, and will be seen as my statement that my household does not want to get a deduction for the unreported or unverified expense.

I understand that my EBT card or cash from my EBT card cannot be used at liquor stores, gaming establishments, or businesses which provide adult-oriented entertainment, and that if I use my EBT card or cash from my EBT card at one of these places, I will be sanctioned with a cash penalty, per RSA 167:7-b.

Medical Assistance

I understand that my receipt of medical assistance is an assignment to DHHS of my rights to all third party medical insurance or payments, including medical child support.

I understand that my receipt of medical assistance means DHHS must be able to obtain medical records from medical providers. My signature below and/or on the application authorizes my family's medical providers to release any records to DHHS.

I understand that, if I am in a nursing home, DHHS must be able to exchange eligibility information with the nursing home to best administer the program. My signature below and/or on the application authorizes that exchange and remains in effect for as long as I receive DHHS assistance for my nursing home care.

I understand that for long-term care services (Nursing Facility or Home and Community-Based Care), I am required to disclose to DHHS any interest that my spouse or I have in any annuity.

I understand that if either my spouse or I are requesting long-term care services, any annuity purchased or modified by my spouse or me on or after February 8, 2006 will be considered a transfer of assets for less than fair market value unless the State is named the beneficiary for at least the amount of Medicaid paid for long-term care services.

NH Child Care Scholarship

I understand that I must only use child care services paid for by DHHS for those employment-related activities approved by DHHS. I may have to reimburse DHHS for those payments made for times I was involved in other, non-approved activities.

Signatures

I certify, under penalty of perjury, that I have reviewed the above information and the information summarizing my interview, and it is true and complete to the best of my knowledge.

Applicant Signature

Date

Signature of Person Helping the Applicant

Date

Relationship to Applicant

I certify that I have given the above signed individual(s) the opportunity to review this document, and that I have completely explained and given them a copy of the Rights and Responsibilities Notice. I also certify that I have given them a copy of this page, if it was requested.

Printed Name & Signature

Title/Agency

Date



Nicholas A. Toumpas
Commissioner

FIS 14 064 MCT

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

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9200 1-800-852-3345 Ext. 9200
Fax: 603-271-4912 TDD Access: 1-800-735-2964

April 9, 2014

The Honorable Mary Jane Wallner, Chairman
Fiscal Committee of the General Court

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Pursuant to the provisions of Chapter 3:7, II, Laws of 2014 and RSA 14:30-a, authorize the Department of Health and Human Services to transfer general funds in the amount of \$2,397,864 and increase related Federal revenues in the amount of \$10,587,042 and decrease related Other revenues in the amount of (\$236,326) for SFY 2014 and to transfer general funds in the amount of \$1,775,415 and increase related Federal revenues in the amount of \$542,357 and decrease related Other revenues in the amount of (\$995,273) for SFY 2015 in the Department of Health and Human Services.

As described below, the Department requests these transfers in order to satisfy the legislative requirements for the implementation of the New Hampshire Health Protection Act established in SB 413. The transfers and adjustments are summarized below and detailed in the attached worksheets, effective upon approval of the Fiscal Committee and the Governor and Executive Council through June 30, 2015.

SFY 2014

Salary	Accounts	General Funds	
		From	To
Division of Client Services	Various	(276,900)	367,054
Glenclyff Home	010-091-57100000	(90,154)	-
Sub-Total Salary		(367,054)	367,054
Benefits			
Division of Client Services	010-042-79930000	(148,391)	148,391
New Hampshire Hospital	010-094-87500000		-
Sub-Total Benefits		(148,391)	148,391
Other			
Division for Children, Youth and Families	010-042-29580000	(924,000)	
Division of Family Assistance	010-042-61710000 & 61760000	(268,723)	

Division of Client Services	010-042-79930000		82,419
Office of Medicaid Business and Policy	010-047-79370000		\$1,250,000
Bureau of Elderly and Adult Services	010-048-61730000	(325,000)	
Division of Public Health Services	010-090-51900000 &55300000	(364,696)	
Office of Information Services	010-095-59520000	-	550,000
Sub-Total Other		(1,882,419)	1,882,419
TOTAL DHHS - NHHPP Transfers		(2,397,864)	2,397,864

SFY 2015

Salary	Accounts	General Funds	
		From	To
Division of Client Services	010-042-79930000	(338,000)	704,000
Glenclyff Home	010-091-57100000	(150,000)	-
New Hampshire Hospital	010-094-87500000	(216,000)	-
Sub-Total Salary		(704,000)	704,000
Benefits			
Division of Client Services	010-042-79930000		408,939
New Hampshire Hospital	010-094-87500000	(408,939)	-
Sub-Total Benefits		(408,939)	408,939
Other			
Division for Children, Youth and Families	010-042-29580000	(198,000)	-
Division of Family Assistance	010-042-61710000 & 61760000	(176,976)	-
Division of Client Services	010-042-79930000	-	162,476
Office of Medicaid Business and Policy	010-047-79370000	-	\$500,000
Bureau of Elderly and Adult Services	010-048-61730000	(287,500)	-
Division of Public Health Services	010-090-51900000 &55300000	-	-
Office of Information Services	010-095-59520000	-	-
Sub-Total Other		(662,476)	662,476
TOTAL DHHS - NHHPP Transfers		(1,775,415)	1,775,415

EXPLANATION

These transfers reflect both state general and federal funds required to cover the start-up and operational expenses for the implementation of New Hampshire Health Protection Program for the current biennium. SFY 2014 transfers for salaries and benefits line items reflect estimated

costs for the remainder of the year for 34 FTEs. SFY 2015 transfers reflect about six months estimated costs for 34 FTEs. The department anticipates to submit subsequent request for transfer of funds in early SFY 2015 to adequately cover the remaining costs of New Hampshire Health Protection Program.

The New Hampshire Health Protection Act establishes several programs that will provide new private health coverage to low-income New Hampshire adults who earn up to 133% of the federal poverty level. These programs consist of a mandatory Health Insurance Premium Program (HIPP) under which newly eligible persons with access to private employer sponsored insurance will receive federal funds in order to maintain their employer coverage; a Voluntary Bridge to Marketplace Program under which those non-HIPP eligible will be temporarily enrolled in private managed care plans; and a Premium Assistance Program under which most newly eligible persons will be enrolled in private Qualified Health Plans on the NH Marketplace beginning on January 1, 2016.

In early January 2014, the Department provided the legislature with a detailed description of the start-up and initial operational costs necessary to implement these programs in the current biennium. SB 413 as enacted did not provide an appropriation for the implementation of the New Hampshire Health Protection Program.

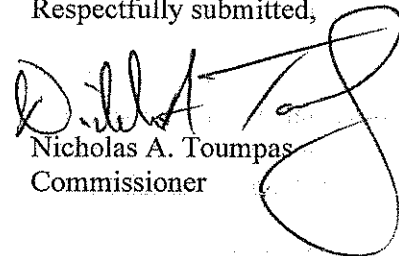
The following is the information specifically required when transfers are requested, in accordance with the Budget Officer's instructional memorandum dated April 17, 1985, to support the above requested actions:

- A. Justification: See the attached appendix for justification of the availability of funds and required additional funds.
- B. Does this transfer involve continuing programs or one-time projects? This transfer is necessary to provide funds for the start-up and operation of the New Hampshire Health Protection Program in Fiscal Year 2015. SB 413 only authorizes these programs through December 31, 2016. These programs will continue after that date only if the legislature reauthorizes them.
- C. Is this transfer required to maintain existing program levels or will it increase the program level? This transfer is required to meet the requirements of programs established in SB 413.
- D. Cite any requirements which make this program mandatory. The New Hampshire Health Protection Program is mandated by state law, SB 413.E.
- E. Identify the source of funds on all accounts listed on this transfer. See the attached worksheet for the source of funds for all accounts.
- F. Will there be any effect on revenue if this transfer is not approved? There is a significant effect on revenue should this transfer not be approved. The implementation of the New Hampshire Health Protection Program will result in over \$300 million in federal funds being spent on health coverage for the newly eligible in state fiscal year 2015. In addition, the implementation of the New Hampshire Health Protection Act will yield over \$4 million in revenue to the state through the Insurance Premium Tax and additional revenue in the Medicaid Enhancement Tax as a direct result of the coverage programs under the Act.

- F. Are funds expected to lapse if this transfer is not approved? The Department does not anticipate that funds transferred for the start-up and implementation of the New Hampshire Health Protection Program will lapse.
- G. H. Are personnel services involved? No positions are being transferred as a result of this request.

The Department has conducted a detailed review of every line item in the budget to ensure that available funds are maximized to the greatest degree possible. An appendix is attached which summarizes the changes across the Department.

Respectfully submitted,



Nicholas A. Toumpas
Commissioner

A	B	C	D	E	F	G	H	I	J	K
			GF	FF/Oth	Total		GF	FF/Oth	Total	Notes
1	NH DHHS - New Hampshire Health Protection Program									
2										
3	NH HPP Transfers Summary "TO"			SFY 2014				SFY 2015		
4	Accounts	Class Line Item	GF	FF/Oth	Total		GF	FF/Oth	Total	Notes
5										
6	Division of Client Services	Salaries	\$ 367,054	\$ 413,913	\$ 780,967		\$ 704,000	\$ 793,873	\$ 1,497,873	1
7	Division of Client Services	Benefits	\$ 148,391	\$ 167,334	\$ 315,725		\$ 408,939	\$ 461,144	\$ 870,083	1
8	Division of Client Services	Other - Operations	\$ 82,419	\$ 92,941	\$ 175,360		\$ 162,476	\$ 183,217	\$ 345,693	2
9	Division of Client Services	Other - New Heights	\$ -	\$ 4,950,000	\$ 4,950,000		\$ -	\$ -	\$ -	3
10	Off of Medicaid Business & Policy	Other - Contracts	\$ 1,250,000	\$ 1,250,000	\$ 2,500,000		\$ 500,000	\$ 500,000	\$ 1,000,000	4
11	Office of Information Services	Other - MMIS	\$ 550,000	\$ 4,950,000	\$ 5,500,000		\$ -	\$ -	\$ -	5
12	Total DHHS Transfers - NHHPP 'To' :		\$ 2,397,864	\$ 11,824,188	\$ 14,222,052		\$ 1,775,415	\$ 1,938,234	\$ 3,713,649	
13										
14										
15	NH HPP Transfers Summary "FROM"			SFY 2014				SFY 2015		
16	Accounts	Class Line Item	GF	FF/Oth	Total		GF	FF/Oth	Total	Notes
17										
18	Division of Client Services	Salaries	(188,000)	(212,000)	(400,000)		(188,000)	(212,000)	(400,000)	
19	Division of Client Services	Salaries	(88,900)	(59,267)	(148,167)		(150,000)	(100,000)	(250,000)	
20	Glenciff Home	Salaries	(90,154)	-	(90,154)		(150,000)	-	(150,000)	
21	New Hampshire Hospital	Salaries	-	-	-		(216,000)	(584,000)	(800,000)	
22	New Hampshire Hospital	Benefits	(148,391)	(401,205)	(549,596)		(408,939)	(1,105,650)	(1,514,589)	
23	Division for Children, Youth & Family	Other - CFS	(924,000)	(476,000)	(1,400,000)		(198,000)	(102,000)	(300,000)	
24	Division of Family Assistance	Other - ANB	(35,000)	-	(35,000)		(25,000)	-	(25,000)	
25	Division of Family Assistance	Other - IDP	(233,723)	-	(233,723)		(151,976)	-	(151,976)	
26	Bureau of Elderly and Adult Services	Other - Nursing Svcs	(325,000)	(325,000)	(650,000)		(287,500)	(287,500)	(575,000)	
27	Division of Public Health Services	Other - MCH	(300,000)	-	(300,000)		-	-	-	
28	Division of Public Health Services	Other - Fam Planning	(64,696)	-	(64,696)		-	-	-	
29	Total DHHS Transfers - NHHPP 'From' :		\$ (2,397,864)	\$ (1,473,472)	\$ (3,871,336)		\$ (1,775,415)	\$ (2,391,150)	\$ (4,166,565)	6
30										
31	Notes:									
32	1. Salaries & Benefits estimates for 34 FTEs for the remainder of SFY 2014 and about only six months expenses of 34 FTEs for SFY 2015;									
33	2. Operational costs related to current expenses, equipment, in-state travel, space and phone lines;									
34	3. New Heights - Contract amendment with Deloitte for the required systems enhancements to support NH HPP initiatives;									
35	4. Contracts related to Professional Services to implement NH HPP with Manatt, Maximus, Kronos and Others TBD;									
36	5. MMIS - Contract amendment with Xerox for the required systems enhancements to support NH HPP initiatives;									
37	6. SFY 2014 - Funds identified otherwise would lapse; SFY 2015 - Preliminary estimates of lapse and further adjustments to be submitted with future funding transfers;									

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
New Hampshire Health Protection Program - Transfers**

TRANSFER OF FUNDS SFY 2014 and 2015 – Salaries, Benefits and Other

DIVISION OF CLIENT SERVICES

**05-95-045-451010-79930000
DFA Field Svcs**

Funding in this organization represents costs associated with the staff in the district offices providing direct services to the clients, in determining eligibility and related support services. In addition, costs related to New HEIGHTS systems staff and related costs are included in this organization.

Funds are transferred into Class 010 Personnel Services Full Time to cover costs of (2) New Heights Tester positions and funds are transferred into Class 050 Personal Services – Temporary Positions to cover costs of 34 FTEs at various levels. In addition, funding needed for benefits and other operational costs are being transferred for the NH Health Protection Program (NH HPP) initiatives. SFY 2014 funding transfers reflect estimated costs for the remainder of the state fiscal year for 34 FTEs and related operational support costs. SFY 2015 funding transfers reflect estimated costs of 34 FTEs salaries and benefits for about six months and other related support costs are at a preliminary level.

Funds are available in Class 010 Personnel Services Full Time due to vacancies which otherwise would lapse, are being transferred out in 2014 and funds are being transferred out for 2015 based on preliminary estimates to cover the costs related to NH HPP initiatives.

Source of Funds: 53% Federal Funds, 47% General Funds

Funds are transferred into Class 046 Consultant Services line item to cover costs related to New HEIGHTS by amending the contract with Deloitte. New HEIGHTS enhancements are required to support the Health Protection Program (HPP) initiative which expands NH's Medicaid program to cover low-income adults (ages 19-64) eligible for federal subsidies under the Affordable Care Act (ACA). The law calls for Medicaid to subsidize employer-based coverage for employed adults with cost-effective health insurance who are eligible for the Health Insurance Premium Payment program (HIPP). For those without cost-effective coverage including unemployed individuals, the law dictates that they be enrolled in the State's Managed Care Program with the intent that these individuals will be moved into the Marketplace Premium Assistance Program (MPAP). The MPAP program will enable individuals to receive subsidized premium assistance for enrolling in any QHP selected from the Federal Marketplace.

New HEIGHTS requires enhancements to support two new programs of assistance for the HPP program, collection of employer sponsored insurance (ESI) for HPP applicants, medically frail data collection and forms processing, managed care enrollment changes to support HIPP determination and orchestration of HIPP, managed care and fee for service benefit assignment, integration with the MMIS and HIPP vendor for evaluation and decision processing and client

noticing for HPP, HIPP and the unemployment referral. New HEIGHTS will also be enhanced to support transition to the MPAP including integration with the Qualified Health Plans (QHP) and the Federally Facilitated Marketplace.

05-95-451010-79940000

Client Svcs – DCYF FLD OPS PG ELB

Funding in this organization represents the costs associated with the eligibility determination/revenue enhancement staff for DCYF.

Funds are available in Class 010 Personnel Services Full Time due to vacancies which otherwise would lapse, are being transferred out in 2014 and funds are being transferred out for 2015 based on preliminary estimates to cover the costs related to NH HPP initiatives.

Source of Funds: 40% Federal Funds, 60% General Funds.

GLENCLIFF HOME

05-095-91-910010-5710

Glenclyff Home, Professional Care

Funding in this organization represents costs associated with the Professional Care Services delivered to clients.

Funds are available in Class 010 Personnel Services Full Time due to vacancies which otherwise would lapse, are being transferred out in 2014 and funds are being transferred out for 2015 based on preliminary estimates to cover the costs related to NH HPP initiatives.

Source of Funds: 100% General

05-95-094-940010-87500000

Acute Psychiatric Services

Funding in this organization represents costs associated with the operation of New Hampshire Hospital, Acute Psychiatric Services. These costs cover the direct expenses of supporting patients. Funds appropriated in class 060 (Benefits) is greater than anticipated due to vacant positions. Thus, funds otherwise would lapse, are being transferred out in 2014 and funds are being transferred out for 2015 based on preliminary estimates to cover the costs related to NH HPP initiatives.

Source of Funds: 30% Federal, 43% Other and 27% General.

DIVISION FOR CHILDREN, YOUTH & FAMILIES

05-95-042-421010-29580000

Child and Family Services

Funding in this organization represents costs associated with purchased services for Abuse and Neglect, CHINS and Delinquent clients. These services include board and care, as well as, community-based services as ordered by the courts. The transfers in this appropriation will reduce the appropriation for services. The change in the definition of CHINS modified the expenditures differently than anticipated at the time the budget was established. The number of

voluntary CHINS has not been as great as anticipated. Thus, funds otherwise would lapse, are being transferred out in 2014 and funds are being transferred out for 2015 based on preliminary estimates to cover the costs related to NH HPP initiatives.

Source of funds: 66% General Funds and 34% Federal Funds (primarily Title IV-A, with Title IV-E, Medicaid and others).

DIVISION OF FAMILY ASSISTANCE

05-95-045-450010-61710000

Aid to Needy Blind

Funding in this organization represents costs associated with the Aid to Needy Blind Grants. Funds are available in Class 501, Payments to Clients, due to caseloads being lower than anticipated when budgeted. Thus, funds otherwise would lapse, are being transferred out in 2014 and funds are being transferred out for 2015 based on preliminary estimates to cover the costs related to NH HPP initiatives.

Source of Funds: 100% General Funds.

05-95-045-450010-61760000

IDP

Funding in this organization represents costs associated with the Interim Disabled Parent (IDP) cash assistance grant. Funds are available in Class 501, Payments to Clients, due to caseloads being lower than anticipated when budgeted. Thus, funds otherwise would lapse, are being transferred out in 2014 and funds are being transferred out for 2015 based on preliminary estimates to cover the costs related to NH HPP initiatives.

Source of Funds: 100% General Funds.

OFFICE OF MEDICAID & BUSINESS POLICY

05-95-047-470010-79370000

Medicaid Administration

Funding in this appropriation represents costs associated with the management and operation of Medicaid programs serving citizens throughout New Hampshire. Funds are transferred into Contracts line item both for SFY 2014 and 2015 towards the professional consulting services for the implementation of NH HPP. Manatt Phelps and Phillips, LLP (\$1.7M) for professional services to assist in the development and implementation of a mandatory Health Insurance Premium Program and a Premium Assistance Program under NH HPP. Maximus (\$500K) to support the enrollment process for the newly eligibles under NH HPP. In addition, several other contracts are planned for communication and outreach services and additional consulting services needed for training and reporting related to the implementation of NH HPP.

Source of Funds: 50% Federal, 50% General

BUREAU OF ELDERLY AND ADULT SERVICES

05-95-048-481510-61730000

NURSING SERVICES

Funding in this organization represents Medicaid provider payments associated with providing care for the elderly and adults with disabilities. Funds are available in Class 101 (Provider Payments LTC) due to less than anticipated utilization of services. Thus, funds otherwise would lapse, are being transferred out in 2014 and funds are being transferred out for 2015 based on preliminary estimates to cover the costs related to NH HPP initiatives.

Source of Funds: 50% Federal, 50% General.

DIVISION OF PUBLIC HEALTH SERVICES

05-95-090-902010-51900000

Maternal & Child Health Services Section

Funding in this organization represents costs associated with the Maternal & Child Health Section within the Division of Public Health Services. Available funds have been identified in Class 102 (Contracts for Program Services) as not all contracts became effective on the anticipated date. Thus, funds otherwise would lapse, are being transferred out in 2014 to cover the costs related to NH HPP initiatives.

Source of funds: 100% General

05-95-90-902010-55300000

Family Planning Program

Funding in this organization represents costs associated with the Family Planning Program within the Division of Public Health Services. Available funds have been identified in Class 102 (Contracts for Program Services). Thus, funds otherwise would lapse, are being transferred out in 2014 to cover the costs related to NH HPP initiatives.

Source of Funds: 100%

05-95-095-954010-59520000

Office of Information Services

Funding in this organization code represents the costs associated with the staff of the Office of Information Services that provide a range of information technology management services across the Department of Health and Human Services. In addition, funding in this office is for the Department of Information Technology expenses in support of the Department of Health and Human Services and the Medicaid Management Information System.

Funds are transferred into Contracts line item to cover costs related to Medicaid Management Information Systems (MMIS) by amending the contract with Xerox. MMIS changes are required for the implementation of NH HPP related to new member eligibility changes, possible new benefit plans for coverage expansion/changes, new provider type, new procedure/diagnosis codes that would need attributes including limits, rates, and changes to claims processing, fund codes, reports, and interfaces, etc. It does not contemplate any major changes/expansion to the HIPP processing capabilities

Source of Funds: 90% Federal and 10% General Funds.

SFY 2014 - New Hampshire Salary	Accounts	General Funds Only		Net	Net FF/Oth
		From	To		
Division of Client Services	Various	(276,900)	367,054	90,154	142,646
Glenclyff Home	Various	(90,154)	-	(90,154)	-
Sub-Total Salary		(367,054)	367,054	-	142,646
			Net Federal Funds		142,646
			Net Other Funds		-
					142,646
					-
Benefits					
Division of Client Services	Various	-	148,391	148,391	167,334
New Hampshire Hospital	Various	(148,391)	-	(148,391)	(401,205)
Sub-Total Benefits		(148,391)	148,391	-	(233,871)
			Net Federal Funds		2,455
			Net Other Funds		(236,326)
					(233,871)
Other					
Division for Children, Youth and Families	Various	(924,000)	-	(924,000)	(476,000)
Division of Family Assistance	Various	(268,723)	-	(268,723)	-
Division of Client Services	Various	-	82,419	82,419	5,042,941
Office of Medicaid Business and Policy	Various	-	1,250,000	1,250,000	1,250,000
Bureau of Elderly and Adult Services	Various	(325,000)	-	(325,000)	(325,000)
Division of Public Health Services	Various	(364,696)	-	(364,696)	-
Office of Information Services	Various	-	550,000	550,000	4,950,000
Sub-Total Other		(1,882,419)	1,882,419	-	10,441,941
			Net Federal Funds		10,441,941
			Net Other Funds		-
					10,441,941
TOTAL DHHS - NHHP Transfers		(2,397,864)	2,397,864	-	10,350,716
			Net Federal Funds		10,587,042
			Net Other Funds		(236,326)
					10,350,716

A	B	C	D	E	F	G	H	I	J	K	L
1	Fund	Agcy	Org	Cla	Rcpt	Class Title	Increase/ Decrease Amount	Net Gen'l Fund by Org. Code	Net Gen'l Fund By Agency	GF	
2					Acct'					Amount	S/I
4	LAWSON ACCOUNTING FORMAT										
5	<u>COMP/</u>	<u>N/A</u>	<u>ACCOUNT</u>	<u>CLASS</u>	<u>ACCOUNT</u>						
			<u>ING UNIT</u>								
6	SALARIES - SFY 2014										
7											
8	DIVISION OF CLIENT SERVICES										
9											
10	Field Operations										
11	010	045	79930000	000	403959	Federal Funds	\$ 201,913				
12	010	045	79930000	007	409282	Other Funds	\$ -				
13	010	045	79930000			General Funds	\$ 179,054	\$ 179,054			
14	Total Revenue										
15							\$ 380,967				
16	010	045	79930000	010	500100	Personal Services - Permanent	\$ (400,000)			\$ (188,000)	
17	010	045	79930000	010	500100	Personal Services - Permanent	\$ 60,000			\$ 28,200	
18	010	045	79930000	018	500106	Overtime	\$ 300,000			\$ 141,000	
19	010	045	79930000	050	500109	Part-Time Temp	\$ 420,967			\$ 197,854	
20	Total Expense										
21							\$ 380,967			\$ 179,054	
22	DCYF FIL OPS PG ELB										
23	010	045	79940000	000	404671	Federal Funds	\$ (59,267)				
24	010	045	79940000			Other Funds	\$ -				
25	010	045	79940000			General Funds	\$ (88,900)	\$ (88,900)			
26	Total Revenue										
27							\$ (148,167)				
28	010	045	79940000	010	500100	Personal Services - Permanent	\$ (148,167)			\$ (88,900)	
29	Total Expense										
30							\$ (148,167)			\$ (88,900)	
31	TOTAL DIVISION OF CLIENT SERVICES										
32									\$ 90,154	\$ 90,154	
33	GLENCLIFF HOME										
34											
35	Professional Care										
36	010	091	57100000	000		Federal Funds	\$ -				
37	010	091	57100000			Other Funds	\$ -				
38	010	091	57100000			General Funds	\$ (90,154)	\$ (90,154)			
39	Total Revenue										
40							\$ (90,154)			\$ 90,154	

A	B	C	D	E	F	G	H	I	J	K	L	
1	Fund	Agcy	Org	Cla	Rcpt Acct	Class Title	Increase/ Decrease Amount	Net Gen'l Fund by Org. Code	Net Gen'l Fund By Agency	GF Amount	S/TI	
78												
79	Child & Family Services											
80	010	042	29580000	000	404230	Federal Funds	\$ (476,000)					
81	010	042	29580000	007	407139	Private Local Funds	\$ -					
82	010	042	29580000			General Funds	\$ (924,000)	\$ (924,000)			\$ -	
83	Total Revenue						\$ (1,400,000)					
84												
85	010	042	29580000	533	500373	Foster Care Services	\$ (400,000)			\$ (264,000)		
86	010	042	29580000	535	500376	Out of Home Placements	\$ (1,000,000)			\$ (660,000)		
87	Total Expense						\$ (1,400,000)				\$ (924,000)	
88												
89	TOTAL DIVISION FOR CHILDREN, YOUTH AND FAMILIES								\$ (924,000)		\$ (924,000)	
90												
91	<u>DIVISION OF FAMILY ASSISTANCE</u>											
92												
93	Aid Needy Blind											
94	010	045	61710000			General Funds	\$ (35,000)	\$ (35,000)				
95	Total Revenue						\$ (35,000)					
96												
97	010	045	61710000	501	500425	Payments to Clients	\$ (35,000)			\$ (35,000)		
98	Total Expense						\$ (35,000)				\$ (35,000)	
99												
100	IDP											
101	010	045	61760000			General Funds	\$ (233,723)	\$ (233,723)				
102	Total Revenue						\$ (233,723)					
103												
104	010	045	61760000	501	500425	Payments to Clients	\$ (233,723)			\$ (233,723)		
105	Total Expense						\$ (233,723)				\$ (233,723)	
106												
107	TOTAL DIVISION OF FAMILY ASSISTANCE								\$ (268,723)		\$ (268,723)	
108												
109	<u>DIVISION OF CLIENT SERVICES</u>											
110												
111	Field Operations											
112	010	045	79930000	000	403959	Federal Funds	\$ 5,042,941					
113	010	045	79930000	007	409282	Other Funds	\$ -					
114	010	045	79930000			General Funds	\$ 82,419	\$ 82,419				
115	Total Revenue						\$ 5,125,360					
116												

A	B	C	D	E	F	G	H	I	J	K	L	
1	Fund	Agcy	Org	Cla	Rcpt Acc't	Class Title	Increase/ Decrease Amount	Net Gen'l Fund by Org. Code	Net Gen'l Fund By Agency	GF Amount	S/T	
117	010	045	79930000	020	500200	Current Expenses	\$ 24,539			\$ 11,533		
118	010	045	79930000	028	500292	Transfers to General Services	\$ 100,000			\$ 47,000		
119	010	045	79930000	039	500188	Telecommunications	\$ 25,313			\$ 11,897		
120	010	045	79930000	070	500706	In-State Travel	\$ 25,508			\$ 11,989		
121	010	045	79930000	046	5000464	Consultants	\$ 4,950,000			\$ -		
122	Total Expense						\$ 5,125,360				\$ 82,419	
123												
124	TOTAL DIVISION OF CLIENT SERVICES											
125												
126	OFFICE OF MEDICAID BUSINESS AND POLICY											
127												
128	Medicaid Administration											
129	010	047	79370000	000	403951	Federal Funds	\$ 1,250,000			\$ 1,250,000		
130	010	047	79370000			Other Funds	\$ -					
131	010	047	79370000			General Funds	\$ 1,250,000	\$ 1,250,000				
132	Total Revenue						\$ 2,500,000					
133												
134	010	047	79370000	102	500731	Contracts For Prog Svcs	\$ 2,500,000			\$ 1,250,000		
135	Total Expense						\$ 2,500,000				\$ 1,250,000	
136												
137	TOTAL OFFICE OF MEDICAID BUSINESS AND POLICY											
138												
139	BUREAU OF ELDERLY AND ADULT SERVICES											
140												
141	Nursing Services											
142	010	048	61730000	000	404362	Federal Funds	\$ (325,000)					
143	010	048	61730000			Other Funds	\$ -					
144	010	048	61730000			General Funds	\$ (325,000)	\$ (325,000)				
145	Total Revenue						\$ (650,000)					
146												
147	010	048	61730000	101	500729	Provider Payments LTC	\$ (650,000)			\$ (325,000)		
148	Total Expense						\$ (650,000)				\$ (325,000)	
149												
150	TOTAL BUREAU OF ELDERLY AND ADULT SERVICES											
151												
152	DIVISION OF PUBLIC HEALTH SERVICES											
153												
154	MATERNAL AND CHILD HEALTH											
155	010	090	51900000	000	404595	Federal Funds	\$ -					
									\$ (325,000)		\$ (325,000)	

A	B	C	D	E	F	G	H	I	J	K	L
1	2	3	4	5	6	7	8	9	10	11	12
Fund	Agcy	Org	Cla	Rcpt Acct	Class Title	Increase/Decrease Amount	Net Gen'l Fund by Org. Code	Net Gen'l Fund By Agency	GF Amount	S/T	
156	010	090	519000000		Other Funds	\$ -					
157	010	090	519000000		General Funds	\$ (300,000)	\$ (300,000)				
158	Total Revenue					\$ (300,000)					
159	Total Expense					\$ (300,000)					
160	010	090	519000000	102	500731	Contracts for Program Services	\$ (300,000)		\$ (300,000)		
161	Total Expense					\$ (300,000)			\$ (300,000)		
162											
163	FAMILY PLANNING										
164	010	090	553000000	000	404700	Federal Funds	\$ -				
165	010	090	553000000		Other Funds	\$ -					
166	010	090	553000000		General Funds	\$ (64,696)	\$ (64,696)				
167	Total Revenue					\$ (64,696)					
168											
169	010	090	553000000	102	500731	Contracts for Program Services	\$ (64,696)		\$ (64,696)		
170	Total Expense					\$ (64,696)			\$ (64,696)		
171											
172	TOTAL DIVISION OF PUBLIC HEALTH SERVICES										
173											
174	OFFICE OF INFORMATION SERVICES										
175											
176	Office of Improvement and Integrity										
177	010	095	595200000	000	408159	Federal Funds	\$ 4,950,000				
178	010	095	595200000		Other Funds	\$ -					
179	010	095	595200000		General Funds	\$ 550,000	\$ 550,000		\$ 550,000		
180	Total Revenue					\$ 5,500,000					
181											
182	010	095	595200000	102	500731	Contracts for Prog.Svs	\$ 5,500,000		\$ 550,000		
183	Total Expense					\$ 5,500,000			\$ 550,000		
184											
185	TOTAL OFFICE OF INFORMATION SERVICES										
186	Total Revenue					\$ 5,500,000			\$ 550,000		
187	Total Expense					\$ 5,500,000			\$ 550,000		
188	Total DHHS Other SFY 2014										
189	Total Revenue					\$ 5,500,000			\$ 550,000		
190	Total Expense					\$ 5,500,000			\$ 550,000		

Salary	Accounts	General Funds Only		Net	Net
		From	To		
Division of Client Services	Various	(338,000)	704,000	366,000	481,873
Glenciff Home	Various	(150,000)	-	(150,000)	-
New Hampshire Hospital	Various	(216,000)	-	(216,000)	(584,000)
Sub-Total Salary		(704,000)	704,000	-	(102,127)
			Net Federal Funds		241,873
			Net Other Funds		(344,000)
					(102,127)
					-
Benefits					
Division of Client Services	Various	-	408,939	408,939	461,144
New Hampshire Hospital	Various	(408,939)	-	(408,939)	(1,105,650)
Sub-Total Benefits		(408,939)	408,939	-	(644,506)
			Net Federal Funds		6,767
			Net Other Funds		(651,273)
					(644,506)
					-
Other					
Division for Children, Youth and Families	Various	(198,000)	-	(198,000)	(102,000)
Division of Family Assistance	Various	(176,976)	-	(176,976)	-
Division of Client Services	Various	-	162,476	162,476	183,217
Office of Medicaid Business and Policy	Various	-	500,000	500,000	500,000
Bureau of Elderly and Adult Services	Various	(287,500)	-	(287,500)	(287,500)
Sub-Total Other		(662,476)	662,476	-	293,717
			Net Federal Funds		293,717
			Net Other Funds		-
					293,717
TOTAL DHHS - NHHPP Transfers		(1,775,415)	1,775,415	-	(452,916)
			Net Federal Funds		542,357
			Net Other Funds		(995,273)
					(452,916)

A	B	C	D	E	F	G	H	I	J	K	L
Fund	Agcy	Org	Cla	Rcpt	Class Title	Increase/Decrease Amount	Net Gen'l Fund by Org. Code	Net Gen'l Fund By Agency	GF Amount		
LAWSON ACCOUNTING FORMAT											
	<u>COMP/</u>	<u>N/A</u>	<u>ACCOUNT</u>	<u>CLASS</u>	<u>ACCOUNT</u>						
			<u>ING UNIT</u>								
SALARIES - SFY 2015											
DIVISION OF CLIENT SERVICES											
Field Operations											
11	010	045	79930000	000	403959	Federal Funds	\$ 581,873				
12	010	045	79930000	007	409282	Other Funds	\$ -				
13	010	045	79930000			General Funds	\$ 516,000	\$ 516,000			
14	Total Revenue						\$ 1,097,873				
15	Total Expense						\$ -		\$ 1,783		\$ 516,000
16	010	045	79930000	010	500100	Personal Services - Permanent	\$ (400,000)			\$ (188,000)	
17	010	045	79930000	010	500100	Personal Services - Permanent	\$ 135,751			\$ 63,803	
18	010	045	79930000	018	500106	Overtime	\$ 202,011			\$ 94,945	
19	010	045	79930000	050	500109	Part-Time Temp	\$ 1,160,112			\$ 545,252	
20	Total Expense						\$ 1,097,874		\$ 1,783		\$ 516,000
DCYF FIL OPS PG ELB											
23	010	045	79940000	000	404671	Federal Funds	\$ (100,000)				
24	010	045	79940000			Other Funds	\$ -				
25	010	045	79940000			General Funds	\$ (150,000)	\$ (150,000)			
26	Total Revenue						\$ (250,000)				
28	010	045	79940000	010	500100	Personal Services - Permanent	\$ (250,000)			\$ (150,000)	
29	Total Expense						\$ (250,000)				\$ (150,000)
31	TOTAL DIVISION OF CLIENT SERVICES										
32	Total Revenue								\$ 366,000		\$ 366,000
GLENCLIFF HOME											
Professional Care											
36	010	091	57100000	000		Federal Funds	\$ -				
37	010	091	57100000			Other Funds	\$ -				
38	010	091	57100000			General Funds	\$ (150,000)	\$ (150,000)			
39	Total Revenue						\$ (150,000)				\$ (150,000)

A	B	C	D	E	F	G	H	I	J	K	L
1	Fund	Agcy	Org	Cla	Rcpt Acct	Class Title	Increase/ Decrease Amount	Net Gen'l Fund by Org. Code	Net Gen'l Fund By Agency		
41	010	091	57100000	010	500100	Personal Services Perm Clas	\$ (150,000)			\$ (150,000)	
42	Total Expense (150,000)										
43											
44											
45	TOTAL GLENCLIFF HOME										
46											
47	NEW HAMPSHIRE HOSPITAL										
48											
49	Acute Psychiatric Services										
50	010	094	87500000	000	404434	Medicaid DSH	\$ (240,000)			\$ (162,000)	
51	010	094	87500000	009	405921	Other Funds	\$ (344,000)			\$ (54,000)	
52	010	094	87500000			General Funds	\$ (216,000)	\$ (216,000)			
53	Total Revenue \$ (800,000)										
54											
55	010	094	87500000	010	500100	Personal Services - Permanent	\$ (600,000)			\$ (162,000)	
56	010	094	87500000	012	500128	Personal Services - Unclass	\$ (200,000)			\$ (54,000)	
57	Total Expense \$ (800,000)										
58											
59											
60	TOTAL NHH										
61											
62	Total DHHS Salaries SFY 2015										
63	BENEFITS - SFY 2015										
64											
65	DIVISION OF CLIENT SERVICES										
66											
67	Field Operations										
68	010	045	79930000	000	403959	Federal Funds	\$ 461,144				
69	010	045	79930000	007	409282	Other Funds	\$ -				
70	010	045	79930000			General Funds	\$ 408,939	\$ 408,939			
71	Total Revenue \$ 870,083										
72											
73	010	045	79930000	060	500601	Benefits	\$ 870,084			\$ 408,939	
74	Total Expense \$ 870,084										
75	TOTAL Division of Client Services										
76											
77	New Hampshire Hospital										
78											

A	B	C	D	E	F	G	H	I	J	K	L	
1	Fund	Agcy	Org	Cla	Rcpt Acc't	Class Title	Increase/ Decrease Amount	Net Gen'l Fund by Org. Code	Net Gen'l Fund By Agency	GF Amount		
79	Acute Psychiatric Services											
80	010	094	87500000	000	404434	Federal Funds	\$ (454,377)					
81	010	094	87500000	009	405921	Medicare/Medicaid	\$ (651,273)					
82	010	094	87500000			General Funds	\$ (408,939)	\$ (408,939)				
83	Total Revenue							\$ (1,514,589)				
84												
85	010	094	87500000	060	500602	Benefits	\$ (1,514,589)			\$ (408,939)		
86	Total Expense							\$ (1,514,589)				
87												
88	TOTAL OF NEW HAMPSHIRE HOSPITAL								\$ (408,939)	\$ (408,939)		\$ (408,939)
89									\$	\$	\$	\$
90												
91	OTHER - SFY 2015											
92												
93	DIVISION FOR CHILDREN, YOUTH AND FAMILIES											
94												
95	Child & Family Services											
96	010	042	29580000	000	404230	Federal Funds	\$ (102,000)					
97	010	042	29580000	007	407139	Private Local Funds	\$ -					
98	010	042	29580000			General Funds	\$ (198,000)	\$ (198,000)			\$	
99	Total Revenue							\$ (300,000)				
100												
101	010	042	29580000	533	500373	Foster Care Services	\$ (100,000)			\$ (66,000)		
102	010	042	29580000	535	500376	Out of Home Placements	\$ (200,000)			\$ (132,000)		
103	Total Expense							\$ (300,000)				\$ (198,000)
104												
105	TOTAL DIVISION FOR CHILDREN, YOUTH AND FAMILIES								\$ (198,000)	\$ (198,000)		\$ (198,000)
106												
107	DIVISION OF FAMILY ASSISTANCE											
108												
109	Aid Needy Blind											
110	010	045	61710000			General Funds	\$ (25,000)	\$ (25,000)				
111	Total Revenue							\$ (25,000)				
112												
113	010	045	61710000	501	500425	Payments to Clients	\$ (25,000)			\$ (25,000)		
114	Total Expense							\$ (25,000)				\$ (25,000)
115												
116	IDP											

A	B	C	D	E	F	G	H	I	J	K	L
1	Fund	Agcy	Org	Clas	Rcpt Acct	Class Title	Increase/ Decrease Amount	Net Gen'l Fund by Org. Code	Net Gen'l Fund By Agency	GF Amount	S/T
117	010	045	61760000			General Funds	\$ (151,976)	\$ (151,976)			
118	Total Revenue										
119											
120	010	045	61760000	501	500425	Payments to Clients	\$ (151,976)			\$ (151,976)	
121	Total Expense										
122											
123	TOTAL DIVISION OF FAMILY ASSISTANCE										
124											
125	DIVISION OF CLIENT SERVICES										
126											
127	Field Operations										
128	010	045	79930000	000	403959	Federal Funds	\$ 183,217				
129	010	045	79930000	007	409282	Other Funds	\$ -				
130	010	045	79930000			General Funds	\$ 162,476	\$ 162,476			
131	Total Revenue										
132											
133	010	045	79930000	020	500200	Current Expenses	\$ 60,638			\$ 28,500	
134	010	045	79930000	028	500292	Transfers to General Services	\$ 100,000			\$ 47,000	
135	010	045	79930000	030	500311	Equipment	\$ 75,000			\$ 35,250	
136	010	045	79930000	039	500188	Telecommunications	\$ 45,375			\$ 21,326	
137	010	045	79930000	070	500706	In-State Travel	\$ 64,680			\$ 30,400	
138	Total Expense										
139											
140	TOTAL DIVISION OF CLIENT SERVICES										
141											
142	OFFICE OF MEDICAID BUSINESS AND POLICY										
143											
144	Medicaid Administration										
145	010	047	79370000	000	403951	Federal Funds	\$ 500,000				
146	010	047	79370000			Other Funds	\$ -				
147	010	047	79370000			General Funds	\$ 500,000	\$ 500,000			
148	Total Revenue										
149											
150	010	047	79370000	102	500731	Contracts For Prog Svcs	\$ 1,000,000			\$ 500,000	
151	Total Expense										
152											
153	TOTAL OFFICE OF MEDICAID BUSINESS AND POLICY										
154											
155	BUREAU OF ELDERLY AND ADULT SERVICES										
									\$ 162,476		
									\$ 162,476		
									\$ 500,000		\$ 500,000
									\$ 500,000		\$ 500,000

A	B	C	D	E	F	G	H	I	J	K	L
1	2	3	4	5	6	7	8	9	10	11	12
Fund	Agcy	Org	Cla	Rcpt	Class Title	Increase/ Decrease Amount	Net Gen'l Fund by Org. Code	Net Gen'l Fund By Agency	GF	Amount	S/T
156											
157											
158	010	048	61730000	000	404362	\$ (287,500)	\$ (287,500)				
159	010	048	61730000			\$ -	\$ -				
160	010	048	61730000			\$ (287,500)	\$ (287,500)				
161	Total Revenue					\$ (575,000)	\$ (575,000)				
162											
163	010	048	61730000	101	500729	\$ (575,000)	\$ (575,000)			\$ (287,500)	
164	Total Expense					\$ (575,000)	\$ (575,000)				
165											
166	TOTAL BUREAU OF ELDERLY AND ADULT SERVICES										
167									\$ (287,500)		
168											
169	Total DHHS Other SFY 2015										\$ -