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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,

Jeffry 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) <u>Chapter 3 (SB 413)</u>, 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) <u>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:</u>

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.



NICHOLAS A. TOUMPAS COMMISSIONER

State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

April 15, 2014

Starning

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.

The Honorable Mary Jane Wallner Page 5 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 waivered 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

A. Shalas A. Tong

Commissioner

Jeffrey A. Meyers, Director Intergovernmental Affairs

Enclosures

cc: Jeffry A. Pattison

Members, Fiscal Committee



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Charles Consumer Manager of the Consumer National Action (1973) 1/20
Eligibility Groups - Mandatory Coverage Adult Group
1902(a)(10)(A)(i)(VIII) 42 CFR 435.119
The state covers the Adult Group as described at 42 CFR 435.119.
• Yes C No
Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPI
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-Base 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
C 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 assure 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.
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 eligib the last day of the sor	ility determination for regular Medicaid is made, if an application for Medicaid is filed by month following the month in which the determination of presumptive eligibility is made;
The last day of the if no application for	month following the month in which the determination of presumptive eligibility is made, or Medicaid is filed by that date.
Periods of presump	otive eligibility are limited as follows:
No more than of	one period within a calendar year.
No more than o	one period within two calendar years.
No more than of presumptive else	one period within a twelve-month period, starting with the effective date of the initial igibility period.
Other reasonab	le limitation:
The state requires that	a written application be signed by the applicant or representative.
• Yes No	
The state uses a	a single application form for Medicaid and presumptive eligibility, approved by CMS.
The state uses a application form	a separate application form for presumptive eligibility, approved by CMS. A copy of the n is included.
	An attachment is submitted.
The presumptive el	igibility determination is based on the following factors:
The individual	must meet the categorical requirements of 42 CFR 435.119.
Household income	ome must not exceed the applicable income standard described at 42 CFR 435.119.
State residency	
Citizenship, sta	tus as a national, or satisfactory immigration status.
The state uses quali this eligibility group	fied entities, as defined in section 1920A of the Act, to determine eligibility presumptively for o.
List of Qualifie	ed Entities S17
eligibility deter meets at least o	ity is an entity that is determined by the agency to be capable of making presumptive minations based on an individual's household income and other requirements, and that ne of the following requirements. Select one or more of the following types of entities ne presumptive eligibility for this eligibility group:
Furnishes he is eligible to	ealth care items or services covered under the state's approved Medicaid state plan and receive payments under the plan
Is authorized Head Start A	I to determine a child's eligibility to participate in a Head Start program under the



Medicaid Eligibility

E	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
<u> </u>	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
1 [Other entity the agency determines is capable of making presumptive eligibility determinations:

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:

- FANF: 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 noncitizenship 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 Paity 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 of 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 Medicard 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:			

DFA Form 800 01/14

	APPLI	CATIO	N FOR ASS	ISTANCE		
A. Please tell us about	who you are	amd wh	ere you live.			
Name:			Primar	y Language:		
Current Place of Residence: Congregate Housing		□ Nur Hospital	sing Facility	Adult Fami	ily Home A	
Street Address:				ng Address:		
City/State/7im				(if different)		
Home Phone:	Work	Phone:		C	ell/Message:	
E-Mail Address:					ve an E-Mail addre	
Does anyone in your family	have Medicare F	Part A or	B? □ Y □ N	rao not na	ve all E-Wall addit	555
Why do you need our help?	•					
Information Supplier:						
(if different from applicant)	Name			Addres		Phone #
B. Please tell us about 1 You do not have to give the Soc	he people yours	u live w perorcitiz	fith. Start with y enship status of a	ourself and lis Inv individual v	t ALL of the people ho is not applying t	Living with you.
Name	SSN	DOB	Relation to you		Student (Yes or No. If Yes, put grade too)	RID (DFA Use Only)
1.			SELF	ПУПМ	ir res, put grade too)	
2.		****				1
3.				TYTN		
4.				TYN		
5.				TYDN		
6.						
C. I want to apply for: (YPES OF ASSISTA	NGE REG	HESTERN			
ALL PROGRAMS	☐ Cash		☐ Food S	tampa		
☐ Home and Community-Base		□ Me		-	Child Ca 🗌 P) [QMB/QWDI/Si] (SP	
☐ Nursing Facility (NF) Servic	, ,				DE) [GRADIGADIIG	LIVID/SLIVID (33]
Medical Assistance – if you	need Medical Assis	stance for a	child, pregnant wo	men, or parent/ca	retaker relative of a cl	nild vou must also
complete the insert entitled Medi	cal Assistance for (Children, Pr	egnant Women, and	Parent/Caretake	r Relatives Insert	ma, you must also
D. The following information information provided will no	n is collected to t affect your elic	be sure ibility or	that everyone is benefit amount	served fairly.	Your answers are	voluntary. The
Are you Hispanic or Latino?						
Are you: White? Y	N Asian?] Y \square N	Native Haw	aiian or Other	Pacific Islander?	
Black or African					Native? Y	
AGENCY USE ONLY:						
RFA#		ase #		ř	Forms Given: 725	177
Cash	OPEN CLC				DO:	1
Food Stamps	OPEN CLC		DENY DATE:		DO:	
MA	OPEN CLC		DENY DATE:		DO:	
Child Care	OPEN CLC		DENY DATE: DENY DATE:	700.00	DO:	
EBT Card Status:	None	Active	Deactivat	ed 0	DO: Cancelled	

E. Please fell us about a	l income for everyone in	your home.	G. Your Ex	oenses:	
Your Wages: \$	🗌 Weekly 🗍 Bi-W		Rent (monthly):		
Other Wages: \$	🗌 Weekly 🔲 Bi-W		Mortgage (montl		
Other Wages \$			Lot Rent/Condo I		8
Has anyone recently lost a job?	☐ Yes ☐ No		Taxes (yearly):		
If yes, who?	When?/		Dependent Car		
SSA/SSDI: \$	Spousal Support: \$		Medical Expens		
SSI: \$	11 1		Woodiodi Experi	φ	
VA: \$	Child Support: \$				
Pension: \$	Other: \$		Do you pay for	the following	
F. Please tell us about al		ourhome.	utilities separa mortgage?	ite from your	rent or
Checking/Savings: \$	Other Chk/Save: \$		Hea	t: 🗌 Yes	□No
Stocks/Bonds/CD's: \$	IRA: \$	`	Phone		No
Your or Your				(
Spouse's Annuity: \$	Other Assets: \$		Electri	(□No
Trusts: \$ Vehicle (Yr/Mdl):	Life Insurance: \$		Othe	r: Yes	□No
H. Potential Eligibility Qu	Vehicle (Yr/Mdl):				
1. Are you a migrant or season					Yes 🗌 No
 Have you or anyone in you Are you currently living in a s 	r household received Food Sta	amp assistance f	or this month?		Yes 🗌 No
 Are you currently living in a s Is anyone in your househo 	helter for battered individuals?		, .		Yes 🗌 No
					Yes 🔲 No
,	property in the last 5 years?				Yes 🗌 No
Is anyone in your househousehousehousehousehousehousehouse	u currently receiving assistan What kin	ce from another	State?		Yes 🗌 No
	pregnant or has anyone given b				V- [] N
8. Do you have any unpaid me	edical bills from the past 3 mo	nthe that you wo	uid lika hala na	Lines -	Yes No
9. If you are applying for Financ	ial Assistance to Needy Families	(FANE) is the fo	ther's name blo	tying?	Yes 🗌 No
not stated on the pirth certif	cate for any of your children?	7, 13 the 12	ulier s hairle blai		Yes 🗌 No
If applying for FANF, how n	nany absent parents?		•		
 Do you or any other househo 	ld member have health insuranc	e other than Medi	caid?	П	Yes □ No
If yes, name of Insurer?			licy Number:		, 00 🗀 , 10
S levels at 1950					
. Signatures				and the second second	
CERTIFY, UNDER PENALTY OF PE	RJURY, THAT I HAVE REVIEWED T	HIS INFORMATION C	N THIS APPLICA	TION INCLUDING	C ANY
MECKINATION INDICATED ON THE I	ISERT; IT IS I RUE AND COMPLETE	TO THE BEST OF	My Knowi Enge	INCLUDING TO	=
NEORMATION CONCERNING CITIZE	VSHIP AND ALIEN STATUS. I UNDF	RSTAND A FIII FI	NANCIAI AND ME	DICAL ELIGIBIL	ITY
NIERVIEW WAY NEED TO BE COND	UCTED BEFORE MY ELIGIBILITY C	AN BE DETERMINE	D.		
		_			
Applicant	Signature	Date	····		•
4.5					·
Signature of Person I	lelping the Applicant	Date	R	elationship to Ap	pplicant
withdraw my application for:	Cash	□ Eood Stamme			
		☐ Food Stamps	Child Care	☐ HCBC/NF	∐ MSP

Signatu certify that I have given the above		Date			
certify that I have given the above copy of this form, if one was reque	e mulvidual(s) the opportunity to ested.	review this appli	cation. I also ce	rtify that I have	provided a
rinted Name & Signature		Title/Agency	· · · · · · · · · · · · · · · · · · ·		Date
					vate

•

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.

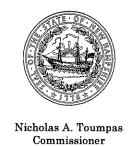
Conviction of an offense could result in loss of Medical Assistance benefits for a period not to exceed 1 year. Penalties are fines up to \$25,000 or imprisonment for not more than 5 years, or both.

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	IITIALS
All Programs	III I ALES
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.	r
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.	

Cash & Food Stamp Programs Con't		INITIALS
I understand that for Food Stamp benefits, to get a dedu mortgage payments, utility or other shelter expenses, chil or medical expenses (only for the elderly or disabled), I m then provide proof of them. Failure to report or verify any fuel assistance, could mean that I will get less Food Stammy statement that my household does not want to get a dexpense.	d support paid to a non-house test tell DHHS about these of the above listed expense p benefits each month.	ousehold member, e expenses and es, or of receipt of ad will be seen as
I understand that my EBT card or cash from my EBT care establishments, or businesses which provide adult-oriented card or cash from my EBT card at one of these places, I v RSA 167:7-b.	ed entertainment, and that	if Luse my FRT
Medical Assistance		
I understand that my receipt of medical assistance is an party medical insurance or payments, including medical c	assignment to DHHS of m hild support.	y rights to all third
I understand that my receipt of medical assistance mean records from medical providers. My signature below and/o medical providers to release any records to DHHS.	s DHHS must be able to cor or on the application autho	obtain medical rizes my family's
I understand that, if I am in a nursing home, DHHS must with the nursing home to best administer the program. My authorizes that exchange and remains in effect for as long nursing home care.	signature below and/or or	n the application
I understand that for long-term care services (Nursing Fall am required to disclose to DHHS any interest that my sp	cility or Home and Commo	unity-Based Care), uity.
I understand that if either my spouse or I are requesting I purchased or modified by my spouse or me on or after Fe of assets for less than fair market value unless the State is amount of Medicaid paid for long-term care services.	bruary 8 2006 will be con-	sidered a transfor
NH Child Care Scholarship		
I understand that I must only use child care services paid activities approved by DHHS. I may have to reimburse DH was involved in other, non-approved activities.	l for by DHHS for those en IHS for those payments m	nployment-related ade for times I
Signatures		
I certify, under penalty of perjury, that I have reviewed the my interview, and it is true and complete to the best of my	above information and the knowledge.	e information summarizing
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 have completely explained and given them a copy of the F have given them a copy of this page, if it was requested.	e opportunity to review this Rights and Responsibilities	s document, and that I Notice. I also certify that I
Printed Name & Signature	Title/Agency	Date



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

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

The Honorable Mary Jane Wallner, Chairman, and Her Excellency, Governor Margaret Wood Hassan April 8, 2014, Page 2

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

SFY 2015

<u>Salary</u>	Accounts	General Funds	General Funds
	_	<u>From</u>	To
Division of Client Services	010-042-79930000	(338,000)	704,000
Glencliff Home	010-091-57100000	(150,000)	<u>.</u>
New Hampshire Hospital	010-094-87500000	(216,000)	•
Sub-Total Salary		(704,000)	704,000
<u>Benefits</u>			
Division of Client Services	010-042-79930000		408,939
New Hampshire Hospital	010-094-87500000	(408,939)	<u> </u>
Sub-Total Benefits		(408,939)	408,939
<u>Other</u>			
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

The Honorable Mary Jane Wallner, Chairman, and Her Excellency, Governor Margaret Wood Hassan April 8, 2014, Page 3

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.

The Honorable Mary Jane Wallner, Chairman, and Her Excellency, Governor Margaret Wood Hassan April 8, 2014, Page 4

- 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

The Department of Health and Human Services' Mission is to join communities and families

in providing opportunities for citizens to achieve health and independence

al GF FF/Oth Total 15,725 \$ 408,939 \$ 461,144 \$ 870,083 15,725 \$ 408,939 \$ 461,144 \$ 870,083 15,725 \$ 162,476 \$ 183,217 \$ 345,693 10,000 \$ 500,000 \$ 500,000 \$ 1,000,000 10,000 \$ 500,000 \$ 500,000 \$ 1,000,000 10,000 \$ 1,775,415 \$ 1,938,234 \$ 3,713,649 21,052 \$ 1,775,415 \$ 1,938,234 \$ 3,713,649 21,000 (188,000) (212,000) (400,000) 18,167 (150,000) (100,000) (250,000) 19,360 (408,939) (1,105,650) (1,514,589) 19,396 (408,939) (1,105,650) (1,514,589) 19,396 (198,000) (287,500) (287,500) 10,000) (287,500) (287,500) (300,000) 15,000) (287,500) (287,500) (300,000) 16,696	37	35	34 4	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	8.1	17	16	15	14	13	12	Ξ	ō	9	∞	7	6	5	4	ω ₃	2	<u>,</u>	
Accounts Class Line Item GF FF/Oth Total CF FF/Oth					1. Salaries & Benefits estimates for 34	Notes:		Totall DHHS Transfers - NHHPP 'Fr	Division of Public Health Services	Division of Public Health Services	Bureau of Elderly and Adult Services	Division of Family Assistance	G	outh &	New Hampshire Hospital	New Hampshire Hospital	Glencliff Home	Division of Client Services	Division of Client Services			NH HPP Transfers Summary "FRON			Totall DHHS Transfers - NHHPP 'To	Office of Information Services	Off of Medicaid Business & Policy	Division of Client Services	TO DOMINION CONTRACTOR VIEW		NH HPP Transfers Summary "TO"		- New Hampshire	A			
2014 SFY 2015 Dth Total GF FF/Oth Total 13,913 \$ 780,967 \$ 704,000 \$ 793,873 \$ 1,497,873 57,334 \$ 315,723 \$ 408,939 \$ 461,144 \$ 870,083 50,000 \$ 2,500,000 \$ 500,000 \$ 500,000 \$ 183,217 \$ 345,693 50,000 \$ 2,500,000 \$ 500,000 \$ 500,000 \$ 1,000,000 \$ 1,000,000 50,000 \$ 2,500,000 \$ 500,000 \$ 500,000 \$ 1,000,000 \$ 1,000,000 2014 \$ 14,222,082 \$ 1,775,415 \$ 1,938,234 \$ 3,713,649 2014 \$ 162,476 \$ 183,217 \$ 345,693 2014 \$ 14,222,082 \$ 1,775,415 \$ 1,938,234 \$ 3,713,649 2014 \$ 162,476 \$ 1,938,234 \$ 3,713,649 2014 \$ 162,000 \$ 1,938,234 \$ 3,713,649 2014 \$ 162,000 \$ 1,938,234 \$ 3,713,649 2014 \$ 17,2000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,00	se would lapse; SFY 20	vices to implement NH	with Deloitte for the re	expenses, equipment, in	FTEs for the remainder			om':				010-045-61760000						1.				1.		***************************************	1	010-095-59520000						1 2				Protection Program	3
2014 SFY 2015 Dth Total GF FF/Oth Total 13,913 \$ 780,967 \$ 704,000 \$ 793,873 \$ 1,497,873 57,334 \$ 315,723 \$ 408,939 \$ 461,144 \$ 870,083 50,000 \$ 2,500,000 \$ 500,000 \$ 500,000 \$ 183,217 \$ 345,693 50,000 \$ 2,500,000 \$ 500,000 \$ 500,000 \$ 1,000,000 \$ 1,000,000 50,000 \$ 2,500,000 \$ 500,000 \$ 500,000 \$ 1,000,000 \$ 1,000,000 2014 \$ 14,222,082 \$ 1,775,415 \$ 1,938,234 \$ 3,713,649 2014 \$ 162,476 \$ 183,217 \$ 345,693 2014 \$ 14,222,082 \$ 1,775,415 \$ 1,938,234 \$ 3,713,649 2014 \$ 162,476 \$ 1,938,234 \$ 3,713,649 2014 \$ 162,000 \$ 1,938,234 \$ 3,713,649 2014 \$ 162,000 \$ 1,938,234 \$ 3,713,649 2014 \$ 17,2000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,00)15: Preliminary estima	HPP with Manatt. Ma	quired systems enhance	-state travel, space and	c of SFY 2014 and abou	A THE TAXABLE PARTY OF TAXABLE PARTY	A AND AND AND AND AND AND AND AND AND AN		Other - Fam Planning	Other - MCH	Other - Nursing Sycs	Other - IDP	Other - ANB	- 4	Benefits	Salaries	Salaries	Salaries	Salaries		Class Line Item			Market and the second s		Other - MMIS	Other - Contracts	Other - New Heights	Other - Operations	Benefits	Salaries		Class Line Item	AMAZIMA TANIFORMI TANIFORM		- Lambon Company - Transport -	С
Dith Total GF FF/Oth Total GF GF GF/Oth Total GF GF/Oth Total GF FF/Oth Total GF FF/Oth Total GF FF/Oth Total GF FF/Oth Total GF GF/Oth GF	tes of lapse and fu	kimus, Kronos and	ements to support	phone lines;	it only six months			(2,397,864)	(64,696)	(300,000)	(325,000)	(233,723)	(35,000)	(924,000)	(148,391)		(90,154)	(88,900)	(188,000)	4	GF				2,397,864	550,000	1,250,000		82,419	148,391	367,054		GF				D
5 170tal 144 \$ 870,083 217 \$ 345,693 - \$ - 234 \$ 3,713,649 234 \$ 3,713,649 2500 (400,000) - (150,000) - (150,000) - (1514,589) 000) (300,000) - (25,000) - (25,000) - (151,976) 500) (575,000) - (25,000) - (25,000)	rther adjustments	Others TBD;	NH HPP initiative	A A A A A A A A A A A A A A A A A A A	expenses of 34 F7			(1,473,472)		The same of the sa		1		(476,000)	(401,205)	•	ı	(59,267)	(212,000)		FF/Oth	SFY 2014			11,824,188	4,950,000	1,250,000	4,950,000	92,941	167,334	413,913		FF/Oth				Ţ
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				***************************************				(4,166,565)	Ł	The state of the s	(575,000)	(151,976)	(25,000)	(300,000)	(1,514,589)	(800,000)	(150,000)	(250,000)	(400,000)	41-000000-000				TOTAL STREET,		the state of the s	1,000,000	A	345,693		_			e			J K





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 Sycs

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

Department of Health and Human Services Transfer of Funds – Salaries, Benefits and Other April 9, 2014, Page 2

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 Glencliff 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

Department of Health and Human Services Transfer of Funds – Salaries, Benefits and Other April 9, 2014, Page 3

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 Tile 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 2015towards 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 Department of Health and Human Services Transfer of Funds - Salaries, Benefits and Other April 9, 2014, Page 4

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.

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SFY 2014 - New Hampshrie					
Salary	Accounts	Genera	General Funds Only		Net
	1	From	То	Net	FF/Oth
Division of Client Services	Various	(276,900)	367,054	90,154	142,646
Glencliff Home	Various	(90,154)		(90,154)	
Sub-Total Salary		(367,054)	367,054	44	142,646
			1	-	
			Net Federal Funds		142,646
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Benefits			-		TOTAL TAXABLE MARKET TO THE TAXABLE MARKET T
Division of Client Services	Various	ŧ	148,391	148,391	167,334
New Hampshire Hospital	Various	(148,391)	4	(148,391)	(401,205
Sub-Total Benefits	THE PROPERTY OF THE PROPERTY O	(148,391)	148,391	1	(233,871
	The state of the s		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)	ľ	(268,723)	Reserved the second of the second sec
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)	ē.	(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	P	10,441,941
			Net Federal Funds		10,441,941
THE			Net Other Funds		-
CONTRACTOR OF THE PROPERTY OF					10,441,941
The state of the s	A STATE OF THE STA				
TOTAL DHHS - NHHPP Transfers	AND A BUILDING THE STATE OF THE	(2,397,864)	2,397,864		10,350,716
			Net Federal Funds		10,587,042
			Net Other Funds		(236,326)
					10,350,716
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_	Fund	Agcy	Org	Cla	Rcpt	Class Title	Increase/	Net Gen'l	Net Gen'l		
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=	010	045	79930000	000	403959	Federal Funds	5 201,913		STATE OF THE PARTY		
12	010	045	79930000	200	409282	Other Funds \$		00000000 4 do 10 d 4 d 5 d 10			
13	010	045	79930000		~	General Funds	179,054	\$ 179,054			
14	Total Revenue	venue			A	4	380,967		areaor (acade a cata a		- Compression
15.										A-10	· · · · · · · · · · · · · · · · · · ·
16	010	045	79930000	010	500100	Personal Services - Permanent \$	(400,000)			\$ (188,000)	
17	010	045	79930000	010	500100	Services - Permanent				\$ 28,200	
82	010	045	79930000	018	500106	Overtime				\$ 141,000	
19	010	045	79930000	020	500109	Part-Time Temp	420,967			Phonon and Lines	
2	Total Expense	beuse		700000		4	380,967			and the second and sec	\$ 179,054
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22	1	IL OPS	FIL OPS PG ELB		* day o						CONTRACTOR OF THE CONTRACTOR O
23	010	045	79940000	000	404671	sk	(59,267)				- CANADA - A - CANADA
24	010	045	79940000			Other Funds	-			- AAAA	
25	010	045	79940000			General Funds	(88,900)	\$ (88,900)			
26	Total Revenue	enue				•	(148,167)				7.00.000
27			-				W. Land 1	The state of the s			
28	010	045	79940000	010	500100	Personal Services - Permanent	(148,167)			\$ (88,900)	A STATE OF THE STA
59	Total Expense	pense		-		₩.	(148,167)				\$ (88,900)
2							Contract to the state of the st	The state of the s		The second secon	The state of the s
31	TOTAL DIVISION	NSING DIXISH	ON OF CLIENT	NT SERVICES	/ICES				\$ 90,154		\$ 90,154
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33	GLENCLIFF HOME	E HO⊠	Ш				Accounts to a distance of the same of the		The state of the s		The state of the s
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35	Professional Care	ional C	Sare	~							disk of the state
36	Í	091	57100000	000	****	Federal Funds	and the same of th	ANALOG STORE STATE			
37		091	57100000			Other Funds	•				
38	010	091	57100000			General Funds	(90,154)	\$ (90,154)			
39	Total Revenue	venue					(90,154)		100000000000000000000000000000000000000		
40											7

NHHP Transfers Summary 2014 & 2015 V.01 4 9 14.xls

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	K		GF	Amount	\$ (90,154)	770000	THE PROPERTY OF THE PROPERTY O				\$											\$ 148,391					CONTROL OFFICE		12. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14			\$ (148,391)				·
	Ĵ	Net Gen'l	Fund By	Agency			2		\$ (90,154)		•												- PARTITION OF THE PROPERTY OF			The state of the s									\$ (148,391)	·
3	I	Net Gen'l	Fund by	Org. Code			The state of the s							,	THE TRANSPORT OF STREET OF	5			148,391						-				(148,391)				10.00	***		
- 1	T.	Increase/	Decrease	Amount	(90,154)	(90,154)					2014	STORY OF A STATE AND A STATE OF A STATE AND A STATE OF					167,334	1	148,391 \$	315,725		315,725	315,725				(16.4 870)	(236,326)	(148,391) \$	(549,596)		(549,596)	(549,596)		The state of the s	7 2014
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NHINE SET 2014	Ð	Class Title			Personal Services Perm Clas						Total DHHS Salaries	-					Federal Funds	Other Funds	General Funds			Benefits			19 () Company of the state of		Eodral Finds	Medicare/Medicaid	General Funds			Benefits				Total DHHS Benefits SFY 2014
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T, DHHS	D	Org			57100000			-	GLENCLIFF HOME			SFY 2014		CLIENT SERVICES	-:-	Suc	79930000	79930000	79930000	AND		79930000		ALL PROPERTY AND A STATE OF THE PROPERTY AND A STATE OF TH	Hospital	Acuto Devebiatric Convices	87500000	87500000	87500000	ŧ		87500000		-	TOTALOF NEW HAMPSHIRE HOSPITAL	
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R CHILDREN, YOUTH AND FAMILIES

75 OTHER - SFY 2014
76 TO DIVISION R CHILDREN,

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	Fund	Agcy	Org	Cla	Rcpt	Class Title	Increase/	Net Gen'l	Net Gen'l			
7					Acc't	CONTRACTOR AND	Decrease	Fund by	Fund By	P.O		
m 9	Notice at the Administration of the Street, was a constrained by the Street, was a constrained by the Street, which is the Street, whic			A STATE OF THE SERVICE	The second secon	VALUED AND THE PARTY OF THE PAR	Amount	Org. Code	Agency	Amount		S/T
8 0	Child &		Family Services			VIANABADO COMO TOTAL C						
) <u>@</u>	010	042	29580000	000	404230	Federal Funds	\$ (476.000)	A				
	010		29580000	200	407139	Private Local Funds	\$		The state of the s			
82	010	·	29580000				\$ (924,000)	\$ (924,000)		The state of the s	69	١
83	Total R	Total Revenue					\$ (1,400,000)	ļ		\$		
84												
85	010	042	29580000	533	500373	Foster Care Services				\$ (264,000)		
98	010	042	29580000	535	500376	Out of Home Placements	\$ (1,000,000)			\$ (660,000)		
87	Total E	Total Expense		OCCUPANT OF THE PROPERTY OF TH		SANCO AND COMPANY OF THE PROPERTY OF THE PROPE	\$ (1,400,000)	CONTROL OF A STATE OF			€>	(924,000)
88				THE REAL PROPERTY AND PARTY AND PROPERTY AND		**************************************						
68	TOTAL	TOTAL DIVISION FOR		CHILDREN	-	YOUTH AND FAMILIES			\$ (924,000)		₩	(924,000)
8										WAY IN ANA COMPANY PROPERTY PROPERTY FOR THE PARTY PAR		
91	DIVISION	OF FAMILY		ASSISTANCE								
92												
93	Aid Ne	Aid Needy Blind	ַק									
94	010	045	61710000			General Funds	\$ (35,000)	\$ (35,000)				
95	Total R	Total Revenue			- Ann		\$ (35,000)					
96												
97	010	045 (61710000	501	500425	Payments to Clients	\$ (35,000)			\$ (35,000)		***************************************
86	Total Expense	xpense					\$ (35,000)				↔	(35,000)
6												
100	ПР					Machine Control of the Control of th	on.					
101	010	- 1	61760000	:		General Funds	\$ (233,723)	\$ (233,723)			100 to 10	
102	Total R	Total Revenue		The second secon			\$ (233,723)		4,,-			
103					-				ALIALIA A CILI A WATER TO THE THEORY OF THE PARTY OF THE			
104	010	- 1	61760000	501	500425	Payments to Clients	\$ (233,723)		many fuller for the second	\$ (233,723)	\rightarrow	
3	lotal F	lotal Expense					\$ (233,723)				æ	(233, (23)
9 5	101			00 V X III	LOSTATOL		TANAMAN AND AND AND AND AND AND AND AND AND A				e	(200 703)
1	1 2 2	באבו באבו	TOTAL DIVISION OF PAMILE ASSISTANCE	IIILI ASS	NO MINCE		ANNUAL CONTRACTOR AND		(57,007) ¢		A	(57)(007)
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6 :	DIVISION OF	OF CLIENT	INI SERVICES	CES	-				ARTON KALAMARNA, ORMANIA KARAWAN KITO ARKITO AKA KAKINA ORMANIA KERI			
51:	ì	-				Additional control of the control of				-	-	
	rieid C	ດ ⊢	ns 2000000	0	0007							
775	0.0	_	70030000	000	403959	Federal Funds	5,042,941					
2	010		78830000	/00	409282	Omer runds						
114	010		79930000			General Funds		\$ 82,419	TO THE POST OF THE			and the same
115	Total Revenue	evenue	-			111111111111111111111111111111111111111	\$ 5,125,360					
116						· ·						

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Fund Agey Org Clas Report Class Title Fund Ager Org Clas Report Class Title Fund Age Org Clas Class Title Fund Age Org Clas Armount Class Title Class	Fund Aggy Org Cite Ropt Class Title Incressed Fund Aggy Org Cite Ropt Class Title Incressed Fund Aggy Fund Aggy Cite Common		A B	ပ	Д	Е	щ	Ö		H	· }	Ţ	K	L		
10 045 78930000 020 500200 Current Expenses Amount Current Expenses	10.0 0.45 78930000 0.200 0.000022 Crimert Expensess 2.45.590 0.701. Code Ageingt 2.47.000 0.00000 0.000022 Crimert Expenses 2.45.590 0.701. Code Ageingt 2.47.000 0.00000 0.000022 Crimert Expenses 2.45.590 0.701. Code 2.47.000 0.00000 0.000022 Crimert Expenses 2.45.590 0.701. Code 2.47.000 0.00000 0.0000022 Crimert Expenses 2.45.590 0.701. Code 2.47.000 0.00000 0.000000 0.0000000 0.00000000		Fund	Agcy		Cla	Rcpt	Class Title	-	icrease/	Net Gen'l	Net Gen'l				
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010 045 78930000 020 600200 Cartell Expenses 5 74,539 5 71,532 71,000 71,004 78930000 020 600200 Cartell Expenses 5 75,319 5 71,532	010 045 78930000 020 500200 711,00000 20 5000000 20 500000 20 500000 20 500000 20 500000 20 50000000 20 5000000 20 50000000 20 5000000 20 5000000 20 5000000 20 5								,	Amount	Org. Code	Agency	An			
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010 045 79830000 070 500706 The Parametrications \$2,5313 \$3,11,3899 1010 045 78930000 070 500706 Toreultaritas \$2,5000 1010 045 78930000 070 500706 Toreultaritas \$2,5000 1010 047 78370000 070 403851 Federal Funds \$2,500,000 1010 047 73870000 070 404362 Federal Funds \$2,500,000 1010 047 73870000 070 047 73870000 070 047 73870000 1010 047 73870000 070 047	010 bit ORS 78930000 036 5000464 Consultants \$ 5.5313 S 5.11389 \$ 11389	201	010	045	79930000	028	500292	Transfers to General Services	↔	100,000		The second secon				
0.10 G45 79830000 0.70 6.00706 In-State Travel \$ 4.950,000 \$ 1,1269 \$ 1,1269 \$ \$ \$ \$ \$ \$ \$ \$ \$	10.10 045 79530000 070 5000106 In-State Travel 5 5.5500 5 1.1599 5 1.	$\overline{\Delta}$	010	045	79930000	039	500188	Telecommunications	↔	25,313						
TOTAL DIVISION OF CLIENT SERVICES 5 6,126,360 5 6,12	TOTAL DIVISION OF CLIENT SERVICES 5 6,126,360 5 6,12		010	045	79930000	070	500706	In-State Travel	↔	25,508						
Total Expense Total Division of Client SERVICES S 6,125,300 S 82,419 S 6,125,300	Total Expense Total Expense Total Expense Total Expense Total Expense Total Division Of Culent Services S 6,125,360 S 82,419 S 6,125,360 S 1,250,000	. ,	010	045	79930000	046	5000464	Consultants	\$	4,950,000			€			
TOTAL DIVISION OF CLIENT SERVICES September	TOTAL DIVISION OF CLIENT SERVICES S	101	Total E	xpense					49	5,125,360	and the second s				6	
TOTAL DIVISION OF CLIENT SERVICES S S2419 S	TOTAL DIVISION OF CLIENT SERVICES S 2419 S 6 2419	im						Account of the second of the s			The state of the s	CONVENIENCE PROPERTY.			Т	
Medical Administration O10 of 7 73370000 000 403851 Federal Funds \$ 1,250,000 \$1,250,000 \$1,250,000 \$1 \$1 \$2,500,000 \$1 \$2,500,000 \$1 \$2,500,000 \$1 \$2,500,000 \$1 \$2,500,000 \$1 \$2,500,000 \$1 \$2,500,000 \$2 \$2,500,000 \$2 \$2,500,000 \$2 \$2,500,000 \$2 \$2,500,000 \$2 \$2,500,000 \$2 \$2,500,000 \$2 \$2,500,000 \$2 \$2,500,000 \$2 \$2,500,000 \$2 \$2,500,000 \$2 \$2,500,000 \$2 \$2,500,000 \$2 \$2,500,000 \$2 \$2 \$2,500,000 \$2 \$	Medical Publication	14	TOTAL	DIVIS	ION OF CLIE	NT SERV	/ICES								တ	
Medical Administration Medical Administrat	Medicalid Administration Medicalid Administration Medicalid Administration Medicalid Administration Medicalid Administration O10 O47 78370000 0000 403951 Federal Funds \$ 1,250,000 \$1,2	S					-	The state of the s				17-7 1 Victor 2004 2 2 2 20				
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Medicald Administration Medicald Administration Medicald Administration Medicald Administration Medicald Administration Conflor Funds S 1,250,000 S 1,250,	Medical Administration Medical Administration 5 1,250,000 6 7,250,000 7,250,000 7,250,000 7,250,000 81,250	~					-									
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10-14 Revenue 2 1,250,000 1,250,	1010 047 79370000 102 General Funds \$ 1,250,000 \$1,250,0	$\overline{}$	010	047	79370000			Other Funds	s	- COMMISSION OF THE PROPERTY O				001.010.00.00.00.00.00.00.00.00.00.00.00		
Total Revenue 10.0 10.2 500731 Contracts For Prog Svcs \$ 2,500,000 51 Total Expense 10.0 10.2 500731 Contracts For Prog Svcs \$ 2,500,000 51 Total Capense 10.0 1	Total Revenue S	_	010	047	79370000	00 Annual Property and Community and Communi		General Funds	s	1,250,000	\$1,250,000		A CONTRACTOR OF THE CONTRACTOR	***************************************		
Total Expense Total Expens	Total Expense Total Expens	†	Total R	evenue					မာ	2,500,000						
10 10 10 10 10 10 10 10	1010 C47 79370000 102 500731 Contracts For Prog Svcs \$ 2,500,000 \$1,250,000 \$1,125	-										PPOPP CALL CANADOMISMO PPOP	**************************************			
Total Expense Total Expense State Stat	Total Expense Total Expense Storio Stori		010	047	79370000	102	500731		69	2,500,000			\$1,250,000			
TOTAL OFFICE OF MEDICAID BUSINESS AND POLICY S1,250,000 S 1 BUREAL OF ELDERLY AND ADULT SERVICES S (325,000) S (32	TOTAL OFFICE OF MEDICAID BUSINESS AND POLICY S			xpense		2			क	2,500,000	ON A G. O.			\$1,250,00	0	
TOTAL OFFICE OF MEDICAID BUSINESS AND POLICY STACOLOGY STACO	TOTAL OFFICE OF MEDICAID BUSINESS AND POLICY	-										The state of the s	annot properly property and the second secon			
Nursing Services Nursing Ser	Nursing Services Control of Services Control of Ods (1730000) 404362 Federal Funds 5 (325,000) 3 (325,000) 3 (325,000) 4 (325,000)	i		OFFIC	E OF MEDIC	AID BUS	SINESS AND) POLICY				\$1,250,000	**************************************		0	
Nursing Services Nursing Ser	Nursing Services Nursing Ser											-				
Nursing Services Nursing Services Nursing Services Nursing Services Services Secretal Funds Secre	Nursing Services Nursing Services (325,000)<		BUREAU	OF ELL	JERLY AND		ERVICES						West of Principal Street, and the street, and			
Nursing Services Nursing Services Nursing Services Nursing Services	Nursing Services Nursing Services Services 6325,000 \$ (325,000)															
010 048 61730000 404362 Federal Funds \$ (325,000) <td>010 048 61730000 000 404362 Federal Funds \$ (325,000)</td> <td></td> <td>Nursin</td> <td>g Servi</td> <td>ices</td> <td></td> <td></td> <td></td> <td></td> <td>All</td> <td></td> <td></td> <td></td> <td></td> <td></td>	010 048 61730000 000 404362 Federal Funds \$ (325,000)		Nursin	g Servi	ices					All						
010 048 61730000 Otheir Funds \$ - 010 048 61730000 General Funds \$ (650,000) \$ (325,000) \$ Total Expense 101 500729 Provider Payments LTC \$ (650,000) \$ (325,000) \$ \$ Total Expense TOTAL BUREAU OF ELDERLY AND ADULT SERVICES \$ TOTAL BUREAU OF ELDERLY AND ADULT SERVICES \$ TOTAL BUREALTH SERVICES \$ <td rowspan<="" td=""><td>010 048 61730000 Cheir Funds \$ -</td><td></td><td>010</td><td>048</td><td>61730000</td><td>000</td><td>404362</td><td>Federal Funds</td><td>₩</td><td>(325,000)</td><td>Annual Professional Control of the C</td><td>000000 PT (A) / 1</td><td></td><td></td><td></td></td>	<td>010 048 61730000 Cheir Funds \$ -</td> <td></td> <td>010</td> <td>048</td> <td>61730000</td> <td>000</td> <td>404362</td> <td>Federal Funds</td> <td>₩</td> <td>(325,000)</td> <td>Annual Professional Control of the C</td> <td>000000 PT (A) / 1</td> <td></td> <td></td> <td></td>	010 048 61730000 Cheir Funds \$ -		010	048	61730000	000	404362	Federal Funds	₩	(325,000)	Annual Professional Control of the C	000000 PT (A) / 1			
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O10 048 61730000 101 500729 Provider Payments LTC \$ (650,000) \$ (325,000) \$ Total Expense \$ (650,000) \$ (325,000) \$ TOTAL BUREAU OF ELDERLY AND ADULT SERVICES \$ (325,000) \$ DIVISION OF PUBLIC HEALTH MATERNAL AND CHILD HEALTH	010 048 61730000 101 500729 Provider Payments LTC \$ (650,000) \$ (325,000) \$ (325,000) Total Expense TOTAL BUREAU OF ELDERLY AND ADULT SERVICES DIVISION OF PUBLIC HEALTH MATERNAL AND CHILLD HEALTH MATERNAL AND CHILLD HEALTH 010 010 390 51900000 000 404595 Federal Funds \$	لمسيح								CONTRACTOR OF THE PROPERTY OF	A COLUMN TO THE PROPERTY OF TH	(MANAGEMENT)		Control of the state of the sta		
Total Expense S (650,000) S	Total Expense S (650,000) S S S S S S S S S		010	048		101	500729	Provider Payments LTC	s)	(650,000)						
TOTAL BUREAU OF ELDERLY AND ADULT SERVICES DIVISION OF PUBLIC HEALTH SERVICES MATERNAL AND CHILD HEALTH MATERNAL AND CHILD HEA	TOTAL BUREAU OF ELDERLY AND ADULT SERVICES \$ (325,000) \$ DIVISION OF PUBLIC HEALTH SERVICES MATERNAL AND CHILD HEALTH 6404595 Federal Funds \$ -		Total E	xpense			A \$60 SERS FOR POPULATION OF THE A SECTION OF A SECTION OF THE SEC		சு	(650,000)	Constitution of the state of th	100			6	
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DIVISION OF PUBLIC HEALTH SERVICES MATERNAL AND CHILD HEALTH	DIVISION OF PUBLIC HEALTH SERVICES MATERNAL AND CHILD HEALTH 404595 Federal Funds		TOTAL	BURE	AU OF ELDE	-RLY AN	D ADULT S	ERVICES		are a constant of the constant		Ì			6	
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MATERNAL AND CHILD HEALTH	MATERNAL AND CHILD HEALTH 010 300 51900000 000 404595 Federal Funds		DIVISION	OF PU	BLIC HEALT	H SERVI	CES									
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	Fund	Agcy	Org	Cla	Rcpt	Class Title	Increase/	Net Gen'i	Net Gen'i		
7					Acc't		Decrease	Fund by	Fund By	GF	
3					· 11 · du = *		Amount	Org. Code	Agency	Amount	S/T
156	010	080	51900000			Other Funds	٠.			-	-
157	010	060	51900000			General Funds	(300,000)	(300,000)			
158	Total	Total Revenue	Ф				(300,000)				
159					1						
160	010	060	51900000	102	500731	Contracts for Program Services	\$ (300,000)			\$ (300,000)	
161	Total	Total Expense	an an			1 1	\$ (300,000)				(300,000)
162					Newson of	•					,
163	FAMILY		PLANNING								
164	010	060	55300000	000	404700	Federal Funds	,				1 3/12 1110/1110
165	010	060	55300000		and an arrangement	Other Funds	٠	-	•		
166	010	060	55300000		anna i Philippiri	General Funds	\$ (64,696)	\$ (64,696)			
167	Total	Total Revenue	9				\$ (64,696)				
168									-		
169	010	060	55300000	102	500731	Contracts for Program Services	\$ (64,696)			\$ (64,696)	
170	Total	Total Expense	O				\$ (64,696)				\$ (64,696)
171								-			
172	TOTAL	IL DIVIS	DIVISION OF PUBLIC HEALTH SERVICES	3LIC HEA	LTH SERVI	CES			\$ (364,696)		\$ (364,696)
173	ATTENDED TO STATE OF THE PARTY										
174 (OFFICE		OF INFORMATION SERVICES	SERVICE	Ø						
175					:ç						
176	Office	e of Imp	of Improvement and Integrity	nd Integrii	Ę.					To the second se	
177	010	960		000	408159	Federal Funds	\$ 4,950,000			***************************************	
178	010		59520000	,	-	Other Funds					
179	010	960	59520000		. 2 1	General Funds	\$ 550,000	\$ 550,000			
180	Total	Total Revenue	a)		:		\$ 5,500,000			TALADA A CAMARA A CAM	
181											
182	010	095	59520000	102	500731	Contracts for Prog.Svs	\$ 5,500,000	-		\$ 550,000	
183	Total	Total Expense	Ф		- <u>a</u> lia-		\$ 5,500,000			***************************************	\$ 550,000
184					ngil m						
185	TOTAL	AL OFFICE		OF INFORMATION	I SERVICES		**************************************		\$ 550,000	CALLEST CO. THE CO.	\$ 550,000
186					Money						
187					,	Total DHHS Other SFY 2014	Y 2014	-	,	٠ ج	49

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Summary 2015

Salary	Accounts	Genera	General Funds Only	***************************************	Net
		From	To	Net	FF/Oth
Division of Client Services	Various	(338,000)	704,000	366,000	481,873
Glencliff Home	Various	(150,000)	*	(150,000)	***
New Hampshire Hospital	Various	(216,000)	*	(216,000)	(584,000)
Sub-Total Salary	manufacture and the state of th	(704,000)	704,000	- Value	(102,127)
A DESCRIPTION OF THE PROPERTY		April	Net Federal Funds	Annual Value	241,873
		- (AV /AV /AV /AV /AV /AV /AV /AV /AV /AV /	Net Other Funds		(344,000)
				2.00	(102,127)
Benefits		WWW.101441A1A1A1A1A			
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	1	(408,939)	408,939	\$	(644,506)
		**************************************	Net Federal Funds	A Assessed & Assessed and Asses	6,767
		THE	Net Other Funds	***************************************	(651,273)
				PRINCE OF PRINCESON	(644,506)
Other					
Division for Children, Youth and Families	Various	(198,000)	7	(198,000)	(102,000)
Division of Family Assistance	Various	(176,976)	T	(176,976)	- ·
Division of Client Services	Various	ı	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	1 000 000 000 000 000 000 000 000 000 0	(662,476)	662,476	**	293,717
	and Albumba de Landau de L		Net Federal Funds		293,717
			Net Other Funds		Í
					293,717
TOTAL DHHS - NHHPP Transfers		(1,775,415)	1,775,415		(452,916)
	TOTAL PORT OF THE PROPERTY OF	Months	Net Federal Funds	The state of the s	542,357
			Net Other Funds	1	(995,273)
					(452,916)

	STAT	į	F NH, DHHS			NHHP	FY 2015			•	ANTHI	
	A B		D	Ħ	F	D D	H		<u>, , , , , , , , , , , , , , , , , , , </u>	K	T	1
1	Fund	Agcy	Org	Cla	Rcpt	Class Title	Increase/	Net Gen'l	Net Gen'l			
2	AND AND A SECOND				Acc't	The state of the s	Decrease	Fund by	Fund By	GF		
			***************************************	POTENTIAL PROPERTY AND ALL AND		The state of the s	Amount	Org. Code	Agency	Amount	S/T	
4	LAWSON	ACCO	LAWSON ACCOUNTING FORMAT	RMAT								
5	COMP	N/A	ACCOUNT ING UNIT	CLASS	ACCOUNT							
9	SALARIES		- SFY 2015	5					The state of the s	and the second s		
7						The state of the s		Total design of the second of		1	4477444	
∞	DIVISION	OF CLI	DIVISION OF CLIENT SERVICES	CES			THE PROPERTY OF THE PROPERTY O	PROVINCE A CARACACACACACACACACACACACACACACACACAC	Table Park and the same of the			Ī
6						THE POINT AND TH						
2	Field Operations	peratic	ons				***************************************					
=	010	045	79930000	000	403959	S	\$ 581,873			and the state of t		
12	010	045	79930000	200	409282			THE STREET AND ADDRESS AND ADD	1977 V (1.78) (1.8 mm)			74
13	010	045	79930000	A STATE OF THE STA		General Funds	\$ 516,000	\$ 516,000			***************************************	
14	Total Revenue	evenue					\$ 1,097,873	Accompany of the state of the s				1
13						To the state of th	William III And and A Don					
91	010	045	79930000	010	500100	- Permanent				(188,000)		1
17	010	045	79930000	010	500100	Services - Permanent	\$ 135,751					<u> </u>
28	010	045	79930000	018	500106					\$ 94,945		
19	010	045	79930000	020	500109	Part-Time Temp	\$ 1,160,112			(2.1		
20	Total Expense	xpense				- Transfer of American	1,097,874				\$ 516,000	
71				***************************************		The state of the s	-	TO THE PROPERTY AND ADDRESS.	\$ 1,783			
22	. :	IL OP:	FIL OPS PG ELB									
23	010	045	79940000	000	404671	Federal Funds	\$ (100,000)	The state of the s				Ī
24	010	045	79940000			Other Funds	•					í
25	010	045	79940000	100000	100 mm m	General Funds		\$ (150,000)				
36	Total Revenue	evenue					\$ (250,000)				1000 TO 1000 T	T T
/7		1						PRODUCTA ARTICLA VIII.	THE PARTY NAMED OF PARTY SALES AND ADDRESS OF THE PARTY O			i
78	010	045	/9940000	010	500100	Personal Services - Permanent	\$ (250,000)	THE RESIDENCE OF LINES AND		\$ (150,000)		- 1
200	lotal Expense	chense	-				(520,000)	The state of the s	The state of the s		\$ (150,000)	
3 15	TOTAL	DIVISI	TOTAL DIVISION OF CLIENT SERVICES	NT SERV	/ICES		THE PROOF PRINTED INVOVINION	THE PROPERTY OF THE PROPERTY O	366 000		366 000	
32								THE CONTRACTOR OF THE CONTRACT				
33 (GLENCLIFF HOME	FHOM	ш				The state of the s		The state of the s			T
34				A CONTRACTOR OF THE CONTRACTOR			The second secon					Ť
35	Professional Care	ional (Sare					,		TORONOUS AND A PROPERTY OF THE STATE OF THE		1
36	010	091	57100000	000		Federal Funds	1					<u> </u>
37	010	091	57100000			Other Funds	1				100	!
38	010	091	57100000			General Funds		\$ (150,000)				
39	Total Revenue	enne	0.000	****			(150,000)	7777				1
40												T

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SHANTHI	T			S/T		\$ (150,000)		\$ (150,000)						177						\$ (216,000)		\$ (216,000)	1									
SHA	K		45	Amount	\$ (150,000)	Accounts a second and a second		OWN ARTS P	11000-0-1		,	and the second s	And a second sec	, and a second	A TO A CONTRACT OF THE STREET			\$ (162,000)	\$ (54,000)		As distant As a second experience of the property of the plant of the	A Lamba Ave a se	 ,			- And				And also developed to the same of the same		TANCE OF THE PROPERTY OF THE P
)	Net Gen'l	Fund By	Agency		TOTAL PROPERTY.		\$ (150,000)														\$ (216,000)	'				70.00					
	Ţ	Net Gen'l	Fund by	Org. Code		THE REAL PROPERTY.			7700700007770000000		A Committee of the state of the				(216,000)	TT - TA + F A - A - A - A - A - A - A - A - A - A															408,939	
15	H	Increase/	Decrease	Amount	(150,000)	(150,000)	Interest And Assessing &						(240,000)	(344,000)	(216,000) \$	(800,000)		(000'009)	(200,000)	(800,000)			r 2015		THE WHOLE WAS A STATE OF THE ST		TOTAL A CANADA TOTAL		461,144	E.	408,939 \$	870,083
NHHPP SFY 2015					as &						5.1995	**************************************	↔	s	4	\$			မှ				 es SF)						ь	↔	69	မာ
NHHPF	Ð	Class Title			Personal Services Perm Clas		The state of the s	harran dinininininininininininininininininini					Medicaid DSH	Other Funds	General Funds			Personal Services - Permanent	Personal Services - Unclass		A section of the sect	A the control of the	Total DHHS Salaries SFY 2015	-	TRANSPORTAL ALLEGA CA		TO THE PART AND THE AND ADMINISTRATION OF THE PART AND TH		Federal Funds	Other Funds	General Funds	The state of the s
	ᄄ	Rcpt	Acc't		500100					I I	THE RESIDENCE AND THE PARTY OF		404434	405921				500100	500128	A THE RESIDENCE AND A PROPERTY OF A PARTY OF									403959	409282		
	B	Cla	TO THE PARTY OF TH		010			**************************************				' ^	000	600				010	012					101		ES			000	200		
STATE OF NH, DHHS	Ω	Org	- I and a second		57100000	A A A A A A A A A A A A A A A A A A A	A 1 A minoration	GLENCLIFF HOME		NEW HAMPSHIRE HOSPITAL		Acute Psychiatric Services	87500000	87500000	87500000		00,000,000,000,000,000,000,000	87500000	87500000	As a shift of the film a shift manner of the property of the shift of				SFY 2015		ENT SERVICES	A PART OF THE PROPERTY OF THE PARTY OF THE P	suc	79930000	79930000	79930000	
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STAT	A B	Fund			010	Total I		TOTAL		NEW HA		Acute	010	010	010	Total F		010	010	Total E		TOTA	_,	BENEFITS		DIVISION OF CLIENT		Field (010	010	010	Total F

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Benefits

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TOTAL Division of Client Services

Total Expense

77 New Hampshire Hospital

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	A B	-C	D	П	Ŧ	9	Н		J	K	T
	Fund	Agcy	, Org	Cla	Rcpt	Class Title	Increase/	Net Gen'l	Net Gen'l		77-77-78-78-78-78-78-78-78-78-78-78-78-7
7					Acc't		Decrease	Fund by	Fund By	GF	
3							Amount	Org. Code	Agency	Amount	Z/S
79	Acut	e Psych	<u></u>						Actions of the second of the s	20100	
S	010			000	404434	Fedral Funds					
81	010		87500000	600	405921	Medicare/Medicaid					
82	010	094	87500000			General Funds	\$ (408,939)	\$ (408,939)			
83	Total	Total Revenue	Ф			-	\$ (1,514,589)		***************************************	The state of the s	
84									VIVIE AND	A A A A A A A A A A A A A A A A A A A	
85	010	094	87500000	090	500602	Benefits	\$ (1,514,589)		The state of the s	\$ (408,939)	
98	Total	Total Expense	Ф	Total Part of the Control of the Con			\$ (1,514,589)		A PANAGANANANANANANANANANANANANANANANANANA		
87											
88	TOT	ALOF NE	TOTALOF NEW HAMPSHIRE HOSPITAL	IIRE HOS	SPITAL		The state of the s		\$ (408,939)		\$ (408,939)
68	····					Total DHHS Benefits	SFY 2015		₩	, &>	49
8											
- 6	OTHER	1	SFY 2015				-			AAAAAAAAAAAAAAAA	
92							CONTROL OF THE CONTRO				
93	DIVISIO	N FOR C	DIVISION FOR CHILDREN, YOUTH AND FAMILIES	YOUTH A	ND FAMILIE	ES			ent de distribuit de l'excellent de l'est de la métation de l'est de l'est de l'est de l'est de l'est de l'est		
94							COMMISSION AND AND AND AND AND AND AND AND AND AN		and the second s		AND THE PROPERTY OF THE PROPER
95	Child	l & Fami	£				Annal Andrew Control of the control				The second secon
96	010		-	000	404230	Federal Funds	\$ (102,000)		Adoption and the desired transmission and the second to the desired transmission of the second and the second a		
97	010	042		200	407139	Private Local Funds					
86	010	042	29580000			General Funds	\$ (198,000)	\$ (198,000)	•		€
66	Total	Total Revenue	ø				(300,000)				
100											
101	010	045	29580000	533	500373	Foster Care Services				\$ (66,000)	The same of the sa
102	010	042	29580000	535	500376	Out of Home Placements	\$ (200,000)			\$ (132,000)	
103	Total	Total Expense	d)							THE PROPERTY OF THE PROPERTY O	\$ (198,000)
104					~ :	1	The state of the s	0.000001			
105	TOTAL	IL DIVIS	SION FOR C	HLDREN	, YOUTH AP	DIVISION FOR CHILDREN, YOUTH AND FAMILIES	Annual des des des reserves des de la companya de l		\$ (198,000)		\$ (198,000)
	•	****						Overage and the second			
	OISINIC	N OF FA	DIVISION OF FAMILY ASSISTANCE	TANCE	and the second						
108		10000							A CATALON AND A	n.	AT US OF STREET AND A COMMISSION
60	Aid N	Aid Needy Blind	ind				200	****			
110	010	045	61710000			General Funds	\$ (25,000)	\$ (25,000)		.,	
	Total	Total Revenue	0		- }		\$ (25,000)	100			
112							the state of the s	C. The state of th			
113	010	045	61710000	501	500425	Payments to Clients	\$ (25,000)	-		\$ (25,000)	
114	Total	Total Expense	ø				\$ (25,000)				\$ (25,000)
115			-		***************************************			200		The state of the s	
<u>ज</u>	PQ.										

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STATE OF NH, DHHS	

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Acct Acct Amount Amoun	Agcy		Org	Cla	Rcpt	Class Title	Increase/	Net Gen'l	Net Gen'l		
Scod25 Payments to Clients S (151,976) S (151,976) Amount Amount S (151,976) S (151,					Acc't		Decrease	Fund by	Fund By	GF	
Scou256 Peyments to Cilents S (151,970) S (151,970							Amount	Org. Code	Agency	Amount	S/T
500425 Payments to Cilents \$ (151,876)	045 (3	31760000			General Funds	(151	↔			To a contract of the contract
ASSISTANCE	Total Revenue	a)	-			TO ALTERNATION					
S00425 Payments to Clients S									The state of the s	00000 mm m	, no. 1
ASSISTANCE			31760000	501	500425	Payments to Clients					
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1					Volumbols.						
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00 403959 Federal Funds \$ 183,217 7 409282 Other Funds \$ 182,476 \$ 162,476 8 General Funds \$ 345,693 \$ 28,500 10 500200 Current Expenses \$ 60,638 \$ 28,500 10 500708 Transfers to General Services \$ 75,000 \$ 35,256 10 500708 Treated Funds \$ 345,693 \$ 30,400 10 500708 Treated Funds \$ 345,693 \$ 30,400 10 500706 Treated Funds \$ 1000,000 \$ 30,400 10 403951 Federal Funds \$ 1000,000 \$ 3600,000 10 General Funds \$ 1,000,000 \$ 500,000 \$ 500,000 10 Federal Funds \$ 1,000,000 \$ 500,000 \$ 500,000 2 500731 Contracts For Prog Svcs \$ 1,000,000 \$ 500,000 2 500731 Contracts For Prog Svcs \$ 1,000,000 \$ 500,000											
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Tunds \$ 183,217 Funds \$ 183,217 Funds \$ 162,476 State of the state					:						
Eunds \$ 183,217 Inds \$ 182,476 \$ 162,476 Funds \$ 345,633 Expenses \$ 60,638 Expenses \$ 100,000 Int	Operations	ō	St					TO A CAMPAGONIC			TOTAL SANSAN SAN
Tavel \$ 162,476	045	-	79930000	000	403959	Federal Funds		TRANSIA MARANA	ADDAMANA MARIE PARA PARA A B B B B B B B B B B B B B B B B B		The state of the s
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Expenses \$ 345,693 Expenses \$ 60,638 \$ 28,500 of General Services \$ 100,000 \$ 47,000 of Munications \$ 75,000 \$ 35,250 munications \$ 64,680 \$ 30,400 Travel \$ 345,693 \$ 30,400 curds \$ 500,000 \$ 162,476 \$ 30,400 s bridge \$ 1,000,000 \$ 500,000 \$ 500,000 s For Prog Svcs \$ 1,000,000 \$ 1,000,000 \$ 1,000,000	045		79930000		A A A A A A A A A A A A A A A A A A A	General Funds					
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nt \$ 75,000 \$ 35,250 munications \$ 45,375 \$ 21,326 Travel \$ 345,693 \$ 30,400 Travel \$ 345,693 \$ 162,476 \$ 30,400 Stunds \$ 500,000 \$ 1000,000 \$ 500,000 \$ 500,000 Funds \$ 1,000,000 \$ 500,000 \$ 500,000 \$ 500,000 S For Prog Svcs \$ 1,000,000 \$ 500,000 \$ 5500,000 \$ 500,000	-	ļ.	79930000	028	500292	Transfers to General Services	-				
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Funds \$ 500,000		<u> </u>				Tallow And Transity II			1		
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\$ 000,000					A CONTINUE OF THE PROPERTY OF				000000000000000000000000000000000000000	The state of the s	
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	K		GF	Amount								\$ (287,500)						•
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015	H	Increase/	Decrease	Amount		-	(287,500)	t	(287,500) \$	(575,000)		(575,000)	(575,000)		TAN INGANA WARRANGA W			2015
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AHN.	9	Class Title				1 A 2000/cm a 2000	Federal Funds	Other Funds	General Funds			Provider Payments LTC			ERVICES			Total DHHS Other SFY 2015
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OF NH	D _o	Agcy				Servi	048	048	048	enne		048	chense		BURE			
STATE	B	Fund				Nursing Services	010	010	010	Total Revenue		010	Total Expense		TOTAL			
	A				2	7	80		_		7	33	+	25	5	_	20	
	<u> </u>		7	m	156	157	158	159	160	161	162	163	164	165	166	167	168	169