



149 - 10/21/26

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES

Lori A. Weaver
Commissioner

Melissa A. Hardy
Director

105 PLEASANT STREET, CONCORD, NH 03301
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October 1, 2026

The Honorable Ken Weyler, Chairman
Fiscal Committee of the General Court and

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

1. Pursuant to the provisions of RSA 9:16-a, I., authorize the Department of Health and Human Services, Division of Long Term Supports and Services, to transfer funds in the amount of \$223,900 for the Money Follows the Person: Expanding Home and Community Based Care for Older Adults in New Hampshire program, effective upon Fiscal Committee and Governor and Executive Council approval through June 30, 2027. Funding source: 100% Federal Funds.
2. Pursuant to the provisions of RSA 14:30-a, VI., authorize the Department of Health and Human Services, Division of Long Term Supports and Services to accept and expend funds from the Centers for Medicare & Medicaid Services, entitled Money Follows the Person Rebalancing Demonstration, in the amount of \$750,429 effective upon Fiscal Committee and Governor and Executive Council approvals through June 30, 2027. Funding source: 100% Federal Funds.

05-095-048-481010-89200000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS; HHS: DLTSS-ADULT&ADULT SVCS; GRANTS FOR SOCIAL SVC PROG; MONEY FOLLOWS THE PERSON

Class	Description	Current Adjusted Authorized	Requested Action	Revised Adjusted Authorized
000 – 400146 - 16	Federal Funds	\$3,142,847	\$0	\$3,142,847
	General Funds	\$0	\$0	\$0
Total Revenue		\$3,142,847	\$0	\$3,142,847
020 - 500200	Current Expenses	\$32,083	(\$25,483)	\$6,600
037 - 500173	Technology-Hardware	\$5,466	(\$5,466)	\$0
038 - 500175	Technology-Software	\$587	(\$586)	\$1
039 - 500188	Telecommunications	\$12,423	(\$11,423)	\$1,000
041 - 500801	Audit Fund Set Aside	\$4,137	\$0	\$4,137
042 - 500620	Additional Fringe Benefits	\$0	\$0	\$0
059 - 500117	Temp Full Time	\$442,635	(\$20,000)	\$422,635
060 - 500601	Benefits	\$289,009	(\$110,000)	\$179,009

070 - 500704	In State Travel Reimbursement	\$15,554	(\$11,929)	\$3,625
074 - 500589	Grants For Pub Asst And Rel	\$915,650	\$223,900	\$1,139,550
080 - 500710	Out Of State Travel Reimb	\$49,013	(\$39,013)	\$10,000
102 - 500731	Contracts For Program Servi	\$1,376,289	\$0	\$1,376,289
Total Expenses		\$3,142,847	\$0	\$3,142,847

05-095-048-481010-89200000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS; HHS: DLTSS-ADULT&ADULT SVCS; GRANTS FOR SOCIAL SVC PROG; MONEY FOLLOWS THE PERSON

Class	Description	Current Adjusted Authorized	Requested Action	Revised Adjusted Authorized
000 – 400146 - 16	Federal Funds	\$3,142,847	\$750,429	\$3,893,276
	General Funds	\$0	\$0	\$0
Total Revenue		\$3,142,847	\$750,429	\$3,893,276
020 - 500200	Current Expenses	\$32,083	\$0	\$32,083
037 - 500173	Technology-Hardware	\$5,466	\$0	\$5,466
038 - 500175	Technology-Software	\$587	\$0	\$587
039 - 500188	Telecommunications	\$12,423	\$0	\$12,423
041 - 500801	Audit Fund Set Aside	\$4,137	\$0	\$4,137
042 - 500620	Additional Fringe Benefits	\$0	\$0	\$0
059 - 500117	Temp Full Time	\$442,635	\$0	\$442,635
060 - 500601	Benefits	\$289,009	\$0	\$289,009
070 - 500704	In State Travel Reimbursement	\$15,554	\$0	\$15,554
074 - 500589	Grants For Pub Asst And Rel	\$915,650	\$750,429	\$1,666,079
080 - 500710	Out Of State Travel Reimb	\$49,013	\$0	\$49,013
102 - 500731	Contracts For Program Servi	\$1,376,289	\$0	\$1,376,289
Total Expenses		\$3,142,847	\$750,429	\$3,893,276

EXPLANATION

The purpose of this request is to transfer funds and accept and expend federal grant funds to support the implementation of New Hampshire's Money Follows the Person (MFP) demonstration program. Administered by the Department of Health and Human Services (DHHS), Division of Long Term Supports and Services, MFP provides eligible Medicaid beneficiaries residing in qualifying institutions with opportunities to transition to home and community-based settings of their choice. Building on New Hampshire's previous MFP initiative, the current demonstration supports the State's ongoing efforts to strengthen community-based long-term services and supports, reduce reliance on institutional care, and expand options for individuals who wish to live in the community. The demonstration is projected to support 98 individuals transitioning from institutional to community-based settings between 2026 and 2028, including older adults, individuals with physical disabilities, and individuals with mental health or substance use conditions. As of September 2026, the program received 18 referrals, with 14 individuals actively participating in pre-transition services.

The requested funding will support the continued implementation of the federally approved demonstration, including outreach and education, individualized transition planning, housing navigation, transition-related assistance, and ongoing supports to help individuals establish and maintain community living. These activities address barriers that can delay or prevent transitions, strengthen coordination across the long-term care system, and support the appropriate use of Medicaid resources. The Department will oversee implementation, monitor program expenditures and outcomes, and ensure compliance with federal grant requirements.

The funds are being adjusted and budgeted as follows:

Funds in class 020, Current Expense, are for supplies and postage and are being reduced to align with the approved grant budget.

Funds in class 037, Technology - Hardware, were for laptops and are being reduced to align with the approved grant budget.

Funds in class 038, Technology - Software, were for desktop programs and are being reduced to align with the approved grant budget.

Funds in class 039, Telecommunication, were for cell phones and are being reduced to align with the approved grant budget.

Funds in class 059, Temp Full Time, are budgeted to pay salary costs associated with the full-time temporary staffing, however, it is being reduced to align with the approved grant budget based on the incumbents' projected salaries.

Funds in class 060, Benefits, are budgeted to pay benefits costs associated with the full-time temporary staffing, however, it is being reduced to align with the approved grant budget based on the incumbents' benefits plans.

Funds in class 070, In State Travel Reimbursement, are budgeted for local travel and are being reduced to align with the approved grant budget.

Funds in class 074, Grants for Pub Asst and Rel, are being transferred in and accepted into this expenses line to contract with subrecipients in accordance with the Uniform Guidance classification.

Funds in class 080, Out of State Travel Reimbursement, are for out of state travel for staff to attend the national HCBS Conference and are being reduced to align with the approved grant budget.

The following is provided in accordance with the Budget Officer's instructional memorandum, dated April 17, 1985, in support of the requested actions:

- 1) *Does the transfer involve continuing programs or one-time projects?* Transfers are for continuing programs.
- 2) *Is this transfer required to maintain existing program level or will it increase program level?* Transfers are to maintain existing program levels and align the appropriations with the approved grant budget.
- 3) *Cite any requirements, which make this program necessary.* Section 6071 of the DRA of 2005 for the Centers for Medicare & Medicaid Services, Money Follows the Person program.
- 4) *Identify the source of funds on all account listed on this transfer.* 100% Federal Funds.
- 5) *Will there be an effect on revenue if this transfer is approved or disapproved?* DHHS draws the revenue based on actual expenditures. The transfer will not have any effect on revenues to be drawn for actual expenditures.
- 6) *Are funds expected to lapse if this transfer is not approved?* No.

The Honorable Ken Weyler, Chairman
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October 1, 2026
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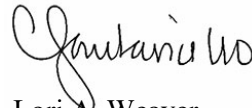
7) *Are personnel services involved?* There are five positions supported with this grant award.

In the event that Federal Funds become no longer available, General Funds will not be requested to support this program.

Area served: Statewide.

Source of Funds: 100% Federal from the Centers for Medicare & Medicaid Services, Money Follows the Person Rebalancing Demonstration.

Respectfully Submitted,

 For:

Lori A. Weaver
Commissioner

Division of Long Term Supports and Services
Money Follows the Person

Fiscal Situation: Account 05-95-48-481010-89200000

Agency Income:

Grant Award 1LICMS331877 (Multi-Year)	\$5,000,000.00
Grant Award 1LICMS331877 (Supplemental - Updated Award)	\$2,989,708.49

Total Funds Available	\$7,989,708.49
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SFY 23 Expenses	(\$141,802.24)
SFY 24 Expenses	(\$763,376.66)
SFY 25 Expenses	(\$1,362,632.82)
SFY 26 Expenses	(\$1,822,742.09)
Prior Fiscal Year Expenses	(\$4,090,553.81)

SFY 2026 Adjusted Authorized Appropriations	(\$3,142,846.64)
Total Appropriations	(\$3,142,846.64)

Net Grant Funds Remaining	\$756,308.04
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This Request	\$750,429.00
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Department of Health and Human Services
Centers for Medicare & Medicaid Services

Notice of Award

Award# 1LICMS331877-01-06

FAIN# 1LICMS331877

Federal Award Date: 09/18/2026

Recipient Information

1. Recipient Name

NEW HAMPSHIRE DEPARTMENT OF HEALTH
& HUMAN SERVICES
129 Pleasant St
New Hampshire Dept of Health and Human Services
Concord, NH 03301-3852
6032719043

2. Congressional District of Recipient
02

3. Payment System Identifier (ID)
1026000618B5

4. Employer Identification Number (EIN)
026000618

5. Data Universal Numbering System (DUNS)
011040545

6. Recipient's Unique Entity Identifier (UEI)
LA2HR1U97VC6

7. Project Director or Principal Investigator

Ms. Lisa Dunham
Administrator IV, MPF Project Director
lisa.m.dunham@dhhs.nh.gov
6032719786

8. Authorized Official

Ms. Wendi Aultman
Wendi.Aultman@dhhs.nh.gov
603-271-9068

Federal Agency Information

Office of Acquisitions and Grants Management

9. Awarding Agency Contact Information

Ms. Courtney Whitten
Grants Management Specialist
courtney.whitten@cms.hhs.gov
410-786-0362

10. Program Official Contact Information

Mr. Jeffrey Clopein
Project Officer
jeffrey.clopein@cms.hhs.gov
410-786-7252

Federal Award Information

11. Award Number

1LICMS331877-01-06

12. Unique Federal Award Identification Number (FAIN)

1LICMS331877

13. Statutory Authority

Section 6071 of the DRA of 2005

14. Federal Award Project Title

Welcome Home: Expanding Home and Community Based Care for Older Adults in New Hampshire

15. Assistance Listing Number

93.791

16. Assistance Listing Program Title

Money Follows the Person Rebalancing Demonstration

17. Award Action Type

Revision (NoA Other)

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2022 - **End Date** 09/30/2029

20. Total Amount of Federal Funds Obligated by this Action (\$582,487.51)

20a. Direct Cost Amount (\$582,487.51)

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$8,572,196.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$7,989,708.49

26. Period of Performance Start Date 09/01/2022 - **End Date** 09/30/2029

**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$7,989,708.49

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Louise Amburgey
Grants Management Officer

30. Remarks

See Remarks (continuation)



Department of Health and Human Services
Centers for Medicare & Medicaid Services

Notice of Award

Award# 1LICMS331877-01-06

FAIN# 1LICMS331877

Federal Award Date: 09/18/2026

Recipient Information

Recipient Name

NEW HAMPSHIRE DEPARTMENT OF HEALTH
& HUMAN SERVICES
129 Pleasant St
New Hampshire Dept of Health and Human Services
Concord, NH 03301-3852

6032719043

Congressional District of Recipient

02

Payment Account Number and Type

1026000618B5

Employer Identification Number (EIN) Data

026000618

Universal Numbering System (DUNS)

011040545

Recipient's Unique Entity Identifier (UEI)

LA2HR1U97VC6

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,177,226.00
b. Fringe Benefits	\$648,711.00
c. Total Personnel Costs	\$1,825,937.00
d. Equipment	\$0.00
e. Supplies	\$38,740.00
f. Travel	\$81,212.00
g. Construction	\$0.00
h. Other	\$286,649.49
i. Contractual	\$5,038,453.00
j. TOTAL DIRECT COSTS	\$7,270,991.49
k. INDIRECT COSTS	\$718,717.00
l. TOTAL APPROVED BUDGET	\$7,989,708.49
m. Federal Share	\$7,989,708.49
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-5991736	MFP331877A	1LI	412K	93.791	(\$582,487.51)	75-2023-0516



Department of Health and Human Services

Centers for Medicare & Medicaid Services

Notice of Award

Award# 1LICMS331877-01-06

FAIN# 1LICMS331877

Federal Award Date: 09/18/2026

Remarks (Continuation)

This Notice of Award approves the deobligation of MFP FY22 funds in the amount of \$582,487.51.

The total amount to be deobligated from the MFP FY22 CAN is \$582,487.51.

All other terms and conditions remain in effect.