



February 21, 2019

JANE DOE
MAIN ST
CONCORD NH 03301

Aviso importante acerca de sus beneficios. Por favor llame a la Oficina del Distrito si tiene alguna duda o pregunta. También puede solicitar servicios gratuitos de un intérprete.

IMPORTANT! Please read this entire notice about the Granite Advantage Health Care Program Community Engagement requirements. If you need help with reading or understanding this notice, please contact the Department of Health and Human Services Customer Service Line at **1-844-275-3447 (1-844-ASK DHHS.)**

People covered by Medicaid through the Granite Advantage Health Care Program typically must complete 100 hours of Community Engagement activities each month to maintain medical coverage unless they are exempted. Some exemptions include an individual who has a disability, is pregnant, is a parent or caretaker for a child under the age of six, is medically frail as certified by a licensed medical professional, or is enrolled in a state-certified drug court program. If you have been identified as mandatory, you have at least 75 days from the date of this letter to request an exemption or to start qualifying activities.

There are many ways to do Community Engagement activities. Activities include work, school, volunteering, job training, and more. See the enclosed **Things You Need to Know** for a full list of qualifying activities for Community Engagement.

You have told us previously that you are Medically Frail. To be exempt from the Community Engagement requirement due to medical frailty, you need to provide documentation from a licensed medical professional of your frailty.

Please complete the enclosed authorization form and have a licensed medical professional sign the certification of your medical frailty. Once we have the signed form we will change your participation status from Mandatory to Exempt. It is important to understand that your Participation Status is Mandatory until we get your signed medical frailty form.

How to submit the Medical Frailty and Release of Medical Information forms

After you sign the Release of Medical Information form and your licensed medical provider signs the medical frailty form, you can submit the forms online through NH EASY; drop them off in person at your local district office; fax them to (603) 271-5623, or mail them to: *NH Department of Health and Human Services, Granite Advantage Health Care Program, P.O. Box 3778, Attn: Granite Advantage Health Care Program Manager, Concord, NH 03302-3778.*

Your provider can also send us these forms for you.

Where to find Medical Frailty, Release of Medical Information, and Exemption forms

The enclosed Medical Frailty and Release of Medical information forms can also be found online by logging into NH EASY, by calling Customer Service and using the self-service option to ask that the form be sent to you, or by contacting your local district office by phone or in person. If you think that you may be exempt for reasons other than Medical Frailty, you can also find the Exemption form on NHEASY, by calling Customer Service, or by contacting your local district office by phone or in person.

You Must Submit a Signed Medical Frailty Form to be Exempt from Community Engagement

As noted above, you must send us your Medical Frailty form signed by your licensed provider by June 01, 2019 in order to be exempt from the Community Engagement requirement. You may send us your form after June 01, 2019 as well, however your status will be mandatory until we get the Medical Frailty form. If you do not meet the hours requirement and you are not exempt, your Medicaid eligibility could be suspended.

COMMUNITY ENGAGEMENT STATUS

Participation Status	Participation Start Date	Monthly Hours		
		Required	Current	Needed
Mandatory	06/01/2019	100	0	100

If your Participation Status remains mandatory, you must complete 100 hours of Community Engagement activities per month. You can report hours throughout the month, but you must report all hours by the 7th day of the next month. For example, if your Participation Start Date is June 01, 2019, you need to report 100 hours of activities completed between June 01, 2019 and June 30, 2019 by July 07, 2019.

How to find out more about Community Engagement

To learn more about Community Engagement, see the enclosed **Things You Need to Know**. You can also visit <https://nheasy.nh.gov/#/granite-advantage> for additional information or call DHHS Customer Service at 1-844-275-3447 (1-844-ASK DHHS).

The best way to manage your Community Engagement is through NH EASY

To create your account, go to NH EASY by entering the following URL into your internet browser: <https://nheasy.nh.gov>. Here is your **NH EASY PIN L4229**. Keep this in a safe place where no one else can see it. Do not give or show your PIN to anyone else.

Access your Community Engagement details 24 hours a day, 7 days a week

Call Customer Service and select the Granite Advantage option under the Self-Service menu. Here is your **Temporary Self-Service PIN 7593**.

Notice of right to receive reasonable modification

If you have a disability that impacts your ability to meet the Community Engagement requirement, you are entitled to reasonable modification of the program requirements so that you can participate. We can help you with applying for an exemption or good cause, getting information about appealing a suspension or disenrollment, reporting your Community Engagement hours, and reading our notices and program rules.

If you are unable to do some or all of the 100 hours because of your disability, we can reduce the number of hours that you are required to participate in or, if you qualify for an exemption, we can exempt you entirely from the Community Engagement requirement.

We are happy to provide you with additional services such as assistance with understanding the Granite Advantage program. Some examples of things we can explain include, but are not limited to, departmental notices, eligibility requirements, exemption requirements, how to apply for an ADA exemption, program benefits, how to establish eligibility, and how to meet and report Community Engagement activities to maintain eligibility.

If you think we made a mistake: Your Right to an Administrative Appeal (“Hearing”)

You can appeal our decision. For example, you can appeal if you think there is an error on your participation status, suspension, or termination of your benefits. If you have any questions about the action we took, please contact Customer Service.

Only call the Administrative Appeals Unit if you want to ask for an appeal or if you have questions about a current appeal. You can contact the Appeals Unit directly at 1-800-852-3345, extension 4292. You can also write your own letter to ask for an appeal. Send your written request to the address at the top of the first page of this Notice. You must ask for an appeal within 30 days of the date of this notice. If you are already getting benefits and you ask for an appeal, you can also ask to keep getting the same benefits while you wait for the decision on your appeal. If you want to do this, you must ask for your benefits to continue within 15 days of the date of this notice of the action you are appealing.

Once you ask for an appeal, we will try to fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can schedule a hearing. A hearing is a meeting between you, someone from DHHS, and an appeals officer. At the hearing, you can explain why you think we made a mistake. To get ready for your hearing, you can:

- Ask for a copy of your file before the hearing.
- Bring someone with you to the hearing, like a friend, relative, or lawyer, or, come by yourself. DHHS will **not** pay for the cost of any legal services you may want. However, there are free and reduced cost legal services available in NH.
- Bring documents, information, or witnesses to show us where you think we made a mistake.



**Licensed Medical Professional Certification of Medical Frailty
 Granite Advantage Health Care Program**

This certification is to be completed by a licensed medical professional who is qualified to assess the beneficiary for "medical frailty". This certification will be used to support the determination that the beneficiary is medically frail and exempt from the community engagement requirement for the Granite Advantage Health Care Program (Granite Advantage).

The beneficiary **MUST** return this form along with a copy of the BFA Form 320 Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information to the Department. The forms may be sent by mail (to the address above), by fax to 603-271-5623, by submitting the forms through NH EASY, or bringing them to a local district office. The forms can be submitted through NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the forms. A beneficiary may submit the forms to NH EASY or bring them to their district office **only** if the licensed medical professional has certified that the beneficiary is medically frail.

"Medically frail" means a beneficiary, as defined in 42 CFR 440.315 (f), with a disabling mental disorder, chronic substance use disorder, serious and complex medical condition, or a physical, intellectual or developmental disability that significantly impairs the ability to perform one or more activities of daily living as certified by a medical professional.

Part I. Member Information (please print)

Medicaid ID#: 28090583267

Name: Jane Doe		
Residential Street Address (if homeless write N/A):		City, State, ZIP Code:
Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/>	Gender: M F	Phone #:

Part II. Licensed Medical Professional Certification

As a licensed medical professional caring for this beneficiary, I hereby certify that the beneficiary is medically frail based on the beneficiary having one or more of the conditions identified in Part III below:

Part III. Medically Frail Condition

Please check ALL the appropriate circles in the table that best define the medically frail condition of the beneficiary:	
Definition	Category
Individuals with disabling mental health disorders	<input type="radio"/> Psychotic disorder <input type="radio"/> Schizophrenia <input type="radio"/> Schizoaffective disorder

(over)

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Individuals with disabling mental health disorders (continued)	<input type="radio"/> Major depression <input type="radio"/> Bipolar disorder <input type="radio"/> Delusional disorder <input type="radio"/> Obsessive-compulsive disorder <input type="radio"/> Other mental health condition: specify _____
Individuals with substance use disorders	<input type="radio"/> The beneficiary has a diagnosis of substance use disorder consistent with DSM-V* criteria. <small>*DSM-V means the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.</small>
Individuals with serious and complex medical conditions	<input type="radio"/> The individual meets criteria for hospice services, OR <input type="radio"/> The individual has a serious and complex medical condition AND the condition significantly impairs the ability to perform one or more activities of daily living (ADLs).
Individuals with a physical disability	<input type="radio"/> The individual has a physical disability AND the condition significantly impairs the ability to perform one or more activities of daily living (ADLs).
Individuals with an intellectual or developmental disability	<input type="radio"/> The individual has an intellectual disability or a developmental disability as described below AND the condition significantly impairs the ability to perform one or more activities of daily living (ADLs) <ul style="list-style-type: none"> • Intellectual Disability means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior • Developmental Disability means a disability attributable to an intellectual disability, cerebral palsy, epilepsy, autism, or a specific learning disability (or any other condition of an individual found to be closely related to an intellectual disability as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that for persons with an intellectual disability), that is manifested before the age of 22 and that reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of a lifelong or extended duration and are individually planned and coordinated.

Additional provider notes including any other considerations that should be given to support "Medical Frailty" of this individual:

This certification is valid through (may not exceed one year).

Provider Name (Please print):	Date:	Contact #: ()
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Provider Signature: _____ NPI #:

Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information
Granite Advantage Health Care Program

This form authorizes a licensed medical professional to release to the Department of Health and Human Services (Department) a beneficiary's protected health information (PHI) related to the licensed medical professional's certification of the beneficiary as medically frail. This form should be completed by the beneficiary and given to the licensed medical professional who is completing the Licensed Medical Professional Certification of Medical Frailty Form.

The beneficiary **MUST** return a copy of this form along with a copy of the Licensed Medical Professional Certification of Medical Frailty Form to the Department. The forms may be sent to the Department by mail at the address above, by fax to 603-271-5623, by submitting forms to NH EASY, or bringing the forms to a local district office. The forms can be submitted through NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the forms. A beneficiary may upload the forms to NH EASY or bring the forms to their local district office **only** if the licensed medical professional has certified that the beneficiary is medically frail.

Part I. Beneficiary Information (please print)

Last Name:	First Name, Middle Initial:	Date of Birth MM/DD/YYYY
Residential Street Address (if homeless write N/A):	City, State, Zip Code:	Phone #: ()

Part II. Purpose of the Disclosure The purpose of the disclosure of PHI pursuant to this release is to verify the licensed medical professional certification that the beneficiary is medically frail and that the beneficiary is accordingly exempt from the Granite Advantage Health Care Program community engagement requirements. I understand that if I do not authorize the release of this information, I will not be able to demonstrate that I qualify for an exemption with the necessary completion of the Licensed Medical Professional Certification of Medical Frailty Form.

Please check all that apply below:

- I hereby authorize the following licensed medical professional to disclose my protected health information for the purposes described above:

Name of Medical Professional: _____
Organization: _____ Telephone #: (____) ____ -- _____
Address: _____

- In addition, I hereby authorize the following specific disclosures (Place your initials on the line by those statements which apply)

_____ I specifically authorize the release of my mental health treatment records.

_____ I specifically authorize the release of my HIV and AIDS results and/or treatment.

_____ I specifically authorize the release of my alcohol and/or drug abuse treatment records in accordance with 42 CFR Part 2.

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_____ Other (specify): _____.

- I give authorization for my protected health information to be released to the following individual or organization:
Name: Granite Advantage Health Care Program Manager
Organization: Department of Health and Human Services
Address: DHHS, Granite Advantage Health Care Program, P.O. Box 3778, Concord, NH 03302-3778 or Fax# 603-271-5623
- I understand this authorization may be revoked by notifying the Department of Health and Human Services in writing to the address above.
- This authorization will expire one year from the date it is signed.

Signature of Beneficiary or Duly Authorized Legal Representative

Date

If you have any questions regarding this form, please call the Department's Medicaid Customer Services number at 1-844-275-3447 (1-844-ASK-DHHS).

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Things You Need to Know About Community Engagement

Activities

Granite Advantage members who have to participate can use a combination of qualifying activities to fulfill their 100-hour Community Engagement requirements including:

- **Employment:** Having a job.
- **Training:** Receiving job skills training including vocational training.
- **Education:** Working towards getting a high school diploma or attending an accredited college or university.
- **Job Search:** Such as looking for a job and attending job readiness workshops.
- **Community and Public Service:** Doing volunteer community or public service.
- **Caregiving:** Acting as the caretaker of a person, not in your household.
- **Substance Use Disorder Treatment:** Receiving outpatient substance use disorder treatment.
- **Subject to another work requirement:** Complying with a work program such as TANF or SNAP.

Exemptions

Some Granite Advantage members may not be able to participate in Community Engagement. These individuals may be exempt and will not have to complete community engagement activities. Individuals who are exempt include those with the following conditions/situations:

- **Disabled:** Have a disability that prevents you from participating.
- **Pregnant:** Are currently pregnant or within 60 days of the end of a pregnancy.
- **Medically Frail:** Have a physical, mental, or emotional condition that makes it hard to do daily activities, as certified by a licensed medical professional.
- **Temporary Illness:** Are sick, or getting treatment in the hospital, including intensive outpatient (IOP) or residential substance use disorder treatment.
- **Parent or Caretaker:** Are a parent or caretaker of a child under six or individuals living in the household with needs that require care, as certified by a licensed medical professional.
- **State-Certified Drug Court Program:** Are participating in a state-certified drug court program, as certified by the Administrative Office of the Superior Court.
- **Exempt from another work requirement:** Are currently exempt in TANF, SNAP, or other work program.
- **Employer Sponsored Insurance:** Are enrolled in the Health Insurance Premium Payment (HIPP) Program.

Good Cause

Sometimes things out of your control happen. If something out of the ordinary happens to you during the month that prevents you from completing the hours such as a family emergency, your car breaking down, or you or someone in your household having a serious illness, you may submit a good cause request that can cover some or all the missed hours.

How To Request An Exemption, Good Cause, Or Medical Frailty Form

If you think that you have an exemption reason, good cause for not meeting your monthly hourly requirement, or are medically frail, you can ask for an exemption by logging into NH EASY, by calling DHHS at 1-844-275-3447 and use the self-service option to ask that a Granite Advantage Exemption form, Good Cause form or Medically Frail form be sent to you, or contact your local district office by phone or in-person.

How To Report Your Community Engagement Hours

You can report and track your reported hours through NH EASY, where you will also find the Activity Reporting forms. If you do not have an NH EASY account, go online to NHEASY.NH.GOV and make one today. You can also report your hours by calling DHHS at 1-844-275-3447, in person at your local District Office, mailing them to the DHHS Granite Advantage Health Plan, PO Box 3778, Concord, NH 03302-3778, or by fax to (603) 271-5623.



Things You Need to Know About Community Engagement

Resources to Help You

Granite Workforce: Granite Workforce is a pilot work program being offered by NH Employment Security (NHES) and the NH Department of Health and Human Services. This work program is available to Granite Advantage members, ages 19-64, that are:

- A parent responsible for a child under the age of 18.
- Any Granite Advantage member ages 19-24.

NHES will determine program eligibility and provide assessment and case management services. NHES case managers will offer eligible members:

- Direct job placement into employment,
- On-the-job training programs,
- Referral services to education/training/apprenticeship programs,
- Job search and job readiness assistance, and
- Referral to community services for those not yet ready for work.

Granite Workforce can provide the following employment supports for eligible participants. Up to:

- \$5,000 in tuition assistance,
- \$650 in emergency housing costs,
- \$450 in basic education costs,
- \$160 a month for mileage reimbursement up to 4 months, and/or
- \$100 for child care registration fees.

For Interested Employers

Employers interested in hiring Granite Workforce members and receiving a financial incentive should contact NHES to learn more.

To find out more about the Granite Workforce pilot program, contact NHES at GraniteWorkforce@NHES.NH.gov or call 1-833-658-4760.

Job Search

NH Employment Security
www.NHES.nh.gov/services/job-seekers

NH Works
www.nhworks.org/job-seekers/

Child Care

Contact the Child Care Resource and Referral agency at
www.nh.childcareaware.org

Volunteering

Volunteer NH
www.volunteernh.org

Volunteer Match
www.volunteermatch.org

Education

NH Department of Education
www.education.nh.gov

Community College System of NH
www.ccsnh.edu

UNH – Professional Development and Training
<https://training.unh.edu>

CCSNH Apprenticeship
www.apprenticeship.org

WRNH
www.ccsnh.edu/workforce-training/workready-nh

**For more information, please visit NHEASY.NH.GOV.
If you do not have an NH EASY account, you can create one now.**

Get help in your language

English (English)

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-844-275-3447 (TTY: 1-800-735-2964)

Español (Spanish)

ATENCIÓN: Si usted habla español, tiene a disposición servicios de asistencia lingüística, gratuitos. Llame al 1-844-275-3447 (TTY: 1-800-735-2964)

Ikinyarwanda (Kinyarwanda)

IKITONDERWA: Nuvuga Ikinyarwanda, serivisi z'ubufasha bw'ururimi, zitishyurwa, urazibona. Hamagara 1-844-275-3447 (TTY: 1-800-735-2964)

नेपाली (Nepali)

ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने, तपाईंको लागि निःशुल्क नेपाली भाषा सहायता सेवा उपलब्ध छ । 1-844-ASK-DHHS (TTY: 1-800-735-2964) मा फोन गर्नुहोस् ।

Kiswahili (Swahili)

TAHADHARI: Ikiwa unaongea Kiswahili, huduma za usaidizi wa lugha ya Kiswahili, zinapatikana kwako bila malipo. Piga simu 1-844-275-3447 (TTY: 1-800-735-2964)

(Arabic) العربية

انتباه: إذا كنت تتحدث العربية، هناك خدمة ترجمة مجانية متاحة لك. الرجاء الاتصال بالرقم

1-844-275-3447 (TTY: 1-800-735-2964)

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Si ou pale Kreyòl Ayisyen, Nou mete sèvis asistans lang ki gratis disponib pou ou. Rele nan nimewo 1-844-275-3447 (TTY: 1-800-735-2964)

Ikirundi (Kirundi)

MENYA NEZA: Ukaba uvuga Ikirundi, urashobora kuronswa ubufasha mu gusiguza muzindi ndimi kubuntu. Hamagara kuri 1-844-275-3447 (TTY: 1-800-735-2964)

Português (Portuguese)

ATENÇÃO: Se você fala Português temos serviços gratuitos de assistência linguística disponíveis para você. Ligue para o número 1-844-275-3447 (TTY: 1-800-735-2964)

Soomaali (Somali)

DIGTOONI: Haddii aad ku hadasho Soomaali, adeegyada caawimada luqadda, bilaash ah, ayaa lagu heli karaa. Wac 1-844-275-3447 (TTY: 1-800-735-2964)

Maay (Maay/Mai Mai)

FIIRA QAAS EH: Hattii ka koothaasa af Maay, atheegatha kaalmatha afka, bilaash eh, yaa la kin helee. Han weer 1-844-275-3447 (TTY: 1-800-735-2964)

Get help in your language

မြန်မာစကား (Burmese)

ဂရုပြုရန်- သင်သည် ဗမာစကား ပြောတတ်ပါက သင့်အတွက် အခမဲ့ ဗမာဘာသာ အကူအညီ ဝန်ဆောင်မှုများအား ရရှိနိုင်ပါသည်။ 1-844-275-3447 (TTY: 1-800-735-2964) သို့ ခေါ်ဆိုပါ။

Français (French)

ATTENTION: Si vous parlez français, des services d'assistance linguistique sont mis à votre disposition gratuitement. Appelez le 1-844-275-3447 (TTY: 1-800-735-2964)

Bosanski (Bosnian) / Hrvatski (Croatian)

PAŽNJA: Ako govorite Bosanski/Hrvatski, besplatne prevodilačke usluge su vam na raspolaganju. Pozovite 1-844-275-3447 (TTY: 1-800-735-2964)

Tiếng Việt (Vietnamese)

LƯU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ tiếng Việt miễn phí sẵn có dành cho quý vị. Hãy gọi 1-844-275-3447 (Dành cho người khiếm thính: TTY: 1-800-735-2964)

普通话 (Mandarin Chinese)

注意：如果您讲普通话，可免费享受普通话帮助服务。请拨打1-844-275-3447 (TTY: 1-800-735-2964)

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। 1-844-275-3447 (TTY: 1-800-735-2964) 'ਤੇ ਕਾਲ ਕਰੋ

Русский (Russian)

ВНИМАНИЕ: Если вы говорите по-русски, переводческие услуги могут предоставляться вам бесплатно. Звоните 1-844-275-3447 (TTY: 1-800-735-2964)

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, διατίθενται δωρεάν γλωσσικές υπηρεσίες υποστήριξης. Καλέστε 1-844-275-3447 (TTY: 1-800-735-2964)

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ मुफ्त उपलब्ध हैं। कॉल करें 1-844-275-3447 (TTY: 1-800-735-2964)