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

Recently DHHS sent you a letter explaining the Community Engagement requirement under the Granite Advantage Health Program and indicating your participation status as Mandatory. The letter noted you previously indicated you are medically frail, but had not yet submitted your Medical Frailty form to be exempt.

This letter is a second reminder that we have not yet received your Medical Frailty form signed by your licensed medical provider. Therefore, your Participation Status remains as Mandatory unless we receive your signed Certification of Medical Frailty form. We encourage you to complete the enclosed authorization form and have your licensed medical provider complete and sign the enclosed Medical Frailty form. The completed forms should be submitted as soon as possible.

Please call us upon receipt of this letter or shortly thereafter at 1-844-275-3447 (1-844-ASK DHHS) if you have any questions or need assistance in filling out the medical frailty form. You can also go to any local district office and ask for assistance in person. If you do not meet the hours requirements and you are not exempt, your Medicaid eligibility could be suspended after two consecutive months of non-compliance.

Please note that you are considered Mandatory until we receive your Medical Frailty Form. 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, this means that you must report the hours for June 01, 2019 - June 30, 2019 by July 07, 2019. The grid indicates your Mandatory status and the number of hours you currently need to meet the Community Engagement requirement.
COMMUNITY ENGAGEMENT STATUS

<table>
<thead>
<tr>
<th>Participation Status</th>
<th>Participation Start Date</th>
<th>Monthly Hours Required</th>
<th>Current</th>
<th>Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory</td>
<td>06/01/2019</td>
<td>100</td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>

How to find out more about Community Engagement
To learn more about Community Engagement, visit https://nheasy.nh.gov/#/granite-advantage 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 1234H. Keep this in a safe place where no one else can see it.

Access your Community Engagement details 24 hours a day, 7 days a week by calling Customer Service and selecting the Granite Advantage option under the Self-Service menu. Here is your Temporary Self-Service PIN 567Y.

Your 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 letters 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 exemption, program benefits, how to establish eligibility, and how to meet and report Community Engagement activities to maintain eligibility.
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 320A Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information 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 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 https://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. Beneficiary Information (please print)

<table>
<thead>
<tr>
<th>Medicaid ID#:</th>
<th>01234567897</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Member Name</td>
</tr>
<tr>
<td>Residential Street Address (if homeless write N/A):</td>
<td>City, State, ZIP Code:</td>
</tr>
<tr>
<td>Date of Birth (MM/DD/YYYY):</td>
<td>Gender:</td>
</tr>
</tbody>
</table>

M F

Phone #: ( )

Part II. Medically Frail Condition

Please check ALL the appropriate boxes in the table that best defines the medically frail condition of the beneficiary:

<table>
<thead>
<tr>
<th>Definition</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals with disabling mental health disorders</td>
<td>○ Psychotic disorder</td>
</tr>
<tr>
<td></td>
<td>○ Schizophrenia</td>
</tr>
<tr>
<td></td>
<td>○ Schizoaffective disorder</td>
</tr>
<tr>
<td></td>
<td>○ Major depression</td>
</tr>
<tr>
<td></td>
<td>○ Bipolar disorder</td>
</tr>
<tr>
<td></td>
<td>○ Delusional disorder</td>
</tr>
<tr>
<td></td>
<td>○ Obsessive-compulsive disorder</td>
</tr>
<tr>
<td></td>
<td>○ Other mental health condition: specify _____________________________</td>
</tr>
</tbody>
</table>
Part III. 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 above.

This certification is valid through (MM/DD/YYYY): _______ _______ _____________ (May not exceed one year)

Provider Name (Please print): ___________________________ Date: __________ Contact #: ( )

Provider Signature: __________________________________________ NPI#: __________________________

Please list additional provider notes including any other considerations that should be given to support the “Medical Frailty” of this individual:
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)

**Nepali (Nepali)**
ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने, तपाईंको लागि निःशूलक 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)

**العربية (Arabic)**
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)

**Kirundi (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 laguu 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 heleel. Han weer 1-844-275-3447 (TTY: 1-800-735-2964)
Get help in your language

မြန်မာစကား (Burmese)
ဂုျပဳရန္ - သင္သည် ဗမာစကား ေျပာတတ္ပါက သင့္အတြက္ အခမဲ့ ဗမာဘာသာ အကူအညီ ဝန္ေဆာင္မႈမ်ားအား ရႏိုင္ပါသည္။ 1-844-275-3447 (TTY: 1-800-735-2964)

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)

普通話 (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)
ਪਿਆਲਤ ਦੀਖੀ: ਤੇਜਵਤ ਉਡੀ ਪੰਜਾਬੀ ਬੰਦੇ ਤੇਂ, ਉਂ ਪੰਜਾਬੀ ਧਾਂ ਹਿੰਚ ਮਤਾਹਿੰਦਾ ਮੇਲਾ ਅਂਦਾਂ, ਉਰਾਦੀ ਲਗੀ ਭੁਜ਼ ਹਿੰਚ ਛਿਪਲੰਗ ਚਲੀ। 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)