



June 11, 2019

MEMBER NAME
MEMBER ADDRESS
TOWN, NH

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 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

Participation Status	Participation Start Date	Monthly Hours		
		Required	Current	Needed
Mandatory	06/01/2019	100	40.00	60.00

REPORTED HOURS DETAILS

Type	Name	Monthly Hours	Monthly Hours Calculation
Regular	Grocery Store	30.00	Based on reported employment information
Net Profit	Caterer	10.00	Equal to the monthly net profit before depreciation divided by the Federal Minimum Wage, which is currently \$7.25

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.



01234567897

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)

Medicaid ID#: 01234567897		
Name: Member Name		
Residential Street Address (if homeless write N/A):		City, State, ZIP Code:
Date of Birth (MM/DD/YYYY):	Gender: 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:	
Definition	Category
Individuals with disabling mental health disorders	<input type="radio"/> Psychotic disorder <input type="radio"/> Schizophrenia <input type="radio"/> Schizoaffective disorder <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. *DSM-V means the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
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.

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)

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)

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)

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 ਮੁਫ਼ਤ 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। काल करें 1-844-275-3447 (TTY: 1-800-735-2964)