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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Jeffrey A. Meyers  
Commissioner

Marcella Jordan Bobinsky  
Acting Director

May 23, 2016

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

1. Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health & Community Services, Maternal & Child Health Section, Injury Prevention Program to enter into a Memorandum of Agreement (MOA) with the Department of Safety (vendor #177878) 33 Hazen Drive, Concord, NH 03302-0002 for the purpose of supporting statewide poison control services. The Division of Public Health requests that this agreement be effective date of Governor and Council approval through June 30, 2017 in an amount not to exceed \$175,000.

2. Subject to the approval of Item #1 above, authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal & Child Health Section, Injury Prevention Program to accept and expend Other Funds in the amount of \$50,000 from the Department of Safety effective date of Governor and Council approval through June 30, 2017 and further authorize the funds to be allocated as follows for SFY16 and SFY17. Funds awarded for periods after SFY2017 are anticipated to be included in the future operating budgets for SFY18 through SFY 21.

05-95-90-902010-12280000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH & COMMUNITY SERVICES, POISON CONTROL CENTER

SFY 2016

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
000-000000	General Funds	\$520,000	\$0	\$520,000
009-484923	Agency Income (DOS)	\$0	\$25,000	\$25,000
<b>Total Revenue</b>		<b>\$520,000</b>	<b>\$25,000</b>	<b>\$545,000</b>
102-500731	Contracts for Program Serv	\$520,000	\$25,000	\$545,000
<b>Total Expenses</b>		<b>\$520,000</b>	<b>\$25,000</b>	<b>\$545,000</b>

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102-500731	Contracts for Program Serv	\$520,000	\$25,000	\$545,000
<b>Total Expenses</b>		<b>\$520,000</b>	<b>\$25,000</b>	<b>\$545,000</b>

**EXPLANATION**

Funds in this agreement will be used to provide poison information and control services, including medical consultation to New Hampshire residents on a 24-hour per day, 7 days a week basis. As per Revised Statutes Annotated 126-A:49, New Hampshire is responsible for developing or designing a statewide program for poison information and a poison information center that provides information and medical consultation on a daily, 24 hour basis for all New Hampshire residents and care providers.

In response to the anticipated two-part question, "Can these funds be used to offset General Funds?" and "What is the compelling reason for not offsetting General Funds?" the Division offers the following information: These funds may not be used to offset General Funds as they are specifically granted to the State for the purpose of providing the services described above.

These funds will not change the program eligibility levels. No new program will be established with the acceptance of these funds.

Area served: Statewide

Source of funds: These funds are 100% Other Funds. Attached is the Memorandum of Agreement between the Department of Health and Human Services, Division of Public Health Services, Maternal & Child Health Section, Injury Prevention Program and the Department of Safety.

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

Respectfully submitted,

  
 Marcella J. Bobinsky  
 Acting Director

Approved by   
 Jeffrey A. Meyers  
 Commissioner

## **MEMORANDUM OF AGREEMENT**

**between the**

**New Hampshire Department of Health and Human Services**

**and the**

**New Hampshire Department of Safety**

**Effective date of Governor and Council approval through June 30, 2021**

**Subject: Funding for the implementation of statewide poison services**

This Memorandum of Agreement (MOA) describes activities that have been agreed to between the New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), Bureau of Population Health and Community Services, Maternal and Child Health Section (MCH) and the New Hampshire Department of Safety (DOS).

The New Hampshire Department of Health and Human Services, Division of Public Health Services and the New Hampshire Department of Safety agree to enter into a Memorandum of Agreement, in the amount of \$25,000 annually, with a price limitation of \$175,000. The Department of Safety will provide funding to the Department of Health and Human Services for purposes of supporting, in part, the current contract for the provision of statewide poison services. As of the date of Governor and Council approval, the contractor is MaineHealth.

This MOA will take effect upon date of Governor and Council approval and be in effect through June 30, 2021. This agreement has the option to renew pending availability of funding, the agreement of the parties, and approval by Governor and Council.

For the purposes of this Agreement, DHHS and DOS agree to cooperate as follows:

**I. The New Hampshire Department of Safety agrees to:**

1. Assure that the funds budgeted for the NH Department of Health and Human Services (DHHS) will be paid to DHHS, through an interagency transfer approved by Governor and Council. Such funds will enable the DHHS to contract, in part, for statewide poison services.
2. Provide DHHS with funding in the amount of \$25,000 per year, with a price limitation of \$175,000 to fund the contractor selected through a competitive grant process every two years with the possibility of an additional two years in amendments, and to contribute to expenses necessary for implementation as set forth in the contractual requirements for statewide poison center services as approved by Governor and Council.

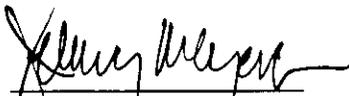
**II. The New Hampshire Department of Health and Human Services agrees to:**

1. Act as the Administrator for the statewide poison center services' contract as approved by Governor and Council. This includes both fiscal and programmatic oversight. The contractor is selected through a competitive bid process every two years with the possibility of an additional two years in amendments.
2. Work with the contractor in monitoring required services, this includes, at the least, quarterly meetings with contractor and MCH staff.

**III. It Is Further Understood and Agreed Between DHHS and DOS:**

1. That DOS will not be responsible for any expenses or costs incurred by the DHHS under this Agreement prior to the date of Governor and Council approval.
2. That the maximum amount of funds available for reimbursement under this Agreement from the DOS shall be a total of \$25,000 per grant year with \$12,500 of those costs covered by the revolving Fire/Emergency Medical Services fund and \$12,500 of those costs covered by E911 surcharge funding for the years ending June 30<sup>th</sup>, 2016 and June 30<sup>th</sup>, 2017, for the years ending June 30<sup>th</sup>, 2018, June 30<sup>th</sup>, 2019, June 30<sup>th</sup>, 2020, and June 30<sup>th</sup>, 2021, the \$25,000 shall be covered by E911 surcharge funding. The DOS will not be responsible for any expenses or costs incurred by the DHHS under this Agreement in excess of the above amounts unless additional funding is expressly authorized by the DOS prior to the work being performed, agreement of the parties, and Governor and Council approval.
3. DOS agrees to provide the \$25,000 annually, subject to the continued availability of funding.

IN WITNESS WHEREOF, the respective parties have hereunto set their hands on the dates indicated.



Jeffrey A. Meyers  
Commissioner  
Department of Health and Human Service



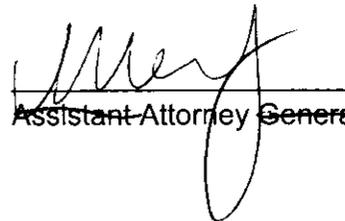
John J. Barthelmes  
Commissioner  
Department of Safety

6/9/16  
(Date)

6/10/16  
(Date)

Attorney General This is to certify that the above AGREEMENT has been reviewed by this office and is approved as to form and execution.

6/12/16  
(Date)



Assistant Attorney General

**Secretary of State** This is to certify that the GOVERNOR AND COUNCIL on \_\_\_\_\_ approved this AGREEMENT.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Attest)

\_\_\_\_\_  
(Secretary of State)