



Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES
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October 11, 2021

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS) to accept and expend funds from the Department of Health and Human Services, Health Resources and Services Administration (HRSA), entitled State Systems Development Initiative – Maternal Health Enhancement Supplement to expand capacity in reporting on statewide maternal health quality improvement efforts, resulting in enhanced high quality birthing care in the amount of \$60,000 effective upon Governor and Council approval through November 30, 2022, and further authorize the allocation of these funds in the accounts below. 100% Federal Funds.

05-95-90-902010-4526 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY & HEALTH SERVICES, MCH DATA LINKAGE

SFY 22

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-408065	Federal Funds	\$114,725	\$60,000	\$174,725
	General Funds	\$0	\$0	\$0
Total Revenue		\$114,725	\$60,000	\$174,725
010-500100	Salaries	\$75,133	\$0	\$75,133
020-500200	Supplies	\$50	\$0	\$50
037-500173	Technology-Hardware	\$325	\$0	\$325
038-500177	Technology-Software	\$1,020	\$0	\$1,020
041-500801	Audit Fund Set Aside	\$110	\$60	\$110
042-500620	Additional Fringe Benefits	\$7,738	\$0	\$7,735
060-500601	Benefits	\$28,249	\$0	\$28,249
066-500543	Employee Training	\$300	\$0	\$300
070-500704	In-State Travel	\$100	\$0	\$100
074-500589	Grants for Pub Asst and Relief	\$0	\$59,940	\$60,000
080-500710	Out-of-State Travel	\$1,700	\$0	\$1,700
Total Expenses		\$114,725	\$60,000	\$174,725

EXPLANATION

This request is being made to accept the additional grant funds available for SFY 2022 to administer the New Hampshire (NH) State Systems Developmental Initiative (SSDI) in support of its activities linked with the Federal Maternal and Child Health Bureau's Alliance on Innovation on Maternal Health (AIM) Program.

In New Hampshire, opioid overdose is a leading cause of pregnancy-associated deaths. The Alliance on Innovation on Maternal Health (AIM) Program is focused on implementing "patient safety bundles" to improve the quality of health care provided to pregnant woman impacted by opioid use and other substances. A patient safety bundle is a structured way of delivering health care: each bundle includes a set of straightforward evidence-based clinical practices that, when performed collectively and consistently, has been proven to reduce maternal mortality and pregnancy associated deaths. These patient safety bundles help pregnant woman and their families' access support for behavioral health, mental health and other community resources. These steps will help prevent substance use associated illness and death during pregnancy and will also result in savings to the Department. The Northern New England Perinatal Quality Improvement Network (NNEPQIN), at Mary Hitchcock Memorial Hospital will provide technical assistance and training on the implementation of patient safety bundles to all New Hampshire birthing hospitals.

The notice of supplemental funds awarded was received August 18, 2021. Funds will be contracted to Mary Hitchcock Hospital, Northern New England Perinatal Quality Improvement Network as required by the Federal Funder.

The funds are to be budgeted as follows:

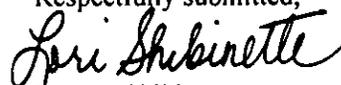
- Class 041 The funds will be used to pay for audit fund set aside per State requirement.
- Class 074 A contract amendment will be done with Mary Hitchcock Memorial Hospital, NNEPQIN for technical assistance to all NH's birthing hospitals on AIM patient safety bundles, in addition to reporting of outcomes on these quality improvement efforts.

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: The funds are provided for a specified purpose by HRSA as defined in the Notice of Grant Award and cannot be used to offset general funds.

Area served: Statewide

Source of Funds: 100% Federal funds from the Department of Health and Human Services, Health Resources and Services Administration.

If Federal Funds become no longer available, General Funds will not be requested to support the program expenditures.

Respectfully submitted,

Lori A. Shabinette
Commissioner



Office of Federal Assistance Management (OFAM)

Procedure Approved by Supervisory Grant Management Specialist

Stephannie Young

Supervisory Grant Management Specialist

Effective Date: 09/24/2021

In conclusion to our Kick-off meeting for the approved budget year for FY 2021 (12/01/2020 - 11/30/2021) of grant award H18MC00033-28, New Hampshire MCH Data Linkage Project, Grants Management is fully abreast of the budgetary dilemma of existing approved funds. As a result of this concern, our Grants Management and Program team grant you authorization to carryover any funding remaining of this current budget year; into the next budget year of (12/01/2021 – 11/30/2022).

Grants Management requires a clear description of how funds will be allocated from your base SSDI funding, and the awarded supplement amount is needed within your budget justification. We will continue to align ourselves with you and bridge any gaps of communication to ensure grant tasks are completed successfully.

We thank you for your continued efforts and look forward to an ongoing grants management partnership.

**Marc Horner
Grant Management Specialist (GMS)
MHorner@hrsa.gov
(301) 443-4888**



Recipient Information

1. Recipient Name
NH ST DEPT OF HEALTH & WELFARE, DIV OF PUBLIC HEALTH
Division Line: OFFICE OF COMMUNITY AND PUBLIC HEALTH
29 Hazen Dr
Concord, NH 03301-6510
2. Congressional District of Recipient
02
3. Payment System Identifier (ID)
102600061885
4. Employer Identification Number (EIN)
026000618
5. Data Universal Numbering System (DUNS)
011040545
6. Recipient's Unique Entity Identifier
7. Project Director or Principal Investigator
Paulette Valliere
Project Director
Paulette.L.Valliere@dhhs.nh.gov
(603)271-4587
8. Authorized Official
Rhonda Siegel
Title V Director/MCH Administrator
rhonda.siegel@dhhs.nh.gov
(603)271-4516

Federal Agency Information

9. Awarding Agency Contact Information
Kaleema O Ameen
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
KAmeen@hrsa.gov
(301) 443-7061
10. Program Official Contact Information
Maria Paz Carlos
Project Officer
Maternal and Child Health Bureau (MCHB)
MCarlos@hrsa.gov
(301) 443-2250

Federal Award Information

11. Award Number
3 H18MC00033-28-03
12. Unique Federal Award Identification Number (FAIN)
H1800033
13. Statutory Authority
Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2)), as amended
42 U.S.C. § 701(a)(2)
42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)
Special Projects of Regional and National Significance (SPRANS)
14. Federal Award Project Title
NEW HAMPSHIRE MCH DATA LINKAGE PROJECT
15. Assistance Listing Number
93.110
16. Assistance Listing Program Title
Maternal and Child Health Federal Consolidated Programs
17. Award Action Type
Competing Supplement
18. Is the Award R&D?
No

Summary Federal Award Financial Information

<u>19. Budget Period Start Date 12/01/2020 - End Date 11/30/2021</u>	
20. Total Amount of Federal Funds Obligated by this Action	\$60,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$160,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$160,000.00
<u>26. Project Period Start Date 12/01/2017 - End Date 11/30/2022</u>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$453,211.00

28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer – Signature
Stephanie Young on 08/18/2021

30. Remarks



Notice of Award
Award Number: 3 H18MC00033-28-03
Federal Award Date: 08/18/2021

Maternal and Child Health Bureau (MCHB)

31. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$55,618.00
b. Fringe Benefits:	\$27,716.00
c. Total Personnel Costs:	\$83,334.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$1,232.00
g. Travel:	\$1,511.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$13,983.00
j. Consortium/Contractual Costs:	\$52,114.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$152,174.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$7,826.00
q. TOTAL APPROVED BUDGET:	\$160,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$160,000.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$160,000.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$100,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$60,000.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
29	\$100,000.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER
MCJ33T004

36. OBJECT CLASS
41.51

37. BHCNIS#

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:
a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 3895511	93.110	18H18MC00033	\$60,000.00	\$0.00	N/A	SSDI-18

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
2. This Notice of Award is to approve supplemental funding under the State Systems Developmental Initiative (SSDI) program to expand state and jurisdictional MCH data capacity in an effort to improve reporting for MCHB's Alliance for Innovation on Maternal Health (AIM) program, resulting in enhanced high quality and timely data and analysis.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Rhonda Siegel	Business Official, Authorizing Official	rhonda.siegel@dhhs.nh.gov
Paulette Valliere	Point of Contact	paulette.valliere@dhhs.nh.gov
Paulette Valliere	Program Director	paulette.j.valliere@dhhs.nh.gov
Kira L Hageman	Business Official	kira.hageman@dhhs.nh.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).