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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE COMMISSIONER

Lori A. Shibinette
 Commissioner

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Lori A. Weaver
 Deputy Commissioner

February 22, 2022

The Honorable Karen Umberger, Chairman
 Fiscal Committee of the General Court and

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

REQUESTED ACTION

Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Health Facilities Administration to accept and expend a grant in the amount of \$254,146 from the CARES Act Funds providing funding through CMS for Health Facilities COVID-19 related response for survey and certification activities effective upon Fiscal Committee and Governor and Executive Council approval through September 30, 2022, and further authorize the allocation of these funds in the accounts below. 100% Federal Funds.

**05-095-095-952010-51460000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS;
 HHS:COMMISSIONERS OFFICE; OFFICE OF PROGRAM SUPPORT; HEALTH FACILITIES ADMINISTRATION**

Class/Object	Class Title	Current Authorized	This Request	Adjusted Budget
Revenue				
000-408155	Federal Funds	\$ 1,754,560.47	\$ 254,146.00	\$ 2,008,706.47
000-407698	Other Funds	\$ 489,523.00		\$ 489,523.00
	General Funds	\$ 1,364,653.52		\$ 1,364,653.52
Total Revenue:		\$ 3,608,736.99	\$ 254,146.00	\$ 3,862,882.99
Expense				
010-500100	Personal Services Perm	\$ 1,923,822.53	\$ -	\$ 1,923,822.53
018-500106	Overtime	\$ 19,000.00	\$ 50,000.00	\$ 69,000.00
020-500200	Current Expenses	\$ 20,000.00	\$ 9,500.00	\$ 29,500.00
030-500301	Equipment New Replaceme	\$ 1,000.00	\$ -	\$ 1,000.00
037-500173	Technology-Hardware	\$ 15,000.00	\$ -	\$ 15,000.00
039-500180	Telecommunications	\$ 8,000.00	\$ 1,500.00	\$ 9,500.00
041-500801	Audit Fund Set Aside	\$ 1,735.00	\$ 254.00	\$ 1,989.00
042-500620	Additional Fringe Ben	\$ 112,650.00	\$ -	\$ 112,650.00
049-530049	Transfer to Other State Ag	\$ 40,000.00	\$ -	\$ 40,000.00
050-500109	Part Time Temp	\$ 149,287.00	\$ -	\$ 149,287.00
060-500601	Benefits	\$ 996,024.46	\$ -	\$ 996,024.46
066-500544	Employee Training	\$ 2,480.00	\$ 17,000.00	\$ 19,480.00
070-500704	In-State Travel	\$ 143,488.00	\$ 15,892.00	\$ 159,380.00
080-500714	Out of State Travel	\$ 7,500.00	\$ -	\$ 7,500.00
102-500731	Contract for Program Serv	\$ 144,640.00	\$ 160,000.00	\$ 304,640.00
103-502664	Contracts for Op Services	\$ 24,110.00	\$ -	\$ 24,110.00
Total Expense:		\$ 3,608,736.99	\$ 254,146.00	\$ 3,862,882.99

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

EXPLANATION

Due to the effects of COVID-19, nursing homes faced lock-down situations. This left staff unable to conduct all of the necessary Nursing Home Surveys that were required. Due to this fact, additional funds are being budgeted in Overtime (018) to allow the current staff to work the necessary hours to conduct these nursing home surveys. These funds will be used for staff to perform additional surveillance and monitoring of nursing homes including a 20% increase in surveys, which would be an additional 15 nursing home surveys. Funds are also being budgeted in In-State Travel (070) to allow the staff to travel throughout the state to conduct these additional surveys. Additional funds are also being budgeted in Current Expenses (020) to fund necessary supplies needed to conduct these surveys & Telecommunications (037) to ensure all staff has access to cell phones needed when they are travelling throughout the state to conduct these surveys. Additional funding is also being budgeted in Employee Training (066) for new trainings specific to COVID each week for 13 surveyors. Additional funds are also needed in Contracts for Op Services (102) to continue the contract with JCM Code Specialists. They provide statewide construction and renovation plan review services for health facility and long-term care facility compliance with various construction codes, including but not limited to Life Safety Codes. Additionally, funds are being budgeted for Audit Costs (041) per state requirements.

Area Served: Statewide.

Source of Funds: 100% Federal from the 22 CARESACT.

In the event that federal funds become no longer available, general funds will not be requested to support the program expenditures.

Respectfully submitted,



Lori A. Shibinette
Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ADDITIONAL FINANCIAL INFORMATION ON AWARD

NEW HAMPSHIRE

<p>a. PAYMENT CLAUSES (Check one. If b or a insert name address and telephone number)</p> <p>2. (X) DFAFS</p> <p>Payments under this award will be made available through the DHHS payment Management System (PMS). PMS is administered by the Federal Assistance Financing Branch (FAFB), Office of the Deputy Assistant Secretary, Finance which will forward instructions for obtaining payments. Inquires regarding payment should be directed to:</p> <p>Director, Division of Payment Management Post Office Box 6021 Rockville, Maryland 20852-0605</p> <p>Telephone No. (301) 443-1660</p>	<p>2. CENTRAL REGISTRY SYSTEM ENTITY IDENTIFICATION NUMBER (CRS/EIN) _____ 1-026000618-B5</p> <p>3. DOCUMENT NUMBER _____ 2205NH50C3</p> <p>4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION</p> <table border="1"> <thead> <tr> <th><u>Fiscal Year</u></th> <th><u>CAN</u></th> <th><u>Amount of Award/Action</u></th> </tr> </thead> <tbody> <tr> <td>FY 2022</td> <td></td> <td></td> </tr> <tr> <td>Annual Budget</td> <td>225991562</td> <td>\$254,146</td> </tr> </tbody> </table> <p>CARES Act Award for Period 10/1/2021 through 09/30/2022 IMPORTANT:SEE REMARKS BELOW</p> <p>Total Amount of This Award _____ \$254,146</p>	<u>Fiscal Year</u>	<u>CAN</u>	<u>Amount of Award/Action</u>	FY 2022			Annual Budget	225991562	\$254,146
<u>Fiscal Year</u>	<u>CAN</u>	<u>Amount of Award/Action</u>								
FY 2022										
Annual Budget	225991562	\$254,146								
<p>b. () AGENCY LETTER OF CREDIT</p> <p>Payments under this award will be made available through a letter of credit administered by _____</p> <p>Inquires regarding payments should be directed to: _____</p> <p>Telephone #: _____</p>	<p>5. CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS</p> <p>Amount _____</p> <p>6. SPECIAL EXPENDITURE REPORTING REQUIREMENT (For Awards paid by DFAFS only)</p> <p>_____ YES _____ NO</p> <p>If the yes block is checked, the recipient of this award must report his allowable expenditures to DFAFS Document Number.</p>									
<p>c. () TREASURY CHECK</p> <p>Payments under this award will be made available by Treasury Check issued through the _____</p> <p>Finance Office. Inquires regarding payments should be directed to: _____</p> <p>Telephone #: _____</p> <p>HHS-640T</p>	<p>7. REMARKS:</p> <p>The CARES Act funds awarded in this notice can only be drawn from sub-account 22CARESACT</p>									