



Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301

603-271-4501 1-800-852-3345 Ext. 4501

Fax: 603-271-4827 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

January 19, 2023

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 federal funds from the Health Resources and Services Administration (HRSA) to continue the work with the Critical Assess Hospitals to complete a Population Health Assessment in the amount of \$44,402 effective upon approval by the Governor and Executive Council through June 30, 2023, and further authorize these funds to be allocated as follows. 100% Federal Funds.

05-95-90-901010-22190000 DEPT OF HEALTH AND HUMAN SERVICES, DHHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, SMALL HOSPITAL IMPROVEMENT

SFY 23

Class-Account	Description	Current Adjusted Authorized	Requested Action	Revised Adjusted Authorized
000-404535-16	Federal Funds	\$261,659	\$44,402	\$306,061
Total Revenue		\$261,659	\$44,402	\$306,061
020-500200	Current Expenses	\$500	\$0	\$500
037-500174	Technology-Hardware	\$3,879	\$0	\$3,879
038-500177	Technology-Software	\$500	\$0	\$500
039-500188	Telecommunications	\$600	\$0	\$600
041-500801	Audit Fund Set Aside	\$160	\$44	\$204
070-500704	In State Travel	\$500	\$0	\$500
102-500731	Contracts for Program Services	\$255,520	\$44,358	\$299,878
Total Expenses		\$261,659	\$44,402	\$306,061

EXPLANATION

This request is being made to accept grant funds available to continue the work with the Critical Access Hospitals (CAHs) to complete a Population Health Assessment (PHA). Results so far have demonstrated a need to address social determinants of health to improve health outcomes for New Hampshire's underserved

populations and ensure health equity as a major area of opportunity. In the fall of 2022, the Family Health Center worked with the New Hampshire Small Hospital Improvement Program (NH SHIP) hospitals to complete a Healthy Equity Gap Analysis. As with the PHA, the analysis showed opportunities for the CAHs to address social determinants of health to advance health equity in their organizations and communities.

The NH SHIP hospitals will be supported in their journey to achieving health equity by receiving training, peer learning, and technical assistance on social determinants of health and health equity. This will include:

- Engaging subject matter experts to help with planning and executing activities with and for the CAHs regarding social determinants of health and health equity.
- Utilizing tools and resources to identify groups of individuals most at risk for implicit bias and experiencing health inequities.
- Providing opportunities for both peer learning and individual consultation to assist CAHs in reaching their health equity goals.
- Providing opportunities for additional Boot camp trainings.

The funds are to be budgeted as follows:

Class 041 These funds will be used to pay for audit fund set aside per state requirement.

Class 102 These funds will be used to support an amendment request with the current vendor to continue the work in process to complete a PHA.

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 Health Resources and Services Administration (HRSA).

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

Respectfully submitted,


 Lori A. Weaver
Interim Commissioner



Recipient Information

1. Recipient Name
 NH ST DEPT OF HEALTH & WELFARE, DIV OF PUBLIC HEALTH
 Division Line: DIVISION OF PUBLIC HEALTH SERVICES, DHHS
 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
 LA2HR1U97VC6
7. Project Director or Principal Investigator
 Darlene Laro
 Darlene.Laro@dhhs.nh.gov
 (603)271-5885
8. Authorized Official
 Alisa Druzba
 alisa.druzba@dhhs.nh.gov
 (603)271-5934

Federal Agency Information

9. Awarding Agency Contact Information
 Bria Haley
 Grants Management Specialist
 Office of Federal Assistance Management (OFAM)
 Division of Grants Management Office (DGMO)
 bhaley@hrsa.gov
 (301) 443-3778
10. Program Official Contact Information
 Jeanene R Meyers
 Public Health Analyst
 Federal Office of Rural Health Policy (FORHP)
 jmeyers@hrsa.gov
 (301) 443-2482

Federal Award Information

11. Award Number
 6 H3HRH00028-21-02
12. Unique Federal Award Identification Number (FAIN)
 H3H00028
13. Statutory Authority
 42 U.S.C. § 1395i-4
14. Federal Award Project Title
 SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM
15. Assistance Listing Number
 93.301
16. Assistance Listing Program Title
 Small Rural Hospital Improvement Grant Program
17. Award Action Type
 Administrative
18. Is the Award R&D?
 No

Summary Federal Award Financial Information

19. Budget Period Start Date 06/01/2022 - End Date 05/31/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$58,657.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$160,027.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$227,800.00
26. Project Period Start Date 06/01/2019 - End Date 05/31/2023	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$635,268.00

28. Authorized Treatment of Program Income
 Addition
29. Grants Management Officer – Signature
 Inge Cooper on 12/01/2022

30. Remarks

Prior Approval Request Tracking Number PA-00112284. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 H3HRH00028-21-02
Federal Award Date: 12/01/2022

Federal Office of Rural Health Policy (FORHP)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$10,639.00
b. Fringe Benefits:	\$3,843.00
c. Total Personnel Costs:	\$14,482.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$0.00
j. Consortium/Contractual Costs:	\$209,723.00
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:	\$224,205.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$3,595.00
q. TOTAL APPROVED BUDGET:	\$227,800.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$227,800.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$227,800.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$58,657.00
ii. Offset	\$9,116.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$160,027.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

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

YEAR	TOTAL COSTS
22	\$166,868.00

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

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
22 - 3704132	93.301	19H3HRH00028	\$0.00	\$0.00	N/A	19SRHIP

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. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$58,657.00 from budget period 06/01/2021 - 05/31/2022 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Darlene Laro	Program Director	darlene.laro@dhhs.nh.gov
Alisa Druzba	Authorizing Official	alisa.druzba@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/>).

AWARD HISTORY
Small Hospital Improvement Program
AU 22190000

A	Small Hospital Improvement Program H3HRH000028 Expanded Authority allowed	
B	Award Ending 5/31/2022 H3HRH00028-20-00	166,868
	H3HRH00028-20-01 Authorized Carryover	54,867
	Award Ending 5/31/2023 H3HRH00028-21-00	160,027
	H3HRH00028-21-02 Authorized Carryover	58,657
C	Expended through 6/30/22	(134,358)
D	Unobligated Balance Unable to Spend	
E	Award Balance 7/1/22	\$ 306,061
F	SFY 23 Appropriation **	(163,760)
G	Balance Forward	<u>(97,899)</u>
H	Available to Accept in SFY 23	44,402
I	Amount Requested this Action	<u><u>44,402</u></u>

**** SFY 23 Appropriation**

	010-090-22190000	Current	OYR	Total	This Action	Revised Budget
J	SHIP	163,760	97,899	261,659	44,402	306,061
		-		-		
	Total	<u>163,760</u>	<u>-</u>	<u>261,659</u>	<u>44,402</u>	<u>306,061</u>