



Lori A. Weaver  
Interim Commissioner

Patricia M. Tilley  
Director

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

February 21, 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 Access Hospitals to expand ongoing work to support their communities 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
<b>Total Revenue</b>		<b>\$261,659</b>	<b>\$44,402</b>	<b>\$306,061</b>
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
<b>Total Expenses</b>		<b>\$261,659</b>	<b>\$44,402</b>	<b>\$306,061</b>

**EXPLANATION**

This request is being made to accept grant funds available to expand ongoing work with the Critical Access Hospitals (CAHs) to support their communities. CAHs have recognized the need to serve New Hampshire residents by taking care of the whole person, but have been challenged in finding ways to implement new programs with existing critical staffing shortages. Many New Hampshire residents have had difficulties

attending to their health while also addressing everyday needs such as transportation to appointments or access to food. In the fall of 2022, the Foundation for Healthy Communities worked with the New Hampshire Small Hospital Improvement Program (NH SHIP) hospitals to assess opportunities to support health-influencing factors. That work identified the need for additional training and technical assistance to support implementation of new or expanded health-related patient support initiatives.

The NH SHIP hospitals will be supported by the Foundation with training, peer learning, and technical assistance on supporting health-influencing factors including:

- Utilizing tools and resources to identify groups of individuals most at risk in their service areas.
- Providing opportunities to CAHs for both peer learning and individual consultation to assist in reaching goals for patient support services.
- Engaging subject matter experts to help with planning and execution of patient support activities.

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)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																													
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<b>37. BHCMI\$#</b>		(Empty field)																																													
<b>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:</b> 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.																																															
<b>39. ACCOUNTING CLASSIFICATION CODES</b>																																															
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### 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**

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

**\*\* SFY 23 Appropriation**

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