



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver  
Commissioner

Patricia M. Tilley  
Director

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October 24, 2023

The Honorable Ken Weyler, 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 the provisions of RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Public Health Services, to accept and expend additional federal funds from the Health Resources and Services Administration (HRSA) to fund expansion of the Pediatric Mental Health Care Access Program in the amount of \$150,228, effective upon approval by the Fiscal Committee and Governor and Executive Council through June 30, 2025, and further authorize the funds to be allocated as follows. 100% Federal Funds.

**05-95-90-902010-70480000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS  
DEPT OF, HHS: PUBLIC HEALTH DIVISION, BUREAU OF FAMILY HEALTH AND  
NUTRITION, PEDIATRIC MENTAL HEALTH CARE**

**SFY 24**

Class-Account	Description	FY-24 Current Adjusted Authorized	Requested Action	FY-24 Revised Adjusted Authorized
000-400146-16	Federal Funds	\$916,103	\$112,716	\$1,028,819
	<b>Total Revenue</b>	<b>\$916,103</b>	<b>\$112,716</b>	<b>\$1,028,819</b>
020-500200	Current Expense	\$3,000	\$0	\$3,000
037-500173	Technology-Hardware	\$1,270	\$0	\$1,270
038-500175	Technology-Software	\$300	\$0	\$300
041-500801	Audit Fund Set Aside	\$700	\$329	\$1,029
042-500462	Additional Fringe Benefits	\$4,746	\$0	\$4,746
059-500117	Salary Temporary Full Time	\$59,319	\$0	\$59,319
060-500601	Benefits	\$43,781	\$0	\$43,781
066-500543	Employee Training	\$500	\$0	\$500
070-500707	In State Travel Reimbursement	\$500	\$0	\$500
080-500717	Out-of-State Travel Reimbursement	\$4,000	\$0	\$4,000
102-500731	Contracts for Program Services	\$797,987	\$112,387	\$910,374
	<b>Total Expenses</b>	<b>\$916,103</b>	<b>\$112,716</b>	<b>\$1,028,819</b>

**SFY 25**

Class-Account	Description	FY-25 Current Adjusted Authorized	Requested Action	FY-25 Revised Adjusted Authorized
000-400146-16	Federal Funds	\$712,800	\$37,512	\$750,312
<b>Total Revenue</b>		<b>\$712,800</b>	<b>\$37,512</b>	<b>\$750,312</b>
020-500200	Current Expense	\$3,000	\$0	\$3,000
037-500173	Technology-Hardware	\$1,270	\$0	\$1,270
038-500175	Technology-Software	\$300	\$0	\$300
041-500801	Audit Fund Set Aside	\$700	\$50	\$750
042-500462	Additional Fringe Benefits	\$4,840	\$0	\$4,840
059-500117	Salary Temporary Full Time	\$60,505	\$0	\$60,505
060-500601	Benefits	\$45,678	\$0	\$45,678
066-500543	Employee Training	\$500	\$0	\$500
070-500707	In State Travel Reimbursement	\$500	\$0	\$500
080-500717	Out-of-State Travel Reimbursement	\$4,000	\$0	\$4,000
102-500731	Contracts for Program Services	\$591,507	\$37,462	\$628,969
<b>Total Expenses</b>		<b>\$712,800</b>	<b>\$37,512</b>	<b>\$750,312</b>

**EXPLANATION**

The NH Pediatric Mental Health Care Access (PMHCA) Program is a federal-state-local partnership designed to improve New Hampshire children's access to mental health care services. The NH PMHCA Program increases pediatric primary care provider knowledge and confidence in identifying, screening, and treating pediatric patients with mental health concerns. HRSA has awarded the NH PMHCA Program with additional funding for program expansion to address the growing need for increased access to mental health care for New Hampshire children.

These funds do not support direct service for children and youth. They provide resources for training for primary care providers to better support the children and youth in their practices. Through a contract with the University of New Hampshire Institute for Health Policy and Practice (UNH IHPP) the PMHCA Program:

- Develops and facilitates Pediatric Mental Health Project ECHO (Extension for Community Healthcare Outcomes) cohorts.
- Offers individual provider-to-provider teleconsultations from the ECHO Pediatric Mental Health Team of subject matter experts; and
- Maintains a referral directory of NH pediatric mental health services and supports, which is to be updated and redistributed annually to enrolled participants.

Funds are to be budgeted as follows:

Class 041: To pay for audit fund set aside per State requirement.

Class 102: To increase the contract amount with UNH to expand the NH Mental Health Care Access in Pediatrics (NH MCAP) program through the creation of a new and improved program

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website to assist pediatric providers, a promotional video to aid in program marketing, and development of an improved database for the teleconsulting access program. This increased funding will also allow the contractor to collaborate with a clinical partner to support improvements to the teleconsult access program and develop educational materials for primary care providers (such as medication support and decision support documents to be used by providers in their clinical practice).

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% Federal Funds from the Health Resources and Services Administration (HRSA) to fund the New Hampshire Pediatric Mental Health Care Access Program. Attached is the Notice of Grant Award. Notice of these funds was received on September 25, 2023.

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

Respectfully Submitted,



Lori A. Weaver  
Commissioner



**Recipient Information**

1. Recipient Name  
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF  
129 Pleasant St  
Concord, NH 03301-3852
2. Congressional District of Recipient  
02
3. Payment System Identifier (ID)  
102600061883
4. Employer Identification Number (EIN)  
02600618
5. Data Universal Numbering System (DUNS)  
011040545
6. Recipient's Unique Entity Identifier  
LA2HR1U97VCG
7. Project Director or Principal Investigator  
Erica Tenney  
Clinical Services Program Administrator  
erica.tenney@dhhs.nh.gov  
(603)520-7866
8. Authorized Official  
Erica Tenney  
Clinical Services Program Administrator  
erica.tenney@dhhs.nh.gov  
(603)520-7866

**Federal Agency Information**

9. Awarding Agency Contact Information  
Crystal Howard  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
choward@hrsa.gov  
(301) 443-3844
10. Program Official Contact Information  
Madhavi Reddy  
Program Director  
Maternal and Child Health Bureau (MCHB)  
madhavi.reddy@hrsa.hhs.gov  
(301) 443-0754

**Federal Award Information**

11. Award Number  
2 U4CMC32316-06-00
12. Unique Federal Award Identification Number (FAIN)  
U4C32316
13. Statutory Authority  
42 U.S.C. § 254c-19
14. Federal Award Project Title  
Pediatric Mental Health Care Access Program
15. Assistance Listing Number  
93.110
16. Assistance Listing Program Title  
Maternal and Child Health Federal Consolidated Programs
17. Award Action Type  
Competing Continuation
18. Is the Award R&D?  
No

**Summary Federal Award Financial Information**

19. Budget Period Start Date 09/30/2023 - End Date 09/29/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$850,000.00
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	\$850,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$170,000.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,020,000.00
26. Project Period Start Date 09/30/2023 - End Date 09/29/2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,020,000.00

28. Authorized Treatment of Program Income  
Addition
29. Grants Management Officer - Signature  
LaShawna Smith on 08/29/2023

**30. Remarks**



Notice of Award  
Award Number: 2 U4CMC32316-06-00  
Federal Award Date: 08/29/2023

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:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
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:	\$0.00
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:	\$1,020,000.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$1,020,000.00
i. Less Non-Federal Share:	\$170,000.00
ii. Federal Share:	\$850,000.00

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

YEAR	TOTAL COSTS
07	\$700,000.00
08	\$700,000.00

**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**

**36. OBJECT CLASS**  
41.45

**37. BHCNIS#**

**32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	\$850,000.00
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	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$850,000.00

**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
23 - 3894701	93.110	23U4CMC32316	\$475,000.00	\$0.00	N/A	23U4CMC32316
23 - 3898471	93.110	23U4CMC32316	\$375,000.00	\$0.00	N/A	23U4CMC32316

## 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 non-competing 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/WebEPSEExternal/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 Condition(s)

**1. Due Date: Within 30 Days of Budget Start Date**

Within 30 days of budget start date, award recipient must submit a revised SF-424A, and budget justification for Years 1-3 including the required 20% Non-Federal Match.

Year 1 must include supplemental funding of \$150,000 Federal and the required 20% Non-Federal Match. Provide updated workplan to document additional activities and/or propose expansions to existing activities that are within scope which will occur with supplemental funds in Year 1.

### Grant Specific Term(s)

1. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests.
2. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
3. 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: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
4. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.  
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:  
<http://pms.psc.gov/find-pms-liaison-accountant.html>
5. This Notice of Award (NoA) reflects the approval of supplemental funding of \$150,000.00

### Program Specific Term(s)

1. In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:
  - Providing the services of experienced HRSA personnel to participate in the planning and development of all phases of this cooperative agreement, including by connecting recipients to technical assistance resources;
  - In conjunction with PMHCA TA Innovation Center and national program evaluation contractor, participating in appropriate meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects;
  - Conducting ongoing review of the planning, establishment, and implementation of

activities, procedures, measures, and tools for accomplishing the goals and objectives of the cooperative agreement;

- Providing assistance establishing effective collaborative relationships and technical assistance opportunities with federal and state contacts, HRSA-funded programs, PMHCA Innovation Center (Technical Assistance) contractor, national program evaluation contractor, PMHCA Impact Study contractor, national technical assistance organizations, and other entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of the cooperative agreement;
- Reviewing and providing advisory input on written documents, including information and materials, training materials, screening/assessment/treatment protocols and activities conducted under the auspices of the cooperative agreement;
- Participating with award recipients in peer-to-peer information exchange and the dissemination of project findings, best practices, and lessons learned from the project; and participating in the planning of all-recipient annual meeting and quarterly webinars;
- Conducting a site visit with each recipient during the performance period;
- Disseminating information on the program through conference presentations and journal articles; and
- Facilitating recipient consultation with HRSA evaluation contractor, PMHCA Innovation Center (Technical Assistance) contractor, and the PMHCA Impact Study contractor.
- Collaborating with the HRSA Office for the Advancement of Telehealth (OAT) programs and HRSA Telehealth Resource Centers (<https://www.telehealthresourcecenter.org/>), to provide recipients with up to 10 hours of virtual, high level technical resources to engage in information exchange, share best practices and lessons learned, and receive technical assistance on technology-related challenges. These challenges may relate to both service provision on behavioral disorders and training and education for pediatric primary care providers.

In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:

- Meeting with the federal project officer at the time of the award to ensure the project goals align with HRSA priorities for this activity;
- Providing ongoing, timely communication and collaboration with the federal project officer, including holding regular check-ins with the federal project officer;
- Providing ongoing, timely communication and collaboration with the HRSA Grants Management Specialist;
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination, contracts, and interagency agreements;
- Collaborating with HRSA and HRSA evaluation contractor on HRSA's Pediatric Mental Health Care Access Program evaluation, capacity-building, and support activities;
- Collaborating with HRSA and the PMHCA Innovation Center contractor to enhance program capacity to effectively implement models that promote behavioral health integration into pediatric primary care using telehealth. Award recipients will participate in a national network of PMHCA programs and engage with the PMHCA Innovation Center contractor which will provide technical assistance, resources, peer-to-peer learning and support; identify effective and innovative models of training and care; and implement program and policy options to strengthen and sustain PMHCA programs;
- Assuring that all recipient administrative data and performance measure reports, as designated by HRSA, will be completed, and submitted on time; and
- Providing technical support for the initiation and sustainment of telehealth activities in PMHCA programs to advance consultation, training, TA, and care coordination support to enrolled and participating providers.
- Ability to remain flexible and collaborate with HRSA to adjust responsibilities as necessary
- Developing statewide and/or regional partnerships which should include establishing partnerships with entities receiving funding for other HRSA programs, such as Health Centers, MCHB-funded training programs, and the National Health Service Corps. For more information on HRSA-funded grant programs, please visit the HRSA Data

**Warehouse.**

- Establishing contacts that may be relevant to the project's goals and objectives, including national and state partners (see Appendix for list of potential partners) and other HRSA programs. These partnerships can provide linkages to services and resources for your project's population served, support actions that address SSDOH, support the integration and coordination of health services, and drive initiatives aimed at reducing health disparities in communities.
- Collaborating with other federally funded programs that support mental and behavioral health, including the Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program (MDRBD). The MDRBD Program helps address maternal mental health conditions that often affect women during and after pregnancy.

**Standard Term(s)**

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA Standard Terms (unless otherwise specified on your Notice of Award), and Legislative Mandates. The effectiveness of these policies, procedures, and controls is subject to audit.

**Reporting Requirement(s)**

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**  
The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. All FFRs must be submitted through the Payment Management System (PMS). Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (PMS Self-Service Web Portal), or calling 877-614-5533.
2. **Due Date: Within 120 Days of Award Issue Date**  
The grantee must submit a Performance Report within 120 days after receipt of the NoA. This report should include completing the financial forms, project abstract, grant summary and performance measures. The performance report must be submitted using the Electronic Handbooks (EHBs).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

**Contacts**

**NoA Email Address(es):**

Name	Role	Email
Erica Tenney	Employee, Program Director	erica.tenney@dhhs.nh.gov
Erica Tenney	Point of Contact, Authorizing Official	erica.tenney@dhhs.nh.gov
Lauren R Holden	Business Official	lauren.n.holden@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**

**PMHCA**

**AU 70480000**

<b>A</b>	Pediatric Mental Health Care Access Program 2 U4CMC32316-06 09/30/2023-09/29/2026 no expanded authority- need to request  Pediatric Mental Health Care Expansion 4 U4JMC47112-01 NCE to 9/29/2024	
<b>B</b>	Award Ending 9/23/23 5 U4CMC32916-05-00 Yr 5	<b>445,000</b>
	Award Ending NCE to 9/29/2024 4 U4JMC47112-01-03	<b>300,000</b>
	Award Ending 9/23/2024 2 U4CMC32316-06 Yr 1 of 3 Yrs	<b>850,000</b>
<b>C</b>	Expended through 6/30/23	<b>(278,481)</b>
<b>c2</b>	Expended through 6/30/23 - Expansion Grant	<b>(26,199)</b>
<b>D</b>	Unobligated Balance Unable to Spend	<u>          -</u>
<b>E</b>	Award Balance 7/1/23	<b>\$ 1,290,320</b>
<b>F</b>	SFY 24 Appropriation **	<b>(712,449)</b>
<b>G</b>	Balance Forward	<u><b>(203,654)</b></u>
<b>H</b>	Available to Accept	<b>374,217</b>
<b>I</b>	Amount Requested this Action	<u><u><b>150,228</b></u></u>