



ARC  
13

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver  
Commissioner

Iain N. Watt  
Director

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

August 20, 2024

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 RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Public Health Services, to accept and expend funds from the Department of Health and Human Services, Health Resources and Services Administration (HRSA) to fund the Alliance for Innovation on Maternal Health State Capacity Program in the amount of \$220,227 effective upon approval by the Fiscal Committee and Governor and Executive Council through June 30, 2025, and further authorize these funds to be allocated as follows. 100% Federal Funds.

**05-095-090-902010-40630000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS  
DEPT OF, HHS: PUBLIC HEALTH DIVISION, BUREAU OF FAMILY HEALTH AND  
NUTRITION, ALLNCE INNOV MAT HLTH - AIM**

Class-Account	Description	FY25 Current Adjusted Authorized	Requested Action	FY25 Revised Adjusted Authorized
000-400146-16	Federal Funds	\$167,658	\$220,227	\$387,885
<b>Total Revenue</b>		<b>\$167,658</b>	<b>\$220,227</b>	<b>\$387,885</b>
041-500801	Audit Fund Set Aside	\$200	\$220	\$420
080-500719	Out of State Travel	\$3,938	\$5,000	\$8,938
102-500731	Contracts for Program Services	\$163,520	\$215,007	\$378,527
<b>Total Expenses</b>		<b>\$167,658</b>	<b>\$220,227</b>	<b>\$387,885</b>

**EXPLANATION**

This request is being made to accept the second year of Federal Funds that are available to continue the Alliance for Innovation on Maternal Health State Capacity Program (AIM) and promote positive maternal health outcomes through healthcare-related quality improvement projects.

The New Hampshire Division of Public Health Services has partnered with Mary Hitchcock Memorial Hospital, Dartmouth Health, and Northern New England Perinatal Quality Improvement Network (NNEPQIN) to lead the State's efforts under the national Alliance for Innovation on Maternal Health.

These funds support the development and distribution of evidence-based strategies that improve health care processes and reduce maternal mortality among pregnant and postpartum individuals with substance use disorder (SUD). Because mental health conditions and overdose are among the leading causes of death among pregnancy associated deaths, the goal is to develop standardized ways to help families access support and community resources for behavioral health, mental health, and other needs.

These additional funds will allow for continued implementation of the project among all hospitals with birthing facilities, and expansion to address other perinatal mental health conditions. This expansion is aimed at increasing the number of pregnant and postpartum individuals who receive timely screening for mental health conditions as well as providing treatment, patient education and referrals for treatment services.

The funds are to be budgeted as follows:

- Class 041 – These funds will be used for Audit Fund Set-Aside Fees, as per State requirement.
- Class 080 – These funds will be used for the Maternal Child Health (MCH) AIM Project Coordinator and MCH Epidemiologist to attend the annual grantee meeting in Washington, D.C. and any additional out-of-state AIM Technical Assistance meetings, as needed.
- Class 102 – These funds will be used to amend the contract with Mary Hitchcock Memorial Hospital, Dartmouth Health, and Northern New England Perinatal Quality Improvement Network (NNEPQIN) to support an AIM Outcome and Technical Assistance Specialist and an AIM Clinical Lead. These positions will have oversight over implementation with the participating community partners and will act as the liaisons for technical assistance. The funds will also be used to amend the contract with the University of New Hampshire Institute for Health Policy and Practice for continued support of the MCH Epidemiologist.

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. These funds will not change the program. No new program will be established with the acceptance of these funds.

Area served: Statewide

Source of Funds: These funds are 100% Federal from the United States 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 this program.

Respectfully Submitted,



for:

Lori A. Weaver  
Commissioner



<b>Recipient Information</b>	
<b>1. Recipient Name</b>	NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES 29 Hazen Dr Concord, NH 03301 [NO DATA]
<b>2. Congressional District of Recipient</b>	02
<b>3. Payment System Identifier (ID)</b>	1026000618B3
<b>4. Employer Identification Number (EIN)</b>	026000618
<b>5. Data Universal Numbering System (DUNS)</b>	011040545
<b>6. Recipient's Unique Entity Identifier (UEI)</b>	LA2HR1U97VC6
<b>7. Project Director or Principal Investigator</b>	Ms. Rhonda Siegel rhonda.siegel@dhhs.nh.gov 603 271-4516
<b>8. Authorized Official</b>	Ms. Rhonda Siegel rhonda.siegel@dhhs.nh.gov 603 271-4516
<b>Federal Agency Information</b>	
HRSA Grant Service Office	
<b>9. Awarding Agency Contact Information</b>	
<b>10. Program Official Contact Information</b>	CDR Martha S Fermin Martha.Fermin@GRANTSOLUTIONS.GOV

<b>Federal Award Information</b>	
<b>11. Award Number</b>	A3049997-01-00
<b>12. Unique Federal Award Identification Number (FAIN)</b>	A3049997
<b>13. Statutory Authority</b>	42 U.S.C. § 280i-1(f) (Title III, § 399BB(f) of the Public Health Service Act)
<b>14. Federal Award Project Title</b>	Alliance for Innovation on Maternal Health State Capacity Program
<b>15. Assistance Listing Number</b>	93.110
<b>16. Assistance Listing Program Title</b>	
<b>17. Award Action Type</b>	New
<b>18. Is the Award R&amp;D?</b>	No

<b>Summary Federal Award Financial Information</b>		
<b>19. Budget Period Start Date</b>	09/01/2023	- End Date 08/31/2024
<b>20. Total Amount of Federal Funds Obligated by this Action</b>		\$200,000.00
20a. Direct Cost Amount		\$180,180.00
20b. Indirect Cost Amount		\$19,820.00
<b>21. Authorized Carryover</b>		\$0.00
<b>22. Offset</b>		\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>		\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>		\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>		\$200,000.00
<b>26. Period of Performance Start Date</b>	09/01/2023	- End Date 08/31/2027
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>		\$200,000.00

<b>28. Authorized Treatment of Program Income</b>	ADDITIONAL COSTS
<b>29. Grants Management Officer - Signature</b>	James A Smith

<b>30. Remarks</b>
--------------------



Recipient Information
<b>Recipient Name</b> NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES 29 Hazen Dr Concord, NH 03301 [NO DATA]
<b>Congressional District of Recipient</b> 02
<b>Payment Account Number and Type</b> 1026000618B3
<b>Employer Identification Number (EIN) Data</b> 026000618
<b>Universal Numbering System (DUNS)</b> 011040545
<b>Recipient's Unique Entity Identifier (UEI)</b> LA2HR1U97VC6

<b>31. Assistance Type</b> Discretionary Grant
<b>32. Type of Award</b> Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$7,454.00
b. Fringe Benefits	\$4,899.00
c. Total Personnel Costs	\$12,353.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$4,107.00
g. Construction	\$0.00
h. Other	\$200.00
i. Contractual	\$163,520.00
j. TOTAL DIRECT COSTS	\$180,180.00
k. INDIRECT COSTS	\$19,820.00
l. TOTAL APPROVED BUDGET	\$200,000.00
m. Federal Share	\$200,000.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-3894611	23A30MC49997	A30	41.45	93.110	\$200,000.00	75-23-0354



Recipient Information
<p><b>1. Recipient Name</b> NEW HAMPSHIRE DEPARTMENT OF HEALTH &amp; HUMAN SERVICES 29 Hazen Dr Concord, NH 03301</p> <p><b>2. Congressional District of Recipient</b> 02</p> <p><b>3. Payment System Identifier (ID)</b> 102600061883</p> <p><b>4. Employer Identification Number (EIN)</b> 1026000618</p> <p><b>5. Data Universal Numbering System (DUNS)</b> 011040545</p> <p><b>6. Recipient's Unique Entity Identifier</b> LA2HR1U97VC6</p> <p><b>7. Project Director or Principal Investigator</b> Laura K Suzuki Principal Investigator laura.k.suzuki@dhhs.nh.gov (603)271-7303</p> <p><b>8. Authorized Official</b> Rhonda Siegel Administrator rhonda.siegel@dhhs.nh.gov (603)271-4516</p>
<p><b>Federal Agency Information</b></p> <p><b>9. Awarding Agency Contact Information</b> Carla Lloyd Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) CLLOYD@HRSA.GOV (301) 443-0164</p> <p><b>10. Program Official Contact Information</b> Sarah Wright Maternal and Child Health Bureau (MCHB) swright@hrsa.gov (000) 000-0000</p>

Federal Award Information
<p><b>11. Award Number</b> 5 A30MC49997-02-00</p> <p><b>12. Unique Federal Award Identification Number (FAIN)</b> A3049997</p> <p><b>13. Statutory Authority</b> 42 U.S.C. § 701(a)(2)</p> <p><b>14. Federal Award Project Title</b> Alliance for Innovation on Maternal Health State Capacity Program</p> <p><b>15. Assistance Listing Number</b> 93.110</p> <p><b>16. Assistance Listing Program Title</b> Maternal and Child Health Federal Consolidated Programs</p> <p><b>17. Award Action Type</b> Noncompeting Continuation</p> <p><b>18. Is the Award R&amp;D?</b> No</p>

Summary Federal Award Financial Information	
<b>19. Budget Period Start Date</b>	09/01/2024 - End Date 08/31/2025
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$200,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$19,820.00
<b>21. Authorized Carryover</b>	\$0.00
<b>22. Offset</b>	\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$200,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$200,000.00
<b>26. Project Period Start Date</b>	09/01/2023 - End Date 08/31/2027
<b>27. Total Amount of the Federal Award Including Approved Cost Sharing or Matching this Project Period</b>	\$400,000.00

**28. Authorized Treatment of Program Income**  
Addition

**29. Grants Management Officer – Signature**  
James Smith on 08/01/2024

<b>30. Remarks</b>
--------------------



Notice of Award  
Award Number: 5 A30MC49997-02-00  
Federal Award Date: 08/01/2024

**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:	\$7,576.00
b. Fringe Benefits:	\$4,926.00
c. Total Personnel Costs:	\$12,502.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$4,107.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$200.00
j. Consortium/Contractual Costs:	\$163,371.00
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:	\$180,180.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$19,820.00
i. Indirect Cost Federal Share:	\$19,820.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$200,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$200,000.00

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

a. Authorized Financial Assistance This Period	\$200,000.00
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	\$200,000.00

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

YEAR	TOTAL COSTS
03	\$200,000.00
04	\$200,000.00

**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#**

**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
24 - 3894611	93.110	23A30MC49997	\$200,000.00	\$0.00	N/A	23A30MC49997

## 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/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 Term(s)

1. It is HRSA's expectation that, with your funding under the AIM Capacity program, you will:

- Submit de-identified data to the AIM TA Center from participating facilities.
- Submit additional information as requested by HRSA to support assessment of progress with bundle implementation. (Note: HRSA requests data to be submitted to the AIM TA Center from all states enrolled in AIM, regardless of whether they receive AIM Capacity funding.)
- Develop and submit annual impact statements on bundle implementation activities. These impact statements are used by HRSA to share progress of AIM with government entities and key stakeholders, as well as for use by states to share their progress and outcomes related to participation in AIM.

In addition to the AIM process, structure, and outcome measures that you are expected to report to the AIM TA Center, as an AIM Capacity awardee you are expected to collect and report on the following performance measures:

- Number of birthing facilities participating in AIM, and
- Number of core patient safety bundles implemented and sustained by participating birthing facilities.

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. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. 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>

### 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: 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 Handbook (EHB).

**2. 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.

**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
Laura Suzuki	Point of Contact	<a href="mailto:laura.k.suzuki@dhhs.nh.gov">laura.k.suzuki@dhhs.nh.gov</a>
Rhonda Siegel	Authorizing Official	<a href="mailto:rhonda.siegel@dhhs.nh.gov">rhonda.siegel@dhhs.nh.gov</a>
Richelle N Swanson	Business Official	<a href="mailto:richelle.r.swanson@dhhs.nh.gov">richelle.r.swanson@dhhs.nh.gov</a>
Laura K Suzuki	Program Director	<a href="mailto:laura.k.suzuki@dhhs.nh.gov">laura.k.suzuki@dhhs.nh.gov</a>

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**  
**Alliance Innovation Maternal Health (AIM)**  
**AU 40630000**

A	Alliance for Innovation on Maternal Health State Capacity Program (AIM) A3049997	
B	Award Ending 8/31/2024 A 3049997-01-00	200,000
	Award Ending 8/31/2025 A 3049997-02-00	200,000
C	Expended through 6/30/24	(12,115)
D	Unobligated Balance Unable to Spend	<u>          -</u>
E	Award Balance 7/1/24	\$ 387,885
F	SFY 25 Appropriation **	-
G	Balance Forward	<u>(167,658)</u>
H	Available to Accept in SFY 25	220,227
I	Amount Requested this Action	<u><u>220,227</u></u>

**\*\* SFY 25 Appropriation**

	010-090-40630000	Current	OYR	Total	This Action	Revised Budget
J	AIM	-	167,658	167,658	220,227	387,885
	<b>Total</b>	<u>-</u>	<u>167,658</u>	<u>167,658</u>	<u>220,227</u>	<u>387,885</u>