



Lori A. Weaver
Commissioner

Iain N. Watt
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301

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17

December 26, 2024

The Honorable Ken Weyler, Chairman
Fiscal Committee of the General Court and

Her Excellency, Governor Kelly A. Ayotte
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 \$266,084 of federal funds from the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) to improve our State Newborn Screening System, 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.

05-95-90-902010-43010000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF FAMILY HEALTH AND NUTRITION, NEWBORN SCREENING PROGRAM

SFY 25

Class-Account	Description	Current Adjusted Authorized	Requested Action	Revised Adjusted Authorized
000-400146-16	Federal Funds	\$295,652	\$266,084	\$561,736
Total Revenue		\$295,652	\$266,084	\$561,736
020-500200	Current Expenses	\$25,151	\$0	\$25,151
030-500311	Equipment New	\$80,000	\$0	\$80,000
039-500188	Telecommunications	\$1,500	\$0	\$1,500
041-500801	Audit Fund Set Aside	\$339	\$361	\$700
042-500620	Additional Fringe Benefits	\$1,694	\$0	\$1,694
050-500109	Personal Service Temp Appoi	\$53,333	\$0	\$53,333
060-500601	Benefits	\$4,080	\$0	\$4,080
070-500704	In State Travel	\$655	\$1,000	\$1,655
080-500719	Out of State Travel Reimb	\$3,900	\$0	\$3,900

102-500731	Contracts for Program Services	\$125,000	\$264,723	\$389,723
	Total Expenses	\$295,652	\$266,084	\$561,736

EXPLANATION

This request is being made to accept additional federal funds available from HRSA to supplement the New Hampshire Newborn Screening (NBS) Program for the second year. The NBS Program assures all infants born in New Hampshire are offered screening for heritable conditions at birth to identify those that may be at an increased risk of certain diseases. The program is responsible for daily management of screening results, working with providers, confirming testing results, and ensuring that screening is timely and complete and that any infants with an out-of-range result receive referral to a specialist.

Newborn screening ensures that New Hampshire infants receive timely diagnosis and treatment for hereditary conditions. Many disorders identified through newborn screening require care and treatment throughout the lifespan. In 2022, 30 infants were diagnosed with conditions initially identified by abnormal newborn screening results. Early detection prior to symptoms and access to treatment helps to prevent serious health problems, disability and even death. In 2022, 12,030 infants were screened.

The NBS Program plans to utilize these Federal funds to improve its work with medical specialists and the DHHS Division of Long Term Supports and Services to assure infants who are identified with a heritable condition have all resources to help them reach their full potential. This will include expanding training materials and resources available to healthcare providers and families and the development of a long-term follow-up process to connect affected individuals and their families with condition-specific resources and support. Funds will also be used to continue quality improvement efforts to decrease unsatisfactory samples and improve timeliness of specimen collection, testing and reporting out results.

Funds are to be budgeted as follows:

- Class 041 – Used for the audit fund set aside per state requirement.
- Class 070 – Used for travel by NBS Program staff for in-state meetings and trainings, site visits, and technical assistance to improve collection of specimens and improving timeliness.
- Class 102 – Used for establishing a contract with a vendor to provide a secure online system for ordering newborn screening supplies. Funds will also be used to enhance the program’s contract with Revvity, which provides an integrated data management system, to include a module which will integrate blood spot screening results. Funds will also be used to support the newborn screening programs contract with University of Massachusetts, Chan Medical School to improve interoperability by implementing one or more components of existing newborn screening data (specimen tracking and long-term follow-up).

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

The Honorable Ken Weyler, Chairman
Her Excellency, Governor Kelly A. Ayotte
December 26, 2024
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Source of Funds: These funds are 100% Federal from the US Department of Health and Human Services, Health Resources and Services Administration.

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

Respectfully Submitted,



for:

Lori A. Weaver
Commissioner



Recipient Information

1. Recipient Name
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
29 Hazen Dr
Concord, NH 03301
2. Congressional District of Recipient
02
3. Payment System Identifier (ID)
102600061883
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
Sharl Wilmot
sharl.wilmot@dhs.nh.gov
(603)271-4705
8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
Djuana D Gibson
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
dgibson@hrsa.gov
(301) 443-3243
10. Program Official Contact Information
Kathryn M McLaughlin
Senior Public Health Analyst
Maternal and Child Health Bureau (MCHB)
KMclaughlin@hrsa.gov
(301) 443-6829

Federal Award Information

11. Award Number
6 H4NMC49266-02-01
12. Unique Federal Award Identification Number (FAIN)
H4N49266
13. Statutory Authority
42 U.S.C. § 300b-9
14. Federal Award Project Title
State Newborn Screening System Priorities Program
15. Assistance Listing Number
93.110
16. Assistance Listing Program Title
Maternal and Child Health Federal Consolidated Programs
17. Award Action Type
Administrative
18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2024 - End Date 06/30/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$12,800.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$352,800.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$352,800.00
26. Project Period Start Date 07/01/2023 - End Date 06/30/2028	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$692,800.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
James Smith on 08/27/2024

30. Remarks



Notice of Award
Award Number: 6 H4NMC49266-02-01
Federal Award Date: 08/27/2024

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:	\$63,512.00
b. Fringe Benefits:	\$11,214.00
c. Total Personnel Costs:	\$74,726.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$11,031.00
g. Travel:	\$4,555.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$57,488.00
j. Consortium/Contractual Costs:	\$205,000.00
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:	\$352,800.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
i. Indirect Cost Federal Share:	\$0.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$352,800.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$352,800.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$352,800.00
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	\$340,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$12,800.00

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

P/CAN	CFDA	DOCUMENT NUMBER	AMT-FIN-ASST	AMT-DIR-ASST	SUB PROGRAM CODE	SUB ACCOUNT CODE
24-3894562	93.110	23H4NMC49266	\$12,800.00	\$0.00	N/A	23H4NMC49266

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

YEAR	TOTAL COSTS
03	\$340,000.00
04	\$340,000.00
05	\$340,000.00

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
41.91

37. BHCMI#

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 Term(s)

1. This supplemental funding supports grantees in planning and developing activities focusing on interoperability and building linkages to vital statistics/clinical systems.
- All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Shari Wilmot	Program Director	shari.b.wilmot@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
Newborn Screening Program
AU 43010000

A	Stat Newborn Screening System Priorities Program H4N49266		
B	Award Ending 06/30/2024 6 H4NMC49266-01-00		340,000
	Award Ending 06/30/2025 6 H4NMC49266-02-00	FIS 23-223	340,000
	6 H4NMC49266-02-01 supplemental	FIS 24-283	12,800
C	Expended through 6/30/24		(131,064)
D	Unobligated Balance Unable to Spend		<u> -</u>
E	Award Balance 7/1/24		\$ 561,736
F	SFY 25 Appropriation **		(131,064)
G	Balance Forward		<u>(164,588)</u>
H	Available to Accept in SFY 25		266,084
I	Amount Requested this Action		<u><u>266,084</u></u>