



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NEW HAMPSHIRE HOSPITAL

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Kerrin A. Rounds  
Acting Commissioner

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Lori A. Shibinette  
Chief Executive Officer

~~APPROVED BY FISCAL COMMITTEE~~

December 9, 2019

~~JAN 10 2020~~

The Honorable Mary Jane Wallner, Chairman  
Fiscal Committee of the General Court

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Pursuant to the provisions of RSA 9:16-a, Transfers Authorized, the Department of Health and Human Services is requesting authorization to transfer general funds, within various class lines. The transfers are summarized below and detailed in the attached worksheet, effective upon approval of the Fiscal Committee and the Governor and Executive Council through June 30, 2020. 100% General Funds.

<b>From: Various Accounts</b>	<b>Account</b>	<b>Amount</b>
DHHS - NH Hospital	094-8400	
	094-8410	(\$115,000)
	094-8750	\$0
<b>Total DHHS-NHH Request</b>		<b>(\$115,000)</b>
<b>To: Various Accounts</b>	<b>Account</b>	<b>Amount</b>
DHHS - NH Hospital	094-8400	\$115,000
	094-8410	\$0
	094-8750	\$0
<b>Total DHHS-NHH Request</b>		<b>\$115,000</b>

**EXPLANATION**

The Department of Health and Human Services is requesting authorization to transfer funds between various class lines in order to address shortfalls with anticipated surpluses within the Department's authorized budget. Expenditure patterns for SFY 2020 to date have been analyzed and taken into consideration when projecting expenditures for the balance of the fiscal year. Based upon this review, a number of accounts were found to require additional funds, while other accounts were experiencing less than originally anticipated expenditures. This transfer will provide for the continued efficient operation of the Department.

The Honorable Mary Jane Wallner, Chairman  
His Excellency, Governor Christopher T. Sununu  
December 9, 2019

The following is the information specifically required when transfers are requested, in accordance with the Budget Officer's instructional memorandum dated April 17, 1985, to support the above requested actions:

A. Justification: 4350-39

See the attached Appendix B for justification of the availability of funds and required additional funds.

B. Does this transfer involve continuing programs or one-time projects?

This transfer involves continuing programs.

C. Is this transfer required to maintain existing program levels or will it increase the program?

This transfer is required to maintain existing program levels.

D. Cite any requirements which make this program mandatory.

The programs of the Department are mandated by various state and federal laws.

E. Identify the source of funds on all accounts listed on this transfer.

See Appendix A for the source of funds for all accounts.

F. Will there be any effect on revenue if this transfer is not approved?

This request is revenue neutral.

G. Are funds expected to lapse if this transfer is not approved?

Funds that are in excess of the budget would lapse if not transferred to cover shortfalls.

H. Are personnel services involved?

No positions are being transferred as a result of this request.

The Department has conducted a detailed review of line items in the budget to ensure that available funds are maximized to the greatest degree possible.

Respectfully submitted,



Kerrin A. Rounds  
Acting Commissioner

Attachments:

- Appendix A Detail Accounting Spreadsheets
- Appendix B Narratives

NH, DHHS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	V
Fund	Ag	Org	Clas	Rcpt	Class Title	Increase/Decrease Amount	Net Gen'l Fund by Org. Code	Net Gen'l Fund By Agency	GF Amount	S/T	FF	Transfer Amount	GF	FF	SUR	OF	GF		
<b>NEW HAMPSHIRE HOSPITAL</b>																			
<b>NHH Administration</b>																			
1134	010	094	84000000	001	484947	Intra-Agency	\$												
1137	010	094	84000000	009	401479	Other Funds - Donation													
1135	010	094	84000000			General Funds	\$ 115,000	\$ 115,000											
1139	Total Revenue						\$ 115,000												
1140	010	094	84000000	010	500100	Personal Svs Perm Class	\$ 95,000		\$ 95,000		\$ -	\$ -	\$ 95,000	0.00%	0.00%		100.00%		
1141	010	094	84000000	012	500128	Salary Unclassified	\$ 20,000		\$ 20,000		\$ -	\$ -	\$ 20,000	0.00%	0.00%		100.00%		
1142	010	094	84000000	018	500106	Overtime	\$ 15,000		\$ 15,000		\$ -	\$ -	\$ 15,000	0.00%	0.00%		100.00%		
1143	010	094	84000000	028	500251	Organizational Dues	\$ (15,000)		\$ (15,000)		\$ -	\$ -	\$ (15,000)	0.00%	0.00%		100.00%		
1144	010	094	84000000	057	500531	Books Periodicals Subscriptions	\$ (15,000)		\$ (15,000)		\$ -	\$ -	\$ (15,000)	0.00%	0.00%		100.00%		
1145	010	094	84000000	060	500601	Benefits	\$ 15,000		\$ 15,000		\$ -	\$ -	\$ 15,000	0.00%	0.00%		100.00%		
1146	Total Expense						\$ 115,000			\$ 115,000									
1148																			
1149																			
<b>NHH Facilities/Patient Support</b>																			
1150	010	094	84100000	001	484947	Intra-Agency	\$												
1152	010	094	84100000	007	402134	Other Funds - Cafe Revenue													
1153	010	094	84100000	009	407550	Other Funds - Transportation Garage													
1154	010	094	84100000			General Funds	\$ (115,000)	\$ (115,000)											
1155	Total Revenue						\$ (115,000)												
1156	010	094	84100000	010	500100	Personal Svs Perm Class	\$ (255,000)		\$ (255,000)		\$ -	\$ -	\$ (255,000)	0.00%	0.00%		100.00%		
1157	010	094	84100000	019	500105	Holiday Pay	\$ -		\$ -		\$ -	\$ -	\$ -	0.00%	0.00%		100.00%		
1158	010	094	84100000	020	500252	Current Expense	\$ 50,000		\$ 50,000		\$ -	\$ -	\$ 50,000	0.00%	0.00%		100.00%		
1159	010	094	84100000	050	500109	Personal Svc Temp Appoint	\$ 140,000		\$ 140,000		\$ -	\$ -	\$ 140,000	0.00%	0.00%		100.00%		
1160	010	094	84100000	060	500601	Benefits	\$ (95,000)		\$ (95,000)		\$ -	\$ -	\$ (95,000)	0.00%	0.00%		100.00%		
1161	010	094	84100000	102	500731	Contract for Program Svcs	\$ 45,000		\$ 45,000		\$ -	\$ -	\$ 45,000	0.00%	0.00%		100.00%		
1162	Total Expense						\$ (115,000)			\$ (115,000)									
1163																			
1164																			
<b>Acute Psychiatric Services</b>																			
1167	010	094	87500000	001	484947	Intra-Agency	\$												
1168	010	094	87500000	009	405921	Other Funds - Provider Fees	\$												
1169	010	094	87500000			General Funds	\$												
1170	Total Revenue						\$												
1171	010	094	87500000	010	500100	Personal Svs Perm Class	\$ (230,000)		\$ (230,000)		\$ -	\$ -	\$ (230,000)	0.00%	0.00%		100.00%		
1172	010	094	87500000	019	500105	Holiday Pay	\$ 55,000		\$ 55,000		\$ -	\$ -	\$ 55,000	0.00%	0.00%		100.00%		
1173	010	094	87500000	039	500179	Telecommunications	\$ -		\$ -		\$ -	\$ -	\$ -	0.00%	0.00%		100.00%		
1174	010	094	87500000	050	500109	Personal Svc Temp	\$ 175,000		\$ 175,000		\$ -	\$ -	\$ 175,000	0.00%	0.00%		100.00%		
1175	010	094	87500000	059	500117	Temp Full Time	\$ -		\$ -		\$ -	\$ -	\$ -	0.00%	0.00%		100.00%		
1176	010	094	87500000	060	500601	Benefits	\$ (10,000)		\$ (10,000)		\$ -	\$ -	\$ (10,000)	0.00%	0.00%		100.00%		
1177	010	094	87500000	066	500544	Employee Training	\$ 10,000		\$ 10,000		\$ -	\$ -	\$ 10,000	0.00%	0.00%		100.00%		
1178	010	094	87500000				\$ -		\$ -		\$ -	\$ -	\$ -	0.00%	0.00%		100.00%		
1179	Total Expense						\$ -		\$ -		\$ -	\$ -	\$ -						
1183																			
1184																			
1185																			
1186	<b>TOTAL NEW HAMPSHIRE HOSPITAL</b>																		
1187																			
1188																			
1189	<b>TOTAL DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>																		
1190																			
1191																			
1192																			

## Appendix B

### NEW HAMPSHIRE HOSPITAL

**05-95-094-940010-84000000**

#### **Administration**

Funding in this Accounting Unit represents costs associated with the administration of New Hampshire Hospital. Funds are needed in Class 010 (Personal Svcs), Class 012 (Salary Unclassified), Class 018 (Overtime) and Class 060 (Benefits) due to a greater than anticipated need due to budgeting vacant positions at step 1 and hiring at a higher step to attract qualified candidates. There are funds available for use in Class 026 (Organizational Dues) and 057 (Books & Periodicals) as a result of conservative spending and timing of renewals.

**05-95-094-940010-84100000**

#### **Facilities/Patient Support**

Funding in this Accounting Unit represents costs associated with the operation of New Hampshire Hospital, Facility/Patient Support Services. Staff in these areas provides direct services to patients in Food and Nutritional Services, Environmental Services, Laundry Services and Maintenance. Due to the increasing cost of healthcare products, the need for part-time staff to cover vacant full-time positions, and the need for a foodservice inventory systems funds are needed in Class 020 (Current Expenses), Class 050 (Personal Services-Temp) and Class 102 (Contracts for Program Services) to cover additional costs. In addition, funds are available in Class 010 (Personal Svcs-Perm) and Class 060 (Benefits) as a result of vacancies.

**05-95-094-940010-87500000**

#### **NHH-Acute Psychiatric Services**

Funding in this Accounting Unit represents costs associated with the operations of New Hampshire Hospital, Acute Psychiatric Services. Funds appropriated to the following classes are needed due to high number of vacancies Class 019 (Holiday Pay) and Class 050 (Personal Services-Temp). Funds are needed in Class 066 (Employee Education) to ensure staff meet competencies needed to maintain Joint Commission requirements. Due to the high number of vacancies, excess funds are anticipated to be available in Class 010 (Personnel Svcs Perm) and Class 060 (Benefits).