

14



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

Lori Shibinette
 Commissioner

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

Lisa M. Morris
 Director

APPROVED BY FISCAL COMMITTEE

MAR 13 2020

February 12, 2020

The Honorable Mary Jane Wallner, 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 federal carryover funds in the amount of \$178,396 from the Health Resources and Services Administration (HRSA) to fund the Pediatric Mental Health Care Access Program effective upon date of approval by the Fiscal Committee and Governor and Council, through June 30, 2020, and further authorize the funds to be allocated as follows. 100% Federal Funds.

05-95-90-902010-70480000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES, PEDIATRIC MENTAL HEALTH CARE

SFY 2020

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-400146	Federal Funds	\$446,356	\$178,396	\$624,752
	Total Revenue	\$446,356	\$178,396	\$624,752
020-500200	Current Expense	\$2,244	\$0	\$2,244
037-500173	Technology-Hardware	\$1,264	\$0	\$1,264
039-500188	Telecommunications	\$1,000	\$0	\$1,000
041-500801	Audit Cost Set Aside	\$445	\$178	\$623
059-500117	Temp Full Time	\$42,400	\$0	\$42,400
060-500601	Benefits	\$32,100	\$0	\$32,100
066-500546	Employee Training	\$250	\$0	\$250
070-500707	In State Travel Reimbursement	\$500	\$0	\$500
080-500717	Out-of-State Travel Reimbursement	\$4,110	\$2,000	\$6,110
102-500731	Contracts for Program Services	\$362,043	\$176,218	\$538,261
Total Expenses		\$446,356	\$178,396	\$624,752

EXPLANATION

The NH Pediatric Mental Health Care Access Program (PMHCAP) is a federal-state-local partnership designed to improve NH children's access to mental health care services. This program has recently been approved by HRSA to carryforward unobligated funds from the previous federal fiscal year. These funds will allow the program to accomplish project activities that were not able to be completed in federal fiscal year 1 of this grant project period September 30, 2018 through September 29, 2019 due to the length of time needed to execute the UNH contract and subsequent state continuing resolution which limited the length of time and amount of funds that could be expended. The carryover of this federal funding is reflective of the demonstrated need for expanded access to mental health care for underserved areas in the state such as the creation of the children's mental health services/supports statewide resource directory, sending staff to additional needed trainings/conferences, and obtaining Project ECHO technical support to ensure the project's success.

Project ECHO (Extension for Community Healthcare Outcomes) is an evidenced-based all-teach all-learn method that uses teleconferencing technology to establish a learning community. The technology connects expert specialist teams at an academic 'hub' with primary care clinicians in local communities (in this case pediatric mental health specialists to pediatric primary care providers) to enhance the care that is provided in general practices. During ECHO sessions, practices participate in a 15-20 minute didactic presentation from established faculty experts on set curriculum objectives and they also will present a case study and receive feedback and recommendations from both faculty and their peers.

Funds will be used to complete activities that were not able to be completed in federal fiscal year 1 and are budgeted as follows:

Class 041 - Audit costs per state requirements.

Class 080 – Out-of-State Travel Reimbursement will be used to pay for the Public Health Nurse Consultant (or designee) to attend trainings/conferences.

Class 102 – Contracts for Program Services will be used to contract Project ECHO technical support to ensure the project can be successful.

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

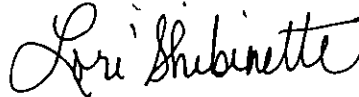
Source of funds: These funds are 100% Federal Funds from the Health Resources and Services Administration (HRSA) to fund the New Hampshire Pediatric Mental Health Care Access Program. Attached is the Notice of Grant Award and award history. Notice of these funds was received on January 24th, 2020. The amount requested differs from what is actually

The Honorable Mary Jane Wallner, Chairman and
His Excellency, Governor Christopher T. Sununu
Page 3 of 3


available due to the reasonableness of what the contractor will be able to accomplish in this period of time. The amount requested is what is appropriate.

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. Shibinette
Commissioner

1. DATE ISSUED: 01/24/2020		2. PROGRAM CFDA: 93.110		 <p>U.S. Department of Health and Human Services Health Resources and Services Administration</p> <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III Part B, § 330M (42 U.S.C. 254c-19), as amended by the 21st Century Cures Act, Sec. 10002 (Public Law No: 114-255) Public Health Service Act, § 330M (42 U.S.C. § 254c-19), as amended</p>											
3. SUPERSEDES AWARD NOTICE dated: 08/08/2019 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>															
4a. AWARD NO.: 6 U4CMC32316-02-01		4b. GRANT NO.: U4CMC32316						5. FORMER GRANT NO.:							
6. PROJECT PERIOD: FROM: 09/30/2018 THROUGH: 09/29/2023															
7. BUDGET PERIOD: FROM: 09/30/2019 THROUGH: 09/29/2020															
8. TITLE OF PROJECT (OR PROGRAM): Pediatric Mental Health Care Access Program															
9. GRANTEE NAME AND ADDRESS: HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF 129 Pleasant St Concord, NH 03301-3852 DUNS NUMBER: 011040545				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) AnneMarie Mercuri HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF 29 Hazen Dr Concord, NH 03301-6510											
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:											
a. Salaries and Wages : \$42,351.00 b. Fringe Benefits : \$32,037.00 c. Total Personnel Costs : \$74,388.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$3,274.00 g. Travel : \$6,600.00 h. Construction/Alteration and Renovation : \$160,000.00 i. Other : \$873.00 j. Consortium/Contractual Costs : \$393,000.00 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 : \$638,135.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$74,261.00 q. TOTAL APPROVED BUDGET : \$712,396.00 i. Less Non-Federal Share: \$89,000.00 ii. Federal Share: \$623,396.00				a. Authorized Financial Assistance This Period \$623,396.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$178,396.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$445,000.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$0.00											
13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)															
<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>03</td> <td>\$445,000.00</td> </tr> <tr> <td>04</td> <td>\$445,000.00</td> </tr> <tr> <td>05</td> <td>\$445,000.00</td> </tr> </tbody> </table>								YEAR	TOTAL COSTS	03	\$445,000.00	04	\$445,000.00	05	\$445,000.00
YEAR	TOTAL COSTS														
03	\$445,000.00														
04	\$445,000.00														
05	\$445,000.00														
14. 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 Awards(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00															
15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [C] Estimated Program Income: \$0.00															
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>															
REMARKS: (Other Terms and Conditions Attached [X] Yes [] No) Prior Approval Request Tracking Number PA-00085237. Prior Approval Request Type: Carryover															
Electronically signed by LaShawna Smith, Grants Management Officer on : 01/24/2020															
17. OBJ. CLASS: 41.45		18. CRS-EIN: 1026000618B3		19. FUTURE RECOMMENDED FUNDING: \$0.00											
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE									
19 - 3894701	93.110	18U4CMC32316	\$0.00	\$0.00		18PMHCA									

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. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$178,396 from budget period 9/30/2018 to 9/29/2019 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
Annemarie Mercuri	Program Director	annemarie.mercuri@dhhs.nh.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Madhavi Reddy at:
 HRSA/MCHB/DMCHWD
 5600 Fishers Ln
 Rockville, MD, 20852-1750
 Email: madhavi.reddy@hrsa.hhs.gov
 Phone: (301) 443-0754

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Crystal Howard at:
 MailStop Code: 10N 176D
 OFAM
 5600 Fishers Ln
 Rockville, MD, 20852-1750
 Email: choward@hrsa.gov
 Phone: (301) 443-3844
 Fax: (304) 443-6343

**AWARD HISTORY
PEDIATRIC MENTAL HEALTH CARE ACCESS
U4CMC32316**

A	Pediatric Mental Health Care Access U4CMC32316-01-01		
B	Award Ending 09/29/2019	445,000	
A	U4CMC32316-02-01		
B	Award Ending 09/29/2020 =445000/12*9=333750	333,750	
C	Expended through 6/30/19	(10,373)	enter as negative number
D	Unobligated Balance Unable to Spend	-	enter as negative number
E	Award Balance 7/1/19	\$ 768,377	
F	SFY 20 Appropriation **	(445,092)	enter as negative number
G	Balance Forward	(1,264)	enter as negative number
H	Available to Accept in SFY 20	322,021	
I	Amount Requested this Action	<u>178,396</u>	

**** SFY 20 Appropriation**

	010-090-70480000	Current	OYR	Total	This Action	Revised Budget
J	PEDIATRIC MENTAL HEALTH CARE ACCESS	445,092	-	445,092	178,396	623,488