

Lori A. Shibinette Commissioner

Heather A Moquin
Chief Executive Officer

# STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEW HAMPSHIRE HOSPITAL

36 CLINTON STREET, CONCORD, NH 03301 603-271-5300 1-800-852-3345 Ext. 5300 Fax: 603-271-5395 TDD Access: 1-800-735-2964 www.dhhs.nb.gov

September 28, 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, authorize the Department of Health and Human Services, New Hampshire Hospital, to transfer general funds in the amount of \$753,000 and other funds in the amount of \$957,000 between various class lines. The transfers are summarized and detailed in the attached worksheets, effective upon approval of the Fiscal Committee and the Governor and Executive Council through June 30, 2021. 44% General Funds, 56% Other Agency Funds

#### **EXPLANATION**

The Department of Health and Human Services is requesting authorization to transfer funds between various class lines in order to address staffing challenges with anticipated surpluses within the Department's authorized budget. Expenditure patterns for SFY 2021 to date have been analyzed and taken into consideration savings from vacant positions when projecting expenditures for the balance of the fiscal year. Based upon this review, the vacancy savings will be utilized to fund contracts for staffing placement services. This transfer will provide for the continued efficient operation of the Department.

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:
  - 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.

The Honorable Mary Jane Wallner, Chairman His Excellency, Governor Christopher T. Sununu September 28, 2020 Page 2 of 2

- 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?

  Yes, this transfer will allow the department to contract for temp-to-hire staffing services.

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,

Lou' Shibinette

Lori A Shibinette Commissioner

### Attachments:

- Appendix A Detail Accounting Spreadsheets
- Appendix B Narratives

			I c I		1 6 7	-													
┝┯┿		Fond		Ora		NG.	Class Tabe	<u> </u>		<del> </del>	K	<u> </u>	M	×	0	7 Q	B	\$	. v
H		r quan	APP	9	į Cta		Class Tillle	[_increase/	Net Gen	Net Gent			FF		1		L		
Н		<del> </del>			<b>↓</b> -	Acc1		Decrease	Fund by	Fund By	OF			Transfer Amount			807		
172		<del> </del>	+ - +		<del>!</del>			Accessed	Org. Code	Agenty	Amount	8/T	FF	OF	<b>G</b>	FF	QF	G#	
	CW MAS	PSHIRE HO	-		<del>}</del> {		<del>}</del>	-}					_i	<del> </del>	<u> </u>	ll		1	<u> </u>
		NH Commu			1 1					<u> </u>	<del> </del>			<u> </u>	<del> </del>		1		
卌		010	COL	60960000	001	494947	Intro-Agency	_}					-			<u> </u>	-l		
135		010	094	80980000	000	404021	Other Funds - Provider Fees	<del>  •                                     </del>			-				<del> </del>	<del>  _   </del>		<u> </u>	اــــــا
115		010	094	80880000	1-00	400021	General Funds			<del>!</del>	<del> </del>			·		<del>  </del>	4	<u> </u>	iI
ШЯ		<del>                                     </del>	1		<del>!</del>		1000001		<u> </u>	ļ. <b>-</b>	1				<b>—</b>	<del>  </del>		l	(I
Hid		Total Reven						- 30		1	<del>                                     </del>		<del>-}</del>	ļ <del></del>	<del></del>	<b>-</b>	<b>↓</b> ——	<u></u>	↓——-I
Ш			Ť					_	-	<del> </del>	<del> </del>		- <del> </del>	· <del> </del>	· <del> </del>	<del>                                     </del>	-	<del>}</del>	<b>₁</b> /
1173		010	094	00000000	850	500100	Personal Sys Tong	(\$250,000)			\$ (290,000)			<del>                                      </del>	\$ (250,000)	0.00%	0.00%	100,00%	ļ
Ш		010	094	80980000	000		Benefits	(\$10.000)			18 (10,000)				\$ (10,000)		0.00%	100.00%	∤ <b></b>
1144		010	1 094	00000000	102		Contracts for Program Services	200,000	<del></del>		280,000	<del></del>	+3	-	\$ 200,000		0.00%	100.00%	∤ <i>-</i>
lite		1	1		1					<del>                                     </del>	1	·		-	- 200,000	0.00%	0.00%	100.00%	<b>├</b>
1143		Total Cones	14		1			10		<del>†</del>	<del>}</del>	1		·{		<del>{}</del>	→	<del></del>	<b>├──</b> /
1146		T	1					_		<del> </del> -	<del> </del>	*	<del></del>	<del>{</del>	<del></del>	<del>! -                                   </del>	<del></del>	<del> </del>	{ <b>!</b>
1147					1					1	<del> </del>		- <del> </del>	<del>†</del>	<del>                                     </del>	<del>   </del>		ł	<del>                                     </del>
1134			to Psychiatric Bervices								<del> </del>			<del>1</del>	<del> </del>	<del>  </del>	~ <del> </del>	<del> </del>	
11134			004	87500000	001	484947	Intro-Agenty	3			1		-;		·	<del>                                     </del>	<del></del>	<del> </del>	:
1137		010	094	87500000	009	405921	Other Funds - Provider Fees	_[ • ·	i		<del> </del>		<del></del>	Ť	<del>                                     </del>	<del>†                                       </del>	<del></del>	!	
1157		010	004	87500000	I		General Funds		٠,	1.	1			-	<u> </u>	<del>                                     </del>		<del> </del>	<del></del>
1124		1	1											ì		<del>                                     </del>		<del>}</del> -	1
1155		Total Reven	100					8 .			i i		<del></del>	1	·	<del>  -  </del>	<del>;                                    </del>	<del>1</del>	$\vdash$
165		L								1.			i	1	1	<del>  </del>	1	1	
1157			004	87500000	010		Personal Sys Perm Class	\$ (750,000 <sub>)</sub>		1	1 (256,000)			\$ (495,000	\$ (254,000)	0.00%	85.00%	34.00%	
113		010	004	87500000	018		Overtime	\$ (50,000)			\$ (102,000)		1 \$	\$ (198,000			96.00%	34.00%	
112		010	7 004	87500000	019		Holdey Pey	\$ (50,000)			(8 (17,000)		i s	\$ (33,000		0.00%	86.00%	34.00%	
116			1 094	87500000	000		Benefits	\$ (350,000)			(\$ (119,000)			\$ 2231,000			86.00%	34.00%	
116		010	1 084	87500000	102	500731	Contract for Preg Svcs	\$ 1,450,000		ļ	8 483,000			\$ 957,000	8 483,000		88.00%	34.00%	
1170		<del> </del>			-					<u> </u>	18 .		8	) <b>š</b>	8	0.00%	66.00%	34.00%	
膃		Total Espes	<del></del> -		·		<del></del>	_ -		<u> </u>	\	1	•	J				<u> </u>	
1177		TOTAL	أسيا	HERE HOSPITA				<del> </del> -	<u> </u>	<u> </u>	<u> </u>		1	ļ	1				
		TIOIAL MES	T CAMP	WELL HUSSY I	+		·	<del>- </del> -		· ·	!	·	_ 3	15 -	8 .				
1		<del> </del>	╌		<del> </del>		<del></del>	<del></del>		<del> </del>	ļ		-l	- <del> </del>	·		1	L	
閾		TOTAL CO	4 174	IT OF HEALTH	AMN	AN SEC.			ļ	<del> </del> -	· · · · · · · · · · · · · · · · · · ·	<b></b>	<del> </del>	+	·	1. 1		L	
1		1101200	7-10		~~	CAL SERVE			<del></del>		<del>}</del>		18 -	<u> </u>		<del>  _   _     _  </del>		1	L
1177		<u>.                                    </u>	, ,		•		<del>, , , , , , , , , , , , , , , , , , , </del>	I		1	1		1		<u>l</u>	<u> </u>	1.	<u> </u>	1

## Appendix B

#### **NEW HAMPSHIRE HOSPITAL**

#### 05-95-094-940010-60960000

## NH Community Residence

Funding in this Accounting Unit represents costs associated with the operations of NH Community Residence, New Hampshire Hospital's Philbrook Adult Transitional Housing unit. Funds are needed in Class 102 (Contract for Program Services) due to a need to utilize a contact for staffing placement services. Funds are available as a result of vacancies in the following classes: Class 050 (Personal Services Temp) and Class 060 (Benefits). Source of Funds: 100% General Funds

#### 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 are needed in Class 102 (Contract for Program Services) due to a need to utilize a contact for staffing placement services. Due to the high number of vacancies, funds are available in Class 010 (Personnel Svcs Perm), Class 018 (Overtime), Class 019 (Holiday pay) and Class 060 (Benefits). Source of Funds: 66% Other (Agency) Funds and 34% General Funds.