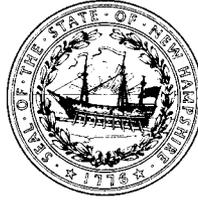


**ATTORNEY GENERAL  
DEPARTMENT OF JUSTICE**

33 CAPITOL STREET  
CONCORD, NEW HAMPSHIRE 03301-6397

JOSEPH A. FOSTER  
ATTORNEY GENERAL



ANN M. RICE  
DEPUTY ATTORNEY GENERAL

January 23, 2015

Her Excellency, Governor Margaret Wood Hassan  
And the Honorable Council  
State House  
Concord New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Justice to accept and expend a grant from the New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal & Child Health Section in the amount of \$9,681, to monitor the activities regarding the Sudden Death in the Young project effective upon Governor and Council approval through June 30, 2015. 100% Transfer from Other Agency.

Funds are to be budgeted in 02-20-20-201510-5940000, Department of Justice, Grants Administration, titled Sudden Death in the Young as follows:

<u>Class/Object</u>	<u>Class Title</u>	<u>SFY 15</u>
020-500800	Current Expenses	600.00
030-500311	Equipment new	1,900.00
039-500188	Telecommunications	425.00
050-500109	Personnel Service-Temp	1,870.00
060-500612	Benefits	158.00
070-500704	In-State Travel	36.00
080-500710	Out of State Travel	4,692.00
Total		9,681.00
Source of Funds		
001-408125	Transfer from other agency	9,681.00

## EXPLANATION

The Department of Justice, Office of Chief Medical Examiner, requests authorization to accept and expend this sub-grant awarded under the project title NH Sudden Death in the Young (SDY) Registry (Module A) Grant from the New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal & Child Health Section.

The Office of Chief Medical Examiner (OCME) will collaborate with the NH Department of Health and Human Services SDY Project Coordinator to carry out and monitor the activities of this grant including: accessing and entering SDY case information into the National Center for Child Death Review web-based data registry; and participating in/providing project-related meetings and trainings to carry out grant-required activities designed to improve death scene investigations and promote preventable action strategies to reduce sudden and unexpected death in youth in the state.

The funds budgeted to support the activities are as follows:

Class 020 – Current Expense - to cover office supplies, postage, printing costs and materials for meetings and for informational brochures to give to families at death scenes.

Class 030 – Equipment new – To purchase conference call telephone, laptop, and LCD Projector.

Class 039– Telecommunications – for monthly telephone costs.

Class 050- Personnel –Part Time/Temp - covers partial salary of a current data entry clerk to perform duties related to the Sudden Death in the Young project, in addition to the clerk's current duties related to and supported by the Sudden and Unexpected Infant Death project currently in place.

Class 060 – Benefit expenses to cover FICA and Medicare for the part time position.

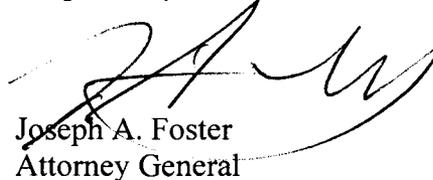
Class 070- In State Travel expenses to cover mileage for OCME personnel to travel to case review meetings and to deliver training presentations.

Class 080 - Out of State Travel expenses to cover travel costs related to required conferences.

In the event these funds are no longer available, General Funds will not be requested to support this program.

Your consideration of this request would be most appreciated. Please let me know if you have any questions.

Respectfully submitted,



Joseph A. Foster  
Attorney General

JAF/jeb  
Enclosures  
#1153198

JES  
Ba

W 4



Nicholas A. Toumpas  
Commissioner

José Thier Montero  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEC 24 14 PM 1:46 DA

29 HAZEN DRIVE, CONCORD, NH 03301-6503  
603-271-4517 1-800-852-3345 Ext. 4517  
Fax: 603-271-4519 TDD Access: 1-800-735-2964



December 10, 2014

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

Retroactive

REQUESTED ACTION

1.) Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal & Child Health Section to accept and expend federal funds in the amount of \$11,723.00 from the Department of Health and Human Services, Assistant Secretary for Preparedness and Response, CDC Procurement and Grants Office to fund the Sudden Death in the Youth (SDY) Registry; effective upon Governor and Council approval, for the period **retroactive** to September 30, 2014 through June 30, 2015, and further authorize the funds to be allocated as follows. Grant funds awarded for periods after SFY 2015 are anticipated to be included in the future operating budgets for SFY 2016, SFY 2017, SFY 2018 and SFY 2019. *100% Federal Funds*

05-95-90-902010-5906 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, SUID CASE REGISTRY

SFY 2015

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
000-408125	Federal Funds	\$26,308.00	\$11,723.00	\$38,031.00
<b>Total Revenue</b>		<b>\$26,308.00</b>	<b>\$11,723.00</b>	<b>\$38,031.00</b>
041-500801	Audit Fund Set Aside	\$22.00	\$12.00	\$34.00
049-500294	Transfers to Other State Agency	\$21,349.00	\$9,681.00	\$31,030.00
070-500704	In State Travel	\$437.00	\$0.00	\$437.00
080-500710	Out of State Travel	\$4,500.00	\$2,030.00	\$6,530.00
<b>Total Expenses</b>		<b>\$26,308.00</b>	<b>\$11,723.00</b>	<b>\$38,031.00</b>

←

2.) Subject to approval of Item #1 above, authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a Memorandum of Agreement (MOA) with the Department of Justice (vendor # 177877-B001), 33 Capitol St., Concord, NH 03301, to develop the Sudden Death in the Youth Registry. The Division requests that this Memorandum of Agreement (MOA) be **retroactive** to September 30, 2014 through September 29, 2018, with a total price limitation of \$42,704 for the 4 year project period; effective upon Governor and Council approval.

Funds are available in the following account for SFY 2015, and are anticipated to be available in the SFY 2016, SFY 2017, SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budget.

05-95-90-902010-5906 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, SUID CASE REGISTRY

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2015	049/500294	Transfers to Other State Agencies	90200001	9,681.00
SFY 2016	049/500294	Transfers to Other State Agencies	90200001	9,002.00
SFY 2017	049/500294	Transfers to Other State Agencies	90200001	10,676.00
SFY 2018	049/500294	Transfers to Other State Agencies	90200001	10,676.00
SFY 2019	049/500294	Transfers to Other State Agencies	90200001	2,669.00
			Total	\$42,704.00

**EXPLANATION**

These Requested Actions are identified as **retroactive** because the Notice of Award was not received with sufficient time to establish the MOA and allow for training and preparation by the Department of Justice in order to begin investigations and data collection by January 1, 2015.

This is a project administered and coordinated by the Division of Public Health Section's Maternal and Child Health Section, carried out in collaboration with the NH Office of Chief Medical Examiner (NH OCME). The Centers for Disease Control (CDC) grant for the Sudden Death in the Youth Registry will be used to expand the current CDC funded Sudden Unexpected Infant Death Registry which tracks sudden unexpected deaths in infants up to one year of age. The expansion will include deaths in youth up to age nineteen from conditions such as heart disease and epilepsy and will help investigators define the scope of the problem and set future research priorities. A child death review team will compile and review information on the cases from a variety of sources (i.e. death scene investigation report, medical records, autopsy report, etc.).

Cases that meet national project criteria will undergo further review by a state panel of clinical experts. Case data will be entered into a centralized data base under the authority of the Office of Chief Medical Examiner, managed by the Michigan Public Health Institute. After obtaining parental consent, the Office of Chief Medical Examiner will submit DNA samples from a subset of cases that will be kept at a centralized national repository. Neither the data nor the biorepository samples will contain personally identifiable information. The resulting national registry will become a resource for scientists to learn more about the causes of sudden death in the young and ultimately to develop better diagnostic and prevention approaches.

Funds are to be budgeted as follows:

- Class 041 (Audit Fund Set Aside): per state requirement.
- Class 049 (Transfers to Other State Agency): will be available to the Department of Justice and will support a part time Project Data Clerk within the Office of the Chief Medical Examiner, as well as related supplies and equipment necessary to coordinate the Sudden Death in Youth project for New Hampshire under the authority of RSA 611-B. Responsibilities of the Project Data Clerk include accessing and entering case information into the National Center for Child Death Review web-based data registry; and assisting with the coordination and follow up activities related to the death review and clinical expert panel meetings.
- Class 080 (Out of State Travel): needed for out of state travel to a grantee required meeting in Atlanta, GA in December 2014 by the Project Director.

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: State of New Hampshire

Source of funds: These funds are 100% Federal from the Department of Health and Human Services, Assistant Secretary for Preparedness and Response, CDC Procurement and Grants Office to fund the Sudden Death in the Youth (SDY) Registry. Attached is the Notice of Grant Award and award history. Notice of these funds was received on September 26, 2014. They were not added to the operating budget because: These are new funds recently granted to the State and were not anticipated at the time the budget was developed.

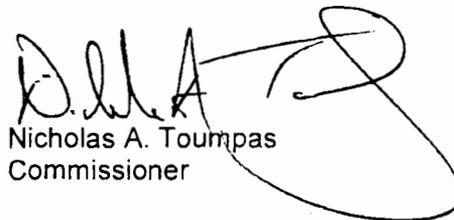
In the event that these Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD, MHCDS  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

JTM/JAS/cl

**MEMORANDUM OF AGREEMENT**  
**between the**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**and the**  
**DEPARTMENT OF JUSTICE**

**Retroactive to September 30, 2014 through September 29, 2018**

**Subject: Cooperation on Sudden Death in the Youth Registry (SDY) Grant**

This Memorandum of Agreement (MOA) describes activities that have been agreed to between the Department of Health and Human Services, Division of Public Health Services (DPHS), Bureau of Population Health and Community Services, Maternal and Child Health Section (MCH) and the Department of Justice (DOJ), Office of the Chief Medical Examiner (OCME) related to collaboration on the Sudden Death in the Youth Registry Project.

This is the first cooperative agreement of funding from the Centers for Disease Control (CDC) for the Sudden Death in the Youth Registry in New Hampshire. MCH, in collaboration with the OCME, was one of the ten states that received this funding, which ends September 29, 2018.

This Agreement sets forth the roles and responsibilities of both DHHS and DOJ in carrying out the cooperative agreement.

This MOA will take effect retroactive to September 30, 2014 and be in effect through September 29, 2018. This agreement has the option to renew pending availability of funding, the agreement of the parties, and approval by Governor and Council.

For the purposes of this Agreement, DHHS and DOJ agree to cooperate as follows:

**I. Department of Health and Human Services**

The Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section agrees to:

1. *Accept and administer the cooperative agreement for the project.*
2. *Serve as the Project Director for the cooperative agreement.*
3. *Assure that the cooperative agreement funds budgeted for the Office of the Chief Medical Examiner (OCME) will be paid to the OCME, Department of Justice (DOJ), through an interagency transfer approved by Governor and Council. Such funds will enable the OCME to carry out the identified responsibilities of the cooperative agreement.*
4. *The price limitation for this four year MOA is \$42,704. Compensation shall be paid upon invoice up to a maximum amount of \$10,676 during each grant year. One hundred percent (100%) of those costs shall be covered via funds provided by the Centers for Disease Control. Neither DPHS, nor the OCME will be responsible for any expenses or costs incurred by the OCME under this Agreement in excess of the above amounts unless additional funding is expressly authorized by the DPHS prior to the work being performed, agreement of the parties, and Governor and Council approval.*

5. *Provide quarterly payment to DOJ upon receipt of an approved invoice based on actual costs incurred by the OCME.*
6. *Assist the OCME staff with project implementation.*
7. *Monitor the activities of the cooperative agreement as outlined in the cooperative agreement work plan.*
8. *Meet monthly or as indicated with the OCME staff to discuss the cooperative agreement activities carried out by the OCME staff.*
9. *Be responsible for assuring that any data reporting requirements requested by the Centers for Disease Control (CDC) are provided to the CDC.*
10. *Work with the OCME staff to obtain data and information necessary for monitoring the cooperative agreement and developing and writing any required reports.*
11. *Attend/participate in any CDC required meetings, trainings, or presentations with the OCME staff as appropriate.*
12. *Obtain Vital Record information and newborn screening test results for the data collection of any youths who die suddenly and unexpectedly as of January 1, 2015 through September 29, 2018 upon request from the OCME.*
13. *Carry out any quality assurance activities as outlined in the cooperative agreement narrative and/or work plan.*
14. *Work with the OCME staff to assure that all sudden and unexpected deaths of youth (excluding Homicides, Suicides, and all Firearm-related fatalities) are reviewed within three months of the death by a multidisciplinary death review group and within six months of the death by a panel of clinical specialists. This clinical review panel will be Chaired by the Chief Medical Examiner.*

## **II. Department of Justice**

The Department of Justice, Office of the Chief Medical Examiner, agrees to:

1. *Employ the position of Data Clerk as outlined in the cooperative agreement application and job description.*
2. *Allow the Chief Medical Examiner or Chief Forensic Investigator to supervise the Data Clerk to carry out the required responsibilities of the cooperative agreement.*
3. *Allow Project staff such as Chief Forensic Investigator and Data Clerk to prepare and train for new autopsy protocol, death scene investigation additions, and data collection requirements, including attending December 2014 Sudden Death in Youth CDC grant orientation in Atlanta, during the period of September 30, 2014 through December 31, 2014, in order to gear up for start date of SDY cases as of January 1, 2015.*

4. *Request and obtain access to, for the purpose of investigation and data collection for the Sudden Death in the Youth Registry, information related to all sudden and unexpected deaths in children up to age nineteen (excluding Homicides, Suicides, and all Firearm-related fatalities) as of January 1, 2015 through September 29, 2018, from any sources of information including but not limited to: death scene investigation forms and reports, pathology and autopsy reports, medical records, social service records, law enforcement records, and protective service records, in accordance with RSA 611-B:11.*
5. *Utilize cooperative agreement funds for budgeted project-related expenses as outlined in the cooperative agreement budget as approved in advance by the Governor and Council. Reimbursement for the expenses will be paid to the Department of Justice, through an interagency transfer, which will enable the OCME to carry out the identified responsibilities of the cooperative agreement.*
6. *Collaborate with the Project Director to carry out the requirements of the cooperative agreement including requesting and collecting the various data elements of the case, entering the data into the Sudden Death in the Youth Registry, generating data for analysis and reports, working with MCH staff to formulate the reports, attending any CDC-required trainings, meetings, and participating in presentations; contacting the families of the deceased for more detailed family and medical history as required by the grantor, and obtaining parental consent for submission of DNA samples to be sent to a national bio repository.*
7. *Cooperate with the Project Director on any project-related quality assurance activities as outlined in the cooperative agreement narrative and work plan.*

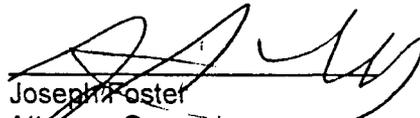
It Is Further Understood and Agreed Between DPHS, MCH and DOJ, OCME:

1. *That neither DHHS, DPHS, MCH nor DOJ, OCME will be responsible for any expenses or costs incurred by the OCME under this Agreement prior to the date of Governor and Council approval.*
2. *That the maximum amount of funds available for reimbursement under this Agreement from DPHS to OCME shall be a total of \$10,676. during each grant year with one hundred percent (100%) of those costs covered by funds provided by the Centers for Disease Control. Neither DPHS, nor the OCME will be responsible for any expenses or costs incurred by the OCME under this Agreement in excess of the above amounts unless additional funding is expressly authorized by the DPHS prior to the work being performed, agreement of the parties, and Governor and Council approval.*
3. *That OCME agrees to commence the project upon Governor and Council approval. Failure to meet this deadline without good cause may cancel the DPHS participation in this project, at the discretion of DPHS. Any remaining funds will be forfeited. DOJ is responsible for informing DPHS if any condition arises that may result in this deadline being unattainable.*
4. *Notwithstanding any provision of this agreement to the contrary, all obligations of DHHS hereunder, including without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. DHHS shall not be required to transfer funds from any other source in the event that funds from the Centers for Disease Control are reduced or unavailable.*

IN WITNESS WHEREOF, the respective parties have hereunto set their hands on the dates indicated.

  
\_\_\_\_\_  
Nicholas A. Toupas  
Commissioner  
Department of Health and Human Service

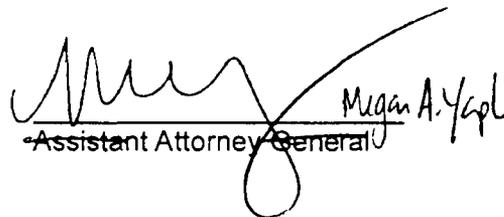
12/17/14  
\_\_\_\_\_  
(Date)

  
\_\_\_\_\_  
Joseph P. Oster  
Attorney General  
Department of Justice

12/23/14  
\_\_\_\_\_  
(Date)

**Attorney General** This is to certify that the above AGREEMENT has been reviewed by this office and is approved as to form and execution.

12/22/14  
\_\_\_\_\_  
(Date)

  
\_\_\_\_\_  
Megan A. Yapple  
Assistant Attorney General

**Secretary of State** This is to certify that the GOVERNOR AND COUNCIL on \_\_\_\_\_ approved this AGREEMENT.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Attest)

\_\_\_\_\_  
(Secretary of State)

**AWARD HISTORY**  
**Sudden Death in the Youth Registry AU 5906**

Award Ending 9/29/15 \$25,000/12*9	18,750
Expended through 6/30/14	-
Unobligated Balance Unable to Spend	<u>-</u>
Award Balance	18,750
SFY 15 Appropriation **	-
OYR	<u>-</u>
Available to Accept in SFY 15	18,750
Amount Requested this Action	<u><u>11,723</u></u>

**\*\* SFY 15 Appropriation**

AU 59060000	Current	OYR	Total	This Action	Revised Budget
SDY	-	-	-	11,723	11,723
SUID	22,000	4,308	26,308	-	26,308
<b>Total</b>	<u>22,000</u>	<u>-</u>	<u>26,308</u>	<u>11,723</u>	<u>38,031</u>

1. DATE ISSUED MM/DD/YYYY 09/22/2014  
 2. CFDA NO. 93.946  
 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ASSISTANT SECRETARY FOR PREPAREDNESS + RESPONSE

CDC Procurement and Grants Office

2820 Brandywine Road  
 Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)  
 Public Health Service Act, as amended, Section 301(a) and Section 317K,  
 42 U.S.C. 241(a); 42 U.S.C. 247b-12

1a. SUPERSEDES AWARD NOTICE dated  
 except that any additions or restrictions previously imposed remain  
 in effect unless specifically rescinded

4. GRANT NO.  
 1 NU58DP000003-01-00  
 Formerly

5. ACTION TYPE  
 New

6. PROJECT PERIOD MM/DD/YYYY  
 From 09/30/2014 Through 09/29/2018

7. BUDGET PERIOD MM/DD/YYYY  
 From 09/30/2014 Through 09/29/2015

8. TITLE OF PROJECT (OR PROGRAM)  
 Sudden Death in the Youth (SDY) Registry

9a. GRANTEE NAME AND ADDRESS  
 New Hampshire Dept of Health & Human Services  
 29 Hazen Dr  
 Public Health Services  
 Concord, NH 03301-6503

9b. GRANTEE PROJECT DIRECTOR  
 Audrey Knight  
 29 Hazen Drive  
 Public Health Services  
 Concord, NH 03301-6504  
 Phone: 603-271-4536

10a. GRANTEE AUTHORIZING OFFICIAL  
 Ms. Audrey Knight  
 29 Hazen Drive  
 Concord, NH 03301-3852  
 Phone: 603-271-4536

10b. FEDERAL PROJECT OFFICER  
 Ms. Lena Camperlengo  
 4770 Buford Highway NE, MS F74  
 Atlanta, GA 30333  
 Phone: 770 488 6322

ALL AMOUNTS ARE SHOWN IN USD

11. 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	5,584.00
b. Fringe Benefits	1,841.00
c. Total Personnel Costs	7,425.00
d. Equipment	0.00
e. Supplies	0.00
f. Travel	2,707.00
g. Construction	0.00
h. Other	4,192.00
i. Contractual	10,676.00
<b>j. TOTAL DIRECT COSTS</b>	<b>25,000.00</b>
k. INDIRECT COSTS	0.00
<b>l. TOTAL APPROVED BUDGET</b>	<b>25,000.00</b>
m. Federal Share	25,000.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from Item 11a)	25,000.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>25,000.00</b>
<b>12. Total Federal Funds Awarded to Date for Project Period</b>	<b>25,000.00</b>

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

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2	25,000.00	d. 5	
b. 3	25,000.00	e. 6	
c. 4	25,000.00	f. 7	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

a. DEDUCTION  
 b. ADDITIONAL COSTS  
 c. MATCHING  
 d. OTHER RESEARCH (Add / Deduct Option)  
 e. OTHER (See REMARKS)

b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY OF THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation  
 b. The grant program regulations  
 c. The award notice including terms and conditions, if any, noted below under REMARKS  
 d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

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.

REMARKS (Other Terms and Conditions Attached -  Yes  No)

GRANTS MANAGEMENT OFFICER: Roalyn Curington

17. OBJ CLASS	41.51	18a. VENDOR CODE	1026000618B3	18b. EIN	026000618	18. OLINE	011040545	20. CONG. DIST.	02
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIM ASST		APPROPRIATION	
21. a.	4-93901X7	b.	000003DP14	a.	DP	\$2,891.00		a.	75140886
22. a.	4-939021V	b.	000003DP14	a.	DP	\$20,996.00		e.	75140872
23. a.	4-9392RFA	b.	000003DP14	a.	DP	\$1,113.00		e.	75140948