

MTT  
13



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF COMMUNITY BASED CARE SERVICES

BUREAU OF DEVELOPMENTAL SERVICES

Nicholas A. Toumpas  
Commissioner

Diane Langley  
Director

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-5034 1-800-852-3345 Ext. 5034  
Fax: 603-271-5166 TDD Access: 1-800-735-2964

August 21, 2014

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

REQUESTED ACTION

100% Federal funds

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Developmental Services to accept and expend State Planning Grants for Improving Services for Children and Youth with Autism Spectrum Disorder and other Developmental Disabilities federal funds from the United States Department of Health and Human Services, Health Resources and Services Administration in the amount of \$75,000 effective upon date of Governor and Executive Council approval, through June 30, 2015, and further authorize the allocation of these funds in the accounts below.

05-95-93-930010-8883 DEPT OF HEALTH AND HUMAN SVCS, HHS: DEVELOPMENTAL SERV-  
DIV OF, DIV OF DEVELOPMENTAL SVCS, AUTISM GRANT

Class/Object	Class Title	Current Adjusted Authorized	Increase/ (Decrease) Amount	Revised Adjusted Authorized
<b>SFY 2015</b>				
000-400146	Federal Funds	\$59,198	\$75,000	\$134,198
	General Fund	\$0	\$0	\$0
Total Revenue		\$59,198	\$75,000	\$134,198
020-500200	Current Expenses	\$1,000	\$500	\$1,500
021-502668	Food Institutions	\$500	\$500	\$1,000
022-500248	Rents & Leases Other than State	\$1,000	\$1,000	\$2,000
030-500301	Equipment	\$500	\$500	\$1,000
037-500175	Technology – Hardware	\$750	\$750	\$1,500
041-500801	Audit Fund Set Aside	\$65	\$75	\$140
068-500561	Remuneration	\$1,500	\$1,500	\$3,000
070-500704	In-State Travel	\$622	\$750	\$1,372
080-500710	Out-of-State Travel	\$1,217	\$1,217	\$2,434
102-500731	Contracts for Program Services	\$50,294	\$67,458	\$117,752
502-500891	Payments to Providers	\$1,750	\$750	\$2,500
Total Expense		\$59,198	75,000	134,198

## EXPLANATION

The Department of Health and Human Services, Division of Community Based Care Services, Bureau of Developmental Services, Special Medical Services seeks approval to accept and expend competitively awarded State Planning Grant for Improving Services for Children and Youth with Autism Spectrum Disorder and other Developmental Disabilities grant funds in the amount of \$75,000 from the United States Department of Health and Human Services Health Resources and Services Administration. This request represents the second year of a two year grant award (September 1, 2013 – August 31, 2015). A copy of the grant award is attached.

Family advocates and providers in New Hampshire have sought to improve the services and supports available to children, youth, and young adults with Autism Spectrum Disorder and related developmental disabilities for over a decade. Significant policy changes, for example the creation of a State Council on Autism Spectrum Disorder and the adoption of a state mandated health insurance provision for Autism Spectrum Disorder, have been achieved. However, New Hampshire has not yet had the opportunity to develop a coordinated State Plan informed by a comprehensive needs assessment and best practices in public health research. New Hampshire is currently undertaking significant initiatives that promise to transform healthcare delivery and Medicaid-funded supports, as well as children's behavioral health services. The estimated 2,500 NH children and youth under age 19 who have an identified Autism Spectrum Disorder will be impacted by these changes. It is critical that NH undertake a data-driven planning initiative that is informed by and informs these contiguous planning initiatives.

The overall goal of this grant is to insure the provision of comprehensive, coordinated family-centered health care and related services within a medical home for the achievement of high quality life outcomes among New Hampshire's children and youth with Autism Spectrum Disorder and other developmental disabilities. The specific objectives to achieve the stated goal are:

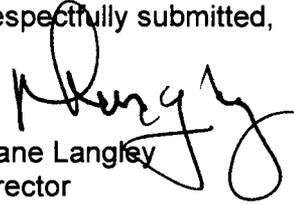
- The establishment of a collaborative leadership process;
- The completion of a comprehensive needs assessment that is endorsed by key stakeholders;
- The development of a comprehensive, measurable State Plan that is endorsed by key stakeholders; and
- Family Members and Self-Advocates will be informed and actively engaged in all levels of the development and dissemination of the State Plan.

Geographic area served: statewide.

Source of funds: 100% Federal United States Department of Health and Human Services, Health Resources and Services Administration Funds, Catalog of Federal Domestic Assistance (CFDA) # 93.110, Federal Award Identification Number (FAIN) H6MMC26245.

If federal funds become no longer available, general funds will not be requested to support the program expenditures.

Respectfully submitted,



Diane Langley  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

Bureau of Developmental Services

Autism Grant

Fiscal Situation

010-095-093-930010-88830000

Grant Award -- Year 1	\$ 75,000
Year 1 Expenditures	<u>(\$ 15,802)</u>
Current Adjusted Authorized	\$ 59,198
Grant Award – Year 2	<u>\$ 75,000</u>
Revised Adjusted Authorized	<u>\$134,198</u>

1. DATE ISSUED: 08/11/2014		2. PROGRAM CFDA: 93.110		 <p><b>NOTICE OF AWARD</b>  <b>AUTHORIZATION (Legislation/Regulation)</b>  Pub. Law No. 109-416, Section 843—Combating Autism Act of 2006  Section 399BB, Public Health Service Act (42 U.S.C. 280i-1) and the  Combating Autism Act of 2006 (Public Law 109-416)  Section 399BB, Public Health Service Act (42 U.S.C. 280i-1) and the  Combating Autism Act of 2006 (Public Law 109-416);  Public Health Service Act, § 399BB (42 U.S.C. 280i-1), as amended  by the Combating Autism Reauthorization Act of 2011 (P.L. 112-32)</p>							
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.											
4a. AWARD NO.: 5 H6MMC26245-02-00		4b. GRANT NO.: H6MMC26245						5. FORMER GRANT NO.:			
6. PROJECT PERIOD: FROM: 09/01/2013 THROUGH: 08/31/2015											
7. BUDGET PERIOD: FROM: 09/01/2014 THROUGH: 08/31/2015											
8. TITLE OF PROJECT (OR PROGRAM): State Planning Grants for Improving Services for Children and Youth with Autism Spectrum Disorder and other Developmental Disabilities											
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) Elizabeth Collins HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF 129 Pleasant St Concord, NH 03301-3852							
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:							
a. Salaries and Wages : \$35,537.00 b. Fringe Benefits : \$9,950.00 c. Total Personnel Costs : \$45,487.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$2,095.00 g. Travel : \$6,901.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$14,475.00 j. Consortium/Contractual Costs : \$0.00 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 : \$68,958.00 p. INDIRECT COSTS (Rate: % of S&WTADC) : \$6,042.00 q. TOTAL APPROVED BUDGET : \$75,000.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$75,000.00				a. Authorized Financial Assistance This Period <b>\$75,000.00</b> 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 Awards(s) This Budget Period \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$75,000.00</b>							
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 colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>								YEAR	TOTAL COSTS	Not applicable	
YEAR	TOTAL COSTS										
Not applicable											
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 <b>\$0.00</b>											
15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] 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: 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 74 or 45 CFR Part 92 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.											
REMARKS: (Other Terms and Conditions Attached [ X ]Yes [ ]No)											
Electronically signed by <i>Stephannie Young</i> , Grants Management Officer on : 08/11/2014											
17. OBJ. CLASS: 41.45		18. CRS-EIN: 1026000618B4		19. FUTURE RECOMMENDED FUNDING: \$0.00							
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE					
14 - 3894403	93.110	H6MMC26245A0	\$75,000.00	\$0.00		N/A					