



# **NH PROJECT FIRST**

---

**First Responders Initiating Recovery, Support, & Treatment**

## **FR-CARA Cooperative Agreement GRANT GUIDANCE**

**CFDA #93.243**



## Preface

This guide serves as a reference for the New Hampshire (NH) Division of Fire Standards & Training and Emergency Medical Services (the Division), Substance Abuse and Mental Health Services Administration’s (SAMHSA), First Responder Comprehensive Addiction and Recovery Act (FR-CARA) Cooperative Agreement applicants. In addition to providing a program overview and informing FR-CARA participants about the application process, this guide outlines specific compliance and task requirements for successful program participation. This document also contains the State’s objectives in funding under this program. This document should be considered an evergreen document, meaning it can and will be continually edited and updated as required. Subrecipients will be notified of any updates and changes as they occur. The Division is pleased to respond to any questions not covered by this guide and welcome suggestions to improve the utility and content of the guide. Please contact the FR-CARA Program Staff at 603-223-4200 with any questions or suggested revisions. In addition, comments can be directed to the FR-CARA Program Staff via email at [NHProjectFIRST@dos.nh.gov](mailto:NHProjectFIRST@dos.nh.gov).

## Table of Contents

<b>Overview &amp; Program Objectives</b> .....	<b>3</b>
Definitions .....	3
Application .....	3
Application Review .....	4
Grant Agreement .....	4
Period of Performance .....	4
Monitoring.....	4
Contact Information .....	4
<b>Grant Compliance, Standard Terms &amp; Certification Requirements</b> .....	<b>5</b>
2 CFR Part 200 / 45 CFR Part 75 .....	5
Audit Submittals .....	5
Commingling .....	5
Cultural and Linguistically Appropriate Services (CLAS) Standards .....	6
Data Universal Numbering System .....	6
Drug Free Workplace Certification.....	6
Excluded Parties List System .....	6
Mandatory Disclosures.....	6
Non-Compliance.....	7
Procurement by Non-Federal Entities.....	7
Records Retention.....	8
Risk Assessments (Pre-Award) .....	8
Scope of Work Changes .....	8
Special Conditions & Standard Terms .....	8

Supplanting.....	8
System for Award Management (SAM) .....	8
The Trafficking Victims Protection Act.....	9
<b>Program Components.....</b>	<b>9</b>
A. Training .....	9
B. Mobile Integrated Health (MIH) Plan .....	10
<b>Reimbursed Expenses.....</b>	<b>11</b>
A. Salary & Wages .....	11
B. Supplies & Equipment.....	12
<b>Unallowable Costs/Items Not Funded.....</b>	<b>12</b>
<b>Required Licensure (to carry and administer naloxone).....</b>	<b>13</b>
<b>Reporting Requirements.....</b>	<b>13</b>
Federal Funding Accountability and Transparency Act (FFATA) Reporting Mandate .....	13
Quarterly Progress Reporting .....	14
Compliance of Audit Requirements .....	14
<b>Close Out Process .....</b>	<b>14</b>
Final Performance and Expenditure Report .....	15
Requests for Reimbursement .....	15
<b>Public Policy Requirements.....</b>	<b>15</b>
<b>Resource Page .....</b>	<b>19</b>
<b>Appendix A.....</b>	<b>20</b>

## Overview & Program Objectives

The NH Project FIRST (First responders Initiating Recovery, Support, & Treatment) Program is a New Hampshire statewide initiative made possible through the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) FR-CARA Grant. NH Project FIRST supports SAMHSA's Recovery Support Strategic Initiative- "leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them." Key to this initiative is the use of first responders to link individuals affected by opioid use disorder to the road of recovery and treatment services. First responders are in a prime position to facilitate a connection to recovery with at-risk individuals. They see these individuals during emergent situations and have insight into living conditions, support systems, and their unique needs. SAMHSA developed a working definition of recovery after analyzing research, practices, and the experiences of individuals in recovery from mental illness and/or drug/alcohol addictions: **"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."**

NH Project FIRST focuses on several activities to accomplish program goals. First responders will receive Division sponsored training that will enhance their understanding of Opioid Use Disorder and how to connect with at-risk individuals and their support systems. Additionally, first responders will train at-risk individuals and their support systems on administration of naloxone, rescue breathing and CPR (non-certified), as well as discuss available recovery, treatment and support services. Other activities include: promoting and educating the community on the program, connecting with community stakeholders, and collecting data to evaluate the success of program efforts. Each activity is an essential part of the program. Applicants must describe how they will implement a plan to meet the goals of this program and establish measurable objectives. NH Project FIRST goals are described in more detail in this guidance.

### Definitions

**Applicant** - An eligible non-federal entity that applies for funding under the FR-CARA Program. The entity is referred to as an *Applicant* during the pre-award phase only and includes local governments, and first responder non-profit agencies.

**Subrecipient** - A non-federal entity that is provided an FR-CARA award from the Division, the pass-through entity, for their use in carrying out agreed-upon, eligible activities.

### Application

Applicants are required to submit their project application via email to FR-CARA Program Staff at [NHProjectFIRST@dos.nh.gov](mailto:NHProjectFIRST@dos.nh.gov). Refer to the current **FR-CARA Quick Reference Guide** for a checklist of information required at time of application. The online **FR-CARA Application** will be accepted on a rolling application period and is located on the Division's webpage at [www.nh.gov/safety/divisions/fstems](http://www.nh.gov/safety/divisions/fstems). Should you not have the ability to email the application, FR-CARA Program Staff are available to assist you.

## Application Review

The NH Project FIRST applicant packages are assessed by FR-CARA Program staff for completeness and accuracy. Once the applicant package is reviewed, the NH Project FIRST Review Committee, consisting of internal and external stakeholders, will evaluate the applicant package based on the criteria listed in Appendix A. Based on these evaluations the Division Director will be considered the applicant package as an eligible project. If determined to be an eligible project, the applicant will be notified in writing and a grant agreement will be drafted. An applicant that has been denied can submit a letter to request an appeal to the Division Director. The Division Director shall review all appeals and consider reversing the denial on a case-by-case basis. An applicant that has requested an appeal shall be notified in writing of a final decision by the Division Director.

## Grant Agreement

A grant agreement is required to be executed for each grant award. This is a legally binding agreement between the Subrecipient and the State of New Hampshire. The agreement contains general terms and conditions, scope of services, grant expiration date, reporting requirements, grant amount and payment method, as well as any special provisions. Any changes in the original scope of work **must** have prior approval of the FR-CARA Program Manager. Once the executed grant agreement is returned to the Division, it may take another 1-2 months for review and final decision/approval to be made through Governor and Council. Please refer to *Scope of Work Changes*, under the Grant Compliance Requirements section for additional instructions.

## Period of Performance

The period of performance for current FR-CARA awards ends **September 29, 2019**. Beginning dates for an award is dependent upon when each individual grant agreement is approved. Once a grant agreement is approved, Subrecipients are notified via email of the effective date.

## Monitoring

The Division is responsible for monitoring Subrecipient activities. The purpose of grant monitoring is to ensure the program is being administered properly and records are being maintained in accordance with applicable regulations. It is also used to render technical assistance, as necessary. The level of monitoring for a Subrecipient is determined by the result of a risk-based assessment (*refer to Risk Assessments (Pre-Award) under the Grant Compliance Requirements section of this document*). The monitoring levels consist of programmatic reviews, desk audits and on-site program/compliance reviews. Contacts with Subrecipients are documented and filed.

## Contact Information

For questions or assistance with the NH Project FIRST program, contact the FR-CARA Program Staff at [NHProjectFIRST@dos.nh.gov](mailto:NHProjectFIRST@dos.nh.gov) or 603-223-4200.

Paula Holigan, FR-CARA Program Manager: 603-223-4374

Liz Lufkin, FR-CARA Program Specialist: 603-223-4384

## Grant Compliance, Standard Terms & Certification Requirements

*If your application is funded you will be subject to the requirements in the Health and Human Service (HHS) Grants Policy Statement (GPS) in addition to the following. The HHS GPS is available at <https://www.samhsa.gov/grants/grants-management/policies-regulations/hhs-grants-policy-statement>. You must fully understand the following compliance requirements as you will be asked to certify this in your application.*

### 2 CFR Part 200 / 45 CFR Part 75

HHS has adopted the Office of Management and Budget (OMB) Guidance in 2 CFR Part 200 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, and has codified the text, with HHS-specific amendments, in 45 CFR Part 75. The standards set forth in 45 CFR Part 75, became effective for awards made after December 26, 2014. 45 CFR Part 75 provides guidance on the administrative aspects of HHS grants (e.g. how grants are awarded, managed, audited, and closed out). The following list identifies some of the areas where substantive changes were made, effective December 2014, in 45 CFR Part 75 and impacts FR-CARA Subrecipients. **FR-CARA Subrecipients are encouraged to become familiar with the requirements of each section:**

- [§75.112 Conflict of Interest](#)
- [§75.204 Federal Awarding Agency Review of Merit Proposals](#)
- [§75.307 Program Income](#)
- [§75.308 Revision of Budget and Program Plans](#)
- [§75.309 Period of Performance](#)
- [§75.320 Equipment](#)

45 CFR Part 75 is available here: <https://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>

### Audit Submittals

All applicants are required to upload and submit a copy of their most recent audit documentation at the time of application. Submittal of additional audits may be requested if the grant award extends between multiple fiscal years or due to the determination of the risk assessment.

### Commingling

Commingling is the mixing or blending of funds so that expenditures cannot be identified to a particular grant, project, or indirect activity. Recipients of Federal grant funds are required to utilize financial systems that provide for effective control over and accountability for all funds, with separate accounts established for each project. The accounting systems of all Subrecipients **must** ensure that agency funds are not commingled with funds from other

Federal agencies. Each award **must** be accounted for separately. Subrecipients are prohibited from commingling funds on either a program-by-program or project-by-project basis. Funds specifically budgeted and/or received for one project may not be used to support another. Where a Subrecipient's accounting system cannot comply with this requirement, the Subrecipient shall establish a system to provide adequate fund accountability for each project it has been awarded.

#### Cultural and Linguistically Appropriate Services (CLAS) Standards

Subrecipients will insure adherence to the enhanced national standards for culturally and linguistically appropriate services (CLAS) Standards. This will include diverse cultural health beliefs and practices; preferred languages; and health literacy and other communications needs of all sub-populations within the proposed geographic region. For more information on CLAS mandates, guidelines, and recommendations, visit <http://www.ThinkCulturalHealth.hhs.gov>.

#### Data Universal Numbering System

A Data Universal Numbering System (DUNS) number is a unique, non-indicative 9-digit identifier issued and maintained by Dun & Bradstreet (D&B) that verifies the existence of a business entity globally. D&B assigns DUNS numbers for each physical location of a business. The Subrecipient's active DUNS number **must** be provided on the FR-CARA application and will be verified by the FR-CARA Program Specialist through [www.sam.gov](http://www.sam.gov). Subrecipients should confirm they have a DUNS number or take the steps necessary to obtain one, as soon as possible. Subrecipients can receive a DUNS number at no cost by calling the dedicated toll-free DUNS number request line at (866) 705-5711 or by visiting the [Dun & Bradstreet website](http://www.dunandbradstreet.com).

#### Drug Free Workplace Certification

This Certification is required by federal regulations implementing the Federal Drug-Free Workplace Act of 1988. The federal regulations, published in the January 31, 1989, Federal Register, require certification by state agency sub grantees that they will maintain a drug-free workplace. The certification is a material representation of fact upon which reliance will be placed when DOS determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of the grant; or government-wide suspension or debarment.

#### Excluded Parties List System

Applicants are **required** to confirm and certify that any and all vendors, contractors, or sub-contractors being used for the proposed project(s) are not listed on the Excluded Parties List System (EPLS) located on [www.SAM.gov](http://www.SAM.gov). For further information on the EPLS, refer to the following fact sheet: <https://www.sam.gov/sam/transcript/Public - Identifying Excluded Entities.pdf>

#### Mandatory Disclosures

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely

manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG.

### Non-Compliance

Per 45 CFR §75.371/Remedies for Noncompliance, if a Subrecipient fails to comply with Federal statutes, regulations or the terms and conditions of the executed grant agreement (award), the State may impose additional conditions on the award (refer to 45 CFR §75.207). If those additional conditions do not remedy the non-compliance, additional remedies are available, including temporarily withholding cash payments, disallowing costs, wholly or partially suspending or terminating the award, suspension or debarment proceedings, withholding further Federal awards for the project, and any other remedies legally available. Also, be sure that projects are **NOT** started and/or purchases are **NOT** made against the Federal award share prior to receiving notification of your grant award – you will **NOT** receive reimbursement and will risk ability to receive future grant funds.

### Procurement by Non-Federal Entities

Procurement is the process of acquiring (buying, purchasing, renting/leasing or otherwise obtaining) goods and services. This process **must** be competitive and well-documented. All Subrecipients of Federal awards **WILL** also follow 45 CFR §§75.326-75.335 along with applicable local and State policies when procuring property and services. As covered under these regulations, Subrecipients **must** maintain and use documented procurement procedures and standards of conduct, have written procedures for procurement transactions and follow methods of procurement according to the size of the purchase. In combination with the previously mentioned procurements requirements, Subrecipients **must** perform a cost or price analysis in connection with every procurement action in excess of the Simplified Acquisition Threshold (currently set at \$150,000) including contract modifications and provide HSEM with procurement documents upon request. Be sure to review the regulations in their entirety by following the links associated with each of the regulations listed below:

- [§ 75.327 General procurement standards](#)
- [§ 75.328 Competition](#)
- [§ 75.329 Methods of procurement to be followed](#)
- [§ 75.330 Contracting with small and minority business, women’s business enterprises, and labor surplus area firms](#)
- [§ 75.331 Procurement of recovered materials](#)
- [§ 75.332 Contract cost and price](#)
- [§ 75.333 Federal awarding agency or pass-through entity review](#)
- [§ 75.334 Bonding requirements](#)

- [§ 75.335 Contract provisions](#)

Note: Federal requirements are in addition to local and state requirements.

### Records Retention

With the acceptance of FR-CARA funds, Subrecipients are **required** to retain grant records and documentation for a period of three (3) years from the State's submission of the final expenditure report to SAMHSA. This date will be provided on the Subrecipient's close out letter. Grant documentation includes, but is not limited to, grant applications, copies of financial reports, progress reports, expenditure reports, invoices, contracts, related correspondence and memoranda (which may include emails).

### Risk Assessments (Pre-Award)

In accordance with Federal Regulations, a risk assessment is conducted to determine the type and level of monitoring that is required for each Subrecipient and is completed at the time of application. The assessment helps to identify risks to achieving grant objectives, analyzes those risks, and decides how to respond to those risks. The risk assessment contains a number of scoring criteria such as the size and complexity of the grant, past audit findings, experience and past performance of the applicant. The level of risk (high, moderate, low) helps determine the level of Subrecipient monitoring or other response by FR-CARA Program Staff. Monitoring procedures range from programmatic reviews to extensive site visit reviews. A separate risk assessment is performed for each grant program that the Department of Safety (DOS) manages.

### Scope of Work Changes

Subrecipients may request a modification to their grant agreement for minor changes in the Scope of Work. **Any changes in the original Scope of Work must have prior approval by the FR-CARA Program Specialist and/or Program Manager.** Requests for Scope of Work changes **must** be submitted well in advance of the grant's expiration date to allow for adequate review and approval, if allowable. Subrecipients should submit a **Grant Change Request Form** which includes a written justification for any changes being proposed. This form can be requested via email at [NHProjectFIRST@dos.nh.gov](mailto:NHProjectFIRST@dos.nh.gov).

### Special Conditions & Standard Terms

Subrecipients shall be aware of and adhere to all special conditions, assurances, and standard terms that are included with the Subrecipient grant award package.

### Supplanting

SAMHSA's non-supplanting requirement states that grant funds **may be used to supplement** existing activities. Grant funds **may not be used to supplant** current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a federal grant.

### System for Award Management (SAM)

Subrecipients **must** maintain an updated and current SAM registration at [www.sam.gov](http://www.sam.gov). The FR-CARA Program Specialist will verify that each applicant's organization's name, address,

DUNS number and Employer Identification Number (EIN) are up-to-date in SAM and that the DUNS number used in SAM is the same one used to apply for all Federal awards. Future payments will be contingent on the information provided in SAM; therefore it is imperative that the information is correct.

### The Trafficking Victims Protection Act

The Trafficking Victims Protection Act of 2000 authorizes termination of financial assistance provided to a private entity, without penalty to the federal government, if the recipient or subrecipient engages in certain activities related to trafficking in persons. CPSC hereby incorporates the following award term required by 2 C.F.R. § 175.15(b). See <http://www.gpo.gov/fdsys/pkg/CFR-2012-title2-vol1/pdf/CFR-2012-title2-vol1-sec175-15.pdf>.

## Program Components

The following are NH Project FIRST components to accomplish the program goals. This is meant to guide the applicant in planning and outlining how their Mobile Integrated Healthcare (MIH) program will roll out and the estimated costs to implement it. This list of components is not intended to be all-inclusive. Local communities may have other specific activities that reflect specific local needs.

### A. Training

#### OUD in the 603 Training

OUD in the 603 is a 2-hour Division-sponsored training program designed to prepare first responders to meet the goals and objectives of NH Project FIRST. At the end of this training, first responders will understand the following concepts and be able to train at-risk individuals and their support systems on these concepts to meet the goals and objectives of NH Project FIRST.

- Physiological process of opioid misuse and opioid use disorder
- Destigmatization
- Review of local recovery and treatment supports and access methods
- Roles of recovery and community supports in helping at-risk individuals and their support systems
- Good Samaritan Law (HB 270)
- Non-certification CPR and rescue breathing
- Naloxone administration
- Review and demonstration of use of items in the opioid overdose kit
- Program goals and objectives, process, and evaluation

## B. Mobile Integrated Health (MIH) Plan

NH Project FIRST is a Mobile Integrated Health (MIH) Program designed to increase First Responders' capabilities to respond to a suspected opioid overdose, treat the overdose with naloxone, and follow-up with an at-risk individual and their support systems on recovery and treatment options. First Responders will have the skills and equipment to train at-risk individuals, their support systems, and concerned community members on CPR (non-certified), rescue breathing, naloxone administration, and the Good Samaritan Law, in the privacy of their own homes or at a community type event. A large emphasis of the program is to inform and educate at-risk individuals about recovery and treatment options soon after an overdose through compassionate, non-judgmental, and meaningful interactions.

Each community is unique and has its own challenges; what works for one community may not work for another. Several types of response/referral models have been implemented around the State and also around the country. For example a community may coordinate with other area communities to establish a regional approach or create a "Quick Response Team" (see Resources on page 18 for links to other programs). Other options may include an Outreach Coordinator. Applicants should make connections/partnerships with area treatment and recovery centers, Emergency Medical Services, Police and Fire Departments, faith-based organizations, area physicians, and other community organizations invested in treatment and recovery efforts.

Getting the word out through a community-based approach is essential to advertising this new program. Subrecipients are encouraged to promote the program through community events and stakeholder/partner agencies, in addition to "house calls". Reaching out to at-risk individuals and their support systems through different venues will maximize the impact and increase the chances of initiating treatment and recovery.

In order to participate in NH Project FIRST, applicants must have a Division-approved Mobile Integrated Healthcare (MIH) Plan. An MIH can be established by completing the MIH application template included in Appendix A of the grant application. Once the grant is awarded and the MIH Plan is approved, work on the project may begin.

### **New Hampshire EMS Mobile Integrated Healthcare Prerequisite Protocol (MIHPP)**

Protocols for Emergency Medical Service (EMS) providers are authorized by the Emergency Medical Services Medical Control Board (MCB) through authority of RSA 153-A:5 III, which states that the duties of the emergency medical services medical control board shall include, but not be limited to, the following: (d) submitting to the commissioner standardized protocols concerning patient care to consider for adoption as rules, which shall address prerequisites within protocols governing their use by providers.

RSA 151:2 requires home health care providers, as defined in RSA 151:2-b, to be licensed by the Department of Health and Human Services. A home health care provider means "any organization, business entity, or subdivision thereof, whether public or private, whether operated for profit or not, which is engaged in arranging or providing, directly or through

contract arrangement, one or more of the following: ...nursing services, ... or other therapeutic and related services.” Therefore, In collaboration with the State of New Hampshire Department of Health and Human Services EMS Units will be authorized to operate a Mobile Integrated Healthcare Program (MIHP) under a temporary exemption of homecare license requirements granted under HeP-809.10 by the Commissioner of the Department of Health and Human Services.

## **Reimbursed Expenses**

The following are NH Project FIRST expenses that can be reimbursed under the SAMHSA FR-CARA grant.

### **A. Salary & Wages**

Compensation for personnel services covers all amounts, including fringe benefits, paid currently or accrued by the organization for employee services rendered to the grant-supported project or program. Amounts must be reasonable, conform to the established policy of the organization consistently applied regardless of the source of funds, and reflect no more than the percentage of time actually spent on the program. Salary limitations do apply. Payment of overtime expenses will be for work performed by personnel on the project in excess of the established work week related to the planning and conduct of the program. In the case of part-time, paid-for-call, paid-on-call, paid-per-call, stipend, and volunteer personnel, overtime is considered in excess of what they typically work in a week, but at their regular rate of pay or call rate, not at an overtime (time-and-a-half) rate. Compensation for backfill costs will be considered on a case by case basis. Personnel calculation sheets are provided in the grant application to assist with estimating costs for personnel’s time on the project. Each quarter, subrecipients will be required to submit personnel calculation sheets along with payroll logs for reimbursement of activity during that quarter.

## B. Supplies & Equipment

Supplies are materials costing less than \$5,000.00 per unit (federal definition) and often having one-time use. Examples of supplies are ink for printer, general office supplies, printing costs, postage, etc. Applicants are expected to include quotes for anticipated supplies and include an itemized list.

Equipment is an article of tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000.00 or more per unit (federal definition). The State of New Hampshire's equipment threshold is set at \$250.00 or more per item. Equipment for NH Project FIRST will be considered on a case by case basis and is not guaranteed approval.

The following supplies will be provided at no cost to the Subrecipient:

- First Responder Opioid Overdose Kit- includes naloxone, protective gloves and pocket mask;
- At-Risk Individuals & Support Systems Opioid Overdose Kit- includes naloxone, protective gloves, pocket mask, instructions and refill request card;
- Promotional Materials Kit- includes promotional material templates for Subrecipients to promote the program. Promotional materials can be customized to include Subrecipient contact information and logo. The Division and NH FIRST Project logo, contact information, and SAMHSA grant award information must remain on these promotional materials. Templates include flyers, brochures, presentations, and contact information materials.

\*The number of naloxone kits issued to subrecipients will be determined by the Division based on available data and specific community needs.

## Unallowable Costs/Items Not Funded

Grant funds may **NOT** be used for the following costs/items:

- Costs incurred or purchases made against the Federal share **PRIOR** to notification of the grant award.
- General administrative projects not directly connected to the NH Project FIRST Program.
- Radios/pagers
- Costs to support the hiring of first responders for the purposes of fulfilling traditional first responder duties or to supplant traditional first responder positions and responsibilities.
- Activities and projects unrelated to the completion and implementation of the NH Project FIRST Program.
- Building construction projects.



- Emergency Response Vehicles – The Department of Safety has a policy in place **NOT** to fund incident response vehicles.
- Costs incurred for emergency response.
- Services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Housing, meals, residential, outpatient, inpatient, or hospital-based detoxification treatment.
- Sterile needles or syringes for hypodermic injection of any illegal drug per Consolidated Appropriations Act, 2016, Division H, SEC. 520.

### Required Licensure (to carry and administer naloxone)

Individuals and organizations must be licensed to administer medical care and/or medications:

NH Law (NH RSA 153-A:10) states that; “A person shall not engage in the business or service of providing emergency medical services or the transportation of patients, upon any public way of the state, unless such person holds a license issued by the commissioner for engaging in such a business or service.”.

**Every Law Enforcement Officer or firefighter without NH EMS licensure who is expected to administer naloxone to a patient must be licensed as a “First Responder Naloxone Provider” in the State of New Hampshire with the Division of EMS prior to implementing the naloxone administration rules / policies within their own Department.**

In order for an individual first responder to become licensed as a First Responder Naloxone Provider, they must be affiliated with a licensed EMS Unit (Service). For more information on this process please contact the FR-CARA Program Staff.

### Reporting Requirements

***You must fully understand the following reporting requirements as you will be asked to certify this in your application.***

#### Federal Funding Accountability and Transparency Act (FFATA) Reporting Mandate

By law, all Subrecipients receiving Federal awards totaling \$25,000.00 or more are subject to the Federal Funding Accountability and Transparency Act (FFATA) reporting requirements. These Subrecipients ***must*** complete and return a FFATA Subrecipient Information Reporting Form along with their executed grant agreement in order to continue the approval process. This form can be found on the Division’s website at: [www.nh.gov/safety/divisions/fstems](http://www.nh.gov/safety/divisions/fstems).

### Quarterly Progress Reporting

Subrecipients are **required** to submit Quarterly Progress Reports (QPRs) that provide sufficient detail to measure progress of the funded project. Reimbursements will NOT be made if a Subrecipient is delinquent with their QPRs. The FR-CARA QPR form is available on the Divisions website at: [www.nh.gov/safety/divisions/fstems](http://www.nh.gov/safety/divisions/fstems).

The following reporting periods and due dates apply:

<u>Reporting Period</u>	<u>Report Due Date</u>
October 1 to December 31	January 15
January 1 to March 31	April 15
April 1 to June 30	July 15
July 1 to September 30	October 15

### Compliance of Audit Requirements

All non-Federal entities that expend \$750,000 or more in federal awards during a Subrecipient's fiscal year are required to obtain a single audit in accordance with the Single Audit Act Amendments of 1996, Office of Management and Budget (OMB) Circular A-133 – Audits of State, Local Governments and Non-Profit Organizations, the OMB Circular A-133 Compliance Supplement and Government Auditing Standards. All Subrecipients are required to certify and return the *Audit Certification Form* no later than sixty (60) days from the Subrecipient's fiscal year end date in which reimbursement is received. If applicable, Subrecipients **must** submit a copy of their A-133 Audit Report within nine (9) months of their fiscal year end\*. The *Audit Certification Form* can be found on the Division's website at [www.nh.gov/safety/divisions/fstems/](http://www.nh.gov/safety/divisions/fstems/) and **must** be completed by the Chief Financial Officer, Business Manager, Treasurer or other person responsible for the financial records of the organization.

#### \*Examples

Fiscal Year Reimbursement Received	A-133 Audit Return By Date
January 1, 2018 – Dec. 31, 2018	September 30, 2019
July 1, 2018 – June 30, 2019	March 31, 2020

### Close Out Process

Within 30 days after the grant's expiration date, the Subrecipient **must** submit all financial, performance, and other reports required as a condition of the grant to include the following:

- Final request for reimbursement,
- Final Quarterly Progress Reports,
- Final Performance and Expenditure Report,

Once the grant file is reviewed for completeness and accuracy and final payment has been paid to the Subrecipient, an official closeout letter will be forwarded to the Subrecipient by the FR-CARA Program Staff.

### Final Performance and Expenditure Report

When the project is complete and all expenses in connection with the project are captured, Subrecipients ***must*** complete and submit a *Final Performance and Expenditure Report* to receive final reimbursement. This form summarizes activities associated with the completed project, documents any issues affecting completion or outcome, and outlines all expenditures to include both the Federal and local match amounts. This form will be included in the subrecipient's award packet. Additional forms will be provided upon request.

### Requests for Reimbursement

Each program is ***required*** to be completed and invoices need to be dated on or before the grant agreement's expiration date. Because the Division has to close out its financial accounts and report its expenses to SAMHSA in a timely manner, all requests for reimbursement ***must*** be made no later than 30 days after the expiration of the grant agreement. Otherwise, reimbursement may not be paid. Requests for reimbursement ***must*** be submitted on community/agency letterhead that matches the address shown in Section 1.4 of the executed grant agreement. A template for the request for reimbursement letter will be included in the Subrecipient's award packet. Additional copies will be provided upon request.

Reimbursement requests ***must*** include any outstanding reports (QPR, Final Performance and Expenditure Report), proof of costs (copies of invoices/bills, payroll documentation, personnel cost sheets, sign in sheets, agendas, etc.), proof of payment (cancelled checks, copies of accounting ledgers and/or statements documenting payment). The Division has no obligation and makes no commitment to reimburse for Subrecipient costs incurred prior to or after the effective dates of the grant agreement; therefore, any purchases made ***PRIOR*** to and ***AFTER*** the grant award will be ***disallowed***. Send your reimbursement request to the Division to the attention of the FR-CARA Program Specialist.

### Public Policy Requirements

If a sub-award is approved, the following Health and Human Services (HHS) Public Policy Requirements apply and are located here:

<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

**Acknowledgment of Federal Funding:** As required by HHS appropriations acts, all HHS recipients must acknowledge Federal funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with Federal funds. Recipients are required to state (1) the percentage and dollar amounts of the total program or project costs financed with Federal funds and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources.

**Activities Abroad:** HHS recipients must ensure that project activities carried on outside the United States are coordinated as necessary with appropriate government authorities and that appropriate licenses, permits, or approvals are obtained.

**Age Discrimination Act of 1975:** The Age Discrimination Act of 1975, 42 U.S.C. 6101 *et seq.*, prohibits discrimination on the basis of age in any program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 91.

**Civil Rights Act of 1964:** Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d *et seq.*, provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 80.

**Confidentiality of Patient/Client Records:** Section 543 of the PHS Act, 42 U.S.C. 290dd-2, requires that records of substance abuse patients be kept confidential except under specified circumstances and purposes. The covered records are those that include the identity, diagnosis, prognosis, or treatment of any patient maintained in connection with any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States. This requirement is implemented in 42 CFR part 2.

**Controlled Substances:** Grantees are prohibited from knowingly using appropriated funds to support activities that promote the legalization of any drug or other substance included in Schedule I of the schedule of controlled substances established by section 202 of the Controlled Substances Act, 21 U.S.C. 812. This limitation does not apply if the recipient notifies the GMO that there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

If controlled substances are proposed to be administered as part of a research protocol or if research is to be conducted on the drugs themselves, applicants/recipients must ensure that the DEA requirements, including registration, inspection, and certification, as applicable, are met. Regional DEA offices can supply forms and information concerning the type of registration required for a particular substance for research use. The main registration office in Washington, DC, may be reached at 800-882-9539. Information also is available from the National Institute on Drug Abuse at 301-443-6300.

**Education Amendments of 1972:** Title IX of the Education Amendments of 1972, 20 U.S.C. 1681, 1682, 1683, 1685, and 1686, provides that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 86.

**Hatch Act:** The Hatch Act restricts political activity of executive branch employees of the federal government and District of Columbia government employees (5 U.S.C. 7321–7328) and State or local officers or employees (5 U.S.C. 1501–1528). “State or local officer or employee” means an individual employed by a State or local agency whose principal employment is in connection with an activity that is financed in whole or in part by loans or grants made by the United States or a Federal agency. (Certain State educational or research institutions are excluded from this definition.)

**Standards for Privacy of Individually Identifiable Health Information:** The “Standards for Privacy of Individually Identifiable Health Information” (the Privacy Rule) implement the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d *et seq.*, which governs the protection of individually identifiable health information. The Privacy Rule is administered and enforced by HHS’s OCR and is codified at 45 CFR parts 160 and 164. Not all HHS recipients are subject to the Privacy Rule. The Privacy Rule applies only to “covered entities,” as defined by the rule, which include health plans and most health-care providers.

The OCR Web site (<http://www.hhs.gov/ocr/hipaa>) provides information on the Privacy Rule, including the complete text of the regulation and a set of decision tools for determining whether a particular entity is subject to

the rule. An educational booklet, *Protecting Health Information in Research: Understanding the HIPAA Privacy Rule*, is available through OCR's Web site and at <http://privacyruleandresearch.nih.gov/>. That Web site also includes other educational materials approved by OCR and the HHS Office of the General Counsel.

**Limited English Proficiency:** Recipients of Federal financial assistance must take reasonable steps to ensure that people with limited English proficiency have meaningful access to health and social services and that there is effective communication between the service provider and individuals with limited English proficiency. To clarify existing legal requirements, HHS published "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons." This guidance, which is available at <http://www.hhs.gov/ocr/lep/reviselep.html>, provides a description of the factors that recipients should consider in determining and fulfilling their responsibilities to individuals with limited English proficiency under Title VI of the Civil Rights Act of 1964.

**Public Health Security and Bioterrorism Preparedness and Response Act:** The Public Health Security and Bioterrorism Preparedness and Response Act of 2002, 42 U.S.C. 201 Note, is designed to provide protection against misuse of select agents and toxins, whether inadvertent or the result of terrorist acts against the U.S. homeland, or other criminal acts (see 42 U.S.C. 262a). The act was implemented, in part, through regulations published by CDC at 42 CFR part 73, Select Agents and Toxins. Copies of these regulations are available from the Import Permit Program and the Select Agent Program, respectively, CDC, 1600 Clifton Road, MS E-79, Atlanta, GA 30333; telephone: 404-498-2255. These regulations also are available at <http://www.cdc.gov/od/ohs/biosfty/shipregs.htm>.

**Rehabilitation Act of 1973:** Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended, provides that no otherwise qualified handicapped individual in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. These requirements pertain to the provision of benefits or services as well as to employment. The HHS implementing regulations are codified at 45 CFR parts 84 and 85.

**Resource Conservation and Recovery Act:** Under RCRA (42 U.S.C. 6901 *et seq.*), any State agency or agency of a political subdivision of a State using appropriated Federal funds must comply with 42 U.S.C. 6962. This includes State and local institutions of higher education or hospitals that receive direct HHS awards. Section 6962 requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by EPA (40 CFR parts 247–254).

**Restriction on Funding Abortions:** HHS funds may not be spent for an abortion.

**Restriction on Distribution of Sterile Needles/Needle Exchange:** Funds appropriated for HHS may not be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

**Uniform Relocation Act and Real Property Acquisition Policies Act** The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (the Uniform Relocation Act), 42 U.S.C. 4601 *et seq.*, applies to all programs or projects undertaken by Federal agencies or with Federal financial assistance that cause the displacement of any person.

The HHS requirements for complying with the Uniform Relocation Act are set forth in 49 CFR part 24. Those regulations include uniform policies and procedures regarding treatment of displaced people. They encourage entities to negotiate promptly and amicably with property owners so property owners' interests are protected and litigation can be avoided.

**USA PATRIOT Act:** The Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act (USA PATRIOT Act) amends 18 U.S.C. 175–175c. Among other things, it prescribes

criminal penalties for possession of any biological agent, toxin, or delivery system of a type or in a quantity that is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose. The act also establishes restrictions on access to specified materials. "Restricted persons," as defined by the act, may not possess, ship, transport, or receive any biological agent or toxin that is listed as a select agent (see "Public Health Security and Bioterrorism Preparedness and Response Act" in this subsection).

## Resource Page

Below are links to communities throughout the country that are impacted by the opioid crisis and their programs. *(Please note: these links are to help understand what communities around the country are doing and are not necessarily funded through a grant or the FR-CARA grant. If you are interested in any of these programs or their components please contact the FR-CARA Staff to learn if the activities would be eligible under the FR-CARA grant)*

Colerain Ohio – Quick Response Team Model:

<https://cover2.org/programs/quick-response-teams/>

Delaware: The pilot program will, with a patient's consent, connect a team of people with the person who overdosed through an at-home visit:

<https://www.delawareonline.com/story/news/local/heroin-delaware/2018/03/15/new-partnership-pair-outreach-workers-overdose-patients/426317002>

Lakewood targets opioid epidemic with innovative pilot program Project SOAR:

[https://www.cleveland.com/lakewood/index.ssf/2018/04/lakewood\\_targets\\_opioid\\_epidem.html](https://www.cleveland.com/lakewood/index.ssf/2018/04/lakewood_targets_opioid_epidem.html)

Hennepin County's criminal justice leaders look at new ways to tackle opioid crisis:

<http://www.startribune.com/hennepin-county-s-criminal-justice-leaders-look-at-new-ways-to-tackle-opioid-crisis/483648111/>

Exploring Effective Post-Opioid Overdose Reversal Responses for Law Enforcement and Other First Responders

<http://www.icjia.state.il.us/articles/exploring-effective-post-opioid-overdose-reversal-responses-for-law-enforcement-and-other-first-responders>

Northampton, MA: The opioid crisis: Northampton police aim to help addicts before it's too late

<https://www.northamptonpd.com/about/meet-the-chief/articles-by-chief-kasper/227-the-opioid-crisis-northampton-police-aim-to-help-addicts-before-it-s-too-late.html>

Huntington, WV: Quick Response Team

<http://wvmetronews.com/2018/04/10/huntington-quick-response-team-is-having-an-impact/>

## Appendix A

The following criteria are used by the NH Project FIRST Review Committee to evaluate the applicant packages. Each criteria will be evaluated as *outstanding*, the applicant explicitly address this key indicator by providing comprehensive descriptions through details and examples; *acceptable*, the applicant provides basic response to this key indicator but does not include enough detail or pertinent examples; and *unacceptable*, the applicant does not explicitly address this key indicator.

Key Indicator	Definition
<b>The Scope of Project clearly defines a gap in community health needs and proposes a plan to address the gap under the provisions of the FR-CARA grant. (see Scope of Project in MIH)</b>	A specific community health need is specified. The scope provides a clear enhancement of EMS response resources in the community. Training, medical direction, quality management, and data collection are specific to the community need being addressed. Relationships with NH Project FIRST stakeholders are specified and specific to the community health need that is being addressed.
<b>The applicant's budget is clearly defined. (See Budget Sheets in Application)</b>	The applicant has provided budget information and clearing shows how funding requested was determined.
<b>All costs associated with the program are reasonable, allowable, and necessary for the success of the program. (See Budget Sheets in Application)</b>	The costs for the project directly correlate to the program, are reasonable, are allowable, and necessary to accomplish the overall program goals.
<b>The application shows clearly defined and well planned community milestones which show the project can be completed within the performance period for the grant. (see Section II. Letter D of application)</b>	Milestones show the timeline for the project from beginning to end with timeframes that correspond to each step in the projects life cycle.