State of New Hampshire
Department of Health and Human Services

REQUEST FOR APPLICATION RFA-2021-DBH-01-TRANS

FOR

Transitional Housing Programs

April 24, 2020

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REQUEST FOR APPLICATIONS

1. Request for Services

1.1. Purpose and Overview

1.1.1. Purpose

1.1.1.1. This Request for Applications is published to solicit applications from selected Applicant(s) to maintain seventy-seven (77) transitional housing beds throughout the state.

1.1.1.2. The Department is committed to providing the forty-three (43) beds on the Hugh Gallen State Office Park Campus and additional beds in other areas of the state to continue to support the needs of individuals with mental illness. The Department currently supports thirty-four (34) beds not sited on the Hugh Gallen State Park Campus.

1.1.1.3. The selected Applicant(s) must operate a Transitional Housing Program(s) to provide housing and rehabilitative services for adults as follows, including:

1.1.1.3.1. A forty-three (43) bed Transitional Housing Program on the grounds of Governor Hugh Gallen State Office Park Campus in Concord, New Hampshire; and/or

1.1.1.3.2. One (1) or more Transitional Housing Program(s) with eight (8) beds in mental health region one (1);

1.1.1.3.3. One (1) or more Transitional Housing Program(s) with twelve (12) beds in mental health region four (4); and/or

1.1.1.3.4. One (1) or more Transitional Housing Program(s) with fourteen (14) beds in mental health region six (6).

1.1.1.4. The selected Applicant(s) must operate a Transitional Housing Program twenty-four (24) hours per day, seven (7) days per week for the supervision for adults, who are eighteen (18) years of age or older, who are eligible for community mental health services in accordance with Administrative Rule Chapter He-M 401, Community Mental Health, Eligibility Determination and Individual Service Planning.

1.1.1.5. The Department intends to award one (1) contract for the Transitional Housing Program on the grounds of the Governor Hugh Gallen State Office Park Campus and one or more contracts for Transitional Housing Program(s) in other areas of the state.

1.1.1.5.1. Regions, as referenced in this RFA, are defined as shown in Appendix F, New Hampshire Mental Health Regions.

1.1.1.6. The Transitional Housing Programs serve individuals who have been referred from New Hampshire Hospital (NHH) and Designated Receiving Facilities (DRF), and who:

1.1.1.6.1. Have a severe mental illness (SMI) or severe and persistent mental illness (SPMI) and meet eligibility for community mental health

services at a community mental health program, as defined in Administrative Rule He-M 401, Community Mental Health, Eligibility Determination and Individual Service Planning;

1.1.1.6.2. Require extensive support and rehabilitation to successfully transition from NHH or a DRF before moving to a less restrictive alternative in the community of their choice, and

1.1.1.6.3. Have been determined to no longer meet the level of care provided by NHH or a DRF.

1.1.1.7. The selected Applicant(s) must give individuals from NHH first priority of admittance to the Transitional Housing Program.

1.1.1.7.1. The Applicant(s) must notify the Department prior to enrolling individuals in the program.

1.1.1.8. The selected Applicant(s) must:

1.1.1.8.1. Successfully complete certification in accordance with Administrative Rule He-M 1002, Certification Standards for Behavioral Health Community Residences, and licensing in accordance with Administrative Rule He-P 814, Community Residences at the Residential Care and Supported Residential Care Level, for the transitional and community residential bed(s) for which it is applying; and

1.1.1.8.2. Receive Governor and Executive Council approval of a contract awarded to the selected Applicant as a result of this RFA.

1.1.1.9. Selected Applicant(s) will not be authorized to operate a transitional housing program or receive compensation under a contract resulting from this RFA unless conditions in Paragraph 1.1.1.6., above, are met.

1.1.1.10. All beds must be available to individuals with and without insurance and without regard to their ability to pay.

1.1.1.11. Actual awards may vary based on applications received for the regions specified in Subsection 1.2.

1.1.2. **Overview**

1.1.2.1. The New Hampshire Department of Health and Human Services (Department) is committed to ensuring that all NH citizens who have primary mental health and co-occurring disorders have access to high quality mental health services when and where they need them. Together with contracted partners and legislative leadership, the Department is working to advance a full continuum of comprehensive mental health services.

1.1.2.2. In an effort to foster successful transitions for individuals ready for discharge from New Hampshire Hospital or a Designated Receiving Facility, the Department is soliciting proposals to ensure the availability of Transitional Housing Programs. This is a greatly needed and a paramount service that supports individuals as they transition out of inpatient care to pursue their recovery goals.

1.2. Scope of Services

1.2.1. Selected Applicant(s) must develop and operate a Transitional Housing Program(s) with residential and rehabilitative mental health services and supports.

1.2.2. Selected Applicant(s) must become an enrolled Medicaid provider through the Department's Medicaid program.

1.2.3. In the event the Department incorporates Medicaid eligible Transitional Housing Program(s) procured through this RFA into its agreements with its Managed Care Organizations, selected Applicant(s) will be notified by the Department and provided 120 days to enroll as a provider of such program with the Managed Care Organizations. Proof of enrollment must be provided to the Department within seven (7) days.

1.2.4. Selected Applicant(s) must provide a community residential program as defined in Administrative Rule He-M 1002, Certification Standards for Behavioral Health Community Residences.

1.2.5. Selected Applicant(s) must adhere to Administration of Medication standards as outlined in He-M 1202, Administration of Medications in Behavioral Health Programs.

1.2.6. Selected Applicant(s) must adhere to administration of medication standards as outlined in He-M 1202: Administration of Medications in Behavioral Health Programs.

1.2.7. **Transitional Housing Program**

1.2.7.1. Selected Applicant(s) must develop and operate a Transitional Housing Program(s) with residential and rehabilitative mental health services and supports.

1.2.7.2. Selected Applicant(s) must obtain the licenses and certifications to operate a Transitional Housing Program pursuant to Administrative Rules He-P 814, Community Residences at the Residential Care and Supported Residential Care Level, or He-M-1002, Certification Standards for Behavioral Health Community Residences, whichever is applicable.

1.2.7.2.1. Selected Applicant(s) shall provide proof of enrollment to the Department within thirty (30) days of approval of the contract agreement or through a timeline identified within the Applicant(s) proposal outlining buildings being newly sought for use and expected licensing timeframes.

1.2.7.3. Selected Applicant(s) shall provide a community residential program in accordance with Administrative Rule He-M 1002, which at a minimum shall include:

1.2.7.3.1. Assistance and instruction to improve and maintain a client's skills in basic daily living, personal development, and community activities that shall include, but are not limited to:

1.2.7.3.1.1. Personal decision making;

1.2.7.3.1.2. Personal care, budgeting, shopping, and other functional skills;

1.2.7.3.1.3. Household chores and responsibilities;

1.2.7.3.1.4. Having relationships with people with and without mental illness;

1.2.7.3.1.5. Accessing a wide range of integrated community activities including recreational, vocational, cultural, and other opportunities;

1.2.7.3.1.6. Participating in religious services and practices of the client's choosing; and

1.2.7.3.1.7. Choosing and wearing clothing that is neat, clean, in good repair, and appropriate to the season and activity.

1.2.7.4. Selected Applicant(s) shall complete individual service plans for clients in accordance with Administrative Rules He-M 401 and He-M 408.

1.2.7.5. Selected Applicant(s) shall provide the following services on an individual and group basis in accordance with Administrative Rule He-M 426:

1.2.7.5.1. Individualized Resiliency and Recovery Oriented Services;

1.2.7.5.2. Psychotherapeutic Services, including sex offender treatment;

1.2.7.5.3. Targeted Case Management Services;

1.2.7.5.4. Partial Hospitalization Services; and

1.2.7.5.5. Medication Related Services.

1.2.7.6. Selected Applicant(s) must support a culture of wellness and actively provide tobacco intervention services to all clients who are former or current smokers.

1.2.7.6.1. Former smokers should receive appropriate supports to help them maintain their non-smoking status and current smokers should be offered and engaged in ongoing smoking cessation treatments such as, but not limited to, the "Healthy Choices-Healthy Changes" program.

1.2.7.7. Selected Applicant(s) must ensure that all sex offender registration is current.

1.2.7.8. To address the needs of individuals with co-occurring mental health and substance use disorders, selected Applicant(s) shall:

1.2.7.8.1. Provide services and meet requirements, which shall include, but are not limited to:

1.2.7.8.1.1. Conducting a full assessment for substance use disorder and associated impairments for each individual that screens positive for substance use.

1.2.7.8.1.2. Developing an individualized service plan for each eligible individual based on information from substance use screening.

1.2.7.8.2. Selected Applicant(s) shall utilize the SAMSHA evidence-based models for co-occurring disorders treatment to develop treatment plans with individuals and to provide an array of evidence-based interventions that enhance recovery for individuals and follow the fidelity standards to such a model, which include:

1.2.7.8.2.1. Assertive engagement.

1.2.7.8.2.2. Motivational interviewing,

1.2.7.8.2.3. Medications for substance use disorders.

1.2.7.8.2.4. Cognitive-behavioral therapy for substance use disorder.

1.2.7.8.3. Selected Applicant(s) shall make referrals to specialized substance use disorder providers as clinically appropriate and shall ensure linkage to and coordination with such resources.

1.2.7.9. Selected Applicant(s) who provide programming on the Governor Hugh Gallen State Office Park must:

1.2.7.9.1. Work with the Department to identify housing placement for any client with a history of sexual offense or assault.

1.2.7.10. Medical Services: Selected Applicant(s) shall provide the following:

1.2.7.10.1. Services of a registered nurse during the hours of 8:00 am to 10:00 pm, Monday through Friday, and 8:00 am to 4:30 pm on Saturdays and Sundays. Services may be provided on site, or in an office setting providing there is no medical reason to provide the services on site. Medical services shall include, but not limited to:

1.2.7.10.1.1. In consultation with the client's Primary Care Physician (PCP), the registered nurse shall conduct an annual review of health history, health status, supports identified or needed to maintain physical, mental, and social well-being incorporating all Core Standardized Assessment required domains. The registered nurse shall also provide instruction in and assistance with taking prescribed medications independently, in accordance with Appendix E Administration of Medications in the Transitional Housing Program; and

1.2.7.10.1.2. The selected Applicant(s) must designate at least one (1) registered nurse as a nurse trainer to train residential staff to meet the requirements specified in Appendix E.

1.2.7.11. Health Services: Selected Applicant(s) shall provide health services for both medical and psychiatric needs twenty-four (24) hours per day seven (7) days per week as follows:

1.2.7.11.1. A masters level clinician who will be on call evenings, weekends and holidays to provide emergency treatment, crisis intervention, coordinate Involuntary Emergency Admission petitions in accordance with RSA 135-C:27 and RSA 135-C:28 and coordinate revocation of conditional discharges in accordance with RSA 135-C:51 when

required.

1.2.7.11.2. A registered nurse available on-call the remainder of each day, including weekends and holidays to provide education, problem solving and support regarding medications and to respond to health related concerns.

1.2.7.12. Specialized Treatment: Selected Applicant(s) shall provide directly, or subcontract for, specialized treatments such as sex offender services and risk assessment evaluations and treatment for clients who have co-occurring disorders, or require sex offender treatment, or other court mandated treatments. Such services may be requested by the Department and shall not be unduly delayed or denied.

1.2.7.13. Wellness Management: Selected Applicant(s) shall support a culture of wellness and provide clients with access to services and activities, such as but not limited to, "Healthy Choices-Healthy Changes" designed to improve physical health, and smoking cessation programs.

1.2.7.14. Adult Needs and Strengths Assessment (ANSA) or other Approved Assessment

1.2.7.14.1. The selected Applicant(s) shall ensure clinicians are certified in the use of the New Hampshire version of ANSA 2.0, or other Department-approved evidence based tool if they are a clinician serving the adult population.

1.2.7.14.2. If utilizing the ANSA:

1.2.7.14.2.1. Clinicians shall be certified as a result of successful annual completion of a test provided by the Praed Foundation.

1.2.7.14.2.2. Ratings shall be submitted to the database managed for the Department that will allow client-level, regional, and statewide outcome reporting by the 15th of every month, in ANSA format.

1.2.7.14.3. Ratings generated by the New Hampshire version of the ANSA 2.0 or other Department-approved tools shall be:

1.2.7.14.3.1. Employed to develop an individualized, person-centered treatment plan.

1.2.7.14.3.2. Utilized to document and review progress toward goals and objectives and assess continued need for community mental health services.

1.2.7.14.3.3. Employed to assist in determining eligibility for State psychiatric rehabilitation services.

1.2.7.14.4. Documentation of re-assessment using the New Hampshire version of the ANSA 2.0 or other approved tool shall be conducted based off the timeframes outlined in He-M 401.

1.2.7.14.4.1. An alternate evidence based approved assessment must meet all ANSA 2.0 domains in order to meet consistent reporting requirements.

1.2.7.14.4.2. Should the parties reach agreement on an alternative mechanism, written approval from the Department will be required in order to substitute for the ANSA 2.0.

1.2.7.14.4.3. If an alternative is selected, monthly reporting of data must be able to be generated to enable client-level, regional and statewide reporting.

1.2.8. **Use of Premises for the State Owned Buildings – Governor Hugh Gallen State Office Park Campus**

1.2.8.1. The selected Applicant agrees to use the State of New Hampshire owned buildings identified by the Department to provide the Transitional Housing Program on the Hugh Gallen State Office Park South Campus, in Concord, New Hampshire.

1.2.8.2. The selected Applicant agrees to enter into a Memorandum of Understanding with New Hampshire Hospital (NHH) for grounds and building maintenance other than specified in 1.2.8.4.

1.2.8.3. The selected Applicant agrees to the use of premises of State of New Hampshire owned buildings in Paragraph 1.2.8.1. as follows:

1.2.8.3.1. Routine building maintenance is defined as normal wear and tear of the building structure, envelope, systems, hardware, and fixed assets (not including kitchen appliances). Routine building maintenance does not include damage resulting in abuse or neglect by the selected Applicant or its agents, consumers, and visitors.

1.2.8.4. Responsibilities of the selected Applicant are as follows:

1.2.8.4.1. Establish accounts for all utilities (Natural Gas, Water, Sewer, Waste Disposal & Electric) in the name of the selected Applicant, with NHH named as “second” on each utility account. Invoices for each utility shall be sent directly to, and paid by, the selected Applicant.

1.2.8.4.2. Be responsible for reimbursing the State based on allocated square footage of the Howard Recreational Center.

1.2.8.4.3. Assign a liaison and backup to develop a Maintenance and Housekeeping Checklist for routine repairs and maintenance needed. The Maintenance and Housekeeping Checklist will be available for the Hospital to review and prioritize during the monthly inspection conducted by the Hospital. Liaisons will be the only persons who shall contact Hospital Facilities or Environmental Services Offices;

1.2.8.4.4. Liaison will be responsible for all keys, to include distribution, tracking, and communication with the Hospital Facilities Office for lock repair or key replacement;

1.2.8.4.5. Be responsible for routine household tasks, such as, moving of furniture, changing light bulbs, and minor plumbing repairs, such as, toilet unclogging;

1.2.8.4.6. Be responsible for housekeeping in accordance with checklist

references in 1.2.8.4.3. above;

1.2.8.4.7. Be responsible for window air conditioners maintenance, repairs, and replacement;

1.2.8.4.8. Be responsible to call State Office Complex Police if there is an emergency requiring maintenance after normal business hours;

1.2.8.4.9. Be responsible for maintenance, repair, and replacement of household appliances, such as refrigerators, dishwashers, washer and dryer, and stoves;

1.2.8.4.10. Be responsible for maintenance, repair, and replacement of landscaping features, decorations such as gazebos, smoking apparatus, gazing balls, etc.;

1.2.8.4.11. Conduct monthly fire extinguisher inspections, in coordination with Hospital Facilities Office. Maintain, or replace the extinguishers annually as necessary;

1.2.8.4.12. Must take responsibility for any damage due to occupancy, or leasehold improvements including interior painting and floor covering repair or replacement. But in no case shall leasehold improvements be made without the written permission of the Hospital Facilities Office;

1.2.8.4.13. Properly maintain all equipment and will be responsible to pay for any equipment needing replacement or repair;

1.2.8.4.14. Use the Department's IT cables only as approved by the Information Technology Department;

1.2.8.4.15. Pay for the personal alarm ("Life Alert") system;

1.2.8.4.16. Be responsible for snow removal and de-icing of steps and walkways adjacent to the buildings;

1.2.8.4.17. Be responsible for the purchase, supply, laundering, and management of all linens (sheets, pillowcases, bath towels, and face cloths);

1.2.8.4.18. Be responsible for laundering and management of all client personal items; and

1.2.8.4.19. Assure all buildings are reasonably maintained, kept sanitary, and clean between scheduled cleaning inspections and services provided by the Hospital.

1.2.8.4.20. Be responsible for disposal of recycling materials.

1.2.9. **Target Populations, Capacity, and Community Mental Health Regions**

1.2.9.1. All beds must be available to individuals with and without insurance or without regard to their ability to pay.

1.2.9.2. Actual awards may vary based on applications received for each community mental health region.

1.2.9.3. The Department reserves the right to award a different number of beds per

region, but in no event shall the award total less than seventy-four (74) transitional housing beds under this RFA.

1.2.9.4. All Community Mental Health Regions are defined within Appendix F.

1.2.10. **Transitional Housing Program Requirements**

1.2.10.1. Selected Applicant(s) shall prioritize client referrals from New Hampshire Hospital (NHH). Secondary referral sources include Designated Receiving Facilities (DRF) and the Community Mental Health Programs (CMHP). Referrals from DRFs and CMHPs must be approved by the Department before placement. The selected Applicant(s) shall:

1.2.10.1.1. Maintain a list of referred clients, in order of referral date, for whom admission is sought, but a bed is not yet available.

1.2.10.1.2. Collaborate with the Department on the data elements to be captured in the list. The agreed upon list shall be made available to the Department weekly, at a minimum.

1.2.10.2. The selected Applicant(s) will prioritize clients referred by NHH by having a referral, admission, and evaluation process that:

1.2.10.2.1. Places current inpatient clients at NHH ahead of all DRF and CMHP referrals;

1.2.10.2.2. Provides for a written referral protocol that includes a review and evaluation of the client's current situation, assessment of need and disposition;

1.2.10.2.3. Responds to all referrals, in writing, as to the client disposition (acceptance or denial) into the Transitional Housing Program. If there are contingencies placed on the acceptance or if the referral is denied, the selected Applicant will provide, in writing, an explanation of contingents or reason for denial to the client;

1.2.10.2.4. Responds to the client, with a decision in writing, within fourteen (14) business days of receipt with a copy to the Department;

1.2.10.2.5. Notifies the Department in writing of any accepted referrals prior to admission and transition into the Transitional Housing Program;

1.2.10.2.6. Establishes an admission process approved by the Department to ensure the successful entry of accepted referrals into the program. In the event that a referral is not successful in the transition process, the selected Applicant will communicate with NHH or the agency that initiated the referral, verbally and in writing, as to the reason(s) for the unsuccessful transition; and

1.2.10.2.7. Has approval by the Department for all clients being referred by the community.

1.2.10.3. Selected Applicant(s) shall have a discharge process for clients that are discharged from the Transitional Housing Program that:

1.2.10.3.1. Supports a maximum stay of two (2) years per client, per episode, unless approved in writing by the Department.

1.2.10.3.2. Ensures participation in discharge planning meetings with community mental health centers, NHH, other providers, and natural supports;

1.2.10.3.3. Provides for a written discharge plan that includes an evaluation of the clients' current situation, disposition and transition plan for moving back in to the community;

1.2.10.3.4. Retains the client's bed, in the event that:

1.2.10.3.4.1. A client's conditional discharge is revoked, and the client is readmitted to NHH, for up to thirty (30) days.

1.2.10.3.4.2. A client is voluntarily readmitted to NHH, for up to thirty (30) days.

1.2.10.3.5. Demonstrates development and implementation of a collaborative relationship with the community mental health center and natural supports, including family, to develop the terms of conditional discharges pursuant to RSA 135-C:50 and Administrative Rule He-M 609, and to develop treatment plans designed to return each client to the community; and

1.2.10.3.6. Selected Applicant(s) shall provide the Department, within thirty (30) days from the contract effective date, documentation for Request for Services, Paragraph 1.2.2.

1.2.10.4. Selected Applicant(s) shall provide the written processes for referrals, admissions, evaluations and discharges to the Department no later than thirty (30) days from the contract effective date.

1.2.10.5. Pre-Admission Screening and Annual Resident Review: Selected Applicant(s) shall assist the Pre-Admission Screening and Annual Resident Review (PASARR) Office of the Department in meeting the requirements of the PASARR provisions of the Omnibus Budget Reconciliation Act of 1987. Upon request by the PASARR office and with the appropriate authorization to release information, the selected Applicant shall provide the PASARR office with the information necessary to determine the existence of mental illness or mental retardation in a nursing facility applicant or resident and shall conduct evaluations and examinations needed to provide the data to determine if a person being screened or reviewed requires nursing facility care and has active treatment needs.

1.2.10.6. Complaint Manager Services: Selected Applicant(s) must designate a staff member to perform the responsibilities of complaint manager in accordance with New Hampshire Administrative Rule He-M 204.

1.2.10.7. Selected Applicant(s) shall submit a transitional plan to the Department for approval within thirty (30) days from the effective date of the contract, to transition clients back into the community. The transitional plan shall include, at a minimum, the following:

1.2.10.7.1. Specific steps to move existing program participants into more integrated community settings;

1.2.10.7.2. Develop with the client, a person-centered plan that incorporates their needs, and safety of themselves and the public per Administrative

Rule He-M 401 and He-M 408;

1.2.10.7.3. Collaborate, at a minimum, with the client's local community mental health program, peer support agencies, and other natural supports to provide other services and supports in the community;

1.2.10.7.4. Involve the client's family to support integration into the community, with the client's consent; and

1.2.10.7.5. Identify any barriers to placement in the community and a plan to overcome those barriers, with emphasis on the interventions necessary to promote more opportunities for community integration.

1.2.10.8. Recovery and Resiliency Approaches: Selected Applicant(s) shall:

1.2.10.8.1. Provide clients access to services that will promote the values of recovery and resiliency through an emphasis on a strength-based approach and person-centered service planning, in accordance with Administrative Rule He-M 401 and He-M 408.

1.2.10.8.2. Use the client's individual service plan to help the client identify, cultivate and sustain relationships with peers, family members, neighbors, landlords, employers, and others to create a network of support that will build resiliency and strength based recovery and wellness skills.

1.2.10.9. Access to Primary Care Doctors: Selected Applicant(s) shall assist each client with securing a local primary care physician (PCP) of the client's choosing, within thirty (30) days from the effective date of the contract and will coordinate the residents care with the PCP. The Applicant will exchange health information at regular intervals with the written consent of the client or guardian.

1.2.10.10. Coordinate Care with the Legal System: Selected Applicant(s) shall assess the legal commitment status of clients residing in the program and if deemed appropriate, provide for the continuation of the commitment via the proper legal process. The selected Applicant shall also provide coordination of care with the legal system when indicated, including the NH Department of Corrections, the applicable NH County Attorney's Office, and the NH Attorney General's Office.

1.2.10.11. Program Standards: Selected Applicant(s) shall comply with all State and federal laws and regulations pertaining to the licensure and operation of a community residential program. The selected Applicant must be in compliance with applicable federal and state laws, rules and regulations, and applicable policies and procedures adopted by the Department and currently in effect, and as they may be adopted or amended during the contract period.

1.2.10.12. Quality Assurance: Selected Applicant(s) shall perform, or cooperate in the performance of, such quality improvement and utilization review activities as are determined to be necessary and appropriate by the Department, within timeframes specified by the Department, in order to insure the efficient and effective administration of the NH Medicaid program. This shall include, at minimum:

1.2.10.12.1. Maintaining detailed client records as required by Administrative Rule He-M 408. In the event that a Transitional Housing Program client requires inpatient level of care at NHH, the selected Applicant shall be deemed in compliance with Administrative Rule He-M 408, if the client's inpatient status is noted in the record; and

1.2.10.12.2. Submitting to the Department data needed to comply with federal reporting requirements.

1.2.10.13. Clients' Contribution for Clothing, Food and Housing: The Transitional Housing Program is a therapeutic residential program. As such, clients shall not sign residential leases for any reason. However, clients may be required to abide by housing rules. Selected Applicant(s) shall:

1.2.10.13.1. Agree to collect from each client up to thirty (30) percent of their income to apply toward the cost of clothing, food, and housing;

1.2.10.13.2. Establish a policy in which the agency works with the client on establishing a clothing and food allowance based on income and address steps to support the client in being prepared for and how to manage a rent increase upon discharge;

1.2.10.13.3. Provide to the Department approval within ten (10) days from the contract effective date the process and method for calculating, collecting, accounting for the client's contribution in Subparagraph 2.3.10.13. and share of expenditures, and for maintaining records for collections and expenses;

1.2.10.13.4. Ensure that client contribution policies, processes and methods must be designed to best support the client's return to independent living while providing a reasonable and responsible client contribution toward the client's clothing, food and housing costs;

1.2.10.13.5. Ensure that clients without income shall not be denied entry to the program due to the lack of ability to provide a client contribution; and

1.2.10.13.6. Ensure that client funds in excess of client contribution, if maintained by the selected Applicant are kept separate from program operation revenues and expenses, and in client-specific individual accounts.

1.2.11. Staffing: Selected Applicant(s) provide sufficient number of personnel to ensure the safety of clients, staff, and the community. Staffing shall include, at minimum:

1.2.11.1. One (1) Medical Director who shall:

1.2.11.1.1. Possess a valid license to practice medicine in the United States;

1.2.11.1.2. Possess a valid license to practice medicine in New Hampshire; and meet the requirements of RSA 135-C: 2, XIII;

1.2.11.1.3. Be Board eligible or Board certified in psychiatry according to the regulations of the American Board of Psychiatry and Neurology, Inc., or its successor organization at the time of hiring; and

1.2.11.1.4. Maintain Board eligibility or certification throughout his or her tenure as Medical Director.

1.2.11.2. One (1) administrator or director who will be responsible for the day-to-day management, supervision, and operation of the residence.

1.2.11.3. At least one (1) registered nurse, licensed in accordance with RSA 326-B, who is responsible for the overall delivery and supervision of nursing services.

1.2.11.4. One (1) nurse trainer who will provide supervision to any staff member who is authorized to administer medications.

1.2.11.5. A sufficient number of personnel to provide nursing services, consisting of registered nurses, licensed practical nurses, and other staff. Nurses shall be licensed as required by RSA 326-B.

1.2.11.6. A sufficient number of direct care personnel to meet the twenty-four (24) hour scheduled and unscheduled needs of the clients in accordance with the clients' individual service plans.

1.2.11.6.1. The selected Applicant(s) shall have a minimum of one (1) direct staff member per residence per shift when a client is occupying the residence.

1.2.11.6.2. Direct care personnel should include a minimum of one (1), part time peer support specialist as defined in Administrative Rule He-M 426.13 (d)(4) during daytime programming hours.

1.2.11.7. Additional staffing provisions that selected Applicant(s) must comply with include:

1.2.11.7.1. The selected Applicant's clinical staff working within the Transitional Housing Program shall be certified in the administration of the ANSA or other Department approved assessment using either the State web-based training and certification program or attendance at a State sponsored training.

1.2.11.7.2. The selected Applicant(s) shall provide the Department with copies of certificates for staff.

1.2.11.7.3. The selected Applicant(s) shall provide to the Department for approval within thirty (30) days from the contract effective date, a staffing contingency plan, including but not limited to:

1.2.11.7.4. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;

1.2.11.7.5. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;

1.2.11.7.6. Discussion of time frames necessary for obtaining replacements;

1.2.11.7.7. Capabilities to provide, in a timely manner, replacements and additions with comparable experience; and

1.2.11.7.8. Method of bringing replacements and additions up-to-date regarding this Agreement.

1.2.11.8. Emergency Response Plan: Selected Applicant(s) shall provide for Department approval within ten (10) days from the contract effective date,

an Emergency Plan for clients in the event of a natural, intentional or accidental incident or threat that affects the clients' health and safety.

1.2.11.9. Reporting: Selected Applicant(s) shall agree to:

1.2.11.9.1. Meet with the Department at least quarterly, or as requested by the Department, to review:

1.2.11.9.1.1. The client's progress towards independent living;

1.2.11.9.1.2. Programmatic offerings such as social activities and outings, vocational support services, wellness groups, etc.

1.2.11.9.2. Submit all required data elements via the Phoenix system except for the ANSA data as otherwise specified. Any system changes that need to occur in order to support this must be completed within six (6) months from the contract effective date.

1.2.11.9.3. Submit individual client level demographic and encounter data, including data on non-billable individual specific services and rendering staff providers on all encounters, to the Department's Phoenix system (or its successors) or on an alternative format identified by the Department, in the format, content, completeness, frequency, method and timeliness as specified by the Department. All client data submitted must include a Medicaid ID number for clients who are enrolled in Medicaid. Data elements shall include, but not be limited to:

1.2.11.9.3.1. Client's region of origin.

1.2.11.9.3.2. Client's region of discharge from transitional housing.

1.2.11.9.3.3. Legal status.

1.2.11.9.3.4. Client's housing status upon discharge.

1.2.11.9.3.5. Number of beds occupied.

1.2.11.9.3.6. Employment status.

1.2.11.9.3.7. Smoking status.

1.2.11.9.3.8. Substance use disorders.

1.2.11.9.3.9. Thirty (30) day hospital readmission rate(s).

1.2.11.10. The selected Applicant(s) shall meet the following standards for data submissions:

1.2.11.10.1. Monthly data shall be submitted no later than the fifteenth (15th) of each month for the prior month's data, unless approved by the Department in writing.

1.2.11.10.1.1. The selected Applicant shall review the Department's tabular summaries within five (5) business days.

1.2.11.10.2. Submitted data must represent a minimum of:

1.2.11.10.2.1. Ninety-eight (98) percent of billable services provided and

1.2.11.10.2.2. Ninety-eight (98) percent of clients served by the selected Applicant.

1.2.11.10.3. Submitted service and member data shall conform to submission requirements, at a minimum of:

1.2.11.10.3.1. Ninety-eight (98) percent of the records and

1.2.11.10.3.2. All unique member identifiers shall be accurate and valid.

1.2.11.10.4. Submit quarterly (January through March, April through June, July through September, and October through December) reports to the Department by the 15th of the month following the quarter as outlined and identified by the Department.

1.2.11.10.5. Submit to the Department the monthly Balance Sheet and Profit and Loss Statement for the Department to evaluate the selected Applicant's fiscal integrity.

1.2.11.10.5.1. The Profit and Loss Statement shall include a budget column allowing for budget-to-actual analysis.

1.2.11.10.5.2. Statements shall be submitted within thirty (30) days after the end of each month and be based on the accrual method of accounting and include the selected Applicant's total revenues and expenditures, whether or not generated by, or resulting from, funds provided pursuant to the contract.

1.3. Compensation & Contract Value

1.3.1. Amount of Funding

1.3.1.1. Total General Funds (100% General Funds) for contracts resulting from this RFA anticipated to be available is $6,280,110 across all selected Applicants.

1.3.1.2. General funds may be utilized to support non billable Medicaid Services and services provided to uninsured and underinsured individuals.

1.3.1.3. The selected Applicant(s) will be compensated according to the current NH Medicaid Fee for Service rate structure for the applicable service provided. Rates of compensation align with the State's current Medicaid fee structure.

1.3.1.4. Applicants should ensure they budget funds for individuals without insurance.

1.3.2. Funding Distribution Criteria

1.3.2.1. Applications will be scored according to Subsection 1.6. RFA Evaluation.

1.3.2.2. First, the Department will score all qualified applications for the Transitional Housing Program at the Hugh Gallen Campus to include forty-three (43) beds, and will award the contract to the highest scoring applicant.

1.3.2.3. Second, the Department will score all qualified applications for Transitional Housing Program for the other areas in the state and will rank application scores from highest to lowest and award funding until all the

funding is expended or until there are no additional qualified applications to consider.

1.3.2.4. Anticipated funding across all awarded contracts per State Fiscal Year will not exceed $6,280,110.

1.3.2.5. Funding will be determined at the sole discretion of the Department based upon the following criteria:

1.3.2.5.1. Applicant's total score in Subsection 1.6. for each target population applied for;

1.3.2.5.2. The amount of funds available;

1.3.2.5.3. The number of beds applied for by each Applicant;

1.3.2.5.4. Ensuring continuity of geographic access to services; and

1.3.2.5.5. Ensuring improved access to services for target populations.

1.3.2.6. In the event there is insufficient funding to award the full number of beds applied for by an Applicant, the Department reserves the right to award a lesser amount, or to award a contract to the next highest ranking Applicant if the higher scoring Applicant under consideration is not agreeable to an award of fewer beds for which it applied.

1.4. Contract Period

1.4.1. The Contract(s) resulting from this RFA is anticipated to be effective July 1, 2020 or date of Governor and Executive Council approval, whichever is later, through June 30, 2022.

1.4.2. The Department may extend contracted services for up to four (4) additional years, contingent upon satisfactory Contractor performance, continued funding, and Governor and Executive Council approval.

1.5. Mandatory Responses to RFA Questions

Please complete separate responses to Q1-Q11 for each location you are applying for and clearly label as the Hugh Gallen Campus or the Mental Health Region(s), Appendix F. If applying to establish multiple Transitional Housing Program locations within one region, please submit separate responses, including the number of beds, and budgets for each location submitted with distinct titles for each location.

Questions for Applicant(s):

Q1. Describe your qualifications working with the population.

Q2. What are your specific experiences, skills and abilities to provide the services outlined in this RFA?

Q3. Describe your capacity to provide the required services defined in this RFA. Include, at minimum, your staffing plan and resumes, and licenses and certifications as applicable, for each individual who will perform functions identified in this RFA.

Q4. What smoking cessation services are you familiar with and how will you incorporate these into your program? How will you assist clients with maintaining their non-smoking status upon entry into your program? How do

you plan to enforce a non-smoking policy both inside and on the grounds of, the residence?

Q5. *Describe your transition planning process, including how opportunities to move to a less restrictive and more integrated community-based placement are maximized. Include a detailed plan on how you will work with guardians, Community Mental Health Centers, physical health providers, and how you will collaborate with NH's Coordinated Entry System.*

Q6. *If you have operated a transitional housing program, what is the average length of time the client resides within the residence? How will you ensure clients are transitioned to permanent housing within two (2) years of entry into the program? How many times have services been terminated when a patient requires hospitalization?*

Q7. *Provide examples of daily programming that will address the services outlined in Subsection 1.2., Scope of Services.*

Q8. *Provide specific details about the proposed residence and physical location, including the number of beds proposed to be developed per location. Include details about the licensure required for the type of proposed residence, whether the residence currently meets these requirements, and if not, the timeframe for achieving licensure. If you are applying for multiple sites, include an application for each site, identified accordingly.*

Q9. *Provide a detailed budget (Appendix D) that includes all projected funding sources and a detailed description of how General Funds will be used to support non-billable Medicaid services and services provided to uninsured individuals. Include all capital project costs, if any. Detailed descriptions must be listed separately by Fund source. The proposed budget must be accompanied by a detailed budget narrative that outlines any capital projects to develop the applicable transitional housing program.*

1.6. RFA Evaluation

Questions will be scored using the below scoring method. Each set of responses for Subsection 1.5., above, will result in stand-alone scores. The total score allocated to each proposed location will be determined by applying the following points:

Qualifications (Q1)	75 Points
Experience (Q2)	100 Points
Capacity (Q3)	50 Points
Approach (Q4)	50 Points
Approach (Q5)	75 Points
Approach (Q6)	75 Points
Approach (Q7)	50 Points

Proposed Residence (Q8)	50 Points
Budget Overview (Q9)	75 Points
Total	**600 Points**

1.7. Request for ApplicationsError! Bookmark not defined. Terminology

BMHS – Bureau of Mental Health Services

CMHP – Community Mental Health Program

Department – NH Department of Health & Human Services

DRF - Designated Receiving Facility

Episode – A stay that ends with a discharge from Transitional Housing Program to community-based care

NHH or Hospital – New Hampshire Hospital

RFA – Request for Applications. A Request for Applications means an invitation to submit an offer to provide identified services to an agency where the amount of funding available and the particulars of how the services are to be provided are defined by the agency and where the selection of qualifying Applicants will be according to identified criteria as provided in RSA 21-I:22-a and RSA 21-I:22-b.

2. Notices

2.1. Exceptions

2.1.1. The Department will require the successful Applicant to execute a contract using the Form P-37, General Provisions and Standard Exhibits, which are attached as Appendix A. To the extent that an Applicant believes that exceptions to Appendix A will be necessary for the Applicant to enter into an Agreement, the Applicant must note those issues during the RFA Question Period in Section 3.

2.1.2. The Department will review requested exceptions and accept, reject or note that it is open to negotiation of the proposed exception at its sole discretion.

2.1.3. If the Department accepts an Applicant's exception the Department will, at the conclusion of the RFA Question Period, provide notice to all potential Applicants of the exceptions that have been accepted and indicate that exception is available to all potential Applicants by publication of the Department's responses on or about the date indicated in Section 3.

2.1.4. Any exceptions to the standard form contract and exhibits that are not raised by an Applicant during the RFA Question Period will not be considered. In no event is an Applicant to submit its own standard contract terms and conditions as a replacement for the Department's terms in response to this solicitation.

2.2. RFA Amendment

The Department reserves the right to amend this RFA, as it deems appropriate prior to the Application submission deadline on its own initiative or in response to issues raised through Applicant questions. In the event of an amendment to the RFA, the

Department, at its sole discretion, may extend the Application submission deadline. The amended language will be posted on the Department's website.

2.3. Application Submission

2.3.1. Applications must be submitted electronically to contracts@dhhs.nh.gov and the Contract Specialist at the email address specified in Subsection 3.3.

2.3.1.1. The subject line must include the following information: **RFA-2021-DBH-01-TRANS** (email xx of xx).

2.3.1.2. The maximum size of file attachments per email is 10 MB. Applications with file attachments exceeding 10 MB must be submitted via multiple emails.

2.4. Contract Monitoring Provisions

2.4.1. All Applicants must complete Appendix B, Contract Monitoring Provisions.

2.4.2. The Department will use Applicant responses to conduct a risk assessment to determine if enhanced contract monitoring is necessary if the Applicant is awarded a contract. The risk assessment will not be used to disqualify or score Applications.

2.4.3. The Department will complete the risk assessment utilizing multiple factors that include, but are not limited to:

2.4.3.1. Grant management experience.

2.4.3.2. Documented history of non-performance or non-compliance.

2.4.3.3. Audit findings.

2.4.3.4. Recent personnel or system changes.

2.4.3.5. Financial solvency.

2.4.3.6. Adequacy of internal controls.

2.4.4. The Department may incorporate contract monitoring procedures and activities into the final contract to address identified risks, which may include but are not limited to:

2.4.4.1. Requiring the Contractor to provide fiscal reports and documentation behind reports to the Department for review.

2.4.4.2. Reviewing Contractor reporting processes and systems for data integrity.

2.4.4.3. Performing file reviews to ensure Contractor compliance with state and federal laws and rules in the administration of the contract.

2.4.4.4. Conducting site visits to assess Contractor compliance with applicable contract objectives and requirements.

2.4.4.5. Reviewing Contractor expenditure details to ensure all expenditures are allowable and in compliance with federal and state laws and other applicable policies or rules.

2.4.4.6. Providing targeted training or technical assistance to the Contractor.

2.4.4.7. Reviewing monthly financial data to assess Contractor financial solvency.

2.4.5. **Statement of Applicant's Financial Condition**

2.4.5.1. The Applicant's ability to demonstrate adequate financial resources for performance of the contract or the ability to obtain such resources as required during performance under this contract will be considered by the Department as part of the risk assessment to determine if enhanced contract monitoring is required if a contract is awarded.

2.4.5.2. Each Applicant must submit audited financial statements for the four (4) most recently completed fiscal years. Statements must include a report by an independent auditor that expresses an unqualified or qualified opinion as to whether the accompanying financial statements are presented fairly in accordance with generally accepted accounting principles.

2.4.5.3. Complete financial statements must include the following:

2.4.5.3.1. Opinion of Certified Public Accountant;

2.4.5.3.2. Balance Sheet;

2.4.5.3.3. Income Statement;

2.4.5.3.4. Statement of Cash Flow;

2.4.5.3.5. Statement of Stockholder's Equity of Fund Balance;

2.4.5.3.6. Complete Financial Notes; and

2.4.5.3.7. Consolidating and Supplemental Financial Schedules.

2.4.5.4. An Applicant, which is part of a consolidated financial statement, may file the audited consolidated financial statements if it includes the consolidating schedules as supplemental information. An Applicant, which is part of a consolidated financial statement, but whose certified consolidated financial statements do not contain the consolidating schedules as supplemental information, will, in addition to the audited consolidated financial statements, file unaudited financial statements for the Applicant alone accompanied by a certificate of authenticity signed by an officer of the corporation, partner, or owner under penalty of unsworn falsification which attests that the financial statements are correct in all material respects.

2.4.5.5. If an Applicant is not otherwise required by either state or federal statute to obtain a certification of audit of its financial statements, and thereby elects not to obtain such certification of audit, the Applicant will submit the following as part of its Application:

2.4.5.5.1. Uncertified financial statements; and

2.4.5.5.2. A certificate of authenticity which attests that the financial statements are correct in all material respects and is signed by an officer of the corporation, partner, or owner under penalty of unsworn falsification.

2.5. Compliance

2.5.1. Applicants must be in compliance with applicable federal and state laws, rules and regulations, and applicable policies and procedures adopted by the Department currently in effect, and as they may be adopted or amended during the contract period.

2.5.2. The selected Contractor must meet all information security and privacy requirements as set by the Department.

2.5.3. The selected Contractor must maintain the following records during the resulting contract term where appropriate and as prescribed by the Department:

2.5.3.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

2.5.3.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

2.5.3.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records will include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

2.5.3.4. Medical records on each patient and recipient of services.

2.5.4. **Credits and Copyright Ownership**

2.5.4.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement, *"The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."*

2.5.4.2. All materials produced or purchased under the contract shall have prior approval from the Department before printing, production, distribution or use. The Department will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. The Contractor shall not reproduce any materials produced under the contract without prior written approval from the Department.

2.5.5. **Culturally and Linguistically Appropriate Services**

2.5.5.1. The New Hampshire Department of Health and Human Services is committed to reducing health disparities in New Hampshire and recognizes that culture and language can have a considerable impact on how individuals access and respond to health and human services. Culturally and linguistically diverse populations experience barriers in their efforts to access services. As a result, the Department is strongly committed to providing culturally and linguistically competent programs and services for its clients, and as a means of ensuring access to quality care for all. As part of that commitment, the Department continuously strives to improve existing programs and services, and to bring them in line with current best practices.

2.5.5.2. The Department requires all contractors and sub-recipients to provide culturally and linguistically appropriate programs and services in compliance with all applicable federal civil rights laws, which may include: Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Rehabilitation Act of 1973. Collectively, these laws prohibit discrimination on the grounds of race, color, national origin, disability, age, sex, and religion.

2.5.5.3. There are numerous resources available to help recipients increase their ability to meet the needs of culturally, racially and linguistically diverse clients. Some of the main information sources are listed in the Bidder's Reference Guide for Completing the Culturally and Linguistically Appropriate Services Section of the RFP, and, in the Vendor/RFP section of the Department's website.

2.5.5.4. A key Title VI guidance is the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), developed by the U.S. Department of Health and Human Services in 2000. The CLAS Standards provide specific steps that organizations may take to make their services more culturally and linguistically appropriate. The enhanced CLAS standards, released in 2013, promote effective communication not only with persons with Limited English Proficiency, but also with persons who have other communication needs. The enhanced Standards provide a framework for organizations to best serve the nation's increasingly diverse communities.

2.5.5.5. Applicants are expected to consider the need for language services for individuals with Limited English Proficiency as well as other communication needs, served or likely to be encountered in the eligible service population, both in developing their budgets and in conducting their programs and activities.

2.5.5.6. Successful Applicants will be:

2.5.5.6.1. Required to submit a detailed description of the language assistance services they will provide to LEP persons to

ensure meaningful access to their programs and/or services, within ten (10) days of the date the contract is approved by Governor and Council; and

2.5.5.6.2. Monitored on their Federal civil rights compliance using the Federal Civil Rights Compliance Checklist, which can be found in the Vendor/RFP section of the Department's website.

2.5.5.7. The guidance that accompanies Title VI of the Civil Rights Act of 1964 requires recipients to take reasonable steps to ensure meaningful access to their programs and services by persons with Limited English Proficiency (LEP persons). The extent of an organization's obligation to provide LEP services is based on an individualized assessment involving the balancing of four factors:

2.5.5.7.1. The number or proportion of LEP persons served or likely to be encountered in the population that is eligible for the program or services (this includes minor children served by the program who have LEP parent(s) or guardian(s) in need of language assistance);

2.5.5.7.2. The frequency with which LEP individuals come in contact with the program, activity or service;

2.5.5.7.3. The importance or impact of the contact upon the lives of the person(s) served by the program, activity or service; and

2.5.5.7.4. The resources available to the organization to provide language assistance.

2.5.5.8. **Applicants are required to complete the TWO (2) steps listed in the Appendix C to this RFA, as part of their Application**. Completion of these two items is required not only because the provision of language and/or communication assistance is a longstanding requirement under the Federal civil rights laws, but also because consideration of all the required factors will help inform Applicants' program design, which in turn, will allow Applicants to put forth the best possible Application.

2.5.5.9. For guidance on completing the two steps in Appendix C, please refer to Bidder's Reference Guide for Completing the Culturally and Linguistically Appropriate Services Addendum of the RFA, which is posted on the Department's website. http://www.dhhs.nh.gov/business/forms.htm.

2.5.6. **Audit Requirements**

2.5.6.1. The Contractor is required to submit an annual audit to the Department if **any** of the following conditions exist:

2.5.6.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant

to 2 CFR Part 200, during the most recently completed fiscal year.

2.5.6.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

2.5.6.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

2.5.6.2. If Condition A exists, the Contractor shall submit an annual **single audit** performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

2.5.6.3. If Condition B or Condition C exists, the Contractor shall submit an annual **financial audit** performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

2.5.6.4. Any Contractor that receives an amount equal to or greater than $250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.

2.5.6.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

2.5.6.6. If the selected Vendor is required to submit an annual audit, in accordance with 2.5.6., for fiscal year 2021 and any fiscal year thereafter, the Vendor, at the State's request, shall utilize a new audit firm that the Vendor has not used for more than three (3) consecutive years at any time.

2.6. Non-Collusion

The Applicant's required signature on the Transmittal Cover Letter for an Application submitted in response to this RFA guarantees that the prices, terms and conditions, and services have been established without collusion with other Applicants and without effort to preclude the Department from obtaining the best possible Application.

2.7. Applicant Withdrawal

Prior to the Closing Date for receipt of Applications, an Application may be withdrawn by submitting a written request for its withdrawal to Contract Specialist identified in Paragraph 3.2.1.

2.8. Public Disclosure

2.8.1. Pursuant to RSA 21-G:37, the content of responses to this RFA must remain confidential until the Governor and Executive Council have awarded a contract. At the time of receipt of Applications, the Department will publish the number of responses received with no further information. No later than five (5) business days prior to submission of a contract to the Department of Administrative Services pursuant to this RFA, the Department will post the name, rank or score of each Applicant. Applicant's disclosure or distribution of the contents of its Application, other than to the State, will be grounds for disqualification at the State's sole discretion.

2.8.2. The content of each Application and addenda thereto will become public information once the Governor and Executive Council have approved a contract. Any information submitted as part of an Application in response to this RFA may be subject to public disclosure under RSA 91-A. In addition, in accordance with RSA 9-F:1, any contract entered into as a result of this RFA will be made accessible to the public online via the website Transparent NH (www.nh.gov/transparentnh/). Accordingly, business financial information and proprietary information such as trade secrets, business and financials models and forecasts, and proprietary formulas may be exempt from public disclosure under RSA 91-A:5, IV.

2.8.3. Insofar as an Applicant seeks to maintain the confidentiality of its confidential commercial, financial or personnel information, the Applicant must clearly identify in writing the information it claims to be confidential and explain the reasons such information should be considered confidential. This must be done by separate letter identifying by page number and Application section the specific information the Applicant claims to be exempt from public disclosure pursuant to RSA 91-A:5. **The Applicant is strongly encouraged to provide a redacted copy of their application.**

2.8.4. Each Applicant acknowledges that the Department is subject to the Right-to-Know Law New Hampshire RSA Chapter 91-A. The Department shall maintain the confidentiality of the identified confidential information insofar as it is consistent with applicable laws or regulations, including but not limited to New Hampshire RSA Chapter 91-A. In the event the Department receives a request for the information identified by an Applicant as confidential, the Department shall notify the Applicant and specify the date the Department intends to release the requested information. Any effort to prohibit or enjoin the release of the information shall be the Applicant's responsibility and at the Applicant's sole expense. If the Applicant fails to obtain a court order enjoining the disclosure, the Department may release the information on the date the Department specified in its notice to the Applicant without incurring any liability to the Applicant.

2.9. Non-Commitment

Notwithstanding any other provision of this RFA, this RFA does not commit the Department to award a Contract. The Department reserves the right to reject any and all Applications or any portions thereof, at any time and to cancel this RFA and to solicit new Applications under a new Application process.

2.10. Liability

By submitting an Application in response to this RFA, an Applicant agrees that in no event will the Department be either responsible for or held liable for any costs incurred by an Applicant in the preparation or submittal of or otherwise in connection with an Application, or for work performed prior to the Effective Date of a resulting contract.

2.11. Request for Additional Information or Materials

The Department may ask any Applicant to provide additional information or materials needed to clarify information presented in the Application. Such a request will be issued in writing and will not provide an Applicant with an opportunity to change, extend, or otherwise amend its Application in intent or substance.

2.12. Oral Presentations and Discussions

The Department reserves the right to require some or all Applicants to make oral presentations of their Application. The purpose of the oral presentation is to clarify and expound upon information provided in the written application. Applicants are prohibited from altering the original substance of their Applications during the oral presentations. The Department will use the information gained from oral presentations to refine the technical review scores. Any and all costs associated with an oral presentation will be borne entirely by the Applicant.

2.13. Successful Applicant Notice and Contract Negotiations

2.13.1. If an Applicant(s) is selected, the Department will notify the successful Applicant(s) in writing of their selection and the State's desire to enter into contract negotiations. Until the Department successfully completes negotiations with the selected Applicant(s), all submitted Applications remain eligible for selection by the Department. In the event contract negotiations are unsuccessful with the selected Applicant(s), the evaluation team may recommend another Applicant(s). The Department will not contact Applicant(s) that are not initially selected to enter into contract negotiations.

2.14. Scope of Award and Contract Award Notice

2.14.1. The Department reserves the right to award a service, part of a service, group of services, or total services and to reject any and all Applications in whole or in part. A contract award is contingent on approval by the Governor and Executive Council.

2.14.2. If a contract is awarded, the Applicant must obtain written consent from the State before any public announcement or news release is issued pertaining to any contract award.

2.15. Site Visits

The Department may, at its sole discretion, at any time prior to contract award, conduct a site visit at the Applicant's location or at any other location deemed appropriate by the Department, in order to determine the Applicant's capacity to satisfy the terms of this RFA. The Department may also require the Applicant to produce additional documents, records, or materials relevant to determining the Applicant's capacity to satisfy the terms of this RFA. Any and all costs associated with any site visit or requests for documents will be borne entirely by the Applicant.

2.16. Protest of Intended Award

Any challenge of an award made or otherwise related to this RFA will be governed by

RSA 21-G:37, and the procedures and terms of this RFA. The procedure set forth in RSA 21-G:37, IV, will be the sole remedy available to challenge any award resulting from this RFA. In the event that any legal action is brought challenging this RFA and selection process, outside of the review process identified in RSA 21-G:37,IV, and in the event that the State of New Hampshire prevails, the challenger agrees to pay all expenses of such action, including attorney's fees and costs at all stages of litigation.

2.17. Contingency

Aspects of the award may be contingent upon changes to state or federal laws and regulations.

2.18. Ethical Requirements

From the time this RFA is published until a contract is awarded, no Applicant will offer or give, directly or indirectly, any gift, expense reimbursement, or honorarium, as defined by RSA 15-B, to any elected official, public official, public employee, constitutional official, or family member of any such official or employee who will or has selected, evaluated, or awarded an RFP, or similar submission. Any Applicant that violates RSA 21-G:38 will be subject to prosecution for an offense under RSA 640:2. Any Applicant who has been convicted of an offense based on conduct in violation of this section, which has not been annulled, or who is subject to a pending criminal charge for such an offense, will be disqualified from submitting an Application to this RFA, or similar request for submission and every such Applicant will be disqualified from submitting any Applicant or similar request for submission issued by any state agency. An Applicant that was disqualified under this section because of a pending criminal charge which is subsequently dismissed, results in an acquittal, or is annulled, may notify the Department of Administrative Services, which will note that information on the list maintained on the state's internal intranet system, except in the case of annulment, the information, will be deleted from the list.

3. Application Process

3.1. Overview

3.1.1. Application documents must be presented in the order indicated below.

3.1.2. Applications must conform to all instructions, requirements and contents indicated below.

3.1.3. The Department must receive the Application by the time and date specified in the Procurement Timetable in Section 3 and in the manner specified or it will be rejected as non-compliant, unless waived by the Department as a non-material deviation.

3.1.4. The Department will conduct an initial screening step to verify Applicant compliance with the submission requirements of this RFA. The Department may waive or offer a limited opportunity for an Applicant to cure immaterial deviations from the RFA requirements if it is determined to be in the best interest of the Department.

3.1.5. Late submissions that are not accepted will remain unopened and will be discarded. Submission of the Application shall be at the Applicant's expense.

3.2. Application Content

3.2.1. A **Transmittal Cover Letter** on the Applicant's letterhead that must:

3.2.1.1. Reference, "**RFA-2021-DBH-01-TRANS**;"

3.2.1.2. Identify the name, title, mailing address, telephone number and email address of the person authorized by the Applicant to contractually obligate the agency or individual;

3.2.1.3. Acknowledge that the Applicant has read this Request for Application, understands it, and agrees to be bound by its requirements;

3.2.1.4. Contain the date that the Application was submitted; and

3.2.1.5. Be signed by an individual who is authorized to bind the Applicant to all statements, including services and prices contained in this Request for Application.

3.2.2. **Mandatory Responses** to RFA Questions in Subsection 1.5.

3.2.3. **Curriculum Vitae or Resume** of each individual performing functions identified in this RFA.

3.2.4. **Licenses, Certificates and Permits** as required by this Request for Application.

3.2.5. **Current Certificate of Insurance**

3.2.6. **Three (3) references for the Applicant.** The Department reserves the right to contact any reference identified. Each reference must include:

3.2.6.1. Name, address, telephone number of the reference.

3.2.6.2. Description of the nature of the relationship between the Applicant and the reference.

3.2.6.3. Length of time the reference has been affiliated with the Applicant.

3.2.7. **New Hampshire Certificate of Good Standing**

The Department requires, as applicable, every Contractor to acquire a Certificate of Good Standing or assurance of obtaining registration with the New Hampshire Office of the Secretary of State in accordance with RSA 5:18-a.

3.2.8. **Affiliations – Conflict of Interest Statement** regarding any and all affiliations that might result in a conflict of interest. Explain the relationship and how the affiliation would not represent a conflict of interest.

3.2.9. **Financial Information required in Paragraph 2.3.5**

3.2.10. **Appendix B** – Contract Monitoring Provisions.

3.2.11. **Appendix C** – CLAS Requirements.

3.2.12. **Appendix D** – Budget

3.3. Procurement Timetable and Contact Information

3.3.1. Schedule of Events

Item	Action	Date
1.	Release RFA	04/24/2020
3.	RFA Questions Submission Deadline	04/28/2020 by 11:59 PM
4.	Department Response to Questions Published	05/04/2020
5.	Application Submission Deadline	05/15/2020 by 11:59 AM

Applications must be received by **11:59 AM** (Eastern Standard Time), **May 15, 2020**.

3.3.2. All questions and applications must be submitted electronically to:

State of New Hampshire
Department of Health and Human Services
Katie Murphy, Contract Specialist
Contracts & Procurement Unit
129 Pleasant Street
Concord NH 03301
Email: Susan.Murphy@dhhs.nh.gov
Phone: (603) 271-9685

Applications must also be submitted electronically to contracts@dhhs.nh.gov

3.3.3. From the date of release of this RFA until an award is made and announced regarding the selection of an Applicant, all communication with personnel employed by or under contract with the Department regarding this RFA is prohibited unless first approved by the RFA Point of Contact listed in Paragraph 3.4.2., herein. Department employees have been directed not to hold conferences and/or discussions concerning this RFA with any potential contractor during the selection process, unless otherwise authorized by the RFA Point of Contact. Applicants may be disqualified for violating this restriction on communications.

3.4. Applicant's Questions and Answers

3.4.1. All questions about this RFA, including but not limited to requests for clarification, additional information or any changes to the RFA must be made in writing, citing the RFA page number and part or subpart, and submitted by email to the Contract Specialist identified in Paragraph 3.3.2.

3.4.2. The Department may consolidate or paraphrase questions for efficiency and clarity. Questions that are not understood will not be answered. Statements that are not questions will not receive a response.

3.4.3. Questions must be submitted by email; however, the Department assumes no liability for ensuring accurate and complete email transmissions.

3.4.4. Questions must be received by the deadline provided in Paragraph 3.3, Procurement Timetable.

3.4.5. Written answers to questions received will be published on the Department's website on or about the date indicated in Paragraph 3.3.1., Procurement Timetable.

3.5. Validity of Application

Applications must be valid for one hundred and eighty (180) days following the deadline for submission in the Procurement Timetable above, or until the Effective Date of any resulting Contract, whichever is later.

4. Appendices

4.1. **Appendix A – P-37 General Provisions and Standard Exhibits (*for reference only- do not return*)**

4.2. **Appendix B – Contract Monitoring Provisions**

4.3. **Appendix C – CLAS Requirements**

4.4. **Appendix D – Budget**

4.5. **Appendix E – Administration of Medications in the Transitional Housing Program**

4.6. **Appendix F – New Hampshire Community Mental Health Regions**

FORM NUMBER P-37 (version 12/11/2019)

Do Not Return

Subject:_____

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name		1.4 Contractor Address	
1.5 Contractor Phone Number ( ) -	1.6 Account Number	1.7 Completion Date Select a Date	1.8 Price Limitation
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Date:		1.12 Name and Title of Contractor Signatory	
1.13 State Agency Signature Date:		1.14 Name and Title of State Agency Signatory	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By: Director, On:			
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: On:			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number: G&C Meeting Date:			

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Contractor Initials _____
Date _____

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2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

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8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

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Contractor Initials _____

Date _____

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.
14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:
14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and
14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.
14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.
14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.
15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation").*
15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Contractor Initials _____
Date _____

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New Hampshire Department of Health and Human Services

Exhibit A

REVISIONS TO STANDARD CONTRACT PROVISIONS

1 – Revisions to Form P-37, General Provisions

1.1 Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3 Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

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New Hampshire Department of Health and Human Services

EXHIBIT B

Scope of Services

To be written in accordance with the requirements of the RFA.

Do Not Return

Contractor Initials _____

Vendor Name

Page 1 of 1

Date _____

Do Not Return

New Hampshire Department of Health and Human Services

EXHIBIT C

Payment Terms

To be written in accordance with the requirements of the RFA.

Do Not Return

New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
     - 1.2.1. The dangers of drug abuse in the workplace;
     - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
     - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
     - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
   - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
     - 1.4.1. Abide by the terms of the statement; and
     - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name:

_____ _____

Date Name:
Title:

Do Not Return

New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

_____ _____
Date Name:
Title:

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New Hampshire Department of Health and Human Services
Exhibit F

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
    - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Vendor Name:

_____
Date

_____
Name:
Title:

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New Hampshire Department of Health and Human Services
Exhibit G

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Vendor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Vendor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

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New Hampshire Department of Health and Human Services
Exhibit G

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Vendor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Vendor agrees to comply with the provisions indicated above.

Vendor Name:

_____ _____

Date

Name:
Title:

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New Hampshire Department of Health and Human Services
Exhibit H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Vendor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Vendor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Vendor Name:

_____ _____

Date

Name:
Title:

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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) l, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services	
The State	Name of the Contractor
Signature of Authorized Representative	Signature of Authorized Representative
Name of Authorized Representative	Name of Authorized Representative
Title of Authorized Representative	Title of Authorized Representative
Date	Date

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New Hampshire Department of Health and Human Services
Exhibit J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.
In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:
The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

_____
Date

_____
Name:
Title:

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New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: _____

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   _____ NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).

11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.

2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.

4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2

5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.

2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.

3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Appendix B Contract Monitoring Provisions

Management Questionnaire

All Vendors responding to Department-issued Requests for Proposals (RFPs), Requests for Bids (RFBs), or Requests for Applications (RFAs) must complete and return this Management Questionnaire.

	Question	YES	NO	N/A
1.	Was your organization established more than two years ago?	☐Yes	☐No	☐N/A
2.	During the past 18 months, have you experienced staff turnover in positions that will be involved in the administration of the contract?	☐Yes	☐No	☐N/A
3.	Have you managed the same or a similar contract or program during one of the last five (5) calendar years?	☐Yes	☐No	☐N/A
4.	Have you received federal funds from the Department through a contract during one of the last five (5) calendar years?	☐Yes	☐No	☐N/A
5.	Were you ever provided formal written notification from the Department that you were in non-compliance or failed to perform in accordance with contract provisions or requirements?	☐Yes	☐No	☐N/A
6.	If you had a Single Audit performed in accordance with the Federal Uniform Guidance (2 CFR 200 subpart F (200.500)) by an external entity or an audit performed by a state or federal agency during the most recently completed fiscal year, did the audit include any findings?	☐Yes	☐No	☐N/A
7.	Have you ever been required to return payments to the Department as a result of an audit, unallowable expenditure or any other reason?	☐Yes	☐No	☐N/A
8.	Has your organization implemented a new accounting, financial, or programmatic IT system within the last two years?	☐Yes	☐No	☐N/A
9.	Are you aware of any ongoing or pending lawsuits filed against your organization or any investigations or inspections of your organization by any state or federal regulatory agency within the last two years?	☐Yes	☐No	☐N/A
10.	With Department approval, if you intend to subcontract a portion of the work under the resulting contract to another entity, do you have competitive bid procedures for purchases and personal services contracts compliant with state and federal regulations, laws, and rules?	☐Yes	☐No	☐N/A
11.	With Department approval, if you intend to subcontract a portion of the work under the resulting contract to another entity, do you have written policies and procedures for subrecipient/contractor determinations, risk assessments, and subrecipient monitoring as required under Federal Uniform Guidance (2 CFR subpart D (200.300)?	☐Yes	☐No	☐N/A

Appendix B Contract Monitoring Provisions

12.	Does your accounting system identify the receipt and expenditure of program funds separately by each contract or grant, and by line item categories?	☐Yes	☐No	☐N/A
13.	Does your organization maintain a formal system of segregation of duties for procurement, time keeping, and bank statement reconciliation activities?	☐Yes	☐No	☐N/A
14.	Do you have procedures to ensure expenditures are reviewed by an independent person* to determine that all expenditures are allowable under the terms of the contract as well as federal and state regulations, laws and rules?*	☐Yes	☐No	☐N/A
15.	Are time distribution records maintained for each employee performing contracted services that account for time spent working on the contract versus time spent on all other activities?	☐Yes	☐No	☐N/A
16.	Does your financial system compare amounts spent to date with budgeted amounts for each award?	☐Yes	☐No	☐N/A
17.	Does your accounting or financial system include budgetary controls to prevent incurring obligations in excess of total funds available for a grant or a cost category (e.g., personnel costs, equipment, travel)?	☐Yes	☐No	☐N/A
18.	Do you maintain written policy and procedures for all aspects of financial transactions and accounting related to time keeping, a record retention, procurement, and asset management that are compliant with Federal Uniform Guidance requirements (2 CFR subpart D (200.300)?	☐Yes	☐No	☐N/A

*An independent person can be any individual within an organization or an outside third party, who verifies that an expenditure made by another person, is appropriate and in accordance with the terms of the contract. For example, one person would be responsible for making a purchase or authorizing payment and a second independent person verifies that funds were spent appropriately. If you do not have an independent person, please mark “No” for Question 15.

Marking No or N/A for any question on the Management Questionnaire does not preclude a Vendor from being selected.

I hereby declare that the answers provided in this Management Questionnaire are accurate and true to the best of my knowledge.

Signature	Printed Name & Job Title	Date

APPENDIX C

Addendum to CLAS Section of RFA for Purpose of Documenting Title VI Compliance

All DHHS applicants are required to complete the following two (2) steps as part of their application:

(1) Perform an individualized organizational assessment, using the four-factor analysis, to determine the extent of language assistance to provide for programs, services and/or activities; and;

(2) Taking into account the outcome of the four-factor analysis, respond to the questions below.

Background:

Title VI of the Civil Rights Act of 1964 and its implementing regulations provide that no person shall be subjected to discrimination on the basis of race, color, or national origin under any program that receives Federal financial assistance. The courts have held that national origin discrimination includes discrimination on the basis of limited English proficiency. Any organization or individual that receives Federal financial assistance, through either a grant, contract, or subcontract is a covered entity under Title VI. Examples of covered entities include the NH Department of Health and Human Services and its contractors.

Covered entities are required to take reasonable steps to ensure ***meaningful access*** by persons with limited English proficiency (LEP) to their programs and activities. LEP persons are those with a limited ability to speak, read, write or understand English.

The **key** to ensuring meaningful access by LEP persons is effective communication. An agency or provider can ensure effective communication by developing and implementing a language assistance program that includes policies and procedures for identifying and assessing the language needs of its LEP clients/applicants, and that provides for an array of language assistance options, notice to LEP persons of the right to receive language assistance free of charge, training of staff, periodic monitoring of the program, and translation of certain written materials.

The Office for Civil Rights (OCR) is the federal agency responsible for enforcing Title VI. OCR recognizes that covered entities vary in size, the number of LEP clients needing assistance, and the nature of the services provided. Accordingly, covered entities have some flexibility in how they address the needs of their LEP clients. (In other words, it is understood that one size language assistance program does not fit all covered entities.)

The **starting point** for covered entities to determine the extent of their obligation to provide LEP services is to apply a four-factor analysis to their organization. It is important to understand that the flexibility afforded in addressing the needs of LEP clients ***does not diminish*** the obligation covered entities have to address those needs.

APPENDIX C

Examples of practices that may violate Title VI include:

- Limiting participation in a program or activity due to a person's limited English proficiency;
- Providing services to LEP persons that are more limited in scope or are lower in quality than those provided to other persons (such as then there is no qualified interpretation provided);
- Failing to inform LEP persons of the right to receive free interpreter services and/or requiring LEP persons to provide their own interpreter;
- Subjecting LEP persons to unreasonable delays in the delivery of services.

Applicant STEP #1 – Individualized Assessment Using Four-Factor Analysis

The four-factor analysis helps an organization determine the right mix of services to provide to their LEP clients. The right mix of services is based upon an individualized assessment, involving the balancing of the following four factors.

(1) The **number** or proportion of LEP persons served or likely to be encountered in the population that is eligible for the program;
(2) The **frequency** with which LEP individuals come in contact with the program, activity or service;
(3) The **importance** or impact of the contact upon the lives of the person(s) served by the program, activity or service;
(4) The **resources** available to the organization to provide effective language assistance.

This addendum was created to facilitate an applicant's application of the four-factor analysis to the services they provide. At this stage, applicants are not required to submit their four-factor analysis as part of their application. **However, successful applicants will be required to submit a detailed description of the language assistance services they will provide to LEP persons to ensure meaningful access to their programs and/or services, within 10 days of the date the contract is approved by Governor and Council.** For further guidance, please see the Bidder's Reference for Completing the Culturally and Linguistically Appropriate Services (CLAS) Section of the RFA, which is available in the Vendor/RFP Section of the DHHS website.

APPENDIX C

Important Items to Consider When Evaluating the Four Factors.

Factor #1 The number or proportion of LEP persons served or encountered in the population that is eligible for the program.
Considerations: • The eligible population is specific to the program, activity or service. It includes LEP persons serviced by the program, as well as those directly affected by the program, activity or service. • Organizations are required not only to examine data on LEP persons served by their program, but also those in the community who are ***eligible*** for the program (but who are not currently served or participating in the program due to existing language barriers). • Relevant data sources may include information collected by program staff, as well as external data, such as the latest Census Reports. • Recipients are required to apply this analysis to each language in the service area. When considering the number or proportion of LEP individuals in a service area, recipients should consider whether the minor children their programs serve have LEP parent(s) or guardian(s) with whom the recipient may need to interact. It is also important to consider language minority populations that are eligible for the programs or services, but are not currently served or participating in the program, due to existing language barriers. • An effective means of determining the number of LEP persons served is to record the preferred languages of people who have day-to-day contact with the program. • It is important to remember that the ***focus*** of the analysis is on the lack of English proficiency, not the ability to speak more than one language.
Factor #2: The frequency with which LEP individuals come in contact with the program, activity or service.
• The more frequently a recipient entity has contact with individuals in a particular language group, the more likely that language assistance in that language is needed. For example, the steps that are reasonable for a recipient that serves an LEP person on a one-time basis will be very different from those that are expected from a recipient that serves LEP persons daily. • Even recipients that serve people from a particular language group infrequently or on an unpredictable basis should use this four-factor analysis to determine what to do if an LEP person seeks services from their program. • The resulting plan may be as simple as being prepared to use a telephone interpreter service. • The key is to have a plan in place.

Factor #3 The importance or impact of the contact upon the lives of the person(s) served by the program, activity or service.
• The more important a recipient's activity, program or service, or the greater the possible consequence of the contact to the LEP persons, the more likely language services are needed. • When considering this factor, the recipient should determine both the importance, as well as the urgency of the service. For example, if the communication is both important and urgent (such as the need to communicate information about an emergency medical procedure), it is more likely that immediate language services are required. If the information to be communicated is important but not urgent (such as the need to communicate information about elective surgery, where delay will not have any adverse impact on the patient's health), it is likely that language services are required, but that such services can be delayed for a reasonable length of time.
Factor #4 The resources available to the organization to provide effective language assistance.
• A recipient's level of resources and the costs of providing language assistance services is another factor to consider in the analysis. • Remember, however, that cost is merely one factor in the analysis. Level of resources and costs do not diminish the requirement to address the need, however they may be considered in determining how the need is addressed; • Resources and cost issues can often be reduced, for example, by sharing language assistance materials and services among recipients. Therefore, recipients should carefully explore the most cost-effective means of delivering quality language services prior to limiting services due to resource limitations.

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Applicant STEP #2 - Required Questions Relating to Language Assistance Measures

Taking into account the four-factor analysis, please answer the following questions in the six areas of the table below. (**Do not** attempt to answer the questions until you have completed the four-factor analysis.) The Department understands that your responses will depend on the outcome of the four-factor analysis. The requirement to provide language assistance does not vary, but the measures taken to provide the assistance will necessarily differ from organization to organization.

1. IDENTIFICATION OF LEP PERSONS SERVED OR LIKELY TO BE ENCOUNTERED IN YOUR PROGRAM		
a. Do you make an effort to identify LEP persons served in your program? (One way to identify LEP persons served in your program is to collect data on ethnicity, race, and/or preferred language.)	Yes	No
b. Do you make an effort to identify LEP persons likely to be encountered in the population eligible for your program or service? (One way to identify LEP persons likely to be encountered is by examining external data sources, such as Cenus data)	Yes	No
c. Does you make an effort to use data to identify new and emerging population or community needs?	Yes	No
2. NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE		
Do you inform all applicants / clients of their right to receive language / communication assistance services at no cost? **(Or, do you have procedures in place to notify LEP applicants / clients of their right to receive assistance, if needed?)** Example: One way to notify clients about the availability of language assistance is through the use of an "I Speak" card.	Yes	No
3. STAFF TRAINING		
Do you provide training to personnel at all levels of your organization on federal civil rights laws compliance and the procedures for providing language assistance to LEP persons, if needed?	Yes	No

4. PROVISION OF LANGUAGE ASSISTANCE		
Do you provide language assistance to LEP persons, free of charge, in a timely manner? **(Or, do you have procedures in place to provide language**	Yes	No

assistance to LEP persons, if needed) In general, covered entities are required to provide two types of language assistance: (1) oral interpretation and (2) translation of written materials. Oral interpretation may be carried out by contracted in-person or remote interpreters, and/or bi-lingual staff. (Examples of written materials you may need to translate include vital documents such as consent forms and statements of rights.)			
5. ENSURING COMPETENCY OF INTERPRETERS USED IN PROGRAM AND THE ACCURACY OF TRANSLATED MATERIALS			
a. Do you make effort to assess the language fluency of all interpreters used in your program to determine their level of competence in their specific field of service? (Note: A way to fulfill this requirement is to use certified interpreters only.)	Yes	No	
b. As a general rule, does your organization avoid the use of family members, friends, and other untested individual to provide interpretation services?	Yes	No	
c. Does your organization have a policy and procedure in place to handle client requests to use a family member, friend, or other untested individual to provide interpretation services?	Yes	No	
d. Do you make an effort to verify the accuracy of any translated materials used in your program (or use only professionally certified translators)? (Note: Depending on the outcome of the four-factor analysis, N/A (Not applicable) may be an acceptable response to this question.	Yes	No	N/A
6. MONITORING OF SERVICES PROVIDED			
Does you make an effort to periodically evaluate the effectiveness of any language assistance services provided, and make modifications, as needed?	Yes		No
If there is a designated staff member who carries out the evaluation function? If so, please provide the person's title: _____	Yes		No

By signing and submitting this attachment to RFA#_____, the Contractor affirms that it:

1.) Has completed the four-factor analysis as part of the process for creating its proposal, in response to the above referenced RFA.

APPENDIX C

2.) Understands that Title VI of the Civil Rights Act of 1964 requires the Contractor to take reasonable steps to ensure meaningful access to ***all*** LEP persons to all programs, services, and/or activities offered by my organization.
3.) Understands that, if selected, the Contractor will be required to submit a detailed description of the language assistance services it will provide to LEP persons to ensure meaningful access to programs and/or services, within 10 days of the date the contract is approved by Governor and Council.

_____

Contractor/Vendor Signature Contractor's Representative Name/Title

_____

Contractor Name Date

New Hampshire Department of Health and Human Services

COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name:

Budget Request for:

(Name of RFP)

Budget Period:

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Indirect As A Percent of Direct #DIV/0!

APPENDIX G – ADMINISTRATION OF MEDICATIONS IN THE TRANSITIONAL HOUSING PROGRAM

Medication Administration.

(a) Administration of medications to individuals shall be performed by authorized providers or licensed persons only.

(b) All individuals shall be initially assessed by a licensed physician, A.R.N.P., physician assistant, or nurse trainer to determine the level of support needed specific to medication administration.

(c) The assessment pursuant to (b) above shall include the individual's:

(1) Medication orders and medications prescribed;

(2) Health status and health history;

(3) Ability to self-medicate

(4) Ability to understand

(d) If a guardian with authority regarding health care decisions has been appointed for an individual, the “Community mental health provider” shall obtain the consent of the guardian prior to the administration of medications.

(e) Authorized providers shall administer only those medications for which there is a medication order.

(f) Authorized providers shall maintain a copy of each individual's medication orders in the individual's record.

(g) Authorized providers shall administer PRN medication in accordance with:

(1) A medication order; and

(2) A PRN protocol approved by the prescribing practitioner or the nurse trainer that includes:

a. The specific condition(s) for which the medication is given;

b. A maximum daily dosage; and

c. Any special instructions.

(h) Authorized providers shall administer medications only to the individuals to whom they are regularly assigned or about whom they have current knowledge relative to their medication regimes.

(i) Information specific to each medication shall be obtained by the authorized provider prior to administration of medications, including, at a minimum:

(1) The purpose and effect(s) of the medication;

(2) Response time of the medication;

(3) Possible side effects, adverse reactions, and symptoms of overdose;

(4) Possible medication interactions; and

(5) Special storage or administration procedures.

(j) In the event of discovery of a medication occurrence, an authorized provider shall:

(1) Consult immediately with a licensed person concerning any actions to be taken;

(2) Document each medication occurrence within 8 hours of discovery of the occurrence; and

(3) Forward the documentation to the nurse trainer within one business day.

(k) In the event of medication refusal, the authorized provider shall:

(1) Consult immediately with a licensed person concerning any actions to be taken;

(2) Document each medication occurrence pursuant within 8 hours of discovery of the refusal; and

(3) Forward the documentation to the nurse trainer within one business day.

(l) In those cases where an individual has a history of medication refusal, immediate consultation and documentation pursuant to (k) above shall not be necessary if a protocol has been developed by the individual's treatment team that includes the actions to be taken to address the refusal and has been approved by the prescribing practitioner and, if applicable, guardian.

(m) Copies of medication occurrence and medication refusal reports shall be maintained in the quality improvement office at the “Community mental health provider”.

Self-Medication.

(a) Individuals who wish to take their own medications, with their guardians' approval, if applicable, shall be determined to be self-medicating by a licensed physician, A.R.N.P., physician assistant, or nurse trainer if they demonstrate the ability to:

(1) Identify each medication;

(2) Indicate the purpose of each medication;

(3) Indicate the dosage, frequency, time and route of administration for each medication;

(4) Demonstrate an understanding of the potential consequences of not taking the medication or of not taking the medication properly;

(5) Indicate circumstances for which assistance should be sought from licensed persons; and

(6) Seek assistance, if needed, from licensed persons.

(b) If individuals do not demonstrate the ability to self-medicate pursuant to (a) above but wish to receive education regarding self-medication, then:

(1) The individual service plan shall document the individual's need for such education;

(2) The education shall precede self-medication and include, minimally, the components outlined in (a)(1)-(6) above; and

(3) Until an individual demonstrates the capability to self-medicate, the individual receiving education shall be directly supervised by a licensed person or an authorized provider when taking medications to prevent medication occurrences.

(c) If an individual's physical or mental health declines such that his or her ability to self-administer is affected, the individual shall be re-assessed by a licensed physician, A.R.N.P., physician assistant, or nurse trainer to determine his or her continued capability to self-medicate.

(d) Documentation by the nurse trainer and, if applicable, guardian approval of self-medication ability shall be maintained in the individual's record at the community residence.

Training and Authorization of Providers.

(a) Providers who request training to be authorized to administer medications shall complete a training program that:

(1) Consists of a minimum of 8 hours of classroom training, exclusive of testing or nurse trainer competency evaluation;

(2) Is conducted by a nurse trainer; and

(3) Covers the following topics:

a. The role, responsibilities and performance of the authorized provider in the medication administration process;

b. Principles of emergency response;

c. Effective health care coordination;

d. Rights regarding accepting or refusing medications;

e. Principles of infection control as they relate to medication administration;

f. Anatomy and physiology as they relate to medication administration;

g. Common reactions to medications;

h. Categories of medications and their effects;

i. Effective management of poisoning or medication overdose;

j. Storage and disposal of medications;

k. Communications with individuals and if applicable, their guardians, about their medications;

l. The 6 principles of medication administration including:

1. The correct medication;
2. The correct dosage of the medication;
3. The medication to the correct individual;
4. The medication at the correct time;
5. The medication to the individual by the correct method; and
6. The accurate documentation;

m. Methods of administration, including:

1. Oral;
2. Topical;
3. Inhalant;
4. Sublingual;
5. Transdermal;
6. Nasal;
7. Ocular;
8. Auricular;
9. Vaginal;
10. Rectal; and
11. When indicated by the needs of the individual:
    (i) Subcutaneous;
    (ii) Intramuscular, only if epinephrine via auto injector; and
    (iii) Enteral; and

n. Methods of documenting:

1. The administration of medications;
2. The use of controlled substances; and
3. Medication occurrences.

(b) To be authorized to administer medications, providers shall have:

(1) Completed a minimum of 8 hours of classroom training as set forth as set forth in (a) above;

(2) Scored 80% or higher, on a written examination based on the information conveyed to them in the training referenced in (a) above; and

(3) Demonstrated knowledge of the following pertaining to each individual's medication(s):

a. The name of the medication;

b. The reason for its use;

c. Any side effects or adverse reactions; and

d. Any special instructions such as giving certain fluids, checking pulse rate or monitoring blood levels; and

(4) Following direct observation by a nurse trainer, been found appropriate, pursuant to Nur 404.06(b)-(f), to be authorized to administer medications.

(c) Authorization pursuant to (b) above shall be valid for one year from the date of issuance.

(d) Whenever a change in an individual's medication occurs or a new individual begins to receive services, the nurse trainer shall educate the authorized provider according to “Training and Authorization of Providers” section above.

(e) Re-authorization of an authorized provider shall:

(1) Follow a nurse trainer's direct observation of the provider in the administration of medication;

(2) Be performed in accordance with Nur 404.06(b)-(f), as applicable; and

(3) Be valid for a period of 12 months from the date of issuance.

(f) Documentation of authorization pursuant to (b)(4) and (e) above shall be maintained by the nurse trainer for each authorized provider.

(g) Authorization of providers to administer medication shall be rescinded pursuant to Nur 404.06(g)-(h). Authorization shall be reinstated pursuant to “Training and Authorization of Provider” section above.

Documentation.

(a) For each individual for whom medications are administered, an authorized provider shall maintain documentation of medication administration that includes:

(1) The name of the individual;

(2) If applicable, the guardian's name and contact information;

(3) Emergency contacts;

(4) Allergies, if applicable; and

(5) For each medication prescribed:

a. The name of the individual;

b. The dosage;

c. The frequency of administration;

d. The route of administration;

e. The date and time of administration;

f. The order date; and

g. Special considerations in taking the medication, if applicable, as directed by the prescribing practitioner or the pharmacist.

(b) Documentation of medication administration shall be completed by the authorized provider at the time medications are administered.

(c) Each authorized provider who administers medications to an individual shall enter his or her full signature, credentials and initials in a section designated for such purpose in the individual's current medication log.

(d) When a PRN medication is administered, documentation shall be pursuant to (a) above and also include the reason for administration and the medication's effectiveness.

(e) When a controlled drug is prescribed for an individual, the authorized provider shall maintain an inventory that includes:

(1) The name of the individual;

(2) The name of the prescribing practitioner;

(3) The name of the drug and strength;

(4) The amount used;

(5) Amount remaining;

(6) The time and date administered;

(7) The name and credentials of the person who administered the medication;

(8) Documentation of a daily count; and

(9) If applicable, documentation of disposal in the presence of 2 people, at least one of whom is a licensed person.

(f) An authorized provider shall document:

(1) Each medication occurrence upon discovery; and

(2) An individual's refusal to take medications, except as noted ”Medication Administration” section paragraph (l).

(g) Documentation required pursuant to (f) above shall, at a minimum, include the following:

(1) The individual's name;

(2) The date and time of the occurrence or refusal;

(3) The drug name, dosage, frequency, route of administration and prescribing practitioner;

(4) A description of the occurrence or refusal;

(5) The date and time of notification of a licensed person

(6) Actions recommended by the licensed person;

(7) Actions taken by the authorized provider; and

(8) The date and time of notification of a nurse trainer.

(h) Changes in medication orders shall be documented on the medication log by licensed persons or authorized providers.

(i) The authorized provider shall report all changes in medication orders to the nurse trainer.

(j) The authorized provider shall note, in the medication log, any medication withheld and the reason(s) the medication was withheld.

(k) The requirements of (a)-(i) above shall not apply to individuals who self-medicate

Storage of Medications.

(a) All medications to be administered by an authorized provider shall be kept in a locked container, cabinet or closet.

(b) All controlled drugs to be administered by the authorized provider, except as noted in (c) below, shall be stored in a locked compartment within a locked container, cabinet or closet.

Quality Review.

(a) A registered nurse or licensed practical nurse shall, at least monthly, review the following for all individuals whose medications are administered by authorized providers:

(1) Documentation that the provider administering the medication(s) holds a current authorization;

(2) Medication orders and PRN protocols;

(3) Medication labels and medications listed on the medication log to ensure that they match prescribing practitioner's orders;

(4) Medication logs to ensure that documentation indicates:

a. That medication was administered as prescribed;

b. Refusal by the individual to take medication, if applicable;

c. Any medication occurrences; and

d. The full signatures and credentials of all persons who initial the log; and

(5) Medication storage to ensure compliance with “Storage of Medication” section

(b) Reviews pursuant to (a) above shall be documented, dated and signed by the nurse and retained for at least 6 years by the community mental health program.

APPENDIX G – ADMINISTRATION OF MEDICATIONS IN THE TRANSITIONAL HOUSING PROGRAM

Designation of Nurse Trainers.

(a) The director shall, upon request, grant designation as a nurse trainer to nurses who:

(1) Have a license as a registered nurse in the State of New Hampshire that is current and unencumbered;

(2) Have 2 years of licensed nursing experience, at least one of which has been as a registered nurse, within the past 5 years; and

(3) Have completed a 6 hour orientation program conducted by the division of behavioral health.

(b) The director shall, upon request, grant 45 day conditional designation as a nurse trainer to nurses who fulfill the requirements of (a)(1) and (2) above but have not yet completed the orientation required by (a)(3) above.

(c) A nurse granted conditional designation shall not authorize or re-authorize providers to administer medications but may supervise currently authorized providers.

Medication Quality Review.

(a) The medical director shall review information submitted pursuant to (d) below.

(c) A nurse trainer from the "Community mental health provider" shall annually submit a report to the program's director of quality assurance that includes the following:

(1) The program name;

(2) The dates during which information was collected and the number of individuals served;

(3) The name, license number, and license expiration date of the nurse trainer;

(4) The date on which the nurse trainer received his or her training and authorization as a trainer;

(5) The number of hours of supervision provided by the nurse trainer per month;

(6) The number of providers trained and number of authorized providers retrained within the particular reporting period;

(7) The total number of providers authorized to administer medication within CMHC programs as of the date of the report;

(8) The total number of medication occurrences listed by specific medication(s) involved, type, frequency, and the corrective action taken;

(9) The number of department-issued "medication Administration" related certification deficiencies documented for the setting pursuant to He-M 1002.13;

(10) Any medication related waiver for the setting, if any;

(11) A narrative summary of the factors which affected the administration of medication; and

(12) The signature of the nurse trainer completing the form and the date on which the report is submitted.

(d) The quality assurance director the “Community mental health provider” shall report annually on the agency's performance in medication administration to the division. The report shall summarize the content of the nurse trainer's report.

(e) the medical director shall review the reports submitted pursuant to (d) above and recommend to the director that corrective action be taken by those community residences that, as demonstrated by the reports, have failed to comply with the provisions of this “Medication Administration” appendix XXX.

The recommendations shall identify areas of non-compliance and suggest corrective action to be taken.

(f) The director shall review all recommendations for corrective action made pursuant to (e) above. For the “Community mental health provider” for which corrective action has been suggested, the director shall require such corrective action to be taken. Corrective action shall be designed to result in an agency's compliance with the “Medication Administration” appendix.

(g)the “Community mental health provider” that is in receipt of a requirement for corrective action shall, within 30 days of such receipt, forward a corrective action plan to the medical director and begin implementation of such plan.

Revocation.

(a) Under the following circumstances, the director shall revoke the designations of those nurse trainers and authorizations to administer medications of those providers in “Community mental health provider” where corrective action has been required:

(1) A “Community mental health provider” fails to submit a corrective action plan

(2) A “Community mental health provider” submits a corrective action plan which fails to satisfy the criteria specified by the medical director or his or her designee or

(3) The “Community mental health provider” fails to implement a corrective action plan.

(b) Revocation shall only occur following the provision of 30 days' written notice. Such written notice shall state the reasons for the revocation and inform the “Community mental health provider” that it may appeal the decision. If an appeal of the decision is filed, the revocation shall be postponed pending final action by the director.

(c) The division shall withdraw a notice of revocation if, within the notice period, the “Community mental health provider” complies with or, in the judgment of the director or designee, has made progress toward complying with the “Medication Administration” protocols as outlined within this document.

(a) A request for appeal shall be submitted in writing to the director within 10 days following the date of the notification of revocation of authorization of a provider to administer medication or designation of a nurse trainer.

(b) The director shall immediately forward the request to the administrative appeals unit so that an appeal proceeding can be scheduled.

(c) Appeals shall be conducted in accordance with He-C 200.

He-M 1202.13 Waivers.

(a) A provider or “Community mental health provider” may request a waiver of specific procedures outlined in this Appendix, in writing, from the department.

(b) A request for waiver shall include:

(1) A specific reference to the section of the Appendix for which a waiver is being sought;

(2) A full explanation of why a waiver is necessary;

(3) A full explanation of alternative provisions or procedures proposed by the “Community mental health provider” or individual;

(4) If the setting is certified, the date of certification;

(5) Signature of the individual(s) or legal guardian(s) indicating agreement with the request; and

(6) Signature of the “Community mental health provider” executive director or designee recommending approval of the waiver.

(c) No provision or procedure prescribed by statute shall be waived.

(d) The director shall grant the waiver if he or she determines that the alternative proposed meets the objective or intent of the rule and does not negatively impact the health or safety of the individual(s).

(e) Upon receipt of approval of a waiver request, the “Community mental health provider”, the provider or individual's subsequent compliance with the alternative provisions or procedures approved in the waiver shall be considered compliance with the rule for which waiver was sought.

(f) Waivers shall be granted in writing for a specific duration not to exceed one year.

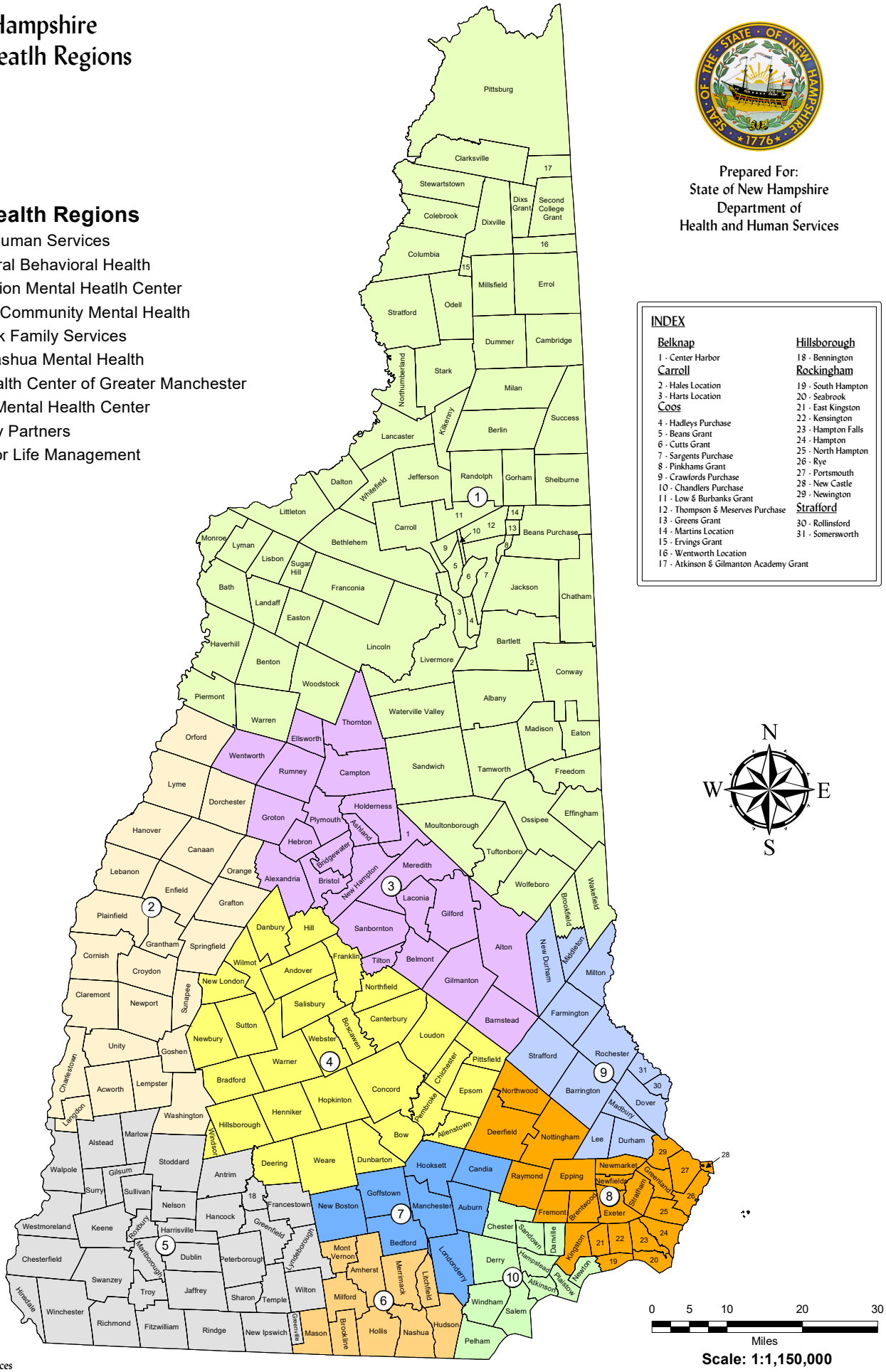
(g) An provider, a ”Community mental health provider” or individual may request a renewal of a waiver from the department. Such request shall be made at least 90 days prior to the expiration of a current waiver and shall not exceed one year.

New Hampshire
Mental Heatlh Regions

NH Mental Health Regions

1 Northern Human Services
2 West Central Behavioral Health
3 Lakes Region Mental Heatlh Center
4 Riverbend Community Mental Health
5 Monadnock Family Services
6 Greater Nashua Mental Health
7 Mental Health Center of Greater Manchester
8 Seacoast Mental Health Center
9 Community Partners
10 Center For Life Management

Prepared For:
State of New Hampshire
Department of
Health and Human Services



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Hillsborough
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Rockingham
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Prepared by:
NH Department of Safety
Division of Emergency Services
Mapping Section

New Hampshire Mental Health Services
Intake, Emergency Services, & Mobile Crisis Response Teams

REGION 1: *Northern Human Services*
87 Washington Street, Conway, NH 03818 (603) 447-3347

GENERAL INQUIRIES: (603) 447-3347

EMERGENCY SERVICES	Daytime #	After Hours #
BERLIN	(603) 752-7404	(603) 752-7404
COLEBROOK	(603) 237-4955	(603) 237-4955
CONWAY	(603) 447-2111	(603) 356-5461 (Memorial Hospital. Ask for Emergency Services)
LITTLETON	(603) 444-5358	(603) 444-5358
WOLFEBORO	(603) 569-1884	(603) 569-7500 (Huggins Hospital. Ask for Emergency Services)

REGION 2: *West Central Behavioral Health*
9 Hanover Street, Suite 2, Lebanon, NH 03766 (603) 448-0126

GENERAL INQUIRIES: (603) 448-0126

EMERGENCY SERVICES: (800) 564-2578

REGION 3: *Lakes Region Mental Health Center, Inc.*
40 Beacon Street East, Laconia, NH 03246 (603) 524-1100

GENERAL INQUIRIES: (603) 524-1100

EMERGENCY SERVICES: (603) 524-1100

REGION 4: *Riverbend Community Mental Health, Inc*
3 N State Street, PO Box 2032, Concord, NH 03301-2032 (603) 226-7505

GENERAL INQUIRIES: (603) 228-1551

EMERGENCY SERVICES: (844) 743-5748 or (844-7-HELP 4 U)

MOBILE CRISIS RESPONSE (24/7): (844) 743-5748 or (844-7-HELP 4 U)

REGION 5: *Monadnock Family Services*
64 Main Street, Suite 301, Keene, NH 03431 (603) 357-4400

GENERAL INQUIRIES: (603) 357-4400

EMERGENCY SERVICES: (603) 357-5270 After Hours: (603) 357-4400

REGION 6: *Greater Nashua Mental Health*
100 West Pearl Street, Nashua, NH 03060 (603) 889-6147

GENERAL INQUIRIES: (603) 889-6147

EMERGENCY SERVICES: (800) 762-8191

REGION 6: *Harbor Homes, Inc. Mobile Crisis Response Team*
45 High Street, Nashua, NH 03060 (603) 881-8436

MOBILE CRISIS RESPONSE (24/7): (603) 816-1010

REGION 7: *The Mental Health Center of Greater Manchester*
401 Cypress Street, Manchester, NH 03103 (603) 668-4111

GENERAL INQUIRIES: (603) 668-4111

EMERGENCY SERVICES: (603) 668-4111

MOBILE CRISIS RESPONSE (24/7): (800) 688-3544

REGION 8: *Seacoast Mental Health Center, Inc.*
1145 Sagamore Ave., Portsmouth, NH 03801 (603) 431-6703

GENERAL INQUIRIES: (603) 431-6703

EMERGENCY SERVICES:

EXETER	(603) 772-2710
PORTSMOUTH	(603) 431-6703

REGION 9: *Community Partners of Strafford County*
113 Crosby Road, Suite 1, Dover, NH 03820 (603) 516-9300

GENERAL INQUIRIES: (603) 516-9300

EMERGENCY SERVICES: (603) 516-9300

REGION 10: *Center for Life Management*
10 Tsienneto Road, Derry, NH 03038 (603) 434-1577

GENERAL INQUIRIES: (603) 434-1577

EMERGENCY SERVICES: (603) 434-1577

New Hampshire Mental Health System
Cities & Towns by Geographic Region

Region I

Albany
Bartlett
Bath
Benton
Berlin
Bethlehem
Brookfield
Carroll
Chatham
Clarksville
Colebrook
Columbia
Conway
Dalton
Dixville
Dummer
Easton
Eaton
Effingham
Errol
Franconia
Freedom
Gorham
Hart's Location
Haverhill
Jackson
Jefferson
Lancaster
Landaff
Lincoln
Lisbon
Littleton
Lyman
Madison
Milan
Monroe
Moultonborough
Northumberland
Ossipee
Piermont
Pittsburg
Randolph
Sandwich
Shelburne
Stark
Stewartstown
Stratford
Sugar Hill
Tamworth
Tuftonboro
Wakefield
Warren
Waterville
Wentworth Location
Whitefield
Wolfeboro
Woodstock

Region II

Acworth
Canaan
Charlestown
Claremont
Cornish
Croydon
Dorchester
Enfield
Goshen
Grafton
Grantham
Hanover
Langdon
Lebanon
Lempster
Lyme
Newport
Orange
Orford
Plainfield
Springfield
Sunapee
Unity
Washington

Region III

Alexandria
Alton
Ashland
Barnstead
Belmont
Bridgewater
Bristol
Campton
Center Harbor
Ellsworth
Gilford
Gilmanton
Groton
Hebron
Holderness
Laconia
Meredith
New Hampton
Plymouth
Rumney
Sanbornton
Thornton
Tilton
Wentworth

Region VI

Allenstown
Andover
Boscawen
Bow
Bradford
Canterbury
Chichester
Concord
Danbury
Deering
Dunbarton
Epsom
Franklin
Henniker
Hill
Hillsboro
Hopkinton
Loudon
New London
Newbury
Northfield
Pembroke
Pittsfield
Salisbury
Sutton
Warner
Weare
Webster
Wilmot
Windsor

Region V

Alstead
Antrim
Bennington
Chesterfield
Dublin
Fitzwilliam
Francestown
Gilsum
Greenville
Hancock
Harrisville
Hinsdale
Jaffrey
Keene
Lyndeborough
Marlborough
Marlow
Nelson
New Ipswich
Peterborough
Richmond
Rindge
Roxbury
Sharon
Stoddard
Sullivan
Surry
Swanzey
Temple
Troy
Walpole
Westmoreland
Wilton
Winchester

Region VI

Amherst
Brookline
Hollis
Hudson
Litchfield
Mason
Merrimack
Milford
Mont Vernon
Nashua

Region VII

Auburn
Bedford
Candia
Goffstown
Hooksett
Londonderry
Manchester
New Boston

Region VIII

Brentwood
Deerfield
East Kingston
Epping
Exeter
Fremont
Greenland
Hampton
Hampton Falls
Kensington
Kingston
New Castle
Newfields
Newington
Newmarket
North Hampton
Northwood
Nottingham
Portsmouth
Raymond
Rye
Seabrook
South Hampton
Stratham

Region IX

Barrington
Dover
Durham
Farmington
Lee
Madbury
Middleton
Milton
New Durham
Rochester
Rollinsford
Somersworth
Strafford

Region X

Atkinson
Chester
Danville
Derry
Hampstead
Newton
Pelham
Plaistow
Salem
Sandown
Windham

Community Mental Health Centers

Services provided by CMHCs include: 24-hour Emergency Services, Assessment and Evaluation, Individual and Group Therapy, Case Management, Community Based Rehabilitation Services, Psychiatric Services, and Community Disaster Mental Health Support. All CMHCs have specialized programs for older adults, children, and families. The Community Mental Health Centers also provide services and referrals for short-term counseling and support. Please call the general inquiries phone number to get connected to services.
https://www.dhhs.nh.gov/dcbcs/bbh/centers.htm

Emergency Services

Emergency Services ("ES") are available to anyone in the state 24/7 who is at risk of harm to themselves or others, or is experiencing a behavioral health crisis. Services can be provided over the phone or in person (in an office during business hours, most likely at a hospital after hours) by a mental health professional. ES is often the gateway to further services following the initial contact. If you are in immediate risk of suicide, in addition to calling ES, you can also call the National Suicide Prevention Lifeline at 1 800 273 TALK (8255).

Mobile Crisis Response Teams

Mobile Crisis Response Teams (MCRT) respond to what individuals define as a "crisis" in the community. The triage line will assess the best route for response and when appropriate, teams are sent to meet people in the community or, if the individual choses, at a MCRT site. MCRTs are available 24/7 and staffed by clinicians, Peer Specialists, and medical providers are available for consult. All have crisis apartments that are available for up to 7 days.

Peer Support Agencies

Peer support services are provided by and for people with a mental illness and are designed to assist people with their recovery. Peer support consists of supportive interactions based on shared experience among people and are intended to assist people to understand their potential to achieve their personal goals. Peer support agencies accomplish this by providing choice, using non-medical approaches to help, sharing decision making, encouraging informed decision making about all aspects of people's lives, challenging perceived self-limitations, etc. Services include, but are not limited to: face-to-face and telephone peer support; outreach; monthly educational events; activities that promote self-advocacy; wellness training; after hours warm line; crisis respite (24 hours, short-term, non-medical crisis program).
https://www.dhhs.nh.gov/dcbcs/bbh/peer.htm

NAMI New Hampshire

NAMI New Hampshire is a grassroots organization working to improve the quality of life for all by providing support, education and advocacy for people affected by mental illness.
Comprised of a network of affiliate chapters and support groups, staff and volunteers, NAMI NH provides information, education and support to all families and communities affected by mental illness.
Information & Resources line (800) 242-6264
http://www.naminh.org