State of New Hampshire
Department of Health and Human Services

REQUEST FOR PROPOSALS # RFP-2017-OIS-01-NEWHE

FOR

New HEIGTHTS Security Assessment and Enhancement Project

November 4, 2016
New Hampshire Department of Health and Human Services
New HEIGHTS Security Assessment Project

Table of Contents

1. INTRODUCTION ............................................................................................................... 4
   1.1. Purpose and Overview .......................................................................................... 4
   1.2. Request for Proposal Terminology ....................................................................... 5
   1.3. Contract Period .................................................................................................... 6
2. BACKGROUND AND REQUIRED SERVICES ................................................................. 6
   2.1. DHHS Background .............................................................................................. 6
   2.2. New HEIGHTS Background ................................................................................ 6
   2.3. Project Background .............................................................................................. 8
3. STATEMENT OF WORK ................................................................................................. 9
   3.1. SOW Preamble ..................................................................................................... 9
   3.2. REQUIREMENTS ................................................................................................. 11
   3.3. MARS-E 2.0 Assessment Deliverables ................................................................ 13
   3.4. MARS-E 2.0 Supporting Enhancement Project Requirements ............................ 14
   3.5. MARS-E 2.0 Supporting Enhancement Projects Deliverables ............................ 25
   3.6. Qualifications ..................................................................................................... 30
   3.7. Culturally and Linguistically Appropriate Standards ........................................... 33
4. FINANCE .......................................................................................................................... 36
   4.1. Financial Funding Sources ................................................................................... 36
   4.2. Financial Standards ............................................................................................... 36
5. PROPOSAL EVALUATION .............................................................................................. 36
   5.1. Technical Proposal – 80% Weight ....................................................................... 36
   5.2. Cost Proposal – 20% Weight ............................................................................... 36
   5.3. Evaluation Details ................................................................................................. 36
6. PROPOSAL PROCESS ...................................................................................................... 37
   6.1. Contact Information – Sole Point of Contact ....................................................... 37
   6.2. Procurement Timetable ....................................................................................... 39
   6.3. Bidders’ Questions and Answers ....................................................................... 39
   6.4. Proposal Submission ........................................................................................... 40
   6.5. Compliance .......................................................................................................... 40
   6.6. Non-Collusion ....................................................................................................... 40
   6.7. Collaborative Proposals ....................................................................................... 40
   6.8. Validity of Proposals ........................................................................................... 41
   6.9. Property of Department ....................................................................................... 41
   6.10. Proposal Withdrawal .......................................................................................... 41
   6.11. Public Disclosure ............................................................................................... 41
   6.12. Non-Commitment ............................................................................................... 42
   6.13. Liability ................................................................................................................ 42
   6.14. Request for Additional Information or Materials ............................................... 42
   6.15. Oral Presentations and Discussions ................................................................ 42
   6.16. Contract Negotiations and Unsuccessful Bidder Notice .................................. 42
   6.17. Scope of Award and Contract Award Notice ...................................................... 43
   6.18. Site Visits ............................................................................................................. 43
   6.19. Protest of Intended Award .................................................................................. 43
   6.20. CHANGE ORDERS ........................................................................................... 43

RFP-2017-OIS-01-NEWHE
Page 2 of 52
6.21. Contingency .................................................................................................................. 44

7. PROPOSAL OUTLINE AND REQUIREMENTS .................................................................. 45
   7.1. Presentation and Identification ................................................................................. 45
   7.2. Outline and Detail .......................................................................................................... 46

8. MANDATORY BUSINESS SPECIFICATIONS .................................................................. 52
   8.1. Contract Terms, Conditions and Liquidated Damages, Forms ................................. 52

9. ADDITIONAL INFORMATION ......................................................................................... 52
   9.1. Appendix A – Exceptions to Terms and Conditions .................................................. 52
   9.2. Appendix B – Contract Minimum Requirements (Example Only) .............................. 52
   9.3. Appendix C – Budget .................................................................................................. 52
   9.4. Appendix D – Personnel Sheet .................................................................................. 52
   9.5. Appendix E – CLAS Requirements .......................................................................... 52
   9.6. Appendix F – Controls List ........................................................................................ 52
   9.7. Appendix G – Liquidated Damages ............................................................................ 52
   9.8. Appendix H – Staff Titles and Roles .......................................................................... 52
1. INTRODUCTION

1.1. Purpose and Overview

This Request for Proposal is published to solicit proposals from Vendors to provide services to obtain CMS MARS-E 2.0 approval by completing the MARS-E 2.0 assessment in accordance with CMS regulations. The Department of Health and Human Services (DHHS) currently meets acceptable privacy and security levels and seeks to further improve the current risk posture, aligned with MARS-E 2.0, necessitating certain proactive efforts. These efforts include compliance and remediation planning and efforts including, but not limited to: independent assessments, development and execution of a remediation Plan of Action and Milestone (POAM) and other CMS documentation and deliverables. Completion of the efforts is to ensure compliance with CMS standards, retaining the Authority to Connect (ATC) to the Federal Hub – a critical element in administering health benefits to New Hampshire citizens. The purpose of this engagement is to obtain CMS MARS-E 2.0 approval by completing the assessment in accordance with CMS regulations.

DHHS currently meets acceptable privacy and security levels and seeks to further improve the current risk posture, aligned with MARS-E 2.0, necessitating certain proactive efforts. These efforts include compliance and remediation planning and efforts including, but not limited to: independent assessments, development and execution of a remediation Plan of Action and Milestone (POAM) and other CMS documentation and deliverables. Completion of the efforts is to ensure compliance with CMS standards, retaining the Authority to Connect (ATC) to the Federal Hub – a critical element in administering health benefits to New Hampshire citizens.

The MARS-E 2.0 Assessment Completion includes actions necessary to obtain CMS MARS-E 2.0 approval by completing the following to meet CMS regulations including but not limited to:

- Complete the Security and Privacy Assessment Report (SAR)
- Identify gaps and complete the System Security Plan (SSP) and resulting POA&M
- Address efforts to improve the risk posture as outlined in the Information System Risk Assessment (ISRA) and based on CMS requirements and feedback

In addition, the MARS-E 2.0 Supporting Enhancement Projects also includes remediation planning and support of identified security risks for the following security projects in support of CMS security and privacy regulations:

- Risk Management Program
- Third-Party Risk Management (TPRM)
- Vulnerability Management
- Data Classification
• Insider Threat Program (ITP)
• Tuning and Refinement of SIEM IdM, and MFA for MARS-E 2.0
• Privacy Program

1.2. Request for Proposal Terminology

ACA – Affordable Care Act (Patient Protection and Affordable Care Act of 2010)
IAM – Identity and Access Management Program. An identity and access management (IAM) program comprises a technology solution interwoven with relevant business processes, to manage the identity of users and their access to systems and applications in the organization.

Administering Entity - “Administering Entity” means a state Medicaid Agency, state Children’s Health Insurance Program (CHIP), a state basic health program (BHP), or an Exchange.

CMS - Centers for Medicare & Medicaid Services
DHHS – Department of Health and Human Services

High Risk Finding – Risk level of weakness identified in SAR, Audit or Review. The assignment of risk levels should follow the methodology outlined in NIST 800-30 Appendices G, H, and I. In assigning risk levels, CMS requires only 3 levels of granularity: High, Moderate, and Low.

The 3 risk levels can be defined as the following:

**High:** High risk means that a threat event could be expected to have a *severe or catastrophic* adverse effect on organizational operations, organizational assets, individuals, other organizations, or the Nation.

**Moderate:** Moderate risk means that a threat event could be expected to have a *serious* adverse effect on organizational operations, organizational assets, individuals, other organizations, or the Nation

**Low:** Low risk means that a threat event could be expected to have a *limited* adverse effect on organizational operations, organizational assets, individuals, other organizations, or the Nation

IdM – Identity Management Program

ISRA – Information System Risk Assessment Report

ITP – Insider Threat Program

MARS-E – Minimum Acceptable Risk Standards for Exchanges. In accordance with the agency's Information Security program, the Centers for Medicare & Medicaid Services (CMS) have assembled a document suite of guidance, requirements, and templates known as the Minimum Acceptable Risk Standards for Exchanges (MARS-E), Version 2.0. The guidance in the MARS-E document suite addresses the mandates of the
Patient Protection and Affordable Care Act of 2010 (hereafter simply the “Affordable Care Act” or “ACA”), and applies to all ACA Administering Entities.

MFA – Multi-factor Authentication (MFA) is a method of computer access control in which a user is only granted access after successfully presenting several separate pieces of evidence to an authentication mechanism

PIA – Privacy Impact Assessment

POA&M – Plan of Action and Milestones

RFP – Request for Proposals. A Request for Proposals means an invitation to submit a proposal to provide specified goods or services, where the particulars of the goods or services and the price are proposed by the vendor and, for proposals meeting or exceeding specifications, selection is according to identified criteria as provided by RSA 21-I:22-a and RSA 21-I:22-b.

SAR – Security and Privacy Assessment Report

SCA – Security and Privacy Controls Assessment

SSP – System Security Plan

TPRM – Third Party Risk Management Program. TPRM is the process whereby companies monitor and manage interactions with all external parties with which it has a relationship.

1.3. Contract Period

The Contract resulting from this RFP will be effective upon Governor and Executive Council approval through a date to be determined post work plan evaluation.

The Department reserves the right to extend contract services for up to four (4) years, contingent upon satisfactory performance of the vendor, continued funding and Governor and Executive Council approval.

2. BACKGROUND AND REQUIRED SERVICES

2.1. DHHS Background

The New Hampshire Department of Health and Human Services (DHHS), with ~$2B operating budget and ~2,800 employees, is the largest agency in New Hampshire state government responsible for the health, safety and well-being of the citizens of New Hampshire. DHHS provides services for individuals, children, families and seniors, and administers programs and services such as mental health, developmental disability, substance abuse, and public health. Majority of people who access Department services have multiple needs that require coordinated assistance from more than one program area. DHHS is also responsible to administer, at the State level, many federally enacted health and social service programs.

2.2. New HEIGHTS Background
New HEIGHTS is the Eligibility & Enrollment system for New Hampshire. New HEIGHTS is one of the largest computer systems operated and maintained in the Department of Health and Human Services (DHHS). It computes eligibility for approximately 30 of categories of assistance with more than 100 different variations. New HEIGHTS is used by more than 1000 users most of whom are DHHS employees. It includes client intake, cascading eligibility, client notices, caseload management tools, document imaging and many other features.

The NH EASY Gateway to services is a web-based application that is fully integrated with New HEIGHTS and allows providers and clients to create accounts to manage their benefits including the ability to apply for services, report changes, upload documents, check benefit status and select their health plan under managed care or premium assistance programs.

New HEIGHTS connects to the Federal Data Services Hub (FDSH) per requirements from CMS as a result of the "Patient Protection and Affordable Care Act of 2010" (ACA). This requires the New HEIGHTS system to meet 'Minimal Acceptable Risk Standards for Exchanges (MARS-E)' compliance in order to maintain the authority to connect (ATC) to the FDSH. The New HEIGHTS system was assessed based on MARS-E 1.0 standards, in 2013 and a draft MARS-E 2.0, in 2016.

Artifacts from MARS-E 1.0 and MARS-E 2.0 assessment of the New HEIGHTS system, include, but are not limited to:

- New HEIGHTS Privacy Impact Assessment (PIA)
- Security and Privacy Assessment Report (SAR)
- New HEIGHTS Information System Risk Assessment (ISRA)
- New HEIGHTS System Security Plan (SSP)
- New HEIGHTS System Security Plan (SSP) Workbook
- New HEIGHTS Plan of Action & Milestones (POA&M)

The New HEIGHTS system is the backbone of the eligibility determination and case management for the New Hampshire Department of Health and Human Services (DHHS). New HEIGHTS supports approximately 1,200 DHHS staff that process new applications, manage cases, and complete redeterminations. It automates more than 125 public assistance program variations, including 76 different Medicaid categories and manages approximately $1.2 billion in annual benefits to over 180,000 consumers.

In order to encourage clients to apply for assistance and make the eligibility determination process more transparent, New Hampshire implemented the screening functionality whereby providers and clients can now screen for all benefits including Medicaid to evaluate their potential eligibility. NH EASY Gateway to Services also offers a first-in- the-nation feature for clients to “go-green” with online notices and email “ticklers” for personalized correspondence. NH EASY Gateway to Services also allows clients to perform all of their redetermination and change reporting activities online.
The New HEIGHTS system constitutes the following components:

- New HEIGHTS application
- NH EASY Gateway to Services Application
- New HEIGHTS Mainframe (including z/OS, zLinux, Apache, WebSphere, and DB2)

Interfaces with the FDSH

- New HEIGHTS and NH EASY Applications are hosted on an IBM Mainframe zC13s with two Operating systems: zLinux for all online functionality and z/OS for batch execution and for the DB2 database. The system configuration includes the following components:
  - z/OS which has three partitions, the Production LPAR, Development LPAR for Testing and development and TSG LAPR for sandbox testing.
  - The application regions include: production, training, regression, system testing, integration and unit test
  - 20 applications are installed on 117 VMs (zLinux platform) to support the online functionality
  - RACF, LDAP & IDM provides the application and database security
  - 1,400 User Interface (UI) online screens/pages for the New HEIGHTS & NH EASY applications
  - 1200+ batch jobs
  - 5.9 million lines of code (Java and Cobol)
  - 165,000+ notices & letters are generated monthly
  - 180,000+ rules for eligibility determination across 125 benefit programs
  - 2,600 DB2 tables storing 1.5GB of data
  - Third party tools including HP Exstream, IBM MDM, IBM WDOM, Trumpia, Tibco CFI, TMON, CA-DB2 Tools, CA-ENDEVOR, CA-HARVEST
  - Mule (ESB) integration platform supports the exchange data between state and federal agencies
  - WebSphere Application Server and Apache Web Servers support business process execution

2.3. Project Background

The Centers for Medicare & Medicaid Services (CMS) has published a series of regulations, sub regulatory rules, documentation and guidance including that “CMS has assembled a document suite of guidance, requirements, and templates known as the Minimum Acceptable Risk Standards for Exchanges (MARS-E), Version 2.0. The
guidance in the MARS-E document suite addresses the mandates of the Patient Protection and Affordable Care Act of 2010 (hereafter simply the “Affordable Care Act” or “ACA”), and applies to all ACA Administering Entities. “Administering Entity” means Exchanges or Marketplaces, whether federal or state; state Medicaid agencies, Children’s Health Insurance Program (CHIP) agencies, or state agencies administering the Basic Health Program (https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2-MARS-E-v2-0-Minimum-Acceptable-Risk-Standards-for-Exchanges-11102015.pdf).

3. STATEMENT OF WORK

3.1. SOW Preamble

3.1.1. MARS-E 2.0 Assessment Completion and Supporting Projects included in this RFP includes full development and completion of the MARS-E ATC package based on an assessment of the New HEIGHTS system and the new security and privacy controls for CMS’ Minimum Acceptable Risk Standards for Exchanges (MARS-E) 2.0 package. All MARS-E 2.0 Assessment Completion requirements and deliverables will be fully developed and completed in accordance with CMS MARS-E regulations and sub regulatory regulations, requirements, guidance, and feedback; and in accordance with CMS mandated timelines. MARS-E 2.0 Assessment Completion includes requirements necessary to gain CMS MARS-E compliance and approval.

3.1.2. The “Patient Protection and Affordable Care Act of 2010” (ACA) requires the department’s integrated eligibility system New HEIGHTS to be MARS-E compliant in order to maintain the authority to connect (ATC) to the Federal Data Services Hub (FDSH).

3.1.3. The Centers for Medicare & Medicaid Services (CMS) has assembled a document suite of guidance, requirements, and templates known as the Minimum Acceptable Risk Standards for Exchanges (MARS-E), Version 2.0. The guidance in the MARS-E document suite addresses the mandates of the Patient Protection and Affordable Care Act of 2010 (hereafter simply the “Affordable Care Act” or “ACA”), and applies to all ACA Administering Entities.

3.1.4. Version 2.0 of the MARS-E document suite consists of four (4) companion documents:

3.1.4.1. Volume I: Harmonized Security and Privacy Framework, Version 2.0 - This Harmonized Security and Privacy Framework introduce and define the CMS framework for managing the security and privacy of the information systems operated by ACA Administering Entities. CMS intends to foster a collaborative discussion with ACA Administering Entities to ensure that the Harmonized Security and Privacy Framework
and the overall Framework solution provide the necessary and effective security and privacy standards for the respective systems and data, as well as a flexible basis to support compliance with applicable federal and state security and privacy laws and regulations

3.1.4.2. **Volume II: Minimum Acceptable Risk Standards for Exchanges, Version 2.0** - This volume II: Minimum Acceptable Risk Standards for Exchanges provides detailed background on the content of these security and privacy controls and the agreed-upon direction for how the controls must be used. This document also provides master lists of acronyms and a glossary of terms for the MARS-E document suite.


3.1.4.3.1. Present implementation standards for key security and privacy controls consistent with the updated specifications of privacy and security requirements contained in Department of Health and Human Services ACA Regulations (45 CFR §§155.260 and 155.280)

3.1.4.3.2. Communicates revised Internal Revenue Service (IRS) requirements in IRS Publication 1075, Tax Information Security Guidelines for Federal, State and Local Agencies for safeguarding Federal Tax Information (FTI).

3.1.4.4. **Volume IV: ACA Administering Entity System Security Plan, Version 2.0** - This Volume IV includes detailed instructions for supplying the contents of a System Security Plan (SSP), which includes:

3.1.4.4.1. Part A, Executive Summary and System Identification

3.1.4.4.2. Part B, the System Security Controls Implementation Plan
3.1.4.4.3. Part C, the System Privacy Controls Implementation Plan
3.1.4.4.4. Part D, SSP Attachments
3.1.4.4.5. Appendix A – IRS Requirements for Safeguarding Federal Tax Information (FTI)
3.1.4.4.6. Appendix B – Security and Privacy Agreements and Compliance Artifacts Parts B and C include the contents of Volume III: Catalog of Minimum Acceptable Risk Security and Privacy Controls for Exchanges for completion of details by Administering Entities

3.1.5. Supporting Artifacts - The following artifacts from MARS-E 1.0 assessment will be made available to the selected vendor for review after contract award.

3.1.5.1. Information System Risk Assessment (ISRA)
3.1.5.2. System Security Plan (SSP)
3.1.5.3. System Security Plan (SSP) Workbook
3.1.5.4. Plan of Action and milestones (POA&M) document

3.2. REQUIREMENTS

3.2.1. MARS-E 2.0 Assessment

3.2.1.1. The vendor shall fully create, address, develop, and complete all CMS deliverables defined in MARS-E 2.0 Assessment requirements and assemble all necessary evidence for submission to the department and CMS for approval. Deliverables will be considered complete once department and CMS approval is obtained.

3.2.1.2. Vendor shall provide all assessment and remediation to the Department and Department contractors for the full completion of the MARS-E 2.0 Assessment. Remediation efforts will minimally include but may not be limited to the list of controls identified in Appendix F.

3.2.1.3. Vendor shall support iterative submissions to CMS of the SAR, ISRA, SSP and POA&M in accordance with recommendations from CMS.

3.2.2. System Security Plan (SSP)

3.2.2.1. The Vendor must develop and complete the System Security Plan (SSP) according to the MARS-E 2.0 regulations, guidelines and CMS guidance.
3.2.2.2. The Vendor must develop and complete the Security and Privacy Workbooks according to the MARS-E 2.0 regulations, guidelines and CMS guidance.

3.2.2.3. Vendor must specifically use the CMS guidance document - Volume IV: ACA Administering Entity System Security Plan for this deliverable. Deliverables are considered complete upon the department and CMS final approval.

3.2.3. Security & Privacy Assessment Report (SAR)

3.2.3.1. The Vendor must conduct and complete the Security and Privacy Controls Assessment (SCA) of the New HEIGHTS system against the full set of MARS-E 2.0 controls. Security & Privacy Controls Assessment (SCA) should minimally include:

3.2.3.1.1. Security Control Technical Testing.
3.2.3.1.2. Adherence to the Organization's security and privacy program, policies and guidance.
3.2.3.1.3. Network and Component Scanning.
3.2.3.1.4. Configuration Assessment.
3.2.3.1.5. Documentation review.
3.2.3.1.6. Personnel Interviews.
3.2.3.1.7. Observation.

3.2.3.2. The Vendor must Develop and complete the Security Assessment Report (SAR) according to the MARS-E 2.0 regulations, guidelines and CMS guidance.

3.2.3.3. The Vendor must provide automated tools to compliment NH's limited amount of tools and use those automated tools to validate controls as specified by CMS.

3.2.3.4. The SAR should contain at a minimum steps taken to achieve end results, methods and tools used, contain a completed table to show all findings, and a rollup of all findings.

3.2.3.5. The Vendor must specifically use - *Volume III: Catalog of Minimum Acceptable Risk Security and Privacy Controls for Exchanges* and *Framework for the Independent Assessment of Security and Privacy Controls* for this deliverable. Deliverables are considered complete upon the department and CMS final approval.

3.2.4. Information Security Risk Assessment (ISRA)

3.2.4.1. The Vendor must conduct Information Security Risk Assessment (ISRA). At a minimum, the documentation needs
to include all high risk findings / vulnerabilities in the environment as defined by CMS documentation and ongoing feedback.

3.2.4.2. The Vendor must specifically use - Information Security Risk Assessment Procedure guidance document for this deliverable. Deliverables are considered complete upon the department and CMS final approval.

3.2.5. Plan of Action and Milestone (POAM)

3.2.5.1. The Vendor must develop a fully populated and aligned Plan of Action and Milestones Document listing the controls that needs to be implemented based on the results of the assessment.

3.2.5.2. The Vendor must develop an aligned remediation strategy and plan with timeline to implement the full set of applicable controls for the MARS-E 2.0 compliance.

3.2.5.3. The Vendor must develop and complete a plan to address/mitigate privacy issues and assist the department to submit mitigation response.

3.2.5.4. The Vendor must ensure POAM controls will be individually listed in the POAM document. Any POAM items that have the same resolution will be grouped and referenced to each other in a clear, concise manner.

3.2.5.5. The Vendor must ensure POA&M, SSP, ISRA & SAR are consistent and are an accurate reflection of the DHHS New HEIGHTS current environment in regards to identified findings and POA&Ms.

3.2.5.6. The Vendor must specifically use - Plan of Action and Milestones Template V4_2.xlsx for this deliverable. Deliverables are considered complete upon the department and CMS final approval.

3.3. MARS-E 2.0 Assessment Deliverables

3.3.1. All deliverables listed in this section will be consistent with section 3.2 Requirements above. The deliverables included in the MARS-E 2.0 Assessment Completion are significantly time-constrained and will require the vendor to fully engage in the project immediately upon contract agreement. The vendor will propose a timeline and work with the Department to obtain CMS approval. After CMS approval of the timeline has been obtained, the vendor will ensure that all deliverables are delivered to the Department at least 5 days in advance of the CMS approved timeline. Deliverables are considered complete upon the department and CMS final approval.
3.3.2. MARS-E 2.0 Assessment Completion Deliverables.

3.3.2.1. Completed SAR.
3.3.2.2. Completed SSP template and workbooks.
3.3.2.3. Completed ISRA.
3.3.2.4. POA&M document and map
3.3.2.5. Weekly updated drafts of SAR, SSP and workbooks, ISRA, and POA&M.
3.3.2.6. Remediation plan for all high risk findings.
3.3.2.7. Project Plan.
3.3.2.8. Risk Management Plan.
3.3.2.9. Weekly status reports.
3.3.2.10. Meeting schedule for each work track.

3.4. MARS-E 2.0 Supporting Enhancement Project Requirements

The MARS-E 2.0 Supporting Enhancement Project Scope includes MARS-E 2.0 alignment support of identified security risks for the following security projects:

3.4.1. Risk Management

The intent of this project is to build and develop a Risk Management program to govern systems processing Medicaid data and manage risks as Medicaid data flows through DHHS systems. DHHS requires support, coordination and completion of the following remediation efforts, in accordance with NIST guidelines, related to the risk management program.

3.4.1.1. The Vendor must develop and complete a Cyber Security Charter for the agency that would define the mission, scope, accountability, organizational structure and authority for effective risk management.

3.4.1.2. The Vendor must develop and complete business process and procedures for cyber security policy life cycle management to include but not limited to initiation, development, deployment, review and revision tracking, and exception management.

3.4.1.3. The Vendor must develop and complete templates for Security policies, procedures and standards.

3.4.1.4. The Vendor must develop and complete the Security Policy Handbook that will include:

3.4.1.4.1. Information Security Policy.
3.4.1.4.2. Risk management policy.
3.4.1.4.3. Access control management policy.
3.4.1.4.4. Incident management policy.
3.4.1.4.5. Process for exception management and tracking policy compliance.

3.4.1.5. The Vendor must develop and complete the strategy and architectural blueprint for enterprise risk governance to include roles and responsibilities for risk management, reporting and accountability requirements, policy alignment and management, integrated risk and compliance strategy.

3.4.1.6. The Vendor must develop and complete risk management methodology to rationalize risk controls and manage enterprise risks in accordance with NIST guidelines. Methodology shall include: include identification of enterprise risk categories, risk profile, risk register, and architecture design for linking risks to controls and additional criteria to be identified by the department.

3.4.1.7. The Vendor must develop and complete a risk harmonized single integrated view of security control requirements with traceability to authoritative sources. Authoritative sources must minimally include:

3.4.1.7.1. NIST Cyber Security Framework.
3.4.1.7.2. Health Insurance Portability and Accountability Act (HIPAA) – Security Rule.
3.4.1.7.3. Center of Medicare and Medicaid Services Minimum Acceptable Risk Standards for Exchange (CMS MARS-E).
3.4.1.7.4. Internal Revenue Services (IRS) 1075.
3.4.1.7.5. Security requirements from Office of the Administration for Children and Families (ACF).
3.4.1.7.6. Security requirements from Select-agent requirements for Center for Disease Control and Procedures (CDC).

3.4.1.8. The Vendor must develop the repository for single source of truth for compliance for the above listed authoritative sources.

3.4.1.9. The Vendor must develop an approach which must include the process for conducting security related risk and compliance assessments in accordance with the NIST cyber security framework.
3.4.1.10. The Vendor must develop processes to track and prioritize risks and remediation activities based on the organization’s appetite for risk tolerance and the organization’s risk.

3.4.1.11. The Vendor must identify and track potential risks.

3.4.1.12. The Vendor must maintain a library of assessment questions.

3.4.1.13. The Vendor must track and report on findings and risk profile.

3.4.2. Third-Party Risk Management (TPRM)

DHHS provides many programs and services for individuals, children, families and seniors, and administers programs and services such as mental health, developmental disability, substance abuse, and public health. To effectively deliver these programs and services, DHHS partners with various third-party vendors. This requires the department to entrust sensitive information and operations with third-parties which in turn places the department at increased regulatory and reputational risk. To mitigate this risk, the department requires an effective TPRM program. To support this initiative, the Vendor must:

3.4.2.1. Catalog and classify the department’s third parties (partners, service providers etc. [~50]).

3.4.2.2. Create profiles of third parties to include details such as primary contact, contract expiration, renewal options, business/program in DHHS served, applicable regulatory controls and other information for effective vendor relationship and risk management.

3.4.2.3. Conduct workshops with stakeholders (i.e., Security group, contracting group etc.) to review existing third-party management lifecycle processes and identify gaps.

3.4.2.4. Establish the TPRM lifecycle based on NIST guidelines.

3.4.2.5. Develop TPRM policy.

3.4.2.6. Develop a risk assessment questionnaire and conduct risk assessment of up to fifteen (15) third parties using the questionnaire. Tabulate results using standard risk assessment tiers.

3.4.2.7. Develop a risk stratification process to identify potential risks associated with the sampled vendors. Establish the Governance, framework, controls, oversight and reporting process for the TPRM program.

3.4.3. Vulnerability Management

The purpose of the Vulnerability Management initiative is to test and analyze the State’s infrastructure and network components for vulnerabilities and
secure configuration standards based on NIST standards. As part of this initiative the vendor must conduct the following three (3) assessments:

3.4.3.1. Internal Network Assessment.
3.4.3.2. External Network Assessment.
3.4.3.3. Secure Configuration Review.

3.4.3.4. To effectively conduct assessments in the above three (3) categories, the vendor must:

3.4.3.4.1. Inventory and map assets on the segment of the network that accommodates data flow to the NH EASY and the NEW HEIGHTS environments.
3.4.3.4.2. Build a network map to provide visibility on connected and dependent devices for the NEW HEIGHTS environment.
3.4.3.4.3. Identify and assign business value to the inventoried assets.
3.4.3.4.4. Conduct vulnerability scans inside the network for no less than 6 selected Class C ranges.
3.4.3.4.5. Provide a report that has, at a minimum, the CVE#, description of the vulnerability and the CVSS score for the internal network scan.
3.4.3.4.6. Conduct vulnerability scans outside the network blocked by firewall. This test needs to include internet facing network devices such as firewalls, proxy servers etc. that are used to support DHHS systems handling Medicaid data. Test needs to be conducted on no less than 15 selected Class C ranges.
3.4.3.4.7. Provide a report that has, at a minimum, the CVE#, description of the vulnerability and the CVSS score for the external network scan.
3.4.3.4.8. Conduct multiple forms of testing to provide the department with more awareness of the potential security vulnerabilities.
3.4.3.4.9. Review results and identify false positives.
3.4.3.4.10. Conduct secure configuration review of select internal devices (e.g., firewalls, routers, proxy servers, critical servers) that support DHHS systems processing Medicaid data, to identify variances from NIST practices. Configuration review needs to be conducted on no less than 16 devices.
3.4.3.4.11. Conduct port scanning to identify any open ports or services on devices or servers reachable via the Internet.

3.4.3.4.12. Connect to open ports using various network utilities to determine the type(s) of operating system(s), firewall application(s), and network service versions being used.

3.4.3.4.13. Use vulnerability testing tools and techniques such as custom validation and reporting scripts to identify specific vulnerabilities or exposure points (e.g., shared drives and NFS mounts, SNMP management vulnerabilities, insecure Windows registry settings, etc.).

3.4.3.4.14. Conduct vulnerability scanning to identify known problem areas of operating systems, mail servers, web servers, DNS servers, routers, and firewalls.

3.4.3.4.15. Carefully plan the controlled testing in close coordination with DHHS and DoIT personnel.

3.4.3.4.16. Provide subject matter expertise to prioritize the remediation of identified vulnerabilities.

3.4.4. Data Classification

Department of Health & Human Services uses immense quantities of information, obtained from diverse data sources, to provide services to the citizens of New Hampshire. Classification of data will aid in determining the appropriate security controls for the protection of data. The purpose of this initiative is to establish a data classification program and develop a framework for classifying data based on its level of sensitivity, value and criticality to the mission of the organization and as required by the security policy of the organization. To establish the data classification program in DHHS, the Vendor must:

3.4.4.1. Conduct workshops with business stakeholders and/or business units to identify the sensitivity levels of different datasets the comprise that enterprise data.

3.4.4.2. Create a classification scheme, 3 to 4 levels, based on the criticality and sensitivity of the enterprise data should that data be disclosed, altered or destroyed without authorization.

3.4.4.3. Establish the classification framework in accordance with NIST guidelines.

3.4.4.4. Identify business owners accountable for information governance (data owners).
3.4.4.5. Create a classification scheme that defines attributes for data classification, such as data ownership, definition of security levels (confidentiality, integrity and availability), and a brief description of data retention and destruction requirements. If an appropriate classification cannot be determined for certain data sets, the Federal Information Processing Standards (FIPS) Publication 199 (http://csrc.nist.gov/publications/fips/fips199/FIPS-PUB-199-final.pdf) needs to be used.

3.4.4.6. Conduct workshops and/or create awareness materials for data owners to understand the data classification and the value of the assets they own.

3.4.4.7. Develop a data classification policy to ensure that information and data are labeled, handled, protected and otherwise secured in a manner consistent with the data classification categories.

3.4.4.8. Define steps and develop procedures for the department and the employees to identify, classify and mark data classification (examples where tags are added – document header/footer, watermark in the document, metadata field in the document, email subject line, email message footer etc.) When data is obtained, created, used, stored, transported or destroyed.

3.4.4.9. Define steps to be followed by agency and employees to protect information, based on classification, when data is stored, used and transported as part of business process.

3.4.4.10. Develop data handling policy and procedure with explicit instructions and specific controls that apply for the information based on the classification schema.

3.4.4.11. Conduct workshops to document use cases for data protection.

3.4.4.12. Develop no less than 15 use cases for data protection.

3.4.4.13. Develop procedures to integrate data classification, data handling and data protection with the PMO and Contracting functions in the organization.

3.4.5. **Insider Threat Program (ITP)**

The purpose of the Insider Threat Program initiative is to minimize the irrevocable harm – malicious, exploited or unintentional to Medicaid services and/or information. As part of this initiative, vendor must develop and execute an insider threat detection program and shall conduct the following activities.

3.4.5.1. Conduct a workshop/presentation to DHHS Executive Leadership to demonstrate the threat of behavioral risk
(malicious, exploited and unintentional) to the functions of the organization and obtain consensus.

3.4.5.2. Demonstrate to the DHHS Executive Leadership how the roadmap for the ITP will be aligned to the organizations culture and address compliance (CMS requirements)

3.4.5.3. Identify vulnerabilities, catalog behavioral risk indicators and evaluate risks, catalog insider threats and assist the DHHS Executive Leadership to prioritize insider threats

3.4.5.4. Develop an insider threat prioritization framework based upon identified risks and threat vectors that pertain to DHHS. Framework needs to provide a structure for how DHHS can collect, correlate, and visualize potential risk indicators across the workforce and potentially disrupt emerging insider threats

3.4.5.5. Develop use cases in accordance with the prioritization framework. Use cases need to focus on common ways data can be ex-filtrated and other key threats (e.g., sabotage and espionage) and documented in order to capture key data elements

3.4.5.6. Develop an actionable and prioritized roadmap designed to mature the insider threat program. Roadmap to include:

3.4.5.6.1. Technologies (eg. Threat detection software, DLP, decision support tools etc.) required to support the program

3.4.5.6.2. Personnel skills required to support the program

3.4.5.6.3. Integration with Enterprise GRC

3.4.5.7. Assist in the development of communication plan to support launch of ITP. Identify and recommend areas for improvement of current Security Awareness & Training program to address insider threats.

3.4.5.8. Establish governance to ensure insider threat detection program is legally sound, compliant with regulations, and follows the pre-approved concept of operations, policies and procedures.

3.4.5.9. Establish program metrics to measure the program’s effectiveness. Metrics to include the number of risk alerts generated, inquiries conducted, investigations opened, proprietary documents recovered, etc.

3.4.6. SIEM IdM, and MFA Tuning and Refinement for MARS-E 2.0
The DHHS New HEIGHTS QRadar instance operates in the State of New Hampshire Data Center and is integrated with New HEIGHTS system components (zOS, WebSphere, Apache, zLinux, DB2, RACF).

DHHS has developed an IBM Identity and Multi-Factor-Authentication (MFA) solution in place for DHHS. This solution includes application management of custom Java application program interfaces (API) and integration with the New HEIGHTS Java application, the Lawson ERP system, LDAP and RACF on the mainframe.

### 3.4.7. SIEM Tuning and Refinement

3.4.7.1. The vendor shall include a thorough review of the SIEM logging based upon new MARS-E 2.0 standards and requirements, providing support and development to update, edit, enhance, refine and tune the implementation in order to develop a MARS-E 2.0 compliant system information and event management monitoring system.

3.4.7.2. The vendor shall provide implementation support which includes monitoring and tuning of event analysis and correlation, reporting, and resolution for the Security Information and Event Management (SIEM) system, to optimize performance and monitor risk based on the MARS-E 2.0 requirements. To develop a comprehensive profile of SIEM events in order to tune and refine, this activity will be performed as an ongoing process through the contract term, including:

3.4.7.2.1. The vendor shall conduct tuning of SIEM alerts based on evolving requirements and vulnerabilities based on MARS-E 2.0 guidance

3.4.7.2.2. The vendor shall assess and enhance existing use cases, reports, triggers, events and alerts to ensure the system meets or exceeds MARS-E 2.0 CMS regulations, requirements, and guidance; this includes daily review of system events including logs, events, and indicators in support of continually assessing the system.

3.4.7.2.3. The vendor shall identify, review, analyze, escalate, and remediate to completion any triggered alerts / events.

3.4.7.2.4. The vendor shall create weekly summary reports of SIEM activity, events, and alerts triggered, and remediation / resolution status for each alert / event triggered.
3.4.7.2.5. The vendor shall provide resource assessments, remediation and other plans to develop a stable and complaint operational system and an action plan for future maintenance and operations.

3.4.7.2.6. The vendor shall provide technical support, patches, and periodic upgrades.

3.4.7.2.7. The vendor shall proactively work with the department and State staff to continue refining the SIEM by identifying, tracking, and resolving any false positive events and alerts to ensure system is functioning as optimally as achievable.

3.4.7.2.8. The vendor shall provide technical support and expertise for IBM Security Information and Event Management System (QRadar) v7.2.3.

3.4.8. IdM MARS – E 2.0 Tuning and Refinement

3.4.8.1. Technical support for IBM Security Identity Manager (ISIM), IBM Security Privileged Identity Manager (ISPIM) The IdM solution supports the following functions and stakeholders:

3.4.8.1.1. Citizen and Provider registration in NH EASY.

3.4.8.1.2. NH EASY login for citizens & providers.

3.4.8.1.3. Granting DHHS employee, community partners, & contractor access to New HEIGHTS.

3.4.8.1.4. Modifications of New HEIGHTS access rights for employee & contractor.

3.4.8.1.5. New HEIGHTS and NH EASY user self-service change and forgot password.

3.4.8.1.6. Privileged developer access to RACF (New HEIGHTS and NH EASY infrastructure).

3.4.8.2. The IdM is integrated with the following enterprise services:

3.4.8.2.1. New HEIGHTS & NH EASY Web Services maintained by New HEIGHTS/Deloitte.

3.4.8.2.2. zOS RACF maintained by TSG.

3.4.8.2.3. LAWSON HR system maintained by DoIT.

3.4.8.2.4. Directory Server/LDAP maintained by TSG.

3.4.8.3. To support IdM requirements per MARS-E 2.0 guidance, the IdM used for identity management and MFA must be monitored.
and tuned based on monitoring results for the duration of the contract term, including

3.4.8.3.1. The vendor shall conduct troubleshooting of ISIM & IPIM issues and work with application team for resolution.

3.4.8.3.2. The vendor shall work with multiple stakeholders (Application team, Infrastructure team, etc.) for troubleshooting any issues.

3.4.8.3.3. The vendor shall provide Support for ISIM, IPIM including service reboot/re-start support, testing of new patches in the non-PROD region and applying the patch to the appliance.

3.4.8.3.4. Monitoring of system resource usage, log files and other exceptions including coordination with stakeholders, troubleshooting, communication and problem resolution.

3.4.8.3.5. Audit reporting and management, support for audit and accountability management requests for information.

3.4.8.3.6. Operation of IdM directory server

3.4.8.3.7. Monitoring of hardware health (CPU, Memory, Disk space).

3.4.8.3.8. Management of IdM application Web services integration.

3.4.8.3.9. Analyzing, testing and applying vendor upgrades/patches, including proper backup mechanism before applying upgrades/patches.

3.4.8.3.10. Proper audit log archiving and rotation based on CMS requirements.

3.4.9. Privacy Program

3.4.9.1. Privacy Project Introduction

3.4.9.1.1. NH DHHS is responsible for protecting the Privacy of individuals and their personally identifiable information (PII) that is collected, maintained, used, shared, and disposed of by Programs and Information Systems in DHHS. It is also the responsibility of NH DHHS to ensure compliance with all applicable privacy laws, regulations, and agreements.
3.4.9.1.2. 45 C.F.R §155.260(a)(1) - Privacy and security of personally identifiable information, establishes creation, collection, use, and disclosure of PII, where the collection of PII is for the purposes of determining eligibility for enrollment.

3.4.9.1.3. Other federal, state, or territory privacy laws and regulations may also apply to NH DHHS business functions and the information systems in addition to 45 C.F.R. §155.260.

3.4.9.1.4. The Centers for Medicare and Medicaid Services (CMS) requires NH DHHS to identify, document, and implement privacy control requirements using the Catalog of Minimum Acceptable Risk Security and Privacy Controls, Volume III, Version 2.0.

3.4.9.1.5. The Privacy Controls are the administrative, technical, and physical safeguards employed to protect and ensure proper handling of PII. MARS-E 2.0 features eight (8) new families of privacy controls based on NIST SP 800-53 Rev 4 Appendix J, and CMS Acceptable Risk Safeguards (ARS) 2.0 control sets customized for ACA.

3.4.9.2. The privacy control families are:

3.4.9.2.1. Authority and Purpose (AP)
3.4.9.2.2. Accountability, Audit, and Risk Management (AR)
3.4.9.2.3. Data Quality and Integrity (DI)
3.4.9.2.4. Data Minimization and Retention (DM)
3.4.9.2.5. Individual Participation and Redress (IP)
3.4.9.2.6. Security (SE)
3.4.9.2.7. Transparency (TR)
3.4.9.2.8. Use Limitation (UL)
3.4.9.2.9. Privacy Program Requirements

3.4.9.3. To support and complete the Privacy Program initiative the vendor must:

3.4.9.3.1. Analyze and document the business environment, business functions and information systems in which PII will be collected, created, used, disclosed, retained, and destroyed.
3.4.9.3.2. Analyze and document the legal environment, including state laws and agreements that will govern the NH DHHS business functions and use of PII.

3.4.9.3.3. Analyze and document how NH DHHS has interpreted and implemented the privacy obligations outlined in 45 CFR §155.260(a)(3)(i-viii).

3.4.9.3.4. Catalog Individuals responsible for oversight of the NH DHHS privacy program and who will monitor privacy compliance including the NH DHHS Senior Official for Privacy.

3.4.9.3.5. Identify and record potential privacy risks.

3.4.9.3.6. Identify and document how a control(s) in the Catalog of Minimum Acceptable Risk Security and Privacy Controls, Volume III, Version 2.0 applies to NH DHHS operational and system environment.

3.4.9.3.7. Cross-walk and ensure controls identified in the Authority and Purpose (AP) match the control in the System Security Plan (SSP).

3.4.9.3.8. Establish the privacy program based on the controls documented in the System Security Plan (SSP).

3.4.9.3.9. Create education and training program.

3.4.9.3.10. Create privacy policies and standard operating procedures (e.g. the Privacy Incident Response Plan).

3.4.9.3.11. Create data retention and destruction procedures to align with the MARS-E control requirements.

3.5. **MARS-E 2.0 Supporting Enhancement Projects Deliverables**

All deliverables listed in this section will be consistent with section 3.1 Requirements above. Efforts and activities defined above must be complete in entirety, at a minimum reporting of those efforts will be included in the deliverables outlined below. Additional deliverables to provide more comprehensive reporting can be included as recommendations in the proposal.

3.5.1. **Risk Management**


3.5.1.2. Policy Lifecycle Management Process.

3.5.1.3. DHHS Security Policies Handbook.

3.5.1.4. Strategy and Architectural Blueprint for Enterprise Risk Governance.
3.5.1.5. Risk Management Methodology document.
3.5.1.6. Processes to update and maintain the harmonized risk requirements.
3.5.1.7. Rationalized control framework from 6 authoritative sources.
3.5.1.8. Risk assessment methodology and processes document.
3.5.1.9. Fully developed remediation plan that provides a NH DHHS roadmap for future implementation of all recommendations and identified gaps. Vendor shall deliver the plan as part of the consolidated remediation plan referenced in section 3.5.8.

3.5.2. Third party Risk Management Program
3.5.2.1. Catalog and classification of DHHS’s third parties including profiles of third parties.
3.5.2.2. Plan and schedule for conducting Workshops with stakeholders regarding TPRM process and grants.
3.5.2.3. Documentation of outcomes of TPRM workshops.
3.5.2.4. Third-Party Risk Management (TPRM) Operating Model and Policy.
3.5.2.5. Risk Assessment Questionnaire and tabulated results from the sample.
3.5.2.6. Documentation of Governance, framework, controls, oversight, and reporting process for TPRM.
3.5.2.7. Develop training materials for TPRM process.
3.5.2.8. TPRM Program Roll-Out Development Plan.
3.5.2.9. Fully developed remediation plan that provides a NH DHHS roadmap for future implementation of all recommendations and identified gaps. Vendor shall deliver the plan as part of the consolidated remediation plan referenced in section 3.5.8.

3.5.3. Vulnerability Management
3.5.3.1. Internal network testing report.
3.5.3.2. External network testing report.
3.5.3.3. Device Secure Configuration assessment report.
3.5.3.4. Full Developed vulnerability remediation report.

3.5.4. Data Classification
3.5.4.1. Plan and schedule for conducting all workshops defined in the requirements regarding data classification.
3.5.4.2. Documentation of outcomes of Data Classification workshops.
3.5.4.3. Data Classification Policy and Procedure Manual.
3.5.4.4. Data classification scheme.
3.5.4.5. Classification framework and data Governance documentation.
3.5.4.6. Five (5) High Level Data Flow Maps.
3.5.4.7. Documentation of up to Fifteen (15) Data Handling Use Cases.
3.5.4.8. Fully developed remediation plan that provides a NH DHHS roadmap for future implementation of all recommendations and identified gaps. Vendor shall deliver the plan as part of the consolidated remediation plan referenced in section 3.5.8.

3.5.5. Insider Threat Program

3.5.5.1. Plan and schedule for conducting all workshops defined in the requirements regarding the Insider Threat Program.
3.5.5.2. Documentation of outcomes of Insider Threat Program workshops.
3.5.5.3. Insider threat prioritization framework.
3.5.5.4. Five (5) insider threat use cases.
3.5.5.5. Insider Threat Program maturity roadmap.
3.5.5.6. Communication Plan for the ITP.
3.5.5.7. Governance Plan for ITP.
3.5.5.8. Program Metrics documentation.
3.5.5.9. Fully developed remediation plan that provides a NH DHHS roadmap for future implementation of all recommendations and identified gaps. Vendor shall deliver the plan as part of the consolidated remediation plan referenced in section 3.5.8.

3.5.6. Tuning and Refinement of SIEM IdM, and MFA for MARS-E 2.0

3.5.6.1. Assessment and work plan to meet CMS MARS-E 2.0 regulations and controls for SIEM, IdM, and MFA.
3.5.6.2. Crosswalk to CMS MARS-E 2.0 catalog of minimum acceptable risk security and privacy controls for exchanges validating compliance.
3.5.6.3. Fully developed plans that provide a NH DHHS roadmap for resource assessments, remediation and an action plan for future maintenance and operations, and implementation of all recommendations. Vendor shall deliver the plan as part of the consolidated remediation plan referenced in section 3.5.8.
3.5.6.4. Daily and Weekly SIEM analysis and activity report.

3.5.6.5. Monthly summary analysis report for SIEM, IdM and MFA Tuning and refinement.

3.5.6.6. Tracking and ticketing mechanism for tracking all triggered alerts / events.

3.5.6.7. Action plan outline and process to identify and remediate false positives.

3.5.6.8. Action plan outlining support and development to update, edit, enhance, refine and tune the implementation in order to develop a post-MARS-E 2.0 compliant monitoring system.

3.5.7. Privacy Program

3.5.7.1. Analysis Document to cover the business and legal environment in which PII is collected, created, used, disclosed, retained and destroyed. This should also include a catalog of individual responsible for oversight of the Privacy Program.

3.5.7.2. Documentation of identified potential privacy risks.

3.5.7.3. Fully developed plan that provides a NH DHHS roadmap to remediate privacy risks with references back to controls in the Catalog of Minimum Acceptable Risk and Security and Privacy Controls; and shall include a plan to implement all recommendations. Vendor shall deliver the plan as part of the consolidated remediation plan referenced in section 3.5.8.

3.5.7.4. Create program management documents.

3.5.7.5. Privacy policies.

3.5.7.6. Privacy incident response plan.

3.5.7.7. Data retention and destruction policy and procedures.

3.5.8. Project Management Requirements

3.5.8.1. Vendor shall conduct advanced planning, schedule coordination and overall orchestration is required to drive results from project initiation through completion.

3.5.8.2. Vendor shall work within State resource constraints

3.5.8.3. Vendor shall record, list, escalate, and track to resolution all risks associated with MARS-E 2.0 Assessment Completion including but not limited to: planning, scheduling, resource utilization, require to complete MARS-E 2.0 Assessment Completion requirements and deliverables
3.5.8.4. Vendor shall develop, complete, and conduct full Management of the project communication plan, risk registry and action items.

3.5.8.5. Vendor shall conduct all necessary workshops, interviews, meetings and presentations on site at the DHHS Concord NH area locations. Upon approval from the DHHS project manager, other MARS-E 2.0 assessment activities may be completed remotely.

3.5.8.6. Vendor shall not have the expectation of interacting with CMS, or acting on behalf of NH DHHS at any time during this engagement unless prior written consent is provided by NH DHHS.

3.5.8.7. Vendor shall meet or exceed CMS level of compliance according to all regulatory and sub-regulatory standards, requirements, guidelines, and feedback in the completion of all MARS-E 2.0 Assessment Completion requirements and deliverables.

3.5.8.8. Vendor shall begin all MARS-E 2.0 Assessment Completion work simultaneously, as identified by the department, where possible. Vendor should not have the expectation that MARS-E 2.0 Assessment Completion work will be completed using a waterfall sequence methodology.

3.5.8.9. Vendor shall deliver to the department ongoing, updated, drafts of all MARS-E 2.0 Assessment Completion deliverables on a weekly basis; minimally two days prior to the departments weekly CMS status meetings.

3.5.8.10. In reference to the aforementioned remediation plans; vendor shall provide one consolidated remediation plan that minimally addresses all gaps, recommendations, implementations, and order of operation sequencing of all included activities.

3.5.8.11. Vendor shall conduct in person sessions with DHHS management to prepare, present, and deliver final reports, plans, and recommendations.

3.5.9. Project Management Deliverables

3.5.9.1. Communication Plan.

3.5.9.2. Weekly Status Reports.

3.5.9.3. Project Plan.

3.5.9.4. Consolidated remediation and implementation plan referenced in section 3.5.8.
3.6. Qualifications

3.6.1. Vendor & Resource Minimum Qualifications

Subject matter expertise, experience and skill set to complete this project and reduce project risks, requires specialized IT security and CMS compliance, reporting and related experience, capabilities and expertise including a depth of experience in:

3.6.1.1. SITE NIST Publications – initial NIST referred to in MARS 1.0
3.6.1.2. SITE NIST current reference - confirm or replace citation above
3.6.1.3. Minimum Acceptable Risk Security and Privacy Controls for Exchanges, MARS-E 2.0
   3.6.1.3.1. Version 2.0 of the MARS-E document suite consists of four companion documents:
   3.6.1.3.3. Volume II: Minimum Acceptable Risk Standards for Exchanges, Version 2.0
   3.6.1.3.4. Volume III: Catalog of Minimum Acceptable Risk Security and Privacy Controls for Exchanges, Version 2.0
   3.6.1.3.5. Volume IV: ACA Administering Entity System Security Plan, Version 2.0
3.6.1.4. Risk-based Security and Privacy Framework for use in the design and implementation of Exchange information technology (IT) systems for which CMS has oversight responsibility.
3.6.1.5. Experience supporting the development of the MARS-E 1.0 and 2.0 compliance in multiple states and projects
3.6.1.6. Knowledge of the technologies, platforms, architecture, outlined, and in place in support of the New Heights environment and system, including the mainframe and related decentralized elements.
3.6.1.7. The vendor shall, in additional to all other qualifications included, provide personnel with qualifications specified in Appendix H, Staff Titles & Roles.
3.6.1.8. The vendor shall provide the following information with their quotation for this engagement:
   3.6.1.8.1. The candidate’s educational background;
3.6.1.8.2. An overview of the candidate's work history;

3.6.1.8.3. The candidate's Project experience, including Project type, Project role and duration of the assignment;

3.6.1.8.4. Any significant Certifications held by or honors awarded to the candidate; and

3.6.1.8.5. At least three references, with contact information that can address the candidate's performance on past projects.

### 3.6.2. Corporate Qualifications

3.6.2.1. The corporate qualifications must include:

3.6.2.1.1. Experience with the standards, templates and guidance provided by CMS for MARS-E as well as knowledge in information security and privacy matters.

3.6.2.1.2. Experience required to support preparation of the CMS ATC package and to reduce project risk with specific capabilities including:

3.6.2.1.2.1. National Institute of Standards and Technology (NIST) Special Publication (SP) 800-30 Revision 1 Guide for Conducting Risk Assessments

3.6.2.1.2.2. NIST SP 800-53 Rev. 4 Security and Privacy Controls for Federal Information Systems and Organizations

3.6.2.1.2.3. CMS Minimum Acceptable Risk Standards for Exchanges (MARS-E), version 2.0

3.6.2.1.2.4. Internal Revenue Service Publication 1075, revised September 2016

3.6.2.1.2.5. Knowledge of integrated Eligibility Systems comparable to the New Heights environment

3.6.2.1.2.6. Experience supporting development of the MARS-E package is preferred

3.6.2.1.3. Experience with the following security practices:

3.6.2.1.3.1. Privacy programs

3.6.2.1.3.2. Insider threat programs
3.6.2.1.3.3. Risk Management Programs
3.6.2.1.3.4. Data Classification
3.6.2.1.3.5. Vulnerability Management

3.6.2.1.4. Experience in implementing, monitoring and tuning IBM’s QRadar SIEM.

3.6.2.1.5. Experience in supporting integration of ISIM, ISAM, ISPIM, ISDS & RACF with a JAVA application architecture.

3.6.2.2. Provide descriptions of no more than three (3) similar Projects completed in the last five (5) years. Each Project description should include:

3.6.2.2.1. An overview of the Project covering type of client, objective, project scope, role of the firm and outcome.

3.6.2.2.2. Project measures including proposed cost, actual Project cost, proposed Project Schedule and actual Project Schedule;

3.6.2.2.3. Names and contact information (name, title, address and current telephone number) for one or two references from the client; and

3.6.2.2.4. Names and Project roles of individuals on the proposed team for this engagement that participated in the project.

3.6.3. Delegation and Subcontractors

3.6.3.1. Vendors must provide information on any Subcontractors proposed to work on this Project. Required information shall include but not be limited to:

3.6.3.1.1. Identification of the proposed Subcontractor and a description of the major business areas of the firm and their proposed role on the project.

3.6.3.1.2. A high-level description of the Subcontractor’s organization and staff size.

3.6.3.1.3. Discussion of the Subcontractor’s experience with this type of Project;

3.6.3.1.4. Resumes of key personnel proposed to work on the Project; and

3.6.3.1.5. Two references from companies or organizations where they performed similar services.
3.6.3.1.6. Vendor shall ensure any and all sub vendors’ for this engagement possess appropriate qualifications, skillsets, and experience to meet or exceed all requirements and deliverables.

3.6.3.1.7. Vendor shall submit to the department for approval any and all sub vendors prior to sub vendor engaging in any activity directly or indirectly in support of this engagement.

3.7. Culturally and Linguistically Appropriate Standards

3.7.1. The New Hampshire Department of Health and Human Services (DHHS) is committed to reducing health disparities in New Hampshire. DHHS 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, DHHS 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 DHHS continuously strives to improve existing programs and services, and to bring them in line with current best practices.

3.7.1.1. DHHS requires all vendors 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.

3.7.1.2. 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 DHHS website.

3.7.1.3. 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.

3.7.1.4. Bidders 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.

3.7.1.5. Successful applicants will be:

3.7.1.5.1. 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 10 days of the date the contract is approved by Governor and Council;

3.7.1.5.2. 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 DHHS website.

3.7.1.6. 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:

3.7.1.6.1. 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);

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

3.7.1.6.3. The importance or impact of the contact upon the lives of the person(s) served by the program, activity or service;
3.7.1.6.4. The resources available to the organization to provide language assistance.

3.7.1.7. Bidders are required to complete the TWO (2) steps listed in the Appendix E to this RFP, as part of their Proposal. 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 Bidders’ program design, which in turn, will allow Bidders to put forth the best possible Proposal.

4. **FINANCE**

4.1. **Financial Funding Sources**

4.1.1. Funds to support the services solicited in this RFP are available from two funding sources, identified as follows:

4.1.1.1. 90% Federal Funds from the Centers for Medicare and Medicaid Services, Department of Health and Human Services, Medical Assistance Program, CFDA #93.778; and

4.1.1.2. 10% State General Funds - Funds must be used in accordance with the provisions of the CFDA numbers referenced in 4.1.1.1.

4.2. **Financial Standards**

4.2.1. Funds from this contract shall not be used to supplant funding for a program already funded from another source.

5. **PROPOSAL EVALUATION**

5.1. **Technical Proposal – 80% Weight**

<table>
<thead>
<tr>
<th>A. MARS-E 2.0 Assessment</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 pages maximum</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A. MARS-E 2.0 Supporting Enhancement Projects</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. 20 pages maximum</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Organization’s Qualifications</th>
<th>15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 pages maximum</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Bidder’s References</th>
<th>10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 pages maximum</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Staffing</th>
<th>15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 pages maximum. <em>Brevity and succinctness is encouraged, but resumes may be placed in an Appendix without a page limit.</em></td>
<td></td>
</tr>
</tbody>
</table>

5.2. **Cost Proposal – 20% Weight**

<table>
<thead>
<tr>
<th>F. Cost Proposal</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 pages maximum</td>
<td></td>
</tr>
</tbody>
</table>

**Total weighting .................................................................................................................. 100%**

5.3. **Evaluation Details**

5.3.1. **Oral Presentations**

Of the completed Proposals, a certain number of vendors may be invited to present an Oral presentation in Concord. Vendors should be prepared to
discuss both their technical and cost proposals at the Orals. Vendor evaluation may be adjusted after the Orals presentations.

5.3.2. Scoring criteria

5.3.2.1. MARS-E 2.0 Assessment and Supporting Enhancement Projects

5.3.2.2. Proposals will be scored based on the thoroughness of the response and the degree to which it represents a clear and deep understanding of the requirements and the effort required to produce all of the deliverables.

5.3.2.3. Organization, References, and Staffing

5.3.2.4. Vendor qualifications (including any Subcontractors) will be evaluated based on the relevant experience and quality of references

5.3.3. Cost

The following formula will be used to assign points for costs:

\[
\text{(Lowest Proposed Total Cost / Vendor’s Proposed Total Cost)} \times 20\% = \text{Vendor’s Cost Score}
\]

For the purpose of this formula, the lowest proposed total cost is defined as the lowest total cost proposed by a Vendor who fulfills the minimum qualifications.

6. PROPOSAL PROCESS

6.1. Contact Information – Sole Point of Contact

The sole point of contact, the Procurement Coordinator, relative to the bid or bidding process for this RFP, from the RFP issue date until the selection of a Bidder, and approval of the resulting contract by the Governor and Executive Council is:

State of New Hampshire
Department of Health and Human Services
John Harrington
Administrator
Brown Building
129 Pleasant St.
Concord, New Hampshire 03301
Email: john.harrington@dhhs.nh.gov
Fax: 603-271-4232
Phone: 603-271-9620
Other personnel are NOT authorized to discuss this RFP with Bidders before the proposal submission deadline. Contact regarding this RFP with any State personnel not listed above could result in disqualification. The State will not be held responsible for oral responses to Bidders regardless of the source.
6.2. Procurement Timetable

<table>
<thead>
<tr>
<th>Item</th>
<th>Action</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Release RFP</td>
<td>11/4/2016</td>
</tr>
<tr>
<td>2</td>
<td>Optional Bidders Teleconference</td>
<td>11/10/2016</td>
</tr>
<tr>
<td>3</td>
<td>RFP Questions Submission Deadline</td>
<td>11/10/2016</td>
</tr>
<tr>
<td>4</td>
<td>DHHS Response to Questions Published</td>
<td>11/16/2016</td>
</tr>
<tr>
<td>5</td>
<td>Technical and Cost Bids Submission Deadline</td>
<td>By 2:00 pm on 11/18/2016</td>
</tr>
</tbody>
</table>

6.3. Bidders’ Questions and Answers

6.3.1. Bidders’ Questions

All questions about this RFP, including but not limited to requests for clarification, additional information or any changes to the RFP must be made in writing, citing the RFP page number and part or subpart, and submitted to the Procurement Coordinator identified in Section 6.1.

DHHS 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.

The questions may be submitted by fax or e-mail; however, DHHS assumes no liability for assuring accurate and complete fax and e-mail transmissions.

Questions must be received by DHHS by the deadline given in Section 6.2, Procurement Timetable.

6.3.2. Bidders’ Optional Teleconference

6.3.2.1. Optional Proposal Conference

The Optional Proposal Teleconference will be held on the date specified in Section 6.2, Procurement Timetable. The conference will serve as an opportunity for Bidders to ask specific questions of State staff concerning the technical requirements of the RFP. Teleconference details will be published prior to the teleconference date.

Attendance at the Proposal Conference is not mandatory but is highly recommended.

6.3.3. DHHS Answers

DHHS intends to issue responses to properly submitted questions by the deadline specified in Section 6.2, Procurement Timetable. Written answers to questions asked will be posted on the DHHS Public website.
(http://www.dhhs.nh.gov/business/rfp/index.htm) and sent as an attachment in an e-mail to the contact identified in accepted Letters of Intent. This date may be subject to change at DHHS discretion.

6.3.4. RFP Amendment

DHHS reserves the right to amend this RFP, as it deems appropriate prior to the Proposal Submission Deadline on its own initiative or in response to issues raised through Bidder questions. In the event of an amendment to the RFP, DHHS, at its sole discretion, may extend the Proposal Submission Deadline. Bidders who submitted a Letter of Intent will receive notification of the amendment, and the amended language will be posted on the DHHS Internet site.

6.4. Proposal Submission

Proposals submitted in response to this RFP must be received no later than the time and date specified in Section 6.2, Procurement Timetable. Proposals must be addressed for delivery to the Procurement Coordinator specified in Section 6.1, and marked with RFP-2017-OIS-01-NEWHE. Late submissions will not be accepted and will remain unopened. Disqualified submissions will be discarded if not re-claimed by the bidding Bidder by the time the contract is awarded. Delivery of the Proposals shall be at the Bidder’s expense. The time of receipt shall be considered when a Proposal has been officially documented by DHHS, in accordance with its established policies, as having been received at the location designated above. The State accepts no responsibility for mislabeled mail. Any and all damage that may occur due to shipping shall be the Bidder’s responsibility.

6.5. Compliance

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

6.6. Non-Collusion

The Bidder’s required signature on the Transmittal Cover Letter for a Proposal submitted in response to this RFP guarantees that the prices, terms and conditions, and services quoted have been established without collusion with other Bidders and without effort to preclude DHHS from obtaining the best possible competitive proposal.

6.7. Collaborative Proposals

Proposals must be submitted by one organization. Any collaborating organization must be designated as subcontractor subject to the terms of
Exhibit C Special Provisions (see Appendix B: Contract Minimum Requirements).

6.8. Validity of Proposals

Proposals submitted in response to this RFP must be valid for two hundred forty (240) days following the Technical and Cost Proposal Submission Deadline specified in Section 6.2, Procurement Timetable or until the effective date of any resulting contract, whichever is later. This period may be extended by mutual written agreement between the Bidder and DHHS.

6.9. Property of Department

All material property submitted and received in response to this RFP will become the property of DHHS and will not be returned to the Bidder. DHHS reserves the right to use any information presented in any Proposal provided that its use does not violate any copyrights or other provisions of law.

6.10. Proposal Withdrawal

Prior to the Technical and Cost Proposal Submission Deadline specified in Section 6.2, Procurement Timetable, a submitted Letter of Intent or Proposal may be withdrawn by submitting a written request for its withdrawal to the Procurement Coordinator specified in Section 6.1.

6.11. Public Disclosure

A Proposal must remain confidential until the Governor and Executive Council have approved a contract as a result of this RFP. A Bidder’s disclosure or distribution of Proposals other than to the State will be grounds for disqualification.

The content of each Bidder’s Proposal, and addenda thereto, will become public information once the Governor and Executive Council have approved a contract. Any information submitted as part of a bid in response to this RFP 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 RFP 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 financial models and forecasts, and proprietary formulas may be exempt from public disclosure under RSA 91-A:5, IV.

Insofar as a Bidder seeks to maintain the confidentiality of its confidential commercial, financial or personnel information, the Bidder must clearly identify in writing the information it claims to be confidential and explain the reasons such information should be considered confidential. This should be done by separate letter identifying by page number and proposal section number the specific information the Bidder claims to be exempt from public disclosure pursuant to RSA 91-A:5.
Each Bidder acknowledges that DHHS is subject to the Right-to-Know Law New Hampshire RSA Chapter 91-A. DHHS 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 DHHS receives a request for the information identified by a Bidder as confidential, DHHS shall notify the Bidder and specify the date DHHS intends to release the requested information. Any effort to prohibit or enjoin the release of the information shall be the Bidder’s responsibility and at the Bidder’s sole expense. If the Bidder fails to obtain a court order enjoining the disclosure, DHHS may release the information on the date DHHS specified in its notice to the Bidder without incurring any liability to the Bidder.

6.12. Non-Commitment

Notwithstanding any other provision of this RFP, this RFP does not commit DHHS to award a contract. DHHS reserves the right to reject any and all Proposals or any portions thereof, at any time and to cancel this RFP and to solicit new Proposals under a new bid process.

6.13. Liability

By submitting a Letter of Intent to submit a Proposal in response to this RFP, a Bidder agrees that in no event shall the State be either responsible for or held liable for any costs incurred by a Bidder in the preparation or submittal of or otherwise in connection with a Proposal, or for work performed prior to the Effective Date of a resulting contract.

6.14. Request for Additional Information or Materials

During the period from the Technical and Cost Proposal Submission Deadline, specified in Section 6.2, Procurement Timeline, to the date of Vendor selection, DHHS may request of any Bidder additional information or materials needed to clarify information presented in the Proposal. Such a request will be issued in writing and will not provide a Bidder with an opportunity to change, extend, or otherwise amend its Proposal in intent or substance. Key personnel shall be available for interviews.

6.15. Oral Presentations and Discussions

DHHS reserves the right to require some or all Bidders to make oral presentations of their Proposal. Any and all costs associated with an oral presentation shall be borne entirely by the Bidder. Bidders may be requested to provide demonstrations of any proposed automated systems. Such a request will be in writing and will not provide a Bidder with an opportunity to change, extend, or otherwise amend its proposal in intent or substance.

6.16. Contract Negotiations and Unsuccessful Bidder Notice

If a Bidder(s) is selected, the State will notify the Successful Bidder(s) in writing of their selection and the State’s desire to enter into contract negotiations. Until
the State successfully completes negotiations with the selected Bidder(s), all submitted Proposals remain eligible for selection by the State. In the event contract negotiations are unsuccessful with the selected Bidder(s), the evaluation team may recommend another Bidder(s).

In order to protect the integrity of the bidding process, notwithstanding RSA 91-A:4, no information shall be available to the public, or to the members of the general court or its staff, concerning specific responses to requests for bids (RFBs), requests for proposals (RFPs), requests for applications (RFAs), or similar requests for submission for the purpose of procuring goods or services or awarding contracts from the time the request is made public until the closing date for responses except that information specifically allowed by RSA 21-G:37.

6.17. Scope of Award and Contract Award Notice

DHHS reserves the right to award a service, part of a service, group of services, or total Proposal and to reject any and all Proposals in whole or in part. The notice of the intended contract award will be sent by certified mail or overnight mail to the selected Bidder. A contract award is contingent on approval by the Governor and Executive Council.

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

6.18. Site Visits

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

6.19. Protest of Intended Award

Any challenge of an award made or otherwise related to this RFP shall be governed by RSA 21-G:37, and the procedures and terms of this RFP. The procedure set forth in RSA 21-G:37, IV, shall be the sole remedy available to challenge any award resulting from this RFP. In the event that any legal action is brought challenging this RFP 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.

6.20. CHANGE ORDERS
The Department may make changes or revisions at any time by written Change Order. The Department originated changes or revisions shall be approved by the Department of Information Technology. Within five (5) business days of the Contractor’s receipt of a Change Order, the Contractor shall advise the Department, in detail, in writing, of any impact on cost (e.g., increase or decrease), the Schedule, or the Work Plan.

The Contractor may request a change in the scope of the Contract by written Change Order, identifying any impact on cost, the Schedule, or the Work Plan. The Department shall attempt to respond to the Contractor’s requested Change Order within five (5) business days. The Department, as well as the Department of Information Technology, must approve all Change Orders in writing. The Department, at its sole discretion, may reject any Change Order request by the Contractor for any reason, including but not limited to if the Department determines that the Change Order request constitutes a material change in the scope of work. The Department shall be deemed to have rejected the Change Order if the parties are unable to reach an agreement in writing.

All Change Order requests from the Contractor to the Department, and the Department’s acceptance of the Contractor’s estimate for a Department requested change, will be acknowledged and responded to, either by acceptance or rejection, in writing. If accepted, the Change Order(s) shall be subject to the Contract amendment process, as determined by the Department.

6.21. **Contingency**

Aspects of the award may be contingent upon changes to State or federal laws and regulations.
7. PROPOSAL OUTLINE AND REQUIREMENTS

7.1. Presentation and Identification

7.1.1. Overview

7.1.1.1. Bidders are expected to examine all documentation and other requirements. Failure to observe the terms and conditions in completion of the Proposal are at the Bidder's risk and may, at the discretion of the State, result in disqualification.

7.1.1.2. Proposals must conform to all instructions, conditions, and requirements included in the RFP.

7.1.1.3. Acceptable Proposals must offer all services identified in Section 3 Statement of Work and agree to the contract conditions specified throughout the RFP.

7.1.1.4. Proposals should be received by the Technical and Cost Proposal Submission Deadline specified in Section 6.2, Procurement Timetable, and delivered, under sealed cover, to the Procurement Coordinator specified in Section 6.1.

7.1.1.5. Fax or email copies will not be accepted.


7.1.2. Presentation

7.1.2.1. Original copies of Technical and Cost Proposals in separate three-ring binders.

7.1.2.2. Copies in a bound format (for example wire bound, coil bound, saddle stitch, perfect bound etc. at minimum stapled) NOTE: loose Proposals will not be accepted.

7.1.2.3. Major sections of the Proposal separated by tabs.

7.1.2.4. Standard eight and one-half by eleven inch (8 ½” x 11”) white paper.

7.1.2.5. Font size of 10 or larger.

7.1.3. Technical Proposal

7.1.3.1. Original in 3 ring binder marked as “Original.”

7.1.3.2. The original Transmittal Letter (described in Section 7.2.2.1) must be the first page of the Technical Proposal and marked as “Original.”

7.1.3.3. 4 copies in bound format marked as “Copy.”
7.1.3.4. 1 electronic copy (divided into folders that correspond to and are labeled the same as the hard copies) on CD or Memory Card/Thumb Drive. NOTE: In the event of any discrepancy between the copies, the hard copy marked “Original” will control.

7.1.3.5. Front cover labeled with:
   - Name of company / organization;
   - RFP#; and
   - Technical Proposal.

7.1.4. Cost Proposal

7.1.4.1. Original in 3 ring binder marked as “Original.”

7.1.4.2. A copy of the Transmittal Letter marked as “Copy” as the first page of the Cost Proposal.

7.1.4.3. 4 copies in bound format marked as “Copy.”

7.1.4.4. 1 electronic copy (divided into folders that correspond to and are labeled the same as the hard copies). NOTE: In the event of any discrepancy between the copies, the hard copy marked “Original” will control.

7.1.4.5. Front cover labeled with:
   - Name of company / organization;
   - RFP#; and
   - Cost Proposal.

7.2. Outline and Detail

7.2.1. Proposal Contents – Outline

Each Proposal shall contain the following, in the order described in this section (Each of these components must be separate from the others and uniquely identified with labeled tabs.):

7.2.2. Technical Proposal Contents – Detail

7.2.2.1. Transmittal Cover Letter must be:
   7.2.2.1.1. On the Bidding company’s letterhead;
   7.2.2.1.2. Signed by an individual who is authorized to bind the Bidding Company to all statements, including services and prices contained in the Proposal; and
   7.2.2.1.3. Contain the following:
      - Identify the submitting organization;
• Identify the name, title, mailing address, telephone number and email address of the person authorized by the organization to contractually obligate the organization;

• Identify the name, title, mailing address, telephone number and email address of the fiscal agent of the organization;

• Identify the name, title, telephone number, and e-mail address of the person who will serve as the Bidder's representative for all matters relating to the RFP;

• Acknowledge that the Bidder has read this RFP, understands it, and agrees to be bound by its requirements;

• Explicitly state acceptance of terms, conditions, and general instructions stated in Section 8 Mandatory Business Specifications, Contract Terms and Conditions;

• Confirm that Appendix A Exceptions to Terms and Conditions is included in the proposal;

• Explicitly state that the Bidder’s submitted Proposal is valid for a minimum of two hundred forty (240) days from the Technical and Cost Proposal Submission Deadline specified in Section 6.2;

• Date Proposal was submitted; and

• Signature of authorized person.

7.2.2.2. Table of Contents

The required elements of the Proposal shall be numbered sequentially and represented in the Table of Contents.

7.2.2.3. Executive Summary

The Bidder shall submit an executive summary to:

• Provide DHHS with an overview of the Bidder’s organization and what is intended to be provided by the Bidder;

• Demonstrate the Bidder's understanding of the services requested in this RFP and any problems anticipated in accomplishing the work;
• Show the Bidder’s overall design of the project in response to achieving the deliverables as defined in this RFP; and

• Specifically demonstrate the Bidder’s familiarity with the project elements, its solutions to the problems presented and knowledge of the requested services.

7.2.2.4. Proposal Narrative, Project Approach, and Technical Response

The Bidder must answer all questions and must include all items requested for the Proposal to be considered. The Bidder must address every section of Section 3 Statement of Work, even though certain sections may not be scored.

Responses must be in the same sequence and format as listed in Section 3 Statement of Work and must, at a minimum, cite the relevant section, subsection, and paragraph number, as appropriate.

7.2.2.5. Description of Organization

Bidders must include in their Proposal a summary of their company’s organization, management and history and how the organization’s experience demonstrates the ability to meet the needs of requirements in this RFP. At a minimum respond to:

7.2.2.5.1. General company overview;
7.2.2.5.2. Ownership and subsidiaries;
7.2.2.5.3. Company background and primary lines of business;
7.2.2.5.4. Number of employees;
7.2.2.5.5. Headquarters and Satellite Locations;
7.2.2.5.6. Current project commitments;
7.2.2.5.7. Major government and private sector clients; and
7.2.2.5.8. Mission Statement.

This section must include information on:

7.2.2.5.9. The programs and activities of the organization;
7.2.2.5.10. The number of people served; and
7.2.2.5.11. Programmatic accomplishments.

And also include:

7.2.2.5.12. Reasons why the organization is capable of effectively completing the services outlined in the RFP; and
7.2.2.5.13. All strengths that are considered an asset to the program.
The Bidder should demonstrate:

7.2.2.5.14. The length, depth, and applicability of all prior experience in providing the requested services;

7.2.2.5.15. The skill and experience of staff and the length, depth and applicability of all prior experience in providing the requested services.

7.2.2.6. Bidder’s References
The Proposal must include relevant information about at least three (3) similar or related contracts or subcontracts awarded to the Bidder. Particular emphasis should be placed on previous contractual experience with government agencies. DHHS reserves the right to contact any reference so identified. The information must contain the following:

7.2.2.6.1. Name, address, telephone number, and website of the customer;

7.2.2.6.2. A description of the work performed under each contract;

7.2.2.6.3. A description of the nature of the relationship between the Bidder and the customer;

7.2.2.6.4. Name, telephone number, and e-mail address of the person whom DHHS can contact as a reference; and

7.2.2.6.5. Dates of performance.

7.2.2.7. Staffing and Resumes
Each Bidder shall submit an organizational chart and a staffing plan for the program. For persons currently on staff with the Bidder, the Bidder shall provide names, title, qualifications and resumes. For staff to be hired, the Bidder shall describe the hiring process and the qualifications for the position and the job description. The State reserves the right to accept or reject dedicated staff individuals.

7.2.2.8. Subcontractor Letters of Commitment (if applicable)
If subcontractors are part of this proposal, signed letters of commitment from the subcontractor are required as part of the RFP. The Bidder shall be solely responsible for meeting all requirements and terms and conditions specified in this RFP, its Proposal, and any resulting contract, regardless of whether it proposes to use any subcontractors. The Bidder and any subcontractors shall commit to the entire contract period stated within the RFP, unless a change of subcontractors is specifically agreed to by the State. The State reserves the
right to approve or reject subcontractors for this project and to require the Bidder to replace subcontractors found to be unacceptable.

7.2.2.9. License, Certificates and Permits as Required

This includes: a Certificate of Good Standing or assurance of obtaining registration with the New Hampshire Office of the Secretary of State. Required licenses or permits to provide services as described in Section 3 of this RFP.

7.2.2.10. Affiliations – Conflict of Interest

The Bidder must include a 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.

7.2.2.11. Required Attachments

The following are required statements that must be included with the Proposal. The Bidder must complete the correlating forms found in the RFP Appendices and submit them as the “Required Attachments” section of the Proposal.

7.2.2.11.1. Bidder Information and Declarations: Exceptions to Terms and Conditions, Appendix A

7.2.2.11.2. CLAS Requirements, Appendix E

7.2.3. Cost Proposal Contents – Detail

7.2.3.1. Cost Bid Requirements

Cost proposals may be adjusted based on the final negotiations of the scope of work. See Section 4, Finance for specific requirements.

7.2.3.2. Statement of Bidder’s Financial Condition

The organization’s financial solvency will be evaluated. The Bidder'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.

Each Bidder must submit audited financial statements for the four (4) most recently completed fiscal years that demonstrate the Bidder's organization is in sound financial condition. 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. A disclaimer of opinion, an adverse opinion, a special report, a review report, or a compilation report will be grounds for rejection of the proposal.

Complete financial statements must include the following:

7.2.3.2.1. Opinion of Certified Public Accountant
7.2.3.2.2. Balance Sheet
7.2.3.2.3. Income Statement
7.2.3.2.4. Statement of Cash Flow
7.2.3.2.5. Statement of Stockholder’s Equity of Fund Balance
7.2.3.2.6. Complete Financial Notes
7.2.3.2.7. Consolidating and Supplemental Financial Schedules

A Bidder, which is part of a consolidated financial statement, may file the audited consolidated financial statements if it includes the consolidating schedules as supplemental information. A Bidder, which is part of a consolidated financial statement, but whose certified consolidated financial statements do not contain the consolidating schedules as supplemental information, shall, in addition to the audited consolidated financial statements, file unaudited financial statements for the Bidder 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.

If a bidder 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 bidder shall submit as part of its proposal:

7.2.3.2.8. Uncertified financial statements; and
7.2.3.2.9. 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.

7.2.3.3. Required Attachments

The following are required statements that must be included with the Proposal. The Bidder must complete the correlating forms found in the RFP Appendices and submit them as the “Required Attachments” section of the Proposal.

7.2.3.3.1. Personnel Sheet, Appendix D
7.2.3.3.2. Budget Sheet, Appendix C
7.2.3.3.3. Budget Narrative that coincides with each Budget Sheet submitted.
8. MANDATORY BUSINESS SPECIFICATIONS

8.1. Contract Terms, Conditions and Liquidated Damages, Forms

8.1.1. Contract Terms and Conditions
The State of New Hampshire sample contract is attached; Bidder to agree to minimum requirements as set forth in the Appendix B.

8.1.2. Liquidated Damages
The State intends to include liquidated damages in the Contract in the event any deliverables are not met, as outlined in Appendix G, Liquidated Damages.

9. ADDITIONAL INFORMATION

9.1. Appendix A – Exceptions to Terms and Conditions
9.2. Appendix B – Contract Minimum Requirements (Example Only)
9.3. Appendix C – Budget
9.4. Appendix D – Personnel Sheet
9.5. Appendix E – CLAS Requirements
9.6. Appendix F – Controls List
9.7. Appendix G – Liquidated Damages
9.8. Appendix H – Staff Titles and Roles
APPENDIX A

EXCEPTIONS TO TERMS AND CONDITIONS

A Responder shall be presumed to be in agreement with the terms and conditions of the RFP unless the Responder takes specific exception to one or more of the conditions on this form.

RESPONDERS ARE CAUTIONED THAT BY TAKING ANY EXCEPTION THEY MAY BE MATERIALLY DEVIATING FROM THE RFP SPECIFICATIONS. IF A RESPONDER MATERIALLY DEVIATES FROM A RFP SPECIFICATION, ITS PROPOSAL MAY BE REJECTED.

A material deviation is an exception to a specification which 1) affords the Responder taking the exception a competitive advantage over other Responders, or 2) gives the State something significantly different than the State requested.

INSTRUCTIONS: Responders must explicitly list all exceptions to State of NH minimum terms and conditions. Reference the actual number of the State's term and condition and Exhibit number for which an exception(s) is being taken. If no exceptions exist, state "NONE" specifically on the form below. Whether or not exceptions are taken, the Responder must sign and date this form and submit it as part of their Proposal. (Add additional pages if necessary.)

<table>
<thead>
<tr>
<th>Responder Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Term &amp; Condition Number/Provision</th>
<th>Explanation of Exception</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By signing this form, I acknowledge that the above named Responder accepts, without qualification, all terms and conditions stated in this RFP Section 8- Mandatory Business Specifications, Contract Terms and Conditions except those clearly outlined as exceptions above.

________________________   _________________________   ____________
Signature                               Title                                Date
### 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**

<table>
<thead>
<tr>
<th>1. IDENTIFICATION.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 State Agency Name</td>
<td>1.2 State Agency Address</td>
</tr>
<tr>
<td>1.3 Contractor Name</td>
<td>1.4 Contractor Address</td>
</tr>
<tr>
<td>1.5 Contractor Phone Number</td>
<td>1.6 Account Number</td>
</tr>
<tr>
<td>1.9 Contracting Officer for State Agency</td>
<td>1.10 State Agency Telephone Number</td>
</tr>
<tr>
<td>1.11 Contractor Signature</td>
<td>1.12 Name and Title of Contractor Signatory</td>
</tr>
<tr>
<td>1.13 Acknowledgement: State of , County of</td>
<td></td>
</tr>
<tr>
<td>On , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.</td>
<td></td>
</tr>
<tr>
<td>1.13.1 Signature of Notary Public or Justice of the Peace</td>
<td></td>
</tr>
<tr>
<td>[Seal]</td>
<td></td>
</tr>
<tr>
<td>1.13.2 Name and Title of Notary or Justice of the Peace</td>
<td></td>
</tr>
<tr>
<td>1.14 State Agency Signature</td>
<td>1.15 Name and Title of State Agency Signatory</td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>1.16 Approval by the N.H. Department of Administration, Division of Personnel <em>(if applicable)</em></td>
<td></td>
</tr>
<tr>
<td>By:</td>
<td>Director, On:</td>
</tr>
<tr>
<td>1.17 Approval by the Attorney General (Form, Substance and Execution) <em>(if applicable)</em></td>
<td></td>
</tr>
<tr>
<td>By:</td>
<td>On:</td>
</tr>
<tr>
<td>1.18 Approval by the Governor and Executive Council <em>(if applicable)</em></td>
<td></td>
</tr>
<tr>
<td>By:</td>
<td>On:</td>
</tr>
</tbody>
</table>
2. EMPLOYMENT OF CONTRACTOR/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 A 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 1.18, 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 1.14 (“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, and 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 terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account 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 B 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 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 opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright 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 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 (“Equal Employment Opportunity”), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further 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.

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 remedied, 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 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 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.
9.1 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.
9.2 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.
9.3 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.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall 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 A.

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. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. 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 maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:
14.1.1 comprehensive 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; and
14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 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 thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

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. 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. WAIVER OF BREACH. 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.

17. 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.

18. 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.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be 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.

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 provisions set forth in the attached EXHIBIT C 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 relating hereto.
Contractors' Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:

   7.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;
   7.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;
7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. Maintenance of Records: In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

8.1. Fiscal Records: books, records, documents and other 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 during the Contract Period, said records to 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.

8.2. Statistical Records: Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall 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.

8.3. Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

9. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

9.1. Audit and Review: During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

9.2. Audit Liabilities: 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.

10. Confidentiality of Records: All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.
Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports:** Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.

11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

12. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

13. **Credits:** 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:

13.1. 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.

14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS 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. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.

15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

16. **Equal Employment Opportunity Plan (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of $500,000 or more. If the recipient receives $25,000 or more and has 50 or
more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than $25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.

18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, $150,000)

   **CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)**

   (a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

   (b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

   (c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor’s ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor’s performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

   When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

   19.1. Evaluate the prospective subcontractor’s ability to perform the activities, before delegating the function

   19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor’s performance is not adequate

   19.3. Monitor the subcontractor’s performance on an ongoing basis
19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor’s performance will be reviewed.

19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS
As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.
REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

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, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability 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 of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, 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, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor 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.

Contractor Name:

__________________ ___________________________________

Date Name:

__________________ ___________________________________

Title:

__________________ ___________________________________
CERTIFICATION REGARDING LOBBYING

The Contractor 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-l.)

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.

Contractor Name: __________________________ ___________________________________
Date: __________

Name: __________________________ Title: __________________________

Appendix B
CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS

The Contractor 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.


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
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 (l)(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.

Contractor Name: __________________________ __________________________
Date Name: __________________________
Title: __________________________
CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS

The Contractor 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:

Contractor 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;


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.

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials __________

Date __________
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 Contractor 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 Contractor agrees to comply with the provisions indicated above.

Contractor Name: ______________________

____________________________
Date

____________________________
Name: ______________________

____________________________
Title: ______________________

Appendix B
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 Contractor 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 Contractor 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.

Contractor Name:

__________________ ___________________________________

Date Name:

Title:
HEALTH INSURANCE PORTABILITY 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.


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.
Appendix B
New Hampshire Department of Health and Human Services
Exhibit I

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.


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:

   o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
   o The unauthorized person used the protected health information or to whom the disclosure was made;
   o Whether the protected health information was actually acquired or viewed;
   o 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 (I). 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.

The State

________________________________ ________________________________

Signature of Authorized Representative

________________________________ ________________________________

Name of Authorized Representative

________________________________ ________________________________

Title of Authorized Representative

________________________________

Date

Name of the Contractor

________________________________ ________________________________

Signature of Authorized Representative

________________________________ ________________________________

Name of Authorized Representative

________________________________ ________________________________

Title of Authorized Representative

________________________________

Date
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:
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: _____________
## Appendix C
### Budget Form

New Hampshire Department of Health and Human Services

**COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

**Bidder/Program Name:**

**Budget Request for:**

**Budget Period:**

### Budget One Budget Period

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Direct Incremental</th>
<th>Indirect Fixed</th>
<th>Total</th>
<th>Direct Incremental</th>
<th>Indirect Fixed</th>
<th>Total</th>
<th>Direct Incremental</th>
<th>Indirect Fixed</th>
<th>Total</th>
<th>Direct Incremental</th>
<th>Indirect Fixed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Salary/Wages</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2. Employee Benefits</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>3. Consultants</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>4. Equipment</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>5. Supplies</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>6. Travel</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>7. Occupancy</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>8. Current Expenses</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>9. Telephone</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>10. Printage</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>11. Audit and Legal</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>12. Insurance</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>13. Software</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>14. Other (specific details mandatory)</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**Indirect As A Percent of Direct**

#DIV/0!
Addendum to CLAS Section of RFP for Purpose of Documenting Title VI Compliance

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

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.
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.

**BIDDER 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 bidders’ application of the four-factor analysis to the services they provide. At this stage, bidders are not required to submit their four-factor analysis as part of their proposal. **However, successful bidders 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 RFP, which is available in the Vendor/RFP Section of the DHHS website:

http://www.dhhs.nh.gov/business/index.htm
## APPENDIX D

### 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.
**APPENDIX D**

**BIDDER 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.

<table>
<thead>
<tr>
<th>1. IDENTIFICATION OF LEP PERSONS SERVED OR LIKELY TO BE ENCOUNTERED IN YOUR PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.)</td>
</tr>
<tr>
<td>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 Census data)</td>
</tr>
<tr>
<td>c. Does you make an effort to use data to identify new and emerging population or community needs?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;I Speak&quot; card.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. STAFF TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. PROVISION OF LANGUAGE ASSISTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 assistance to LEP persons, if needed)</td>
</tr>
</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

b. As a general rule, does your organization avoid the use of family members, friends, and other untested individual to provide interpretation services?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

### 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If there is a designated staff member who carries out the evaluation function?

If so, please provide the person’s title:

__________________________________________________________________________

By signing and submitting this attachment to RFP# ________________, 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 RFP.

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.
APPENDIX D

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.

<table>
<thead>
<tr>
<th>Contractor/Vendor Signature</th>
<th>Contractor’s Representative Name/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contractor Initials__________  Date__________

7/2014
# Program Staff List

New Hampshire Department of Health and Human Services

**COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR**

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Current Individual in Position</th>
<th>Projected Hrly Rate as of 1st Day of Budget Period</th>
<th>Hours per Week</th>
<th>Amnt Funded by this program for Budget Period</th>
<th>Amnt Funded by other sources for Budget Period</th>
<th>Site*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Coordinator</td>
<td>Sandra Smith</td>
<td>$21.00</td>
<td>40</td>
<td>$43,680</td>
<td>$43,680</td>
<td></td>
</tr>
</tbody>
</table>

Administrative Salaries

**Total Admin. Salaries** $0 $0

Direct Service Salaries

**Total Direct Salaries** $0 $0

**Total Salaries by Program** $0.00 $0.00

---

Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.

*Please list which site(s) each staff member works at, if your agency has multiple sites.*
The table below is the initial list of controls the vendor shall address at the minimum. Minimally each control may require a remediation plan and/or immediate remediation of the control, which the vendor shall complete in accordance with CMS control family threshold.

<table>
<thead>
<tr>
<th>AC-1</th>
<th>IA-2(1)</th>
<th>CP-8</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC-2</td>
<td>IA-2(2)</td>
<td>CP-8 (1)</td>
</tr>
<tr>
<td>AC-2(1)</td>
<td>IA-2(3)</td>
<td>MP-7</td>
</tr>
<tr>
<td>AC-2(2)</td>
<td>IA-2(8)</td>
<td>MP-7 (1)</td>
</tr>
<tr>
<td>AC-2(3)</td>
<td>IA-2(11)</td>
<td>MP-CMS-1</td>
</tr>
<tr>
<td>AC-2(4)</td>
<td></td>
<td>AR-1</td>
</tr>
<tr>
<td>AC-2(7)</td>
<td></td>
<td>AR-2</td>
</tr>
<tr>
<td>AC-3</td>
<td></td>
<td>AR-3</td>
</tr>
<tr>
<td>AC-3(9)</td>
<td></td>
<td>AR-4</td>
</tr>
<tr>
<td>AC-5</td>
<td></td>
<td>AR-5</td>
</tr>
<tr>
<td>AC-5</td>
<td></td>
<td>AR-7</td>
</tr>
<tr>
<td>AC-6</td>
<td></td>
<td>DI-1</td>
</tr>
<tr>
<td>AC-6 (1)</td>
<td></td>
<td>DI-1 (1)</td>
</tr>
<tr>
<td>AC-6 (2)</td>
<td></td>
<td>DI-1 (2)</td>
</tr>
<tr>
<td>AC-6 (5)</td>
<td></td>
<td>DM-1</td>
</tr>
<tr>
<td>AC-6 (9)</td>
<td></td>
<td>DM-1 (1)</td>
</tr>
<tr>
<td>AC-6 (10)</td>
<td></td>
<td>IP-1</td>
</tr>
<tr>
<td>AC-7</td>
<td></td>
<td>IP-1 (1)</td>
</tr>
<tr>
<td>AC-8</td>
<td></td>
<td>IP-2</td>
</tr>
<tr>
<td>AC-10</td>
<td></td>
<td>IP-3</td>
</tr>
<tr>
<td>AC-11</td>
<td></td>
<td>IP-4</td>
</tr>
<tr>
<td>AC-11 (1)</td>
<td></td>
<td>IP-4 (1)</td>
</tr>
<tr>
<td>AC-12</td>
<td></td>
<td>SE-1</td>
</tr>
<tr>
<td>AC-17</td>
<td></td>
<td>SE-2</td>
</tr>
<tr>
<td>AC-17 (1)</td>
<td></td>
<td>TR-1</td>
</tr>
<tr>
<td>AC-17 (3)</td>
<td></td>
<td>TR-1 (1)</td>
</tr>
<tr>
<td>AC-17 (4)</td>
<td></td>
<td>TR-3</td>
</tr>
<tr>
<td>AC-19</td>
<td></td>
<td>UL-1</td>
</tr>
<tr>
<td>AC-19 (5)</td>
<td></td>
<td>UL-2</td>
</tr>
<tr>
<td>AT-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AT-3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. The Department and the Vendor agree that it will be extremely impracticable and difficult to determine actual damages that the Department will sustain in the event that the Vendor breaches this Agreement by failing to comply with the Performance Standards set forth in in requirements section 3.2 Requirements and section 3.4 MARS-E 2.0 Support Enhancement Projects Requirements.

2. Any breach by the Vendor will delay and disrupt the Department’s operations and impact its ability to meet its obligations and lead to significant damages of an uncertain amount as well as a reduction of services.

3. The Vendor’s failure to comply with the Performance Standards set forth in requirements section 3.2 Requirements and section 3.4 MARS-E 2.0 Support Enhancement Projects Requirements shall result in the assessment of liquidated damages as specified in Exhibit B.

4. The liquidated damages as specified in Exhibit B are reasonable and fair and not intended as a penalty.

5. Assessment and recovery of liquidated damages by the Department shall be in addition to, and not exclusive of, any other remedies, including actual damages, as may be available to the Department for breach of contract, both at law and in equity, and shall not preclude the Department from recovering damages related to other acts or omissions by the Vendor under this Agreement. Imposition of liquidated damages shall not limit the right of the Department to terminate the Contract for default as provided in Paragraph 8 of the General Provisions (P-37).

   Notification: The Department shall make all assessments of liquidated damages. Prior to the imposition of liquidated damages, the Department shall issue a written notice that will include, as applicable, the following:
   - A citation of the contract provision violated;
   - The remedies to be applied, and the date the remedies shall be imposed (cure period);
   - The basis for the Department’s determination that liquidated damages should be imposed
   - A request for a Corrective Action Plan from the Vendor; and
   - The timeframe and procedure for the Vendor to dispute the Department’s determination.

6. If the failure to perform by the Vendor is not resolved within the cure period identified by the Department, liquidated damages may be imposed retroactively to the date of failure to perform and will continue until the failure is cured or any resulting dispute is resolved in the Vendor’s favor. The Vendor’s dispute of liquidated damages or remedies shall not stay the effective date of the proposed liquidated damages or remedies.

7. Corrective Action Plan: The Vendor shall submit a written Corrective Action Plan to the Department within five (5) business days of receiving notification as specified in subsection Notification, for Department review. The Corrective Action Plan shall be subject to Department approval prior to its implementation.
8. **Liquidated Damages Amount:**

Liquidated damages, if assessed, shall be in the amount of $1,000 per day for each day the Vendor fails to meet the Performance Standard(s) identified in requirements section 3.2 Requirements and section 3.4 MARS-E 2.0 Support Enhancement Projects Requirements.

OR

5% of the total monthly invoice for the month in which the violation occurred.

Liquidated damages, if assessed, shall apply until the Vendor cures the failure cited in the Notification described above or until the resulting dispute is resolved in the Vendor’s favor.

9. **Assessment:**

The Department shall be entitled to assess and recover liquidated damages cumulatively under each section applicable to any given incident. Assessment and recovery of liquidated damages by the Department shall be in addition to, and not exclusive of, any other remedies, including actual damages, as may be available to the Department for breach of contract, both at law and in equity, and shall not preclude the Department from recovering damages related to other acts or omissions by the Vendor under this Agreement. Imposition of liquidated damages shall not limit the right of the Department to terminate the Contract for default as provided in Paragraph 8 of the General Provisions (P-37).

10. **Damages to Department for Violation of Federal Law:** The Vendor shall be liable to the Department for any losses incurred by the Department as a result of penalties assessed or funds withheld by federal authorities which arise out of the failure of Vendor staff to meet the Performance Standards identified in requirements section 3.2 Requirements and section 3.4 MARS-E 2.0 Support Enhancement Projects Requirements.

11. The Department will determine compliance and assessment of liquidated damages as often as it deems reasonable and necessary to ensure required performance standards are met. Amounts due the State as liquidated damages may be deducted by the State from any fees payable to the Vendor and any amount outstanding over and above the amounts deducted from the invoice will be promptly tendered by the Vendor to the State.
<table>
<thead>
<tr>
<th><strong>Staff Title / Role</strong></th>
<th><strong>Skills &amp; Qualifications</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td>Project Management Institute (PMP) Certification</td>
</tr>
<tr>
<td>Security Analyst</td>
<td>Certified Information Systems Security Professional (CISSP) Certification</td>
</tr>
<tr>
<td>Privacy Analyst</td>
<td>Certified Information Privacy Professional (CIPP) Certification; in lieu of certification, relevant work experience will be considered as a substitute to the certification</td>
</tr>
<tr>
<td>SIEM System Analyst</td>
<td>IBM QRadar Certified Professional</td>
</tr>
</tbody>
</table>
| IAM Specialist         | Experience delivering the following technologies:  
  ✓ IBM IAM product suite  
  ✓ Java Web application development  
  ✓ Secure Coding Practices  
  ✓ Security and PKI knowledge  
  ✓ Java, JavaScript, XML, DSML expertise  
  ✓ System Architecture Design and Security Architecture Design expertise  
  ✓ System and User Administration for Linux/UNIX  
  ✓ RACF |
| Other                  | Substantial technical and security expertise is required to complete a MARS-E project as an independent assessor. The project requires substantial experience with Integrated Eligibility systems and environments, health and human services (HHS) organizations, their stakeholders, and applicable industry best practices. Additionally, an ability to collaborate and comply with the Centers for Medicare & Medicaid Services (CMS) executives and program managers is imperative, as is, a meaningful understanding of MARS-E 1.0 and 2.0 requirements and compliance. |