State of New Hampshire
Department of Health and Human Services

REQUEST FOR PROPOSALS (RFP) # RFP-2018-DBH-09-BEHAV

FOR

Behavioral Health Crisis Treatment Center and Supports

November 22, 2017

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1. INTRODUCTION

1.1. Purpose and Overview

This Request for Proposal is published to solicit proposals for the development and operation of a Behavioral Health Crisis Treatment Center (BHCTC) and for the provision of related support services for individuals 18 years of age and older who are experiencing a mental health crisis, including those with a co-occurring substance use disorder. The Department of Health and Human Services (DHHS) is soliciting proposals from Vendors for this purpose in a New Hampshire Community Mental Health Region(s) or subsection(s) thereof that has high rates of admissions to and discharges from New Hampshire Hospital[1].

DHHS seeks a proposed BHCTC model and Vendor, or collaborating Vendors, that meet the following criteria:

1.1.1. Demonstrate a comprehensive and collaborative approach to provide intensive, short term stabilization treatment services, that are available twenty-four (24) hours per day, seven (7) days per week, for individuals experiencing a mental health crisis, including those with a co-occurring substance use disorder. The approach must maximize collaboration between existing treatment providers, community resources and Integrated Delivery Networks (IDN) within the proposed Community Mental Health Region(s) and the BHCTC.

1.1.2. The BHCTC will effectively increase the regional capacity to treat such individuals, and decrease the demand of higher levels of care when inpatient hospitalization or emergency department care is contraindicated.

1.1.3. The BHCTC will fill an existing gap in the behavioral health treatment and service continuum within the proposed Community Mental Health Region(s), and has the support of the treatment providers and community resources within the region(s) to fill this gap.

1.1.4. The BHCTC will be responsive to the identified need for such services within the proposed Community Mental Health Region(s), and that the BHCTC will effectively address barriers to treatment and services unique to the proposed Community Mental Health Region(s).

1.1.5. The BHCTC staff composition will be highly qualified and its facility design appropriately equipped to meet the immediate treatment and service needs of the individuals to be served.

[1] For additional information about New Hampshire Hospital Admission/Discharge Volume and Community Mental Health Regions, see Appendix C, New Hampshire Hospital Admission/Discharge Data and Community Mental Health Region Information

1.1.6. The BHCTC will receive and treat individuals on a walk-in basis and those transported for treatment by first responders or from other treatment sites.

1.1.7. The BHCTC will deliver an array of treatment services to de-escalate and stabilize individuals experiencing a mental health crisis at the intensity and for the duration necessary to quickly and successfully discharge the individual back into the community or to a step-down treatment site.

1.1.8. The BHCTC treatment and service array will coordinate with the individual's external treatment providers and natural supports in order to ensure continuity of care.

1.1.9. The BHCTC treatment and service array will be provided to individuals regardless of the individual's ability to pay, and will be structured:

1.1.9.1. To maximize the BHCTC's ability to seek reimbursement from public and private insurers, including the Department's Managed Care Organizations, Medicaid, Medicare, and private payers; and

1.1.9.2. To minimize the BHCTC's reliance on State funds to support operational costs ineligible for reimbursement from third-party payers.

1.1.10. The BHCTC will raise public awareness of BHCTC services, and communicate how these services fit within the regional behavioral health treatment system, and how to access BHCTC services.

1.1.11. The BHCTC will develop an effective strategy to engage and coordinate access to BHCTC services with regional first responders, law enforcement, peer support agencies, Community Mental Health Centers (CMHCs), hospitals, the applicable Integrated Delivery Networks' providers, and mobile crisis response teams.

1.2. Qualified Vendors – Initial Screening Requirements

1.2.1. The Department encourages the selected Vendor to collaborate with community treatment providers and stakeholders, as appropriate, to ensure that it develops and operates a BHCTC that is accessible twenty-four (24) hours a day/seven (7) days per week as an alternative to higher levels of care, including emergency departments, designated receiving facilities and New Hampshire Hospital, and to ensure an integrated approach to service delivery is achieved.

1.2.2. The selected Vendor must ensure the treatment setting is appropriate to safely treat individuals experiencing a mental health crisis and is in compliance with all local and state life safety codes and, if applicable, state health facilities' licensing requirements.

1.2.3. All initial services to be provided by the Vendor must begin within 120 days of the contract effective date.

1.2.4. **Initial Screening:** Proposals received in response to this RFP will undergo an initial screening to determine whether a Vendor is a 'qualified Vendor.' **All Vendors must submit a completed Appendix D, Details of Behavioral Health Crisis Treatment Center.** Appendix D must include:

1.2.4.1. A brief description of proposed BHCTC services and supports. If the Vendor does not currently hold applicable required certifications, licenses, state or federal approvals to provide any of the proposed services and supports, the Vendor must identify the applicable requirement and specify its plan to remedy the requirement if the Vendor is selected for award. This includes, at minimum, applicable NH Administrative Rules, Medicaid requirements, and whether the Vendor intends to seek any waivers thereof as remedy.

1.2.4.2. Identification and detailed description of the proposed BHCTC site's location, interior and exterior features, dimensions, etc.

1.2.4.3. An explanation of any zoning, building requirements and renovations, or other requirements (e.g. certifications, licenses) that need to be addressed prior to occupancy and the Vendor's plan for resolving such requirements.

1.2.4.4. Documentation of ownership(s) or lease(s), if applicable.

1.2.4.5. Letters of commitment from:

1.2.4.5.1. Current property owner(s), if not already owned by the Vendor, and a description of the purchase(s) or lease(s) of the site(s) to the Vendor, including a timeline for completion that ensures occupancy can be achieved within 120 days of the contract effective date; and

1.2.4.5.2. Developers, if site(s) are to be developed, or contractors, if site(s) will require renovations, including a timeline for completion that ensures occupancy can be achieved so that initial services begin within 120 days of the contract effective date.

DHHS, at its sole discretion may disqualify any Vendor that does not satisfy the Initial Screening Requirements.

DHHS may waive or offer a limited opportunity for a Vendor to cure immaterial deviations from the RFP requirements if it is determined to be in the best interest of the DHHS.

1.3. Request For Proposal Terminology

ACT – Assertive Community Treatment

BHCTC – Behavioral Health Crisis Treatment Center

CMHC – Community Mental Health Center pursuant to He-M 403

CMHP – Community mental health program or provider pursuant to He-M 426

DBH – Division for Behavioral Health

DHHS –Department of Health and Human Services

ED – Emergency Department or Emergency Room

ES – Emergency Services pursuant to He-M 426.09

IDN – Integrated Delivery Network

LEP – Limited English Proficiency

MCOs – Managed Care Organizations

NH Community Mental Health Region – includes the cities/towns of the catchment area

Linkage – A BHCTC coordinated connection made between the BHCTC, the individual being treated within the BHCTC and an external provider that will provide services to the individual upon discharge from the BHCTC to ensure continuity of care is achieved.

RFP – Request for Proposals

SMI – Serious mental illness

SPMI – Severe and persistent mental illness

1.4. Contract Period and Available Funding

The Contract is anticipated to be effective upon date of Governor and Executive Council approval, through December 31, 2021.

For the biennium ending June 30, 2019, the maximum amount of General Funds to support a contract awarded as a result of this RFP in State Fiscal Year 2018 are $866,667, and in State Fiscal Year 2019 are $1,300,000. Additionally, Medicaid funding up to the amount of $631,884 in State Fiscal Year 2018, and $2,121,696 in State Fiscal Year 2019 is available.

BHCTC services eligible for reimbursement under New Hampshire's Medicaid program will be processed through the Medicaid Fee-for-Service and Managed Care Organizations (MCOs), as applicable to the individuals served. The Medicaid funding will not be included in the agreed upon maximum price limitation for the resultant contract. Only the General Funds supporting the BHCTC will be processed through the contract, subject to the agreed upon maximum price limitation.

Funding to support the BHCTC for the period July 1, 2019 through December 31, 2021 will be subject to the continued availability of funds appropriated by the Legislature in future biennia.

DHHS reserves the right to renew the contract for up to two (2) additional years, subject to continued availability of funds, satisfactory performance of services, and approval by the Governor and Executive Council.

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2. BACKGROUND

2.1. New Hampshire DHHS, Division for Behavioral Health, Bureau of Mental Health Services.

2.1.1. The Department of Health and Human Services (DHHS) seeks to promote full community inclusion for adults (18 years or older) having severe mental illness (SMI), severe and persistent mental illness (SPMI) or who are severely mentally disabled. The State places a high emphasis on supporting individuals in their community with a broad range of supports and services that reduce the need for inpatient care.

2.1.2. As part of New Hampshire's implementation of the Community Mental Health Agreement, the Division for Behavioral Health, Bureau of Mental Health Services implemented three (3) Mobile Crisis Services and Supports (MCSS) programs under previous procurements. The Legislature, through HB517, authorized the release of an RFP for the provision of a fourth MCSS program in a geographic location that has a high rate of residents being admitted to and discharged from New Hampshire Hospital; there were no respondents to that RFP, or a subsequent RFP released by DHHS that provided greater flexibility to potential Vendors. As a result, this new RFP releases a different approach to treat individuals experiencing a mental health crisis. Through the BHCTC approach, individuals will receive appropriate treatment in the BHCTC:

2.1.2.1. During the crisis to avoid unnecessary accessing of services through the emergency department setting and before the crisis escalates to the level that inpatient psychiatric treatment may be needed;

2.1.2.2. Upon discharge from the emergency department, after it has been medically determined that the individual no longer needs emergency department level services and it has been clinically determined that the BHCTC is an appropriate stepdown treatment site.

2.1.2.3. On a voluntary basis.

2.1.3. The BHCTC will assess the individual and provide treatment in response to the immediate crisis. In order for the individual to return to the community as soon as practicable, the BHCTC will collaborate with existing behavioral health treatment providers and support systems. Collaborative discharge planning with providers and third party payers will take place to ensure continuity of care and wrap-around services upon discharge. Services provided at the BHCTC are intended to supplement existing services that may not be immediately available to an individual in crisis but are not intended to replace services for which the Community Mental Health treatment providers under contract with the State are already obligated to provide. As such, the successful Vendor will be obligated, post crisis assessment and immediate treatment, to connect individuals to existing service providers, including the applicable CMHC. If the individual is not already a client of a CMHC, the Vendor will be obligated to help them engage with engaging the appropriate Community Mental Health Center provider for ongoing treatment and services, if the individual is agreeable.

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3. STATEMENT OF WORK

3.1. Covered Populations and Geographic Location

3.1.1. The Vendor will provide treatment and support services to individuals accessing the BHCTC, in the proposed geographic location and Community Mental Health Region(s), to individuals eighteen (18) years or older who are experiencing a mental health crisis, including those with a co-occurring substance use disorder. Vendors may propose to serve more than one region or combined subsections of more than one region.

Q1. *Describe the proposed geographic location for the BHCTC and identify the proposed Community Mental Health Region(s) to be served by the BHCTC.*

Q2. *Provide a Statement of Need that includes, at minimum, the following components:*

a) Justification for the proposed location, based on the HB517 requirements regarding high rates of New Hampshire Hospital admissions and discharges for residents within the Community Mental Health Region(s), including describing any characteristics of the region(s) that you believe contribute to the high rates of New Hampshire Hospital admissions and discharges for residents within the region;

b) A description of how your proposed BHCTC services will integrate into the current behavioral health delivery system and Integrated Delivery Network (IDN) within the applicable region(s), including: how it will fill gaps in the current system; how it will not supplant existing contracted State services; and how the BHCTC will change existing treatment pathways for individual experiencing a mental health crisis, including for those individuals with a co-occurring substance use disorder. This description must include how the BHCTC will effectively increase the regional capacity to treat such individuals and decrease the demand for higher levels of care when inpatient hospitalization or emergency department care is contraindicated. Include letters of support, from treatment providers and community resources within the region(s), for the BHCTC to fill gaps in the current system;

c) An analysis of demographic factors, specific to the individuals within the region(s) that the BHCTC will serve, that you believe contribute to the high use of emergency departments for mental health reasons;

d) A description of how your proposed BHCTC model will be responsive to the identified need for such services within the proposed Community Mental Health Region(s), and how the model effectively addresses barriers to treatment and services unique to the region(s).

Q3. Describe your knowledge and experience working with this, or a similar, population.

3.2. Scope of Services

3.2.1. Within 120 days of contract approval, the selected Vendor must initiate treatment and support services as a BHCTC. The BHCTC operation and services shall include, at minimum:

3.2.1.1. A method(s) of providing individuals experiencing a mental health crisis, family members and natural supports, and first responders prompt access to a clinically qualified BHCTC team member, or other BHCTC authorized and clinically qualified resource, to determine if the individual in crisis may be in clinical need of services from the BHCTC, or if other available behavioral health services would be more appropriate for the individual to access. The method(s) must ensure that such inquiries can be made and promptly responded to twenty-four (24) hours per day, seven (7) days per week. The method(s) must ensure that information about the individual in crisis is obtained and that a clinically appropriate referral regarding the service level and treatment site the individual should access is provided to the inquirer during the initial inquiry. The referral provided by the Vendor must consider, at minimum: the severity of crisis the individual is experiencing, safety protocols, the individual's proximity to an appropriate treatment site or provider, the individual's ability to self-access an appropriate treatment site or provider, and whether the individual is already engaged with a first responder available to transport the individual to a treatment site or the BHCTC if needed. Referrals may include but are not limited to referring the individual to:

3.2.1.1.1. Receive treatment from his or her regular treatment provider – which may include the applicable Assertive Community Treatment (ACT) team;

3.2.1.1.2. Access the applicable Community Mental Health Center's Emergency Services team to receive Emergency Services from the Center;

3.2.1.1.3. Access, where available, the applicable Mobile Crisis Team to receive assistance at the individual's location;

3.2.1.1.4. The BHCTC to receive immediate treatment and services; or

3.2.1.1.5. His or her local ED.

3.2.1.2. **Face-to-face clinical assessments** for individuals experiencing a mental health crisis, including those individuals with a co-occurring substance use disorder, to identify and determine the treatment and supports the individual needs to receive to deescalate from the crisis. The clinical assessment must begin within forty-five (45) minutes of the individual's arrival at the BHCTC unless safety protocols preclude performance of the assessment within that timeframe.

3.2.1.3. **Development of an immediate treatment plan** that authorizes the treatment and support services the consumer will receive from the BHCTC to de-escalate from the crisis. The immediate treatment plan must provide sufficient detail to ensure BHCTC staff fully understand and are able to provide appropriate services to the individual at the correct intensity and duration needed. The immediate treatment plan shall be developed as a result of the information learned from the clinical assessment referenced in 3.2.1.2.

3.2.1.4. **Delivery by the BHCTC team of treatment and services identified in the individual's immediate treatment plan**, at the prescribed level of intensity and duration. Treatment and services shall be limited to those authorized by DHHS under the Governor and Council approved contract awarded as a result of this RFP, if any, for the Vendor to provide, subject to the applicable Medicaid requirements or applicable restrictions within the contract for General Fund supported services. Services provided must be limited to serving persons who are eligible under RSA 135-C:13 and He-M 401, subject but not limited to the following conditions:

3.2.1.4.1. No person determined eligible shall be refused any of the services provided hereunder because of an inability to pay a fee. For individuals not already determined eligible by the applicable CMHC, the Vendor must provide services under a presumption that the consumer is eligible for services within the NH Mental Health System. NOTE: DHHS shall work with the successful Vendor to formalize the process for the Vendor to document presumptive eligibility.

3.2.1.4.2. The services provided shall not supplant or replace those services already available within the regional CMHC. Individuals shall be transitioned to community as soon as linkages to existing services are in place. The Vendor shall make every effort to coordinate services with the applicable region's CMHC so that the individual's treatment can be timely transitioned to the CMHC for ongoing treatment and support services.

3.2.1.4.3. The Vendor shall provide services to de-escalate the individual's immediate crisis, and to support the individual as clinically needed and appropriate until access to ongoing treatment and support from the applicable CMHC, or where applicable – Mobile Crisis Team. In the event the individual is not, and does not wish to become, a client of the applicable CMHC, or the individual has other treatment providers he or she wishes to use for ongoing treatment, the Vendor shall provide services for the intensity and duration as is necessary to de-escalate the crisis.

3.2.1.4.4. For individuals who require onsite continuous treatment and support to de-escalate from the crisis for a period longer than the BHCTC can directly accommodate, the Vendor shall attempt to transfer the individual to other available community-based providers and resources, such as peer respite, mobile crisis, CMHC emergency services supervision, etc.

3.2.1.5. Provide BHCTC services, as described in 3.2.1.4., for individuals accessing the BHCTC in conjunction with discharge from the ED.

3.2.1.6. **Collaborate and coordinate with the individual's choice of treatment providers.** The Vendor must collaborate with the individual's existing treatment providers, if any, in the development of the immediate treatment plan to ensure medication management and other treatment considerations are effectively researched and coordinated. If such providers are not immediately available for this purpose, the Vendor must proceed with the development of the immediate treatment plan and connect with such providers as soon as practical. If the individual elects to receive ongoing treatment, upon discharge from the BHCTC, the Vendor must collaborate with external treatment providers to ensure that treatment and support services are coordinated to engage the individual on a timely basis upon discharge.

3.2.1.7. Provide clinically appropriate physical and environmental accommodations to individuals receiving treatment and supports within the BHCTC. The accommodations must take into consideration individual privacy rights, safety protocols, nutrition and sustenance, the individual's physical and health related needs, and meet all applicable municipal, state and federal life and safety codes.

Q4. *Describe the expected referral sources and admission routes into BHCTC. Describe in detail the functions/activities and clinical criteria/protocols to be used during the initial inquiry and/or referral period. Explain how an individual experiencing a mental health crisis, a family member or first responder can inquire about the BHCTC, to determine whether the individual should be referred to the BHCTC or an alternative treatment provider.*

Q5. *What services and supports will you provide within the BHCTC? Include a detailed description of how those services and supports will be provided. Describe why the proposed treatment and service array are effective methods to de-escalate and stabilize individuals, and how you will ensure they are delivered at the intensity and for the duration necessary to quickly and successfully discharge the individual back into the community or to a stepdown treatment site.*

Q6. *Describe in detail the assessment tool and immediate treatment plan model you will use for individuals accessing treatment in the BHCTC; provide a sample of both, if available.*

Q7. *Describe the types of interventions you will provide in order to de-escalate the presenting crises situations within the BHCTC treatment environment.*

Q8. *For those individuals accessing the BHCTC as a stepdown treatment site upon discharge from the ED, describe how you will ensure their safe transfer from the ED to the BHCTC and how continuity of care for such individuals will be coordinated..*

Q9. *Describe how you will ensure continuity of care is achieved, for those individuals who would require it, upon discharge from the BHCTC. Include the protocols you would use to collaborate with external treatment providers and coordinate a clinically appropriate, time specific linkage between the individual and the provider(s) for continued care.*

Q10. *How will you work with individuals receiving BHCTC treatment and services to prevent an avoidable hospitalization?*

Q11. *Provide your proposed BHCTC discharge criteria and related policies and procedures.*

Q12. *How will proposed BHCTC services be different from any existing mobile crisis services or emergency services?*

Q13. *How will you provide coverage when there are multiple individuals in concurrent crisis?*

Q14. *How will you ensure 24/7 access to treatment services and supports? Describe how the BHCTC will receive and treat individuals on a walk-in basis, and those transported for treatment by first responders or from other treatment sites. Include existing or planned formal agreements with first responders and other treatment sites that will be implemented to support access to BHCTC treatment and services.*

Q15. *Provide your proposed outreach and educational plan to ensure the communities and partners within your proposed Community Mental Health Region(s) are aware of and can assist individuals with accessing BHCTC services and supports, and to raise awareness of how BHCTC services fit within the regional behavioral health treatment system.*

Q16. *How will you develop partner agreements with community organizations and health insurers? Provide your proposed community engagement plan and include letters of support for organizations, entities, or coalitions you will partner with, if any, that describes the intended partnership. Describe how the BHCTC will maximize the BHCTC's ability to seek reimbursement from public and private insurers, including the Department's Managed Care Organizations, Medicaid, Medicare, and private payers, and how it will minimize the BHCTC's reliance on State funds to support operational costs ineligible for reimbursement from third-party payers.*

Q17. *How will you collaborate with and educate law enforcement and first responders to respond to individuals in crisis and to access BHCTC services? Include your training plan for first responders and law enforcement personnel.*

3.3. Staffing

3.3.1. The Vendor must ensure all potential staff provides the following documentation:

3.3.1.1. A minimum of two (2) references;

3.3.1.2. BEAS State Registry Consent Form;

3.3.1.3. Central Registry Name Search Authorization; and

3.3.1.4. Criminal Record Release Authorization Form - General.

3.3.2. The Vendor shall ensure, prior to an offer of employment, the forms in Section 3.3.1 are processed through the appropriate State departments to ensure;

3.3.2.1. That the person has no history of:

3.3.2.1.1. A felony conviction; or

3.3.2.1.2. Any misdemeanor conviction involving:

3.3.2.1.2.1. Physical or sexual assault;

3.3.2.1.2.2. Violence;

3.3.2.1.2.3. Exploitation;

3.3.2.1.2.4. Child pornography;

3.3.2.1.2.5. Threatening or reckless conduct;

3.3.2.1.2.6. Theft;

3.3.2.1.2.7. Driving under the influence of drugs or alcohol; or

3.3.2.1.2.8. Any other conduct that represents evidence of behavior that could endanger the well-being of a consumer.

3.3.3. The Vendor shall ensure results from the forms identified in Section 3.3.1 are kept on file and available to DHHS upon request.

3.3.4. The Vendor shall ensure that all BHCTC staff, per diem professionals, and subcontractors are appropriately qualified, licensed or credentialed to provide the applicable services that each such person will provide. The Vendor must ensure all such personnel comply with the applicable Administrative Rules, Medicaid requirements, and any other state laws, or federal regulations.

Q18. Describe the role and full time equivalent status of each proposed staffing position within the proposed BHCTC. Include, at minimum, a description of the Medicaid billable services each role will be providing in the BHCTC, state the required qualifications, licenses or credentials the role must have to ensure the services provided are Medicaid billable, and state the limitation of such services – if applicable.

Q19. Submit an organizational chart and a proposed staffing plan for all positions. Within the staffing plan, describe how the staffing structure will ensure services are delivered in the best interest of the individual and how 24/7 coverage, including for high risk cases which may need 1:1 supervision, will be accomplished.

Q20. Provide staff resumes for the proposed staffing plan. For positions not currently occupied, provide a detailed job description.

Q21. Describe your hiring process and how you will ensure your program is fully staffed within 120 days after contract approval.

3.4. Project Plan

3.4.1. Within 30 days after contract approval date, the Vendor must develop and submit a final project plan to DHHS for approval that:

3.4.1.1. Describes the action steps to be taken by the Vendor and the project plan milestones to be reached to ensure the BHCTC is operational after 120 days of contract approval;

3.4.1.2. Contains the timeline for completing all action steps and project plan milestones;

3.4.1.3. Contains a plan for status meetings to occur every two weeks between the Vendor and a DHHS designee(s) from the contract approval date until the date the Vendor provides DHHS with documented evidence that BHCTC is fully operational and DHHS has issued written confirmation of the same.

3.4.1.3.1. DHHS reserves the right to require the Vendor to participate in more frequent meetings and telephone conferences if at any time project plan milestones are not achieved on schedule, project plan elements are incurring costs greater than proposed, or DHHS is concerned project plan milestones are not being satisfactorily achieved.

3.4.1.3.2. The Vendor shall provide bi-weekly project plan update reports to DHHS' designee(s) at least four days prior to each such meeting.

3.4.1.3.3. DHHS reserves the right to waive any bi-weekly status meeting or to conduct such meetings through tele or web conferencing.

3.4.1.3.4. If, at any time, DHHS determines that achievement of project plan milestones is insufficient to result in the Vendor's ability to deliver operational services within the required date, the Vendor shall be required to develop a corrective action plan that demonstrates how the Vendor will revise the project plan and allocated project resources – including dedicated staff and financial supports – necessary to ensure that the deadline will be met.

3.4.1.4. Describes and identifies any subcontracting, leasing, purchasing or other legal agreements or regulatory considerations necessary for operationalizing the BHCTC; and

3.4.1.5. Contains the staffing plan that ensures project plan activities are completed on schedule.

Q22. *Provide a proposed project plan with a draft timeline. In addition to the project plan requirements described in this section, ensure the proposed project plan incorporates site acquisition requirements described in subsection 1.2.2. Include your oversight and monitoring plan that will ensure fulfillment of the action steps in the project plan.*

3.5. Reporting Requirements

3.5.1. Upon the BHCTC becoming operational, the Vendor must provide monthly reports by the tenth (10th) day of each month, which include, but are not limited to:

3.5.1.1. Names of individuals who received services;

3.5.1.2. Number of individuals who received services;

3.5.1.3. The insurance carrier for each individual who received services;

3.5.1.4. Date & time of each individual's arrival at the BHCTC;

3.5.1.5. Service/or services provided to each individual;

3.5.1.6. Length of time service or services were provided to each individual;

3.5.1.7. Whether law enforcement or first responders were involved in the transport of each individual to the BHCTC;

3.5.1.8. Whether services were provided to each individual by the BHCTC beyond the immediate crisis, and if so, which services and the duration provided;

3.5.1.9. Statistics on diversions from hospitalizations;

3.5.1.10. Discharge location type (e.g., hospitalization, mobile crisis apartment bed, crisis respite bed, home, emergency room, etc.);

3.5.1.11. Referral/inquiry source (e.g., CMHC; ED; law enforcement; individual/family) that led the individual to access BHCTC services, if other than the individual; and

3.5.1.12. Number of clients with LEP or that required interpretation services.

3.5.1.13. Beginning upon contract approval, the Vendor shall provide:

3.5.1.13.1. A narrative description of actions completed according to the approved project plan;

3.5.1.13.2. Barriers to achieve approved project plan goals; and

3.5.1.13.3. Proposed steps to be taken the following month to stay on schedule with approved project plan.

3.5.2. The reporting required in 3.5.1. through 3.5.12 must be submitted by the Vendor to DHHS through the DHHS Phoenix system unless otherwise instructed on a temporary basis by the DHHS designee monitoring BHCTC treatment and services.

3.5.3. The Vendor must provide analytical reporting that demonstrates:

3.5.3.1. The quality and outcomes of the BHCTC services provided to individuals;

3.5.3.2. The effectiveness of the BHCTC model in diverting individuals from unnecessary ED presentations or hospitalizations;

3.5.3.3. The effectiveness of the BHCTC's educational and outreach efforts within the applicable Community Mental Health Region(s) and the outcomes thereof;

3.5.3.4. The effectiveness of the BHCTC's collaboration and coordination efforts with external treatment providers, including the applicable CMHCs and IDNs, and the outcomes thereof.

3.5.4. For the reporting requirements specified in 3.5.3, the Vendor shall collaborate with DHHS to determine a mutually agreed upon reporting interval, which shall be at least on an annual basis, and the reporting format.

Q23. *Provide a proposed reporting plan to meet the requirements in section 3.5. Include a description of data collection and analysis related to BHCTC that will meet requirements of 3.3.3. Include a discussion of factors and outcomes that will indicate the efficacy of the interventions and strategies implemented within the program design. Explain how data will inform quality management, improvement, and program design.*

3.6. Cultural and Linguistic Considerations

3.6.1. 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.

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

3.6.3. There are numerous resources available to help recipients increase their ability to meet the needs of culturally, racially and linguistically diverse clients. Some of the main information sources are listed in the Vendor'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.

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

3.6.5. Vendors 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.

3.6.6. Successful applicants will be:

3.6.6.1. Required to submit a detailed description of the language assistance services they will provide to LEP persons to ensure meaningful access to their programs and/or services, within ten (10) days of the date the contract is approved by Governor and Council;

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

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

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

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

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

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

3.6.8. **Vendors 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 (2) 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 Vendors' program design, which in turn, will allow Vendors to put forth the best possible proposal.

3.6.9. For guidance on completing the two (2) steps in Appendix E, please refer to Vendor's Reference Guide for Completing the Culturally and Linguistically Appropriate Services Addendum of the RFP, which is posted on the DHHS website. http://www.dhhs.nh.gov/business/forms.htm.

4. FINANCE

4.1. Financial Standards

4.1.1. Within 120 days of the contract effective date, the Vendor will seek reimbursement for services provided by the BHCTC as follows:

4.1.1.1. For Medicaid enrolled individuals:

4.1.1.1.1. Medicaid Care Management: If the individual is enrolled with an MCO and the Vendor has a contract to provide the service with the MCO, the Vendor will seek reimbursement in accordance with its contract with the MCO. If the Vendor does not have a contract with the MCO, the Vendor will seek reimbursement under the current DHHS approved Medicaid Fee for Service (FFS) schedule.

4.1.1.1.2. Medicaid Fee For Service: If the individual is not enrolled with an MCO and is receiving services under the Medicaid Fee For Service program, the Vendor will bill Medicaid for services on the FFS schedule.

4.1.1.1.3. The requirements in 4.1.1.1.1. and 4.1.1.1.2. will not be pursued by the Vendor for individuals that are Medicaid enrolled individuals for secondary health insurance coverage purposes until the Vendor has exhausted reimbursement provisions applicable to the primary payer, such as Medicare or other third party payers.

4.1.1.2. For individuals enrolled with other health insurance/payors:

4.1.1.2.1. The Vendor will directly bill and seek reimbursement from the other insurance or payors.

4.1.1.3. Uninsured individuals:

4.1.1.3.1. The Vendor will bill DHHS for those operational costs in the approved budget that are not otherwise reimbursable by a primary, secondary or other third party payer.

Cost - Q1 *– Provide a projection of the number of clients served by payor type (e.g. DHHS MCO contractor, Medicaid Fee for Service, Private Insurer, Medicare), and uninsured. The Vendor must describe how individuals without the ability to pay for services, and those for whom the Vendor receives insufficient reimbursement through third party payers, will be ensured treatment regardless of an individual's ability to pay. NOTE: Projections will be evaluated on the sufficiency of detail provided, the Vendor's described plan to ensure service provision regardless of an individual's ability to pay for services, and whether the Vendor's projections demonstrate that a large number of uninsured and under insured individuals will be served.*

Cost - Q2 *– Identify the operational costs associated with providing BHCTC services for the uninsured. This must include a detailed Operational Budget per State Fiscal Year, inclusive of all projected costs, identification of the projected revenue and applicable sources the Vendor will receive from third party payors, and the balance of costs the Vendor projects it will bill DHHS for BHCTC services delivered to the uninsured.NOTE: The operational budgets will be evaluated on the sufficiency of detail provided, consistency of detail with the budget narratives required in Cost – Q3, accuracy, and best value to the Department.*

Cost – Q3 *– Provide a corresponding budget narrative for the Operational Budgets by state fiscal year. NOTE: The corresponding budget narratives will be evaluated on the sufficiency of detail provided, consistency of detail with the operating budgets required in Cost – Q2, accuracy, and best value to the Department.*

Cost – Q4 *– Describe the billing protocols the Vendor expects to follow where the responsibility is borne by a primary payer other than the State, specific to Medicaid, Medicare, and private insurance. NOTE: The protocols will be evaluated for appropriateness and consistency with those required for Medicaid and Medicare.*

4.1.2. If the Vendor seeks funding to support Start-Up Period costs, the Vendor must develop a Start-up Period Budget for reimbursement of costs associated with the start-up period that begins upon contract approval. The start-up period will end on or before 90 days upon contract approval or upon operationalizing the BHCTC, whichever occurs first. Start-up funding cannot be used to reimburse the Vendor for costs that are eligible for payment under 4.1.1. above.

4.1.2.1. The contract that may result from this RFP may include advance payment for certain start-up costs if needed and justified. In developing the proposed Start-up Period Budget, the Vendor must identify costs for which the Vendor proposes an advance payment be made. The Vendor must provide justification for each proposed advance payment. NOTE: Advance payments are contingent upon Governor and Executive Council approval and would be included in DHHS' original contract submission to the Governor and Executive Council.

4.1.2.2. If advance payments are made, the Vendor shall submit a detailed cost report that demonstrates compliance with the approved contract's Start-Up Period Budget. NOTE: Advance payments are part of, and not in addition to, the approved contract's price limitation.

4.1.2.3. DHHS will reimburse the Vendor for approved start-up costs not otherwise paid for in advance but included in the approved Start-up Period Budget. If project plan milestones are not achieved on time, DHHS reserves the right to delay payment to the Vendor until the applicable project plan milestone is achieved or until DHHS otherwise determines the Vendor is in compliance with the contract.

4.1.2.4. DHHS reserves the right to withhold payment of expenses incurred for acquisition of personnel to operationalize the BHCTC and provide BHCTC services if the BHCTC services are not initiated within 120 days of contract approval.

Cost – Q5 *– If the Vendor is seeking funding for Start-Up Period costs, the Vendor must provide the proposed Start-Up Period Budget required in 4.1.2, and a corresponding budget narrative. If the Vendor is not seeking funding for Start-Up Period costs, the Vendor must specifically state that in response to this question. NOTE: The Start-Up Period Budget and corresponding budget narrative will be evaluated on the sufficiency of detail provided, consistency of detail between each, and best value to the Department. Vendors not seeking funding for Start-Up Period costs will receive the maximum score available to this question.*

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5. PROPOSAL EVALUATION

5.1. Technical Proposal (700 Points)

a)	Demonstration of Need (Q1 & Q2.a-d)	300 Points
b)	Knowledge & Experience (Q3)	50 Points
c)	BHCTC Services and Features (Q4 – Q12)	100 Points
d)	Maintaining 24/7 Service Capacity (Q13 & Q14)	50 Points
e)	Outreach & Public Awareness(Q15)	25 Points
f)	Partnership Support & Collaboration (Q16)	50 Points
g)	Training First Responders (Q17)	25 Points
h)	Staffing (Q18 - Q21)	50 Points
i)	Project Plan (Q22)	25 Points
j)	Reporting (Q23)	25 Points

5.2. Cost Proposal (300 Points)

a)	Projected individuals served by payer type (Cost Q1)	75 Points
b)	Operational Costs (Cost Q2 & Q3)	200 Points
c)	Start-Up Costs (Cost Q5)	25 Points

Total Maximum number of points to be awarded: ***1000 Points***

6. VENDOR PROPOSAL PROCESS

6.1. Contact Information: - Sole Point of Contact

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

State of New Hampshire
Department of Health & Human Services
Contracts & Procurement Unit
Brown Building
Catherine Cormier
129 Pleasant Street
Concord, NH 03301
Email: Catherine.Cormier@dhhs.nh.gov
Phone: (603) 271-9076

Other personnel are NOT authorized to discuss this RFP with Vendors 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 Vendors regardless of the source.

6.2. Procurement Timetable

Procurement Timetable		
Item	Action	Date*
1.	Release RFP	11/22/17
2.	Vendor Question Submittal Period Begins	11/22/17
3.	Vendors Conference (participation is encouraged but not-mandatory; pre-registration is recommended but not required)	12/06/17
4.	Non-binding Letter of Intent (Optional) Due Date	12/18/17
5.	Vendor Question Submittal Period Ends	12/18/17
6.	DHHS Answers to Technical Questions Posted	12/22/17
7.	Proposal Due Date	**2:00* PM** 1/16/18

*All times are according to Eastern Time.
DHHS reserves the right to modify these dates at its sole discretion.

6.3. Non-Binding Letter of Intent (Optional)

DHHS encourages interested Vendors to submit a non-binding Letter of Intent to submit a proposal in response to this RFP. The Letter of Intent is not required but is preferred and should be received by the date and time identified in Section 6.2, Procurement Timetable.

DHHS will be provide Vendors submitting a Letter of Intent with notice of any RFP amendments, in the event such are produced, or any further materials on this project, including electronic files containing non-protected, able to be edited tables or templates that may be required for response to this RFP, any addenda, corrections, schedule modifications, or notifications regarding any informational meetings for Vendors, and DHHS responses to comments or questions.

The Letter of Intent may be transmitted by e-mail to the Procurement Coordinator identified in Section 6.1, or in hard copy to the Procurement Coordinator identified in Section 6.1.

The potential Vendor is responsible for successful transmission. DHHS will provide confirmation of receipt of the Letter of Intent if the name and e-mail address or fax number of the person to receive such confirmation is provided by the Vendor.

The Letter of Intent should include the name, telephone number, mailing address and e-mail address of the Vendor's designated contact to which DHHS will direct RFP related correspondence.

6.4. Vendors' Questions and Answers

6.4.1. Vendors' 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. DHHS may contact Vendors for clarification of questions that are not understood or statements that are not questions. DHHS may not answer questions or address statements for which clarity is not provided or are determined immaterial.

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. DHHS will not acknowledge receipt of questions.

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

6.4.2. 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 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, to entities that submitted questions by the deadline given in Section 6.2. Procurement Timetable, and to any participants that attended the Vendors Conference. This date may be subject to change at DHHS's discretion.

6.5. 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 Vendor questions. In the event of an amendment to the RFP, DHHS, at its sole discretion, may extend the proposal submission deadline. Vendors who submitted a Letter of Intent, entities who submitted questions by the deadline given in Section 6.2 Procurement Timetable, and any participants that attended the Vendors Conference, will receive notification of the amendment, and the amended language will be posted on the DHHS Internet site.

6.6. 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, as specified in 6.1, and marked with RFP-2018-DBH-09-BEHAV.

Late submissions will not be accepted and will remain unopened. Disqualified submissions will be discarded if not re-claimed by the bidding Vendor by the time the contract is awarded. Delivery of the Proposals shall be at the Vendor'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 Vendor's responsibility.

6.7. Compliance

Vendor 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.

6.8. Non-Collusion

The Vendor'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 Vendors and without effort to preclude DHHS from obtaining the best possible competitive proposal.

6.9. 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).

6.10. Validity of Proposal

Proposals must be valid for two hundred forty (240) days following the Closing Date for receipt of proposals as listed 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 Vendor and DHHS.

6.11. 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 Vendor. 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.

6.12. Proposal Withdrawal

Prior to the Closing Date for receipt of proposals, a submitted Letter of Intent or proposal may be withdrawn by submitting a written request for its withdrawal to Procurement Coordinator identified in Section 6.1.

6.13. Public Disclosure

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

The content of each Vendor'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 financials models and forecasts, and proprietary formulas may be exempt from public disclosure under RSA 91-A:5, IV.

Insofar as a Vendor seeks to maintain the confidentiality of its confidential commercial, financial or personnel information, the Vendor 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 Vendor claims to be exempt from public disclosure pursuant to RSA 91-A:5.

Each Vendor 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 Vendor as confidential, DHHS shall notify the Vendor 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 Vendor's responsibility and at the Vendor's sole expense. If the Vendor fails to obtain a court order enjoining the disclosure, DHHS may release the information on the date DHHS specified in its notice to the Vendor without incurring any liability to the Vendor.

6.14. 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.

6.15. Liability

By submitting a Letter of Intent to submit a proposal in response to this RFP, a Vendor agrees that in no event shall the State be either responsible for or held liable for any costs incurred by a Vendor 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.

6.16. Request for Additional Information or Materials

During the period from date of proposal submission to the date of Contractor selection, DHHS may request of any Vendor 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 Vendor with an opportunity to change, extend, or otherwise amend its proposal in intent or substance. Key personnel shall be available for interviews.

6.17. Oral Presentations and Discussions

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

6.18. Contract Negotiations and Unsuccessful Vendor Notice

If a Vendor(s) is selected, the State will notify the Successful Vendor(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 Vendor(s), all submitted Proposals remain eligible for selection by the State. In the event contract negotiations are unsuccessful with the selected Vendor(s), the evaluation team may recommend another Vendor(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.

6.19. 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 Vendor. A contract award is contingent on approval by the Governor and Executive Council.

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

6.20. Site Visits

The Department may, at its sole discretion, at any time prior to contract award, conduct a site visit at the Vendor's location or at any other location deemed appropriate by the Department, in order to determine the Vendor's capacity to satisfy the terms of this RFP/RFB/RFA. The Department may also require the Vendor to produce additional documents, records, or materials relevant to determining the Vendor'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 Vendor.

6.21. 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.

6.22. Contingency

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

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7. PROPOSAL OUTLINE AND REQUIREMENTS

7.1. Presentation and Identification

7.1.1. Overview

7.1.1.1. Vendors are expected to examine all documentation and other requirements. Failure to observe the terms and conditions in completion of the Proposal are at the Vendor'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, unless an allowance for partial scope is specifically described in Section 3, and agree to the contract conditions specified throughout the RFP.

7.1.1.4. Proposals should be received by the date and time specified in the Procurement Timetable identified in Section 6.2 and delivered, under sealed cover, to Procurement Coordinator identified in Section 6.1.

7.1.1.5. Faxed copies will not be accepted.

7.1.1.6. Hard copy or electronic copy submittals are acceptable proposal submission methods, however, if electronically submitted, the following provisions shall apply:

7.1.1.6.1. The Proposal must be electronically signed by the individual submitting the Proposal on behalf of the organization.

7.1.1.6.2. If submitting the Proposal by email, the Vendor must send the Proposal to the Procurement Coordinator's e-mail address specified in Section 6.1. Contact Information – Sole Point of Contact.

7.1.1.6.3. If submitting the Proposal by delivery, the Proposal must be loaded onto a USB (thumb) drive. The Vendor must send or deliver the drive to the Procurement Coordinator's address specified in Section 6.1. Contact Information – Sole Point of Contact.

7.1.1.6.4. The information provided in electronic format must be capable of being viewed, read, retained and printed by DHHS using its standard software applications, such as Microsoft Office 2010 or Adobe Reader DC, upon receipt and must be capable of being stored by DHHS. The Vendor assumes all risk and liability for the Proposal submitted in an electronic format. DHHS will scan Proposals files submitted in electronic format for viruses or other defect. DHHS reserves the right to reject Proposal files that present an information technology risk to DHHS or that do not otherwise comply with the requirements specified in this section (7.1.1.6.4.).

7.1.1.7. Vendors shall submit a Technical Proposal and a Cost Proposal.

7.1.2. Presentation

7.1.2.1. Separated original copies of Technical and Cost Proposals. If submitted in electronic format only, the electronic Proposal must include electronic signatures where original signatures are required, and the electronic files must, at minimum, separate the Technical and Cost Proposals into two separate files. If submitted in hard copy, the original copies of the Technical and Cost Proposals must be in separate binders or separately bound in an appropriate format, such as wire or coil bound, saddle stitched, stapled.

7.1.2.2. Major sections of the Proposal, if submitted in hard copy, should be separated by tabs or otherwise easily identifiable sections. If submitted in electronic format, major sections may be contained in individual files or a table of contents, appropriate hyperlinks or use other navigational tools that ensure all sections are easily identifiable and accessible. It is the Vendor's responsibility to submit its proposal in a neat and easily identifiable order. DHHS reserves the right to reject proposals that are not appropriately structured.

7.1.2.3. If submitted in hard copy, standard eight and one-half by eleven inch (8 ½" x 11") white paper must be used, except for illustrations, diagrams, spreadsheets or other images and documents which may make complying with this requirement impractical.

7.1.2.4. If submitted in hard copy, a font size of ten (10) or larger must be used throughout the proposal except for illustrations, diagrams, spreadsheets or other images which may make complying with this requirement impractical.

7.1.3. Technical Proposal

7.1.3.1. If in hard copy, the original Technical Proposal must be marked as "Original". If in electronic copy, the first page of the Technical Proposal must be marked "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. If submitting the proposal in hard copy, one (1) electronic copy of the Technical Proposal must also be provided on a USB (thumb) drive and divided into folders that correspond to and are labeled the same as the hard copy. DHHS will scan the USB drive for viruses or other defects. DHHS reserves the right to reject Proposal files that present an information technology risk to DHHS or that do not otherwise comply with the requirements specified in this section (7.1.1.3.3.). NOTE: In the event of any discrepancy between the copies, the hard copy marked “Original” will control.

7.1.3.4. Front cover labeled with:

Name of company / organization.
RFP Name.
RFP#.
Technical Proposal.

7.1.4. Cost Proposal

7.1.4.1. If in hard copy, the original Cost Proposal must be marked as “Original”. If in electronic copy, the first page of the Cost Proposal must be marked “Original.”

7.1.4.2. A copy of the Transmittal Letter (described in Section 7.2.2.1.) marked as “Copy” as the first page of the Cost Proposal.

7.1.4.3. If submitting the proposal in hard copy, one (1) electronic copy of the Costs Proposal must also be provided on a USB (thumb) drive and divided into folders that correspond to and are labeled the same as the hard copy. DHHS will scan the USB drive for viruses or other defects. DHHS reserves the right to reject Proposal files that present an information technology risk to DHHS or that do not otherwise comply with the requirements specified in this section (7.1.4.3.). NOTE: In the event of any discrepancy between the copies, the hard copy marked “Original” will control.

7.1.4.4. Front cover labeled with:

Name of company / organization.
RFP Name.
RFP#.

Cost Proposal.

7.2. Outline and Detail

7.2.1. Proposal Contents - Outline

7.2.1.1. Each Proposal shall contain the following, in the order described in this section. Major sections of the Proposal, if submitted in hard copy, should be separated by tabs or otherwise easily identifiable sections. If submitted in electronic format, major sections may be contained in individual files or a table of contents, appropriate hyperlinks or use other navigational tools that ensure all sections are easily identifiable and accessible. It is the Vendor's responsibility to submit its proposal in a neat and easily identifiable order. DHHS reserves the right to reject proposals that are not appropriately structured.

7.2.2. Technical Proposal Contents – Detail.

7.2.2.1. Transmittal Cover Letter, which 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.

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 Vendor's representative for all matters relating to the RFP,
- Acknowledge that the Vendor 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 Vendor's submitted Proposal is valid for a minimum of two hundred forty (240) days from the Closing Date for receipt of proposals,
- Date proposal was submitted,
- 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, in order to:

7.2.2.3.1. Provide DHHS with an overview of the Vendor's organization and what is intended to be provided by the Vendor,

7.2.2.3.2. Demonstrate the Vendor's understanding of the services requested in this RFP and any problems anticipated in accomplishing the work,

7.2.2.3.3. Show the Vendor's overall design of the project in response to achieving the deliverables as defined in this RFP,

7.2.2.3.4. Specifically demonstrate the Vendor'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 Vendor must answer all questions and must include all items requested for the proposal to be considered. The Vendor 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

Vendors must include in their Proposal a summary of their company's organization, management and history:

7.2.2.6. Vendor's References

The Proposal must include relevant information about at least three (3) similar or related contracts or subcontracts awarded to the Vendor. 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:

- Name, address, telephone number, and website of the customer,
- A description of the work performed under each contract,
- A description of the nature of the relationship between the Vendor and the customer,
- Name, telephone number, and e-mail address of the person whom DHHS can contact as a reference,
- Dates of performance.

7.2.2.7. Reserved.

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 Vendor 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 or not it proposes to use any subcontractors. The Vendor 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 Vendor 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 Vendor 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 Technical Proposal. The Vendor must complete the correlating forms found in the RFP Appendices and submit them as the "Required Attachments" section of the Technical Proposal.

Vendor Information and Declarations will include:

- Exceptions to Terms and Conditions -- Appendix A.
- Addendum to CLAS Section of RFP – Appendix E.
- Details of Behavioral Health Crisis Treatment Center Proposed – Appendix D. Appendix D must include the information specified in Sections 1.2.4.1. – 1.2.4.5.:

  DHHS reserves the right to disqualify any Vendor that does not provide this documentation in the Technical Proposal submitted.

7.2.3. Cost Proposal Contents - Detail

7.2.3.1. Cost Bid Requirements

The Vendor must provide the required information specified in questions Cost - Q1 through Cost - Q5 (see Section 4. Finance). All required information must be clearly labeled, inclusive of identifying the applicable question (e.g. Cost-Q1: Projected Number of Clients…), and provided in numerical order of the questions.

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

7.2.3.2. Statement of Vendor's Financial Condition

The organization's financial solvency will be evaluated. The Vendor'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 Vendor must submit audited financial statements for the four (4) most recently completed fiscal years that demonstrate the Vendor'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 or not 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:

- Opinion of Certified Public Accountant;
- Balance Sheet;
- Income Statement;
- Statement of Cash Flow
- Statement of Stockholder's Equity of Fund Balance;
- Complete Financial Notes; and
- Consolidating and Supplemental Financial Schedules.

A Vendor, 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 Vendor, 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 Vendor 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 Vendor 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 Vendor shall submit as part of its proposal:

- Uncertified financial statements; and
- 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 Vendor must provide a copy of the staffing plan, referenced in Q19, in the Cost Proposal, and submit the plan in the “Required Attachments” section of the Cost Proposal. NOTE: the balance of information requested in Q18 should not be provided in the Cost Proposal; – only the staffing plan is required.

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8. MANDATORY BUSINESS SPECIFICATIONS

8.1. Contract Terms, Conditions and Liquidated Damages, Forms

8.1.1. Contract Terms and Conditions

8.1.1.1. The State of New Hampshire sample contract is attached; Vendor to agree to minimum requirement as set forth in the Appendix B.

8.1.2. Liquidated Damages

8.1.2.1. The State intends to negotiate with the awarded Vendor to include liquidated damages in the Contract in the event any deliverables are not met.

8.1.2.2. The Department and the Contractor agree that the actual damages that the Department will sustain in the event the Vendor fails to maintain the required performance standards throughout the life of the contract will be uncertain in amount and difficult and impracticable to determine. The Contractor acknowledges and agrees that any failure to achieve required performance levels by the Contractor will more than likely substantially delay and disrupt the Department's operations. Therefore the parties agree that liquidated damages shall be determined as part of the contract specifications.

8.1.2.3. Assessment of liquidated damages shall be in addition to, and not in lieu of, such other remedies as may be available to the Department. Except and to the extent expressly provided herein, the Department shall be entitled to recover liquidated damages applicable to any given incident.

8.1.2.4. The Department will determine compliance and assessment of liquidated damages as often as it deems reasonable 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 Contractor and any amount outstanding over and above the amounts deducted from the invoice will be promptly tendered by check from the Contractor to the State.

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9. ADDITIONAL INFORMATION

9.1. **Appendix A – Exceptions to Terms and Conditions**

9.2. **Appendix B – Contract Minimum Requirements**

9.3. **Appendix C – New Hampshire Hospital Admission/Discharge Data and Community Mental Health Region Information**

9.4. **Appendix D – Details of Proposed Behavioral Health Crisis Treatment Center**

9.5. **Appendix E – Addendum to CLAS Section of RFP**

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*.)

Responder Name:	
Term & Condition Number/Provision	**Explanation of Exception**

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

DO NOT RETURN

REFERENCE FOR APPENDIX A ONLY

SAMPLE CONTRACT

APPENDIX B

FORM NUMBER P-37 (version 5/8/15)

Subject: _____

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name		1.2 State Agency Address	
1.3 Contractor Name		1.4 Contractor Address	
1.5 Contractor Phone Number	1.6 Account Number	1.7 Completion Date	1.8 Price Limitation
1.9 Contracting Officer for State Agency		1.10 State Agency Telephone Number	
1.11 Contractor Signature		1.12 Name and Title of Contractor Signatory	
1.13 Acknowledgement: State of , County of 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.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace			
1.14 State Agency Signature Date:		1.15 Name and Title of State Agency Signatory	
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By: Director, On:			
1.17 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: On:			
1.18 Approval by the Governor and Executive Council *(if applicable)* By: On:			

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

Contractor Initials _____
Date_____

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 $1,000,000per 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.

Contractor Initials _____
Date_____

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.

Contractor Initials _____
Date_____

SPECIAL PROVISIONS

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 or (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

Contractor Initials _____

Date _____

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-I.)

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

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

Contractor Name:

_____ _____
Date Name:
Title:

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.

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

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

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

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

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

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

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

PRIMARY COVERED TRANSACTIONS

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

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

LOWER TIER COVERED TRANSACTIONS

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

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

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;

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

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

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:

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 PORTABLITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Obligations and Activities of Business Associate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) Obligations of Covered Entity

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

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

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

(5) Termination for Cause

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

(6) Miscellaneous

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

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

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

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

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

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

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

The State	Name of the Contractor
Signature of Authorized Representative	Signature of Authorized Representative
Name of Authorized Representative	Name of Authorized Representative
Title of Authorized Representative	Title of Authorized Representative
Date	Date

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: _____

DHHS INFORMATION SECURITY REQUIREMENTS

1. Confidential Information: In addition to Paragraph #9 of the General Provisions (P-37) for the purpose of this SOW, the Department's Confidential information includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Personal Health Information (PHI), Personally Identifiable Information (PII), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

2. The vendor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services. Minimum expectations include:

   2.1. Contractor shall not store or transfer data collected in connection with the services rendered under this Agreement outside of the United States. This includes backup data and Disaster Recovery locations.

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

   2.3. Maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

   2.4. Encrypt, at a minimum, any Department confidential data stored on portable media, e.g., laptops, USB drives, as well as when transmitted over public networks like the Internet using current industry standards and best practices for strong encryption.

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

   2.6. Provide security awareness and education for its employees, contractors and sub-contractors in support of protecting Department confidential information

   2.7. Maintain a documented breach notification and incident response process. The vendor will contact the Department within twenty-four 24 hours to the Department's contract manager, and additional email addresses provided in this section, of a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

      2.7.1. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

      Breach notifications will be sent to the following email addresses:

      2.7.1.1. DHHSChiefInformationOfficer@dhhs.nh.gov

      2.7.1.2. DHHSInformationSecurityOffice@dhhs.nh.gov

   2.8. If the vendor will maintain any Confidential Information on its systems (or its sub-contractor systems), the vendor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed

by the vendor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion, or otherwise physically destroying the media (for example, degaussing). The vendor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and the vendor prior to destruction.

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

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

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

5. The vendor will work with the Department at its request to complete a survey. The purpose of the survey is to enable the Department and vendor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the vendor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the vendor, or the Department may request the survey be completed when the scope of the engagement between the Department and the vendor changes. The vendor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the appropriate authorized data owner or leadership member within the Department.

6. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

APPENDIX C

New Hampshire Hospital Admission/Discharge Data and Community Mental Health Region Information

New Hampshire Hospital
Total Adult Discharges and
Adult Conditional Discharges
For the period 5/1/2015 to 4/30/2017

01- Northern NH MH & Develop. Services

Total Discharges 284 Total Conditional Discharges 79

02- West Central Behavioral Health

Total Discharges 94 Total Conditional Discharges 37

03- Genesis Behavioral Health

Total Discharges 146 Total Conditional Discharges 66

04- Riverbend Community MH Services

Total Discharges 513 Total Conditional Discharges 212

05- Monadnock Family Services

Total Discharges 143 Total Conditional Discharges 67

06- Greater Nashua Mental Health Center

Total Discharges 282 Total Conditional Discharges 116

07- MHC of Greater Manchester

Total Discharges 403 Total Conditional Discharges 168

08- Seacoast Mental Health Center

Total Discharges 182 Total Conditional Discharges 78

09- Community Partners

Total Discharges 276 Total Conditional Discharges 105

10- Center for Life Management

Total Discharges 117 Total Conditional Discharges 60

11- Out of State

Total Discharges 144 Total Conditional Discharges 0

No Region Entered

Total Discharges 3 Total Conditional Discharges 0

Grand Total All Discharges 2,587 ***Grand Total All Conditional Discharges 988***

New Hampshire Hospital Admission/Discharge Data and Community Mental Health Region Information

New Hampshire Hospital
All Admissions By CMHC Region
and Age Group
From 6/1/2015 To 5/1/2017

01 Northern NH Mental Health & Dev Serv. 394

Children 116 *Adults 278*

02 West Central Behavioral Health 171

Children 64 *Adults 107*

03 Genesis Behavioral Health 197

Children 63 *Adults 134*

04 Riverbend Mental Health Services Inc 759

Children 241 *Adults 518*

05 Monadnock Family Services 218

Children 75 *Adults 143*

06 Community Council of Nashua 400

Children 132 *Adults 268*

07 Mental Health Ctr. Greater Manchester 572

Children 184 *Adults 388*

08 Seacoast Mental Health Center 281

Children 81 *Adults 200*

09 Community Partners 348

Children 97 *Adults 251*

10 Center for Life Management 173

Children 52 *Adults 121*

11 Out of State 99

Children 21 *Adults 78*

No Region Entered 15

Children 5 *Adults 10*

Grand Total 3,627

New Hampshire Hospital Admission/Discharge Data and Community Mental Health Region Information

Community Mental Health Region Information

He-M 425.03 Designation of Community Mental Health Regions.

(a) Regions designated for the purpose of providing community mental health services shall be the 10 community mental health regions specified in table 425-1, which sets forth the numerical designation of the regions and lists towns and cities by region:

Table 425-1, TOWNS AND CITIES BY REGION

REGION 1

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

REGION 2

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

New Hampshire Hospital Admission/Discharge Data and Community Mental Health Region Information

REGION 3

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

REGION 4

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

REGION 5

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

REGION 6

Amherst	Hudson	Merrimack	Mont Vernon
Brookline	Litchfield	Milford	Nashua
Hollis	Mason		

New Hampshire Hospital Admission/Discharge Data and Community Mental Health Region Information

REGION 7

Auburn	Candia	Hooksett	Manchester
Bedford	Goffstown	Londonderry	New Boston

REGION 8

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

REGION 9

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

REGION 10

Atkinson	Derry	Pelham	Sandown
Chester	Hampstead	Plaistow	Windham
Danville	Newton	Salem	

APPENDIX D

Details of Proposed BHCTC

All Vendors must submit a completed Appendix D, Details of Behavioral Health Crisis Treatment Center. Appendix D must include:

1. **A brief description of proposed BHCTC services and supports.** If the Vendor does not currently hold applicable required certifications, licenses, state or federal approvals to provide any of the proposed services and supports, the Vendor must identify the applicable requirement and specify its plan to remedy the requirement if the Vendor is selected for award. This includes, at minimum, applicable NH Administrative Rules, Medicaid requirements, and whether the Vendor intends to seek any waivers thereof as remedy. NOTE: The Vendor must complete Table 1.1. and include it in its proposal submission as part of its Appendix D. Additional rows may be added as needed.

Table 1.1			
Service Description	**Required Certifications, Licenses, etc.**	**Vendor Already Meets Requirement? Y/N**	**Vendor's Plan to Remedy if Selected for Award**

2. Identification and detailed description of the proposed BHCTC site's location, interior and exterior features, dimensions, etc.
3. An explanation of any zoning, building requirements and renovations or other requirements (e.g. certifications, licenses) that need to be addressed prior to occupancy and the Vendor's plan for resolving such requirements.
4. Documentation of ownership(s) or lease(s), if applicable.
5. Letters of commitment from:
   - 5.1. Current property owner(s), if not already owned by the Vendor, and a description of the purchase(s) or lease(s) of the site(s) to the Vendor, including a timeline for completion that ensures occupancy can be achieved within 120 days of the contract effective date; and
   - 5.2. Developers, if site(s) are to be developed, or contractors, if site(s) will require renovations, including a timeline for completion that ensures occupancy can be achieved so that initial services begin within 120 days of the contract effective date.

APPENDIX E

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.

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 recpient'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.

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

I certify that I have completed the four-factor analysis as part of my process for creating the best possible proposal, in response to the RFP.

Signature: _____

Print Name and Title: _____

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

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

4. PROVISION OF LANGUAGE ASSISTANCE

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

AFFIRMATIONS

I understand that Title VI of the Civil Rights Act of 1964 requires me to take reasonable steps to ensure meaningful access to ***all*** LEP persons to all programs, services, and/or activities offered by my organization.

SIGN

I understand that, if selected, I will be required to submit detailed description of the language assistance services I 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.

SIGN