

Appendix G – Scope of Services

Scope of Services

1. Introduction:

- 1.1. In the event the selected Vendor is not the current Vendor, the selected Vendor shall, in collaboration with the current Contractor, develop a plan to transition operations in a manner that ensures continuity of operations and patient care and minimizes disruptions to staff and patients. Transition shall occur during the Readiness Period (Governor and Council approval, expected by January 1, 2024 – June 30, 2024), as follows:

• **Readiness Review Phase – Transfer of Current Operations, upon Governor and Council approval, expected by January 1, 2024 – June 30, 2024)**

- ❖ The selected Vendor must mobilize recruitment activities to hire incremental staff.
- ❖ The selected Vendor must complete an assessment of all positions and staffing structure within 90 days of Agreement approval to review staffing financial viability and efficient service delivery and must complete the assessment on a yearly basis, during the life of the Agreement
- ❖ The selected Vendor must review, adopt and/or replace the Information Technology (IT) network, IT services, data and system migration, and IT equipment, as necessary. The Department's preference is to retain the current technology, until it reaches end of life, as agreed upon by the selected Vendor and the Department.
- ❖ The selected Vendor must begin discovery processes for Electronic Health Records (EHR)/Electronic Medical Records (EMR), in accordance with the Scope of Services.
- ❖ The selected Vendor must develop all orientation and new training requirements including but not limited to technology, health records, care practices, compliance standards, to ensure all staff complete training no later than 181 days from the date of Governor and Council approval.
- ❖ The selected Vendor must convert all HHRTF policies and procedures to a Department-approved system.
- ❖ The selected Vendor must adhere to the Readiness Review by the Department, which will consist of ensuring all activities within the Readiness Review Phase is complete.

• **Phase I – Incremental Staff / Psychiatric Residential Treatment Facility (PRTF) Services (July 1, 2024 – September 30, 2024)**

- ❖ The selected Vendor must assume hospital operations as outlined in the Scope of Services below.
- ❖ The selected Vendor must provide acute care services for a minimum of 75 beds including the 12 PRTF beds.

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- ❖ The selected Vendor must ensure security and/or surveillance equipment is sufficient and operational.
- **Phase II – Service Expansion (No Later Than 12 Months)**
 - ❖ The selected Vendor must ensure the HHRTF is fully staffed and able to deliver all required services detailed in the Scope of Services below.

2. Covered Populations

- 2.1. The selected Vendor must provide services to children, adolescents, and young adults ages five (5) to twenty-five (25) years in need of inpatient behavioral health treatment services who are either self-referred; referred by a parent or guardian; or individuals up to 17 years old who have been involuntarily placed through an emergency department. For the purposes of this RFP, all references to individuals shall mean individuals receiving services at the HHRTF within the scope of specified services, which includes:
 - 2.1.1 Children receiving inpatient psychiatric services ages 5 to 17 years;
 - 2.1.2 Young adults receiving inpatient psychiatric services from ages 18 through 25 years; or
 - 2.1.3 Patients up to 21 years of age admitted to the PRTF, pursuant to the admissions criteria as outlined in Subsection 12.

3. General Requirements

- 3.1. The selected Vendor must provide clinical services at Hampstead Hospital and Residential Treatment Facility (HHRTF) to ensure psychiatric inpatient and PRTF services are available for individuals who are in need of child, adolescent, and young adult specialty services.
- 3.2. The selected Vendor must ensure admissions are accepted at the facility 24 hours per day, 7 days per week. The selected Vendor must ensure:
 - 3.2.1 PRTF program services are provided in accordance with 42 CFR Part 441 Subpart D, Residential Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs.
 - 3.2.2 The Joint Commission (TJC) accreditation standards are met for services provided as an inpatient psychiatric facility and a PRTF respectively.
- 3.3. The selected Vendor must comply with all applicable accreditation standards as well as federal and state legal and regulatory standards in the provision of services at the PRTF. In the event of a conflict of applicable federal regulations and state laws and state rules, the selected Vendor must follow the most prescriptive laws and rules.

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- 3.4. The selected Vendor must provide access to NH's designated protection and advocacy system per 42 U.S.C. § 10805 and 10806.
4. **Core Values of the NH Children's System of Care**
- 4.1. The selected Vendor must utilize practices and deliver services in alignment with the requirements in NH RSA 135-F by:
- 4.1.1 Utilizing the Child and Adolescent Needs and Strengths (CANS) assessment tool.
- 4.1.2 Supporting the Core Values of the NH Children's System of Care, as outlined Table 1:

Table 1 Core Values of the NH Children's System of Care	
Family Driven and Youth Driven	Youth and Family driven, with the strengths and needs of the child and family determining the types and mix of services and supports provided. Family and Youth is the core of the work. Youth and Families take a leadership role at the individual service delivery level as well as policy, planning and system levels.
Community Based	Services are provided at the community level with the youth and family in their home and community. Services provided also include, system management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
Culturally and Linguistically Competent	Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports.
Trauma Informed	Treatment and support services are delivered in a manner that is Trauma-Informed using the 6 core principles of a trauma-informed approach: 1) Safety; 2) Trustworthiness and Transparency; 3) Peer Support; 4) Collaboration and Mutuality; 5) Empowerment, Voice and Choice; and 6) Cultural, Historical, and Gender Issues.

5. **Clinical, Medical and Collaborative Care**
- 5.1. The selected Vendor must maintain clinical and medical services for all levels of care in accordance with the applicable standard of practice and appropriate accreditation requirements to meet each individual's needs.

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- 5.2. The selected Vendor must explore new or promising clinical and evidenced-based models.
 - 5.3. The selected Vendor must accommodate individuals with a wide array of complex physical, mental, emotional, and/or behavioral health needs.
 - 5.4. The selected Vendor must obtain consent from the individual, or the individual's guardian, to collaborate with each individual's primary care provider; community behavioral health provider; and other support agencies, including, but not limited to, the Bureau for Children's Behavioral Health; the Division for Children, Youth and Families (DCYF); any State-designated Care Management Entities (CME); school and Peer Support providers; and community mental health center to ensure:
 - 5.4.1 Continuity of treatment in the community by successfully transferring pertinent treatment information prior to the individual's discharge; and
 - 5.4.2 Appropriate, reasonable, and safe discharge plans for the continued treatment of the individual's condition as provided on a template approved by the Department.
6. **Children's Services**
- 6.1. The selected Vendor must provide intensive, acute, inpatient treatment of serious psychiatric and behavioral disorders for individuals and ensure they are treated equally and fairly regardless of source of payment, individuals include those who are:
 - 6.1.1 Between the ages of five (5) and 17 years;
 - 6.1.2 Determined by the Vendor's clinician and/or practitioner, who conducted a thorough psychiatric assessment, to require acute psychiatric treatment; and
 - 6.1.3 Admitted either on a voluntary or involuntary basis.
 - 6.2. The selected Vendor must operate as a Designated Receiving Facility (DRF) for individuals who are involuntarily admitted and in accordance with NH RSA 135-C:26, NH Administrative Rules, He-M 204, Rights Protection Procedures for Mental Health Services, He-M 305, Personal Safety Emergencies, He-M 311, Rights of Persons in State Mental Health Facilities, and Part He-M 405, Designation of Receiving Facilities. The Selected Vendor must:
 - 6.2.1 Provide appropriate space and technical capabilities within its facility for an involuntarily admitted individual to utilize for the purpose of court hearings and meetings with counsel as required under NH RSA 135-C:27.

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- 6.2.2 Ensure an individual is transported to the appropriate space in the facility so that the individual may attend their involuntary admission court hearings, whether conducted in person or virtually, as determined by the Circuit Court.
- 6.3. The selected Vendor must:
 - 6.3.1 Encourage family members to participate in treatment, with a focus on education and aftercare planning;
 - 6.3.2 Provide a structured seven-day-a-week program of assessment, education, medication therapy, group therapy, family support, education, and aftercare planning in a safe and supportive therapeutic environment;
 - 6.3.3 Ensure individuals have regular meetings with their psychologist and/or psychiatrist to review their treatment plan; and
 - 6.3.4 Work intensively with individuals on their treatment goals and continuing care plans to assure a smooth return to family and community supports.
- 6.4. The selected Vendor must provide acute psychiatric care to individuals in a secure inpatient treatment facility in order to provide stabilization, while ensuring treatment is available for a variety of mental health conditions
- 6.5. The selected Vendor must provide a consistent behavioral health treatment, a safe environment, and constant monitoring of behaviors.
- 6.6. The selected Vendor must have the expertise and resources to treat individuals who have intellectual and/or developmental disabilities.
- 6.7. The selected Vendor must offer partial hospitalization as a structured program of outpatient services for individuals who are stepping down from inpatient treatment, or as standalone treatment for those whose intensive needs can be met outside of a traditional overnight stay.
- 7. **Young Adult Services**
 - 7.1. The selected Vendor must provide inpatient services for individuals ages 5 to 25 years, or younger if deemed clinically appropriate, with psychiatric issues, substance use disorder issues, or both. The Vendor shall provide services that include, but are not limited to:
 - 7.1.1 Acute psychiatric care on a secure inpatient unit for individuals with depression, anxiety, mood disorders, PTSD, psychosis, substance use disorder, and other behavioral health dispositions. The selected Vendor must:
 - 7.1.1.1. Encourage family members to participate in treatment, with a focus on education and aftercare planning;

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- 7.1.1.2. Provide a structured seven-day-a-week program of assessment, education, medication therapy, group therapy, family support, education, and aftercare planning in a safe and supportive therapeutic environment;
- 7.1.1.3. Ensure individuals have regular meetings with their psychologist and/or psychiatrist to review their treatment plan; and
- 7.1.1.4. Work intensively with individuals on their treatment goals and continuing care plans to assure a smooth return to family and community supports.
- 7.1.2 Clinically managed high intensity residential withdrawal management on a secure inpatient unit for individuals withdrawing from alcohol, opioids, and benzodiazepines who are medically stable. The selected Vendor must ensure:
 - 7.1.2.1. Medications are ordered by licensed practitioners with prescribing authority and administered by qualified personnel;
 - 7.1.2.2. Safety of all individuals is monitored with clinically appropriate frequency throughout all aspects of treatment;
 - 7.1.2.3. Highly structured group programming is available seven (7) days per week in order to assist individuals with:
 - 7.1.2.4. Learning about the addiction and recovery process;
 - 7.1.2.5. Increasing awareness of healthy coping strategies to manage relapses; and
 - 7.1.2.6. Identifying resources in the community that can assist with recovery; and
 - 7.1.2.7. Social workers work closely with individuals and families to develop aftercare plans that support recovery in the community.
- 7.1.3 Partial hospitalization as a structured program of outpatient services for individuals who are stepping down from psychiatric or substance use treatment or as standalone treatment for individuals whose intensive needs can be met outside of a traditional overnight stay. The selected Vendor must:
 - 7.1.3.1. Provide structured programming tailored to the needs of the individual, generally occurring 9:00 AM through 3:00 PM, Monday through Friday;
 - 7.1.3.2. Ensure evidence-based care is provided by an interdisciplinary team; and

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- 7.1.3.3. Ensure social workers work closely with individuals and families to develop aftercare plans that support long-term support and recovery in the community.

8. **Admissions for Hospital**

- 8.1. The selected Vendor must consider all referrals for individuals who have a behavioral health necessity for care, unless otherwise indicated in accordance with Paragraph 9, below.
- 8.2. The selected Vendor must assist families with completing appropriate applications in situations where the individual is uninsured or underinsured.
- 8.3. In the event that a waitlist must be maintained, the selected Vendor must ensure:
 - 8.3.1 Prioritization includes:
 - 8.3.1.1. Eligible New Hampshire individuals;
 - 8.3.1.2. Level of acuity;
 - 8.3.1.3. Date of referral;
 - 8.3.1.4. Individuals who are waiting in an Emergency Department; and
 - 8.3.1.5. Other areas of prioritization, as determined in collaboration with the Department.
 - 8.3.2 Waitlist data is provided to the Department for the purposes of collaboration and reporting.
 - 8.3.3 Waitlist data formats are in Excel, or another format agreed upon by the Department, and contain information agreed upon by the parties.
- 8.4. The selected Vendor must make acceptance decisions:
 - 8.4.1 Within seventy-two (72) hours from receiving the referrals for inpatient admission; and
 - 8.4.2 Within seven (7) calendar days from receiving the referral for PRTF admission.
- 8.5. The selected Vendor must collaborate with the Department to develop a Review Team for cases identified by the Department where the selected Vendor believes it cannot meet the behavioral and/or medical needs of an individual referred for services. The selected Vendor must participate in the review process as described:
 - 8.5.1 The Review Team consists of a minimum of five (5) members, which include but are not limited to:

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- 8.5.1.1. Two (2) Selected Vendor employees with knowledge of the individual, their needs, and the specific reason for the denied admission.
 - 8.5.1.2. Two (2) Department employees from the Bureau for Children's Behavioral Health and/or the Department as a whole.
 - 8.5.1.3. A designee chosen by the Commissioner of the Department.
- 8.5.2 The Review Team, in consultation with other individuals with expertise in the case, determine the appropriate next steps for an individual who may need further evaluation due to complex issues.
- 8.6. For all individuals accepted for admission, the selected Vendor must work with the individual's family and insurance carrier to ensure the services provided to the individual are adequate and based on the needs of the individual.
- 8.7. The selected Vendor must develop, initiate and execute a treatment plan for each individual admitted to the HHRTF for hospital level of care. The selected Vendor must ensure each treatment plan is:
 - 8.7.1 Initiated for development within eight (8) hours of admission.
 - 8.7.2 Filed in individual charts within twenty-four (24) hours.
 - 8.7.3 Fully executed within seventy-two (72) hours of admission.
 - 8.7.4 Updated on a weekly basis and/or after any episode of seclusion and/or restraint.
- 8.8. The selected Vendor must appropriately assign a room for each admitted individual based on the:
 - 8.8.1 Age and developmental stage of the patient.
 - 8.8.2 Needs of the population;
 - 8.8.3 Culture of the milieu; and
 - 8.8.4 Clinical needs presented by the individual at the time of admission.
- 8.9. If after the emergency admission is made it is determined that the individual's level of care need is different from the level of care available, then the Selected Vendor must work with the individual's clinical team, the individual's family, and the individual's insurance company to support a transition to a more appropriate level of care that aligns with the needs of the individual.

9. Prioritization for Hospital

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- 9.1. The selected Vendor must prioritize admission of individuals based on acuity and current available resources. If resources are not available, the selected Vendor must:
 - 9.1.1 Provide the Department with the reasons for lack of resources; and
 - 9.1.2 Identify a plan on how to rectify the lack of resources.
- 9.2. The selected Vendor must provide appropriate psychiatric treatment to individuals admitted to the facility in accordance with TJC inpatient hospital accreditation standards, behavioral health and human services standards for residential services, and child psychiatric best practices as outlined in the American Academy of Child and Adolescent Psychiatry (AACAP).
- 9.3. The selected Vendor must prioritize its resources to address issues and barriers regarding individuals who are:
 - 9.3.1 Held under a completed Involuntary Emergency Admission certificate; or
 - 9.3.2 Waiting for appropriate and timely discharges from the HHRTF.
- 10. **Discharges for Hospital**
 - 10.1. The Selected Vendor must complete a comprehensive discharge and transition plan prior to discharge, which includes a strong focus on family and caregiver education and involvement in the individual's aftercare in order to:
 - 10.1.1 Ensure the individual's successful transition from the HHRTF to home, school, and community is appropriate, reasonable, and safe;
 - 10.1.2 Ensure collaboration with each individual's primary care provider, community behavioral health provider, and other support agencies;
 - 10.1.3 Provide referrals to trauma-informed community-based providers; and
 - 10.1.4 Align all transition planning with the Core Values of the NH Children's System of Care, as outlined in Section 4.
 - 10.2. The selected Vendor must begin discharge and transition planning on the day of admission by coordinating services, including Transitional Residential Enhanced Care Coordination, with individuals, their families and community-based service providers.
 - 10.3. The selected Vendor must submit identifiable record-level discharge data to the Department by the 15th day of the month for the previous month.
 - 10.4. The selected Vendor must submit data to the Department that contains the data elements identified in the NH Uniform Healthcare Facility Discharge Data Set (UHFDDS) collected under the authority of NH RSA 126:25, Data Collection and NH Administrative Rules Chapter He-C 1500, Data Submission and Release of

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Health Care Facility Discharge Data, with the addition of patient identifiers, no later than the 15th day of each month.

- 10.5. The selected Vendor must submit all data in a Department-approved format.
- 10.6. The selected Vendor must submit the data to the Department's secure file transfer protocol (SFTP) site or other method approved by the Department.
- 10.7. The Department must work to integrate the hospital event notification system for admission, discharge and transfer with the statewide Admission, Discharge and Transfer (ADT) system.
- 10.8. The selected Vendor must provide an Electronic Health Record (EHR)/Electronic Medical Record (EMR) solution including as outlined in Appendix K – IT Requirements Workbook.
- 10.9. The selected Vendor must refer individuals for a Comprehensive Assessment for Treatment if it determines an individual may need residential treatment upon discharge and must cooperate with the Department's designated assessor to determine if individuals receiving services require residential treatment upon discharge. If the selected Vendor determines residential treatment may be appropriate as part of the individual's discharge plan, the selected Vendor must:
 - 10.9.1 Document the medical necessity using the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) regulations, specified in Section 1905(r) of the Social Security Act;
 - 10.9.2 Submit all required documentation to the appropriate funder and/or insurer.
 - 10.9.3 Coordinate with the Care Management Entity (CME), Bureau for Children's Behavioral Health and/or DCYF to assure the funder and/or insurer have the necessary documentation for treatment and transition.
 - 10.9.4 Assist the individual's family, when necessary, with completing an application for Home Care for Children with Severe Disabilities (HC-CSD) Medicaid.
- 10.10. The selected Vendor must work in partnership with the Department's CME and the Comprehensive Assessment for Treatment (CAT) contractors to ensure individuals are referred, admitted, discharged, and transitioned in a timely manner and in alignment with the individual's clinical needs. The selected Vendor must:
 - 10.10.1 Work with the Department's CME contractors regarding care coordination, oversight for the PRTF level-of-care services, discharge

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planning, and transition support to a lower level of care or home and community settings, and aftercare services described below.

10.10.2 Work with the Department's CAT contractors to appropriately request assessment, provide necessary information to the assessor, receive and review the individual's comprehensive assessment for treatment and incorporate and deliver on the goals identified in the CAT.

10.11. The selected Vendor must maintain clear communication with all providers, the multidisciplinary team, the individual and the individual's family.

11. **Psychiatric Residential Treatment Facility (PRTF) for Children's Behavioral Health Overview**

11.1. The selected Vendor must operate a 12 bed Psychiatric Residential Treatment Facility (PRTF) 24 hours a day, seven (7) days a week, located at HHRTF, operated as a distinct separate unit from the psychiatric hospital, ensuring all dedicated beds are utilized only for PRTF level of care.

11.2. The selected Vendor must ensure the PRTF is a distinct, standalone entity where services are provided in a residential setting, separate from the portions of the hospital that provides acute psychiatric services, in accordance with in 42 CFR Part 441 Subpart D, Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs.

11.3. The selected Vendor must operate a PRTF program that provides the highest level of community based residential treatment outside of an acute psychiatric care hospital within a medical model of treatment.

11.4. The selected Vendor must provide psychiatric residential treatment services in order to quickly stabilize behaviors and treat symptoms of individuals until:

11.4.1 The individual no longer needs this level of care; and

11.4.2 The individual is able to transition successfully to:

11.4.2.1. A lower level of residential care treatment; or

11.4.2.2. Their family home or other community settings.

11.5. The selected Vendor must provide PRTF services to individuals in accordance with 42 CFR 441.151, General Requirements, who:

11.5.1 Have a medical necessity determined by the CAT; and

11.5.2 Have a certification of need for services by a Doctor of Medicine or a psychiatrist.

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- 11.6. The selected Vendor must provide PRTF level-of-care services to all NH-eligible individuals defined in Subsection 8.5, prior to accepting out-of-state individuals in need of PRTF level of care services.

12. PRTF Admissions

- 12.1. The selected Vendor must accept all referrals for individuals who have a medical necessity for PRTF level of care, as determined by the CAT, and certification of need for services by a Doctor of Medicine or psychiatrist.
- 12.1.1 In the event that a waitlist must be maintained, the selected Vendor must ensure prioritization includes:
- 12.1.1.1. Eligible New Hampshire individuals;
- 12.1.1.2. Level of acuity;
- 12.1.1.3. Date of referral;
- 12.1.1.4. Individuals who are waiting in an Emergency Department; and
- 12.1.1.5. Other areas of prioritization, as determined in collaboration with the Department.
- 12.2. The selected Vendor must make acceptance decisions within seven (7) calendar days from receiving the referrals.
- 12.3. The selected Vendor must, in accordance with 42 CFR 441.155, develop an individual plan of care upon admission and ensure the individual plan of care is:
- 12.3.1 Completed within 14 days of admission; and
- 12.3.2 Updated every three (3) months.
- 12.4. The selected Vendor may accept individuals directly into the PRTF in limited cases without the PRTF level of care determination if:
- 12.4.1 There is an emergency as identified by the Department; and
- 12.4.2 The individual's needs have been identified by a recently conducted CANS or other assessments.
- 12.4.3 A CAT assessment is immediately requested upon admission.
- 12.4.4 If after the emergency admission is made it is determined that the individual's level of care is different from the PRTF level of care, then the Selected Vendor must work with the individual's team to support a transition to a more appropriate level of care that aligns with the needs of the individual.

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13. **PRTF Discharge and Transition**

- 13.1. The selected Vendor must work with the individual's community behavioral health providers, DCYF (if applicable), CME, peer support providers, family, caregivers, the next treatment providers, educational providers, and any other relevant service providers to prepare for discharge from the PRTF. The selected Vendor must:
 - 13.1.1 Invite CME staff working with the individual to treatment team meetings.
 - 13.1.2 Translate the treatment and skills developed by the individual during their course of treatment.
 - 13.1.3 Share and transfer pertinent information relative to individual progress and improvements prior to discharge to ensure continuity of treatment in the community.
 - 13.1.4 Invite CME staff, family and caregivers to participate in discharge planning.
- 13.2. The selected Vendor must ensure discharge and transition plans include a strong focus on family and caregiver education and involvement in the individual's aftercare in order to:
 - 13.2.1 Prioritize episodic lengths of stay.
 - 13.2.2 Ensure the individual's successful transition from the PRTF to home, school, and community as soon as possible.
 - 13.2.3 Provide referrals to trauma-informed community-based providers.
- 13.3. The selected Vendor must ensure each individual's plan of care includes a discharge plan and coordination of services to ensure an appropriate, reasonable and safe discharge plan for the continued treatment and care, of the individual with the individual, their family, school and community upon discharge.
- 13.4. The selected Vendor must ensure the individual's family and caregivers are an integral part of the Treatment Team and Family and Permanency Team, and closely collaborate with the teams to build attainable transition plans, including into adulthood, when applicable, that support the individual in their next steps in life.
- 13.5. The selected Vendor must hold a bed and not eject or discharge an individual in the event of a temporary psychiatric hospitalization or some

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other event that would require the individual to be away from the program for no more than seven (7) calendar days. The selected Vendor:

- 13.5.1 Must accept the individual back into the program within seven (7) calendar days to resume their course of treatment; and
 - 13.5.2 May hold the bed longer than seven (7) calendar days; or
 - 13.5.3 May discharge the individual from the program after seven (7) bed hold days.
- 13.6. The selected Vendor must work with the Department and other key partners to develop discharge policies and procedures to ensure no individual is discharged unless the individual is deemed clinically appropriate for discharge and an appropriate location for discharge has been identified, unless otherwise ordered by the court.

13.6.1 PRTF Targeted and Active Treatment

- 13.7. The selected Vendor must tailor and deliver treatment services that will stabilize individual behaviors in the least amount of time as possible.
- 13.8. The Selected Vendor must assist individuals and their caregivers in building the skills required to manage their needs safely in the community, and enable them to thrive at home, in school, in the community and in employment.
- 13.9. The Selected Vendor must ensure the PRTF multidisciplinary team completes an individual plan of care for each individual following the completion of a diagnostic evaluation, in accordance with 4 CFR 441.155, Individual Plan of Care.
- 13.10. The selected Vendor must provide targeted and active treatment seven (7) days per week, in accordance with each individual plan of care.
- 13.11. The selected Vendor must provide PRTF services, which include consideration for:
 - 13.11.1 A residential environment of care that promotes trauma informed care and individual-driven and family guided services;
 - 13.11.2 The age and developmental level of the population;
 - 13.11.3 Empowering individuals to safely participate in treatment decisions; and
 - 13.11.4 Specific needs of DCYF-involved individuals, the trauma history including the trauma caused by neglect, abuse and removal from home, and/or early involvement with the juvenile justice system.

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13.12. The selected Vendor must ensure each individual receives regular medical and dental check-ups and follow-up care with the individual's usual providers or, where necessary, other external providers. The selected Vendor must also ensure individuals receive other types of care, as necessary, which may include but is not limited to:

- 13.12.1 Orthodontic care.
- 13.12.2 Vision care.
- 13.12.3 Auditory care.
- 13.12.4 Postural screenings.
- 13.12.5 Other specialized care, as necessary.

14. **Behavior Analysis**

14.1. The selected Vendor must ensure a Board-Certified Behavior Analyst (BCBA):

- 14.1.1 Tracks, organizes and interprets the behavioral data that allows the BCBA to develop recommendations for further treatment.
- 14.1.2 Offers meetings to families, schools, community-based providers and state agencies to discuss behavioral interventions necessary within the individual's home in order to prepare the family for the individual's return to a less restrictive environment.

14.1.2.1. Directs the treatment team on:

- 114.1.2.1.1. Implementing behavior change interventions that include the least restrictive approaches;
- 114.1.2.1.2. Teaching positive behavior supports; and
- 114.1.2.1.3. Teaching alternative behaviors.

14.2. The selected Vendor must ensure the unique needs of the population receive programming based in the principles of Applied Behavior Analysis (ABA).

15. **Education Services**

15.1. The selected Vendor must ensure Education Services are available to all individuals, if applicable. The selected Vendor must:

- 15.1.1 Provide Education Services to individuals who are, at the time of admission, enrolled in any primary school grade ranging from Kindergarten through Grade 12, unless otherwise indicated. The selected Vendor must:

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- 15.1.1.1. Provide Education Services to individuals after individuals are admitted for 14 continuous days.
- 15.1.1.2. Ensure individuals are provided with time to complete any schoolwork that families bring to the HHRTF for the individuals admitted for any amount of time up to the 14 continuous days of admission.
- 15.1.1.3. Provide Education Services on the first day of admission for all individuals who have an approved diagnosis.
- 15.1.1.4. For the PRTF, initiate educational services to individuals beginning upon admission, with education plan determined by their multidisciplinary team and sending school district. The selected Vendor must ensure on-site availability of:
 - 15.1.1.5. A nonpublic special educational program approved by the State of New Hampshire Department of Education; and/or
 - 15.1.1.6. A tutoring program, administered by a special education certified professional, depending on the acuity of the population and the length of stay; and/or
 - 15.1.1.7. An approved online educational curriculum.
- 15.1.2. When Education Services are provided, the selected Vendor must ensure Education Services align with Individualized Education Programs (IEPs) and 504 Plans. The selected Vendor must, as necessary:
 - 15.1.2.1. Obtain a copy of any existing IEP or 504 Plan currently in place for any individual.
 - 15.1.2.2. Work with the sending school district to establish an IEP or 504 Plan.
- 15.2. The Selected Vendor must ensure individuals attend their school within their communities, when possible and clinically appropriate, in order that individuals:
 - 15.2.1. May continue relationships with other important individuals and peers; and
 - 15.2.2. Remain connected to their home and community.
- 15.3. The selected Vendor must obtain a Release of Information from the individual or the individual's guardian to enable work with the individual's sending school and receiving district to ensure their educational needs are met.

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- 15.4. The selected Vendor must retain client student records in accordance with applicable federal and state laws and regulations.
- 15.5. The selected Vendor must provide copies of the individual's records of education and progress to the individual's sending school, upon client discharge from the PRTF.
- 16. **Supported On-Site Visits**
 - 16.1. The selected Vendor must provide facilitated person supported visitation to the individual and their family as long as it is clinically appropriate and in the child's best interest.
 - 16.2. The selected Vendor must provide family visits in appropriate spaces, which are safe, feel welcoming, inviting, and natural, and create a place of comfort and connectedness for all individuals, regardless of age.
 - 16.3. The selected Vendor must ensure the space for visitation is separate from the individual rooms and the common living area, and shared common areas used by other individuals served.
 - 16.4. The selected Vendor must support virtual visits when in-person visits are not possible.
- 17. **Transportation**
 - 17.1. The selected Vendor must coordinate transportation for individuals to travel to and from all services and appointments, which may include, but are not limited to:
 - 17.1.1 Court Hearings.
 - 17.1.2 Medical/dental/behavioral health appointments, as appropriate and necessary.
 - 17.1.3 Family and sibling visits.
 - 17.1.4 As required by the individual's treatment plan, which may include mentoring activities.
 - 17.2. The selected Vendor must coordinate and supervise transportation, as determined to be safe and appropriate, which may include, but is not limited to:
 - 17.2.1 Collaborating with parents or guardians to have the parent or guardian provide transportation for their child or young adult.
 - 17.2.2 Working with any of the Department's applicable Medicaid Managed Care Organizations (MCOs) for transportation to appointments covered by Medicaid.

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- 17.2.3 Purchasing public transportation passes on behalf of the individual.
- 17.2.4 Paying for cab fare on behalf of the individual.
- 17.2.5 Although not required to procure and maintain a fleet of vehicles, if the Selected Vendor elects to procure and retain a fleet of vehicles, the Selected Vendor must utilize Contractor-owned vehicles, ensuring:
- 17.2.6 Compliance with all applicable federal and state Department of Transportation and Department of Safety regulations.
- 17.2.7 All vehicles are registered pursuant to NH Administrative Rule Saf-C 500 and inspected in accordance with NH Administrative Rule Saf-C 3200, and are in good working order.
- 17.2.8 All drivers are licensed in accordance with NH Administrative Rules, Saf-C 1000, Drivers Licensing, and Saf-C 1800 Commercial Drivers Licensing, as applicable.
- 17.2.9 Vehicle insurance coverage is in amounts that are in keeping with industry standards and that are acceptable to the Selected Vendor and the Department, the minimum amounts of which are not less than \$500,000 for automobile liability to include bodily injury and property damage to one person for any one accident, and \$750,000, for bodily injury and property damage to two or more persons for any one accident, including coverage for all owned, hired, or non-owned vehicles, as applicable.

18. Evidence-Based Practices

- 18.1. The selected Vendor must ensure individuals receive the highest quality of care and the best possible treatment outcomes by using evidence-based practices to treat and manage the individual's mental health needs.
- 18.2. The selected Vendor must evaluate evidence-based practices in accordance with the evidence-based certification or training standards.
- 18.3. The selected Vendor must keep the Department informed of the evidenced-based practices utilized.

19. Aftercare

- 19.1. The selected Vendor must work with the Department and Department's CME contractors, when applicable, to provide six (6) months of aftercare services for any individual who is:
 - 19.1.1 Involved with DCYF and/or the Department's CME; and
 - 19.1.2 Transitioning to residential treatment, or

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- 19.1.3 Transitioning to their home and community.
- 19.2. Aftercare Services may include but are not limited to:
 - 19.2.1 Consulting with the individual, the family, and the CME.
 - 19.2.2 Attending any individual and family team meetings, either in-person or virtually.
 - 19.2.3 Participating in telephone calls with the individual, family, providers and school, as needed.
 - 19.2.4 In-person services.
- 19.3. The Selected Vendor must make referrals to CMEs for any individual who is:
 - 19.3.1 Not involved with DCYF;
 - 19.3.2 Being discharged from the PRTF; and
 - 19.3.3 Transitioning to another residential treatment program; or
 - 19.3.4 Transitioning to their home and community.
- 19.4. Prior to and following discharge from HHRTF, the selected Vendor must work with the Department's CME selected Vendor in providing aftercare services with the goal of reducing recidivism and reentry into the PRTF and other levels of residential treatment.
- 19.5. The selected Vendor must refer all individuals for whom future residential treatment is contemplated, for New Hampshire Comprehensive Assessment for Treatment (CAT).
- 20. **Program Fidelity**
 - 20.1. The selected Vendor must ensure treatment fidelity by promoting activities that include:
 - 20.1.1 Weekly individual supervision for all program staff;
 - 20.1.2 Individual-specific team meetings to establish an understanding of treatment issues and agreed upon interventions;
 - 20.1.3 Quarterly case reviews conducted by a team comprised of senior clinicians from programs and Program Operations that examine:
 - 20.1.4 The appropriateness of treatment goals;
 - 20.1.5 The utilization of evidence-based practices;
 - 20.1.6 Record completeness;
 - 20.1.7 Presence of consent forms;

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- 20.1.8 Degree of collaboration with external resources;
- 20.1.9 Compliance with the Group Home treatment model; and
- 20.1.10 Quarterly treatment planning meetings that include:
 - 20.1.10.1. Individuals and their families;
 - 20.1.10.2. Program staff;
 - 20.1.10.3. DCYF staff, if applicable;
 - 20.1.10.4. External providers; and
 - 20.1.10.5. Natural supports.
- 20.2. The selected Vendor must ensure a multidisciplinary approach facilitating a minimum of one (1) multidisciplinary team meeting per week to review cases and discuss treatment.
- 20.3. The Selected Vendor must ensure multidisciplinary teams include:
 - 20.3.1 Senior clinicians;
 - 20.3.2 Clinicians;
 - 20.3.3 The Program Director and/or Assistant Program Director;
 - 20.3.4 Milieu staff;
 - 20.3.5 Nurse;
 - 20.3.6 Psychiatrist or Occupational Therapist when appropriate; and
 - 20.3.7 Staff throughout the agency or external resources, as needed.
- 20.4. The selected Vendor must maintain clear communication with all team members across all disciplines.
- 21. **Pharmaceutical Services**
 - 21.1. The selected Vendor must ensure a NH licensed pharmacist provides Pharmaceutical Services that meet the medication needs of individuals receiving services at the HHRTF, including but not limited to ensuring pharmacy supplies are available on premises, or by delivery as appropriate.
 - 21.2. The selected Vendor must ensure Pharmaceutical Services meet individual medication needs in a timely manner and in accordance with federal and state laws and regulations.
 - 21.3. The selected Vendor must ensure a NH licensed pharmacist is available 24 hours per day, 365 days per year to the HHRTF to:
 - 21.3.1 Receive and approve orders for prescription medications; and

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- 21.3.2 Respond to requests for telephone consultations within one (1) hour of placing the request for consult only.
- 21.4. In the event of challenging discharge circumstances whereby an individual requires discharge, the selected Vendor may provide medications prior to or upon being discharged from the HHRTF.
- 21.5. The selected Vendor must ensure medication preparation and stock storage occurs on the premises of the HHRTF.
- 21.6. The selected Vendor must purchase generic pharmaceuticals for all medications when a generic option is available and authorized.
- 21.7. The selected Vendor must ensure prescribed medications are provided to the HHRTF for individuals as ordered by a qualified prescriber.
- 21.8. The selected Vendor must provide Pharmaceutical Services including, but not limited to:
 - 21.8.1 Ensuring prescriptions are filled in a timeframe deemed appropriate from a clinical care delivery perspective.
 - 21.8.2 Substituting generic drugs approved by the federal government that fall into the AB generic drug category, unless the prescriber's order specifically states "Brand Medically Necessary."
 - 21.8.3 Dispensing prescriptions, as ordered by the prescribers:
 - 21.8.4 Within an individual-specific unit dose drug delivery system; and
 - 21.8.5 Except where prohibited by law.
- 21.9. The selected Vendor must destroy and dispose of medications and controlled substances in accordance with TJC, NH Board of Pharmacy, and U.S. Drug Enforcement Agency (DEA) rules, regulations, and guidelines.
- 21.10. The selected Vendor must provide containers for the purpose of medication and device disposal, including but not limited to sharps containers for syringes and lancets.
- 21.11. The selected Vendor must ensure Pharmaceutical Services include the acceptance of returns of unopened unit dose packaging and crediting the individual's billing party for unused medications in accordance with NH State Board of Pharmacy regulation Ph 704.07.
- 21.12. The selected Vendor must complete a monthly Retrospective Drug Utilization by monitoring medications for potential food/drug interactions as well as potential incompatibilities for both prescription and over the counter products. The selected Vendor must:

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- 21.12.1 Ensure the review is completed by a licensed pharmacist and in accordance with 42 CFR 483.
 - 21.12.2 Ensure the review is completed at the HHRTF in collaboration with the HHRTF staff.
 - 21.12.3 Ensure copies of the completed review, including any irregularities, are submitted to the attending physician, Chief Medical Officer and Chief Nursing Officer within 15 days from the date of review.
- 21.13. The selected Vendor must ensure Pharmaceutical Services include completing a monthly prospective and/or concurrent drug utilization review on each individual's drug regimen, listing potential interactions, incompatibilities, excessive dosages, acceptable indications for use and adequate monitoring. The selected Vendor must:
- 21.13.1 Ensure the review is completed in accordance with CMS 42 CFR 483 by a licensed pharmacist.
 - 21.13.2 Ensure the review is completed at the HHRTF in concert with the HHRTF facility staff.
 - 21.13.3 Ensure copies of the completed review, including any irregularities, are submitted to the attending physician, Chief Medical Officer and Chief Nursing Officer within 15 days from the date of review.
- 21.14. The selected Vendor must ensure Pharmaceutical Services personnel provide Medication Administration Records (MARs) and Physician's Order Sheets to the Chief Nursing Officer on a monthly basis. The selected Vendor must ensure pharmacy service staff:
- 21.14.1 Ensure the MARs sheets include necessary special instructions for the proper administration of the medication/substance and as required by the HHRTF for each individual.
 - 21.14.2 Include special information on both forms that is pertinent to the individual, including but not limited to diagnoses, identification number and other information as required by Chief Medical Officer and Chief Nursing Officer for each individual.
 - 21.14.3 Deliver MARs sheets or make MARs sheets available electronically to the Selected Vendor no later than (5) five days prior to the beginning of each new month to allow time for review and implementation by the nursing staff.
22. **Automated Pharmaceutical Dispensing Machines and Code Carts**

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- 22.1. The selected Vendor must assume responsibility for on-site automated pharmacy dispensing machines.
 - 22.2. The selected Vendor must ensure the pharmacist stocks the Automated Pharmaceutical Dispensing Machines with appropriate types and amounts of pharmaceuticals needed by the populations served. The selected Vendor must:
 - 22.2.1 Ensure each automated pharmacy dispensing machine has the capacity to accommodate medication storage for up to 40 residents per unit.
 - 22.2.2 Maintain a double-locked area for the storage of:
 - 22.2.3 Controlled substances; and
 - 22.2.4 External preparations and liquid medications.
 - 22.3. The Selected Vendor must ensure all Code Carts:
 - 22.3.1 Are properly stocked with medications;
 - 22.3.2 Are restocked after Code Cart use;
 - 22.3.3 Contain only medications that are not expired.
 - 22.4. The selected Vendor must have a process for Code Cart inventory control that includes documenting Code Carts restocking and inventory rotation.
 - 22.5. The selected Vendor must ensure the Automated Pharmaceutical Dispensing Machines are replaced in accordance with manufacturer expected useful life, or as devices fail.
23. **Pharmaceutical Inventory**
- 23.1. The selected Vendor must maintain a perpetual daily inventory of all controlled substances stored at the HHRTF, in accordance with NH Board of Pharmacy and DEA standards, guidelines, and regulations.
 - 23.2. The selected Vendor must complete pharmaceutical inventory functions that include, but are not limited to:
 - 23.2.1 Providing a perpetual inventory report for controlled substances stored at the HHRTF, as requested by the Department.
 - 23.2.2 Maintaining proper internal controls when ordering, receiving, and distributing medications, which includes a separation of duties between ordering and receiving medications.
 - 23.2.3 Managing medication inventory to ensure medications are not wasted due to expiration dates or poor inventory management practices.

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- 23.3. The selected Vendor must establish and maintain a Pharmacy and Therapeutics Review Committee, comprised of Pharmacists and Prescribers, to review the HHRTF's formulary, and make changes based on evidence-based practices, or emerging techniques supported by extensive research.
- 23.4. The selected Vendor must provide Pharmaceutical Services in a safe and secure manner that is in accordance with all standards and requirements of the:
 - 23.4.1 State of New Hampshire Board of Pharmacy, PH 706 Pharmaceutical Care Standards;
 - 23.4.2 CMS, 42 CFR 483; and
 - 23.4.3 DEA.
- 23.5. The selected Vendor must ensure the Pharmaceutical Services staff have the ability to use the Contractor's contracted software for receiving prescriber orders by electronic prescribing the electronic generation; transmission and filling; refilling; or changing of prescriptions.
- 24. **Medication Administration Record (MAR)**
 - 24.1. The selected Vendor must ensure Pharmaceutical Services staff agree to accept medication orders written on physician's order sheets submitted by the HHRTF via facsimile machine.
 - 24.2. The selected Vendor must ensure one (1) facsimile machine is available and functioning in each nursing unit.
 - 24.3. The selected Vendor must ensure Pharmaceutical Services comply with security measures in accordance with TJC and NH Board of Pharmacy.
 - 24.4. The selected Vendor must maintain direct control of Contractor-owned confidential data and apply at least minimum required security controls and protections according to Exhibit K DHHS Information Security Requirements and all applicable federal and state laws including but not limited to HIPAA/HI-TECH ACT, NH RSA 359-C for the protection of confidential or protected data at rest; in transit; during processing; and during destruction.
 - 24.5. The selected Vendor must ensure Pharmaceutical Services staff has access to the Contractor's application(s), if they exist, and is accountable and responsible for maintaining the confidentiality and integrity of all NH data, information, and system access at all times, in accordance with Exhibit K DHHS Information Security Requirements.
 - 24.6. The selected Vendor agrees that pharmacy system access will be limited to only information required to meet the terms of this agreement. Access to the system

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or system user name and passwords will not be shared with anyone other than the person who is issued the credentials by the selected Vendor.

- 24.7. The selected Vendor must ensure Pharmaceutical Services staff agree that system access and Selected Vendor data use is permitted for lawful purposes only and to allow the pharmacy services staff to successfully meet the terms of this agreement, no more no less.
- 24.8. The selected Vendor must provide a monthly perpetual inventory report, including shrinkage, of controlled substances to the Department.

25. **Documentation and Reference Materials**

- 25.1. The selected Vendor must ensure the Pharmaceutical Services provider provides a copy of their policies and procedures specific to the HHRTF pharmaceutical services.
- 25.2. The selected Vendor must ensure the Pharmaceutical Services provider provides Patient Education Leaflets that include risk/benefit drug information to share with the individuals and/or legal representatives and nursing staff.
- 25.3. The selected Vendor must ensure the Pharmaceutical Services provider provides a minimum of five (5) reference notebooks that contain at a minimum medication descriptions and side effects, for each nursing unit and the nursing coordinators' office, and keep said reference notebooks up-to-date.
- 25.4. The selected Vendor must ensure the Pharmaceutical Services provider provides Proof of Use sheets for controlled substances.
- 25.5. The selected Vendor must ensure the Pharmaceutical Services provider provides a minimum of eight (8) Nurses Drug Review handbooks, as updated annually.

26. **Medical Service Documentation**

- 26.1. The selected Vendor must ensure medical providers comply with the following Key Performance Indicators:
 - 26.1.1 Progress Notes
 - 26.1.1.1. Completed within 24 hours of seeing an individual.
 - 26.1.1.2. Content as it pertains to CMS local coverage determinations for the HHRTF and their associates' policies.
 - 26.1.1.3. Standardized Process
 - 26.1.1.4. Compliance with all existing and future standardized work processes with the goal of reducing variation in care.

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- 26.1.1.5. Individual metrics are developed based on the target outcomes of the standardized work.
 - 26.1.2 Treatment Plans
 - 26.1.2.1. Medical provider specific portions of treatment plans are completed within 24 hours of admission.
 - 26.1.2.2. Performance measured by random monthly audits which are provided to the Patient Care Review Committee.
 - 26.1.3 Annual Reviews
 - 26.1.3.1. Annual reviews are documented on all staff provided by the selected Vendor. The selected Vendor must ensure performance evaluations comply with professional standards for evaluations per CMS and TJC guidelines.
 - 26.2. The selected Vendor must submit a Quality Assurance and Monitoring Plan, subject to approval, and/or modification as required by the Department. The Selected Vendor must ensure the Quality Assurance and Monitoring Plan addresses at a minimum:
 - 26.2.1 Ensuring adequate staffing to operate the HHRTF at full utilization;
 - 26.2.2 Ensuring the selected Vendor's staff receive necessary supervision and training to perform the assigned tasks;
 - 26.2.3 Ensuring that patients receive care consistent with evidence-based care and in accordance with this agreement; and
 - 26.2.4 Creating and implementing the highest standard practices to protect the safety of patients, staff, and visitors.
 - 26.3. The selected Vendor must ensure the Chief Medical Officer monitors progress toward the stated goals in the Quality Assurance and Monitoring Plan and provides reports to the CEO and a representative of the selected Vendor on a quarterly basis.
 - 26.4. The selected Vendor must ensure the Chief Medical Officer meets with the CEO and selected Vendor on a quarterly basis to review progress toward Quality Assurance and Monitoring Plan goals, as well as Key Performance Indicators specified above.
 - 26.5. In consultation with the CEO, the selected Vendor must review and revise the Quality Assurance and Monitoring Plan on an annual basis, or as otherwise requested by the Department.

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- 26.6. The selected Vendor must develop and disseminate staff Satisfaction and Engagement Surveys in order to collect feedback from healthcare workforce to evaluate the overall job satisfaction.

27. Hazardous Waste Disposal Services

- 27.1. The selected Vendor must ensure hazardous waste disposal services are available and provided for the HHRTF, in accordance with all TJC, Environmental Protection Agency (EPA), CMS, and any other applicable federal or state law or regulation.
- 27.2. The selected Vendor must ensure hazardous pharmaceutical waste disposal services are available and provided to the HHRTF and Residential Treatment Facility, which include, but is not limited to, Pharmaceutical Formulary Characterization in accordance with 7.1 above as well as the Board of Pharmacy, and Drug Enforcement Agency (DEA) laws, rules, regulations, and guidance.
- 27.3. The selected Vendor must utilize the HHRTF current documentation to fully identify and characterize the HHRTF's hazardous, state regulated, National Institute of Occupational Safety and Health (NIOSH) and non-hazardous waste per the federal, state and local regulations in order to create an all-encompassing waste picture that is specific to the HHRTF. The selected Vendor must:
- 27.3.1 Review purchasing information and other documentation for items:
 - 27.3.2 Determined to be hazardous.
 - 27.3.3 Prohibited from drain disposal.
 - 27.3.4 That the HHRTF chooses to collect for best management practices.
 - 27.3.5 Review drugs identified by the:
 - 27.3.6 EPA (40 CFR § 262.11 and 261.3).
 - 27.3.7 U.S. Department of Transportation (DOT) (49 CFR § 173).
 - 27.3.8 National Institute of Occupational Safety and Health (NIOSH).
 - 27.3.9 State regulations.
 - 27.3.10 Provide training and support to ensure end-user ability to access pharmaceutical formulary information.
 - 27.3.11 Provide guidance on other items that should be collected due to their acute toxicity in order to support the HHRTF efforts in becoming a 'Green Institution.'

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- 27.3.12 Have a process to update the HHRTF's waste characterization formulary on an ongoing basis to include any new drugs added.
- 27.4. The selected Vendor must work with the hazardous pharmaceutical waste disposal services provider to:
 - 27.4.1 Develop a communication structure between the HHRTF, the hazardous pharmaceutical waste disposal services provider and the Contractor's internal team that includes, but is not limited to:
 - 27.4.2 Periodically scheduled meetings with key HHRTF staff.
 - 27.4.3 Quarterly status reports.
 - 27.4.4 Creation of a Compliance Calendar that is HHRTF-specific.
 - 27.4.5 Conduct a quality control review, as completed by the hazardous pharmaceutical waste disposal services provider's Environmental Compliance Specialist, to determine changes that must be completed to the formulary. The Selected Vendor must ensure the hazardous pharmaceutical waste disposal services provider's Environmental Compliance Specialist:
 - 27.4.6 Reviews all changes with the HHRTF team, including but not limited to:
 - 27.4.6.1. Updated labeling.
 - 27.4.6.2. Updated signage.
 - 27.4.6.3. Educational components.
 - 27.4.7 Documents all finalized changes and completes any onsite elements associated with the final changes.
 - 27.4.8 Reviews the HHRTF's pharmacy reverse distribution system to clearly identify all items potentially being sent for reverse distribution improperly.
 - 27.4.9 Update the HHRTF waste characterization formulary every six (6) months.
 - 27.4.10 Be available to the HHRTF staff to answer questions and/or provide guidance 24 hours per day, seven (7) days per week.
 - 27.4.11 Provide HHRTF staff with quarterly reports detailing all program changes and processes.
 - 27.4.12 Provide Hazardous Pharmaceutical Waste (HPW) Consultation on regulatory aspects of the HPW disposal program and federal

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determinations for non-formulary medication, individual personal supply medications, and/or new medications added to the HHRTF formulary.

- 27.5. The selected Vendor must ensure Pharmaceutical Disposal Services are available and provided to the HHRTF, which includes but is not limited to:
 - 27.5.1 Right-sizing the placement and set up of proper pharmaceutical waste containers to accommodate pharmaceutical waste generated at the HHRTF, which includes, but is not limited to:
 - 27.5.2 Ensuring the Environmental Compliance Advisors accompany the HHRTF staff on a complete site walkthrough to finalize modifications to Satellite Storage Areas (SSA) locations.
 - 27.5.3 Advising staff on where containers should be placed and stored.
 - 27.5.4 Providing an SSA Location list that can be utilized for the creation of any policies and procedures.
 - 27.5.5 Installing hazardous waste collection containers in Contractor-approved SSA Locations.
 - 27.5.6 Providing color-coded containers in minimal amounts for ease of collection using a simplified waste stream collection process throughout the HHRTF.
- 27.6. The selected Vendor must ensure Transportation and Disposal of Drug Waste, which includes but is not limited to:
 - 27.6.1 A Hazardous Waste Coordinator who is a Department of Environmental Services (DES) certified who is on-site and who can transfer, monitor and dispose of both hazardous and non-Resource Conservation and Recovery Act (RCRA) pharmaceutical wastes, which includes but is not limited to physically going to all unit medication rooms to pick up pharmaceutical wastes up to two (2) times per month.
 - 27.6.2 Providing replacement containers prior to the removal of any hazardous waste containers.
- 27.7. The selected Vendor must ensure personnel, including volunteers, staff and State Employees at the HHRTF, receive training that includes but is not limited to:
- 28. **Pharmaceutical Waste Compliance Staff Training and Education.**
 - 28.1. The selected Vendor must support the HHRTF with maintaining compliance with the EPA/DOT regulations and TJC standards with after care services for all trained staff.

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- 28.2. The selected Vendor must comply with state and federal hazardous pharmaceutical waste disposal laws.
- 28.3. The selected Vendor must ensure sufficient adequately trained and certified staff are available to complete Hazardous Pharmaceutical Waste Disposal Services.
- 28.4. The selected Vendor must ensure all staff providing Hazardous Pharmaceutical Waste Disposal Services have undergone the traditional hazardous waste education including, but not limited to OSHA 40-hour HAZWOPER, RCRA, DOT, Bloodborne Pathogen, and HIPAA trainings.
- 28.5. The selected Vendor must provide a semi-annual report that reflects information added and deleted to the HHRTF's waste characterization formulary.
- 28.6. The selected Vendor must provide quarterly reports detailing all program changes/processes.
- 28.7. The selected Vendor must complete monthly reports on picked up process-generated waste as well as pick up manifests and weights.
- 28.8. The selected Vendor must provide after care status reports on a bimonthly basis that identify all after care services and activities conducted.
- 29. **Off-Site Laboratory Services**
 - 29.1. The selected Vendor must ensure offsite laboratory services are available to individuals 24 hours per day, seven (7) days per week.
 - 29.2. The selected Vendor must develop policies and procedures on offsite laboratory services that include, but are not limited to:
 - 29.2.1 Ordering services.
 - 29.2.2 Collecting laboratory samples.
 - 29.2.3 Retaining laboratory records for individuals.
 - 29.2.4 Transporting individuals to receive laboratory services, including the number of accompanying staff necessary when transporting individuals, when clinically indicated.
 - 29.3. The selected Vendor must ensure the offsite laboratory utilized for offsite laboratory services:
 - 29.3.1 Is certified by CMS.
 - 29.3.2 Complies with OSHA standards;
 - 29.3.3 Complies with Blood borne pathogen standards;
 - 29.3.4 Complies with U.S. Public Health Services guidelines;

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- 29.3.5 Complies with Clinical Laboratory Improvement Act of 1988 (CLIA) regulations;
- 29.3.6 Complies with any other applicable accrediting bodies, as identified by the Department;
- 29.4. The selected Vendor must notify the Department of any change in use or subselected Vendor of the offsite laboratory.
- 29.5. The selected Vendor must ensure the offsite laboratory:
 - 29.5.1 Delivers same-day results to the HHRTF by 4:00 PM.
 - 29.5.2 Reports STAT testing results within a timeframe agreed upon between the parties.
 - 29.5.3 Forwards printed copies of all laboratory results to the appropriate clinician for review.
 - 29.5.4 The Selected Vendor must ensure the offsite laboratory performs and reports emergency or abnormal test results or other tests requested by a physician in accordance with:
 - 29.5.5 Performing tests in a timely fashion consistent with clinical appropriateness; and
 - 29.5.6 Providing critical results to the patient care unit or directly to the practitioner with 15 minutes of verification by telephone call or fax, to be followed up by printed copies for the medical record.
- 29.6. The selected Vendor must ensure the offsite laboratory reports all results on a standard form approved by the HHRTF, which includes:
 - 29.6.1 The date and time of specimen collection;
 - 29.6.2 The date and time a specimen is received by the laboratory and completed;
 - 29.6.3 The technologist's initials; and
 - 29.6.4 The pathologist's review, as appropriate.
- 29.7. The selected Vendor must ensure the offsite laboratory provides the Department with access to on-line laboratory results through a secure Provider Portal at no additional cost.
- 29.8. The selected Vendor must notify the Department, within one (1) working day, of any laboratory findings that indicate a disease reportable to the NH Division of Public Health Services, or drug resistant or multi-drug resistant organism (MDRO).

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- 29.9. The selected Vendor must provide the antimicrobial susceptibility summary annually to the Department.
30. **Radiology Services**
- 30.1. The selected Vendor must provide radiology services, upon provider's order. The selected Vendor must provide mobile, portable x-ray services on-site at HHRTF.
31. **Phlebotomy Services**
- 31.1. The selected Vendor must ensure the offsite laboratory provides phlebotomy services, including the transportation of collected specimens at no additional costs to the selected Vendor, on a mutually agreed routine schedule to collect difficult draws.
- 31.2. The selected Vendor must ensure the offsite laboratory establishes a standard of practice for obtaining and processing specialized phlebotomy draws, which may include, but are not limited to, arterial blood gases and ammonia blood levels.
- 31.3. The selected Vendor must ensure the offsite laboratory provides a Laboratory Services Handbook and on-line access to the HHRTF for standards of practice for specialized phlebotomy draws.
- 31.4. The selected Vendor must ensure the offsite laboratory provides call back communications on STAT phlebotomy upon request at no additional cost to the Contractor. The selected Vendor must ensure:
- 31.4.1 Phlebotomists perform a venipuncture for the process of obtaining bloods, from veins only.
- 31.4.2 Individuals requiring arterial blood gasses are transported to the offsite laboratory for arterial venipuncture by qualified staff.
32. **Therapeutic Drug Monitoring Services**
- 32.1. The selected Vendor must ensure the offsite laboratory performs therapeutic drug monitoring including active metabolites on the substances.
- 32.2. The selected Vendor must ensure turn-around times range from 24 hours to up to seven (7) days from the time samples are received at the testing laboratory to the forwarding of results.
- 32.3. The selected Vendor must provide up to six (6) yearly continuing education conferences, as mutually agreed upon by both parties.
- 32.4. The selected Vendor must ensure laboratory staff meet with HHRTF staff as necessary to discuss the quality and appropriateness of services, and mutually resolve identified problems.

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- 32.5. The selected Vendor must ensure laboratory staff provide the HHRTF with information regarding the objective criteria, which may include, but is not limited to, a quality control surveillance program, established to review and monitor the services provided to the HHRTF.

33. Laundry Services

- 33.1. The Selected Vendor must ensure laundry and laundry rooms are kept separate from kitchen and dining areas. The Selected Vendor must ensure:
- 33.1.1 Clean linen is stored in a clean area and is kept separate from soiled linens at all times;
 - 33.1.2 Soiled materials, linens and clothing are transported in a laundry bag, sack or container and washed in a sanitizing solution used in accordance with the manufacturer's recommendations; and
 - 33.1.3 Soiled linens and clothing contaminated with infectious waste, as defined in NH Administrative Rule Env-Sw 103.28, are handled as infectious waste.
- 33.2. The Selected Vendor must provide laundry services for all individuals receiving services at the HHRTF that include:
- 33.2.1 Weekly changing of bed linens.
 - 33.2.2 Provision of laundry and linen services in manner that meets TJC accreditation standards relative to laundry and linen services.
- 33.3. The Selected Vendor must ensure patient personal clothing will be laundered as necessary.
- 33.4. The Selected Vendor must procure and supply all linens and cleaning supplies necessary to perform all laundry functions at the HHRTF.
- 33.5. The Selected Vendor must not be responsible for personal linen of the individuals.

34. Food and Nutrition Services

- 34.1. The selected Vendor must provide all food and nutrition services to individuals receiving care at the HHRTF.
- 34.2. The selected Vendor must ensure each individual receiving inpatient services has three (3) meals per day and a minimum of two (2) snacks per day available, as determined and approved by the registered dietician. The selected Vendor must ensure:
- 34.2.1 Meals are prepared on premises following ServSafe guidelines in a kitchen as inspected by the NH Bureau of Food Protection.

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- 34.2.2 Meals are approved by a registered dietitian in accordance with the U.S. Department of Agriculture's standards for balanced meals.
- 34.2.3 That a cafeteria is available during regular business hours for guests, families, and employees of the facility.
- 34.3. The selected Vendor must ensure a dietitian who is actively licensed in NH as a Registered Dietitian provides food and nutrition services that include, but are not limited to:
 - 34.3.1 Dietitian services for residents at the HHRTF between the hours of 8:00 AM and 4:00 PM, Monday through Friday.
 - 34.3.2 Entering individual's dietary information in the HHRTF medical record to ensure the appropriate capture of nutrition for each individual under the care of the HHRTF.
- 34.4. The selected Vendor must ensure the Registered Dietitian maintains individual diet sheets and nutritional care plans, and update nutritional care plans, as needed.
- 34.5. The selected Vendor must ensure the Registered Dietitian attends Plan of Care meetings as needed, or prepare the food service representative or designee to participate in Plan of Care meetings, as appropriate.
- 34.6. The selected Vendor must ensure the Registered Dietitian conducts routine nutrition assessments on all individuals and monitors individuals for significant changes. The Selected Vendor must maintain records for:
 - 34.6.1 Between meal supplements;
 - 34.6.2 Current diet orders; and
 - 34.6.3 Special nutrition interventions.
- 34.7. The selected Vendor must ensure the Registered Dietitian participates in internal continuous quality improvement projects, as requested.
- 34.8. The selected Vendor must ensure the Registered Dietitian is the liaison between the dietary and nursing units in order to clarify orders and resolve issues relating to individual nutritional needs.
- 34.9. The selected Vendor must ensure the Registered Dietitian notifies staff physicians when dietary inadequacies are detected and provides corrective recommendations.
- 34.10. The selected Vendor must ensure the Registered Dietitian approves menus for nutritional adequacy.

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- 34.11. The selected Vendor must ensure the Registered Dietician provides guidance to staff to ensure compliance with all state and federal regulations for food preparation, sanitation, and safety, including, but not limited to:
 - 34.11.1 The Omnibus Budget Reconciliation Act (OBRA).
 - 34.11.2 Occupational Safety and Health Administration (OSHA).
 - 34.12. The selected Vendor must ensure that all subcontracted food service operators are authorized to perform food service operations in the State of NH and any licensure, certification, or registration required to perform food services are current and active with any applicable state agency.
35. **Environmental Services and Sanitation**
- 35.1. The selected Vendor must provide Environmental Services and sanitation for the overall cleaning and sanitation of all internal areas of the HHRTF.
 - 35.2. The environmental services staff must be familiar with all forms of health care cleaning requirements and precautions, including but not limited to, associated Person Protection Equipment (PPE).
 - 35.3. The selected Vendor must ensure environmental services meet industry standards and TJC accreditation standards.
 - 35.4. The selected Vendor must maintain a clean, safe and sanitary environment, both inside and outside.
 - 35.5. The selected Vendor must ensure all furniture, floors, ceilings, walls, and fixtures are clean, sanitary and in good repair.
 - 35.6. The selected Vendor must ensure a supply of potable water is available for human consumption and food preparation. The selected Vendor must:
 - 35.6.1 Ensure a supply of hot and cold running water is available at all times and precautions, which include but are not limited to, temperature regulation, are in place to prevent scalding injuries.
 - 35.6.2 Ensure hot water used for laundry and food preparations is high enough in temperature to ensure sanitation and food safety, which includes temperatures of:
 - 35.6.3 113°F to 120°F for clinical areas;
 - 35.6.4 120°F for dietary areas, with provisions for 180°F rinse water at the dishwasher by separate booster, unless a chemical rinse is provided; and

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- 35.6.5 160°F for laundry by steam jet or separate booster heater, unless a proven process allows cleaning and disinfection with decreased water temperatures is used, whereby the process meets the designed water temperatures specified by the manufacturer of the product in use.
- 35.7. The selected Vendor must ensure all client bathing and toileting facilities are cleaned and disinfected as often as necessary to prevent illness or contamination.
- 35.8. The selected Vendor must ensure cleaning solutions, compounds and substances considered hazardous or toxic materials, as defined in RSA 147-A:2, VII, are:
 - 35.8.1 Distinctly labeled and legibly marked in order to identify the contents; and
 - 35.8.2 Stored in a locked box or other secured area that is separate from food, medications and client supplies.
 - 35.8.3 Utilized in full compliance with the manufacturer's labeling ensuring no contamination of food, equipment or utensils.
- 35.9. The selected Vendor must ensure only individuals authorized under RSA 430:33 apply pesticides, as defined by RSA 430:29, XXVI, in food storage, food preparation or dining areas.
- 35.10. The selected Vendor must ensure:
 - 35.10.1 Solid waste, garbage and trash are stored in a manner inaccessible to insects and rodents, outdoor animals, and facility pets.
 - 35.10.2 In-house trash and garbage receptacles are:
 - 35.10.3 Emptied in a timely manner; and
 - 35.10.4 Lined, cleaned and disinfected after being emptied or when visibly soiled.
 - 35.10.5 Trash receptacles in food service areas are covered at all times, except during food preparation and subsequent clean-up.
- 35.11. The selected Vendor must ensure laundry rooms and bathrooms have non-porous floors.
- 35.12. The selected Vendor must ensure sterile or clean supplies are stored in dust and moisture-free storage areas.
- 35.13. The selected Vendor must immediately notify the Department of any event where:

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- 35.13.1 Any water supply for the HHRTF fails to meet the acceptable levels identified in this section, or as required by the NH Department of Environmental Services; or
- 35.13.2 Any areas of the HHRTF require fixing and the cost of that repair or renovation exceeds \$1,000.

36. **Mail, Parcel Delivery and Printing Services**

- 36.1. The selected Vendor must develop and implement patient mail protocols. The selected Vendor must ensure:
 - 36.1.1 Patient mail services are available for incoming and outgoing mail.
 - 36.1.2 Protection of privacy and confidentiality in all handling of incoming and outgoing mail.
- 36.2. The selected Vendor must ensure mailroom equipment is available and maintained to manufacture's specifications to ensure no interruption of day-to-day business functions including, but not limited to:
 - 36.2.1 Billing.
 - 36.2.2 Collections.
 - 36.2.3 Insurance notifications.
 - 36.2.4 Referrals.
 - 36.2.5 Other processes that need mail services to ensure effective delivery of services.
 - 36.2.6 The Selected Vendor must ensure parcel delivery services are available as necessary, which may include, but are not limited to:
 - 36.2.7 FedEx.
 - 36.2.8 UPS.
 - 36.2.9 United States Postal Services (USPS).
 - 36.2.10 Other parcel delivery services as appropriate.
- 36.3. The selected Vendor must utilize Department letterhead for all correspondence from the HHRTF.
- 36.4. The selected Vendor must ensure the Department prior to use approves any updates to letterhead.

37. **Security**

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- 37.1. The selected Vendor must collaborate with the State of New Hampshire Department of Safety and the Department to establish combined security of the HHRTF.
- 37.2. The selected Vendor must provide personnel, 24 hours a day seven (7) days a week 365 days a year, who are trained in behavioral health and incident reduction for the purpose of monitoring and providing security internally and externally on the HHRTF property.
- 37.3. Unless otherwise stated in this agreement, the Department shall maintain complete decision-making authority to determine oversight and management of all matters alleging unlawful criminal activity, potential civil liability, and administrative violations that occurs at HHRTF. The vendor shall cooperate with all related inquiries and investigations. Notwithstanding the retention of authority maintained by the Department, the vendor shall comply with all mandatory reporting and other Federal and State law requirements to maintain safety at HHRTF.
- 37.4. The selected Vendor must ensure:
 - 37.4.1 Security of the physical plant includes issuance of security badges that clearly identify personnel and their positions.
 - 37.4.2 Management of newly hired and newly terminated staff identification badges and access to the building and rooms.
 - 37.4.3 Other physical plant security measures as required by TJC and CMS are met.
- 37.5. The selected Vendor must establish policies relative to building access commensurate with staff need for access. The selected Vendor must ensure:
 - 37.5.1 Policies relative to building access and security are submitted to the Department for review and approval.
 - 37.5.2 Staff are trained on building security policies and procedures.
- 37.6. The Selected Vendor must evaluate available system and propose any updated needs within the 6 months. The Selected Vendor must:
 - 37.6.1 Ensure surveillance of the pharmacy and medication rooms at all times;
 - 37.6.2 Ensure non-patient area surveillance is available to the Department at any time in real time;
 - 37.6.3 Ensure all data collected through video surveillance is stored on premises; and

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- 37.6.4 Agree data collected is owned by the Department and will not be viewed or accessed by any party unless approved by the Department.
- 37.6.5 Immediately report any supply chain limitations that will delay the installation of the system to the Department and provide a written plan and timeline for installation.

38. **Restraint, Seclusion, and Other Incidents**

- 38.1. The selected Vendor must comply with NH RSA 126-U, Limiting the Use of Child Restraint Practices in Schools and Treatment Facilities and develop policies and methods to eliminate the use of restraint and seclusion that include but are not limited to:
 - 38.1.1 Reporting incidents directly to the management team and the Department.
 - 38.1.2 Collecting data to analyze, report and review processes for risk management, evaluation and outcome purposes.
 - 38.1.3 Implementing and adhering to the Six Core Strategies for Reducing Seclusion and Restraint Use.
- 38.2. The selected Vendor must implement a Department-approved de-escalation and physical intervention model.
- 38.3. The selected Vendor must work with the Department and other partners towards a zero restraint practice.
- 38.4. The selected Vendor must cooperate with, and provide all information requested by, the authorities identified in law to investigate matters involving abuse, neglect, seclusion, and restraint. Such materials must be provided within 5 business days of the Vendor becoming aware of a specific incident. Any information provided to these authorities must concurrently be shared with Department's Hampstead Hospital Executive leadership team.

39. **Monitoring/Security, Patient Observation**

- 39.1. The selected Vendor must ensure patient care areas are monitored by live feed in accordance with Patient Observation policies. The Selected Vendor must:
 - 39.1.1 Ensure camera placement in common areas can capture blind spots, patient movement and flow.
 - 39.1.2 Ensure camera placement is subtle and does not distract staff or individuals receiving care.
 - 39.1.3 Ensure patient areas are live feed only.

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- 39.1.4 Ensure surveillance and observation meet or exceed TJC and CMS standards.
- 39.2. The selected Vendor must develop Patient Observation policies for Department review and approval.
- 39.3. The selected Vendor agrees that all data collected through video surveillance is stored on premises and is owned by the Department and will not be viewed or accessed by any party other than selected Vendor staff, who are pre-approved by the Department.
- 40. **Employee Badges/Access**
 - 40.1. The selected Vendor must ensure all personnel wear identification in a safe but clear manner. The Selected Vendor must ensure:
 - 40.1.1 Lanyards have the ability to quickly release from around the neck.
 - 40.1.2 Clips with retractable string can be security attached to clothing.
 - 40.2. The selected Vendor must ensure the ability to produce badges that fit the HHRTF security system. The selected Vendor must ensure:
 - 40.2.1 Staff have access only to those sections to which access is necessary.
 - 40.2.2 Badges are available and can be produced on premises.
 - 40.2.3 Policies and procedures are in place that address:
 - 40.2.4 Lost badges.
 - 40.2.5 Changes in access.
 - 40.2.6 New employees (temporary badges).
 - 40.2.7 Visitor badges.
 - 40.2.8 Volunteer badges.
 - 40.2.9 Other procedures as necessary that ensure the safety and security of individuals served and individuals providing services.
 - 40.3. The selected Vendor must ensure Department staff or contractors who work at the HHRTF have access to all areas of the HHRTF that are necessary for the Department staff or contractors to conduct business or perform the functions of their job.
 - 40.4. The selected Vendor must ensure Department staff permanently placed at the HHRTF have identification badges commensurate with their job duties.
- 41. **Facilities Functions**

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- 41.1. The selected Vendor must complete all necessary furniture moves in and around the HHRTF premises in a manner that ensures the safety of staff and individuals receiving services. The Selected Vendor must ensure furniture moves:
 - 41.1.1 Are scheduled during a time that is least disruptive to staff providing services.
 - 41.1.2 Are completed by individuals who will have the least amount of contact with individuals receiving services.
 - 41.2. The selected Vendor must ensure regular waste removal services include by are not limited to:
 - 41.2.1 Regular removal of daily waste.
 - 41.2.2 Recycling services, as applicable to the HHRTF.
 - 41.3. The selected Vendor must ensure any subcontractors working on or around the premises of HHRTF complete the HHRTF Safety Orientation, which addresses safety and other requirements that include, but are not limited to:
 - 41.3.1 Safety / Security
 - 41.3.2 Patient Rights
 - 41.3.3 Emergency Codes
 - 41.4. The selected Vendor must establish a continuity of operations (COOP) plan for all communication plan, patient plans, all technology applications, power systems, network access functions, and supply Chain functions, in collaboration with the Department.
42. **Supply Chain Functions**
- 42.1. The selected Vendor must be responsible for supply chain functions that include, but are not limited to:
 - 42.1.1 All consumable items, including but not limited to, medical supplies, paper products, cleaning supplies, light bulbs and office supplies.
 - 42.1.2 Any re-usable item valued at less than \$250 per unit.
 - 42.1.3 Inventory management in accordance with TJC and Centers for Medicare and Medicaid (CMS) standards.
 - 42.2. The selected Vendor must dispose of expired supplies on the day of expiration, unless otherwise approved by the Chief Executive Officer.

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- 42.3. The selected Vendor must oversee medical equipment and clinical-oriented furnishings throughout the building, ensuring effective and appropriate use of equipment and furnishings.
 - 42.4. The selected Vendor must ensure a 10-month supply of PPE inventory is on-hand at all times, subject to documented and reported supply chain limitations. The selected Vendor must ensure burn rates for PPE are calculated:
 - 42.5. The selected Vendor must establish a value-analysis procurement program at the HHRTF, ensuring new products are thoroughly vetted by clinical users prior to implementation.
 - 42.6. The selected Vendor must supply all printers, paper and office supplies necessary for daily business functions.
 - 42.7. The selected Vendor agrees that any equipment and/or supplies purchased through this Agreement remain on premises and become the property of the State upon the contract completion date.
43. **Equipment**
- 43.1. The selected Vendor must utilize equipment and property currently located at the HHRTF. See Appendix L – Equipment Asset List and Appendix M - HHRTF Floor Plans.
 - 43.2. The selected Vendor must ensure Asset Management of all items inventoried with State identification tags. The Selected Vendor must:
 - 43.2.1 Confirm existing State assets are on premises.
 - 43.2.2 Collaborate with the Department regarding any existing State asset that may not be in working order or may need to be dispositioned by the Department.
 - 43.3. The selected Vendor must notify and request approval from the Department for any asset purchase in excess of \$250. The selected Vendor must provide proof to the Department that they obtained several quotes or otherwise demonstrate the cost effectiveness for large or contracted purchases or projects. The selected Vendor must:
 - 43.3.1 Collaborate with the Department to complete any necessary forms for the purchase;
 - 43.3.2 Purchase the equipment as instructed by the Department;
 - 43.3.3 Place a State identification tag on the purchased equipment in a manner that is clearly visible but does not impede the use of the equipment.

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- 43.3.4 Add the inventory identification number to the asset list maintained by the selected Vendor and notify the Department.
 - 43.4. The selected Vendor must notify the Department immediately of any asset with a State identification tag that need to be placed 'out of service.' The selected Vendor must ensure:
 - 43.4.1 The Department is notified upon an asset being placed out of service; and
 - 43.4.2 Collaborate with the Department relative to dispositioning the out of service asset.
 - 43.5. The selected Vendor must conduct an annual inventory of all assets that have a State identification tag. The selected Vendor must:
 - 43.5.1 Compare assets against the list provided by the Department;
 - 43.5.2 Add any assets to the list that are missing from the Department's list.
 - 43.5.3 Provide an affidavit of disposition, as instructed by the Department, relative to any asset that is on the Department's list but not found on premises.
 - 43.6. The Department will be responsible for any repair or replacement of physical plant equipment or property due to normal wear, usage, or age of physical plant equipment or property over \$1,000 per item or system.
 - 43.7. The selected Vendor must be responsible for preventive and routine maintenance activities, repairs, or replacements of equipment or property due to negligence on behalf of the Contractor.
 - 43.8. The selected Vendor must be responsible for any additional equipment and property necessary to perform services identified in this Agreement, including but limited to, medical equipment, computers, telephones, copier and fax machines, supplies, and necessary office supplies.
 - 43.9. The selected Vendor must complete an inventory of all medical equipment, computers, telephones, copier and fax machines, supplies and office supplies no later than 30 days from the contract Effective Date, and updated every six (6) months thereafter.
 - 43.10. Upon termination of this Contract, all equipment and property purchased or paid for with State or Federal Funds available through this Agreement to operate and maintain the facility must remain the property of the Department.
44. **Information Technology**

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- 44.1. The selected Vendor will maintain an inventory of all of the components currently in place, as specified in Appendix L – Equipment Asset List, and maintain and operate each component, as specified below, accordingly.
- 44.2. The selected Vendor must ensure all equipment is configured and managed in compliance with all requirements specified in Exhibit K.
- 44.3. The selected Vendor must ensure all equipment is replaced according to each individual lifecycle replacement requirement.
- 44.4. The selected Vendor must endeavor to ensure that all equipment replaced must be approved by the Department.
- 44.5. The selected Vendor must ensure that all technology and maintenance and support agreements are transferable and will be transferred to the State, or other designee approved by the State, any exceptions must be approved by the Department.
- 44.6. The selected Vendor must include language within all of its subcontracts for licensing, and configuration to ensure the subcontractors are aware of the requirement for transferability.
- 44.7. The selected Vendor must, upon termination of the contract, ensure all technology and maintenance and support agreements are transferred to the State, or its designee, including but not limited to:
 - 44.7.1 Licenses.
 - 44.7.2 Software.
 - 44.7.3 Hardware.
 - 44.7.4 Sub-contracted services.
 - 44.7.5 All equipment that is inventoried and replaced.
 - 44.7.6 All maintenance and support agreements.
 - 44.7.7 Computer Hardware
- 44.8. The selected Vendor must ensure that a Lifecycle Management plan is in place to replace all equipment older than four (4) years and continues to maintain equipment no older than four (4) years.
- 44.9. The selected Vendor must ensure reports relative to Lifecycle Management are available to the Department upon request.
- 45. **Telephone Systems**

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- 45.1. The selected Vendor must ensure the Lifecycle Plan for the telephone system maintains current best practices, is no older than 5 years, and must be replaced if the equipment fails or when the technology is no longer supported.
- 45.2. The selected Vendor must maintain and operate existing solutions, including but not limited cellular telephone services.
- 45.3. The selected Vendor must ensure any replacement solutions include:
 - 45.3.1 Training;
 - 45.3.2 Documentation; and
 - 45.3.3 Reporting.
- 45.4. The selected Vendor must maintain current Voice-over-Internet Protocol (VoIP) and/or identify and implement an upgrade of a telephone system to support Voice-over-Internet Protocol (VoIP) and support integration of telephone systems between State of New Hampshire and the HHRTF.
- 45.5. The selected Vendor must implement point-to-point communication solutions to enhance point of care functionality by implementing an emergency V-911 contact platform that is integrated with a shared address book across email, telephones and the emergency contact platform.
- 45.6. The selected Vendor must replace any equipment that is failing or older than what is allowable or defined in the Lifecycle Plan.
- 46. **Fax Lines**
 - 46.1. The selected Vendor must ensure the Lifecycle Plan for fax lines is no older than 10 years, and must replace the equipment when non-functioning or when the technology is no longer supported.
 - 46.2. The selected Vendor must support existing fax over IP solution or implement a fax over IP solution that is integrated with the HHRTF email system.
 - 46.3. The selected Vendor must ensure any replacement solutions include:
 - 46.3.1 Training;
 - 46.3.2 Documentation;
 - 46.3.3 Group distribution;
 - 46.3.4 Reporting; and
 - 46.3.5 Support at the direction and approval from the Department's project manager or leadership.
- 47. **Network Equipment**

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- 47.1. The selected Vendor must ensure all Layer 2, Distribution and Core Switching Equipment follows a Lifecycle Plan of 10 years or shorter.
- 47.2. The selected Vendor must ensure all firewall and edge routes have a Lifecycle Plan of four (4) years or shorter.
- 47.3. The selected Vendor must ensure all replacements are approved by the State of New Hampshire.
- 47.4. The selected Vendor must maintain a redundant network to ensure 99.99% uptime, not including scheduled maintenance windows.
- 47.5. The selected Vendor must ensure all network equipment is managed equipment in order to ensure:
 - 47.5.1 The ability to adjust configurations at each port on the switch;
 - 47.5.2 Network monitoring;
 - 47.5.3 Network segmentation for security and administrative control; and
 - 47.5.4 Remote access capabilities.
- 47.6. The selected Vendor must be responsible for all networking:
 - 47.6.1 Equipment security;
 - 47.6.2 Sustainability;
 - 47.6.3 Scalability;
 - 47.6.4 Capacity management;
 - 47.6.5 Support; and
 - 47.6.6 Maintenance.
- 48. **Wide Area Network (WAN)**
 - 48.1. The selected Vendor must identify current bandwidth requirements; determine expansion needs; and implement the expansion to support additional service needs.
 - 48.2. The selected Vendor must create and implement a roadmap and plan for redundant WAN connections for failover capacity to reduce downtime and support web-based applications.
 - 48.3. The selected Vendor must ensure any upgrades to WAN connections include future requirements for bandwidth utilization by existing and planned technology solutions.
 - 48.4. The selected Vendor must ensure all permits, cable pulling and power are designed, submitted and approved by the State for implementation.

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- 48.5. The selected Vendor must work with the Department and SoNH DoIT to create a secure solution for Department staff to access both systems simultaneously. The selected Vendor agrees:
 - 48.6. Simultaneous access will be accomplished in conjunction with SoNH DoIT to configure a connection.
 - 48.7. The connection is to allow SoNH employees to simultaneously and securely access both the SoNH network and the HHRTF network.
 - 48.8. The purpose of the simultaneous access for systems and reporting needs.
- 49. **Information Systems**
 - 49.1. The selected Vendor must ensure all technology and maintenance and support agreements are transferable and will be transferred to the State, or other designee approved by the State, exceptions to be approved by HHRTF.
 - 49.2. The selected Vendor must include language within its subcontracts for licensing, services, and configuration to ensure the subcontractors are aware of the requirement for transferability.
 - 49.3. The selected Vendor must, upon termination of the contract, ensure all technology and maintenance and support agreements are transferred to the State, or its designee, including but not limited to:
 - 49.4. Licenses.
 - 49.5. Software.
 - 49.6. Hardware.
 - 49.7. Sub-contracted services (including but not limited to: Platform as a Services (PaaS), Software and a Service (SaaS), Infrastructure as a Service (IaaS), Desktop as a Service (DaaS), Function as a Services (FaaS).
 - 49.8. All equipment that is inventoried and replaced.
 - 49.9. All maintenance and support agreements.
- 50. **Applications**
 - 50.1. The selected Vendor must ensure any application implemented during the term of the Agreement to maintain and operate technology components, including the EHR/EMR, admission, discharge and transfer solution has a transferable license and contract for the Department to continue utilizing and supporting the system.

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- 50.2. The selected Vendor agrees that all data and reports associated with all technology and applications are owned by the Department and will either:
 - 50.2.1 Be transferred to the Department for continued maintenance and operations at the end of the contract period; or
 - 50.2.2 Where not applicable and agreed to be exported in SQL, CSV format for use by the Department
- 50.3. The selected Vendor must ensure HHRTF staff are utilizing the Netsmart Practice Management and Revenue Cycle solution provided by the State.
- 50.4. The selected Vendor must develop an appropriate process for data transfer between Netsmart and the planned EHR/EMR.
- 50.5. The selected Vendor must engage professional services to extract data and publish necessary reports associated with billing, admission, discharge and transfers.
- 50.6. The selected Vendor must utilize the planned statewide closed loop referral system, which is scheduled for implementation during late 2023 or early 2024. The selected Vendor must:
 - 50.6.1 Allocate staff to be trained on the closed loop referral system.
 - 50.6.2 Utilize the closed loop referral system for all referrals for services unless:
 - 50.6.3 Individual consent is not obtained; or
 - 50.6.4 The referring provider is not registered on the closed loop referral network.
- 51. **Operating Systems**
 - 51.1. The selected Vendor must maintain a current version of the operating system minus 1 based on software manufacturer's published support roadmap (Annually).
 - 51.2. The selected Vendor must ensure all critical patches are maintained at a minimum monthly with the exception of 0 day vulnerabilities where vulnerabilities would be patched and tested immediately upon receipt.
- 52. **Software Inventory**
 - 52.1. The Contractor shall provide an inventory of all software utilized to deliver services in this Agreement no later than 90 days from the contract Effective Date, and update the report every six (6) months.

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- 52.2. The Contractor shall provide a current software catalog to the Department that is based on the inventory identified above no later than 90 days from the contract Effective Date, and updated the catalog every six (6) months.