

OFFICIAL RESPONSES TO VENDOR QUESTIONS RFP-2025-HH-01-BEHAV

Section Reference	Question	Answer
RFP - Section	How many average admissions and discharges occur	
2 Background	daily?	1 to 2 admissions and discharges daily.
RFP - Section 2 Background	What is the average length of stay per unit?	Avg. Length of stay as of January 2024 for child specialty unit- 21 days. Adolescent Unit- 29 days. Young adult unit 14 days. PRTF- 88 days
RFP - Section 2 Background	When was the last on-site survey visit by the Joint Commission?	The last triennial survey was August 2021. See Appendix M - Joint Commission Report
RFP - Section 2 Background	Are facility upgrades/renovations planned during the contract period?	There are no upgrades or renovations planned at this time that will impact this contract.
RFP - Section 2 Background	Is a floor plan of the full facility available?	Please see Appendix L - Floor Plans
RFP - Section 5 Question 13.	Page 12 section 4 question 13 relates to the management of escalating situations and collaboration with outside entities. Do collaborative agreements such as memorandums of understanding exist currently with local first responders or other responding agencies? If so, are these agreements available for review?	Yes, see https://www.sos.nh.gov/sites/g/files/ehbemt561/files/inlin e-documents/sonh/12-gc-agenda-110222.pdf
RFP - Section 5 Questions 10-14.	Page 12 section 4 includes instructions that say the vendor can offer these services directly, through a contract, or have the Department provide them directly or through a contract. What is the basis for scoring of this section? Does the department have a preference for how the vendor achieves the goals that affects scoring?	See Appendix D Technical Responses to Questions regarding how the Department will be evaluating this section. No, the Department does not have a preference and is looking for the proposed vendor to provide this.





RFP - Section	The RFP provides "In response to this solicitation,	
5 Questions	Vendor(s) must respond to the Mandatory Questions below in Appendix E, Technical Responses to Question. Please confirm Vendors can submit responses to the Mandatory Questions in their own template/format as long as the mandatory questions and responses appear in sequential order within their Technical Response.	Yes, that is acceptable.
RFP - Section 12.20 Liquidated Damages	Please provide the Department's formula for calculating liquidated damages under Section 12.20.1 of the RFP.	To be determined by the Department
RFP - Section 13 Compliance	Section 13.3.1.1 provides Vendors must maintain records including "all income received or collected by the selected Vendor(s)." Please provide the definition of "income" in this context.	Funding received by the Department
RFP - Section 13 Compliance	Please confirm the Vendor will manage the Health Information and Medical Records Department. If not, who will provide the usual Medical Record functions, including routine medical record audits?	The Vendor may propose a medical records system, as well as the potential responsible party, within the response to Q14. The Department and the selected Vendor will collaborate. If the Department needs to amend the resulting agreement in the future, we will work with the selected Vendor.
RFP - Section 13.5. Culturally and Linguistically Appropriate Services	How are translation services currently provided and will that continue, or should the proposal include the cost of translator services?	Translation services are currently provided by the current Contractor. Please include cost in Appendix F - Budget Sheet Addendum #1.
Appendix F Budget Sheet - Addendum #1	Does the daily average beds of 36.09 representative 2023 YTD data (1/1/2023 - 11/16/2023) include PRTF beds?	Yes.



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General Question		
Appendix G – Scope of Services - General Question	What is the schedule for each of the units programming? Including educational services.	The schedule for the unit programming is: • 7:30am Activities of Daily Living (ADLs) / Can get clothing from Closet until 8:30 All residents will stay on unit during clothing swap. Door to unit must be closed at all times. • 8:00am Breakfast / ADLS • 8:30am School/Art/Activities/Skills • 12:30pm Lunch • 1:00pm School • 2:30 – 3:30pm Therapeutic Group Work in Classroom • 3:45 – 4:30pm Outside Time (Staff Permitting) • 4:30 – 5:30pm Activities/Chores o Those who participate in group or on-unit group therapy activity can choose TV as well • 5:30 – 6:00pm Dinner • 6:00 – 6:30pm Group activity. (Resident or Counselor led). • 6:30pm Can get clothing from Closet until 7pm • 6:30 – 9:30pm Leisure Activities (journaling, reading, TV, games, music, preferred activity) • At 9:30pm give a final call for preferred snacks. All snacks must be requested and given out by 9:45. • 10:00pm Everyone to their own bedroom All educational services are completed on site, in collaboration with the school districts.
Appendix G – Scope of Services - General Question	Is the PRTF a joint commission covered space?	Yes, it is a distinct part unit in accordance with Joint Commission and CMS.





Appendix G –	Do we have involuntary emergency admissions?	Yes, though very infrequently.
Scope of	Where are IEA hearings held?	A private room off unit within HHRTF with
Services -		videoconferencing capabilities.
General		
Question		
Appendix G –	Where is training completed for clinical staff?	Clinical staff training occurs in-house, as currently the
Scope of		Department does not have a formal relationship with
Services -		other schools.
General		
Question		
Appendix G –	Where are meals served?	Breakfast is served on unit, Lunch is served in the
Scope of		cafeteria at staggered times by unit.
Services -		
General		
Question		
Appendix G –	What entity licenses HHRTF?	Joint Commission and Centers for Medicaid and
Scope of		Medicare Services
Services -		
General		
Question		
Appendix G –	Will there be a need for partial inpatient services?	See Appendix G - Scope of Services Section 3.1.2.
Scope of		
Services -		
General		
Question		
Appendix G –	Are wraparound services provided by the current	
Scope of	Contractor or the Department?	
Services -		
General		Wrap-around services are provided to individuals
Question		through the Department contracted services.
Appendix G –	What is the payor mix for reimbursement?	For State Fiscal Year 2023 (July 1, 2022 - June 30,
Scope of		2023) 29% Commercial, 70% Medicaid, 1% Self

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Services -		Pay/Resp Party/Medicare
General		
Question		
Appendix G -	Do you have more of a medically-inclined space to	
Scope of	handle detoxing?	
Services -		Currently HHRTF does not handle detoxing, there is a
General		medically assisted withdrawal capacity integrated into
Question		inpatient care.
Appendix G –	Is there active training of RN's?	
Scope of		
Services -		
General		
Question		Yes, this is done in-house with practitioners.
Appendix G –	What is the census, age range, and staffing ratio for	
Scope of	each of the units?	Lincoln Unit Concrelly Ages 12, 17, 22 hade 2:1
Services -		Lincoln Unit - Generally Ages 12 - 17 - 23 beds. 3:1 staffing ratio.
Section 2		Washington Unit - currently under renovation -
Covered		Generally ages 16 - 25 - 13 beds. 4:1 staffing ratio.
Populations		Currently residing on Madison Unit.
		PRTF Unit - Ages up to 17 - 12 beds. 2:1 staffing ratio,
		can fluctuate depending on needs and census.
		Pierce Unit - Generally Ages 5 - 12, 16 beds. 2:1
		staffing ratio.
		Madison Unit - Typically closed due to staffing but is
		currently housing our Washington unit patients due to
		renovation on Washington unit. Individual whom are
		over 18 are only placed with minors if clinically
		appropriate, typically onto on Washington unit.





Appendix G –	What is the room set up in the different units?	
Scope of	·	
Services -		Lincoln Unit - 2 single beds, 7 triple bedrooms.
Section 2		Washington Unit -4 single beds, 6 double bedrooms
Covered		PRTF Unit - 3 single beds, 5 double bedrooms
Populations		Pierce Unit - 2 single beds, 5 triple bedrooms
Appendix G –	The RFP states "The selected Vendor must complete	Madison Unit - 2 single beds, 3 triple, and 1 quad room.
Scope of	a history and physical for all individuals within 24	
Services -	hours of admission, and every 30 days thereafter, for	
Section 3 -	individuals with a length of stay (LOS) greater than 30	
General	days at HHRTF." Please confirm that a history and	Yes, an Interim Physical Exam is completed by the
Requirements	physical is completed every 30 days for the length of	medical team every 30 days for the length of stay of the
rtequirements	stay of the patient	patient.
Appendix G –	Is HHRTF a Designated Receiving Facility?	pationt
Scope of	3 3 ,	
Services -		
Section 5		
Clinical,		
Medical and		
Collaborative		
Care		Yes.
Appendix G –	Does the Department have responsibility for those	Yes, the Department has a role and responsibility in
Scope of	kids not accepted?	finding placement for kids not accepted. There is a
Services -		cross section of Department leadership who huddle on
Section 6		the most challenging cases. The Department is working
Admissions for		on building out the System of Care, and HHRTF is
Hospital		included in this.
Appendix G –	Will the Contractor be involved in the placement	
Scope of	decision making for those kids not accepted?	
Services -		
Section 6		Yes



Admissions for Hospital		
Appendix G – Scope of Services - Section 6 Admissions for Hospital Appendix G –	Does HHRTF have an admissions Department? What is the sample weekday schedule in the PRTF?	Yes, we have an Admissions Dept. If kids don't meet level of care, then goes to a Review Committee. • 7:30am Activities of Daily Living (ADLs) / Can get
Scope of Services - Section 9 - PRTF or Children's Behavioral Health Overview	What is the sample weekday schedule in the Fixth:	clothing from Closet until 8:30 All residents will stay on unit during clothing swap. Door to unit must be closed at all times. • 8:00am Breakfast / ADLS • 8:30am School/Art/Activities/Skills • 12:30pm Lunch • 1:00pm School • 2:30 – 3:30pm Therapeutic Group Work in Classroom • 3:45 – 4:30pm Outside Time (Staff Permitting) • 4:30 – 5:30pm Activities/Chores o Those who participate in group or on-unit group therapy activity can choose TV as well • 5:30 – 6:00pm Dinner • 6:00 – 6:30pm Group activity. (Resident or Counselor led). • 6:30pm Can get clothing from Closet until 7pm • 6:30 – 9:30pm Leisure Activities (journaling, reading, TV, games, music, preferred activity) • At 9:30pm give a final call for preferred snacks. All snacks must be requested and given out by 9:45. • 10:00pm Everyone to their own bedroom





Appendix G –		
Scope of		
Services -		
Section 9 -	The RFP states "The selected Vendor must hold a	
PRTF or	bed and not eject or discharge an individual in the	
Children's	event of a temporary psychiatric hospitalization or	
Behavioral	some other event that would require the individual to	
Health	be away from the program for no more than seven (7)	
Overview	calendar days." Is this accurate?	No, they are still required to hold the bed for 7 days.
Appendix G –	Are the costs of contracted services for education and	
Scope of	transportation required in the proposal budget or will	
Services -	these costs be negotiated in the contracting phase as	
Section 10	a result of the final plan for services?	
Education	·	Please propose cost in the Appendix F - Budget Sheet
Services		Addendum #1.
Appendix G -		
Scope of		
Services -		
Section 10		
Education	Is the Art Therapist full time, and is there only 1 Art	
Services	Therapist?	Yes and yes
Appendix G –		
Scope of		
Services -		
Section 10		IXL current online curriculum supplied by the contractor.
Education	What is the current online curriculum? Is this	School districts will supply specific online curriculum if
Services	supplied by the State or the contractor?	they choose
Appendix G –		
Scope of		
Services -	How many teachers by type (special education,	special education – 2
Section 10	regular teachers, tutors) are currently engaged in the	teacher's aide – 1
Education	delivery of educational programming?	tutor - 1

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Services		
Appendix G – Scope of Services - Section 10 Education Services	How are educational plans and curriculum content coordinated with patient's sending schools at this time?	Contact with the school district is made prior to admission or upon admission. Education staff work directly with the school districts from admission through discharge. Education staff collaborate with the district to identify a curriculum that is appropriate for each individual. Work sent by or arranged by the school district will be supported and supervised by our education staff.
Appendix G – Scope of Services - Section 10 Education Services	How many patients on average are engaged in educational services per day?	16 is the daily average with our current census.
Appendix G – Scope of Services - Section 10 Education Services	Are the computers used by students engaged in online curricula provided by the State or the contractor? And the maintenance of these network systems?	The current Contractor provides the system and the maintenance
Appendix G – Scope of Services - Section 11 Transportation	On average, how many trips/day are required?	The trips would include scheduled appointments or earned outings as outlined by individual served and behavior team. This would pertain to primarily PRTF population. On average, there are two trips per week.
Appendix G – Scope of	How are these trips currently provided?	All trips are provided by the hospital's two State owned vehicles.

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Services -		
Section 11		
Transportation		
Appendix G –	What are the top 10 destinations for trips at this time?	
Scope of		
Services -		
Section 11		Destinations are for local appointments (eye doctor,
Transportation		dental) and restaurants/stores.
Appendix G –	Are there specific requirements for transportation	
Scope of	services?	
Services -		Patients must have 32 hours of safe behaviors
Section 11		delineated by behavior team/program director. Must use
Transportation		hospital vehicle. Two staff members present.
Appendix G –	Is there a maximum range for trips?	
Scope of		
Services -		
Section 11		
Transportation		This is being determined by the Department.
Appendix G –	Who besides patients need to be accommodated for	
Scope of	transportation? Are family members typically	
Services -	accompanying patients? Or staff?	
Section 11		Two staff members must be present. Family can attend,
Transportation		but they must take their own vehicles.
Appendix G –	What is the medication distribution schedule and who	
Scope of	governs the medications the individual receives?	
Services -		
Section 12		
Pharmaceutical		Medications are dispensed multiple times a day and
Services		overseen by the nurses on the unit.
Appendix G –	What are the hours of the on-site pharmacy?	7-6 four days a week, 7-330 on the other weekday and
Scope of		closed on the weekends
Services -		

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Section 12 Pharmaceutical Services		
Appendix G – Scope of Services - Section 12 Pharmaceutical Services	What vendor(s) are currently providing services for medical records, automated dispensing cabinets, and afterhours remote order verification? Do you anticipate any change in these systems of vendors during the contract period?	Omnicell for automated dispensing cabinets, no afterhours remote order verification. No anticipated changes.
Appendix G – Scope of Services - Section 12 Pharmaceutical Services	Do you currently have your own drug purchasing accounts and would you expect to retain those and authorize our personnel to order on your behalf?	HHRTF has a drug purchasing account with Cardinal Health
Appendix G – Scope of Services - Section 12 Pharmaceutical Services	Does your inpatient pharmacy currently service the drug needs for the residential facility portion or are retail pharmacies also used?	HHRTF currently services the drug needs for the residential facility portion as well. No retail pharmacies are used.
Appendix G – Scope of Services - Section 12 Pharmaceutical Services	Do you have any directly-employed pharmacy personnel expected to remain?	Yes, this is anticipated.
Appendix G – Scope of Services - Section 12 Pharmaceutical	Who is your DEA registrant and do you have more than one facility DEA registration?	Hampstead Hospital and Residential Treatment- Wellpath Recovery Solutions, LLC. We only have one facility DEA registration.

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Services		
Services		
Appendix G –	Who is the current DEA registrant for the facility?	
Scope of		
Services -		
Section 12		
Pharmaceutical		
Services		The current Contractor provides these services.
Appendix G –	How does the Frameworks (pharmacy IS system) get	
Scope of	updated?	
Services -		
Section 12		
Pharmaceutical		
Services		Director of Pharmacy updates it quarterly
Appendix G –	How frequently do medication database loads	
Scope of	happen?	
Services -		
Section 12		
Pharmaceutical		
Services		Quarterly
Appendix G –	What is the current order volume/day/bed?	
Scope of		
Services -		
Section 12		
Pharmaceutical		Current census is 50. Order volume varies daily but
Services		average is around 40 orders.
Appendix G –	How are safety events reported and reviewed?	
Scope of		
Services -		
Section 12		Through incidence reports and reviewed by
Pharmaceutical		departments involved with safety event.

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Services		
Appendix G –	How are policies and procedures related to pharmacy	
Scope of	operations created, stored, reviewed, maintained and	
Services -	communicated?	
Section 12		
Pharmaceutical		
Services		Stored electronically and reviewed yearly
Appendix G –	Are standard paper medication order sets used?	
Scope of		
Services -		
Section 12		
Pharmaceutical		
Services		Yes
Appendix G –	How is pharmaceutical waste handled? Are there	
Scope of	separate processes for controlled substances?	
Services -		
Section 12		We have medicinal waste bins on each floor. Yes,
Pharmaceutical		controlled substances are wasted in RX Destroyers on
Services		each floor.
Appendix G –	Is it acceptable to propose the storage of controlled	
Scope of	substances in an Omnicell?	
Services -		
Section 12		
Pharmaceutical		All medicines that are controlled are in the med rooms
Services		are already in the Omnicell machines



Appendix G –	What are the processes for medication refrigerator	Refrigerator Temperature Monitoring
Scope of	monitoring and responding to out-of-range	All refrigerators will be monitored and documented daily
Services -	temperatures?	for temperatures
Section 12	·	Per the CDC, medication refrigerator temperatures must
Pharmaceutical		be kept within 36-460 Fahrenheit or 2-80 Celsius
Services		Records of temperature monitoring for each refrigerator
		will be kept by Infection Control
		Refrigerator Temperature Excursions
		If a temperature excursion occurs, the staff member
		who identified the excursion should call the pharmacy or
		nursing supervisor immediately.
		Pharmacy or the nursing supervisor will check the unit
		to see if there is an obvious cause and determine if the
		temperature in the refrigeration unit is back in range
		If the refrigeration unit is still not back in range, all
		medications/vaccines will be moved to another
		refrigeration unit and quarantined in a bag labeled "DO
		NOT USE"
		If the offending refrigeration unit is back in range and
		appears to be stable, pharmacy or the nursing
		supervisor will quarantine all medications/vaccines that
		were in the unit during the temperature excursion by
		placing them in a bag labeled "DO NOT USE"
		Pharmacy will then:
		take an inventory of all effected medications/vaccines
		try to determine how long the temperature excursion
		took place and MIN/MAX temperatures during the
		excursion
		Call manufactures of medications/vaccines to determine
		if drug needs to be wasted or can still be used





Appendix G –	How are over the counter (OTC) medications ordered	There is no delineation of the way medications are
Scope of	for dispensing to patients?	distributed.
Services -	1 3 1	
Section 12		
Pharmaceutical		
Services		
Appendix G –	Are multidose injectable medications dispensed? If	
Scope of	so, are they used for single patient use or is a	
Services -	common vial used for multiple patient use?	
Section 12		
Pharmaceutical		Insulin vials are our only multidose injectable
Services		medications. They are single patient use.
Appendix G –	Are medications billed on dispense or administration?	, , ,
Scope of	•	
Services -		
Section 12		
Pharmaceutical		Medications are not billed. Pharmacy is tied into daily
Services		fee patients pay.
Appendix G –	Are there cameras in the individual rooms and/or the	There are no cameras in the rooms, there are cameras
Scope of	hallways?	in every hallways. The camera's do not record and are
Services -	•	monitored by the security ambassadors. Additionally,
Section 13		HHRTF has implemented a new code calling system.
Escalated		
Behaviors and		
Safety/Security		
Appendix G –	How are restraints handled?	
Scope of		
Services -		
Section 13		
Escalated		
Behaviors and		
Safety/Security		The Department complies with RSA 126-U:4

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Appendix G -	Are kids allowed to come in and out of the rooms	
Scope of	during the day, or are the rooms locked?	There are policies around the patient's use of their
Services -		assigned rooms and they are specific to the patient,
Section 13		their privileges, the milieu, and the current staffing.
Escalated		There are different protocols for when they are sleeping,
Behaviors and		whether they have roommates, whether they are on
Safety/Security		precautions and more.
Appendix G –	There are no windows on the doors, are the doors left	
Scope of	open?	
Services -		All doors throughout the building are kept shut and must
Section 13		be closed immediately upon entry into an area. Patient
Escalated		room doors are kept open when patients are present in
Behaviors and		their rooms. The doors remain closed when not
Safety/Security		occupied.
Appendix G –	Is it unit staff only who respond to a situation, or are	
Scope of	others brought in?	
Services -	_	
Section 13		
Escalated		
Behaviors and		
Safety/Security		Unit staff and any certified staff can respond
Appendix H –		The approval of salary increases is done through
Staffing		submitting a budget revision.
Requirements,	How are salary increases approved?	
2.3		

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Appendix H – Staffing Requirements,	Would the State agree to modifying contract language to provide that criminal background checks and other related recruitment expenses are passed through to	Yes. These expenses are part of the pass through to the State.
2.4.1	the State? 1. Can you provide a list and description of the current positions at HHRTF and the FTEs for each position, and the current vacancies?	See Appendix N - Current HHRTF Positions and Descriptions.
	2. What are the current vacancy levels?3. Can you provide salary information for the current employees?	2. Admin 0%, Business Support 0%, IT 0%, Maintenance 0%, Healthcare 38%, RN's 34%, Program 29%, Security 25%, State Employees 20%.
Appendix H – Staffing Requirements		3. The Department encourages Vendors to propose their most efficient staffing model. Additionally see, https://www.sos.nh.gov/sites/g/files/ehbemt561/files/inline-documents/sonh/12-gc-agenda-110222.pdf
Appendix I - Performance Metrics and Reporting Requirements	Appendix I lists the performance metrics and reporting requirements. Are the systems for data capture already in place? If not, is there data collection infrastructure in place or will it need to be created? If the systems need to be created will this be expected to be completed in the 90-day readiness period or is mutually agreeable timetable with a phased approach acceptable?	This is to be determined by the selected Vendor and expected to be completed in the 90-day readiness period or is mutually agreeable timetable with a phased approach acceptable
Appendix J – Organizational Chart	What is the current staffing structure?	See Appendix J – Organizational Chart which outlines Department positions and current Contractor positions.
General Question	What medical record system is in place now and do you anticipate that Hampstead will change systems during the initial contract period?	There is currently no medical record system in place at HHRTF. Vendors may propose under the Question 14.
General Question	Is the Department looking for bids from providers who are able to provide the full range of services, or might you be willing to accept bids from providers able to	The Department will review all responses received.





	offer parts of the overall services you are looking for	
General Question	What is the biggest opportunity for HHRTF program improvement?	The Department is looking for a vendor who can provide engaging, innovative programming which is fostered through a culture around the NH System of Care core values.
General Question	What are the biggest opportunities for program improvement?	For those kids waiting for placement, keeping them engaged with available and sufficient programming.
General Question	Children with behavioral health issues and trauma histories require consistent exercise. Is there a plan to install sound baffles in the gym as the sounds echoing in that space are intrusive and create an inability to hold normal conversations?	This is something in discussions at this time. We don't have a plan we can share yet but would look to work with the future vendor on the opportunities to improve this space.
Appendix A - P-37 General Provisions - Notice	Appendix A provides "Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract." Please confirm the "agreed to in writing" provision of the "Notice" provision mean that prior to signing the contract, the Department will inform Contractor which information (clearly identified as meriting protection) it acknowledges as private, confidential, or proprietary.	Yes.

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Appendix A - P-37 General Provisions -	Would the Department consider revising Paragraph 3, Subparagraph 3.2, Effective Date/Completion of Services, in its entirety and replace as follows:	The Department will consider accepting this proposed change to the terms and conditions set forth in Paragraph 3. However, in doing so, the Department is
Section 3 - EFFECTIVE DATE/COMPL ETION OF SERVICES	If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must use reasonable efforts to complete all Services by the Completion Date specified in block 1.7.	not assenting to this proposed change or any other proposed change to Paragraph 3. The Department reserves the right to refuse any proposed changes to Paragraph 3. Subject to the foregoing, the Department will consider changing the language in Paragraph 3.3 from: "Contractor must complete all Services by the Completion Date specified in block 1.7" to "Contractor must use reasonable efforts to complete all
		Services by the Completion Date specified in block 1.7"
Appendix A - P-37 General Provisions -	Would the Department consider revising Paragraph 5, Subparagraph 5.2	No.
Section 5.2 - CONTRACT PRICE/PRICE LIMITATION/ PAYMENT	The State shall have no liability to the Contract other than the contract price.	





Appendix A -	Would the Department consider revising Paragraph 7,	
P-37 General	Subparagraph 7.1, Personnel, in its entirety and	as requested because this proposed change is
Provisions -	replace as follows:	immaterial.
Section 7.1		
PERSONNEL	7.1 The Contractor shall at its own expense provide	
	all personnel necessary to perform the Services. The	
	Contractor certifies that all personnel engaged in the	
	Services shall be qualified to perform the Services	
	and shall be properly licensed and otherwise	
	authorized to do so under all applicable laws.	
Appendix A -	Would the Department consider revising Paragraph 7,	No.
P-37 General	Subparagraph 7.2, Personnel, in its entirety and	
Provisions -	replace as follows:	
Section 7.2		
PERSONNEL	7.2 Unless otherwise authorized in writing, during the	
	term of this Agreement, and for a period of six (6)	
	months after the Completion Date in block 1.7, the	
	Contractor's personnel who are engaged in the	
	performance of Services shall not hire, and shall not	
	permit any subcontractor or other person, firm or	
	corporation with whom it is engaged in a combined	
	effort to perform the Services to hire, any person who	
	is a State employee or official, who is materially	
	involved in the procurement, administration or	
	performance of this Agreement. This provision shall	
	survive termination of this Agreement.	



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Appendix A -	The Department's default termination clause permits	The Department will consider accepting this proposed
P-37 General	the Department to terminate the contract immediately	change to the terms and conditions set forth in
Provisions -	for any deficiency that constitutes an event of default,	Paragraph 8. However, in doing so, the Department is
Section 8 -	such as failure to deliver reports. It also permits the	not assenting to this proposed change or any other
EVENT OF	withholding of all payments entirely until a default is	proposed change to Paragraph 8. The Department
DEFAULT/RE	cured, and the default must be cured within 30 days'	reserves the right to refuse any proposed changes to
MEDIES.	notice if the Department elects to provide notice	Paragraph 8.
	rather than terminate.	
	Would the Department consider modifying sections	
	8.2.1 through 8.2.4 as follows:	
	Modify the notice period from 30 days to 60 days	
	Require payments of undisputed amounts and allow	
	Contractor the opportunity to cure for any perceived	
	default.	
	Allow Contractor a reciprocal right to terminate after	
	a cure period in the event of the Department's	
	breach.	
Appendix A -	Would the Department consider revising	This provision is not in the P-37 General Provisions.
P-37 General	subparagraph 8.3 delete the following: In the event of	
Provisions -	any dispute hereunder, the interpretation of this	
Section 8 -	Agreement by the Grant/Contracting Officer, and	
EVENT OF	his/her decision on any dispute, shall be final.	
DEFAULT/RE		
MEDIES.	OR	
	Revise 8.3 as follows: In the event of any dispute	
	hereunder, the interpretation of this Agreement by the	
	Grant Officer, and his/her decision on any dispute,	
	shall be final for the State.	
	Shall be illial tot the State.	
	The Contracting Officer specified in block 1.9, or his	
	or her successor, shall be the State's representative.	

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	In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.	
Appendix A - P-37 General	The Department specifies its right to terminate for convenience with 30 days' notice. Would the	No.
Provisions - Section 9 - TERMINATION	Department allow the Contractor a reciprocal right to terminate for convenience.	

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Appendix A -P-37 General Provisions -Section 9.1 -TERMINATION Would the Department consider revising Subparagraph 9.1 (a) – (c), under Paragraph 9, Termination, as follows:

9.1(a) The Contractor may terminate the Agreement by providing the State with thirty (30) days advance written notice if the State fails to pay the undisputed amount of any expense report submitted by Contractor pursuant to Exhibit C within thirty (30) days after the date of the report; however, upon receipt of such notification the State has an additional twenty (20) days to make payment of undisputed amounts to avoid termination.

9.1.(b) The Contractor may terminate this Agreement with thirty (30) days advance written notice (the "Notification Period") if it makes a good faith determination that the fulfillment of its obligations under the Agreement or the continued performance of services hereunder: (i) has been or is reasonably likely to be adversely impacted by a shortage of supplies or a disruption to the supply chain, or personnel; or (ii) would adversely impact the ability of the Contractor to meet the needs of its own patients (each an "Adverse Impact"). Prompting following Contractor's submission of such notice of termination. the Parties shall work together in good faith with the goal of mutually agreeing upon modifications to the scope of services and/or other obligations of Contractor under the Agreement to mitigate the Adverse Impact upon the Contractor during the Notification Period ("Workaround Plan"); provided,

The Department will consider accepting this proposed change to the terms and conditions set forth in Paragraph 9. However, in doing so, the Department is not assenting to this proposed change or any other proposed change to Paragraph 9. The Department reserves the right to refuse any proposed changes to Paragraph 9.





however, that if the Parties are unable to mutually agree on a Workaround Plan within five (5) business days after Contractor provides written notice of termination to the Department as a result of an Adverse Impact, the Contractor may continue with exercising its option to terminate the Agreement.

9.1(c) In the event that the Contractor makes a good faith determination that the fulfillment of its obligations under the Agreement or the continued performance of services hereunder would cause the Contractor to violate any requirements or standards of any government agency or accrediting body, the Contractor may terminate this Agreement upon written notice, and will provide as much prior notice to the Department as may be practicable under the circumstances.



Appendix A - P-37 General Provisions - Section 9.2 - TERMINATION	Would the Department consider revising Paragraph 12, Assignment/Delegation/Subcontracts by adding subparagraph 12.3 as follows: Please delete Paragraph 9, Subparagraph 9.2, Termination, in its entirety and replace as follows: 9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than thirty (30) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within thirty (30) days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.	The Department will consider accepting this proposed change to the terms and conditions set forth in Paragraph 9. However, in doing so, the Department is not assenting to this proposed change or any other proposed change to Paragraph 9. The Department reserves the right to refuse any proposed changes to Paragraph 9.
Appendix A - P-37 General Provisions - Section 10.3 PROPERTY OWNERSHIP/ DISCLOSURE	Would the Department consider revising Paragraph 10, Subparagraph 10.3 to read as follows: Disclosures of data provided by the State requires prior written approval of the State.	The Department will consider accepting this proposed change to the terms and conditions set forth in Paragraph 10.3. However, in doing so, the Department is not assenting to this proposed change or any other proposed change to Paragraph 10.3. The Department reserves the right to refuse any proposed changes to Paragraph 10.3.



Appendix A -	Would the Department consider revising Paragraph	Yes.
P-37 General	12, Assignment/Delegation/Subcontracts by adding	163.
Provisions -	subparagraph 12.3 as follows:	
Section 12.3	Subparagraph 12.0 as follows.	
ASSIGNMENT/	12.3. Subcontractors are subject to the same	
DELEGATION/	contractual conditions as the Contractor and the	
SUBCONTRA	Contractor is responsible to ensure subcontractor	
CTS	compliance with those conditions. The Contractor	
013	shall have written agreements with all subcontractors,	
	specifying the work to be performed and how	
	corrective action shall be managed if the	
	subcontractor's performance is inadequate. The	
	Contractor shall manage the subcontractor's	
	performance on an ongoing basis and take corrective	
	action as necessary. The Contractor shall annually	
	provide the State with a list of all subcontractors	
	provided for under this Agreement and notify the	
	State of any inadequate subcontractor performance.	
Appendix A -	Would the Department consider the indemnification	No.
P-37 General	provision be made reciprocal. To this end, Vendor	
Provisions -	presents the following additional language to Section	
Section 13 -	13:	
INDEMNIFICA	As permitted by state law, the State shall indemnify	
TION	and hold harmless the Vendor, its officers and	
	employees, from and against any and all claims,	
	liabilities and costs for any personal injury or property	
	damages, patent or copyright infringement, or other	
	claims asserted against the Vendor, its officers or	
	employees, which arise out of (or which may be	
	claimed to arise out of) the acts or omission of the	
	State, including but not limited to the negligence,	
	reckless or intentional conduct. The Vendor shall not	

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	be liable for any costs incurred by the State arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.	
Appendix A - P-37 General Provisions - Section 13 - INDEMNIFICA TION	Would the Department consider revising Paragraph 13, Indemnification, in its entirety and replace as follows: 13. CONTRACTOR LIABILITY. The Contractor is responsible and liable for any personal injury or property damages caused by its, its employees, agents, contractors and subcontractors' action or omission.	No.
	Unless otherwise exempted by law (including, without limitation, those claims that shall be indemnified by the State in accordance with NH RSA Chapter 99-D), the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all third-party claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claim which arises out of (or which are claimed to arise out of) the	

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	negligence or willful misconduct of Contractor's, or its personnel's, performance of the Services under this Agreement. In accordance with NH RSA Chapter 99-D, the State agrees to indemnify and hold harmless the Contractor and Contractor personnel, from and against any and all claims, liabilities and costs arising from services provided by Contractor, or Contractor personnel, provided, that, such claims, liabilities, or losses were not caused by the Contractor's, or Contractor personnel's, wanton or reckless acts. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.	
Appendix A - P-37 General Provisions - Section 14.1.2 - INSURANCE	Would the Department consider revising Paragraph 14, Subparagraph 14.1.2, Insurance, in its entirety and replace as follows: 14.1.2. Professional liability insurance in the amount of \$1,000,000 per occurrence and \$3,000,000 per annual aggregate.	Yes.

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Appendix A - P-37 General	Would the Department consider revising Paragraph 14, Subparagraph 14.2, Insurance, as follows:	The Department will consider accepting this proposed change to the terms and conditions set forth in
Provisions -	14, Subparagraph 14.2, Insurance, as follows.	Paragraph 14.1. However, in doing so, the Department
Section 14.2 -	The policies described in subparagraph 14.1 herein	is not assenting to this proposed change or any other
INSURANCE	shall be on policy forms and endorsements approved	proposed change to Paragraph 14.1. The Department
	for use in the State of New Hampshire by the N.H.	reserves the right to refuse any proposed changes to
	Department of Insurance and issued by insurers	Paragraph 14.1.
	licensed in the State of New Hampshire or registered	
	to conduct business in the State of New Hampshire."	
Appendix A -	Would the Department consider revising the first	No.
P-37 General	sentence of Paragraph 15, Subparagraph 15.2,	
Provisions -	Workers' Compensation, to read as follows:	
Section 15.2 -	To the extent the Contractor is subject to the	
WORKERS'	requirements of N.H. RSA chapter 281-A, Contractor	
COMPENSATI	shall maintain, and require any subcontractor or	
ON	assignee to secure and maintain, payment of Workers' Compensation in connection with activities	
	which the person proposes to undertake pursuant to	
	this Agreement as required in N.H. RSA chapter 281-	
	A. The Contractor shall furnish the Contracting Officer	
	identified in block 1.9, or his or her successor, proof	
	of Workers' Compensation in the manner described in	
	N.H. RSA chapter 281-A and any applicable	
	renewal(s) thereof, which shall be attached and are	
	incorporated herein by reference. The State shall not	
	be responsible for payment of any Workers'	
	Compensation premiums or for any other claim or	
	benefit for Contractor, or any subcontractor or	
	employee of Contractor, which might arise under	
	applicable State of New Hampshire Workers'	
	Compensation laws in connection with the	
	performance of the Services under this Agreement.	

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documented In the form of an amendment to this Agreement in accordance with this Section 18.



Would the Department consider revising Paragraph	Yes.
18, Amendment, in its entirety and replace as follows:	
18. AMENDMENT. This Agreement may be	
amended, waived or discharged only by an	
instrument in writing signed by the parties hereto and	
only after approval of such amendment, waiver or	
discharge by the Governor and Executive Council of	
the State of New Hampshire unless no such approval	
is required under the circumstances pursuant to State	
law, rule or policy. In the event the State wishes to	
change the location(s) in which the services are	
performed by the Contractor hereunder, in whole or in	
part, the State shall provide Contractor with	
reasonable advance written notice of the same.	
Thereafter, the parties shall meet in good faith in	
order to mutually agree upon possible adjustments to	
the terms and conditions, if required, which shall be	
	18, Amendment, in its entirety and replace as follows: 18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy. In the event the State wishes to change the location(s) in which the services are performed by the Contractor hereunder, in whole or in part, the State shall provide Contractor with reasonable advance written notice of the same. Thereafter, the parties shall meet in good faith in order to mutually agree upon possible adjustments to



Appendix A - P-37 General Provisions General Questions	What will the credits and copyrights provisions be in the resulting contract?	The credits and copyright ownership language is as follows, the Department may negotiate these provisions with the selected vendor. 8.2. Credits and Copyright Ownership 8.2.1. All documents, notices, press releases, research reports and other materials related to and resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services." 8.2.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use. 8.2.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to: 8.2.3.1. Brochures. 8.2.3.2. Resource directories. 8.2.3.3. Protocols or guidelines. 8.2.3.4. Posters. 8.2.3.5. Reports. 8.2.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.
Appendix A - Exhibit E, DHHS	Will the Department consider revisions to the DHHS Information Security Agreement?	Yes.

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Information Security Requirements		
Appendix A - Exhibit F, Business Associate Agreements	Will the vendor have to sign the Business Associate Agreement?	The selected Vendor will be considered a business associate for the State.
Appendix A - Exhibit F, Business Associate Agreements	Would the Department consider revising Section (3), Subsection (3)b., Obligations and Activities of Business Associate as follows? The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to: o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of reidentification; o The unauthorized person used the protected health information or to whom the disclosure was made; o Whether the protected health information was actually acquired or viewed o The extent to which the risk to the protected health information has been mitigated. The Business Associate shall complete the risk assessment within five (5) business days of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.	The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to: o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification; o The unauthorized person used the protected health information or to whom the disclosure was made; o Whether the protected health information was actually acquired or viewed o The extent to which the risk to the protected health information has been mitigated.





Appendix A -	Would the Department consider revising Section (3),	Yes.
Exhibit F,	Subsection (3) k., Obligations and Activities of	
Business	Business Associate as follows?	
Associate		
Agreements	In the event any individual requests access to,	
	amendment of, or accounting of PHI directly from the	
	Business Associate, the Business Associate shall	
	within five (5) business days forward such request to	
	Covered Entity. Covered Entity shall have the	
	responsibility of responding to forwarded requests.	
	However, if forwarding the individual's request to	
	Covered Entity would cause Covered Entity or the	
	Business Associate to violate HIPAA and the Privacy	
	and Security Rule, the Business Associate shall	
	instead respond to the individual's request as	
	required by such law and notify Covered Entity of	
	such response as soon as practicable.	