STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH & FAMILIES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4451 1-800-852-3345 Ext. 4451
FAX: 603-271-4729 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Commissioner

Maggie Bishop
Director

April 5, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Children, Youth and Families to amend a **sole source** agreement with Jane McMahon, Registered Dental Hygienist, (Vendor #151949), 5 Engel Street, Concord, NH 03301 to provide dental hygienist services to the adjudicated youth at the John H. Sununu Youth Services Center by increasing the price limitation by $15,600.00 from $31,200.00 to an amount not to exceed $46,800.00 and extending the completion date from June 30, 2013 to June 30, 2014, effective July 1, 2013 or date of Governor and Council approval, whichever is later. Governor and Council approved the original agreement on October 26, 2011, (Item #44B).

Funds to support this request are anticipated to be available in the following account in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-42-421510-79150000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: HUMAN SERVICES, SUNUNU YOUTH SERVICE CENTER, HEALTH SERVICES

Account	Title	Activity Code	State Fiscal Year	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
101-500728	Medical Payments to Providers	41111131	2012	$15,600.00	$0.00	$15,600.00
101-500728	Medical Payments to Providers	41111131	2013	$15,600.00	$0.00	$15,600.00
101-500728	Medical Payments to Providers	41111131	2014	$0.00	$15,600.00	$15,600.00
		Subtotal	$	$31,200.00	$15,600.00	$46,800.00
					Total	$46,800.00

EXPLANATION

This request is being submitted to extend an existing contract in order to ensure that oral hygiene services remain available to youth at the John H. Sununu Youth Services Center. The Department intends to release a Request for Proposals (RFP) for these services by the end of the calendar year in order to secure competive bids.

This contract is for the purpose of providing dental services to the adjudicated youth at the John H. Sununu Youth Services Center. The provider is essential to support the services at the Center. This service is generally provided by means of clinics that are held at the Center. The Center has developed specific procedures to ensure that the resident services are documented and required for appropriate resident care.

Should the Governor and Executive council not approve this contract oral hygiene services will not be provided to youth at the John H. Sununu Youth Service Center. Youth would then be required to be transported in a secure manner to a community-based dentist or dental hygienist that accepts Medicaid payments. The majority of providers accept a limited number of Medicaid clients, and these clients are required to be an established patient, which would put the youth at the Center at a disadvantage for this service. Many of these youth have not been seen by a dentist prior to their commitment to the John H. Sununu Youth Services Center. Good oral hygiene is essential to a person's overall well being.

A Request for Proposals was posted on the Department's website from April 27, 2011 to May 11, 2011. A single proposal was received and evaluated by a committee who determined that the proposal met the requirements of the request. Jane McMahon has provided this service for many years. The John H. Sununu Youth Services Center has been satisfied with the quality of the care provided.

The dental hygienist is currently working an average of eight hours per week, at an hourly rate of $39.00, not to exceed 400 hours per year. The fee charged is in line with those generally accepted for dental services. The hourly rate remains the same as previously charged. Funds will only be expended as needed.

Performance Measures:

- Total number youth served
- Total number youth served by gender
- Total number youth served by race/ethnicity
- Total number of youth receiving oral hygiene instruction
- Compliance with requirements of New Hampshire Board of Dental Examiners

Area Served: Statewide.

Source of Funds: 100% General Funds.

Respectfully submitted,

Maggie Bishop (REG)
Maggie Bishop
Director

Approved by:
Nicholas A. Toumpas
Commissioner

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION FOR JUVENILE JUSTICE SERVICES

1056 NORTH RIVER ROAD, MANCHESTER, NH 03104
603-625-5471 FAX: 603-669-1203
TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Nicholas A. Toumpas
Commissioner

Maggie Bishop
Director

Jay A. Apicelli
Administrator

September 20, 2011

G&C Approved

Date 10/26/11

Item # 44 B

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Juvenile Justice Services to enter into a contract with Jane McMahon, Registered Dental Hygentist, (Vendor #151949), 5 Engel Street, Concord, NH 03301 to provide dental hygienist services to the adjudicated youth at the John H. Sununu Youth Services Center in an amount not to exceed $31,200.00, effective **retroactive** from August 10, 2011 to June 30, 2013. Funds are available in the following account with the authority to adjust amounts if, needed and justified between state fiscal years.

05-95-41-411010-5813 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: JUVENILE JUSTICE SERV, OFFICE OF THE DIRECTOR, HEALTH SERVICES

Fiscal Year	Class/Object	Class Title	Activity Number	Amount
2012	101-500728	Medical Payments to Providers	41111131	$15,600.00
2013	101-500728	Medical Payments to Providers	41111131	$15,600.00
			Total	$31,200.00

EXPLANATION

This request is being submitted retroactively due to an acute staff shortage in the Division's Business Office along with a loss of expertise due to staff turnover.

This contract is for the purpose of providing dental hygienist services to the adjudicated youth at the John H. Sununu Youth Services Center. The provider is essential to support services that the Center provides. This service is generally provided by means of clinics that are held at the Center. The Center has developed specific procedures to ensure that the resident services are documented and required for appropriate resident care. This service is mandated by NH RSA 169-B.

If Governor and Executive Council should not approve this contract oral hygiene services will not be provided to youth at the John H. Sununu Youth Services Center. Youth would then be required to be transported by two youth counselors to a community-based dentist or dental hygienist that accepts Medicaid payments. The majority of providers accept a limited number of Medicaid clients, and these clients are required to be an established

patient, which would put the youth at the Center at a great disadvantage for this service. Many of these youth have not been seen by a dental hygienist prior to their commitment to John H. Sununu Youth Services Center. Good oral hygiene is essential to a person's overall well-being.

A Request For Proposals for Dental Services was posted on the Department's website from April 27, 2011 to May 11, 2011. In response to the Request for dental hygienist services, one proposal was received: that being from Jane McMahon. The proposal was reviewed by personnel within the Division for Juvenile Justice Services to ensure it met the requirements of the Request. The reviewers were Philip J. Nadeau, Financial Manager, Catherine Laurie, Deputy Compact Administrator/ Parole Board Liaison, and Pam Sullivan, Juvenile Justice Specialist. Philip J. Nadeau has been working in the financial field for 33 years. Catherine Laurie has worked in the field of Juvenile Justice for 10 years. Pam Sullivan has been monitoring federal grant compliance for the Division for 15 years.

Jane McMahon has provided this service for many years. The John H. Sununu Youth Services Center has been satisfied with the quality of care provided. The dental hygienist currently works an average of eight hours per week, at an hourly rate of $39.00, not to exceed 400 hours per year. The Division has determined the rate charged is in line with those generally accepted for dental hygienist services. The hourly rate is the same as previously charged. Funds will only be expended as necessary.

Attached are the Bid Summary and a copy of Ms. McMahon's license issued by the Dental Board of Examiners.

Performance Measures

a. Total number of youth served
b. Total number of youth served by gender
c. Total number of youth served by race/ethnicity
d. Total number of youth who received instruction on proper oral hygiene

Area served: statewide.

Source of funds: 100% General Funds.

Respectfully submitted,

Maggie Bishop
Director

Approved by:
Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Sununu Youth Services Center Dental Hygienist Services Contract

This 1st Amendment to the Sununu Youth Services Center Dental Hygienist Services Contract (hereinafter referred to as "Amendment #1") dated this 25th day of March 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Jane McMahon (hereinafter referred to as "the Contractor"), with a place of business at 5 Engel Street, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 26, 2011 (Item #44B), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, this agreement may be amended in writing by the parties only after approval by the Governor and Executive Council; and

WHEREAS, the State and the Contractor have agreed that a one-year extension of the contract is agreeable to the parties;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, Item 1.7, Completion Date, shall be amended to read "June 30, 2014";
- Form P-37, Item 1.8, Price Limitation, shall be amended to read "$46,800";
- Exhibit A, Scope of Services, shall be amended to read "August 10, 2011 to June 30, 2014"
- Exhibit B, Purchase of Services, shall be amended to read: "August 10, 2011 – June 30, 2014"

Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement, and the obligations of the parties there under, shall remain in full force and effect in accordance with the terms and conditions set forth herein.

Contractor Initials: JMM
Date: 3/28/13

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

4/24/13
Date

Nicholas A. Toumpas
Commissioner

CONTRACTOR NAME

3/28/13
Date

Jane McMahon RDH
NAME: Jane McMahon, RDH

Acknowledgement:
State of New Hampshire County of Merrimack on 3/28/13, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Mary Ellen McMahon
Name and Title of Notary or Justice of the Peace

MARY ELLEN McMAHON
Notary Public, New Hampshire
My Commission Expires August 13, 2013

Contractor Initials: JM
Date: 3/28/13

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

17 Apr. 2013
Date

Name: Jeanne P. Herrick
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

State of New Hampshire

Board of Dental Examiners

JANE R MCMAHON, RDH

Active Lic #: 00762
Issued: 07/26/1977
Expires: 04/30/2015

Raymond J. Jean, DMD
Executive Secretary

CNA

HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Certificate of Insurance

OCCURENCE POLICY FORM

Print Date: 3/28/2013

HPSO
Healthcare Providers Service Organization™

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0269161354	from 11/02/12 to 11/02/13 at 12:01 AM Standard Time

Named Insured and Address:
Jane R McMahon
5 Engel St
Concord, NH 03301-4611

Program Administered by:
Healthcare Providers Service Organization
159 E. County Line Road
Hatboro, PA 19040-1218
1-800-982-9491
www.hpso.com

Medical Specialty: Dental Hygienist

Code: 80712

Insurance is provided by:
American Casualty Company of Reading, Pennsylvania
333 S. Wabash Avenue, Chicago, IL 60604

Professional Liability	$1,000,000 each claim	$ 3,000,000 aggregate

Your professional liability limits shown above include the following:

* Good Samaritan Liability
* Malplacement Liability
* Personal Injury Liability
* Sexual Misconduct Included in the PL limit shown above subject to $ 25,000 aggregate sublimit

Coverage Extensions

License Protection	$ 25,000	per proceeding	$ 25,000	aggregate
Defendant Expense Benefit	$ 1,000	per day limit	$ 25,000	aggregate
Deposition Representation	$ 10,000	per deposition	$ 10,000	aggregate
Assault	$ 25,000	per incident	$ 25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	$ 25,000	per person	$ 100,000	aggregate
First Aid	$ 10,000	per incident	$ 10,000	aggregate
Damage to Property of Others	$ 10,000	per incident	$ 10,000	aggregate
Information Privacy (HIPAA) Fines and Penalties	$ 25,000	per incident	$ 25,000	aggregate

Workplace Liability

Workplace Liability	Included in Professional Liability Limit shown above
Fire & Water Legal Liability	Included in the PL limit shown above subject to $150,000 aggregate sublimit
Personal Liability	$1,000,000 aggregate

Total: $ 65.00

Base Premium $65.00

Premium reflects Employed , Full Time

Policy Forms & Endorsements(Please see attached list for a general description of many common policy forms and endorsements.)

G-121500-D	G-121503-C	G-121501-C	G-145184-A	G-147292-A	GSL15563
GSL15564	GSL15565	GSL17101	GSL13424	G-123846-C28	G-123850-D28
GSL3886	GSL3908	G-123828-B			

Thomas F. Motamed
Chairman of the Board

Secretary

Keep this document in a safe place.It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full.In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Master Policy # 188711433

G-141241-B (03/2010)

Coverage Change Date:

Endorsement Change Date: 3/25/2013

POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. **Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period.** Coverages, rates and limits may differ or may not be available in all states. All products and services are subject to change without notice.

Think Green –expanded definitions and copies of these policy forms and endorsements are available online at www.hpso.com/policyforms

COMMON POLICY FORMS & ENDORSEMENTS

FORM #	DESCRIPTION
G-121500-D	Common Policy Conditions
G-121503-C	Workplace Liability Form
G-121501-C	Occurrence Policy Form
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica, Mold & Asbestos Disclosure
GSL15563	Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs
GSL15564	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565	Healthcare Providers Professional Liability Assault Coverage
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL13424	Services to Animals
G-123846-C28	New Hampshire Cancellation and Non-Renewal
G-123850-D28	New Hampshire Amendatory Change
GSL3886	Coverage & Cap on Losses from Certified Acts Terrorism
GSL3908	Notice - Offer of Terrorism Coverage & Disclosure of Premium

OPTIONAL ENDORSEMENTS

FORM #	DESCRIPTION
G-123828-B	Certificate Holder

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.

For KY residents: The surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association.