NOV25'19 PM 2:57 DAS

nati



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE COMMISSIONER

129 PLEASANT STREET, CONCORD, NH 03301-3857 603-271-9389 1-800-852-3345 Ext. 9389 Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

November 18, 2019

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, to enter into an educational tuition agreement and to pay said costs in an amount of \$1070.00 as follows:

NHTI-Concord's Community College Institution: 31 College Drive Concord, NH 03301 Course Title(s): Microbiology Course Date(s): Begin: 01/21/20 End: 05/08/20 Snjezana Milicevic Employee: 05-95-95-953010-56770000-066-500544 Funding Source: Total Cost of Course(s): \$1070.00 \$ 1070.00 State Share: Source of Funds: Employee Training, 20% Federal, 80% General



Jeffrey A. Meyers Commissioner

EXPLANATION

This course, Microbiology, will benefit Ms. Milicevic and the Department as it is a precursor to enrollment into the Registered Nursing program. This course focuses on three major areas: basic concepts of microbiology, including morphology and physiology of prokaryotes, eukaryotes, and viruses; host resistance to disease and immunology; and epidemiology of selected diseases caused by bacteria, viruses, fungi, protozoa, and parasitic worms. Knowledge gained in this course will give Ms. Milicevic a greater understanding of the functions of the human body and how it deals with the above listed diseases and therefore a better understanding of patient needs if infected.

Snjezana Milicevic has been employed by the Department of Health and Human Services, New Hampshire Hospital (NHH) for fifteen (15) years and is currently a Mental Health Worker in the psychiatric unit. Mental Health Workers (MHW) are part of a larger team, consisting of doctors, nurses, therapists, social workers and other caregivers who all work together in providing care to the patients of NHH. As such, MHW's are always consulting and relying upon each other in order to give their patients the best possible outcomes. Specific duties include, but are not limited to, implementing individualized plans of care, 1:1 observation of suicidal patients, obtaining vital signs, reinforcing treatment goals during daily and continual interactions, and supporting the patient's understanding of their goals. It further entails observing behaviors and documenting objective data as well as subjective inference. Successful completion of the program will add to the overall strength of the Department to perform its mission to the residents of New Hampshire.

The Department of Health and Human Services encourages and supports employees who wish to further their professional growth through continuing education in disciplines that are mutually advantageous.

This course will not be taken on State time.

Attached is a fully executed Tuition Agreement for your review.

Respectfully submitted,

Velfrey A. Meyers Commissioner



THE STATE OF NEW HAMPSHIRE

EDUCATIONAL TUITION AGREEMENT

Agreement dated this 18th day of November 2019 by and through the Department of Health and Human Services (hereinafter referred to as the "State) and Snjezana Milicevic (hereinafter referred to as the "Recipient"). The State and the **Recipient** do hereby mutually agree as follows:

- 1. The State shall pay to the named institution the sum of $\frac{1,070.00}{1,070.00}$, which monies shall be used for the purpose of enrolling the Recipient in: Microbiology (course name), which course(s) is being offered by New Hampshire Technical Institute and which course(s) shall commence on January 21, 2020 and terminate on May 08, 2020.
- 2. The Recipient shall complete and achieve a passing grade in each course named in paragraph 1.
- 3. Should the Recipient fail to complete or achieve a passing grade in each course named in paragraph 1, the Recipient shall pay to the State the sum set forth in paragraph 1, provided, however, that if more than one course is named in paragraph 1, the amount which shall be paid to the State shall be calculated on a pro rata basis.
- 4. Upon the satisfactory completion of the courses named in paragraph 1, the Recipient shall continue in the employ of the State in his/her current position (or in such other position, at equal or greater compensation, to which he/she may be assigned) for a period of six (6) months.
- 5. The Recipient shall work in any area of the State to which he/she may be assigned, provided that such assignment will not constitute a severe hardship to said Recipient.
- 6. Should the Recipient breach any of the conditions set forth in paragraphs 4 and 5, the Recipient shall pay to the State a sum equal to all monies previously paid by the State for the Recipient pursuant to the Agreement, provided, however, that the Recipient shall receive a credit for each month in which he/she is employed by the State subsequent to the date upon which the named course(s) are satisfactorily completed, the value of said credit to be calculated on a pro rata basis.
- 7. The Recipient shall not raise any setoff or counterclaim against the State in any action brought by the State to collect any amount due under this agreement.
- 8. Should any amount be found to be due the State in any action brought against the Recipient pursuant to this Agreement, the State shall, in addition to said amount, be entitled to an award of costs and a reasonable amount in "attorney" fees.

IN WITNESS WHEREOF the representatives of the State, in his/her official capacity only, and without personal liability, and the Recipient, have hereunto set their hands on the date first above written.

RECIPIENT

mper ana (signature)

(printed name) Snjezana Milicevic

State of New Hampshire, County of Merrimack: NOTARY

On this the 18st day of November, 2019, before me Stephonie Forne Whe undersigned officer, personally appeared, Snjezana Milicevic (recipient) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes herein contained.

In witness whereof I hereunto set my hand and official seal.

THE STATE OF NEW HAMPSHIRE ROUWLEUM (date)_11 (signature) (printed name, title)