



Jeffrey A. Meyers  
Commissioner

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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF THE COMMISSIONER

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January 7, 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 \$1500.00 as follows:

Institution: Southern New Hampshire University-College for America  
2500 North River Road  
Manchester, NH 03016

Course Title(s): Modules in Health Care Management  
1. Community Health  
2. Healthcare Leadership  
3. Healthcare Quality  
4. Healthcare Management Strategies

Course Date(s): Begin: 02/01/2019  
End: 08/31/2019

Employee: Kelley Rozen, RN

Funding Source: 05-95-95-953010-56770000-066-500544

Total Cost of Course(s): \$1500.00

State Share: \$1500.00

Source of Funds: Employee Training, 100% General

**EXPLANATION**

These courses; Community Health, Healthcare Leadership, Healthcare Quality, and Healthcare Management Strategies will benefit the Department and Ms. Rozen by enhancing her ability to give quality care to children and their families with special healthcare needs, chronic illness and disabilities throughout the State of New Hampshire. Ms. Rozen will learn how to utilize data to inform and develop additional community health resources to improve children and their families' overall wellness and health literacy. She will examine current and emerging approaches in quality improvement. Ms. Rozen will explore effective leadership styles and how to include culturally aware behaviors in Healthcare Leadership. This course will also help her to analyze the role of diversity, cultural competence and determinants of health in managing healthcare. Ms. Rozen will further investigate change management strategies and learn various tools to help inform professional development plans and influence organizational change.

Ms. Rozen is a Public Health Care Coordinator with the Department of Health and Human Services, Bureau of Developmental Services, Special Medical Services (SMS) Program. She has over thirty (30) years' experience as a Registered Nurse and has been in her position for approximately eighteen (18) months. Previously, she served as a contractor with the State of NH as a Health Care Coordinator for 3 years. Her duties include assisting children with Special Health care needs under the NH Title V program and working with families and the child's health care providers and other community agencies to help obtain access to needed health care and related services.

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. Successful completion of this program will add to the overall strength of the Department to perform its mission to the residents of New Hampshire.

This course will not be taken on State time.

Attached is a fully executed Tuition Agreement for your review.

Respectfully submitted,



Jeffrey A. Meyers  
Commissioner



THE STATE OF NEW HAMPSHIRE
EDUCATIONAL TUITION AGREEMENT

Agreement dated this 1st day of November, 2018 by and through the Department of Health and Human Services (hereinafter referred to as the "State) and Kelley Rozen (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 \$1,500.00, which monies shall be used for the purpose of enrolling the Recipient in Modules Health Care Management (Community Health, Healthcare Leadership, Healthcare Quality, Healthcare Management Strategies) (course name), which course(s) is being offered by Southern NH University - College for America and which course(s) shall commence on February 1, 2019 and terminate on August 31, 2019.
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

(signature) Kelley Rozen

(printed name) Kelley Rozen, RN

NOTARY State of New Hampshire, County of Merrimack:

On this the 1st day of November, 2018, before me, Sara J. Slawski, the undersigned officer, personally appeared, Kelley Rozen (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.

Sara J. Slawski
Notary Public/Justice of the Peace

THE STATE OF NEW HAMPSHIRE

(signature) Lori Weaver

(date) 1-9-19

(printed name, title) Lori Weaver Associate Commissioner