



Kerrin A. Rounds
Acting Commissioner

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

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December 20, 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 \$2,175.00 as follows:

Institution:	University of Massachusetts - Boston 100 Morrissey Blvd. Boston, MA 02125
Course Title(s):	Marketing of Aging Services; and Human Resources and Personnel Management in Aging Services
Course Date(s):	Begin: 02/03/2020 End: 05/08/2020
Employee:	Tabitha J. Coykendall
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$3,450.00
State Share:	\$2,175.00
Source of Funds:	Employee Training, 20% Federal, 80% General

EXPLANATION

These courses, Marketing of Aging Services and Human Resources and Personnel Management in Aging Services, will benefit the Department and the employee by enhancing Ms. Coykendall's knowledge of marketing principles as they relate to managing and operating an aging services organization. These courses will also focus on human resources and personnel management as applied to the aging services field. Job design, pay, methods of selection and training, issues of productivity and work hours, team building, and the effects of government regulations will all be examined as part of these courses. Ms. Coykendall is working towards the completion of her Master of Science in Gerontology, Management of Aging Services degree through the University of Massachusetts, Boston – Gerontology Institute, which will certainly enhance her value to the Department as we work to develop and enhance programs that assist elderly and disabled New Hampshire residents to achieve their independent goals.

Through this program Ms. Coykendall has already learned skills that increase her ability to assist residents who wish to return to community settings of their choice and achieve other health related goals, as part of the Community Mental Health Agreement. Accessing the necessary supports and services needed in the community to ensure successful alternative placements for Glenclyff residents has been an incredible challenge. These courses will be helpful to learn additional ways to navigate the current long-term care system and be able to assist both residents and co-workers as the system continues to evolve.

Tabitha Coykendall has been employed by the Department of Health and Human Services (DHHS) for twelve (12) years and is currently a Program Specialist II in the DHHS/Glenclyff Home. Her duties entail admission and discharge coordination for Glenclyff residents and supervising facility social workers and social service programs.

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 the 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,



Kerrin A. Rounds
Acting Commissioner



THE STATE OF NEW HAMPSHIRE
EDUCATIONAL TUITION AGREEMENT

Agreement dated this 1st day of November 2019 by and through the Department of Health and Human Services (hereinafter referred to as the "State) and Tabitha J. Coykendall (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 \$2175.00, which monies shall be used for the purpose of enrolling the Recipient in: GERON - 645: Marketing of Aging Services and GERON - 670: Human Resources and Personnel Management in Aging Services which course(s) is being offered by the University of Massachusetts - Boston and which course(s) shall commence on February 3, 2020 and terminate on May 8, 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

(signature) [Handwritten Signature] (printed name) Tabitha J. Coykendall

NOTARY State of New Hampshire, County of Grafton :

On this the 1st day of November, 2020, before me, Dawn Horton, the undersigned officer, personally appeared, Tabitha J. Coykendall (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.

[Handwritten Signature] DAWN L. HORTON NOTARY PUBLIC STATE OF NEW HAMPSHIRE My Commission Expires Jan. 24, 2023

THE STATE OF NEW HAMPSHIRE

(signature) [Handwritten Signature] (date) 1-2-20

(printed name, title) Lori Weaver Associate Commissioner