



Jeffrey A. Meyers  
Commissioner

Henry Lipman  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*OFFICE OF MEDICAID SERVICES*

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-9422 1-800-852-3345 Ext. 9422  
Fax: 603-271-8431 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

September 12, 2018

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, Office of Medicaid Services, to enter into an agreement with University of Southern Maine, Vendor #TBD, PO Box 9300, 93 Falmouth Street, Portland, ME 04104, in an amount not to exceed \$1,790,797, for the provision of implementing an evaluation plan for New Hampshire's Delivery Systems Reform Incentive Program, effective upon date of the Governor and Executive Council approval, through March 31, 2022. 50% Federal Funds, 50% General Funds.

Funds are available in the following account for State Fiscal Year 2019, and are anticipated to be available in State Fiscal Years 2020 through 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust encumbrances between State Fiscal Years through the Budget Office, without approval from the Governor and Executive Council, if needed and justified.

**05-095-047-470010-52010000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF OF MEDICAID & BUS POLICY, IDN FUND**

State Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
2019	102-500731	Contracts for Prog Svc	47004240	\$658,976
2020	102-500731	Contracts for Prog Svc	47004240	\$568,252
2021	102-500731	Contracts for Prog Svc	47004240	\$563,569
2022	102-500731	Contracts for Prog Svc	47004240	\$0
			Total	\$1,790,797

**EXPLANATION**

The purpose of this request is to enter into an agreement with an external evaluator for the evaluation of the New Hampshire Delivery System Reform Incentive Program (DSRIP) in accordance with the NH DSRIP Evaluation Design as approved by the U.S. Centers for Medicaid and Medicare Services.

The University of Southern Maine will implement the evaluation plan of New Hampshire Medicaid's Section 1115(a) Delivery System Reform Incentive Program (DSRIP) waiver. The DSRIP waiver was approved by the Centers for Medicare and Medicaid Services (CMS) on January 5, 2016, and is active through December 31, 2020. The DSRIP waiver supports delivery system transformation. The waiver enables health care providers and community partners within a region to form relationships focused on transforming care. The waiver also provides timely resources for combating the opioid crisis and strengthening the State's strained mental health delivery system.

Evaluating the results of an 1115(a) waiver by an independent evaluator is federally required by the Special Terms and Conditions of the waiver approval. The Centers for Medicare and Medicaid Services approved New Hampshire's evaluation plan on September 5, 2017.

Funds in this agreement will be utilized by the proposed vendor to implement the federally approved evaluation plan. The proposed vendor will calculate performance measures, conduct stakeholder interviews and produce federally required reports.

The results of the evaluation plan will inform the Department as to whether the goals of the DSRIP waiver have been achieved. This includes understanding if the DSRIP Demonstration was effective in achieving better care and improved health outcomes for Medicaid beneficiaries. In addition, the Department will better understand the DSRIP Demonstration's impact on improving the behavioral health work force, information technology infrastructure, and coordination between providers.

The following performance measures/objectives will be used to measure the effectiveness of the agreement:

- Data collection and analysis is timely and accurate;
- Federal reporting is submitted to CMS for approval; and,
- Federal performance reports represent valid and reliable findings as indicated by federal CMS approval.

University of Southern Maine was selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from November 29, 2017 through December 28, 2017. The Department received one (1) proposal. The proposal was reviewed and scored by a team of individuals with program-specific knowledge. The Score Summary is attached.

As referenced in the Request for Proposals and the Exhibit C-1 of this contract, this Agreement has the option to extend for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 and SFY 2022-2023 biennia.

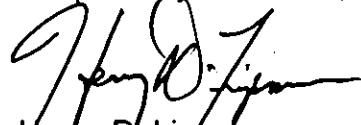
Should the Governor and Executive Council not authorize this request, the Department would be out of compliance with the Special Terms and Conditions of the DSRIP waiver which may result in financial penalties.

Area served: Statewide


Source of Funds: 50% Federal Funds from CFDA #93.778 Centers for Medicare and Medicaid Services (CMS), NH Delivery System Reform Incentive Payment (DSRIP) Demonstration Waiver FAIN #NH20164, 50% General Funds.

In the event that the Federal Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,



Henry D. Lipman  
Medicaid Director

Approved by:   
Jeffrey A. Meyers  
Commissioner



**New Hampshire Department of Health and Human Services  
Office of Business Operations  
Contracts & Procurement Unit  
Summary Scoring Sheet**

**Delivery System Reform Incentive  
Program (DSRIP) Evaluator**

**RFP-2018-OQAI-01-EVALU**

**RFP Name**

**RFP Number**

**Reviewer Names**

**Bidder Name**

- 1. University of Southern Maine
- 2. 0
- 3. 0
- 4. 0

Pass/Fail	Maximum Points	Actual Points
	500	438
	500	0
	500	0
	500	0

- 1. Laura Holmes, Prog Planning & Review  
Spclst, Elderly Svcs, DHHS
- 2. \_\_\_\_\_
- 3. Caroline Trexter,
- 4. Grant Beckman, Administrator II,  
OCOM, COST
- 5. Athena Gagnon, COST
- 6. Amy O'Hara, Finance Mgr, BHHS, Div  
of Family Asst. COST



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF INFORMATION TECHNOLOGY**  
27 Hazen Dr., Concord, NH 03301  
Fax: 603-271-1516 TDD Access: 1-800-735-2964  
[www.nh.gov/doit](http://www.nh.gov/doit)

**Denis Goulet**  
*Commissioner*

September 25, 2018

Jeffrey A. Meyers, Commissioner  
Department of Health and Human Services  
State of New Hampshire  
129 Pleasant Street  
Concord, NH 03301

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a contract with University of Southern Maine, of Portland, ME as described below and referenced as DoIT No. 2018-103.

This is a request to enter into a contract to implement an evaluation plan for the NH Delivery System Reform Incentive Payment (DSRIP) Demonstration Waiver project in accordance with the NH DSRIP Evaluation Design that has been approved by the US Center for Medicaid Services (CMS). The NH DSRIP Demonstration aims to transform the way physical and behavioral health care is delivered to Medicaid beneficiaries with behavioral and/or substance use disorders (SUD), with the aim of improving health care quality, improving population health, reducing avoidable hospital use, and lowering health care costs.

The amount of the contract is not to exceed \$1,790,797 and shall become effective the date of Governor and Executive Council approval, through March 31, 2022.

A copy of this letter should accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,



Denis Goulet

DG/kaf  
DoIT #2018-103

cc: Bruce Smith, IT Manager, DoIT

Subject: Delivery System Reform Incentive Program (DSRIP) Evaluation - RFP-2018-00A1-EVALU

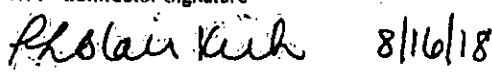
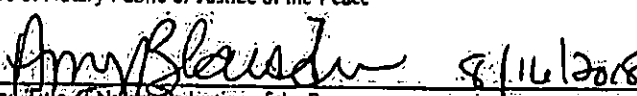
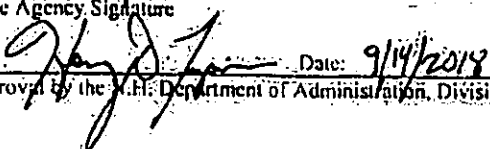
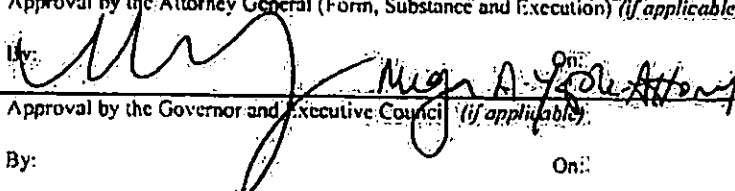
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

The State of New Hampshire and the Contractor hereby mutually agree as follows:

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name University of Southern Maine		1.4 Contractor Address PO Box 9300 96 Falmouth St. Portland, ME 04104-9300	
1.5 Contractor Phone Number 207-228-8538	1.6 Account Number 05-95-47-470010-52010000 102-500731	1.7 Completion Date March 31, 2022 March 1, 2022	1.8 Price Limitation \$ 1,790,797.00
1.9 Contracting Officer for State Agency E. Maria Reinemann, Esq. Director of Contracts and Procurement		1.10 State Agency Telephone Number 603-271-9330	
1.11 Contractor Signature  8/16/18		1.12 Name and Title of Contractor Signatory Tamara L. Blair Kirk Director, Research Service Center	
1.13 Acknowledgement: State of <u>Maine</u> , County of <u>Cumberland</u> On <u>Aug 16</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  8/16/2018 [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace Amy Blaisdell			
1.14 State Agency Signature  Date: 9/14/2018		1.15 Name and Title of State Agency Signatory Henry D. Lipman, Medicaid Director	
1.16 Approval by the NH Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 9/18/18			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

Subject: Delivery System Reform Incentive Program (DSRIP) Evaluator -RFP-2018-QQAI-01-EVALU



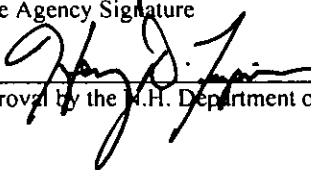

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1.13.1 Signature of Notary Public or Justice of the Peace [Seal]  8/16/2018			
1.13.2 Name and Title of Notary or Justice of the Peace <u>Amy Blaisdell</u>			
1.14 State Agency Signature  Date: <u>9/14/2018</u>		1.15 Name and Title of State Agency Signatory <u>Henry D. Lipman, Medicaid Director</u>	
1.16 Approval by the H.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>Megan A. Yzou Attorney 9/18/18</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

**2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED.** The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 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 complete all Services by the Completion Date specified in block 1.7.

**4. CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

**5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.**

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

**6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.**

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants 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.

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 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.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

**8. EVENT OF DEFAULT/REMEDIES.**

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

**9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.**

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

**10. TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) 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 A.

**11. CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

**12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

**13. INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. 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.

**14. INSURANCE.**

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

Contractor Initials dh  
Date 8/16/18

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

**15. WORKERS' COMPENSATION.**

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. 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.

**16. WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

**17. NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

**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.

**19. CONSTRUCTION OF AGREEMENT AND TERMS.**

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

**20. THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

**21. HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

**22. SPECIAL PROVISIONS.** Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

**23. SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

**24. ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

Contractor Initials   JH    
Date   8/16/18



## Scope of Services

### 1. Provisions Applicable to All Services

- 1.1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.2. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 biennia.

### 2. Scope of Services

- 2.1. The Contractor shall schedule an on-site meeting with the Department and Delivery System Reform Incentive Program (DSRIP) staff for a project kick-off meeting, within thirty (30) days of the Contract effective date in order to:
  - 2.1.1. Clarify evaluation goals and priorities;
  - 2.1.2. Discuss next steps, including establishing a final implementation plan;
  - 2.1.3. Establish data sharing protocols, processes, and procedures; and
  - 2.1.4. Solidify project timelines.
- 2.2. **Project Management and Support**
  - 2.2.1. The Contractor shall prepare and submit a draft DSRIP Evaluation Implementation Work Plan within thirty (30) calendar days of the Contract effective date to the Department for approval. The Implementation Plan shall include, but is not limited to:
    - 2.2.1.1. All evaluation activities and accompanying tasks, which shall include, but are not limited to:
      - 2.2.1.1.1. Accessing Department Data sets.
      - 2.2.1.1.2. Data assessment.
      - 2.2.1.1.3. Data collection and preparation.
      - 2.2.1.1.4. Measures calculation.
      - 2.2.1.1.5. Data analyses.



- 2.2.1.1.6. Development and completion of all required interviews and surveys.
- 2.2.1.1.7. Activities for monitoring budget neutrality.
- 2.2.1.1.8. Meetings and/or conference calls.
- 2.2.1.1.9. Activities for monitoring budget neutrality.
- 2.2.1.1.10. Activities for monitoring compliance with the DSRIP budget neutrality agreement.
- 2.2.1.2. Timeframes for completion (start dates, end dates, percent complete).
- 2.2.1.3. Identification of the responsible individuals.
- 2.2.2. The Contractor shall maintain a log to track decisions made regarding any changes to the DSRIP Evaluation Design and/or Implementation Plan.
- 2.2.3. The Contractor shall host conference calls biweekly with Department staff throughout the project.
- 2.2.4. The Contractor shall participate in conference calls with Centers for Medicare and Medicaid Services (CMS) as needed.
- 2.2.5. The Contractor shall provide written monthly progress reports to the Department in accordance with Section 3, Reporting.
- 2.2.6. The Contractor shall respond, via email, to all inquiries from the Department within two (2) business days.
- 2.3. **Conduct Evaluation**
  - 2.3.1. The Contractor shall conduct the evaluation of the Delivery System Reform Incentive Program (DSRIP) adhering to details described in the DSRIP Evaluation Design, Center for Medicaid and Medicare Services and the Department's requirements. Any and all suggested revisions shall be approved by the Department prior to implementation.
  - 2.3.2. The Contractor shall complete the Evaluation activities identified in the DSRIP Evaluation Implementation Plan, as approved by the Department, within the timelines specified.
  - 2.3.3. The Contractor shall support the Department in complying with CMS General Reporting, Evaluation, and Monitoring requirements, as outlined in Section X: Evaluation of the Demonstration of the CMS Special Terms and Conditions (STC) for NH's Section 1115 Demonstration entitled "Building Capacity for Transformation" (<http://www.dhhs.nh.gov/section-1115-waiver/documents/pr-2016-01-05-transformation-waiver-terms.pdf>).



2.4. **Data Sources**

- 2.4.1. The Contractor shall access and analyze information from several sources to assess the impact of the DSRIP demonstration on health and health care outcomes.
- 2.4.2. The Contractor shall obtain the following data from the Department:
  - 2.4.2.1. Data from Non-Claim Discharges from New Hampshire Hospital.
  - 2.4.2.2. MMIs Medicaid claims and encounter data.
  - 2.4.2.3. Premium Assistance Program encounter data.
- 2.4.3. **Stakeholder Interviews**
- 2.4.4. The Contractor shall conduct semi-structured interviews, as specified in the evaluation design, to gather in-depth data from stakeholders on aspects of the DSRIP Demonstration that cannot be gathered from administrative health and health care record data or stakeholder surveys.
- 2.4.5. The Contractor shall interview the following four groups:
  - 2.4.5.1. Medicaid beneficiaries (70 interviews).
  - 2.4.5.2. Health care and community-based providers (35 interviews).
  - 2.4.5.3. IDN administrators (14 interviews).
  - 2.4.5.4. Health information technology stakeholders (20 interviews).
- 2.4.6. The Contractor shall develop an interview instrument for each stakeholder group and submit to the Department for approval.
- 2.4.7. The Contractor shall work with the IDNs to identify administrators and Health Information Technology (HIT) stakeholders based on the statewide HIT assessment completed by the IDNs, and synergize the interviews with the resulting statewide HIT plan, as appropriate.
- 2.4.8. The Contractor shall determine whether a sampling frame is necessary upon identifying the number of key administrators and HIT stakeholders. The Contractor shall determine how the sample should be stratified.
- 2.4.9. The interviews shall be conducted by phone or face-to-face and be audio-taped.
- 2.4.10. The Contractor shall produce a stand-alone report with the results of the stakeholder interviews no later than sixty (60) calendar days upon completion of the interviews.
- 2.4.11. The Contractor shall provide a design of the stand-alone report above for the Department's approval.



2.5. **Stakeholder Surveys**

- 2.5.1. The Contractor shall conduct stakeholder surveys, as specified in the evaluation design, to assess aspects of the DSRIP Demonstration that cannot be gathered from administrative health and health care record data.
- 2.5.2. Survey topics must include: Improvements in Care Coordination and Integration, Perceptions of the IDNs, Health Information Technology, Enhancements to the Information Technology System, and Demographic Characteristics.
- 2.5.3. The Contractor shall survey the following four (4) stakeholder groups:
  - 2.5.3.1. Medicaid beneficiaries further described in Subsection 2.6, Member Satisfaction Surveys.
  - 2.5.3.2. Health care and community-based providers.
  - 2.5.3.3. IDN administrators.
  - 2.5.3.4. Health information technology stakeholders.
- 2.5.4. The Contractor shall submit a population sampling plan for each survey group in Paragraph 2.5.3 to be approved by the Department.
- 2.5.5. The Contractor shall develop a survey instrument for each stakeholder group and submit to the Department for approval.
- 2.5.6. The Contractor shall develop the survey questions based on standard assessment tools relevant to the subject matter, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician and Group survey and its supplements, US Agency for Healthcare Research and Quality (AHRQ)'s Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician and Group survey, and CMS's Adult Qualified Health Plan Enrollee Experience Survey, upon Department approval.
- 2.5.7. The Contractor shall produce a stand-alone report with the results of the stakeholder surveys no later than 60 calendar days upon completion of the surveys.
- 2.5.8. The Contractor shall provide a design of the stand-alone report above for the Department's approval.

2.6. **Member Satisfaction Surveys**

- 2.6.1. The Contractor shall must conduct three (3) satisfaction surveys, one (1) annually, of a specified Medicaid population and conduct an analysis of the data for the generation of statewide rates stratified by each IDN. The survey design and methodology for data analysis must follow the National Committee for Quality Assurance of Health Plans (NCQA) Health Plan



Consumer Assessment of Healthcare Providers and Systems (CAHPS) requirements and protocols.

2.6.2. The satisfaction survey shall include the following basic components, but are not limited to:

2.6.2.1. Approximately ten (10) specific questions to be combined with appropriate screening questions and any recommended introductory and ending questions.

2.6.2.2. Seven (7) samples of 1,350 members (one for each IDN).

2.6.2.3. A minimum of four-hundred eleven (411) expected responses.

2.6.2.4. Paper survey that is mailed to participants; and

2.6.2.5. Follow up via telephone.

2.6.3. The Contractor shall provide raw data and stand-alone reports from the member satisfaction survey in an agreed upon format.

2.7. **IDN Data**

2.7.1. The Contractor shall collaborate with the Department and the IDN Administrative Leads to access the client, clinical, and performance data needed from the IDNs' provider networks to complete the evaluation.

2.7.2. The Contractor shall work with the Department and the IDN Administrative leads to access data from the IDNs' provider networks to examine enhancements to the HIT system and the size and training of the networks.

2.7.3. The Contractor shall maintain the security of the data at all times in accordance with Department requirements

2.8. **Data Analysis and Methods**

2.8.1. The Contractor shall analyze the evaluation data in the manner specified in the evaluation design. Any change in methods from the evaluation design shall be approved by the Department.

2.8.2. The Contractor shall implement a rigorous mixed-methods pre-post test design that incorporates both quantitative and qualitative measurement, including secondary administrative and electronic health data, stakeholder interviews and surveys, and document review, to compare outcomes, cost, utilization, and quality of care for Medicaid beneficiaries with behavioral health disorders enrolled in IDNs relative to a comparison group of members without behavioral health disorders, before and after implementation of the Demonstration.



- 2.8.3. The Contractor shall use the best available data, use controls and adjustments where appropriate and available, and report the limitations of data and the limitations' effects on interpreting the results to the Department. All research hypotheses and methods must incorporate results from sensitivity, specificity, and power analyses to ensure the validity of the evaluation findings.
- 2.8.4. The Contractor shall implement the quantitative and qualitative data analysis methods and related requirements specified in the evaluation design and with a rigor meeting the research standards of leading academic institutions and academic journal peer review, including.
  - 2.8.4.1. Quantitative analysis methods that include:
    - 2.8.4.1.1. Descriptive Statistics.
    - 2.8.4.1.2. Multivariate Analysis.
    - 2.8.4.1.3. Explanatory Analyses.
    - 2.8.4.1.4. Additional Analysis, as needed.
  - 2.8.4.2. Qualitative analysis methods that include:
    - 2.8.4.2.1. Thematic Analyses.
    - 2.8.4.2.2. Document Review.
- 2.8.5. The Contractor shall implement the statistical analyses specified in the evaluation design, including, but not limited to: McNemar's chi-square, Mann-Whitney U Test, and Wilcoxon Signed Rank Test, Poisson or negative binomial regression models, generalized linear models, and logistic regression.
- 2.8.6. The Contractor shall utilize at least two coders to ensure inter-coder reliability and the reliability of the analyses.
- 2.8.7. The Contractor shall create an Analytic Plan for each measure in Exhibit A-2, DSRIP Performance Measures that includes, but is not limited to:
  - 2.8.7.1. Measure Number;
  - 2.8.7.2. Domain;
  - 2.8.7.3. Waiver Goal;
  - 2.8.7.4. Hypothesis;
  - 2.8.7.5. Measure Description;
  - 2.8.7.6. Eligible Population;
  - 2.8.7.7. Numerator;





2.8.7.8. Denominator; and

2.8.7.9. Data sources.

2.8.8. The Contractor shall develop and regularly update a change log of revisions to the Analytic Plan after the document has been approved by the department.

### 2.9. Measure Calculation

2.9.1. The Contractor shall calculate all measures as specified in Exhibit A-2, DSRIP Performance Measures.

2.9.2. The Contractor shall work with the Department to access the data needed to calculate the measures.

## 3. Staffing

3.1. The Contractor shall ensure all personnel assigned to perform contracted services shall possess the professional certification and/or licensing as required.

3.2. The Contractor shall provide one (1) Project Manager who shall oversee all activities of the contract and shall be the primary point of contact for all Department inquiries and request for responsive action.

3.3. The Contractor shall provide a Technical staff to provide oversight and expertise regarding information technology systems and processes.

3.4. The Contractor shall provide a Reporting staff in order to compile, prepare, and draft technical reports for publication in accordance with the terms of this agreement.

3.5. The Contractor shall provide staff to manage and develop work plans for all reports required under this agreement.

## 4. Reporting

4.1. The Contractor shall provide all reporting within the timeframes noted in Exhibit A-1.

4.2. The Contractor can revise the timeframes as noted in Exhibit A-1, upon Department approval.

4.3. The Contractor shall provide drafts to the Department in response to CMS comments on all reports no less than fifteen (15) calendar days prior to the CMS deadline for responses.

4.4. The Contractor shall provide monthly status reports to the Department which shall include, but are not limited to:

4.4.1. Progress of evaluation activities;

4.4.2. Accomplishments;



- 4.5. The Contractor shall provide annual reports per instruction by the Department.
- 4.6. The Contractor shall provide a draft and final Interim Evaluation Report for the Department and CMS approval, per instruction by the Department and CMS requirements.
- 4.7. The Contractor shall provide draft and final Evaluation Report for CMS and Department approval, per instruction by the Department and CMS requirements.
- 4.8. The Contractor shall comply with all reporting requirements for monitoring budget neutrality as set forth in Section IX of the CMS Special Terms and Conditions, including the submission of corrected budget neutrality data upon request.

## 5. Data Usage and Security

- 5.1. The Contractor shall only use data provided by the Department for the calculation of performance measures and evaluation reports required by the CMS approved DSRIP Evaluation Plan.
- 5.2. The Contractor shall assure that all reports and performance measures will be reported in the aggregate and will not include member identifiable information.
- 5.3. The Contractor shall ensure that all resources assigned to perform contract services including subcontractors follow federal and regulations and shall not use Medicaid data for any purposes outside of the scope of this contract without the express written consent of the Department.
- 5.4. The Contractor shall abide by all federal and state laws, rules, and regulations including Federal law 42 CFR Part 2 which prohibits unauthorized disclosure of these records.
- 5.5. The Contractor shall ensure any and all electronic transmission or exchange of any State of NH data shall be secured using Secure File Transfer Protocols using no less than 128bit encryption and appropriate transfer mechanisms.
- 5.6. The Contractor shall provide a secure FTP Site for Data Exchange between the Department and the contractor as described in Exhibit K.
- 5.7. The Contractor shall ensure the secure storage of the Department's provided data, ensuring any storage media is encrypted, locked, and retains control of access of any storage areas and or facility.
- 5.8. The Contractor shall ensure all facilities and offices have appropriate layers of physical access controls and monitoring ensuring access is restricted to authorized personnel only.
- 5.9. The Contractor shall ensure daily operations include policies for ensuring that confidential information is secured at the end of the duty day to prevent inadvertent disclosure to unauthorized personnel.



- 5.10. The Contractor shall ensure confidential information in paper form is stored in a separate, secure room or in locked file cabinets, accessible to authorized personnel only. Any data authorized for destruction shall be destroyed according to Federal, State, and industry standards and certified and documented in writing by the data destruction agent.
- 5.11. The Contractor shall ensure all data and all copies, if any, are:
  - 5.11.1. Returned to the Department upon Department request, or no later than contract expiration, whichever occurs first; or
  - 5.11.2. Destroyed, if so instructed by the Department.
- 5.12. The Contractor shall provide the Department with its summary and analytic data files used to conduct the evaluation upon request. These files shall be:
  - 5.12.1. Organized;
  - 5.12.2. Clearly labeled; and
  - 5.12.3. Accompanied by a data dictionary.
- 5.13. The Contractor shall ensure continuous control of security access to confidential or protected information, and to ensure that individual accesses are immediately removed or adjusted for any individual whose employment status or positions have changed.



Exhibit A-1

**Reporting Timeframes for a DSRIP Demonstration Waiver**

		<b><u>CMS Special Terms &amp; Conditions (STCs) #</u></b>	<b><u>Outline Due to DHHS from Contractor</u></b>	<b><u>Due to DHHS from Contractor</u></b>	<b><u>Due to CMS from DHHS</u></b>
1.	<b>Evaluation Contract Baseline Member Satisfaction Survey Report</b>	N/A	60 Calendar Days Prior to the Due Date of the Report.	01/15/2019	N/A
2.	<b>Evaluation Contract Baseline Member Satisfaction Survey (Demonstration Year 4) Report</b>	N/A	60 Calendar Days Prior to the Due Date of the Report.	01/15/2020	N/A
3.	<b>Evaluation Contract Baseline Member Satisfaction Survey (Demonstration Year 5) Report</b>	N/A	60 Calendar Days Prior to the Due Date of the Report.	01/15/2021	N/A
4.	<b>Stakeholder Interview Report</b>	N/A	60 Calendar Days Prior to the Due Date of the Report.	60 Calendar Days After Completion of Interviews.	N/A
5.	<b>Stakeholder Survey Report</b>	N/A	60 Calendar Days Prior to the Due Date of the Report.	60 Calendar Days After Completion of Surveys.	N/A
6.	<b>Draft Interim Evaluation Report</b>	78a	10/1/2019	01/01/2020	03/30/2020
7.	<b>Final Interim Evaluation Report</b>	78a	N/A	30 Calendar Days After Receipt of CMS Comments	60 Calendar Days After Receipt of CMS Comments
8.	<b>Draft Final Evaluation Report</b>	78b	9/1/2020	11/01/2020	01/30/2021
9.	<b>Final Evaluation Report</b>	78b	N/A	30 Calendar Days After Receipt of CMS Comments	60 Calendar Days After Receipt of CMS Comments



**DSRIP Performance Measures**

The following Evaluation Measures are in compliance with the New Hampshire Building Capacity for Transformation -Delivery System Reform Incentive Payment (DSRIP) Demonstration Waiver Evaluation Design, which focuses on five research questions and corresponding hypotheses that explore and describe the effectiveness and impact of the demonstration.

Evaluation Measure #	Evaluation Measure
1.1.01.	Experiences of Health Care With DSRIP (Beneficiaries)
1.1.08.	Cardiovascular monitoring for people with cardiovascular disease and schizophrenia
1.1.09	Follow up care for children prescribed ADHD medication
1.1.11	Use of first-line psychosocial care for children and adolescents on antipsychotics
1.1.12.	USPSTF: Cervical cancer screening
1.1.13.	USPSTF: Breast cancer screening
1.1.14.	USPSTF: Colon cancer screening
1.2.01	Member Experience of Accessing Care (Beneficiaries)
1.2.02	Behavioral Health Population who used 1+ counseling visit for smoking
1.2.03	Annual primary care visits
1.2.04	Behavioral health care visits
1.2.05	Substance Use Disorder (SUD) Treatment Services
1.3.01	Strategies to Improve Population Health (Integrated Delivery Network & Provider Interviews)
1.3.02	Improvements in Population Health (Behavioral Risk Factor Surveillance System)
1.4.01	Total cost of all care
1.4.02	Total cost of all inpatient care
1.4.03	Total cost of all outpatient care
1.4.04	Total cost of emergency department care
1.4.05	Total cost of behavioral health care
1.4.06	Total cost of outpatient behavioral health care
1.4.07	Total cost of inpatient behavioral health care
1.4.08	Total Cost of emergency department behavioral health care
1.5.01	Hospital Readmission for Any Cause

New Hampshire Department of Health and Human Services  
 Delivery System Reform Incentive Program (DSRIP) Evaluator



Exhibit A-2

Evaluation Measure #	Evaluation Measure
1.6.01	Hospital admission for ambulatory care sensitive admissions for individuals with behavioral health disorders
1.7.01	Rate of individuals waiting for inpatient psychiatric care
1.8.01	Length of Stay for Inpatient Psychiatric Care
1.10.01	Referrals and follow-up plans from primary care and other non-psychiatric providers to appropriate services
2.1.01	Fragmentation of patient care based on the Fragmentation Care Index (FCI)
2.1.05	Receipt of Necessary Care Composite Score (Member Survey)
2.1.06	Timely Receipt of Health Care Composite Score (Member Survey)
2.1.07	Care coordination composite score
2.1.08	Behavioral Health Composite Score
2.1.13	Ratings of Improvement in Care Coordination and Integration
2.1.14	Patient Experience of Care Integration and Coordination (Member Interview)
2.1.15	Practice and Provider Experience of Care Integration and Coordination (Member Survey)
3.1.01	Size and training of the provider network, including number of MSWs, APRNs, and psychologists in the workforce to do integrated care and addiction care
4.1.01	Enhancements to the Information Technology (IT) Systems
4.1.02	Perceptions of the Enhanced IT System (Stakeholder interviews)
4.1.03	Perceptions of the Usability and Utility Enhanced IT System (Stakeholder interviews)
4.2.01	Care coordination composite score
4.2.02	Ratings of improvement in care coordination and integration
4.2.03	Perceptions of Improved Information Exchange (Stakeholder Interview)
5.1.01	Transition to Alternative Payment Models (APMs)
5.2.02	Experiences in Transitioning and Implementing APMs



## Exhibit B

### Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with funds from the Catalog of Federal Domestic Assistance (CFDA) #93.778, U.S. Department of Health and Human Services, Medical Assistance Program (Medicaid, Title XIX).
3. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
4. Payment for said services shall be made as follows:
  - 4.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line items as referenced in Exhibit B-1, Budget, Exhibit B-2, Budget, and Exhibit B-3, Budget.
  - 4.2. The Contractor shall submit an invoice on a quarterly basis in a form satisfactory to the State by the twentieth (20<sup>th</sup>) working day following the end of the quarter, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment.
  - 4.3. The Contractor shall keep records of their activities related to Department programs and services.
  - 4.4. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
  - 4.5. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, General Provisions, Block 1.7 Completion Date.
  - 4.6. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to [MedicaidQuality@dhhs.nh.gov](mailto:MedicaidQuality@dhhs.nh.gov), or invoices may be mailed to:  

Denise Krol  
NH Medicaid Quality Program  
Office of Quality Assurance and Improvement  
NH Department of Health and Human Services  
129 Pleasant Street – Brown Building  
Concord, NH 03301-3857
  - 4.7. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
5. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
6. Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1, Budget

New Hampshire Department of Health and Human Services

Bidder/Program Name: University of Maine System acting through the University of Southern Maine/Evaluation of NH Delivery System Reform Incentive

Budget Request for: Delivery System Reform Incentive Program (DSRIP) Evaluator

Budget Period: 7/1/2018 - 6/30/2019

	Total Program Costs			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary Wages	262,754	43,354	306,108			\$ -	\$262,754	\$43,354	\$ 306,108
2. Employee Benefits	126,661	20,899	147,560			-	126,661	20,899	147,560
3. Consultants	8,200	1,353	9,553			-	8,200	1,353	9,553
4. Equipment	-	-	-			-	-	-	-
Rental	-	-	-			-	-	-	-
Repair and Maintenance	-	-	-			-	-	-	-
Purchase/Depreciation	-	-	-			-	-	-	-
5. Supplies	-	-	-			-	-	-	-
Educational	500	83	583			-	500	83	583
Lab	-	-	-			-	-	-	-
Pharmacy	-	-	-			-	-	-	-
Medical	-	-	-			-	-	-	-
Office	600	99	699			-	600	99	699
6. Travel	4,500	743	5,243			-	4,500	743	5,243
7. Occupancy	-	-	-			-	-	-	-
8. Current Expenses	-	-	-			-	-	-	-
Telephone	-	-	-			-	-	-	-
Postage	20	3	23			-	20	3	23
Subscriptions	-	-	-			-	-	-	-
Audit and Legal	-	-	-			-	-	-	-
Insurance	-	-	-			-	-	-	-
Board Expenses	-	-	-			-	-	-	-
9. Software	2,550	421	2,971			-	2,550	421	2,971
10. Marketing/Communication	-	-	-			-	-	-	-
11. Staff Education and Training	-	-	-			-	-	-	-
12. Subcontracts/Agreements	143,073	23,607	166,680			-	143,073	23,607	166,680
13. Other (specific details mandatory)	-	-	-			-	-	-	-
Printing	300	50	350			-	300	50	350
Participant Incentives	1,200	198	1,398			-	1,200	198	1,398
LAN Fees	8,487	1,400	9,887			-	8,487	1,400	9,887
Server Fees	6,800	1,122	7,922			-	6,800	1,122	7,922
<b>TOTAL</b>	<b>\$ 565,645</b>	<b>\$ 93,331</b>	<b>\$ 658,976</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 565,645</b>	<b>\$ 93,331</b>	<b>\$ 658,976</b>

University of Southern Maine

Exhibit B-1, Budget

Contractor Initials *tbl*

RFP-2018-OQAI-01-EVALU

Page 1 of 1

Date *8/16/18*



Exhibit B-2, Budget

New Hampshire Department of Health and Human Services

Bidder/Program Name: University of Maine System acting through the University of Southern Maine/Evaluation of NH Delivery System Reform Incentive Program

Budget Request for: Delivery System Reform Incentive Program (DSRIP) Evaluator

Budget Period: 7/1/2019 - 6/30/2020

	Total Program Costs			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary Wages	219,642	36,241	255,883			\$ -	\$219,642	\$36,241	\$ 255,883
2. Employee Benefits	108,597	17,919	126,516			-	108,597	17,919	126,516
3. Consultants	9,200	1,518	10,718			-	9,200	1,518	10,718
4. Equipment	-	-	-			-	-	-	-
Rental	-	-	-			-	-	-	-
Repair and Maintenance	-	-	-			-	-	-	-
Purchase/Depreciation	-	-	-			-	-	-	-
5. Supplies	-	-	-			-	-	-	-
Educational	500	83	583			-	500	83	583
Lab	-	-	-			-	-	-	-
Pharmacy	-	-	-			-	-	-	-
Medical	-	-	-			-	-	-	-
Office	300	50	350			-	300	50	350
6. Travel	4,800	792	5,592			-	4,800	792	5,592
7. Occupancy	-	-	-			-	-	-	-
8. Current Expenses	-	-	-			-	-	-	-
Telephone	-	-	-			-	-	-	-
Postage	20	3	23			-	20	3	23
Subscriptions	-	-	-			-	-	-	-
Audit and Legal	-	-	-			-	-	-	-
Insurance	-	-	-			-	-	-	-
Board Expenses	-	-	-			-	-	-	-
9. Software	1,750	289	2,039			-	1,750	289	2,039
10. Marketing/Communication	-	-	-			-	-	-	-
11. Staff Education and Training	-	-	-			-	-	-	-
12. Subcontracts/Agreements	130,331	21,505	151,836			-	130,331	21,505	151,836
13. Other (specific details mandatory)	-	-	-			-	-	-	-
Printing	300	50	350			-	300	50	350
Participant Incentives	2,000	330	2,330			-	2,000	330	2,330
LAN Fees	6,930	1,143	8,073			-	6,930	1,143	8,073
Server Fees	3,400	561	3,961			-	3,400	561	3,961
<b>TOTAL</b>	<b>\$ 487,770</b>	<b>\$ 80,482</b>	<b>\$ 568,252</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 487,770</b>	<b>\$ 80,482</b>	<b>\$ 568,252</b>

Exhibit B-3, Budget

New Hampshire Department of Health and Human Services

Bidder/Program Name: University of Maine System acting through the University of Southern Maine/Evaluation of NH Delivery System Reform Incentive Program

Budget Request for: Delivery System Reform Incentive Program (DSRIP) Evaluator

Budget Period: 7/1/2020 - 6/30/2021

	Total Program Costs			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary Wages	219,493	36,216	255,709			\$ -	\$219,493	\$36,216	\$ 255,709
2. Employee Benefits	108,519	17,906	126,425			-	108,519	17,906	126,425
3. Consultants	3,200	528	3,728			-	3,200	528	3,728
4. Equipment	-	-	-			-	-	-	-
Rental	-	-	-			-	-	-	-
Repair and Maintenance	-	-	-			-	-	-	-
Purchase/Depreciation	-	-	-			-	-	-	-
5. Supplies	-	-	-			-	-	-	-
Educational	500	83	583			-	500	83	583
Lab	-	-	-			-	-	-	-
Pharmacy	-	-	-			-	-	-	-
Medical	-	-	-			-	-	-	-
Office	300	50	350			-	300	50	350
6. Travel	385	64	449			-	385	64	449
7. Occupancy	-	-	-			-	-	-	-
8. Current Expenses	-	-	-			-	-	-	-
Telephone	-	-	-			-	-	-	-
Postage	20	3	23			-	20	3	23
Subscriptions	-	-	-			-	-	-	-
Audit and Legal	-	-	-			-	-	-	-
Insurance	-	-	-			-	-	-	-
Board Expenses	-	-	-			-	-	-	-
9. Software	1,750	289	2,039			-	1,750	289	2,039
10. Marketing/Communication	-	-	-			-	-	-	-
11. Staff Education and Training	-	-	-			-	-	-	-
12. Subcontracts/Agreements	138,466	22,847	161,313			-	138,466	22,847	161,313
13. Other (specific details mandatory	-	-	-			-	-	-	-
Printing	300	50	350			-	300	50	350
Participant Incentives	550	91	641			-	550	91	641
LAN Fees	6,867	1,133	8,000			-	6,867	1,133	8,000
Server Fees	3,400	561	3,961			-	3,400	561	3,961
<b>TOTAL</b>	<b>\$ 483,750</b>	<b>\$ 79,819</b>	<b>\$ 563,569</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 483,750</b>	<b>\$ 79,819</b>	<b>\$ 563,569</b>



**SPECIAL PROVISIONS**

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
  - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
  - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;



- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports:** Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.
  - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
  - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
  - 13.1. The preparation of this (report, document etc.) was financed under a 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.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



more employees, it will maintain a current EEO on file and submit an EEO Certification Form to the OCR, certifying that its EEO is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEO Certification Form to the OCR certifying it is not required to submit or maintain an EEO. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEO requirement, but are required to submit a certification form to the OCR to claim the exemption. EEO Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
  
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF  
WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

#### DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

**COSTS:** Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

**DEPARTMENT:** NH Department of Health and Human Services.

**FINANCIAL MANAGEMENT GUIDELINES:** Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

**PROPOSAL:** If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

**UNIT:** For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

**FEDERAL/STATE LAW:** Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

**CONTRACTOR MANUAL:** Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

**SUPPLANTING OTHER FEDERAL FUNDS:** The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.



**REVISIONS TO GENERAL PROVISIONS**

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
  4. **CONDITIONAL NATURE OF AGREEMENT.**  
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.
2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
  - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
  - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
  - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
  - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
  - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
3. Subparagraph 9, of the General Provisions of this contract, Paragraph 9.3, is amended to read as follows:

**Data/Access/Confidentiality/Preservation**  
Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. In the event disclosure of data is required by Contractor to comply with law or legal process (including but not limited to Freedom of Information Act (5 U.S.C 552) or Maine Freedom of Access Act (FOAA) 1 MRSA §401 et. seq.), Contractor shall give State prompt notice of such a required disclosure and provide reasonable assistance to State if State opts to take lawful action to minimize the extent of such disclosure.





4. Subparagraph 13, of the General Provisions, Indemnification, is amended to read as follows:

The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. 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 indemnification obligation shall not apply to any claim for which Contractor would not be liable under the Maine Tort Claims Act (14 M.R.S.A. '8101, et seq.) if such claim were made directly against Contractor and Contractor shall continue to enjoy all rights, claims, immunities and defenses available to it under law. This covenant in paragraph 13 shall survive the termination of this Agreement.

5. **Renewal:**

The Department reserves the right to extend this Agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.



**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

**ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS**

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS  
US DEPARTMENT OF EDUCATION - CONTRACTORS  
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner  
NH Department of Health and Human Services  
129 Pleasant Street,  
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
  - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
    - 1.2.1. The dangers of drug abuse in the workplace;
    - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
    - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
    - 1.4.1. Abide by the terms of the statement; and
    - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

New Hampshire Department of Health and Human Services  
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
    - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
  - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

34 Bedford Street	12 East Chestnut Street
Portland, Maine 04104	Augusta, Maine 04330
Cumberland County	Kennebec County

Check  if there are workplaces on file that are not identified here.

Contractor Name:

8/16/18  
Date

Tamara L. Blair Kirk  
Name: Tamara L. Blair Kirk  
Title: Director, Research Service Center  
Authorized Organizational Representative

Contractor Initials tbk  
Date 8/16/18



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS  
US DEPARTMENT OF EDUCATION - CONTRACTORS  
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- \*Temporary Assistance to Needy Families under Title IV-A
- \*Child Support Enforcement Program under Title IV-D
- \*Social Services Block Grant Program under Title XX
- \*Medicaid Program under Title XIX
- \*Community Services Block Grant under Title VI
- \*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name:

8/16/18  
Date

Tamara L. Blair Kirk  
Name: Tamara L. Blair Kirk  
Title: Director, Research Service Center  
Authorized Organizational Representative

Contractor Initials TBK  
Date 8/16/18



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION  
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

**INSTRUCTIONS FOR CERTIFICATION**

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

**PRIMARY COVERED TRANSACTIONS**

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
  - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

**LOWER TIER COVERED TRANSACTIONS**

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
  - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
  - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

8/16/18  
Date

Tamara L. Blair Kirk  
Name: Tamara L. Blair Kirk  
Title: Director, Research Service Center  
Authorized Organizational Representative

Contractor Initials TBK  
Date 8/16/18



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO  
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND  
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Contractor Initials

*[Handwritten Signature]*

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Date

*[Handwritten Date: 8/16/18]*

New Hampshire Department of Health and Human Services  
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

8/16/18  
Date

Tamara L. Blair Kirk  
Name: Tamara L. Blair Kirk  
Title: Director, Research Service Center  
Authorized Organizational Representative

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations  
and Whistleblower protections

Contractor Initials tbk

Date 8/16/18





**CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

8/16/18  
Date

Tamara L. Blair Kirk  
Name: Tamara L. Blair Kirk  
Title: Director, Research Service Center  
Authorized Organizational Representative

Contractor Initials TLK  
Date 8/16/18



Exhibit I

**HEALTH INSURANCE PORTABILITY ACT**  
**BUSINESS ASSOCIATE AGREEMENT**

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.



Exhibit I

- l. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR Section 164.103.
- m. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. “Unsecured Protected Health Information” means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
  - I. For the proper management and administration of the Business Associate;
  - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
  - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

**(3) Obligations and Activities of Business Associate.**

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. 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.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

*tbh*

*8/16/18*



Exhibit I

- pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.
- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
  - g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
  - h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
  - i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
  - j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
  - k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) 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.
  - l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

*tbh*

*8/16/18*



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

**(4) Obligations of Covered Entity**

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

**(5) Termination for Cause**

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

**(6) Miscellaneous**

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services  
The State

[Signature]  
Signature of Authorized Representative

Henry D. Lipman  
Name of Authorized Representative

Medicaid Director  
Title of Authorized Representative

9/14/2018  
Date

University of Southern Maine  
Name of the Contractor

[Signature]  
Signature of Authorized Representative

Tamara L. Blair Kirk  
Name of Authorized Representative

Director, Research Service Center  
Title of Authorized Representative

8/16/18  
Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY  
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
  - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
  - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

8/16/18  
Date

Tamara L. Blair Kirk  
Name: Tamara L. Blair Kirk  
Title: Director, Research Service Center  
Authorized Organizational Representative





FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 077469567
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

X  NO                      \_\_\_\_\_ YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_



DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic



mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

## I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

### A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

## II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

DHHS Information Security Requirements



wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

**III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS**

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

**A. Retention**

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a



whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

**B. Disposition**

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

**IV. PROCEDURES FOR SECURITY**

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
  2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).



DHHS Information Security Requirements

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3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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DHHS Information Security Requirements

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doi/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
  - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
  - b. safeguard this information at all times.
  - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
  - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.





DHHS Information Security Requirements

- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

**V. LOSS REPORTING**

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

- 1. Identify Incidents;
- 2. Determine if personally identifiable information is involved in Incidents;
- 3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
- 4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

**VI. PERSONS TO CONTACT**

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

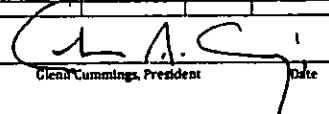
DHHSPrivacy.Officer@dhhs.nh.gov

University of Maine System  
Signature Authority  
University of Southern Maine  
(Includes Purchasing Card Authority)  
as of 09/11/2018

Name	Department	Research/ Grant Applications, Proposals, Contracts Less than \$5,000,000	Checks drawn on University bank accounts for amounts less than \$25,000, authorization evidenced by the account's signature card signed by the Treasurer	Any professional services or procurement contracts, including purchase orders in accordance with AFL section VB-A.1.	Construction Contracts for service provided (e.g. food services, bookstore, security)	Contracts for performances, presentations, and / or seminars	Application for trademarks and contracts allowing entities to use University trademark.	Contracts, and related purchase orders related to University facilities.	Affiliation/ Association Agreements with Outside Third Party (non-financial)	Non building or non occupiable building leases	Equipment, movable building, and vehicle leases when the total of all lease payments is less than \$100,000	Documents related to acquisition of real property	Documents related to lease or disposal of university real property
<b>Senior Staff</b>													
Cohen, Joan	President's Office			X		X	X	X	X				X
Cummings, Glenn	President	X		X	X	X	X	X	X	X	X	X	X
Favry, Beatrice	Finance & Administration	X	X	X	X	X	X	X	X	X	X	X	X
Griffin, Nancy	Enrollment Management			X		X			X				
Meredith, Sally	Academic Affairs			X		X			X				
Paquette, Jeanne	Corporate Engagement			X		X			X				
Paquette, Jeanne	Public Affairs					X			X				
Shah, Robert	Provost/VP Academic Affairs	X		X		X			X				
Uzzi, Jeannine	VP Academic Affairs			X		X			X				
<b>Deans/Directors/Managers</b>													
Cadwalader, Meghan	Director Educational Partnerships								X				
Cochrane, Paul	Director of Online Teaching & Learning			X	X	X							
Dallas, Mark	Small Business Development Center			X									
Hickey, Ross	Research Intensity & Outreach			X		X			X				
McWilliams, Susan	Assistant Provost			X		X							X
Paquet, Diane (Nicky)	Student Financial Services		X										
Qualls, Jeremy	Dean of Science, Technology, & Health Sciences			X									
Roussel, David	Assistant Vice President for Student Affairs			X	X	X			X			X	X
Souther, John	Facilities Management			X		X			X		X	X	X
St Pierre, Tracy	Director of Marketing & Brand Management			X		X							
Toy, Brian	Dean, Lewiston / Auburn College			X									
Tuchinsky, Adam	Dean of Arts, Humanities, & Social Sciences			X									
Williams, Joanne	Dean of Management & Human Services			X									
<b>Staff</b>													
Dair, Tamara	Muskie School - Sponsored Programs	X	X	X		X							
Baincoff, Amy	Finance & Administration		X	X	X	X							
Botwin, Curtis	Director of Casco Bay Estuary Partnership			X		X							
DeCoster, Cynthia	Student Billing		X										
Edits, Nadine	Muskie School - Disability & Aging			X									
Facchini, Patricia	Student Financial Services		X										
Griffin, Eileen	Senior Policy Associate: PDA			X		X							
Jones, Meghan	Student Financial Services		X										

University of Maine System  
Signature Authority  
University of Southern Maine  
(includes Purchasing Card Authority)  
as of 09/11/2018

Name	Department	Research/ Grant Applications, Proposals, Contracts Less than \$5,000,000	Checks drawn on University bank accounts for amounts less than \$25,000, authorization evidenced by the account's signature card signed by the Treasurer	Any professional services or procurement contracts, including purchase orders in accordance with APL section VS-B.1.	Concession Contracts for services provided (e.g. food services, bookstore, security)	Contracts for performance, and / or seminars	Application for trademarks and contracts allowing entities to use University trademark.	Contracts, and related purchase and charge orders related to University facilities.	Affiliate/ Association Agreements with Outside Third Party (non-branch)	Non building or non occupiable building leases	Equipment, moveable building, and vehicle leases when the total of all lease payments is less than \$100,000	Documents related to acquisition of real property	Documents related to lease or disposal of university real property
Kupinski, Paul	Facilities Management					x		x					
Reish, Cheryl	Athletics			x									
Roy, Pamela	Lewiston / Auburn College			x									
Sahonichik, Kris	Muskie School - Children, Youth & Families	x	x	x		x							
Shehata, Terry A	Senior Policy Associate: Research & Economic Dev. MEF Card			x		x							
Swift, Justin	Enrollment Management			x									
Tate, Cherie	University Outreach			x									
Tupper, Judy	Muskie School - Population Health & Health Policy			x									
Vival Harvie, Nicole	School of Law			x									
Walness, Margaret	Muskie School - Children, Youth & Families		x										
Wright Berry, Kave	Promos / Academic Affairs			x									

 9/12/19  
 Glenn Cummings, President Date

University of Southern Maine

Key Personnel - Year 1

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Lindsey Smith	PI	81,600.00	40%	32,480.00
Deb Thayer	Co-Investigator	73,525.00	30%	22,058.00
Katie Rosingana	Project Director	62,961.00	50%	31,481.00
Tina Gressani	Senior Computer & Database Specialist	100,285.00	10%	10,029.00
Elizabeth Gattine	Senior Policy Associate/Research Compliance Officer	81,713.00	5%	4,086.00
Mark Richards	Research Analyst	63,825.00	40%	25,530.00
Jen Pratt	Research Analyst	50,187.00	40%	20,075.00
Rachel Gallo	Research Associate	55,539.00	30%	16,662.00
Frances Jimenez	Research Asst	31,212.00	40%	12,485.00
Carolyn Gray	Research Associate	68,500.00	15%	10,275.00
Cathy McGuire	Director of Health Data Resources	97,101.00	10%	9,710.00
Jasper Ziller	Database Administrator	73,754.00	20%	14,751.00
Tom Gilmartin	Database Administrator	63,672.00	2%	1,585.00
Jamar Croom	Senior Database Administrator	75,581.00	20%	15,116.00
Aspara Kumarage	Computer and Database Specialist	64,425.00	15%	9,664.00
TBD	Health Data Programmer Analyst	56,100.00	20%	11,220.00
Danielle Ziller	Project Manager/Admin Support	35,473.00	10%	3,547.00

University of Southern Maine

Key Personnel - Year 2

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Lindsey Smith	PI	83,232.00	30%	24,970.00
Deb Thayer	Co-Investigator	74,996.00	30%	22,499.00
Katie Rosingana	Project Director	64,220.00	40%	25,688.00
Elizabeth Gattine	Senior Policy Associate/Research Compliance Officer	83,347.00	3%	2,500.00
Mark Richards	Research Analyst	65,102.00	40%	26,041.00
Jen Pratt	Research Analyst	51,191.00	35%	17,917.00
Rachel Gallo	Research Associate	56,650.00	30%	16,995.00
Frances Jimenez	Research Asst	31,836.00	30%	9,551.00
Carolyn Gray	Research Associate	69,870.00	10%	6,987.00
Cathy McGuire	Director of Health Data Resources	99,043.00	5%	4,952.00
Jasper Ziller	Database Administrator	75,229.00	20%	15,046.00
Tom Gilmartin	Database Administrator	64,945.00	2%	1,299.00
Jamar Croom	Senior Database Administrator	77,093.00	15%	11,564.00
Aspara Kumarage	Computer and Database Specialist	65,714.00	10%	6,571.00
TBD	Health Data Programmer Analyst	57,222.00	20%	11,444.00
Danielle Ziller	Project Manager/Admin Support	36,182.00	10%	3,618.00

University of Southern Maine

Key Personnel - Year 3

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Lindsey Smith	PI	84,897.00	30%	25,469.00
Deb Thayer	Co-Investigator	76,496.00	30%	22,949.00
Katie Rosingana	Project Director	65,504.00	40%	26,202.00
Elizabeth Gattine	Senior Policy Associate/Research Compliance Officer	85,014.00	5%	4,251.00
Mark Richards	Research Analyst	66,404.00	30%	19,921.00
Jen Pratt	Research Analyst	52,215.00	30%	15,665.00
Rachel Gallo	Research Associate	57,783.00	30%	17,335.00
Frances Jimenez	Research Asst	32,473.00	40%	12,989.00
Carolyn Gray	Research Associate	71,267.00	10%	7,127.00
Cathy McGuire	Director of Health Data Resources	101,024.00	5%	5,051.00
Jasper Ziller	Database Administrator	76,734.00	20%	15,347.00
Tom Gilmartin	Database Administrator	66,244.00	2%	1,325.00
Jamar Croom	Senior Database Administrator	78,635.00	15%	11,795.00
Aspara Kumarage	Computer and Database Specialist	67,028.00	10%	6,703.00
TBD	Health Data Programmer Analyst	58,366.00	20%	11,673.00
Danielle Ziller	Project Manager/Admin Support	36,906.00	10%	3,691.00

**University of Maine System**  
**ADMINISTRATIVE PRACTICE LETTER**

Section IV-C  
Page(s) 1 of 5  
Effective 8/6/2010

**SUBJECT: SIGNATURE AUTHORITY**

**Index**

**I. General**

**II. University Counsel Approval**

**III. Signature Authority of Presidents**

**IV. Process for Requesting Additional Signature Authority**

**V. Assignment of Signature Authority to the System Purchasing Agent**

**VI. Signature Authority for All Other Documents**

**I. General**

The Board of Trustees has the authority to grant signature authority and has assigned such authority under Board of Trustees Policy 207 to the Treasurer of the University of Maine System. The Board has further authorized the Treasurer to grant to designated officers and employees of the University of Maine System certain signature authority within such specific limits and upon such terms and conditions as deemed appropriate by the Treasurer. All such grants of authorities shall be approved in advance by the Treasurer and shall be kept current and on file in the Treasurer's Office. The Treasurer is further authorized to revoke and modify any authority so granted. Documents exceeding the authorized amounts will be forwarded to the Treasurer for review and approval.

The purpose of this APL is to ensure that delegated signature authority is (1) adequate to provide for a smooth running operation, (2) sufficiently documented in accordance with policy, and (3) within the scope of the laws of the State of Maine and policies of the Board of Trustees.

This APL does not address all the documents employees may sign in the course of conducting University business (e.g., purchase requisitions, personnel actions, honoraria) as these have their own campus based signature approval procedures. Rather, this APL addresses the authority to make major commitments of the University of Maine System via signature and the appropriate delegation of that authority. Delegation of signature authority pertains only to the University at which the individual is employed. Where dollar amounts are specified, multiple documents may not be processed for the same transaction in order to avoid such limits.

**II. University Counsel Approval**

Universities must seek the approval of University Counsel for certain contracts or agreements so that legal risks may be effectively addressed. If a contract or agreement is non-routine in nature, or could have major financial or other implications, University Counsel must review the document. Individuals shall sign these contracts or agreements only after receiving approval by University Counsel.

**University of Maine System**  
**ADMINISTRATIVE PRACTICE LETTER**

Section IV-C  
Page(s) 2 of 5  
Effective 8/6/2010

---

**SUBJECT: SIGNATURE AUTHORITY**

Contracts or agreements not requiring approval of University Counsel include:

- Grant documents;
- Those that are routine and low risk. These documents, however, require the signature of individuals at the vice president-level or higher as delegated by the respective university president;
- Capital project documents where the university uses the standard forms of the SWS Office of Facilities. Documents that vary from those standard forms shall be approved by University Counsel before they are signed.
- Professional services or procurement contracts following the requirements of APL section VII-A.2.
- Real estate leases using the standard language of the SWS Office of Facilities.

University Counsel must also authorize the engagement of any outside counsel regarding issues that significantly affect the legal position of the University.

**III. Signature Authority of Presidents**

In order to implement the delegation of signature authority, each university president is responsible for identifying those individuals authorized to sign the following types of documents at their university. The President may assign authority using any appropriate mechanism. The Treasurer will designate signature authority for System Office employees. Careful consideration is to be given to delegation of authority and authority should be limited as much as possible without impeding operations.

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Each university and the System Office will maintain a list of delegated signature authorities, including each individual's name, title, and the types of documents that he or she may sign. Each university will annually update and forward the listing to the Treasurer's Office.

With the limitations noted, Presidents have the authority to sign or further delegate to appropriate individuals the authority to sign:

- Checks drawn on University bank accounts for amounts less than \$25,000, authorization evidenced by the account's signature card signed by the Treasurer;
- Research and grant applications, proposals and contracts for amounts less than \$5,000,000;

**University of Maine System**  
**ADMINISTRATIVE PRACTICE LETTER**

Section 1V-C  
Page(s) 3 of 5  
Effective 8/6/2010

**SUBJECT: SIGNATURE AUTHORITY**

- Any professional services or procurement contracts, including purchase orders in accordance with APL section VII-A.2. (Note: Requisitions are internal documents only, not a commitment of funds, and therefore are not covered by this document);
- Concessions contracts for services provided to the University (e.g., food service contracts, bookstore management agreements, vending agreements).
- Contracts for performances, presentations, seminars, etc.;
- Applications for trademarks and contracts allowing entities to use a University trademark or logo after review by University Counsel;
- Contracts, and related purchase and change orders, for construction, alteration, renovation, repair, demolition, or maintenance of University facilities, of any amount, provided they are on the standard forms provided by the System Office of Facilities for such contracts and follow all procedures outlined by that office and APL section VII-A.2 this includes agreements for architectural/engineering services pertaining thereto;
- Affiliation/association agreements between the University System and any third party (i.e., outside) entity. These agreements are generally of a non-financial nature. Examples of such agreements could include 1) mutual aid agreements between the University and municipalities or 2) partnerships between the University and other educational institutions to accomplish common goals.
- Non-building or non-occupiable building leases;
- Equipment, moveable building, and vehicle leases when the total of all lease payments is less than \$100,000 after following the competitive procurement process when required by APL section VII-A.2 (Note: Those individuals authorized to receive vehicles are identified in Board Policy 404.4.) Such leases totaling \$100,000 to \$500,000 must be signed by the System Purchasing Agent. Amounts of \$500,000 or greater require the Treasurer's approval; and
- Documents related to the:
  - Acquisition of real property through purchase, gift, lease or license following the requirements of APL section II-G.2 and Board Policy 801; and
  - Lease or disposal of university real property to others following the requirements of APL section II-F and Board Policy 802.

Documents include payments and Purchase and Sales agreements. All leases requiring Board approval must be signed by the Treasurer.



**University of Maine System**  
**ADMINISTRATIVE PRACTICE LETTER**

Section IV-C  
Page(s) 4 of 5  
Effective 8/6/2010

**SUBJECT: SIGNATURE AUTHORITY**

**IV. Process for Requesting Additional Signature Authority**

When a President desires to sign, or delegate for signature, a document(s) with terms beyond the scope of authority listed above, the President will seek the approval of the Treasurer. For example, Presidents must seek further signature authority prior to signing grant documents (e.g., applications, proposals, and contracts) greater than \$5,000,000, or professional services and procurement contracts greater than \$500,000. To facilitate this process, an executive summary should be sent to the Treasurer indicating:

- the nature of the particular transaction(s),
- who should be authorized to sign related documents,
- the time period that the individual should be authorized to sign,
- total cumulative dollar thresholds,
- individual dollar thresholds, or
- other scope, as applicable.

Along with the summary, the President's approval must be evident (via signature, e-mail, etc.)

The Treasurer will review the request, and where supportive, delegate signature authority accordingly. This approval will be communicated through the respective President. E-mail may be used for this purpose.

**V. Assignment of Signature Authority to the System Purchasing Agent**

To accomplish the objectives of the University of Maine System Purchasing Procedures (see APL section VII-A.2), the **System Purchasing Agent** is authorized to sign:

- procurement contracts for amounts less than \$500,000 and
- contracts resulting from requests for bids or requests for proposals.

The System Purchasing Agent may sign such documents provided the Purchasing Agent has written approval from the responsible functional person who has authority to commit the institution to the contract and who has appropriate budget authority or approval to commit the related funds. Approval from the functional party may be in the form of an e-mail.

**University of Maine System**  
**ADMINISTRATIVE PRACTICE LETTER**

Section IV-C  
Page(s) 5 of 5  
Effective 8/6/2010

**SUBJECT: SIGNATURE AUTHORITY**

**VI. Signature Authority for All Other Documents**

The Treasurer retains authority to approve, or delegate for signature, all documents not mentioned above. This authority includes, but is not limited to, documents related to:

- easements or rights-of-way,
- calling of bonds,
- insurance,
- loans,
- loan guarantees,
- borrowing instruments,
- stock transfer transactions,
- depositories for University funds, and
- procurements and other types of transactions above the specific dollar amounts referenced above.

Documents exceeding the thresholds in this APL must be forwarded to the Treasurer for approval. All such documents shall include the approval of the appropriate department and the campus chief financial officer. For example, research and grant applications, proposals, and contracts totaling \$5,000,000 or greater must be forwarded to the Treasurer for approval and must include the Director of Sponsored Programs and the campus Chief Financial Officer's approval.

**Related Documents:**

Policy 207                      Signatory Authorization  
Policy 801                      Acquisition of Real Property  
Policy 802                      Disposition of University as Lessor of Real Property  
APL section II-B              Motor Vehicle Use & Regulations  
APL section VII-A.2          University of Maine System Purchasing Procedures  
APL section II-F              Sale or Lease of Real Property to Third Parties  
APL section II-G              Acquisition of Real Property Through Purchase, Gift, Lease, or License

**Approved by the Treasurer of the University of Maine System. Official copy on file in the Treasurer's office.**

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**Vice Chancellor Finance and Administration**

University of Maine System  
Signature Authority  
University of Southern Maine  
(includes Purchasing Card Authority)  
as of 5/14/2018

Name	Department	Research/ Grant Applications, Proposals, Contracts Less than \$1,000,000	Checks drawn on University bank accounts for amounts less than \$25,000, authorized as evidenced by the account's signature card signed by the Treasurer	Any professional services or procurement contracts, including purchase orders in accordance with APL section VI-A.2.	Concessions Contracts for services provided (e.g. food services, bookstores, security)	Contracts for performances, presentations, and /or speakers	Applications for trademarks and contracts allowing entities to use University trademark.	Contracts, and related purchase and change orders related to University facilities.	Allegation/ Association Agreements with Outside Third Party (non-UMSAC)	Non building or non acceptable building leases	Equipment, movable building, and vehicle lease when the total of all lease payments is less than \$100,000	Documents related to acquisition of real property	Documents related to lease or disposal of university real property
Senior Staff													
Cummings, Glenn	President	X	X	X	X	X	X	X	X	X	X	X	X
Fenny, Beatrice	Finance & Administration	X	X	X	X	X	X	X	X	X	X	X	X
Griffin, Nancy	Enrollment Management	X	X	X	X	X	X	X	X	X	X	X	X
Uzzi, Jeanne	Provost/VP Academic Affairs	X	X	X	X	X	X	X	X	X	X	X	X
Stash, Robert	Public Affairs	X	X	X	X	X	X	X	X	X	X	X	X
Cohen, Joan	President's Office	X	X	X	X	X	X	X	X	X	X	X	X
Wallace, Ainsley	Corporate Engagement	X	X	X	X	X	X	X	X	X	X	X	X
Deans/Directors/Managers													
Cochrane, Paul	Director of Online Teaching & Learning	X	X	X	X	X	X	X	X	X	X	X	X
Deltale, Mark	Small Business Development Center	X	X	X	X	X	X	X	X	X	X	X	X
Graves, James	Dean of Science, Technology, & Health Sciences	X	X	X	X	X	X	X	X	X	X	X	X
Hickey, Ross	Research Intensity & Outreach	X	X	X	X	X	X	X	X	X	X	X	X
Pispet, Diane (Nick)	Student Financial Services	X	X	X	X	X	X	X	X	X	X	X	X
Roussel, David	Assistant Vice President for Student Affairs	X	X	X	X	X	X	X	X	X	X	X	X
Souther, John	Facilities Management	X	X	X	X	X	X	X	X	X	X	X	X
StPierre, Tracy	Director of Marketing & Brand Management	X	X	X	X	X	X	X	X	X	X	X	X
Tuchinsky, Adam	Dean of Arts, Humanities, & Social Sciences	X	X	X	X	X	X	X	X	X	X	X	X
Williams, Joanne	Dean of Management & Human Services	X	X	X	X	X	X	X	X	X	X	X	X
Staff													
Blair, Tamara	Muskie School - Sponsored Programs	X	X	X	X	X	X	X	X	X	X	X	X
Blair, Amy	Finance & Administration	X	X	X	X	X	X	X	X	X	X	X	X
Bowler, Curtis	Director of Casco Bay Estuary Partnership	X	X	X	X	X	X	X	X	X	X	X	X
DeCicca, Cynthia	Student Billing	X	X	X	X	X	X	X	X	X	X	X	X
Edna, Nadine	Muskie School - Disability & Aging	X	X	X	X	X	X	X	X	X	X	X	X
Facteau, Patricia	Student Financial Services	X	X	X	X	X	X	X	X	X	X	X	X
Griffin, Eileen	Senior Policy Associate/ PDA	X	X	X	X	X	X	X	X	X	X	X	X
Jones, Meghan	Student Financial Services	X	X	X	X	X	X	X	X	X	X	X	X

University of Maine System  
 Signature Authority  
 University of Southern Maine  
 (includes Purchasing Card Authority)  
 as of 5/14/2018

Name	Department	Research/ Grant Applications, Proposals, Contracts Less than \$5,000,000	Checks drawn on University bank accounts for amounts less than \$25,000, authorization evidenced by the account's signature card signed by the Treasurer	Any professional services or procurement contracts, including purchase orders in accordance with APL section VI-A.2.	Concession Contracts for services provided (e.g. food services, bookstores, security)	Contracts for performances, presentations, and / or vendors	Application for trademarks and contracts allowing entities to use University trademark.	Contracts, and related purchase and change orders related to University facilities.	Affiliate/ Association Agreements with Outside Third Party (non-shareholder)	Lease building or non-occupiable building leases	Equipment, moveable building, and vehicle leases (when the total of all lease payments is less than \$100,000)	Documents related to acquisition of real property	Documents related to lease or disposal of university real property
Kupinski, Paul	Facilities Management					X		X					
Neash, Cheryl	Admissions												
Roy, Pamela	Lewiston / Auburn College			X									
Schroeder, Kris	Muskie School - Children, Youth & Families												
Shehata, Terry A	Senior Policy Associate, Research & Economic Dev. MEIF Card			X		X							
Swift, Justin	Enrollment Management												
Tate, Cherie	University Outreach			X									
Tupper, Judy	Muskie School - Population Health & Health Policy												
Vinal Harvie, Nicole	School of Law												
Wetmore, Margaret	Muskie School - Children, Youth & Families												
Wright Berry, Keva	Provost / Academic Affairs			X									

*G.L.A.C.* 5/31/18  
 Glenn Cummings, President Date

**UNIVERSITY OF MAINE SYSTEM  
MEMORANDUM OF INSURANCE**

**DATE: August 8, 2018**



This Memorandum of Insurance provides evidence of insurance in regards to the operations at the University of Maine System. Also evidenced is the Professional Liability for the various academic internship activities. General Liability Provisions in regards to Additional Insured – where required under contract or agreement: Any person or organization we become obliged to is included as an additional insured under this policy, as a result of any contract or agreement which requires us to furnish insurance for that person or organization of the type provided by this policy, but only with respect to liability arising out of our operation, or premises owned by or rented to us. However, the insurance provided will not exceed the lesser of the coverage and/or limits of these policies or the coverage and/or limits required by said contract or agreement.

<b>COVERAGES</b>	THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED BELOW FOR THE POLICY PERIOD
	INDICATED NOT WITHSTANDING ANY REQUIREMENT, TERM OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT
	TO WHICH THIS MEMORANDUM MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED
	HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	

<b>COMPANIES AFFORDING COVERAGE</b>	<b>INSURED</b>
A. United Educators B. MEMIC C. Midwestern Higher Education Compact D. United Educators E. Beazley	The University of Maine System 65 Texas Ave. Bangor, ME 04401

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
					in United States Dollars	
A	GENERAL LIABILITY Commercial General Liability Occurrence, EPLI	N54-92K	8.1.18	7.31.19	General Aggregate Each Occurrence	\$1,000,000 \$1,000,000
					GL SIR EPLI SIR	\$400,000 \$150,000
A	AUTOMOBILE LIABILITY	N54-92K	8.1.18	7.31.19	General Aggregate	\$1,000,000
					SIR	\$400,000
A	EXCESS LIABILITY Umbrella	N54-92K	8.1.18	7.31.19	General Aggregate	\$20,000,000
B	WORKERS COMPENSATION	5101800883	10.1.17	10.1.18	Statutory	
C	ALL RISK PROPERTY AND CONTENTS	#066095361	7.1.18	7.1.19	Limit	Blanket Replacement Cost
					Deductible	\$250,000
D	PROFESSIONAL LIABILITY Internship & Professional Liability	N54-92K	8.1.18	7.31.19	Limit per Claim	\$3,000,000
					SIR	\$400,000
E	Cyber Liability	V191E7150101	7.1.18	6.30.19	General Aggregate SIR	\$10,000,000 \$100,000

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ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/16/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: USI Insurance Services, LLC, 75 John Roberts Road, Building C, South Portland, ME 04106, 855 874-0123. CONTACT NAME, PHONE (A/C, No, Ext): 855 874-0123, FAX (A/C, No): 877-775-0110. INSURER(S) AFFORDING COVERAGE: INSURER A: United Educators Ins, Recip Risk Ret Gr, NAIC #: 10020. INSURED: University of Maine System, Risk Management, 65 Texas Ave, Bangor, ME 04496.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability, and Buffer Excess Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excess Licensed Professional Liability
Policy#: N5492K (Insurer A: United Education Ins., NAIC: 10020)
8/1/2018 - 8/1/2019
\$1,000,000 Limit/\$3,000,000 Aggregate
\$400,000 Retention
(See Attached Descriptions)

CERTIFICATE HOLDER: NH Department of Health & Human Services, Attn: Shannon DuBreuil, Contracts & Procurement Unit, 129 Pleasant Street, Concord, NH 03301-3857. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/19/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cross Insurance 491 Main Street P.O. Box 1388 Bangor ME 04401	<b>CONTACT NAME:</b> Sarah Pierce <b>PHONE (A/C No. Ext):</b> (207) 947-7345 <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> spierce@crossagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> University Of Maine System University Services: Risk Management 3rd Floor Lewiston Hall, 65 Texas Avenue Bangor ME 04401	<b>INSURER A</b> Maine Employers Mutual Ins Co.
	<b>INSURER B</b> MEMIC Indemnity Company
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

COVERAGES CERTIFICATE NUMBER: CL1891062351 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	3102805098	10/1/2018	10/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
A				5101800883	10/1/2018	10/1/2019	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: Delivery System Report Incentive Program (DSRIP) 7/1/2018 - 6/30/2019  
Refer to policy for exclusionary endorsements and special provisions.

<b>CERTIFICATE HOLDER</b> NH Department of Health & Human Services Attn: Shannon DuBreuil Contracts & Procurement Unit 129 Pleasant Street Concord, NH 03301-3857	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Sarah Pierce/SM9 <i>Sarah Pierce</i>
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## Mary Lindsey Smith, Principal Investigator

Research Associate II, Public Health and Health Policy  
University of Southern Maine, Muskie School of Public Service

### Education

University of New Mexico  
Bachelor of Arts, Criminology and Social Welfare Policy

University of Pittsburgh  
Masters of Social Work (MSW), Community Organizing and Social Administration

University of Pittsburgh  
Doctorate, Social Work & Gerontology

### Summary

Dr. Smith has extensive research and clinical experience in the area of physical and behavioral health. Currently employed as a Research Associate II in the Population Health and Health Policy as well as the Disability and Aging at the Cutler Institute, she is the Principle Investigator (PI) on a grant funded by the Maine Health Access Foundation aimed at evaluating their Addiction Care Program, and also serves as the PI for a project funded by the Maine Cancer Foundation evaluating their Challenge Cancer 20/20 Initiative. She is a member of the evaluation leadership team for the Northern New England Clinical and Translational Research network. She is the Project Director for the Annual Survey of Children Served by MaineCare while managing the statewide reporting for MaineCare's Child Core Set metrics. She is the Project Director for the Lunder-Dineen Evaluation of an Alcohol Education Program for Healthcare Providers in the state of Maine. Dr. Smith currently projects and maintains budgets on her portfolio of projects, supervises project staff, and prepares technical reports, briefs, peer-reviewed journal articles, book chapters and presentations. Within the Muskie School of Public Service, Dr. Smith is a co-instructor for a Masters level course Health entitled "Seminar in Behavior Health."

Over the past 15 years, Dr. Smith has participated in the development and implementation of a wide variety of health services and behavior health research projects. Most of her research and evaluation work has focused on macro-level issues designed to help systems reduce illness burden as well as healthcare utilization and costs. In addition, her recent work has explored and evaluated models of integrated care and understanding mechanisms of practice transformation during quality improvement initiatives or program implementation. She has extensive research and clinical expertise in the area of substance use and behavioral health disorders which has been the primary focus of her research agenda for nearly 20 years. Dr. Smith has helped design and manage program evaluations at the state and federal levels. She is trained in both qualitative and quantitative research methods; her expertise

### CORE COMPETENCIES

Survey Methodology

Evaluation Design and Implementation

Behavioral Health Research

Health Metrics

Claims-based Analysis

Statistical Analysis



includes survey and evaluation research, multivariate analysis, and psychometrics. She holds a doctorate degree from the University of Pittsburgh.

## Employment

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2013 - Present **Muskie School of Public Service, University of Southern Maine**

**Research Associate II & Co-Instructor**

**Research Associate I**

**Research Analyst II**

As Research Associate II, serves as the Principle Investigator (PI) on a grant funded by the Maine Health Access Foundation aimed at evaluating their Addiction Care Program. Also PI for a project funded by the Maine Cancer Foundation aimed at evaluating their Challenge Cancer 20/20 Initiative. Member of the evaluation leadership team for the Northern New England Clinical and Translational Research network. Project Director for the Annual Survey of Children Served by MaineCare, and manage the statewide reporting for the Child Core Set metrics, and Project Director the Project Director for the Lunder-Dineen Evaluation of an Alcohol Education Program for Healthcare Providers. Co-instructor of Masters level course at the Muskie School of Public Service entitled "Seminar in Behavioral Health."

- Prepares grant proposals independently and with other Muskie investigators
- Participates in the design and implementation of program evaluations, develops and oversee study protocol and procedures, survey and measures development
- Oversees project budgets, supervises project staff
- Analyzes qualitative and quantitative data
- Provides expert consultation on measurement and psychometrics to the State of Maine
- Prepares technical reports, briefs and peer reviewed journal articles and presentations

As Research Associate I, provided methodological and statistical support to a variety of ongoing public health projects at the institute including a statewide evaluation of health homes, an examination of opiate use in rural settings and a dementia capable grant aimed at training practitioners to screen for dementia in a variety of settings. Measurement Lead for a federally-funded Medicaid CHIPRA quality improvement demonstration grant (Improving Health Outcomes for Children) which focus on child health quality measurement; statewide practice improvement; and health information technology.

As a Research Analyst II, was Measurement Lead for a federally-funded Medicaid CHIPRA quality improvement demonstration grant (Improving Health Outcomes for Children) and Project Director for the Annual Survey of Children Served by MaineCare. Provided methodological and statistical support to a variety of ongoing public health projects at the Institute.

2009 – 2013 **University of Pittsburgh**

**Research Consultant**

Served as the study coordinator for a National Institute of Mental Health (NIMH) grant evaluating the success of a program designed to engage undergraduates and first-year medical students in research.

- Developed and oversaw study follow-up protocol and procedures
- Trained and supervised student interns and volunteers
- Oversaw the distribution and collection of program evaluation forms and follow-up questionnaires
- Maintained and monitored programs online social media (Facebook and LinkedIn profiles)
- Created and maintained Access and Excel MIS Databases for study electronic data files
- Tracked project progress and maintained project follow-up timelines
- Coordinated regular monthly meetings for study staff
- Prepared quarterly reports on program activities for the Principle Investigator and NIMH
- Complied and analyzed study data as requested by the Principle Investigator
- Assisted in preparation of presentations and publications of study findings

2013

**VA Pittsburgh Healthcare System, Center for Health Equity Research and Promotion (CHERP) Health Services Research Fellow**

Participated in health services research activities and ongoing didactics designed to develop and enhance my skills in health services research. Managed ongoing scholarly projects under the guidance of senior faculty.

- Prepared grant proposals independently and with other CHERP investigators
- Participated in didactic seminars at VAPHS and the University of Pittsburgh Clinical and Translational Science Institute
- Received further training in the use of administrative data in health services research
- Managed my ongoing research projects and staff
- Designed and managed large research study databases in Access and SPSS
- Extracted, cleaned and coded administrative health data for use in research
- Analyzed and interpreted study data
- Prepared biannual progress reports for funders and VA Central Office
- Presented research findings to clinical staff and research investigators at VAPHS
- Collaborated with other investigators on the preparation of manuscripts

2010 – 2012

**VA Pittsburgh Healthcare System, Mental Illness Research Education and Clinical Center (MIRECC) Advanced Fellow in Mental Health Research**

Received training in academic and health systems research, clinical care service delivery, and program administration in an interdisciplinary environment. The fellowship combined individual mentored research and clinical training with ongoing educational experiences through lectures, conferences and writing groups.

- Worked independently, under the supervision of senior center faculty, to develop grant proposals
- Conducted clinical assessments and provided consults to Veterans struggling with comorbid substance abuse and physical and/or mental health conditions as a member of the Substance Abuse Assessment Team (SAAT)

- Participated in didactic seminars, MIRECC Journal Club and the Advanced Fellow Writing group
- Designed, acquired funding for and implemented two pilot research projects examining the concurrent use of alcohol and medications among older Veterans
- Prepared and submitted IRB documents
- Oversaw the creation of study budgets and budget justifications
- Hired and supervised study staff
- Designed and managed large research study databases in Access and SPSS
- Extracted, cleaned and coded administrative health data for use in research
- Analyzed and interpreted study data
- Prepared biannual progress reports for funders, VA Central Office and the MIRECC
- Regularly presented research findings to clinical staff and research investigators at VAPHS, the Philadelphia VA Medical Center and the University of Pittsburgh
- Prepared and published peer-reviewed journal abstracts and articles
- Gave scientific presentations at national academic psychiatry and medicine meetings

2009 **VA Pittsburgh Healthcare System, Mental Illness Research Education and Clinical Center (MIRECC)**  
**Research Associate**

Designed and maintained Management Information Systems (MIS) databases for various studies conducted at the VAPHS Mental Illness Research Education and Clinical Center (MIRECC).

- Designed, created and managed study MIS Access databases to meet project needs, engaged in ongoing maintenance of MIS databases
- Provided technical support to investigators, entered study data
- Served as a member of the centers Data Management Team which is responsible for designing and enforcing VA policies on data security and management at the center

2007 – 2008 **University of Pittsburgh, Department of Social Work**  
**Graduate Teaching Assistant (TA)**  
**Co-Instructor**

Served as TA for Masters level course entitled “Social Welfare Policy” as well as a TA for masters level course entitled “Human Behavior in the Urban Environment.”

2005 – 2007 **University of Pittsburgh, Department of Social Work**  
**Project Coordinator**

Served as the project coordinator of a qualitative project entitled “Photovoice with Older African American Methadone Clients”. The project utilized the methodology of photovoice, a participatory research method that combines the use of photography and narratives, to examine treatment barriers among older African-American methadone clients.

2004 – 2008 **University of Pittsburgh, Department of Social Work**  
**Graduate Student Research Assistant**

Worked as a Graduate Student Research Assistant (GSRA) on a number of research projects primarily focused on health and mental health of older adult substance abusers. These projects involve the use of both qualitative and quantitative research methods.

**2003 – 2004 Outreach and Care Collaborative  
Research Intern**

Worked independently as a research intern for the Outreach and Care Collaborative (OCC). The primary goal of the OCC, a group of 8 community organizations in Pittsburgh, was to work together to provide increased access and streamline care for African-Americans living with HIV/AIDS in Pittsburgh. Primary responsibility was to use research (surveys and semi-structured interviews) to continually monitor the progress and success of the collaborative.

**2003 United Way of Allegheny County  
Graduate Intern**

Working in Community Impact and Strategies Department, assisted in planning and implementing program evaluations of United Way Partner agencies. Developed surveys, worked with community agencies to implement and facilitate evaluation process, synthesized and presented survey results to department staff.

**2000 – 2002 University of New Mexico, Institute for Social Research  
Research Coordinator**

Served as the Research Coordinator for several ISR research projects including a statewide evaluation of juvenile and adult drug courts; an evaluation of statewide DWI programs; and three Target City Expansion grants (TCE).

**1999 – 2000 University of New Mexico, Institute for Social Research  
Research Coordinator**

Worked as a research assistant for the Arrestee Drug Abuse Monitoring project (ADAM), a National Institute of Justice (NIJ) multi-site study of drug use among arrestees. Also assisted on a variety of ISR funded State and Federal evaluations.

## **Publications**

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### **Refereed Articles**

N Castle, N., Wagner, L., Ferguson, J., Smith, M.L. & Handler, S. (2012). Alcohol misuse and abuse reported by nurse aides in assisted living. *Research on Aging*, 34 (3), 307 – 322.

Rosen, R., Goodkind, S. & Smith, M.L. (2011). Photovoice with older adult methadone clients. *Journal of Social Service Research*, 37(5), 526-538.

Smith, M.L. & Rosen, D. (2009). Mistrust and self-isolation: Barriers to social support for older adult methadone clients. *Journal of Gerontological Social Work*, 52(7), 653 – 667

Rosen, D., Smith, M.L., & Reynolds, C.F. (2008). Characteristics and needs of older adult methadone clients. *The American Journal of Geriatric Psychiatry*, 16(6), 488-497.

### **Published Peer-Reviewed Abstracts**

Smith, M.L. (2011). Characteristics of community-dwelling older adults associated with the concurrent use of alcohol and alcohol-interactive medications. *Substance Abuse*, 32(1), 50 – 51.

Smith, M.L. (2011). Trajectories of concurrent alcohol and medication use among older adults. *Substance Abuse*, 32(1), 67 – 68.

### Published Letters

N Castle, N., Wagner, L., Ferguson, J., Smith, M.L. & Handler, S. (2012). Potential alcohol misuse and abuse in assisted living facilities. *Journal of the American Medical Directors Association*, 13(1): e7.

### Book Chapters

Lendarson, J. & Smith, M.L. (2017). *Catastrophic Consequences: The Link between Rural Opioid Use and HIV/AIDS. HIV/AIDS in Rural Communities- Research, Education, and Advocacy*. Springer: New York.

Castle, N., Smith, M. L., & Wolf, D. G. (2016). Long-term care and alcohol use. In A. Kuerbis, A. A. Moore, P. Sacco & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 233-246). Switzerland: Springer International Publishing.

### Technical Reports

Smith, M.L. & Richards, M. (2017). *Maine Dementia Capable Services System Grant: Evaluation of the MEDCAPS Clinician Training Initiative*. Prepared for the State of Maine Office of Disability and Aging. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

Smith, M.L., Gallo, R., Gressani, T. & Rosingana, K. (March, 2017). *Stage B Health Homes Program Monitoring Report: 2<sup>nd</sup> Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

Smith, M.L., Gallo, R., Gressani, T. & Rosingana, K. (March, 2017). *Stage A Health Homes Program Monitoring Report: 2<sup>nd</sup> Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

Smith M.L., Elbaum Williamson M, Pratt J, Gallo R, Rosingana K, & Richards M. (2016) *Time to Ask: An Alcohol Education Pilot for Healthcare Professionals*. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

Elbaum Williamson, M, Ford-Taylor, P, Fox, K, Leighton, A, & Smith, M.L. (2016) *Child Health Care Quality Improvement Strategies at Maine Pediatric and Family Practices (2011-2014)* Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

Smith, M.L. & Gallo, R. (2016) *Summary of Pediatric Quality Measures for Children Enrolled in MaineCare FFY-2009-2015*. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

Smith, M.L., Gallo, R., Gressani, T. & Rosingana, K. (November, 2016). *Stage B Health Homes Program Monitoring Report: 2<sup>nd</sup> Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human

Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

**Smith, M.L., Gallo, R., Gressani, T. & Rosingana, K.** (November, 2016). *Stage A Health Homes Program Monitoring Report: 2<sup>nd</sup> Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

**Smith, M.L., Croll, Z., Thayer, D., Gallo, R. & Rosingana, K.**(2016). *2014 Survey of Children Served by MaineCare*. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

**Smith, M.L., Gallo, R., Gressani, T. & Rosingana, K.** (August, 2016). *Stage B Health Homes Program Monitoring Report: 2<sup>nd</sup> Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

**Smith, M.L., Gallo, R., Gressani, T. & Rosingana, K.** (August, 2016). *Stage A Health Homes Program Monitoring Report: 2<sup>nd</sup> Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

**Smith, M.L., Gallo, R., Gressani, T. & Rosingana, K.** (May, 2016). *Stage B Health Homes Program Monitoring Report: 2<sup>nd</sup> Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

**Smith, M.L., Gallo, R., Gressani, T. & Rosingana, K.** (May, 2016). *Stage A Health Homes Program Monitoring Report: 2<sup>nd</sup> Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

**Smith, M.L., Gallo, R., Gressani, T. & Rosingana, K.** (February, 2016). *Stage B Health Homes Program Monitoring Report: 2<sup>nd</sup> Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

**Smith, M.L., Gallo, R., Gressani, T. & Rosingana, K.** (February, 2016). *Stage A Health Homes Program Monitoring Report: 2<sup>nd</sup> Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

**Smith, M.L., Croll, Z., & Thayer, D.** (2015). *2014 Survey of Children Served by MaineCare*. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

**Smith, M.L., Fox, K., McGuire, C., Gressani, T. & Rosingana, K.** (November, 2015). *Stage A Health Homes Program Monitoring Report: 1<sup>st</sup> Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

**Smith, M.L.** (2015) *Summary of Pediatric Quality Measures for Children Enrolled in MaineCare FFY-2009-2014*. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. Available at [http://www.maine.gov/dhhs/oms/pdfs/doc/ihoc/Measures\\_Summary\\_Report\\_final.pdf](http://www.maine.gov/dhhs/oms/pdfs/doc/ihoc/Measures_Summary_Report_final.pdf)

**Smith, M.L., Fox, K., McGuire, C., Gressani, T. & Rosingana, K.** (July, 2015). *Stage A Health Homes Program Monitoring Report: 4<sup>th</sup> Quarter of Calendar Year 2014*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

**Smith, M.L.** (2014) *Summary of Pediatric Quality Measures for Children Enrolled in MaineCare FFY-2009-2013*. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. Available at [http://www.maine.gov/dhhs/oms/pdfs/doc/ihoc/Measures\\_Summary\\_Report\\_2013.pdf](http://www.maine.gov/dhhs/oms/pdfs/doc/ihoc/Measures_Summary_Report_2013.pdf)

**Woerle, S., Guerin, P. & Smith, M.L.** (2002). *Understanding the Nexus: Domestic Violence and Substance Abuse among the Arrestee Population in Albuquerque*. Center for Applied Research and Analysis, Institute for Social Research, University of New Mexico.

**Woerle, S. & Smith, M.L.** (2001). *New Mexico DWI Project: Program Evaluation Handbook*. Center for Applied Research and Analysis, Institute for Social Research, University of New Mexico.

**Guerin, P., Hyde, R. & Smith, M.L.** (2001). *Evaluation of the Thirteenth Judicial District Court Sandoval County Juvenile Drug Court: Quasi-Experimental Outcome Study Using Historical Information*. Center for Applied Research and Analysis, Institute for Social Research, University of New Mexico.

**Guerin, P., Hyde, R. & Smith, M.L.** (2001). *Evaluation of the Third Judicial District Court Dona Ana County Juvenile Drug Court: Quasi-Experimental Outcome Study Using Historical Information*. Center for Applied Research and Analysis, Institute for Social Research, University of New Mexico.

**Guerin, P., Hyde, R. & Smith, M.L.** (2001). *Evaluation of the Second Judicial District Court Bernalillo County Juvenile Drug Court: Quasi-Experimental Outcome Study Using Historical Information*. Center for Applied Research and Analysis, Institute for Social Research, University of New Mexico.

**Guerin, P., Hyde, R., Carrier, L., Damon, N., Smith, M.L. & Ulibarri, B.** (2000) *Final Report: Process Evaluation of the Second Judicial District Juvenile Drug Court in Albuquerque, New Mexico*. Center for Applied Research and Analysis, Institute for Social Research, University of New Mexico.

### Technical Briefs

**Smith, M.L., Williamson, Elbaum, M., Richards, M. & Pratt, J.** (2017). *Qualitative assessment of substance use and mental health services and needs in Lincoln County Maine*. University of Southern Maine, Muskie School of Public Service. Available at: [http://healthylincolncounty.org/docs/5\\_15\\_HLC\\_BRIEF.pdf](http://healthylincolncounty.org/docs/5_15_HLC_BRIEF.pdf)

**Smith, M.L., Gallo, R., & Rosingana, K.** *Clinician and Practice Attitudes towards Integrating Alcohol Screening and Brief Intervention into Primary Care Practices in Maine*. (2016). University of Southern Maine, Muskie School of Public Service. Available at: [https://www.researchgate.net/publication/314299363\\_Clinician\\_and\\_Practice\\_Attitudes\\_towards\\_Integrating\\_Alcohol\\_Screening\\_and\\_Brief\\_Intervention\\_into\\_Primary\\_Care\\_Practices\\_in\\_Maine](https://www.researchgate.net/publication/314299363_Clinician_and_Practice_Attitudes_towards_Integrating_Alcohol_Screening_and_Brief_Intervention_into_Primary_Care_Practices_in_Maine)

Talbot, J., Smith, M.L., & Fox, K. *Insights from the 2013 Survey of Children Served by MaineCare: How Family-Centered is MaineCare?* (2014). University of Southern Maine, Muskie School of Public Service. Available at: [http://www.maine.gov/dhhs/oms/pdfs\\_doc/ihoc/CAHPSBrief1final.pdf](http://www.maine.gov/dhhs/oms/pdfs_doc/ihoc/CAHPSBrief1final.pdf)

Talbot, J., Smith, M.L., & Fox, K. *Insights from the 2013 Survey of Children Served by MaineCare: How Do MaineCare Providers Perform on Childhood Screening and Prevention?* (2014). University of Southern Maine, Muskie School of Public Service. Available at: [http://www.maine.gov/dhhs/oms/pdfs\\_doc/CAHPSBrief2final.pdf](http://www.maine.gov/dhhs/oms/pdfs_doc/CAHPSBrief2final.pdf)

Talbot, J., Smith, M.L., & Fox, K. *Insights from the 2013 Survey of Children Served by MaineCare: How Do Parents Rate Dental Services for Children in MaineCare?* (2014). University of Southern Maine, Muskie School of Public Service. Available at: [http://www.maine.gov/dhhs/oms/pdfs\\_doc/CAHPSBrief2final.pdf](http://www.maine.gov/dhhs/oms/pdfs_doc/CAHPSBrief2final.pdf)

## Presentations

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### Peer-Reviewed Research Presentations

Smith, M.L. and Nesin, N. (2017). Can a meaningful patient conversation about alcohol use really advance compassionate and outcomes based patient care? Maine Osteopathic Association Midwinter Symposium, Portland, ME.

Smith, M.L., Pratt, J., Gallo, R., Rosingana, K., Keller, J. & Richards, M. (2016). Addressing unhealthy alcohol use in Maine: provider and practice attitudes towards integrating alcohol screening and brief intervention within rural primary care practices. Addiction Health Services Research, Seattle, WA.

Rosen, D., Cornelius, J., Goodkind, S., & Smith, M.L. (2011). Photovoice as a way to engage and retain older African-American methadone clients. The College on Problems of Drug Dependence, Hollywood, FL.

Smith, M.L. (2011). Hazardous alcohol use among older Veterans. Western Psychiatric Institute and Clinic, Pittsburgh, PA.

Smith, M.L. (2010). Trajectories of concurrent alcohol and medication use among older adults. Association of Medical Education and Research in Substance Abuse, Bethesda, MD.

Smith, M.L. (2010). Characteristics of community-dwelling older adults associated with the concurrent use of alcohol and alcohol-interactive medications. Association of Medical Education and Research in Substance Abuse, Bethesda, MD.

Smith, M.L. (2010). Concurrent alcohol and medication use among community-dwelling older adults. Veterans Affairs National Mental Health Conference, Baltimore, MD.

Smith, M.L. (2010). Concurrent alcohol and medication use among community-dwelling older adults. Western Psychiatric Institute and Clinic, Pittsburgh, PA.

Smith, M.L. (2009). Patterns of concurrent alcohol and medication use among community-dwelling older adults. Society for Social Work Research, New Orleans, LA.



**Smith, M.L.** (2008). Prevalence and correlates of concurrent alcohol and medication use among older adults. Society for Social Work Research, Washington DC.

**Smith, M.L.** (2007). An examination of concurrent alcohol and medication use among older adults. University of Pittsburgh Institute on Aging, Pittsburgh, PA.

**Smith, M.L.** (2007). Prevalence and correlates of concurrent alcohol and medication use among older adults: Findings from the Cardiovascular Health Study. Gerontological Society of American, San Francisco, CA.

**Smith, M.L.** (2007). Prevalence and correlates of concurrent alcohol and medication use among older adults: Findings from the Cardiovascular Health Study. University of Pittsburgh Institute on Aging, Pittsburgh, PA.

Rosen, D., **Smith, M.L.**, Goodkind, S. & Davis-Jones, L. (2007). Using Photovoice to identify service needs of older African American methadone clients. Society for Social Work Research, San Francisco, CA.

Gjesfjeld, C. & **Smith, M.L.** (2007). Keeping interventions in mind: The MOS-SSS and social support measurement in community settings. Society for Social Work Research, San Francisco, CA.

**Smith, M.L.** & Colonna-Pydyn, C. (2007). Do the DSM-IV Symptom clusters really matter? A confirmatory factor analysis of the PTSD Checklist-Civilian Version. Society for Social Work Research, San Francisco, CA.

Breneman, C., Eack, S., **Smith, M.L.** (2006). LGBT content in social work education: Past failures and future challenges. Council on Social Work Education, Chicago IL.

**Smith, M.L.** & Davis-Jones, L. (2006). Exploring the health and mental health issues of older methadone clients. Council on Social Work Education, Chicago IL.

**Smith M.L.** and Rosen, D. (2006). Exploring the health and mental health issues of older methadone clients. University of Pittsburgh Institute on Aging, Pittsburgh, PA.

### **Invited Lectures**

**Smith, M.L.** (2012). The prevalence and risk of concurrent alcohol-medication use among older Veterans seen in Primary Care. VAPHS MIRECC Investigators Meeting, VAPHS, Pittsburgh, PA.

**Smith, M.L.** (2011). The prevalence and risk of concurrent alcohol-medication use among older Veterans. VAPHS MIRECC Investigators Meeting, VAPHS, Pittsburgh, PA.

**Smith, M.L.** (2011). Concurrent Alcohol and Medication Use among Older Adults: An Overview of Past Work and Future Research with Veteran Populations. University of Pittsburgh, School of Social Work.

**Smith, M.L.** (2011). Concurrent alcohol-medication use and health outcomes among older Veterans. VAPHS MIRECC Investigators Meeting, VAPHS, Pittsburgh, PA.

**Smith, M.L.** (2010). Just One More: Concomitant Alcohol and Medication Use among Older Adults. Psychiatric Epidemiology/Alcohol Research Seminar, University of Pittsburgh School of Medicine, Department of Psychiatry, Pittsburgh PA.

**Smith, M.L. (2010).** Concurrent alcohol and prescription medication use in older adults: Finding from the Cardiovascular Health Study. VISN 4 MIRECC Live Meeting, VAPHS, Pittsburgh, PA.

**Smith, M.L. (2010).** Alcohol and medication misuse and abuse among older adult Veterans- overview of proposed research at VA Pittsburgh Healthcare System (VAPHS), Doctoral Seminar, University of Pittsburgh, School of Social Work, Pittsburgh, PA.

**Smith, M.L. (2006).** Aging in Place: Aging in an Urban Environment. University of Pittsburgh, School of Social Work.

**Smith, M.L. (2006).** Understanding Social Security Reform: The issues and the alternatives. University of Pittsburgh, School of Social Work.

**Smith, M.L. (2005).** Strategies and Tactics for Community Organizing. University of Pittsburgh, School of Social Work.

**Smith, M.L. (2005).** LGBT Content in Social Work Education: Past Failures and Future Challenges. University of Pittsburgh, School of Social Work.

**Smith, M.L. (2004).** Qualitative Interviewing Skills. University of Pittsburgh, School of Social Work.

## Deborah Thayer

Research Associate II, Public Health and Health Policy

### Education

University of Maine, BS Child Development/Psychology 1977

University of Southern Maine, MBA 1992

### Summary

Ms. Thayer has many years of experience with analytic file construction and statistical analysis of claims, surveys, and other health-related data. She has completed complex statistical analyses using bivariate and multivariate techniques for several projects, including an epidemiological study of Maine Medicaid members with complex medical and behavioral health co-morbidities and an evaluation of state health reform efforts in Maine, Massachusetts and Vermont using claims data to compare three state-subsidized insurance plan models. She was Project Director for the evaluation of the Maine Patient-Centered Medical Home (PCMH) Pilot, and a member of the Maine Health home evaluation team.

Ms Thayer has also worked with national Medicaid data, using the mini-MAX (a 5% sample of the Medicaid Analytic eXtract), to study differences in home and community based service (HCBS) use and nursing home services among rural and urban elderly Medicaid beneficiaries. She is currently analyzing rural-urban differences in nursing home use rates among Medicare beneficiaries using the Medicare Current Beneficiary Survey (MCBS), as well as working on a project to establish a baseline inventory of telehealth use in rural and urban geography using a sample of Medicaid Analytic eXtract (MAX), data. Another current project funded through National Institute of Justice will use Maine Medicaid and Medicare data to compare the health care cost and use profiles of Maine victims of elder abuse to other Maine adults who have not been served by Adult Protective Services.

### Employment

2016 – present **Muskie School of Public Service, University of Southern Maine**

**Research Associate II**

**Projects include:**

**Telehealth Services among Rural Medicaid Beneficiaries** – this study uses Medicaid claims data to inventory telehealth use in a sample of rural and urban residents who were Medicaid

### CORE COMPETENCIES

Statistical Analyses

MaineCare Administrative  
Data Analytics

All-payer Claims Data  
Analytics

Complex Survey Data  
Analytics

beneficiaries in 2011 in order to establish a baseline to which subsequent years of data could be compared. The goal is to determine whether telehealth policies are having an impact.

**Rural and Urban Use of Long Term Supports and Services** – this study examines the use of nursing home care among rural and urban Medicare beneficiaries, and beneficiary characteristics and other factors associated with rural-urban differences in nursing home placement.

**Health Care Costs of Elder Abuse** – this project uses Medicare, Maine Medicaid, and Maine Adult Protective Services (APS) data to compare health care costs and service use of Maine's Adult Protective Services (APS) population before and after an APS investigation is open with costs and use of the general older adult population.

**Survey of Children Served by MaineCare (CHIP Survey)**- The CHIP survey is Maine's annual questionnaire of parents of children on MaineCare/CHIP regarding their experience of care using CAHPS and Maine-specific policy topics to monitor quality of services delivered to MaineCare/CHIP families, inform programmatic improvements and for federal reporting.

2009 – 2016 **Muskie School of Public Service, University of Southern Maine**

**Research Associate I**

**Projects include:**

**MaineCare Health Homes (HH) Stage A-** Provided data analytic and statistical support to this evaluation which uses a mixed methods approach to assess how the program has been implemented across the state by HH practices and Community Care teams based on qualitative interviews and program data and to evaluate the impact on cost and quality using Medicaid claims data comparing MaineCare members enrolled in Health Homes with members with comparable diagnoses that were not enrolled in the program.

**Maine Patient-Centered Medical Home Quality and Efficiency Evaluation** – served as Project Director and data and statistical analyst to evaluate the impact of the Maine

Patient-Centered Medical Home pilot on the quality, cost, and efficiency of care provided to MaineCare and other patients.

**ME FIRST Evaluation** – this evaluation analyzed Maine’s All-Payer Claims Data to estimate cost savings from a worksite wellness program.

**Availability and Use of Community and Home-Based Services** - this study used a summary of the national Medicaid Analytical Extract (MAX) claims data file to examine differences in HCBS use among rural and urban elderly Medicaid beneficiaries receiving LTSS.

**Impact of Mental Health on Diabetes** – Conducted a two year epidemiological study of Maine Medicaid members with complex medical and behavioral health co-morbidities.

**Survey of Children Served by MaineCare (CHIP Survey)**- The CHIP survey is Maine’s annual questionnaire of parents of children on MaineCare/CHIP regarding their experience of care using CAHPS and Maine-specific policy topics to monitor quality of services delivered to MaineCare/CHIP families, inform programmatic improvements and for federal reporting.

**Rural Eligibility Transitions** – used the national survey data (SIPP) to gauge income volatility and its potential effects on health insurance coverage for individuals enrolled in Medicaid Expansion or Exchanges under the Affordable Care Act.

2003 – 2009

**Muskie School of Public Service, University of Southern Maine  
Research Analyst II**

**Projects include:**

**Cost of Defensive Medicine** – conducted an analyses of national claims data and medical malpractice premiums to estimate the cost of defensive medicine in the United States.

**Epidemiological Analysis of the Maine Prescription Monitoring Program Data, (Maine Office of Substance Abuse)** – conducted an epidemiological analyses of the Maine Prescription Monitoring Program (PMP) data. The PMP data base contains information on all prescriptions filled in Maine for prescription drugs that are in the Drug Enforcement Agency categories II-IV of controlled substances.

**Impact of Public Reporting on primary care in Maine** - The goal of this project was to improve the quality of primary care in Maine by evaluating the impact of the Maine Health Management Coalition Pathways to Excellence (PTE) performance reports on the quality of primary care in Maine, explore if and how primary care providers use the PTE reports to improve the quality of care, and address methodological questions facing the MHMC as it refines the PTE reports, including the feasibility of physician-level reports

**Trends in the use of psychotropic medications among older community-dwelling Maine Medicaid members** - analyzed MaineCare pharmacy claims to estimate use of

potentially inappropriate medications by Maine Medicaid (MaineCare) beneficiaries age 60 and older

**Evaluation of the Maine Medicaid Preferred Drug list.**- evaluated the impact of the MaineCare Preferred Drug List on members' medication use and the use of health care services and adverse health events that may be sensitive to changes in medication use.

**BRFSS** – Project Director for work with the Maine CDC to provide support for data analysis of the Maine Behavioral Risk Factor Surveillance System.

2001 – 2003 **Muskie School of Public Service, University of Southern Maine**  
**Research Analyst I**  
**Projects include:**

**BRFSS** – Project Director for work with the Maine CDC to provide support for data analysis of the Maine Behavioral Risk Factor Surveillance System.

**Use of cancer screening tests by female MaineCare beneficiaries.** – analyzed the use of preventive services among eligible female MaineCare beneficiaries

2000-2001 Contract Data and Research Analyst  
Maine Health Information Center, Anthem Blue Cross and Blue Shield, LL Bean

1994-2000 Senior Research Analyst / Technical Analyst  
Blue Cross and Blue Shield of Maine, So. Portland, ME

### **Publications**

Freeman, E., McGuire, C., Thayer, D. et al. (March 2014). Factors Affecting Costs in Medicaid Populations with Behavioral Health Disorders, *Medical Care*, 2014:52 s60-s66.

Thomas JW, Ziller E, Thayer D. (2010, September). The cost of defensive medicine in the United States. *Health Affairs*, 29(9), 1578-1584

### **Technical Reports**

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Fox, K, Gray, C, Rosingana, K, Thayer, D. *Evaluation of the MaineCare Health Homes Stage A Initiative: Year 1.* Pending final approval from MaineCare, University of Southern Maine, Muskie School of Public Service (submitted March 2014).

Griffin E, Coburn A, Ziller E, Thayer D, Croll Z. *Are Rural Older Adults Benefiting from Increasing State Spending on Medicaid Home and Community-Based Services?* Portland, ME: Maine Rural Health Research Center. Policy Brief

Talbot, J., Thayer, D., Croll, Z., Fox, K. 2013 *Survey of Children Served by MaineCare*. Prepared by the Muskie School of Public Service for the Office of MaineCare Services. (December 2013).

Anderson, N., Fox, K., Thayer, D., & Croll, Z. *Children served by MaineCare, 2012: Survey findings*. Portland, ME: University of Southern Maine, Muskie School of Public Service. (2013, January)

Anderson NJ, Thayer D, Fox K & Gage-Croll Z: *Children Served by MaineCare, 2011: Survey Findings*. Portland, ME: Muskie School of Public Service, University of Southern Maine, March 2012.

Anderson NJ, Thayer D, Fox K: *Children Served by MaineCare, 2009: Survey Findings*. Portland, ME: Muskie School of Public Service, University of Southern Maine, December 2010.

Payne, S.M.C., Thayer, D.A., and Keith, R.G. 2006. Trends in the use of psychotropic medications among older community-dwelling Maine Medicaid members, 1998 – 2003. Portland, Maine: University of Southern Maine, Edmund S. Muskie School of Public Service, Institute for Health Policy.

Payne, S.M.C., Thayer, D.A., Bratesman, S., Tupper, J.B., and Keith, R.G. 2006. Using focused medication management to improve the appropriateness of psychotropic medication use by older Maine Medicaid members. Portland, Maine: University of Southern Maine, Edmund S. Muskie School of Public Service, Institute for Health Policy.

Payne, S.M., C., Thayer, D.A., Keith, R.G., and Ziller, E.C. 2006. Evaluation of the Maine Medicaid Preferred Drug list.

Payne, S.M.C., Thayer, D.A., & Keith, R.G. 2002. Use of cancer screening tests by female Mainecare beneficiaries.

## **Presentations**

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“Integration of Health Care in Maine: Implications from the DHHS/AHRQ Multiple Chronic Conditions Project.” September 21, 2012; Multiple Chronic Conditions Forum

## Catherine A. McGuire

Director, Health Data Resources and Senior Research Associate

### Education

University of Southern Maine  
Bachelor of Science, Computer Science 1983

### Summary

Catherine McGuire, Director of Health Data Resources within the Cutler Institute, has worked for more than 30 years at the Muskie School providing policy-directed analysis of MaineCare (Medicaid) and Medicare administrative data, and implementing data solutions to support research and operations of the MaineCare program. Most recently, Ms. McGuire has lead the Muskie team in assisting DHHS with its value-based purchasing initiatives designing the Stage A Chronic Condition, Stage B Behavioral Health Homes patient attribution process and developing a secure portal, the Value-Based Purchasing Management System (VMS) to manage health home panels, utilization and payment information. VMS is also used for the Accountable Communities utilization and quality information distribution. Additionally Ms. McGuire provided technical expertise and analysis of claims and eligibility data in support of DHHS actuary work and quality indicators development for the Accountable Community initiative.

Ms. McGuire has extensive knowledge of Maine's Long Term Services System having worked on the development of the Minimum Data Set for Nursing Homes, developing the Case Mix Payment and Quality Assurance System in the National Case Mix Demonstration Project and subsequent systems developed in Maine for Residential Care and Adult Family Care Homes. Ms. McGuire continues to lead the teams at Muskie that support Maine's Case Mix Payment and Quality Assurance Systems. Working on the State and National level in developing quality indicators for use in facility and state survey quality initiatives these long term care assessment systems provided a bridge to assisting the Maine Division of Licensing and Regulatory Services (DLRS) with improving the use of National Quality Improvement and Evaluation System (QIES) and leveraging this technology for broader state use for licensing and regulatory services.

Through this long experience Ms. McGuire has developed extensive expertise working with and combining a variety of health care data sets including claims, clinical assessment, vital records and primary data developing an infrastructure to support both operational and analytic uses of this information for Maine. Complementing this expertise, Ms. McGuire has extensive knowledge of how policy and operations impact the quality and use of these data for research and policy analysis- experience of critical importance to ensuring that the information and reporting produced are of the highest possible quality.

### CORE COMPETENCIES

Quality of Care and Outcomes Measurement

Project Management

Client-Tailored Systems Development

Long Term Care Resident Assessments

Case Mix Payment Methods

Value-Based Purchasing Agreements



## Employment

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- 1984 – Present** Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine, Portland, Maine
- 2001-present** Director of Health Data Resource and Senior Research Associate.
- 1993- 2001** Director of Computer and Data Systems and Research Associate
- 1989- 1993** Computer and Data Systems Manager
- 1984-1989** Research Assistant
- 2012-Present** **Value-Based Purchasing System (VMS).** McGuire (PD). This project supports information systems that supports Maine DHHS with its current value-based purchasing initiatives including Health Homes, Behavioral Health Homes and Accountable Communities. VMS is a secure web portal that provides member enrollment, healthcare utilization and quality data to providers and state staff.
- 2014-Present** **Healthcare Data Analysis, Professional Services and System Management.** McGuire (PD). Contract with Maine Department of Health and Human Services, Maine Office of MaineCare Services. This project provides on-going support and development of a data warehouse for analysis to better manage and serve Maine’s low income Medicaid population. Administrative data including claims, eligibility, clinical assessment, vital statistics, licensing and survey results are included. These data support the MaineCare program with policy development, provider quality assurance and incentive programs, rate setting and research. This project provides support and development for MaineCare’s Case Mix Payment and Quality Assurance System, systems that support the Division of Licensing and Regulatory Services, the annual survey of Member Satisfaction with the Children’s Health Program and an evaluation of the Health Homes Initiative.
- 2010-2017** Molina Health Care Systems with funding from Maine Department of Health and Human Services, Cooperative Agreement, Maine Office of MaineCare Services. **MaineCare Primary Care Incentive Payment System and Utilization Review Reports.** McGuire (PD). This project supports the primary care provider payment incentive system, awarding over \$3 million dollars annually to high performing MaineCare Primary Care Practices. Additionally, the Utilization Review (UR) reports were designed and are provided twice yearly comparing quality at primary care practice sites.
- 2010-2015** **Improving Health Outcomes for Children (IHOC).** McGuire (Senior Research Associate) The Maine/Vermont program is designed to promote the use of quality measures and information technology to improve health outcomes for children (IHOC); improving Medicaid member children’s timely access to quality care. This projects is developing quality measures using claims, electronic health records (EHR), the state immunization registry and vital records. Ms McGuire has been a leader on measure development.
- 2005-2012** **New Hampshire Comprehensive Health Information System (NH CHIS).** McGuire (PD) Under subcontract with Onpoint with funding from the New Hampshire Department of Health and

Human Services (NH DHHS) and the New Hampshire Insurance Department (NHID). McGuire (Research Associate). This project uses information in the NH CHIS data system to develop standard reports and special studies that examine health care quality, use and expenditures for NH residents.

2010-2012 Agency for Health Care Research and Quality. **Impact of Mental Health on Diabetes**. McGuire (Research Associate). This was a two year analytic epidemiologic study of retrospective cohorts of Maine Medicaid members with complex medical and behavioral health co-morbidities.

1993-2013 Maine Department of Health and Human Services, Cooperative Agreement, Maine Office of MaineCare Services. **MaineCare Claims and Eligibility Data Management and Reports**. McGuire (PD). This project supported the development of a data warehouse for analysis to better manage and serve Maine's low income Medicaid population.

## **Publications**

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Freeman, E., McGuire, C., Rubin, M. et al. (August 2012). When might the risks outweigh the benefits in prescribing antipsychotics to MaineCare members, QI Snapshot, Augusta, ME: Office of Quality Improvement, Maine Department of Health and Human Services.

Ziller, E, Gressani, T, McGuire, C, Fox, K, Chamberlain, K. (February 2012) *Health Status, Service Use and Cost among MaineCare Children in Foster Care*. Prepared for the Maine Department of Health and Human Services, Office of MaineCare Services as part of the evaluation of Maine's Improving Health Outcomes for Children (IHOC) CHIPRA Quality demonstration grant, Muskie School of Public Service.

Fralich, J., Bratesman, S., McGuire, C., Olsen, L., Ziller, J., Mauney, K., Sullivan, K., Gressani, T., & Gunn, C. (2010, March). *Older adults and adults with disabilities: Population and service use trends in Maine. (Chartbook)*. Portland, ME: University of Southern Maine, Muskie School of Public Service, Cutler Institute for Health and Social Policy.

McGuire, C.A. in collaboration with staff from Onpoint Health Data (Onpoint) and the State of New Hampshire Department of Health and Human Services, Office of Medicaid Business and Policy. (Various Dates). *Medicaid Annual Reports for State Fiscal Years 2006-2011*. Concord, NH: New Hampshire Department of Health and Human Services, Office of Medicaid Business and Policy.

Griffin, E., Fralich, J., McGuire, C., Olsen, L., Bratesman, S., Bubar, K., Ring, C., Yoe, J., & Turyn, R. (2009, March). *A cross-system profile of Maine's long term support system: A new view of Maine's long term services and supports and the people served*. Portland, ME: University of Southern Maine, Muskie School of Public Service and the Maine Department of Health and Human Services.

Fox, K. McGuire, C., Gray, C, et al. (2009, February and 2010, September). *Comparison of Primary Care Received by New Hampshire Medicaid Members at Different Practice Settings, 2006 and Repeated in 2008*. Concord, NH: New Hampshire Department of Health and Human Services, Office of Medicaid Business and Policy

Kilbreth, E., McGuire Catherine, Gray, C., Chitashvili, T., & Finison, K. (2009). *Analysis of 2006 Maine Emergency Department Use: A Study Conducted on Behalf of the Emergency Department Use for the Work Group of the*

Maine Advisory Council on Health System Development. (Project Final Report). Portland, ME: University of Southern Maine, Muskie School of Public Service.

Snow, K. et al., Adults Using Long Term Services and Supports: Population and Service Use Trends in Maine, State Fiscal Year 2014. (Chartbook). Portland, ME: University of Southern Maine, Muskie School of Public Service; 2016. Available at <http://muskie.usm.maine.edu/Publications/DA/Long-Term-Services-Supports-Use-Trends-Chartbook-SFY2014.pdf>

Fralich, J., McGuire, C., Olsen, L., Bratesman, S., & Turyn, R. (2007, March). *Caring for people with Alzheimer's Disease or Dementia in Maine*. (Research & Policy Brief). Portland, ME: University of Southern Maine, Edmund S. Muskie School of Public Service, Institute for Health Policy

### **Technical Reports**

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Griffin, E, McGuire, C, Snow, K. *Financial Exploitation of Maine's Older Adults, An Analysis of Maine Adult Protective Services and Legal Services for the Elderly Case Records, State Fiscal Years 2010-2016*. Pending Final Approval from Maine Legal Services for the Elderly and Office of Aging and Disability Services

## Tina Gressani

Senior Computer and Database Specialist  
University of Southern Maine, Muskie School of Public Service

### Education

Cornell University  
Bachelor of Science, Environmental Sciences

University of Southern Maine  
Master of Science, Computer Science

### Summary

Tina Gressani has been employed by the University of Southern Maine (USM) as a Computer and Data Specialist for over 19 years. She is responsible for management of systems and staff related to the various USM, Muskie School project and grants. These systems include medical and pharmacy claims, eligibility, member, provider and financial databases. She develops, designs and manages the use of these data systems for health service research and analysis to support project requirements, assuring the quality of systems, integrity of the data and accuracy of information produced from these systems. She also oversees staff training and documentation for the various systems and data sources. She is responsible for assuring compliance with the Business Associates Agreement (BAA) between the contracting agencies and the Muskie School, governing the use of protected health information.

### Relevant Experience

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- 1998 - Present **University of Southern Maine, Muskie School of Public Service**
- 1998-Present **Healthcare Data Analysis, Professional Services and System Management**  
Provide data support and analysis for the development of the Health Home, Behavioral Health Home and Accountable Communities enrollment system. Including developing a member attribution method which allows member to be assigned to a Health Home provider, generating monthly payment files, and additional ad-hoc analysis as needed.  
Development and maintenance of a Maine Medicaid data warehouse which supports several research projects. The data includes medical and pharmacy claims as well as eligibility, member, provider and vital stats information. The warehouse consist of data across 3 claims processing systems.  
Development and maintenance of the Healthcare Effectiveness Data and Information Set (HEDIS). Measures are updated yearly.
- 2010-Present **Improving Health Outcomes of Children (IHOC)**. Provide data for the CHIP Annual Report and the First Step practices. Assisted with the development of several HEDIS measures with Health Info-net. Provided data analysis for the Immunization project.
- 2011-Present **Molina Health Care Systems**  
Development and maintenance of the MaineCare Primary Care Provider Incentive Payment (PCPIP) and Utilization Review (UR) reporting systems. Reports are generated quarterly.
- 2010-2012 **Agency for Health Care Research and Quality - Impact of Mental Health on Diabetes.**

### EXPERTISE

Data Management

Data Analysis

Documentation

Medicaid and Medicare  
Expertise

Quality of Care Measures

Responsible for identifying the Maine Medicaid members for this project using Medicaid claims data. Created several analytical files for various measures used by the Research Analyst in the final analysis.

### **Relevant Publications and Technical Reports**

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McGuire, C., Bratesman, S., Gressani, T., Fralich, J. Children and Adults With Long Term Services and Support Needs: MaineCare and Medicare Expenditures and Utilization, State Fiscal Year 2010. (Chartbook). Portland, ME: University of Southern Maine, Muskie School of Public Service; December 2012.

McGuire, C., Gressani, T., Bratesman, S., Fralich J. Members Dually Eligible for MaineCare and Medicare Benefits: MaineCare and Medicare Expenditures and Utilization, State Fiscal Year 2010. (Chartbook). Portland, ME: University of Southern Maine, Muskie School of Public Service; October 2012.

Fralich, J., Bratesman, S., McGuire, C., Olsen, L., Ziller, J., Gressani, T., Mauney, K., Shaw, C., Gunn, C. (2012). Chartbook: Older Adults and Adults with Disabilities: Population and Service Use Trends in Maine. Portland, ME: University of Southern Maine, Muskie School of Public Service.

Fralich, J., Bratesman, S., McGuire, C., Olsen, L., Ziller, J., Sullivan, K., Gressani, T., Gunn, C. Chartbook: Older Adults and Adults with Disabilities: Population and Service Use Trends in Maine 2010

Fralich, J., Bratesman, S., McGuire, C., Olsen, L., Mauney, K., Shaw, C., Gressani, T., Gunn, C. Chartbook: Dementia in Maine: Characteristics, Care and Cost Across Setting – 2013

Ziller, E., Gressani, T., McGuire, C., Fox, K., Chamberlain, K. Chartbook: Improving Health Outcomes for Children Evaluation: Health Status, Service Use and Cost among MaineCare Children in Foster Care - 2012

## Elizabeth Gattine

Senior Policy Associate, Disability & Aging  
University of Southern Maine, Muskie School of Public Service

### Education

Dartmouth College  
Bachelor of Arts

Columbia University School of Law  
Juris Doctor

### Summary

Ms. Gattine has extensive knowledge of Medicaid programs and policy and has significant experience in the design, implementation and administration of Medicaid policy and programming, particularly in relationship to long term services and supports. Prior to joining the Muskie School, Ms. Gattine managed long term care programs for the Maine Department of Health and Human Services, providing in-depth, firsthand experience with policy development and interpretation, compliance requirements, quality assurance and improvement systems and stakeholder engagement. Trained as a lawyer, she combines strong analytic skills with the expertise need to operate and manage the delivery of Medicaid-funded long term services and supports.

At the Muskie School, Ms. Gattine serves as the state lead for the qualitative evaluation for Financial Alignment Initiative demonstrations in Massachusetts and Rhode Island. She also serves as the Security Coordinator, assisting with privacy and security training and technical assistance to Muskie School research staff, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

### Employment

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2015 - Present **Muskie School of Public Service, University of Southern Maine**  
**Senior Policy Associate**

- Leads the qualitative evaluation for two state demonstrations under the Centers for Medicare & Medicaid Services Financial Alignment Initiative
- Through the New England States Consortium Systems Organizations (NESCSO), provided technical assistance and training to staff from New England Health and Human Services agencies on issues specific to Medicaid-funded long term services and supports
- Co-authored a policy brief outlining opportunities for reforming Maine's long term services and supports system
- Provides subject matter expertise for study of urban and rural differences in nursing facility use funded by the federal Office of Rural Health Policy and conducted by the Muskie School's Rural Health Research Center

### CORE COMPETENCIES

Qualitative Evaluation

Training and Technical Assistance

Policy Analysis

- Works with research team under a grant from the U.S. Department of Justice to estimate the individual and societal healthcare costs of elder abuse by linking MAPSIS data with Medicare and Medicaid claims
- Provides privacy and security training and technical assistance to Muskie School research staff, in compliance with the Health Insurance Portability and Accountability Act (HIPAA)
- Serves on steering committee for the University of Maine System Aging Initiative, a campus wide cross disciplinary collaboration fostering age-related research and learning opportunities

2010 - 2015     **Maine Department of Health and Human Services  
Program Manager, Long Term Care**

- Conducted statewide policy and strategic planning for Maine's long term services and supports system for older adults and adults with disabilities.
- Managed Maine's state and federally funded programs that provide long term services and supports to elders and adults with disabilities, including Medicaid 1915(c) waivers, Medicaid State Plan and state funded LTSS services.
- Oversaw medical/functional eligibility statewide assessment process for nursing facilities, residential care and home and community based services.

1997 - 2010     **Maine Department of Health and Human Services  
Legal Services Consultant**

- Provided technical assistance and training to a wide range of organizations and agencies within the State's aging network.
- Conducted statewide outreach, client education and advocacy relevant to the needs of elders and protection of rights.

1987 - 1992     **Davis Polk  
Associate attorney**

### **Publications and Technical Reports**

Gattine, E.C. & Griffin, E. (September 2017). Charting a pathway forward: Redesigning and realigning supports and services for Maine's older adults. Portland, ME: The Muskie School of Public Service.

Gattine, E.C., Ptaszek, A., Chepatis A., et al. (March 2017). Beneficiary experience: Early findings from focus groups with enrollees participating in the Financial Alignment Initiative. Durham, NC: RTI International.

Gattine, E.C., Weiner J., Khatutsky, G., et al. (March 2017). Early findings on care coordination in capitated Medicare-Medicaid plans under the Financial Alignment Initiative. Waltham, MA: RTI International.

Gattine, E.C., Anderson W., Greene A., et al. (March 2017). Issue brief: Special populations enrolled in demonstrations under the Financial Alignment Initiative. Waltham, MA: RTI International.

Gattine E.C., Fralich J., Booth M., et al. (September 2016). Financial Alignment Initiative annual report: One Care: MassHealth plus Medicare. Waltham, MA: RTI International.

## **Presentations**

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"Service delivery of long term services and supports: What's new in federal and state Medicaid policy?" June 2017; the 27<sup>th</sup> Annual Maine Geriatrics Conference, University of New England.

"Federal and state approaches to integrating care for Medicare and Medicaid beneficiaries." June 2016; the 26<sup>th</sup> Annual Maine Geriatrics Conference, University of New England.

"Maine's direct service worker training program: opportunities and challenges." June 2014; the 24<sup>th</sup> Annual Maine Geriatrics Conference, University of New England.

"Use of participant experience surveys and listening sessions to inform design of long term services and supports in era of integrated delivery models: Challenges and opportunities." September 2013; National Association of States United for Aging and Disabilities Home and Community Based Services Conference.

## **Public Service and Professional Memberships**

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Maine Legal Services for the Elderly, Board of Directors - 2016-present

Maine Council on Aging, Board of Directors - 2016-present

Westbrook Housing Authority, Board of Commissioners - 2016-present



## Katie Rosingana

Research Analyst II, Public Health and Health Policy  
University of Southern Maine, Muskie School of Public Service

### Education

Tufts University  
Bachelor of Arts, History and English

### Summary

Ms. Rosingana has over twenty years of experience in project management, policy analysis, stakeholder engagement, and program evaluation involving qualitative and survey methods, especially focusing on initiatives related to patient and provider experience within Medicaid programs. She was a member of the Maine Health Home evaluation team where she conducted site visits and interviews at Health Homes and Community Care Teams across the state. Her work with MaineCare on the Value-Based Purchasing stakeholder engagement project included designing and conducting statewide Listening Sessions for MaineCare members, writing and presenting Listening Sessions Report, as well as quantitative survey & protocol development for written beneficiary surveys. As a part of this project she conducted over twenty in-home structured interviews for MaineCare members receiving Long-Term Services and Supports. Recently she participated in the Lunder Dineen pilot, developing clinician surveys and conducting key informant interviews in primary care practices to gather information about provider-patient discussions about alcohol use. In addition, her stakeholder and beneficiary facilitation work with the Maine Department of Health and Human Services on the Value-Based Purchasing initiative supplied beneficiary and provider feedback into the development of the Department's MaineCare Health Home program.

### CORE COMPETENCIES

Project Management

Qualitative Research  
Methods & Analysis

Medicaid Beneficiary  
Experience

Stakeholder Engagement

Program Development and  
Evaluation

### Employment

2014 - Present **Muskie School of Public Service, University of Southern Maine**

**Research Analyst II**

2004-2014 **Policy Analyst I**

- Provide technical assistance, research, and evaluation services to programs and foundations working to improve healthcare delivery in Maine including the Maine Cancer Foundation, the Lunder-Dineen Health Alliance of Maine (Time-to-Ask Pilot), and the Maine Health Access Foundation (MeHAF) Rural Health Profiles, Addiction Care Program, and the annual Survey of Children served by MaineCare (CHIP, the state's 1115 waiver). Leading qualitative data collection effort for the MeHAF project, which includes ten practices across the state, conducting focus groups and key informant interviews of providers and persons in recovery.
- Participated on team that provided Lunder Dineen (funder) a contextual assessment of how three primary practice pilot sites gather and use information about alcohol use from patients to inform a future pilot program. Activities included a literature review,

development and dissemination of two surveys (office systems and clinician), development of a qualitative survey tool, and qualitative interviews with practice staff. Assisted in presentations and drafted qualitative findings for final report. NVivo was utilized to organize and assist in data qualitative analysis.

- **MaineCare Health Homes Evaluation and Program Monitoring:** Participated on this evaluation team that used a mixed methods approach to assess how the program was implemented across the state by Health Home practices and Community Care Teams, based on qualitative interviews and program data and to evaluate the impact on cost and quality using Medicaid claims data comparing MaineCare members enrolled in Health Homes with members with comparable diagnoses that were not enrolled in the program. Activities include assisting with the development of a research plan, conducting interviews with community care teams and a sample of health home practices, qualitative and quantitative data analysis, and assisting in writing findings. Drafted two project briefs. Programmatic monitoring was provided on a quarterly basis; assisted in data preparation and report writing for both Stage A (chronic conditions) and Stage B (behavioral health) Health Homes.
- **Maine Direct Service Workers:** Authored a technical assistance guide to Maine direct service worker titles after researching federal and state laws, policies, rules and guidelines to identify requirements for direct service worker training, job descriptions, and populations served. Assisted in developing a competency-based, coordinated training program for direct service workers in the state.
- **MaineCare Stakeholder Engagement:** Provided technical assistance, plain-language materials and consultation in the organization and support of advisory committees to DHHS, facilitating stakeholder advisory meetings and incorporating stakeholder input into new model design. Activities also included conducting statewide Listening Sessions for MaineCare members, writing and presenting Listening Sessions Report to Department and all stakeholders, survey & protocol development for written surveys and structured interviews for MaineCare members receiving Long-Term Services and Supports (and conducting said interviews), and writing final report.
- **Provider Incentive Program:** Assisted the Maine Department of Health and Human Services in investigating alternative strategies or methodologies to inform modifications to the PCPIP program, which uses provider incentives to improve the quality of care provided. Activities include literature review & summary on commercial and Medicaid pay-for-performance ("P4P") programs, key staff interviews & summarization of Maine commercial payers' P4P programs, development of project decisions tracking tools, presentation preparation for Department.
- **MaineCare Managed Care:** Assisted the Office of MaineCare Services as it developed a managed care model for its Medicaid program. Activities included conducting literature review of managed care models in other states, writing report to the legislature on feasibility of such a program in Maine, assisting in work plan development for managed care project, providing technical assistance and consultation in the development of managed care model. When the model updated to Value-Based Purchasing, activities included researching and summarizing emerging ACOs (Accountable Care Organizations) in other states' Medicaid programs.
- **Patient Centered Medical Homes (PCMH) Pilot: Baseline Patient Survey**  
Developed and executed baseline patient survey for 26 PCMH pilot sites in Maine. Activities included overseeing project work plan, survey and protocol development,

technical assistance to practice sites executing the survey, oversee data roll-up and delivery to Quality Counts (project funder).

- **Medicaid Best Practices:** Investigated best practices in other states' Medicaid programs to inform policy makers and MaineCare staff on how to improve its program. Activities included literature reviews, policy briefs, memos and power point presentations to policy makers on other states' best practices in various aspects of their Medicaid program.
- **MaineCare Policy Analysis:** Developed policies/ rules for the Maine Medicaid program (Office of MaineCare Services), met with stakeholders on proposed changes to these policies; drafted and updated new rules for the MaineCare Benefits Manual (MBM); informed Medicaid staff of changes to CMS policy via briefs and memos.

1998 - 2003 **Fiscal Policy Analyst**

**Massachusetts Executive Office of Health and Human Services, Boston, MA**

- Reviewed programs, operations, and policies; analyzed agency spending requests and assumptions; tracked spending, revenue, and staffing; made budget-related recommendations based on independent analysis
- Partnered with agency staff to develop appropriate annual budget recommendations, identify potential risks for increased spending or decreased revenue, and presented corresponding solutions; worked with departments to implement administrative policies and priorities
- Identified and monitored budget and policy issues, including changes to state and federal laws, programmatic variables, and economic factors; proposed and analyzed savings initiatives
- Portfolio (\$2.5M in SFY2000) included Department of Social Services (DSS), Department of Mental Retardation (DMR), Department of Transitional Assistance (DTA), Office of Child Care Services (OCCS)

1995 - 1998 **Legislative Aide**

**State Senator Richard R. Tisei, Boston, MA**

- Researched key issues, drafted and tracked legislation pursuant to Senator's service on Committee on Health and Human Services
- Analyzed public issues and federal, state, and local legislative trends, drafted briefing reports and committee testimony
- Wrote weekly column published in seven local newspapers

**Publications**

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Smith, M.L., Gallo, R., and Rosingana, K. *Clinician and Practice Attitudes towards Integrating Alcohol Screening and Brief Intervention into Primary Care Practices in Maine*. University of Southern Maine, Cutler Institute for Health and Social Policy, Muskie School of Public Service. (March 2016)

**Technical Reports**

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Rosingana, K., Smith, M.L., Gallo, R., Jimenez, F. *Challenge Cancer 2020: Summary of Giving 2017 Interim Report*. Prepared by the University of Southern Maine, Muskie School of Public Service for Maine Cancer Foundation. (submitted November 2017)

Smith, M.L., **Rosingana, K.**, Croll, Z., Thayer, D., Richards, M. 2017 *Survey of Children Served by MaineCare*. Prepared by the University of Southern Maine, Muskie School of Public Service for the Office of MaineCare Services. (October 2017)

Smith M.L., **Rosingana, K.** *MaineCare Summary of Child Core Set Measures: Summary of Pediatric Quality Measures for Children Enrolled in MaineCare CY 2012- CY 2105*. Prepared by the University of Southern Maine, Muskie School of Public Service for the Office of MaineCare Services. (October 2017)

**Rosingana, K.**, Edris, N., Pratt, J., Moulton, S. *Maine Direct Service Workers: A Guide to Job Titles*. Prepared by the University of Southern Maine, Muskie School of Public Service for the Maine Department of Health and Human Services. (September 2017, September 2014)

Smith, M.L., Croll, Z., Thayer, D., Gallo, R. & **Rosingana, K.** 2016 *Survey of Children Served by MaineCare*. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (October 2016).

Fox, K, Gray, C, **Rosingana, K**, Thayer, D. *MaineCare Health Homes Stage A Evaluation: Cost, Utilization and Quality Findings*. Prepared by the University of Southern Maine, Muskie School of Public Service for the Office of MaineCare Services (September 2016)

Smith, M.L, **Gallo, R.**, Gressani, T. & **Rosingana, K.** *Stage A Health Homes Program Monitoring Report: 4th Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (August, 2016).

Smith, M.L, **Gallo, R.**, Gressani, T. & **Rosingana, K.** *Stage B Health Homes Program Monitoring Report: 4th Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (August, 2016).

Smith, M.L, **Gallo, R.**, Gressani, T. & **Rosingana, K.** *Stage A Health Homes Program Monitoring Report: 3rd Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (May, 2016).

Smith, M.L, **Gallo, R.**, Gressani, T. & **Rosingana, K.** *Stage B Health Homes Program Monitoring Report: 3rd Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (May, 2016).

Smith, M.L, Williamson, M., Pratt, J., Gallo, R., **Rosingana, K.**, Keller, J., Richards, M. *Time to Ask: An Alcohol Education Pilot for Healthcare Professionals*. University of Southern Maine, Muskie School of Public Service. (March 2016)

Smith, M.L, **Gallo, R.**, Gressani, T. & **Rosingana, K.** *Stage A Health Homes Program Monitoring Report: 2nd Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (February, 2016).

Smith, M.L, **Gallo, R.**, Gressani, T. & **Rosingana, K.** *Stage B Health Homes Program Monitoring Report: 2nd*

*Quarter of Calendar Year 2015.* Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (February, 2016).

Fox, K, Gray, C, Rosingana, K, Thayer, D. *Evaluation of the MaineCare Health Homes Stage A Initiative: Year One.* Prepared by the University of Southern Maine, Muskie School of Public Service for the Office of MaineCare Services (March 2014)

Rosingana, K., Edris, N. *Members Standing Committee Feedback Summary Report on MaineCare Value- Based Purchasing Initiative.* Prepared by the Muskie School of Public Service for the Office of MaineCare Services. (September 2012, April 2011)

Fralich, J., Rosingana, K, Richards, M., Bell, V., Olsen, L., Pratt, J. *Personal Experiences with MaineCare Services: Survey and Report.* University of Southern Maine, Muskie School of Public Service. (January 2012)

Hansen, A., Rosingana, K., & Edris, N. *Summary Report of the MaineCare Listening Sessions.* University of Southern Maine, Muskie School of Public Service. (December 2010)

Rosingana, K., Saucier, P., Pearson, K. *Outcomes of Risk-based Medicaid Managed Care Programs: A Review of the Literature.* University of Southern Maine, Muskie School of Public Service. (April 2010)

Saucier, P., Rosingana, K. *Feasibility of Risk-based Contracting in the MaineCare Program.* Report prepared for Maine Department of Health and Human Services and the Maine Legislature's Joint Standing Committee on Health and Human Services. (April 2010)

Rosingana, K., & Fox, K. *Strategies for Improving Enrollment and Maximizing Cost Savings in Maine's Private Health Insurance Premium Program (PHIP).* Portland, ME: University of Southern Maine, Muskie School of Public Service. (September 2008)

## Danielle Ziller

Administrative Specialist  
University of Southern Maine, Muskie School of Public Service

### Education

University of Southern Maine  
Bachelor of Arts, Communications and Media Studies  
May 2013

University of Southern Maine  
Master of Policy, Planning and Management  
Expected Graduation May 2018

University of Southern Maine  
Certificate in Project Management  
October 2017

### Summary

Danielle Ziller supports multiple teams at the Muskie School of Public Service using project management and administrative skills. Her responsibilities include meeting minutes and logistics, task management, tracking expenditures, and ordering supplies. Additionally, she assists with help desk services.

### CORE COMPETENCIES

Project Management

Financial Monitoring and  
Reporting

Record Keeping

### Employment

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2015 - Present **Muskie School of Public Service, University of Southern Maine**

#### Administrative Specialist

- Manage team projects using SmartSheets
- Maintain contact between team members to accomplish tasks
- Record and distribute team meeting notes
- Monitor project budget and financial reporting
- Maintain electronic and paper filing systems

Mar 2014 – Sept 2015 **cPort Credit Union**

#### Teller, Member Care Associate

- Manage large amounts of cash accurately and quickly
- Serve as first phone contact for member questions and concerns
- Assist members in new account opening, online and in person
- Handle confidential member information with care and detail
- Accept and process loans

Sept 2010 – Mar 2014 **Trader Joe's**

#### Crew Member, Section Leader

- Write daily orders for Fresh, Produce sections
- Train and oversee crew members while completing other tasks

- Work in a team to maintain excellent presentation of perishable sections
- Provide excellent customers service in fast paced environment

## Jamar Croom

Senior Database Administrator/Web Applications Developer  
University of Southern Maine, Muskie School of Public Service

### Education

University of Maine at Augusta  
Bachelor of Science, Computer Information Systems

University of Southern Maine  
Certificate in Applied Research and Evaluation

### Summary

Mr. Croom's experience and skills are diverse, ranging from project leadership to computer and statistical programming, program evaluation, database administration and development, and statistical analysis. Jamar writes SQL scripts as part of a quality assurance team that mines health claims data to generate HEDIS quality improvement measures. As a database administrator for CDS, he maintains and manages databases containing protected health information. Jamar has built an array database and web applications for state and federal and government agencies as well as local and national non-profits as means to alleviate their administrative burden and enhance organizational data analytic capacity. As the Principal Investigator for a research team which partners with the Maine CDC to provide data analytic support for the Maine Behavioral Risk Factor Surveillance System (Maine BRFSS), Jamar directs the work of the team. He also has a wealth of experience pertaining to data wrangling, analysis, and modeling. Jamar earned an MS degree from the University of Maine.

### CORE COMPETENCIES

Computer and Statistical  
Programming

Database Administration  
and Development

Program Evaluation

Statistical Analysis

Data Wrangling, Analysis,  
and Modeling

### Employment

2006 - Present **Muskie School of Public Service, University of Southern Maine**  
**Senior Database Administrator, Web Application Developer**

#### *Administrative Functions*

- Serves as a Project Lead or Principal Investigator on projects
- Develops or contributes to funding proposals.
- Supervises staff and mentors junior research analysts and graduate students
- Writes and disseminates, project reports, presentations, papers, articles and other scholarly publications
- Attends and participates in staff meetings and workgroups, and writes components of reports in order to contribute to the effective functioning of the organization

#### *Database Server and Web Server Administration*

- Administers and maintains IIS as well as MS SQL Server Database Management System(s) (DBMS)



- Develops data pipelines to ensure that database data are properly imported, exported, and transformed with fidelity
- Develops server policies to ensure the security and confidentiality of the identifiable health data for servers
- Monitors the health of the physical server by regularly reviewing server logs and reports related to database operation, network statistics, and disk i/o
- Responsible for documentation and archiving research-related data and programs related to the project data systems including PHI
- Develops queries and stored procedures using T-SQL to mine data for purposes of reporting. Uses MS Access, SQL Server Reporting Services, and other tools to generate reports
- Designs and develops web-based applications in response to project needs using ASP.NET, C#, HTML, Javascript, and PHP

*Program evaluation and data analytics*

- Develops and contributes to proposal development.
- Conducts advanced statistical analysis using statistical packages such as SAS and R
- Performs survey sampling techniques and weighting schemes to calculate prevalence rates, standard errors, and confidence intervals using complex formulae
- Develops applied research and evaluation design, research questions and defines data and analytic needs related to project work plans
- Identifies and evaluates the integrity and relevance of data sources

**2009 - 2015 Muskie School of Public Service, University of Southern Maine  
Research Associate I**

- Coordinated and contributed to annual work plan submissions to state and federal funders
- Managed and coordinated day-to-day project activity
- Acted as Project Director and direct the project work of staff
- Developed and managed project budgets
- Monitored work plan and submitted project reports
- Developed, monitored and oversaw the implementation of quality assurance procedures
- Developed appropriate research methodologies and evaluation for initiatives and interventions
- Developed data collection protocols, trained team on data collection procedures, and worked with team to coordinate data collection
- Developed appropriate data collection instruments to allow for the analysis of data
- Analyzed data using appropriate statistical modeling and qualitative analytic techniques
- Disseminated research and project findings via research briefs, project reports, peer reviewed journals, and national and state conferences

**2008 - 2009 Muskie School of Public Service, University of Southern Maine  
Research Analyst II**

- Worked with Project Director to develop project plans and prepare administrative reports
- Acted as team leader for assigned portions of projects and assists Project Director with the management of budget as well as the implementation and monitoring of work plan
- Assisted Research Associate and contributed to the development of research/evaluation questions, research/evaluation design, data collection protocols, and scholarly articles
- Conducted needs assessments and site visits, and developed process level evaluation plans

- Collected and analyzed qualitative data from case studies, focus groups, site visits and informant interviews
- Conducted first-level, descriptive and trend analyses on data
- Administered training and technical assistance to stakeholders

2006 - 2008 **Muskie School of Public Service, University of Southern Maine  
Project Specialist II**

- Contributed to project planning
- Worked with project teams to administer trainings
- Worked with Project Director to implement project work plans
- Developed educational materials for, and administered training to, stakeholders and target audience
- Provided technical assistance to community stakeholders and state partners on the implementation of the project work plan
- Wrote policy briefs, white papers and reports

## **Publications**

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Dharod J, Croom J, and Sady C. *Food Insecurity: Its relationship to dietary intake and body weight among Somali refugee women in the US*. Journal of Nutrition Education and Behavior 2013;45:47-53.

Bennett M, Croom J, and Root A. Abstract at the Food and Nutrition Conference and Expo entitled *Active Nutrition Education Tools for the School Setting*. September 23, 2011, San Diego CA.

Dharod J, Croom J, Sady C, and Morrell D. *Dietary Intake, Food Security and Acculturation among Somali Refugees in the U.S.: Results of a Pilot Study*. Journal of Immigrant and Refugee Studies. 2011; 9: 82-97.

Dharod J and Croom J. *Child Hunger is Associated with Acculturation, Dietary Intake and BMI in a sample of Somali Immigrant Children*. National Association for the Practice of Anthropology Bulletin. 2010;34:126-140.

Dharod J, Croom J, Sady C and Morrell D. Poster Presentation at 2008 Experimental Biology Conference entitled *Lessons Learned While Assessing Food Insecurity, Acculturation and Dietary Intake Among Somali Refugees in Lewiston, ME*. April 5, 2008. San Diego, California.

Astbury L, Bennett M, Croom J, Davee, A, Kaley L and Root A. Issue Brief entitled *Shaping Youth Behavior: Impact of School Environments on Physical Activity and Food Choices*. University of Southern Maine, Muskie School of Public Service, Cutler Institute for Health and Social Policy, Maine Nutrition Network. March, 2008. Augusta, Maine

Peppey B, Micheal D, Knopp A, Fuller T, Atkinson J, Croom J and Davee A. Oral Presentation at the 135<sup>th</sup> Annual Meeting of the American Public Health Association entitled *Building a food pantry network to improve food systems in a rural coastal region*. November 5, 2007, Washington, DC.

## Jasper Ziller

Senior Computer & Database Specialist  
University of Southern Maine, Muskie School of Public Service

### Education

University of Southern Maine  
Bachelor of Science, Computer Science

### Summary

Mr. Ziller has twenty years of experience as a health data management and programming professional. His technical skills include extensive experience with Windows, Unix, Linus and VM/CMS operating systems, expertise in MS SQL Server, Oracle, SAS, MS Access and SQLite database systems, and knowledge of SQL, SAS, C, C++, Visual Basic.NET and HTML programming languages. He has demonstrated expertise in the design, development and administration of relational databases. He currently maintains and administers SQL server databases housing large, complex health-related data. He develops datasets used in health services research and policy analysis at the Cutler Institute, and writes SQL code used in processing health claims.

### CORE COMPETENCIES

Maintenance/  
Administration of SQL  
Server Databases

Claims-Based SQL Code  
Development

HEDIS Measure  
Development

Database Development

### Employment

2003 – Present **Muskie School of Public Service, University of Southern Maine**  
**Senior Computer and Database Specialist**

- Administered multiple Microsoft SQL Server Database Management Systems (DBMS); responsible for two major version upgrades (SQL Server 2005 and SQL Server 2008); developed and implemented backup and recovery plans; implemented security policies as relate to the DBMS; trained and supported users on client interfaces.
- Developed code and systems to implement HEDIS quality measures for use by research staff to assess the performance of MaineCare providers.
- Developed programs to implement utilization review and quality improvement reporting systems that monitored MaineCare primary care providers and calculated quarterly Physician Incentive Payments (PCP-PIP).
- Provided programming and data management support to support MaineCare Program's information needs, including: supporting a utilization management effort for beneficiaries with behavioral health needs; identifying high cost users; calculating hospital readmission rates and other ad hoc analyses of MaineCare data.
- Developed and implemented procedures to extract and process MaineCare claims for inclusion in the State of Maine's All-Payer Claims Database.
- Key member of team that managed the transition of the Muskie School's MaineCare Data Warehouse as MaineCare moved from one information system vendor to another (MECMS to MIHMS).

- 1999 - 2003     **Muskie School of Public Service, University of Southern Maine**  
**Database Administrator**
- Administer a Microsoft SQL Server 7.0 RDBMS containing 280 gigabytes of health claims data with duties including: data security; backup and recovery; user management, training, and support; determine and plan for hardware and software needs; and, monitoring the DBMS for efficiency
  - Responsible for creating and maintaining a database system that replicates the Maine Medicaid Decision Support System (MMDSS), a database of linked MMIS, MEPOPS, and client eligibility data running in a Unix/Oracle environment; create and maintain SAS data feed programs; created algorithms to merge updated Medicaid claims and eligibility data feeds with historical data
  - Responsible for maintaining a database system created from Health Care Finance Administration (HCFA) Medicare data files;
  - Responsible for linking Medicaid/Medicare database systems; developed programs to crosswalk Medicare claims and eligibility data with Medicaid claims and eligibility data to assist in the identification and analysis of dually eligible beneficiaries; created datafiles for the New England Consortium's "Linked Data Analysis of Dually Eligible Beneficiaries in New England" paper published in HCFA's Health Care Finance Review, 20, (2), 1998
  - Developed Oracle PL/SQL packages and procedures to produce reports to the Health Care Finance Administration (HCFA) on the fiscal impact State of Maine's Medicaid Waiver programs
  - Developed a variety of software applications using Oracle PL/SQL backend code with MS Access front ends. These applications generate reports and display summary data from the MMDSS system for use by the Bureau of Medical Services
  - Created a variety of data files and reports for analysis of the MaineNET program
  - Responsible for generating ad-hoc reports using SQL to pull data from MS SQL Server and Oracle 8I database; formatting ad-hoc reports using MS Access and MS Excel
- 1999 - 2001     **RecruiterNet, Portland, ME**  
**Consultant**
- Developed Unix shell scripts to pull data from a Unify DBMS
  - Developed MS Access programs to convert data from a variety of file formats to PCRecruiter format
- 1996 - 1999     **Muskie School of Public Service, University of Southern Maine**  
**Computer and Database Specialist**
- Setup and administered a Microsoft SQL Server 6.5 RDBMS
  - Responsible for developing and maintaining a large database of Medicare claims data; transferred large data files from a VM/CMS system to an MS SQL Server DBMS; worked directly with HCFA representatives to ensure data integrity and reliability; developed programs to convert flat file data into relational tables; developed algorithms to mask personal identifiers and allow analyses of beneficiary data over time; developed a variety of C programs to facilitate processing of Medicare data files; responsible for tracking, storage and security of Medicare data tapes; created finder files to submit to HCFA for ongoing Medicare data pulls
  - Developed Microsoft Access 7.0 software applications including: a database application to track staff time allocation on current projects, project future time allocation and produce staff time sheets; an MS Access/MS Word linked application to manage purchase orders; a database application to monitor network usage and apply charges to projects based on time allocation stored in a remote database

- Created multiple intermediate data files from Medicare and Medicaid databases; developed and executed ad-hoc SQL queries against large databases; produced reports for a variety of programs

# Thomas Gilmartin

Database Administrator/Business Analyst  
University of Southern Maine, Muskie School of Public Service

## Education

Borough of Manhattan Community College  
Associate of Arts, Business Administration

## Summary

Mr. Gilmartin is a database administrator and business analyst with leadership experience in both Academic and Corporate IT settings. His expertise includes data security and compliance, project management; system and data management and maintenance, development of technology plans, and security and disaster recovery initiatives. He excels in communicating across teams, and is experienced in translating clients' needs to the technical team.



## CORE COMPETENCIES

- Database Administration
- Data Security & Compliance
- Business Continuity
- Technical Documentation
- IT System Design & Implementation
- IT Project Management

## Employment

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2016 - Present **Muskie School of Public Service, University of Southern Maine**  
**IT Business Analyst, Database Administrator**

*Database Administrator for systems of protected health/compliant data*

- Responsible for managing the security, operation, and continuity of databases and related technology housing health information protected by State and Federal law.

*Team lead in the design and execution of Disaster Recovery*

- The State of Maine requires regular and documented disaster recovery activities. Lead in design and execution including cross-practice group participation from Database, Systems, and Infrastructure administration to successful completion. Outcome documentation informs DR as an ongoing practice and template for database server documentation.

*Technology lead in compliance management*

- Annual security testing by third party is a contractual mandate. Took lead in identifying means of remediation in response to vendor suggestions. Included the adoption of two-factor authentication and the development of system\service monitoring to enhance security and business continuity. Played key role in the development of a Service-Level Agreement with the Information Technology Department.

2013 - 2016    **University of Southern Maine  
Systems Administrator**

- Managed a multitude of systems for various aspects of the university.

*Systems administration lead in the development of a security disaster recovery plan that complied with state regulations.*

- The Muskie School of Public Health required an updated Business Continuity Plan that included HIPPA compliance. Identified assets required for inclusion. Assessed current continuity practices to highlight deficiencies. Collaborated with senior level staff to develop disaster scenarios and helped create approved strategies for data redundancy and backup recovery. Acted as Project Director and direct the project work of staff

*System administration lead in the planning and execution of University Classroom scheduling software.*

- Two Campus implementation of Infosilem which required architecting development and production environments, which included working closely with both staff and vendor to ensure proper function.

1999 - 2013    **Porter Novelli International  
Vice President of IT, Senior Systems Engineer**

- Integral role in corporate IT operations and initiatives for staff worldwide.
- IT liaison for Sarbanes-Oxley needs, both yearly audits and ongoing process standards
- IT lead with regard to legal matters, either internal or directed by client.
- Directed Windows-based, Citrix delivered corporate financial environment consisting of SQL\Oracle and Cognos BI8.x and Costpoint.
- Directed the consolidation of servers, simplifying administration, reducing downtime and interruption.

# Apsara Kumarage

Computer and Database Specialist II  
University of Southern Maine, Muskie School of Public Service

## Education

University of Maine at Farmington  
Bachelor of Arts, Mathematics, concentration in Computer Science

University of Southern Maine  
Selected post graduate courses in Health Policy, Epidemiology, Statistics

## Summary

Ms. Kumarage possesses an extensive knowledge in Medicaid and Medicare data/programs and essential technical skills to gather and present data required for implementation, evaluation and presentation.

## Relevant Experience

- 2011-Present Health Home Initiative.** The objective of this initiative is to coordinate and manage the healthcare of MaineCare members living with long term chronic diseases by a health home team by increasing access to preventive care, chronic diseases management and long term care supports and reducing overall costs. Responsibilities include identifying members eligible for the program by analyzing claims data as well as running ad hoc reports needed to evaluate service utilization.
- 2011-Present MedNet Data Request.** Rutgers University's Institute for Health, Health Care Policy, and Aging Research (IHHPAR) is coordinating MEDNET, a three year, multi-state consortium focused on increasing the utilization of evidence-based clinical and delivery system practices in the provision of mental health treatment for beneficiaries of state Medicaid programs. The learning collaborative includes: California, Maine, Missouri, Oklahoma, Texas and Washington. It is responsible for identifying and providing MaineCare data for this study.
- 2012-Present From the First Tooth Initiative.** The goal of this initiative is to significantly reduce the incidence of dental disease in Maine by greatly increasing the number of young children (ages 6 months to 3½ years) who receive preventive oral health care by their primary providers at well-child. Responsibilities include collecting, analyzing and reporting of claims data which is used to evaluate and track progress.
- 2010-2011 Value Base Purchasing - MaineCare High Cost Study.** Responsible for reports used for the proposal of the program. The data supplied was used to design the High Cost User Fact Sheet.



## CORE COMPETENCIES

Medicaid and Medicare Data Analysis

SQL/PL SQL, Microsoft SQL Server, COGNOS, SAS



## Rachel Gallo

Research Associate I, Public Health and Health Policy  
University of Southern Maine, Muskie School of Public Service

### Education

University of New Hampshire  
Bachelor of Science, Biology

George Washington University  
Master of Public Health, Epidemiology

### Summary

Ms. Gallo has expertise in quantitative data collection, analysis, visualization, and reporting. Her current work focusses on evaluating several statewide multi-site and stakeholder healthcare delivery and public health initiatives, including the Maine Health Access Network's *Addiction Care Program* and Maine Lung Cancer Coalition. She has extensive experience working with Behavioral Risk Factor Surveillance System (BRFSS) data and currently leads the process for cleaning and standardizing survey responses for the state of Maine. This work includes creating and maintaining a multi-year dataset that is utilized by the Maine Center for Disease Control and Prevention. Previously, she was a member of the Health Homes Program Monitoring Team at the Muskie School. She has worked with MaineCare data and Electronic Health Record data to create user-friendly reports for a variety of audiences.

### CORE COMPETENCIES

BRFSS Data Analysis

Data Analysis

Report and Brief  
Generation

Data Visualization

### Employment

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2016 - Present **Muskie School of Public Service, University of Southern Maine**  
**Research Associate I**

- Provide technical assistance, research, and evaluation services to programs and foundations working to improve healthcare delivery in Maine including the Maine Lung Cancer Coalition, the Maine Cancer Foundation, the Lunder-Dineen Health Alliance of Maine (Time-to-Ask Pilot), and the Maine Health Access Foundation (Rural Health Profiles, Addiction Care Program).
- Lead data standardization efforts for the Behavioral Risk Factor Surveillance System (BRFSS) project for the state of Maine
- Facilitate workshops and data clinics, contribute to an ongoing data scan, and provide technical assistance to community organizations who seek to enhance their data utilization capacity through the Cutler Institute's Data Innovation Project
- Compiled and analyzed data to produce reports for the Maine Department of Health and Human Services, including Quarterly Stage A and B MaineCare Health Homes Program Monitoring Reports and the annual Survey of Children Served by MaineCare (CHIP Survey)

**2015 - 2015 Maryland Department of Health and Mental Hygiene  
Public Health Preparedness Exercise Coordinator**

- Wrote after action reports, tracked improvement actions, and updated State public health emergency response plans based upon real-world and exercise responses, including Ebola Virus Disease monitoring operations
- Served as a leader of the Office of Preparedness and Response Emergency Management team and trained members in emergency response operations to ensure the agency was prepared to respond to events and incidents
- Monitored syndromic surveillance system (ESSENCE) for early indications of disease outbreaks and coordinated with hospital staff, as well as local/state health departments to follow-up on clusters of chief complaints
- Prepared weekly Public Health Preparedness and Situational Awareness and Severe Weather biosurveillance reports for distribution to state, local, and federal partners
- Acted as a liaison between the Maryland Emergency Management Agency and the health department during events, including the 2015 Baltimore City Riots and FEMA graded Nuclear Power Plant full scale exercise
- Coordinated with ESF-8 partners to design, develop, and conduct exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP)
- Ensured exercise requirements were being met for the Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) grants, including communication drills (Health Alert Network)

**2013 - 2015 Engility Corporation, Contractor for U.S. Department of Defense  
Epidemiologist**

- Researched emerging public health threats and produced briefs for DoD agencies and partners
- Produced and interpreted technical analyses (briefs, reports, presentations) in support of operational decision makers within DTRA, DoD departments, and inter/intra-agency communities for chemical, biological, radiological, and nuclear incidents, plans, exercises, and real-world events
- Utilized agent-based model to conduct epidemiological studies which subsequently provided guidance towards preventing and controlling infectious disease outbreaks
- Enhanced DTRA's modeling and biosurveillance capabilities through coordination and collaboration with internal and external partners, including the Biomedical Advanced Research and Development Agency

(BARDA), Armed Forces Health Surveillance Center (AFHSC), and Virginia Tech's Network Dynamics and Simulation Science Laboratory

- Created and disseminated modeling products to DoD agencies, federal/state partners, and emergency management organizations using various software packages
- Provided on-site operational and analytical support to the U.S. Department of Health and Human Services' Division of Analytic Support (ASPR/BARDA) and Fusion Cell (ASPR/OEM)

2011 - 2012    **Technology Associates, Contractor for U.S. Department of Health and Human Services  
GIS Analyst**

- Created map products and conducted spatial analyses for HHS Secretary's Operations Center (SOC) and Emergency Support Function #8 partners for situational awareness and federal responses to public health/medical events, incidents, and exercises including Hurricane Sandy
- Served as an operational liaison and coordinated with other federal (FDA, CDC, NGA, VA) and state GIS Analysts to encourage data sharing and create partnerships
- Prepared technical documents outlining best practices for use of geospatial data and COP within emergency operations centers
- Updated, managed, gathered, and archived data from Department of Homeland Security (HSIP Gold), Billian's HealthDATA, federal and state emergency operations centers, ArcGIS Online, and open source information
- Provided written and verbal training/consultation to Emergency Management Specialists, HHS ASPR personnel, and all federal/state/local users of MedMapCOP and geographic information systems
- Analyzed hurricane related morbidity using data from National Disaster Medical System's electronic medical records

## **Publications**

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Smith, M.L., Gallo, R, and Rosingana, K. *Clinician and Practice Attitudes towards Integrating Alcohol Screening and Brief Intervention into Primary Care Practices in Maine*. University of Southern Maine, Cutler Institute for Health and Social Policy, Muskie School of Public Service. (March 2016)

Kahn-Troster S, Burgess, A, Coburn A, Wallace R, Croll Z, Gallo R. *Maine Rural Health Profiles*. University of Southern Maine, Cutler Institute for Health and Social Policy, Muskie School of Public Service. (September 2016)

Salim, A., Gallo, R. *Public Health Preparedness and Situational Awareness Report*. Maryland Department of Health and Mental Hygiene. Weekly Report (2015)

Bambrick, AT, Passman, DB, Torman, RM, Livinski AA, Olsen, JM. *Optimizing the Use of Chief Complaint & Diagnosis for Operational Decision Making: An EMR Case Study of the 2010 Haiti Earthquake*. PLOS Currents Disasters. 2014 Aug 27.

## **Technical Reports**

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Rosingana, K., Smith, M.L, Gallo, R., & Jimenez, F. *Challenge Cancer 2020 Summary of Giving: 2017 Interim Report*. Prepared for the Maine Cancer Foundation. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (submitted November, 2017).

Smith, M.L, Gallo, R., Gressani, T. & Rosingana, K. *Stage A Health Homes Program Monitoring Report: 2nd Quarter of Calendar Year 2016*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (March, 2017).

Smith, M.L, Gallo, R., Gressani, T. & Rosingana, K. *Stage B Health Homes Program Monitoring Report: 2nd Quarter of Calendar Year 2016*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (March, 2017).

Smith, M.L, Gallo, R., Gressani, T. & Rosingana, K. *Stage A Health Homes Program Monitoring Report: 1st Quarter of Calendar Year 2016*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (December, 2016).

Smith, M.L, Gallo, R., Gressani, T. & Rosingana, K. *Stage B Health Homes Program Monitoring Report: 1st Quarter of Calendar Year 2016*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (December, 2016).

Smith, M.L., Croll, Z., Thayer, D., Gallo, R. & Rosingana, K. *2016 Survey of Children Served by MaineCare*. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (October 2016).

Smith, M.L. ,& Gallo, R. *Summary of Pediatric Quality Measures for Children Enrolled in MaineCare FFY-2009-2015*. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (October 2016).

Smith M.L., Elbaum Williamson M, Pratt J, Gallo R, Rosingana K, Richards M. *Time to Ask: An Alcohol Education Pilot for Healthcare Professionals*. University of Southern Maine, Cutler Institute for Health and Social Policy, Muskie School of Public Service. (August 2016).

Smith, M.L., Croll, Z., Thayer, D., & Gallo, R. *2015 Survey of Children Served by MaineCare*. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (June 2016).

Smith, M.L, Gallo, R., Gressani, T. & Rosingana, K. *Stage A Health Homes Program Monitoring Report: 3rd Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (May, 2016).

Smith, M.L, Gallo, R., Gressani, T. & Rosingana, K. *Stage B Health Homes Program Monitoring Report: 3rd Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (May, 2016).

Smith, M.L, Gallo, R., Gressani, T. & Rosingana, K. *Stage A Health Homes Program Monitoring Report: 2nd Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services

(DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (February, 2016).

Smith, M.L., Gallo, R., Gressani, T. & Rosingana, K. *Stage B Health Homes Program Monitoring Report: 2nd Quarter of Calendar Year 2015*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (February, 2016).

## Presentations

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Goan, S.K., Gallo, R. *Show Me The Money*. Maine Association of Nonprofits' Nonprofit Finance Conference. Portland, Maine (December 2017).

Goan, S.K., Gallo, R. *Make Data Work for You: Data Dashboards* (3-hour workshop). Portland and Orono, Maine. (April, May, July 2017).

Smith, M.L., Pratt, J., Gallo, R., Rosingana, K., Keller, J. & Richards, M. *Addressing unhealthy alcohol use in Maine: provider and practice attitudes towards integrating alcohol screening and brief intervention within rural primary care practices*. Addiction Health Services Research, Seattle, WA. (2016).

Romanosky, A, Eshleman, K, Gallo R. *Application of Strength, Weakness, Opportunity and Threat (SWOT) Analysis for the Prioritization of Community Health Program Objectives*. American Public Health Association Annual Meeting (November 2015).

Torman, R., Hoffman, D., Olsen, J., Passman, D. *Clinical Presentations at Two DMAT Sites Post Hurricanes Gustav and Ike—Louisiana and Texas, 2008*. The George Washington University (March 2012); Integrated Training Summit, Nashville, TN. (May 2012).

## Jennifer Pratt

Research Analyst, Public Health and Health Policy  
University of Southern Maine, Muskie School of Public Service

### Education

University of Maine at Augusta  
Associate Degree, Liberal Studies

University of Maine at Augusta  
Bachelor of Arts, Social Science

### Summary

Ms. Pratt has over 16 years of experience conducting quantitative and qualitative evaluation projects. She assists with the development and implementation of data collection qualitative and quantitative protocols. In addition, she develops and facilitates the design of databases and database management systems, including computer assisted quantitative and qualitative data analysis tools. She has strong organizational skills, which impact a variety of environments in her current role as she guides process flow for several inter-disciplinary teams. She provides technical support and assistance in performance quality improvement (QI) tools that streamline agency processes, improve customer service and enhance agency efficiency and effectiveness.

### CORE COMPETENCIES

Qualitative Data Collection  
and Analyses

Quantitative Data  
Collection and Analyses

Certified CQI Performance  
Quality Improvement Tools  
and Activities

Report and Brief  
Generation

### Employment

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#### 2015 - Present Muskie School of Public Service, University of Southern Maine

##### Research Analyst

- Project management, implementation and budget monitoring for the Maine Direct Service Worker Training Program (MDSWTP) and Maine Regulatory Training and Ethics Center (MeRTEC)
- Conference planning for the MeRTEC Research Integrity Symposium (RIS)
- Quantitative Data collection, analyses and reporting for current and past projects, including the WISER, PICH, The State of the State's Nursing Education Programs, Lunder-Dineen and Maine's Public Health Transformation Grant.
- Qualitative data collection and analyses for current and past projects, including Maine Direct Service Worker Training Program (MDSWTP), PICH, Lunder-Dineen and Maine's Public Health Transformation Grant.
- Certified CQI Performance Quality Improvement Tools and Activities for Maine's Public Health Transformation Grant
- Report and Brief Generation

#### 2007 - 2015 Muskie School of Public Service, University of Southern Maine

##### Project Assistant II

#### 2003 - 2007 Muskie School of Public Service, University of Southern Maine

##### Staff Associate

2001 - 2003 Muskie School of Public Service, University of Southern Maine  
Administrative Assistant II

## Publications

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Joly, B.M., Elbaum Williamson, M., Pukstas Bernard, K., Mittal, P. & Pratt, J. (2012). Evaluating Community Outreach Efforts: A Framework and Approach Based on a National Mental Health Demonstration Project, *Journal of Multidisciplinary Evaluation*, 8(17) 46-56.

## Technical Reports

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Smith M.L., Elbaum Williamson M, Pratt J., Gallo R, Rosingana K, & Richards M. (2016) Time to Ask: An Alcohol Education Pilot for Healthcare Professionals. University of Southern Maine, Cutler Institute for Health and Social Policy, Muskie School of Public Service.

Ciolfi, M., Griffin, E., Pratt, J., Richards, M., & Gildard C. (2016) Living With A Brain Injury In Maine: Individual Experiences, Perceptions, and Needs

Fralich, J., Richards, M., Olsen, L., Bell, V. & Pratt, J. (2012). Personal Experiences with Long Term Care Services and Supports

Fralich, J., Rosingana, K., Richards, M., Olsen, L., Bell, V. & Pratt, J. (2012). Personal Experiences with MaineCare Services

Joly, B.M., Elbaum Williamson, & Pratt, J. (2009). Early Detection and Intervention for the Prevention of Psychosis: Outreach Evaluation Report: Year 2

## Presentations

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Pratt, J., Hansen, A., Joly, B., Parenteau, L., Shaffer, J., Ducker, E., & Michael, D. Evaluating Strategies for Improving the Food Security Network in Rural Maine. Maine Public Health Association Annual Conference, Portland, ME.

Pratt, J., Elliott, K., Howard, C. & Howard, A. (2017). Elder Caregiver Preliminary Study: A Multi-Campus Mixed Method Approach. University of Maine System-Wide Aging Initiative Summer Workshop, Belfast, ME.

Aleem, A., Bouchard, R., Garbiel, S., Pratt, J., & Rollins, A. (2017). Elder Caregiver Study Roundtable Discussion. UMA Student Leadership and Research Conference, Augusta, ME.

Smith, M.L., Pratt, J., Gallo, R., Rosingana, K., Keller, J. & Richards, M. (2016). Addressing unhealthy alcohol use in Maine: provider and practice attitudes towards integrating alcohol screening and brief intervention within rural primary care practices. Addiction Health Services Research, Seattle, WA.

Joly, B., Hansen, A., Michael, D., Pratt, J., Keller, J., Garrett, C., & Dubois, B. (2016). Evaluating Nutrition-Related Policies and Capacity for Providing Healthy Foods in Maine Food Pantries. American Public Health Association, Denver, CO.

Michael, D., Joly, B., Garrett, C., Hansen, A., Dubois, B., Pratt, J., & McWilliams, L. (2016). Partnerships to Improve Community Food Security: Linking Food and Medicine. American Public Health Association, Denver, CO.

Wall, T., Pezzullo, C., Glencross, B., Pratt, J., & Freeman, D. (2014) Applying Quality Improvement Techniques to Evaluate Strategies to Achieve the 1, 3, 6 EHDI Goals. Early Hearing Detection & Intervention Meeting, Jacksonville, FL.



## Mark F. Richards

Research Analyst II, Disability and Aging Program Area  
University of Southern Maine, Muskie School of Public Service

### Education

University of Southern Maine  
Bachelor of Science, Vocational Technology

### Summary

Mr. Richards has extensive experience in research and coordination support of long term care and disability projects, including projects on Alzheimer's disease, consumer direction, disability and employment, community support systems, transition from nursing homes and technical assistance to providers. He has significant experience in coordination and management of research activities, including the development of research designs and work plans, the development of qualitative data collection strategies and plans, site visit protocols, summarization of research literature, focus group facilitation, and analysis of qualitative and quantitative data. Mr. Richards is skilled in interviewing and facilitating focus groups with caregivers, elders, individuals with disabilities, service providers and business leaders.

### CORE COMPETENCIES

Qualitative data collection

Beneficiaries experience surveys

Program evaluation

Management of research activities

Focus group facilitation

### Employment

2000 - Present **Muskie School of Public Service, University of Southern Maine**  
**Research Analyst (I & II), Disability & Aging Program**

- Member of the evaluation team responsible for conducting an evaluation of the MEDCAPS pilot training program for clinicians aimed at improving screening, assessment, and referral process for people with dementia and their caregiver(s).
- Member of the team responsible for conducting a paper survey of persons with brain injuries in Maine receiving MaineCare services and from focus groups of individuals with brain injury and some of their family members. Identified key themes to inform brain injury policy to provide meaningful services and supports to this community of individuals.
- Member of the evaluation team responsible for conducting structured interviews with Community Care Teams and Stage A Health Home staff to assess implementation challenges and strategies to inform program re-design and/or guide the implementation of Stage B Health Homes.
- Evaluation of the Maine Aging and Disability Resource Centers, a project to improve access to, long-term supports for adults of all ages and incomes, and their families. The

evaluation included feedback from consumers, family members and key informants collected through in-person and telephone interviews and surveys.

- 1992 - 2000     **Muskie School of Public Service, University of Southern Maine  
Research Assistant, Institute for Health Policy**
- 1990 - 1992     **Muskie Institute of Public Affairs, University of Southern Maine  
Survey Research Supervisor**
- 1989 - 1990     **Muskie Institute of Public Affairs, University of Southern Maine  
Survey Research Interviewer**

## **Technical Reports**

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Smith, M.L. & Richards, M. *Maine Dementia Capable Services System Grant: Evaluation of the MEDCAPS Clinician Training Initiative*. Prepared for the State of Maine Office of Disability and Aging. Muskie School of Public Service, University of Southern Maine. (2017).

Smith, M.L., Williamson, M.E., Pratt, J., Gallo, R., Rosingana, K., Keller, J., Richards, M. *Time to Ask: An Alcohol Education Pilot for Healthcare Professionals*. Muskie School of Public Service, University of Southern Maine. (2016).

Cioffi, M. L., Griffin, E., Pratt, J., Richards, M., Gildard, S., & Byrne, B. *Living with a brain injury in Maine: Individual experiences, perceptions, and need*. Muskie School of Public Service, University of Southern Maine. (2016).

Fralich, J., Rosingana, K., Richards, M., Bell, V., Olsen, L., and Pratt, J. *Personal Experiences with MaineCare Services from People Who Use Elder and Adults with Disabilities Waiver and Private Duty Nursing/Personal Care Services*, Muskie School of Public Service, University of Southern Maine. (February 2012).

Fralich, J., Richards, M., Olsen, L., Bell, V., and Pratt, J. *Personal Experiences with Long Term Care Services and Supports*, Muskie School of Public Service, University of Southern Maine. (January 2012).

Richards, M., Olsen, L. *Summary of Satisfaction Survey Results and Lessons Learned for Maine's Aging & Disability Resource Center Project*. Muskie School of Public Service, University of Southern Maine. (October 2008).

Richards, M., Olsen, L. and Bolda, E. *Evaluation of the Maine Aging and Disability Resource Center Project*. Muskie School of Public Service, University of Southern Maine. (December 2006).

Glantz, L., Richards, M. *Access to Community Transportation Services for Individuals with Disabilities*. Muskie School of Public Service, University of Southern Maine. (October 2004).

Ormond, C., Ziller, E., and Richards, M. *Living in the community: Voices of Maine consumers, a report of findings from focus group discussions*. Muskie School of Public Service, University of Southern Maine. (July 2001).

Saucier, P., Bolda, E., Richards, M., and Keith, R. *Evaluation of Alpha One Independent Living Center's home to the community demonstration program*. Muskie School of Public Service, University of Southern Maine. (June 2001).

Bolda, E., Salley, S., Keith, R., **Richards, M.**, Turyn, R., and Dempsey, P. *Creating affordable rural housing with services: Strategies and options, working paper #19*. Muskie School of Public Service, University of Southern Maine. (April 2000).

Bolda, E. and **Richards, M.** *SeniorReach final evaluation report*. Muskie School of Public Service, University of Southern Maine. (November 1998).

Bolda, E., Keith, R., **Richards, M.**, Fralich, J., Leighton, A., and Bridges, K. *Evaluation of consumer/resident transfers: A study of discharges and transfers between various long term care settings*. Muskie School of Public Service, University of Southern Maine. (January 1998).

## Frances Jimenez

Research Assistant I, Disability and Aging  
University of Southern Maine, Muskie School of Public Service

### Education

Bowdoin College  
Bachelor of Arts, Anthropology/Biology  
May 2016

### Summary

Ms. Jimenez provides qualitative research assistance on a number of evaluation and research projects at the Muskie School, including those focused on translating research on social isolation and loneliness in older adults into practice. As a Research Assistant, Ms. Jimenez has experience in program evaluation activities, providing technical assistance, and conducting qualitative research. As a member of the national evaluation team for CMS' Financial Alignment Initiative for Medicare-Medicaid beneficiaries, she has experience developing interview protocols and conducting interviews with State Medicaid officials and other stakeholders to gather information to include in annual reports on the progress of demonstrations' implementation. She also developed a data dashboard for tracking program benchmarks while working on Maine's Money Follows the Person initiative. She has experience conducting literature searches, developing surveys, and creating logic models.

### CORE COMPETENCIES

Literature Review  
Survey Development  
Qualitative Data Analysis  
Report Generation/  
Data Visualization

### Employment

2016 - Present **Muskie School of Public Service, University of Southern Maine**  
**Research Assistant I**

- Leads the qualitative evaluation for two state demonstrations under the Centers for Medicare & Medicaid Services Financial Alignment Initiative
- Provide technical assistance and research to programs in Maine, activities include literature searches, survey and interview protocol development, logic model creation
- Compile and analyze data to prepare briefs and reports, activities include data visualization through infographics and graphs, qualitative data analysis

2013-2016 **Hatch Science Library, Bowdoin College**  
**Librarian Assistant**

- Attended Circulation Desk, assisting patrons with questions and research in the sciences
- Restocked shelves and maintained order of library

Summer 2015 **Environmental Health Strategy Center**  
**Environmental Health Intern**

- Expanded scope of campaigns and the organization through membership cultivation and database management
- Planned outreach events, produced informational outreach material, and assisted fundraising efforts
- Wrote a literature review detailing recent studies and their findings on phthalates exposure across race and income levels

### **Publications**

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Ciolfi, M.L. & Jimenez, F. Social Isolation and Loneliness in Older People: A Closer Look at Definitions. Portland, ME: University of Southern Maine, Muskie School of Public Service. (June 2017).

### **Technical Reports**

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Rosingana, K., Smith, M.L., Gallo, R., & Jimenez, F. Challenge Cancer 2020 Summary of Giving: 2017 Interim Report. Prepared for the Maine Cancer Foundation. Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (November, 2017).

Smith M.L., Bratesman Jr, S., Olsen, L., Ciolfi, M.L., & Jimenez, F. *An Examination of Precursors to Nursing Facility Admission among Maine Medicaid Beneficiaries: A Mixed-Methods Exploratory Analysis*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (June, 2017).

Ciolfi, M.L., Olsen, L., & Jimenez, F. *Withdrawal Indicators in LTSS Recipients Residing in the Community: A First Look at Population Characteristics*. Prepared for the State of Maine, Department of Health and Human Services (DHHS). Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. (June, 2017).

### **Presentations**

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"Social Isolation and Loneliness in Older People." November 15 and 29, 2017; University of Southern Maine Class Lectures.

# Bittie Behl-Chadha, PhD



University of Massachusetts Medical School – Center for Health Policy and Research  
Director, Office of Survey Research (OSR)

*Summary: Dr. Behl-Chadha has over 20 years of management experience in the field of survey research, providing methodological, design and analytic oversight. As Director of OSR, she provides leadership and guidance to the OSR team and oversees all aspects of the Office's work — from survey design, sampling, and data collection to data analysis and reporting. Dr. Behl-Chadha has built a strong foundation in survey research through a robust range of industry experience, spanning a variety of industries including health care, pharmaceuticals, consumer packaged goods, retail, and financial services. She is well-versed in both quantitative and qualitative research techniques. She has expertise in mixed-mode survey research, which includes mail, telephone (computer-assisted telephone interviewing), and online (via PC, smart phone or tablet) modes of data collection. Prior to her appointment at UMass, Dr. Behl-Chadha most recently served as Vice President, Research at GfK, a leading global market research organization. She holds a doctorate in Cognitive Science from Brown University and earned a bachelor's degree in Psychology from Delhi University, India.*

## Education

Brown University, Providence, RI – 1993  
Doctorate of Philosophy, Cognitive Science

Delhi University, India – 1987  
Bachelor of Arts, Psychology, Honors

## Employment

University of Massachusetts Medical School, Commonwealth Medicine,  
Center for Health Policy and Research, Shrewsbury, MA ..... 2013–Present  
Director, Office of Survey Research

Leadership and oversight across all OSR projects and functions

- Leadership and guidance across all OSR functions, including department and project budgets, staff, and operations center
- Oversees all aspects of the office's work – from survey design, sampling and multi-mode (mail/phone/online) data collection, to data analysis and reporting
- Manages a variety of health care survey projects sponsored by federal and state government agencies, nonprofit organizations, academic institutions, and medical practices. Examples of some recent projects include customer experience with a state health exchange, member experience with a state Medicaid plan's customer service, member experience with health plans, evaluation of the impact of community health worker certification in Massachusetts, retention of independent nurses to work with medically complex cases, variations in survivor needs after colorectal cancer diagnosis, nation-wide study of shaping long term care, surveys of patient experience (both adult and pediatric) in primary care settings, assessment of mental health recovery among state Medicaid members with severe mental health diagnoses, quality of life assessment among state Medicaid members, evaluation of a community case management program that serves children and adults with highly complex medical conditions/disabilities, and a study of prenatal experiences of moms with disabilities.

GfK (formerly Knowledge Networks), Needham, MA ..... 2008–2013  
Vice President, Research

Management of key client accounts, including survey research design and implementation

- Managed a variety of mid to large scale research engagements for corporate and Public Relations agency clients spanning a diverse range of industries, including retail, pharmaceuticals, health care, and consumer packaged goods

- Responsibilities included proposal writing and submission, budget and contract development, study design, project oversight, development of survey tools (e.g., online questionnaires), analysis and reporting, and presentation of research findings to client organizations
- Managed project teams including research analysts, research directors, field coordinators and other support staff across simultaneous multiple projects

Independent Research Consultant .....2005–2008

Research and consulting for Arnold Worldwide and Knowledge Networks

- Managed survey research projects
- Key responsibilities included study design, survey development, oversight of research execution, data analysis, and reporting

Knowledge Networks, Needham, MA .....2003–2004

Senior Director

Market Research project management

- Managed tracking studies for key accounts
- Responsibilities included proposal development, project oversight, study design, survey development, analysis and reporting, and presentation of study findings

Yankelovich MONITOR, Norwalk, CT .....1999–2001

Director

Syndicated market research and consulting – identifying emerging consumer trends from a large scale multi-year tracking study, and translating the findings into strong business strategies for a variety of Fortune 500 clients

- Senior presenter and consultant on client team
- Analysis and reporting of results from the multi-year tracking study
- Co-author of the annual report

Marketing and Planning Systems, Inc., Waltham, MA ..... 1995– 1999  
Senior Associate  
Market research project management



- Managed quantitative research studies and conducted qualitative research, including focus group moderating
- Responsibilities included study design, field oversight, survey development, analysis and reporting, client presentations, and training

National Analysts, Inc., Philadelphia, PA ..... 1994–1995  
Project Manager  
Quantitative and qualitative market research

## Publications

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Behl-Chadha, B., Savageau, J., Bharel, M., Gagnon, M., Lei, P., & Hillems, C. (2017). Comparison of patient experience between a practice for homeless patients and other practices engaged in a Patient-Centered Medical Home Initiative. *Journal of Health Care for the Poor and Underserved*, 28 (3), 1165-1190.

Behl-Chadha, B. and M. Gagnon. 2014. "Executive Summary: Connecticut Health Care Survey." Available at <http://www.fchealth.org/resources/ct-healthcare-survey>

Behl-Chadha, G. (1996). Basic-level and superordinate-like categorical representations in early infancy. *Cognition*, 60, 105-141.

Behl-Chadha, G & Eimas, P.D. (1995). Infant categorization of left-right spatial relations. *British Journal of Developmental Psychology*, 13, 69-79.

Lipsitt, L.P. & Behl, G. (1990). Taste-mediated differences in the sucking behavior of human newborns. In E.D. Capaldi & T.L. Powley (Eds.), *Taste, Experience, and Feeding*, (pp 75-93). Washington, D.C.: American Psychological Association.

## Select Presentations

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"Evaluating community health worker certification in Massachusetts." November 1, 2016; American Public Health Association Annual Meeting.

"Identifying effectiveness and areas for improvement in an innovative program serving medically complex individuals with disabilities." November 3, 2015; American Public Health Association Annual Meeting.

"Comparison of patient experience between a practice for the homeless and other practices engaged in a patient-centered medical home initiative." November 18, 2014; American Public Health Association Annual Meeting.

"Mass Options Customer Experience Evaluation." June 1, 2016; Centers for Medicare and Medicaid Services (CMS) and Massachusetts Office of Long Term Services and Supports Meeting.

"Vermont Health Connect Customer Satisfaction and Experience Evaluation." August 25, 2015; Department of Vermont Health Access Meeting.

"2014 Community Case Management Survey: Perspectives of members, parents and guardians." January 29, 2015; MassHealth Long Term Services and Supports Meeting.

## Select Technical Reports

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"Independent Nursing Pilot Program: Report of Phase I Qualitative Research Results." January 13, 2017; MassHealth, Massachusetts Executive Office of Health and Human Services.



“Measuring Satisfaction with MassHealth’s Customer Service: Report of Wave 3 Survey Results.” December 16, 2016; MassHealth, Massachusetts Executive Office of Health and Human Services.

“Massachusetts Statewide Community Health Worker Workforce Surveillance Survey: Report of Baseline Survey Results.” November 10, 2016; Massachusetts Department of Public Health.

“Evaluation of Customer Experience with the MassOptions Service Center.” October 14, 2016; Massachusetts Executive Office of Health and Human Services.

“Vermont Health Connect Customer Satisfaction and Experience Evaluation.” September 3, 2015; Vermont Health Connect, Department of Vermont Health Access.

“Report of One Care Mental Health Recovery Measure Survey.” August 13, 2015; MassHealth, Massachusetts Executive Office of Health and Human Services.

“Quality of Hospital Care Received by One Care Enrollees.” August 4, 2015; MassHealth, Massachusetts Executive Office of Health and Human Services.

“2014 Community Case Management Survey: Perspectives of Members, Parents and Guardians.” October 8, 2014; MassHealth, Massachusetts Executive Office of Health and Human Services.

# Pei-Pei Lei

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University of Massachusetts Medical School – Center for Health Policy and Research  
Biostatistician III, Office of Survey Research (OSR)

*Summary: Ms. Lei has over seven years of analytic and programming experience in survey research across the domains of public health and health care. As the senior Biostatistician at OSR, she is responsible for overseeing survey sampling, programming surveys for multiple modes of data collection, weighting survey data, and data analysis using a variety of descriptive and multivariate techniques. She has extensive experience with statistical software such as SAS, SPSS and R, and is an expert-level programmer with advanced knowledge of applying J-script to survey design. She holds two master's degrees in Sociology and Political Economy.*

## Education

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University of Illinois at Chicago, Chicago, IL – 2010  
Master of Arts, Sociology  
Interdepartmental Graduate Concentration in Survey Research Methodology

National Cheng-Kung University, Taiwan – 2004  
Master of Arts, Political Economy  
Bachelor of Arts, Business Administration

## Employment

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University of Massachusetts Medical School, Commonwealth Medicine,  
Center for Health Policy and Research, Shrewsbury, MA .....2010 - Present  
Biostatistician III, Office of Survey Research

- Sample frame design and sampling for a variety of health surveys
- Manages analytic tasks including data management, survey weighting and post-stratification, and univariate and multivariate statistical analyses of survey results
- Programs survey instruments for data collection across multiple modes, including mail, phone and online (via PC, smart phones and tablet devices)
- Trains junior staff in data processing, data analysis, and survey programming

University of Illinois at Chicago, Department of Women, Child, & Family Health, Chicago IL ..2008-2010  
Clinical Trial Research Assistant

- Collected quantitative clinical data and conducted qualitative in-person interviews
- Created and modified multiple questionnaires using Teleform (form data processing application)
- Performed data management and data processing for multiple datasets
- Conducted statistical data analyses using t-tests, ANOVA, and multiple regressions in SPSS and SAS
- Prepared reports based on data analyses and presented findings
- Trained new employees on collecting, processing, and analyzing data

## Professional Certification

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- SAS® Certified Advanced Programmer for SAS9

- IBM® SPSS® Statistics Certification
- High School Teacher Certificate, Taiwan

## Professional Skills

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- Advanced analytic skills in performing univariate and multivariate analyses using SAS
- Experienced in graphically depicting data using R
- Advanced proficiency in Microsoft Office (Excel, Access, PowerPoint, Word, InfoPath, and Outlook)
- Expert in programming surveys using J-script
- Experience in using Matlab, Teleform, and Acqknowledge
- Excellent written and oral communication skills
- Trilingual in English, Mandarin Chinese, and Taiwanese

## Publications

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- Lei, P. 2017 “Is R right for you? If yes... by Pei-Pei Lei” Available at <http://aea365.org/blog/is-r-right-for-you-if-yes-by-pei-pei-lei/>
- Hillems, C and P. Lei. 2017 “Secrets for Effective Survey Invitations by Carla Hillems and Pei-Pei Lei” Available at <http://aea365.org/blog/secrets-for-effective-survey-invitations-by-carla-hillems-and-pei-pei-lei/>
- Gettens, J., Lei, P and Henry, A. 2016 “Accounting for Geographic Variation in DI and SSI Participation” DRC Working Paper. Available at <https://www.mathematica-mpr.com/our-publications-and-findings/publications/accounting-for-geographic-variation-in-di-and-ssi-participation>
- Lei, P. and Hillems, C. 2016 “Pei-Pei Lei and Carla Hillems on the Beauty of Banner Tables” Available at <http://aea365.org/blog/pei-pei-lei-and-carla-hillems-on-the-beauty-of-banner-tables/>
- Hillems, C and P. Lei. 2015 “Carla Hillems and Pei-Pei Lei on a Quest to Eliminate Double-Barreled Survey Questions” Available at <http://aea365.org/blog/carla-hillems-and-pei-pei-lei-on-a-quest-to-eliminate-double-barreled-survey-questions/>
- Lei, P. and Hillems, C. 2015. “Pei-Pei Lei and Carla Hillems on Smart Survey Design: Randomization of Response Options” Available at <http://aea365.org/blog/pei-pei-lei-and-carla-hillems-on-smart-survey-design-randomization-of-response-options/>
- Hillems, C. and P. Lei. 2014. “Carla Hillems and Pei-Pei Lei on You Had Me at Hello: Effective Email Subject Lines for Survey Invitations” Available at <http://aea365.org/blog/carla-hillems-and-pei-pei-lei-on-you-had-me-at-hello-effective-email-subject-lines-for-survey-invitations/>
- Lei, P. 2014. “Pei-Pei Lei on Using InfoPath as a Project Management/Data Collection Tool” Available at <http://aea365.org/blog/pei-pei-lei-on-using-infopath-as-a-project-managementdata-collection-tool/>