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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF COMMUNITY BASED CARE SERVICES

129 PLEASANT STREET, CONCORD, NH 03301

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Nicholas A. Toumpas  
Commissioner

Diane Langley  
Director  
Sheri L. Rockburn  
Director

May 6, 2014

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

sole source

**REQUESTED ACTION**

100% federal funds

Authorize the Department of Health and Human Services, Division of Community Based Care Services, to enter into a **sole source** amendment to an existing agreement, Purchase Order number 1029428, with the University of New Hampshire, vendor number 177867-B046, to provide project management services necessary to advance the Balancing Incentive Program (BIP) in multiple Department program areas and within communities statewide by increasing the price limitation \$2,428,086, from \$782,162 to an amount not to exceed \$3,210,247 effective July 1, 2014, or date of Governor and Executive Council approval, whichever is later, through June 30, 2016. This agreement was approved by Governor and Executive Council on April 17, 2013, item number 50. Funds to support this request in state fiscal year 2015 are available in the following account and are anticipated to be available in state fiscal year 2016 based upon the availability and continued appropriation of funds in the future operating budget:

**05-95-95-958010-3316 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:COMMISSIONER, COMMUNITY BASED CARE SERVICES, BALANCING INCENTIVE PROGRAM**

Fiscal Year	Class/Object	Class Title	Current Modified Amount	Increase Amount	Revised Modified Amount
2013	102-500731	Contracts for Program Svcs	\$ 94,971	\$ 0	\$ 94,971

**05-95-49-490510-2985 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:DIV OF COMMUNITY BASED CARE SERVICES, BALANCE INCENTIVE PROGRAM BIP**

Fiscal Year	Class/Object	Class Title	Current Modified Amount	Increase Amount	Revised Modified Amount
2014	102-500731	Contracts for Program Svcs	\$687,191	\$ 0	\$ 687,191
2015	102-500731	Contracts for Program Svcs	\$ 0	\$1,205,591	\$1,205,591
2016	102-500731	Contracts for Program Svcs	\$ 0	\$1,222,495	\$1,222,495
			\$687,191	\$2,428,086	\$3,115,277
		<b>Total</b>	<b>\$782,162</b>	<b>\$2,428,086</b>	<b>\$3,210,247</b>

## EXPLANATION

This request is **sole source** because even though it was stated in the Request for Proposal that the Department would allow for renewal of the contract at their discretion, the renewal language was inadvertently left out of the original agreement.

The purpose of this request is to continue the provision of project management services to the Division of Community Based Care Services in the areas of development, implementation and monitoring of infrastructure, policy and programmatic enhancements to New Hampshire's Medicaid long-term care services and supports system.

A request for proposals was posted on the Department of Health and Human Services website from December 7, 2012 to January 15, 2013. Although two letters of intent were submitted, one combined proposal was submitted for consideration. The five member evaluation committee, following the criteria listed in the Request For Proposals, scored the original proposal as receiving 356 out of a possible 500 points.

The goal of the Balancing Incentive Program (BIP) is to re-balance Medicaid spending between institutional and non-institutional long-term care by providing additional FMAP to states who implement required structural changes to their Medicaid and long term supports and services eligibility processes. These changes are anticipated to enable individuals needing long-term care through Medicaid to remain in their homes and communities to the greatest extent possible (while keeping institutional services available when they are needed).

Through a collaborative partnership between the Department, consumers, families, caregivers, and providers, a statewide system is being developed. BIP will improve availability of information about community long-term care services and supports, streamline application and eligibility determination processes, assist those applying for services, and strengthen the existing eligibility infrastructure across the long-term system of care. These efforts are building on New Hampshire's successes over the last 30 years, leveraging the strengths of our current agencies and providers, and actively collaborating with a number of Department and stakeholder initiatives going forward.

The University of New Hampshire, as the Project Management Entity for BIP, will support the Department by providing technical assistance, capacity and experience, collaborating with the Department and external stakeholders, and operating under the direction of the Department, to fulfill the following responsibilities:

- Performance of project management services.
- Coordination of the planning, development and implementation of infrastructure enhancements.
- Coordination of specific training activities.
- Provision of fiscal intermediary services.

Over the course of the past two years, the University has successfully addressed the responsibilities identified in the current contract. This partnership has resulted in the accomplishment of a number of key deliverables including design of the general no wrong door structure, informational website and materials, proposed advertising plan and a core standardized assessment. This new agreement will

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
May 6, 2014  
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enable the Department of Health and Human Services to continue to obtain the support from the University by performing the identified duties and responsibilities to advance the development and implementation of the Balancing Incentive Program required infrastructure changes.

The increase in the agreement amount is due to operationalizing the federal infrastructure deliverables which must be completed no later than September 30, 2015. The work being done is transitioning from a planning stage to an implementation stage. These required infrastructure deliverables include but are not limited to piloting of eligibility coordinators who assist individuals throughout the community long term service and supports application process, an automated screening, community outreach and education activities, staff training, and a regional collaborative among providers. While the infrastructure requirements must be complete by September 30, 2015, states will be permitted to utilize those Balance Incentive Program enhanced FMAP funds received after September 30, 2015 through June 30, 2016 on activities aligned with the goals of the program.

Should Governor and Executive Council determine not to approve this request, the Department will lack resources to fully implement the infrastructure changes required through BIP. This will result in more individuals in need of long-term care being unable to access needed services and supports in their communities, resulting in increased utilization of higher cost institutional services. In addition, a certain number of people currently being cared for in institutional settings will have to remain in those settings, due to the continued shortage of available community services and supports that could fulfill their needs.

Area served: statewide.

Source of funds: 100% Federal Funds.

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

Respectfully submitted,



Sheri L. Rockburn  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

**AMENDMENT #01 to**  
**COOPERATIVE PROJECT AGREEMENT**  
between the  
**STATE OF NEW HAMPSHIRE, Department of Health and Human Services**  
and the  
**University of New Hampshire of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE**

The Cooperative Project Agreement, approved by the State of New Hampshire Governor and Executive Council on 4/17/13, item # 50, for the Project titled "**Project Management Services for the Balancing Incentive Program**," Campus Project Director, **Sue Fox**, is and all subsequent properly approved amendments are hereby modified by mutual consent of both parties for the reason(s) described below:

**Purpose of Amendment (Choose all applicable items):**

- Extend the Project Agreement and Project Period end date, at no additional cost to the State.
- Provide additional funding from the State for expansion of the Scope of Work under the Cooperative Project Agreement.
- Other: Provide additional funding from State and extend Project Period end date.

**Therefore, the Cooperative Project Agreement is and/or its subsequent properly approved amendments are amended as follows (Complete only the applicable items):**

- Article A. is revised to replace the State Department name of \_\_\_\_\_ with \_\_\_\_\_ and/or USNH campus from \_\_\_\_\_ to \_\_\_\_\_.
- Article B. is revised to replace the Project End Date of **06/30/14** with the revised Project End Date of **06/30/16**, and Exhibit A, article B is revised to replace the Project Period of **Governor and Council Approval – 06/30/14** with **04/17/13 – 06/30/14**.
- Article C. is amended to add Exhibit A by including the proposal titled, “ \_\_\_\_\_ ,” dated \_\_\_\_\_.
- Article D. is amended to change the State Project Administrator to \_\_\_\_\_ and/or the Campus Project Administrator to \_\_\_\_\_.
- Article E. is amended to change the State Project Director to \_\_\_\_\_ and/or the Campus Project Director to \_\_\_\_\_.
- Article F. is amended to add funds in the amount of **\$2,428,086** and will read:  

Total State funds in the amount of **\$3,210,247** have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.
- Article F. is amended to change the cost share requirement and will read:  

Campus will cost-share \_\_\_\_\_ % of total costs during the amended term of this Project Agreement.
- Article F. is amended to change the source of Federal funds paid to Campus and will read:  

Federal funds paid to Campus under this Project Agreement as amended are from Grant/Contract/Cooperative Agreement No. \_\_\_\_\_ from \_\_\_\_\_ under CFDA# \_\_\_\_\_. Federal regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached

to this document as **revised** Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

- Article G. is exercised to amend Article(s) \_\_\_\_\_ of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, as follows:

**Article** \_\_\_\_\_ is amended in its entirety to read as follows:  
**Article** \_\_\_\_\_ is amended in its entirety to read as follows:

- Article H. is amended such that:
  - State has chosen **not to take** possession of equipment purchased under this Project Agreement.
  - State has chosen **to take** possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.
- Exhibit A is amended as attached.
- Exhibit B is amended as attached.

All other terms and conditions of the Cooperative Project Agreement remain unchanged.

This Amendment, all previous Amendments, the Cooperative Project Agreement, and the Master Agreement constitute the entire agreement between State and Campus regarding the Cooperative Project Agreement, and supersede and replace any previously existing arrangements, oral and written; further changes herein must be made by written amendment and executed for the parties by their authorized officials.

This Amendment and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire or other authorized officials approve this Amendment to the Cooperative Project Agreement.

IN WITNESS WHEREOF, the following parties agree to this **Amendment #1** to the Cooperative Project Agreement.

**By An Authorized Official of:  
University of New Hampshire**

Name: Karen M. Jensen  
Title: Manager, Sponsored Programs Administration  
Signature and Date: [Signature] 4/17/14

**By An Authorized Official of: the New  
Hampshire Office of the Attorney General**

Name: Rosemary Wiant  
Title: Assistant Attorney General  
Signature and Date: [Signature] 5-21-14

**By An Authorized Official of:  
NH Department of Health and Human  
Services**

Name: [Signature]  
Title: Finance Director  
Signature and Date: [Signature] 5/13/14

**By An Authorized Official of: the New  
Hampshire Governor & Executive Council**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature and Date: \_\_\_\_\_

## EXHIBIT A

**A. Project Title:** Project Management Services for the Balancing Incentive Program

**B. Project Period:** 04/17/13 - 06/31/16

**C. Objectives:**

**D. Scope of Work:**

### 3.1 Overview

The contractor (referred to in this Exhibit as the Project Management Entity or PME) will provide project management services necessary to advance the Balancing Incentive Program (BIP) in multiple DHHS program areas and within the community by assisting in the development, implementation and monitoring of infrastructure, policy and programmatic enhancements to New Hampshire's Medicaid long-term care services and supports system.

In order to meet the priorities and goals of BIP, the PME will work collaboratively with DHHS and external stakeholders. Unless clearly stated otherwise, the term "stakeholders" includes consumers, family members, caregivers, community partners and providers. DHHS is committed to representation by and involvement of stakeholders in all aspects of BIP and requires the PME to practice this same commitment.

The PME shall be accountable to and operate under the direction of DHHS. The PME shall support DHHS by providing technical assistance, capacity and experience to fulfill the responsibilities identified in this Exhibit. These responsibilities include, but are not limited to:

- Performance of project management services.
- Coordination of the planning, development and implementation of NH BIP Work Plan and CMS deliverables.
- Coordination of specified training initiatives.
- Coordination of community services and supports initiatives as requested by DHHS.
- Fiscal intermediary services for all BIP funds disbursed to the project management entity as well as to PME subcontractors and all contracts awarded for BIP deliverables and initiatives.

Further details are set out in the following sections.

#### **3.1.1. Project Management Services**

The PME will provide project management services including, but not limited to the following:

- Coordinating the planning, development and implementation of deliverables identified by DHHS as necessary to support and implement BIP initiatives.
- Establishing collaborative relationships with DHHS and stakeholders throughout the state and fully engaging DHHS and stakeholders in efforts related to BIP deliverables and initiatives as directed by DHHS. Unless clearly stated otherwise, "stakeholders" include consumers, family members, caregivers, community partners and providers.
- Planning, scheduling, convening, facilitating, participating in, and providing technical assistance and support for meetings of BIP committees and workgroups.
  - The PME will prepare and distribute notes from meetings of all BIP committees and workgroups.
- Preparing or compiling all documents and materials necessary to respond to requests from DHHS.

- Coordinating project proposals and requests for BIP funding, including receipt, organization and review of proposals and requests, along with meetings and any other activities associated with proposals and requests. Proposals and requests will cover activities necessary to fulfill the NH BIP Work Plan objectives, a variety of training efforts, and initiatives related to enhancing long-term care services and supports in community settings.
  - For proposals received and requests approved by DHHS (prior to and after the initiation of this contract) the PME will develop, issue and coordinate review of RFP's, develop and award contracts pursuant to DHHS approval, disburse and track funds, monitor implementation and progress of awarded initiatives, and track performance indicators and outcomes measures.
  - In instances when there is a potential for conflict of interest, the PME will not participate in these activities.
  - To maximize transparency and accountability, every RFP developed by the PME shall include relevant materials regarding work done by BIP committees, workgroups or staff.
    - RFP's for the NH BIP Work plan shall include relevant deliverables, both submitted and in progress, along with notes from groups working on the deliverables.
    - RFP's for training initiatives shall include materials reflecting any training models or evidence-based practices that DHHS is seeking.
    - RFP's for community services and supports initiatives shall include all submission and review documents, along with notes from any groups or committees that have considered the specific initiative going out to bid.
    - RFP's for information technology shall include materials relevant to the background and considerations that lead to the need for and decision to go out to bid.
- Assisting in analysis, development, and review of budgets for approved proposals and requests.
- Collaborating with DHHS to ensure coordination and integration of BIP and other projects related to enhancing community-based long-term services and supports, with the overall DHHS plan for long-term care. These projects include initiatives designed to reduce unnecessary utilization of institutional care and make those in need of Medicaid long-term services and supports more aware of less restrictive and lower-cost alternatives to receive care in community settings.
- Assisting DHHS in working with CMS and other federal agencies to identify opportunities to leverage other programs whose goals are aligned with BIP and to secure authorization to utilize revenue enhancement strategies and other funding sources to support the structural requirements of BIP. The PME will focus on opportunities to create an integrated long-term supports and services system that leverages other opportunities that DHHS is participating in. These efforts will not preclude, but will have a higher priority than procuring new grants, unless agreed upon by DHHS.
- Assisting in development and submission of BIP updates, documentation and reports to DHHS and CMS as required.
- Collaborating with DHHS to identify and collect data for qualitative and quantitative performance measures and outcomes. These measures and outcomes will be developed for each infrastructure deliverable set out in the detailed project plan, as well as each training initiative and community services and supports initiative. These measures and outcomes will be set out in the plan for performance monitoring.
- Design a tracking system under the direction of DHHS to evaluate BIP efforts and document their impact on access to Medicaid community-based long-term services and supports, including but not limited to:
  - The timeframes from first calls to eligibility determination;
  - How long it takes applicants to receive an eligibility determination decision;
  - Eligibility coordinator contacts, issues, barriers, resolutions, and timeframes; and

- What issues the eligibility coordinators have to address in order to facilitate eligibility determinations and who they contact to address them.
- Providing technical assistance and support necessary to analyze, define, develop, test, and implement necessary business requirements. This includes assistance in developing and implementing a procurement strategy for information technology services needed to implement the required structural changes. These efforts will be in accordance with DHHS and DoIT guidelines and requirements.
- Ensuring that all CMS deliverables and NH BIP Work plan requirements are met and invoices for all projects are appropriately processed no later than September 30, 2015.

Detailed Project Plan: CACL will maintain and update a detailed project plan.

Performance Monitoring: DHHS will monitor this contract via performance measures. The PME, in conjunction with DHHS, will continue performance monitoring efforts initiated under the FY13-14 contract with revisions as necessary. This plan will cover performance objectives and requirements and serve to assess the effectiveness of each project and for project management services overall. This information will be routinely communicated to DHHS and stakeholders.

Meetings and Communication with DHHS: The PME will be required to participate in meetings with DHHS (on at least a monthly basis or more frequently, as required by DHHS) to discuss planning, progress, challenges, opportunities, and options regarding all BIP-related tasks and activities. Meetings will be conducted in-person at DHHS. In certain circumstances, phone meetings or meetings via videoconferencing may be substituted for in-person meetings if approved by the BIP Project Manager. The PME will designate a liaison to DHHS, whose primary office location will be provided by and located at DHHS. The liaison will provide day-to-day support to the DHHS BIP management team.

Revisions or Modifications: During the course of this project period it may be necessary to revise or modify the tasks and deliverables designed to meet the objectives identified in this Exhibit. DHHS staff will work with the PME to develop a mutually agreed upon solution that takes into consideration staff resources and reasonable timelines for completion. The above-mentioned project plan will be adjusted accordingly, but in no case will timelines extend beyond the BIP project period.

### ***3.1.2. NH BIP Work plan Deliverables***

The PME, as directed by DHHS, will support development and implementation of the infrastructure enhancements required under the NH BIP Work plan.

The specific NH BIP Work plan deliverables will be included in the detailed project plan. For each major objective and task, the project plan will identify necessary activities, timelines for completion, assigned resources, and expected deliverable outcomes.

The PME will support these efforts through:

- Continuing infrastructure efforts initiated prior to approval of this contract.
- Leveraging existing partners to create a single statewide network for all long-term services and supports.
- Establishing collaborative relationships with DHHS, No Wrong Door partners (as identified by our federal partners), and stakeholders throughout the state and fully engaging DHHS, No Wrong Door partners, and stakeholders. Unless clearly stated otherwise, “stakeholders” include consumers, family members, caregivers, community partners and providers.

- Working with NWD partners and stakeholders to fully implement the envisioned NWD system, including the formation of formal and informal partnerships.
- Assisting in the creation and implementation of a social marketing plan to generate understanding and enhance utilization of Medicaid non-institutional long-term services and supports as appropriate options for individuals in need of long-term care and at risk of having to receive needed services and supports in institutional settings.
  - The plan will include materials and a curriculum to educate individuals; their family members, caregivers, providers, community agencies and DHHS staff about community services and supports options.
- Conducting the design and delivery of BIP-related functional and financial eligibility determination and enrollment processes, tools, and information required by CMS and approved by DHHS.
  - Documenting all processes for the purposes of developing business rules and preparing training materials and curricula.
  - The PME will leverage the expertise acquired and materials prepared to develop and conduct statewide trainings.
  - At such time as DHHS is prepared to automate these processes, providing technical assistance and support necessary to analyze, define, develop, test and implement necessary business rules and develop a procurement strategy for IT services needed to implement the required structural changes. These efforts will be in accordance with DHHS and DoIT guidelines and requirements.
- *Defining infrastructure costs for No Wrong Door partners to implement the final detailed system design.*
- *Collaborating with DHHS to design, develop business rules, and review available PME and DHHS expertise and resources to inform DHHS decisions regarding whether infrastructure deliverables shall be developed and implemented utilizing existing resources or whether the PME will be directed to subcontract with a qualified vendor.*
  - DHHS anticipates that the PME will outsource the printing of informational materials, advertising plan development, and website development.
- Identifying, analyzing, and providing information on best practices relevant to planning, developing and implementing required infrastructure changes.
- Collaborating with DHHS to identify, collect and monitor qualitative and quantitative performance measures and outcomes. These measures and outcomes will be developed for each infrastructure deliverable. These measures and outcomes will be set out in the plan for performance monitoring.

### **3.1.3. Training Initiatives**

The PME will develop, or procure as necessary and approved by DHHS, resources to provide in person and web-based trainings to support individuals, families, caregivers, providers, and staff in utilizing practices that are proven to be successful in keeping those in need of long-term care services and supports in their communities and out of institutions. This includes NH BIP Work plan, core competency, and community training needs. Web-based and train-the-trainer models will be pursued in order to advance sustainability of trainings.

Further, the infrastructure changes to be implemented through the NH BIP Work plan will require various levels of training for both DHHS staff and providers in the community. The PME will work with DHHS, No Wrong Door partners, and stakeholders to develop and implement a comprehensive plan to train DHHS staff, No Wrong Door partners, and stakeholders on various policy and system changes. In addition, the PME will work with the BIP project team to identify, develop and provide necessary updates

to the functional assessment policies and procedures, including training on the use of and electronic access to the modified assessment tools.

The PME will support training efforts through:

- 
- Establishing collaborative relationships with DHHS, No Wrong Door partners, and stakeholders throughout the state and fully engaging DHHS, No Wrong Door partners, and stakeholders. Unless clearly stated otherwise, “stakeholders” include consumers, family members, caregivers, community partners and providers.
- Coordinating all aspects of training initiatives, either through directly developing and conducting training activities or through subcontracting with qualified trainers, as identified in the detailed project plan.
- Providing logistical supports to plan, set up, and conduct face-to-face trainings, including coordination with trainers, provision of materials, identification, communication with and registration of potential attendees, as well as all on-site logistics.
- Identifying the technology needs and procuring qualified providers to make trainings available as web-based products and train-the-trainer models, including interactive functionality and capability to conduct testing/certification of trainees as appropriate.
- Providing technical assistance in developing a new training framework and outcomes driven system to support the implementation of the BIP.
- Collaborating with DHHS to identify, collect and monitor qualitative and quantitative performance measures and outcomes for each training initiative. These measures and outcomes will be set out in the plan for performance monitoring.

#### ***3.1.4. Community Supports and Services Initiatives***

The PME will provide technical assistance to DHHS, as requested, to enhance the long-term services and supports infrastructure in New Hampshire to achieve long-term improvement resulting in an efficient and effective system of access to care. The PME will work with DHHS and stakeholders to leverage structural changes and trainings in order to improve access to community-based long-term services and supports to allow those needing long-term care through Medicaid to remain in their communities to the greatest extent possible (while keeping institutional services available when they are necessary).

The PME will provide technical assistance to DHHS and other stakeholders to strengthen existing resources and realize new opportunities and innovative approaches to enhance access to Medicaid community-based LTSS in NH by:

- Establishing collaborative relationships with DHHS, No Wrong Door partners, and stakeholders throughout the state and fully engaging DHHS, No Wrong Door partners, and stakeholders. Unless clearly stated otherwise, “stakeholders” include consumers, family members, caregivers, community partners and providers.

#### ***3.1.5. Fiscal Intermediary Services***

The PME will provide fiscal intermediary services for all BIP funds disbursed to the project management entity as well as to PME subcontractors and all contracts awarded for BIP deliverables and initiatives. The PME will keep detailed and accurate records of their activities and all approved projects funded using BIP funds (or any combination of BIP and other funds). The fiscal intermediary services provided through this contract will assist DHHS to efficiently and expeditiously allocate and expend the BIP funds, with the highest degree of accountability.

The PME will be responsible for management and distribution of BIP funds, including:

- Receipt of and financial accounting for the BIP funds award according to guidelines set forth by the State of NH.
- Management and payment of invoices related to BIP-funded projects.
- Financial reporting at the detail level for the PME, including all payments of funds, the uses of those funds, and balances for remaining funds.
- Financial reporting at the detail level for all funds disbursed by the PME for each BIP-funded initiative, including all payments of funds, the uses of those funds, and remaining balances for each initiative.
- Preparing and providing financial reports regarding utilization of BIP funds in accordance with a work plan and timeline approved by DHHS.
- Disbursing funds and monitoring the spending of funds by contractors.
- Compliance with state and federal BIP requirements, including those outlined in this contract and exhibits.
- Ensure that all BIP projects are completed and invoices for all projects are appropriately processed no later than June 30, 2016.
- An assurance that the PME will promptly refer to an appropriate inspector general any credible evidence that a person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving BIP funds.
- Management of Eligibility Coordinators - while CACL will recruit for these positions as well as handle all administrative tasks (including pay & benefits or contracting), the hiring decisions will be made by DHHS, these positions will report to and be supervised by DHHS, and fully accountable to DHHS for all decisions regarding these positions, including but not limited to job duties and responsibilities.

**E. Deliverables Schedule:**

**F. Budget and Invoicing Instructions:**

Budget Items	Original Budget	Increase This Amendment	New Total
1. Salaries & Wages	410,490	801,855	1,212,345
2. Employee Fringe Benefits	184,772	299,474	484,246
3. Travel	4,400	34,000	38,400
4. Supplies and Services	111,393	978,868	1,090,261
5. Equipment	0	0	0
6. Facilities & Admin Costs	71,106	313,889	384,995
Subtotals	782,161	2,428,086	3,210,247
Total Project Costs:			3,210,247



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF COMMUNITY BASED CARE SERVICES**

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Nicholas A. Toumpas  
 Commissioner

Nancy L. Rollins  
 Associate  
 Commissioner

March 20, 2013

Approved by G+C

Date 4-17-13

Item # 50

Contract # 1029428

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Community Based Care Services to enter into an agreement with the University of New Hampshire, vendor number 177867-B046, to provide project management services necessary to advance the Balancing Incentive Program (BIP) in multiple Department program areas and within communities statewide, in an amount not to exceed \$782,162.00 effective April 17, 2013, or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds to support this request are available in the following account with authority to adjust amounts if needed and justified between State Fiscal Years.

<sup>049-2985</sup>  
 05-95-95-958010-3316 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS,  
 HHS:COMMISSIONER, COMMUNITY BASED CARE SERVICES, BALANCING INCENTIVE  
 PROGRAM

<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>FY 2013</u>	<u>FY 2014</u>
102-500732	Contracts for Program Services	<u>95800833</u>	\$94,971.00	\$687,191.00

**EXPLANATION**      JN 49053316

The purpose of this request is to provide project management resources to the Division of Community Based Care Services in the areas of development, implementation and monitoring of infrastructure, policy and programmatic enhancements to New Hampshire's Medicaid long-term care services and supports system.

The goal of the Balancing Incentive Program (BIP) is to re-balance Medicaid spending between institutional and non-institutional long-term care by enhancing access to and offerings of community-based long-term services and supports, which will allow those needing long-term care through Medicaid to remain in their homes and communities to the greatest extent possible (while keeping institutional services available when they are needed).

Through a collaborative partnership between the Department, consumers, families, caregivers and providers, a statewide system is being developed. BIP will improve information about community long-term care services and supports, streamline application and eligibility determination processes, assist those applying for services, and strengthen the existing infrastructure across the long-term system of care. BIP is working with community partners to identify needs, gaps and opportunities to improve the system of care in NH, and provide funding and support to implement local efforts that will respond to these most effectively and efficiently. Finally, BIP is funding trainings to allow providers, staff, families, and caregivers to utilize practices that are proven to be successful in keeping those in need of long-term services and supports in their communities and out of

March 20, 2013

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institutions. All these efforts are building on New Hampshire's successes over the last 30 years, leveraging the strengths of our current agencies and providers, and actively collaborating with a number of Department and stakeholder initiatives going forward.

The University of New Hampshire, as the Project Management Entity for BIP, will support the Department by providing technical assistance, capacity and experience, collaborating with the Department and external stakeholders, and operating under the direction of the Department, to fulfill the following responsibilities:

- Performance of project management services.
- Coordination of the planning, development and implementation of infrastructure enhancements.
- ~~Coordination of community services and supports initiatives.~~
- Coordination of specified training initiatives.
- Provision of fiscal intermediary services.

The University of New Hampshire was selected through a competitive bid process. A request for proposals was posted on the Department of Health and Human Services website from December 7, 2012 to January 15, 2013. Although two letters of intent were submitted, one combined proposal was submitted for consideration. The five member evaluation committee, following the criteria listed in the Request For Proposals, scored the original proposal as receiving 356 out of a possible 500 points. The Bid Summary is attached.

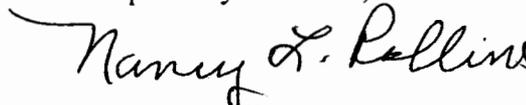
Should Governor and Executive Council determine not to approve this request, the Department will lack resources to fully implement the opportunities and enhancements made available through BIP. This will result in more individuals in need of long-term care being unable to obtain needed services and supports in their communities, resulting in increased utilization of higher cost institutional services. In addition, a certain number of people currently being cared for in institutional settings will have to remain in those settings, due to the continued shortage of available community services and supports that could fulfill their needs.

Area served: statewide.

Source of funds: 100% Federal Funds.

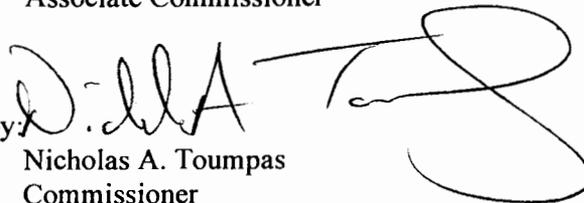
In the event Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins  
Associate Commissioner

Approved by



Nicholas A. Toumpas  
Commissioner

**BIP PROJECT MANAGEMENT SERVICES PROPOSAL FINAL SCORES**

		RFP SECTION *												
	TOTAL													
RANKING	SCORE *	I. A.	I. B.	I. C.	I. D.	I. E.	II.	III.	IV.	V.	VI.	VII.	VIII.	
1	356	University of New Hampshire	35	37	36	36	36	44	21	22	16	37 #	16	20

**RFP Sections @**

- I. Technical Proposal:
  - A. Project Management Services (10 points)
  - B. Development and Implementation of the NH BIP Workplan Deliverables (10 points)
  - C. Coordination of Specified Training Initiatives (10 points)
  - D. Coordination of Community Supports and Services Initiatives (10 points)
  - E. Fiscal Intermediary Services (10 points)
- II. Demonstrated Competence (10 points)
- III. Direct Experience (5 points)
- IV. References (5 points)
- V. Staffing Plan (5 points)
- VI. Budget (15 points)
- VII. Budget Narrative (5 points)
- VIII. Overall Quality of Response to RFP (5 points)

**NOTES:**

- \* - The figures for each RFP Section are sums of the scores awarded by each reviewer.  
The Total Score is the sum of the combined scores for each RFP section.
- # - One reviewer did not feel qualified to evaluate the budget proposal.
- @ - The maximum points value for each section is indicated in parentheses after the title of the section.

**Review Team Members**

Nanci Collica	Chair, State Behavioral Health Advisory Council	(Did not score Budget section)
Michele Harlan	Program Planning & Review Specialist, Bureau of Behavioral Health, DHHS	
Jane Hybsch	Administrator, Office of Medicaid Business and Policy, DHHS	
Joey Rolfe	Clinical Director, Life Coping, Inc.	
Erica Ungarelli	Administrator, Division for Children, Youth and Families, DHHS	