



STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 OFFICE OF HUMAN SERVICES  
 DIVISION OF CLIENT SERVICES

Nicholas A. Toumpas  
 Commissioner

Carol E. Sideris  
 Director

129 PLEASANT STREET, CONCORD, NH 03301  
 603-271-9404 1-800-852-3345 Ext. 9404

Fax: 603-271-4232 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

April 25, 2013

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

*64*  
*50% Federal*  
*50% General*  
*Sole Source*

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Client Services, Disability Determination Unit, to amend an agreement, Purchase Order number 1024125 with Patricia I. Williams, (163641-B001), to provide services as a Medical Disability Determination Systems Development Specialist by increasing the price limit by an amount not to exceed \$14,514, effective July 1, 2013 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. This agreement was originally approved by Governor and Executive Council on May 23, 2012, item number 50. Funds are anticipated to be available in the following account in State Fiscal Year 2014 upon the availability and continued appropriation of funds in the future operating budget.

**05-95-95-958110-5193 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS DISABILITY DETERMINATION UNIT, MEDICAL AND CLIENT SERVICES**

<u>Appropriation</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>Current Modified Amount</u>	<u>Increase Amount</u>	<u>Revised Modified Amount</u>
05-95-95-958110-51930000	046-500462	Consultants	95802000	\$14,160	\$0	\$14,160

**05-95-45-451010-7997 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: TRANSITIONAL ASSISTANCE, CLIENT SERVICES, DISABILITY DETERMN UNIT**

<u>Appropriation</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>Current Modified Amount</u>	<u>Increase Amount</u>	<u>Revised Modified Amount</u>
05-95-45-451010-79970000	046-500462	Consultants	45142100	\$ 0	\$14,514	\$14,514
			<b>Total</b>	<b>\$14,160</b>	<b>\$14,514</b>	<b>\$28,674</b>

## EXPLANATION

The Division of Client Services' Disability Determination Unit performs the medical disability determinations for adults between the ages of 18 to 64 who are requesting disability benefits under the Aid to the Permanently and Totally Disabled (APTD), Aid to the Needy Blind (ANB), and Medicaid for Employed Adults With Disabilities (MEAD) category of need programs. The Disability Determination Unit has chosen to utilize a consultant in the capacity as a systems development specialist as there is currently no one available within the unit that has the expertise to perform this function. This was determined to be in the best interest of the State.

Funding provided by this amendment will be used to continue the services of a consultant to assist the Disability Determination Unit with the implementation and staff training of the New Hampshire Medicaid Management Information System and with the transition from the Contact Management case tracking computer system. This individual will be assigned the following primary duties and responsibilities:

- Codes, modifies, and maintains programs within an application to meet project requirements and integrates programs as required;
- Confers with supervisors to resolve problems and questions concerning computer hardware and software;
- Prepares end user documentation and trains employees to support implementation; and
- Prepares technical operations documentation as prescribed to meet data processing standards.

An advertisement for the Medical Disability Determination Systems Development Specialist was placed on the Division of Community Based Care Services website on February 2, 2012, for 30 days. No other bidders responded.

Should Governor and Executive Council determine not to approve this request the Disability Determination Unit will not have any staff that is able to provide statistical analyzation of systems data for fiscal reporting and provider billing oversight that is specific to the Disability Determination Unit.

The salary rate is \$20.50 an hour for SFY 2014. The rate is based on historical schedules pursuant to the Division of Personnel guidelines and prevailing rates for Information Technology technicians in the marketplace. These rates are lower than rates of equivalent positions in the private sector and do not exceed public sector salaries and fringe benefits.

The total agreement price is \$28,674 representing salary only.

The requirement for insurance has been deleted and approved by the Attorney General's Office.

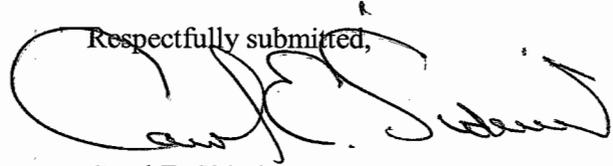
Area served: statewide.

Source of funds: 50% federal and 50% general.

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
April 25, 2013  
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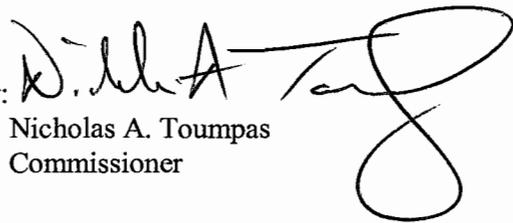
In the event that the federal funds become no longer available, general funds will not be requested to support disability determination work.

Respectfully submitted,



Carol E. Sideris  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

AMENDMENT

This Agreement (hereinafter called the "Amendment") dated this 10<sup>th</sup> day of April 2013, by and between the State of New Hampshire acting by and through its Division of Client Services of the Department of Health & Human Services (hereinafter referred to as the "Division") and Patricia I. Williams, (hereinafter referred to as the "Contractor").

**WHEREAS**, pursuant to an agreement (hereinafter called the "Agreement"), dated 23<sup>rd</sup> day of May 2012, the Provider agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

**WHEREAS**, pursuant to the provisions of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification by the Governor & Executive Council, or amendment;

**WHEREAS**, the Provider and the Division have agreed to amend the Agreement in certain respects;

**NOW THEREFORE**, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows;

1. Amendment and modification of Agreement:

The Agreement is hereby amended as follows:

1.1. Amend Section 1.7 of the General Provisions by extending the Completion Date to June 30, 2014.

1.2. Amend Section 1.8 of the General Provisions by replacing \$14,160 with \$28,674.

1.3. Amend end dates of all exhibits to June 30, 2014.

1.4. Replace Exhibit B, Methods and Conditions of Payment, paragraph 1 with the following:

The Contract Price shall not exceed \$28,674. Payments shall be made during FY 2014 in accordance with the Budget. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.

1.5. Replace Exhibit B, Methods and Conditions of Payment, paragraph 5 with the following:

The Contractor shall be paid only for the total number of hours actually worked at the hourly rate of \$20.50 in FY 2014. The total of all payments made to the Contractor for costs and expenses incurred in the performance of the Services during the period of the contract shall not exceed twenty eight thousand six hundred seventy four dollars (\$28,674).

1.6. Replace Budget Form with the attached Amended Budget Form.

1.7.

Contractor Initials

*PW*

Date

4-11-13

2. Effective Date of Amendment:

This Amendment shall take effect on the 1st day of July 2013, or the date of Governor and Executive Council approval, whichever is later.

3. Continuance of Agreement:

Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement and the obligation of the parties thereunder shall remain in full force and effect in accordance with the terms and conditions set forth therein.

**IN WITNESS WHEREOF**, the parties have hereunto set their hands as of the day and year first above written.

STATE OF NEW HAMPSHIRE

Division of Client Services

By   
\_\_\_\_\_  
Carol E. Sideris  
Director

By   
\_\_\_\_\_  
Patricia I. Williams

Contractor Initials PW  
Date 4-11-13

State of New Hampshire

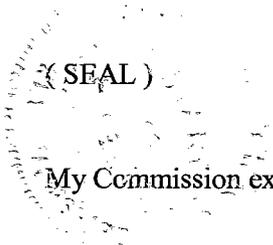
County of Merrimack

On this the 11 day of April, 2013 before me, Jacalyn H. Newton the  
(Notary Public or Justice of the Peace)

undersigned officer, personally appeared Patricia I. Williams, who executed the foregoing instrument by signing her name.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Jacalyn Newton  
Notary Public/Justice of the Peace



My Commission expires:

My Commission Expires September 9, 2014

Approved by the Department of Administration:

DIVISION OF PERSONNEL

By Karen D. Hutchins  
Karen D. Hutchins, Director

Date 5-2-13, 2013

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By Jeanne P. Herrick  
Jeanne P. Herrick, Attorney

Date 13 May, 2013

Contractor Initials PW  
Date 4-11-13

NH Department of Health and Human Services

AMENDED BUDGET

Patricia I. Williams

	<b>Total Contracted Hours</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>Total</b>
\$20.00 per hour	708	\$14,160.00		\$ 14,160.00
\$20.50 per hour	708		\$14,514.00	\$ 14,514.00
Total		\$14,160.00	\$14,514.00	\$28,674.00

Contractor Initials

Pcw

Date

4-11-13



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

DISABILITY DETERMINATION UNIT

Nicholas A. Toumpas  
 Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6504  
 603-271-4445 1-800-852-3345 Ext. 4445  
 Fax: 603-271-4376 TDD Access: 1-800-735-2964

Nancy L. Rollins  
 Associate Commissioner

Approved by G+C

Date 5-23-12

Item # SD

April 6, 2012

Contract # 1024125

His Excellency, Governor John H. Lynch  
 and the Honorable Executive Council  
 State House  
 Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Disability Determination Unit, to enter into an agreement with Patricia I. Williams, (vendor code 163641-B001), P.O. Box 1035, Concord, NH 03302 to provide services as a Medical Disability Determination Systems Development Specialist by an amount not to exceed \$14,160.00, effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later through June 30, 2013. Funds are available in the following account.

05-95-95-958110-5193 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS DISABILITY DETERMINATION UNIT, MEDICAL AND CLIENT SERVICES

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EXPLANATION

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Funding provided by this amendment will be used to continue the services of a consultant to assist the Disability Determination Unit with the design, testing, training and implementation of the New Hampshire Medicaid Management Information System and with the transition from the Contact Management case tracking computer system. This individual will be assigned the following primary duties and responsibilities:

- Codes, modifies, and maintains programs within an application to meet project requirements and integrates programs as required;

- Confers with supervisors to resolve problems and questions concerning computer hardware and software;
- Prepares sample test data, conducts and reviews test results, and modifies programs to comply with specifications;
- Prepares end user documentation and trains employees to support implementation; and
- Prepares technical operations documentation as prescribed to meet data processing standards.

An advertisement for the Medical Disability Determination Systems Development Specialist was placed on the Division of Community Based Care Services website on February 2, 2012, for 30 days. No other bidders responded.

Should Governor and Executive Council determine not to approve this request the Disability Determination Unit will not have any staff that is able to provide statistical analyzation of systems data for fiscal reporting and provider billing oversight that is specific to the Disability Determination Unit.

The salary rate is \$20 an hour for SFY 2013. The rate is based on historical schedules pursuant to the Division of Personnel guidelines and prevailing rates for Information Technology technicians in the marketplace. These rates are lower than rates of equivalent positions in the private sector and do not exceed public sector salaries and fringe benefits. Ms. Williams is currently under contract with the Division of Community Based Care Services providing systems development services. The Division is pleased with her performance under the current agreement.

The total agreement price is \$14,160 representing salary only.

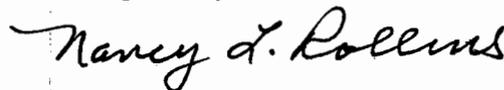
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Source of funds: 50% federal and 50% general.

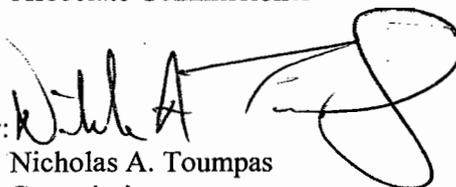
In the event that the federal funds become no longer available, general funds will not be requested to support disability determination work.

Respectfully submitted,



Nancy L. Rollins  
Associate Commissioner

Approved by:



Nicholas A. Toumpas  
Commissioner