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STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

Helen E. Hanks
Commissioner

Robin H. Maddaus
Director

P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-5610 FAX: 1-888-908-6609
TDD Access: 1-800-735-2964
www.nh.gov/nhdoc

May 21, 2018

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the New Hampshire Department of Corrections to enter into a four-year contract with Centurion™ of New Hampshire, LLC (VC# 286882), 1593 Spring Hill Road, Suite 600, Vienna, VA 22182, in the amount of \$15,069,329.00, for the provision of Medical-Dental Professional Services, effective upon Governor and Executive Council approval for the period beginning July 1, 2018 through June 30, 2022, with the option to renew for one (1) additional period of up to two (2) year(s) subject to Governor and Executive Council approval. 100% General Funds.

Funding for this contract is available in account, *Medical-Dental*: 02-46-46-465010-8234-101-500729, as follows with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office, if needed and justified. Funding for SFY 2020, 2021 and 2022 is contingent upon the availability and continued appropriation of funds.

Centurion™ of New Hampshire, LLC					
Account	Description	SFY 2019	SFY 2020	SFY 2021	SFY 2022
02-46-46-465010-8234-101-500729	Medical Providers	3,626,214.00	3,717,815.00	3,813,070.00	3,912,230.00
Total Contract:				\$15,069,329.00	

EXPLANATION

This Contract is for the provision of medical and dental services for the New Hampshire Department of Corrections (NHDOC) resident and non-adjudicated population using credentialed medical and dental care providers consisting of physicians, Advanced Practical Registered Nurses (APRN's), Registered Nurses (RN's), Dentists, Dental Assistants and Dental Hygienists. The contracted medical and dentist staff will provide primary care services that complement the services rendered by State healthcare employees at designated New Hampshire Department of Corrections facilities. The Registered Nurse position will continue to provide dedicated nursing services to liaison with nursing home facility admissions including Medicaid eligibility and assist with the medical parole process to maximize the use of the Medical Parole Statue as well as ensure the Department's

maximum opportunity to defer Medicaid Inpatient eligible stays to be paid by Medicaid as allowable for men and women under Departmental custody who have required this level of care during their period of custody.

These contracted medical and dental providers will work jointly with other providers, practitioners and the Departments' health professionals to facilitate proper health and dental services for the residents of the New Hampshire Department of Corrections. They will participate in appropriate operational initiatives on behalf of the Departments' Division of Medical and Forensic Services; assist in the review of potential risk management issues, partake in utilization management, quality improvement and infectious control programs and consult with community providers to ensure medically appropriate and necessary care is provided to the residents of the Department.

This contract includes cost increases which after our examination and review with the Vendor reflects the inflationary cost of salaries to the current labor market for healthcare providers. Over the past six year contract with Centurion™ of New Hampshire, LLC, formerly MHM Solutions, Inc., salaries were contractually contained due to engaging in the provision of contract renewals. Renewals have been exhausted at this time.

The RFP was posted on the New Hampshire Department of Corrections website: <http://www.nh.gov.nhdoc/business/rfp.html> for six (6) consecutive weeks and notified seven (7) potential vendors of the RFP posting. As a result of the issuance of the RFP, one (1) potential vendor responded by submitting their proposal. After the review of the proposal and in accordance with the RFP Terms and Conditions, the New Hampshire Department of Corrections awarded the Contract, in the amount of \$15,069,329.00, to the incumbent, Centurion™ of New Hampshire, LLC.

This RFP was scored utilizing a consensus methodology by a four (4) person evaluation committee for the purposes of preserving the privacy of the evaluators. The evaluation committee consisted of New Hampshire Department of Corrections employees: Paula Mattis, FACHE, Director, Medical & Forensic Services, NH Department of Corrections, Bernie Campbell, BS, PT, Deputy Director, Medical & Forensic Services, NH Department of Corrections, Joyce Leeka, Operations Administrator, NH Department of Corrections and Jennifer Lind, Contract/Grant Administrator, NH Department of Corrections.

Respectfully Submitted,



Helen E. Hanks
Commissioner

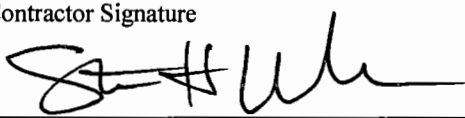
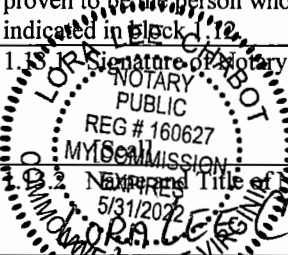

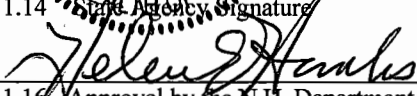
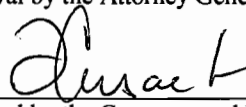
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

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 Corrections		1.2 State Agency Address 105 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Centurion of New Hampshire, LLC		1.4 Contractor Address 1593 Spring Hill Road, Suite 600 Vienna, VA 20191	
1.5 Contractor Phone Number 703-749-4600	1.6 Account Number 02-46-46-465010-8234-101-500729	1.7 Completion Date June 30, 2022	1.8 Price Limitation \$15,069,329.00
1.9 Contracting Officer for State Agency Helen E. Hanks, Commissioner		1.10 State Agency Telephone Number 603-271-5603	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Steven H. Wheeler Chief Executive Officer	
1.13 Acknowledgement: State of <u>VA</u> , County of <u>Fairfax</u> On <u>04-18-18</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.			
1.14 Signature of Notary Public or Justice of the Peace  			
1.15 Name and Title of Notary or Justice of the Peace Bradlee Chabot Notary For the Commonwealth of VA			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Helen E. Hanks, Commissioner	
1.16 Approval by the N.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>5/21/18</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.

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.



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RFP Bid Evaluation and Summary
Medical-Dental Professional Services
NHDOC 18-07-GFMED

Proposal Receipt and Review:

- Proposals will be reviewed to initially determine if minimum submission requirements have been met. The review will verify that the proposal was received before the date and time specified, with the correct number of copies, the presence of all required signatures, and that the proposal is sufficiently responsive to the needs outlined in the RFP to permit a complete evaluation. Failure to meet minimum submission requirements will result in the proposal being rejected and not included in the evaluation process.
- The Department will select a group of personnel to act as an evaluation team. Upon receipt, the proposal information will be disclosed to the evaluation committee members only. The proposal will not be publicly opened.
- The Department reserves the right to waive any irregularities, minor deficiencies and informalities that it considers not material to the proposal.
- The Department may cancel the procurement and make no award, if that is determined to be in the State's best interest.

Proposal Evaluation Criteria:

- Proposals will be evaluated based upon the proven ability of the respondents to satisfy the requirements of this request in the most cost-effective manner. Specific criteria are:
 - a. Total Estimated Cost – 50 points
 - b. Organizational Resources and Capability – 25 points
 - c. Program Structure/Plan of Operation – 25 points
 - d. Qualitative References – Pass/Fail points
- Awards will be made to the responsive Vendor(s) whose proposals are deemed to be the most advantageous to the State, taking into consideration all evaluation factors in section 30 of NHDOC 18-07-GFMED Medical-Dental Professional Services RFP.
 - a. The contract will be awarded to the Bidder submitting a response based on the demonstrated capabilities and skills in relation to the needs of the services identified in the RFP without reducing the current functions of the Department and as long as the Vendor's Total Estimated Cost, Organizational Resources and Capability, Program Structure/Plan of Operation and Qualitative References are acceptable to the Department.

Evaluation Team Members:

- Paula Mattis, FACHE, Director, Medical & Forensic Services, NH Department of Corrections
- Bernie Campbell, BS, PT, Deputy Director, Medical & Forensic Services, NH Department of Corrections
- Joyce Leeka, RHIA, Operations Administrator, Medical & Forensic Services, NH Department of Corrections
- Jennifer Lind, MBA, CMA, Contract/Grant Administrator, Administration, NH Department of Corrections

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability



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RFP Scoring Matrix
Medical-Dental Professional Services
NHDOC 18-07-GFMED

Respondents:

- Centurion™ of New Hampshire, LLC
 1593 Spring Hill Road, Suite 600
 Vienna, VA 22182

Scoring Matrix Criteria:

- Proposals were evaluated based on the proven ability of the respondents to satisfy the provisions set forth in the Scope of Services in the most technical and cost-effective manner.
 1. Total Estimated Cost – 50 points
 2. Organizational Resources and Capability – 25 points
 3. Program Structure/Plan of Operation – 25 points
 4. Qualitative References – Pass/Fail points

NHDOC 18-07-GFMED RFP Scoring Matrix		
<i>Evaluation Criteria</i>	<i>RFP Weight Point Value</i>	<i>Centurion™ of New Hampshire, LLC</i>
<i>Total Estimated Cost</i>	50	50
<i>Organizational Resources and Capability</i>	25	23
<i>Program Structure/Plan of Operation</i>	25	23
<i>Qualitative References</i>	Pass/Fail	Pass
Total	100	96

Contract Award:

- Centurion™ of New Hampshire, LLC
 1593 Spring Hill Road, Suite 600
 Vienna, VA 22182



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RFP Evaluation Committee Member Qualifications
Medical-Dental Professional Services
NHDOC 18-07-GFMED

Paula Mattis FACHE, Division Director, Medical & Forensic Services:

Ms. Mattis recently joined the NH Department of Corrections serving as the Non-Medical Director, Division of Medical & Forensic Services. Her professional history includes seven years as Administrator of Community Integration at the State of New Hampshire, New Hampshire Hospital, four years as Chief Operating Officer and three years as Acting CEO. Prior to this appointment, Ms. Mattis was President and Chief Executive Officer of the Animal Rescue League of New Hampshire. Ms. Mattis received her Bachelor of Arts degree with honors in Psychology (major) and Sociology (minor) from the University of Texas and a Master's of Social Work, specializing in Community Mental Health from the University of Illinois.

Bernie Campbell, BS, PT, Deputy Director, Medical & Forensic Services:

Ms. Campbell is the Deputy Director for the Division of Medical & Forensic Services for the NH Department of Corrections. In this capacity, Ms. Campbell's role is to administer and supervise allied health services for the Division of Medical & Forensic Services and is responsible to ensure public and institutional safety for all sites through staff and contract monitoring and evaluation. Ms. Campbell is a graduate of UMass Lowell and has involvement with the Department for over twenty-eight years, most recently in the capacity of Director of Rehabilitation Services. Ms. Campbell's past experience has included ownership of a physical therapy clinic as well as vast acute care hospital experience.

Joyce Leeka, RHIA, Medical Operations Administrator, Medical & Forensic Services:

Ms. Leeka is the Operations Administrator for the Medical and Forensic Services Division for the NH Department of Corrections. In this capacity Ms. Leeka is the subject matter expert for Health Information Management. This includes medical privacy (HIPAA), record management, Electronic Health Records and medical coding and billing to include the new ICD-10-CM system. Ms. Leeka is the Utilization Management Administrator for medical ancillary services and the Division's Contract Administrator. Ms. Leeka is a graduate of the University of Central Florida and has held positions of HIM Director, QI/UM Director and UM Coordinator in a variety of hospitals on both the east and west coasts. Ms. Leeka has also worked as a consultant in the areas of QI and long-term care. Ms. Leeka has past experience teaching ICD-9 coding, medical terminology to business office staff, DRG orientation to nursing staff and coordinated hospital-wide discharge planning activities.

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Jennifer Lind, MBA, CMA, Contract/Grant Administrator, Administration:

Ms. Lind has served as the Contract and Grant Administrator since 2010. Ms. Lind is responsible for the development of the Department's request for proposals (RFPs), contracts and grants management. Ms. Lind's current responsibilities include all aspects of the RFP delivery from project management, data collection, drafting and cross function collaboration; procurement functions and management of the Department's medical, programmatic and maintenance contracts and provides managerial oversight to the Grant Division for the Department. Prior to Ms. Lind's promotion to the Contract/Grant Administrator, she held the Program Specialist IV, Contract Specialist position and the Grant Program Coordinator position of the Department. Prior to her employment with the Department, Ms. Lind held the position of Assistant Grants Administrator at the Community College System of New Hampshire for ten years. Ms. Lind received her Bachelors of Science in Accounting from Franklin Pierce College and a Master's of Management with a Healthcare Administration concentration from New England College. Ms. Lind has supplemented her education from prior experience in the pre-hospital care setting and has maintained her Certified Medical Assistant license since 1998.



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Bidders List
Medical-Dental Professional Services
NHDOC RFP 18-07-GFMED

Correct Care Solutions, LLC
Heather Rayko
Director of Business Development
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217
(o) 800-592-2974
(e) hrayko@correctcaresolutions.com
(w) www.correctcaresolutions.com

Correctional Medical Associates, Inc.
Felicia Herring
President
1000 Circle 75 Parkway, SE, Suite 060
Atlanta, GA 30339
(o) 404-760-0296
(e) fherring@correctionalmed.com
(w) www.correctionalmed.com

Corizon Health
Frank Fletcher
Senior VP & Chief Growth Officer
103 Powell Court
Brentwood, TN 37027
(o) 615-660-6831
(o) 1-800-729-0069
(e) frank.fletcher@corizonhealth.com
(w) www.corizonhealth.com

MHM Services, Inc.
Steve Wheeler
President
1593 Spring Hill Road, Suite 610
Vienna, VA 22182
(o) 703-749-4600 x 4612
(e) swheeler@mhm-services.com
(w) www.mhm-services.com

NaphCare, Inc.
Byron Harrison
Director of Information Systems
2090 Cloumbiana Road
Suite 4000
Birmingham, AL 35216
(o) 800-834-2420
(f) 205-536-8400
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SECTION D: Scope of Services, Exhibit A

1. Mission:

The mission of the Department's Health Care Program is to prevent illness, promote health and provide care to the sentenced (resident) and patient (forensic) population through a competent, efficient and effective system that improves the health of residents/patients and assists in the transitional planning and the classification and management of these individuals consistent with the interests of public safety.

2. Purpose:

The purpose of this request for proposal is for the provision of health service professionals for patient centered healthcare services consistent with generally recognized community standards for the NH Department of Corrections resident/patient population that provides for continuity and consistency of care in all facilities of the NH Hampshire Department of Corrections. This Request for Proposal (RFP) seeks services in the following areas:

- Medical Care Services; and
- Dental Services.

3. Background:

The NH Department of Corrections is responsible for the State's correctional system of incarceration, Community Corrections and the Secure Psychiatric (Forensic) Unit. Services shall be provided upon request of the Director of Medical & Forensic Services (Division Director) or designee who must be a state employee. The State retains professional and administrative responsibility for services rendered as required by applicable statutes and regulations in tandem with the Contractor. The Contractor will identify a Chief Administrator as part of their response who shall be accountable to the Director of Medical & Forensic Services.

All sentenced residents in the State of New Hampshire serving twelve (12) months or more are sentenced to the NH Department of Corrections. The Department operates three (3) prison facilities, three (3) transitional housing units and a forensic unit [40 bed prison Residential Treatment Unit (RTU) and 66 bed inpatient Secure Psychiatric Unit (SPU)].

The Department administers and delivers, including through contracts with outside providers, a health care system that provides access to necessary medical, dental and nursing services to both sentenced residents and forensic patients. An electronic health record is used to document clinical services for all residents/patients served by medical and dental providers. Primary and specialty health services as well as inpatient services and dental services are provided with generally accepted standards of care in the most cost effective and efficient manner possible. Services include routine, specialty, inpatient and emergency care delivered pursuant to Departmental directives, provider contracts and other standards of care as specified. Medical Record Services are provided at all three (3) primary prison sites and the Secure Psychiatric Unit/Residential Treatment Unit. Services are provided according to standards specified by state and federal health information rules and regulations and NH Department of Corrections policies, procedures and directives (PPDs).

Health Care providers: physicians, Advanced Practical Registered Nurse (APRNs), dentists, nurses, other health care practitioners and medical record staff are located on site, in numbers and type, consistent with the needs of the resident/patient population. Health and dental care screening is performed upon admission at intake facilities to identify any urgent and emergent conditions requiring immediate attention.

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Resident health needs are also assessed on routine and emergency basis to determine the appropriate level of care to be provided. The on-site care providers evaluate, treat and medically/clinically manage the population as necessary and appropriate. Routine care provided also includes medical and dental sick call, chronic care clinics and a controlled distribution system for prescribed medications. When it is determined specialty care is necessary, referrals are made to on site or off site specialists as required. Specialty care and inpatient services, whether at an onsite infirmary or through an outside provider hospitalization, are provided according to medical need when determined necessary through a utilization review process.

4. Terms of Contract:

Contract(s) awarded by the NH Department of Corrections as a result of this RFP is expected to be effective for the period beginning July 1, 2018 or upon approval of the Governor and Executive Council (G&C) of the State of New Hampshire whichever is later through June 30, 2022, with an option to renew for one (1) additional period of up to two (2) years, only after the approval of the Commissioner of the NH Department of Corrections and the Governor and Executive Council.

5. Location of Facilities:

5.1. Location of Facilities: The Northern Region shall consist of the Northern Correctional Facility (NCF), Berlin NH and the Southern Region shall consist of the NH State Prison for Men (NHSP-M), the Secure Psychiatric Unit (SPU), Residential Treatment Unit (RTU) Concord, NH and the NH Correctional Facility for Women (NHCF-W), Concord, NH and Community Corrections, Concord & Manchester, NH is marked with an "X" below:

Northern Region - Northern NH Correctional Facility Location		
<input checked="" type="checkbox"/>	Northern Correctional Facility (NCF)	Berlin, NH 03570
	138 East Milan Road	
Southern Region - Southern NH Correctional Facility Location		
<input checked="" type="checkbox"/>	NH State Prison for Men (NHSP-M)	Concord, NH 03301
	281 North State Street	
<input checked="" type="checkbox"/>	Secure Psychiatric Unit (SPU)	Concord, NH 03301
	281 North State Street	
<input checked="" type="checkbox"/>	Residential Treatment Unit (RTU)	Concord, NH 03301
	281 North State Street	
<input checked="" type="checkbox"/>	NH Correctional Facility for Women (NHCF-W)	Concord, NH 03301
	42 Perimeter Road	
<input checked="" type="checkbox"/>	Community Corrections - Men (North End House)	Concord, NH 03301
	1 Perimeter Road	
<input checked="" type="checkbox"/>	Community Corrections - Men (Calumet House)	Manchester, NH 03104
	126 Lowell Street	
<input checked="" type="checkbox"/>	Community Corrections - Women (Shea Farm)	Concord, NH 03301
	60 Iron Works Road	

5.2. The requested services shall be provided by the Contractor to residents/patients of alternative locations in the event that the State relocates its facilities within the State of New Hampshire. It is anticipated that the newly built NH Correctional Facility for Women in Concord, NH will be occupied late spring of 2018.

5.3. Locations per contract year may be increased/decreased and or reassigned to alternate facilities during the Contract term at the discretion of the Department. Locations may be added and/or deleted after the awarding of a Contract at the discretion of the Department and upon mutual agreement of the Commissioner of the Department of Corrections and the Contractor. The Contractor shall be obligated to continue to provide services of the NH Department of Corrections even in the event that their geographic location changes.

5.4. Partial proposals for treatment services of any facility and/or regional area shall not be accepted.

6. Current Average Resident/Patient Population by Facility as of March 02, 2018:

NH Department of Corrections Average Population by Facility		
Facility	Location	Population
Northern Correctional Facility (NCF)	Berlin, NH	634
NH State Prison-Men (NHSP-M)	Concord, NH	1366
Secure Psychiatric Unit (SPU)	Concord, NH	52
Residential Treatment Unit (RTU)	Concord, NH	27
Community Corrections	Concord & Manchester, NH	312
NH Correctional Facility -Women (NHCF-W)	Concord, NH	151
Current Average Resident/Patient Population:		2542

7. Treatment Services by Gender and Location:

7.1. Female Offenders:

Treatment Services	Infirmary	Outpatient	Dental	Medical and Dental Intake
NH Correctional Facility for Women 42 Perimeter Road Concord, NH 03301	X	X	X	X
Community Corrections – Shea Farm 60 Iron Works Road Concord, NH 03301		X		

7.2. Male Offenders (X), Male and Female Offenders (X*):

Treatment Services	Infirmary	Outpatient	Dental	Medical and Dental Intake
NH State Prison – Men 281 North State Street Concord, NH 03301	X*	X	X*	X
Secure Psychiatric Unit/ Residential Treatment Unit 281 North State Street Concord, NH 03301	X*	X*	X*	

7.3. Male Offenders:

Treatment Services	Infirmary	Outpatient	Dental	Medical and Dental Intake
Northern NH Correctional Facility 138 East Milan Road Berlin, NH 03570	X	X	X	X

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7.4. Male Offenders – Community Corrections:

Treatment Services	Infirmary	Outpatient	Dental	Medical and Dental Intake
Calumet Transitional Housing 126 Lowell Street Manchester, NH 03104	X	X	X	
North End Transitional Housing 1 Perimeter Road Concord, NH 03301	X	X	X	
Transitional Work Center 281 North State Street Concord, NH 03301	X	X	X	

8. Provision of General Health Services Professional Services:

- 8.1. The Contractor shall provide the Medical/Dental Care Services component of the Health Services Program, including, but not limited to furnishing all primary physician medical care and dental care required for the resident/patient population to support the NH Department of Corrections healthcare delivery system.
- 8.2. The Contractor shall enter information into the Department supplied electronic health/dental record according to all of the Departments' policy and procedure directives.
- 8.3. The Contractor shall adhere to Department's confidentiality policy and procedure directives.
- 8.4. The Contractor shall use Department forms unless a form for a particular purpose does not exist. Where a form does not exist, the Contractor may develop such a form but must submit it to the Department's Division of Medical & Forensic Services for its approval prior to use.
- 8.5. The Contractor shall provide appropriate representatives to serve on and attend all committee meetings as required by the Department's Division of Medical & Forensic Services.
- 8.6. The Contractor shall adhere to and maintain compliance with the following: consent decrees, Court orders, court order mediation, state laws and regulations, state administrative rules, Departmental policy and procedure directives and accreditation standards as applicable.
- 8.7. The Contractor must ensure that qualified licensed, certified and/or qualified health professionals shall provide the services required, as set forth in any federal or state laws, statutes, or regulations as presently enacted, or, which may hereafter be enacted and which are applicable to the Department's facilities and Health Care Programs. The Contractor shall not hire any of the following individuals for placement in a NH Department of Corrections facility:
 - Individuals convicted of a felony shall not be permitted to provide services;
 - Individuals with confirmed outstanding arrest warrants shall not be permitted to provide services;
 - Individuals with a record of a misdemeanor offense(s) may be permitted to provide services pending determination of the severity of the misdemeanor offense(s) and review of the criminal record history by the Director of Medical & Forensic Services, or designee, of the NH Department of Corrections;
 - Individuals with restrictions on out-of-state and/or State of NH professional licenses and or certifications;
 - Individuals whose professional licenses and/or certification have been revoked and reinstated from other States and/or the State of NH;
 - Individuals with a history of drug diversion;

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- Individuals staff on the National Offender Database;
 - Individuals who were a former State of NH employee and/or former Contract employee that were dismissed for cause;
 - Individuals previously employed with the NH Department of Corrections without prior approval of the NH Department of Corrections; and
 - Relatives of currently incarcerated felons may not be permitted to provide services without prior approval by the NH Department of Corrections.
- 8.8. The Contractor and its staff must possess the credentials, licenses and/or certificates required by law and regulations to provide the services required. All Contractor staff shall be proficient in the English language; shall be able to speak fluently, understand oral and written communications and shall write effectively.
- 8.9. The Department's Division of Medical & Forensic Services and Contractor shall mutually determine whether a person is properly qualified. The Contractor shall provide copies of licenses, certifications and all materials requested by the Department including a signed application for employment as outlined herein *prior* to each assigned personnel providing services at NH Department of Corrections facilities. The documents shall be received by the Director of Medical and Forensic Services or designee and be kept on file throughout the term of the Contract. The Contractor or subcontractor shall establish policies and procedures to verify all personnel employed have and shall maintain current licenses, registrations, continuing education, experience or certifications as required by Federal and NH State law and Department policies and procedures and that no restrictions exist on said licensures and certifications for the life of the Contract. The Department reserves the right to refuse placement of any Contractor proposed staff with or without cause.
- 8.10. The Contractor shall maintain current policies and procedures that define the credentialing process in detail and make available for review to the Department's Division of Medical & Forensic Services credentialing information that includes: signed application, verification of education, training and work history, professional references, malpractice claims history, results of National Practitioner Data Bank Query, current license to practice, board or specialty certification, evidence of review of health status, Drug Enforcement Agency (DEA) certificates, lack of present illicit drug use, Cardiopulmonary Resuscitation (CPR) certification and maintenance of credential folders for all health care providers and staff employed by the Contractor and/or subcontractor that contain the items required for a Contractor's employees.
- 8.11. The Contractor shall provide to the Department's Division of Medical & Forensic Services all credentialing information required in 8.8, 8.9 & 8.10, above, prior to the performance of any services under contract and within one (1) month of the renewal date of the credential and; prior to employment or at any other time, the Contractor shall, upon the Department's Division of Medical and Forensic Service's request, have each of its employees and those of a subcontractor who provide services under this contract supply the Department's Division of Medical & Forensic Services with the employee's Social Security Number, date of birth, fingerprints and any other data with the Department may require to conduct a criminal history check. The criminal history check shall be conducted prior to an employee's assignment to a NH Department of Corrections facility/location.
- 8.12. The Contractor shall ensure all proposed Contractor staff have a health exam and or screening to ensure they are free of infectious or communicable diseases. The Contractor shall certify in writing that all health screens and exams have been accomplished.
- 8.13. The Department may, at its sole discretion, remove from or refuse admittance to any Department facility/location any person providing services under this Contract without

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- incurring penalty or cost for exercising this right. The Contractor shall be responsible for assuring that the services that the person who was removed or denied access is delivered.
- 8.14. The NH Department of Corrections shall determine the hours of coverage to be worked and shall not have any obligation to the Contractor for any minimum number of hours of coverage requested.
- 8.15. In performing the services specified by the Department, the Contractor employees shall remain employees of the Contractor. The Contractor shall pay all wages, benefits and applicable taxes on behalf of the Medical, Dental and Nursing professionals. The Contractor shall pay all Federal and State taxes to include Federal Social Security and State Unemployment Compensation taxes.
- 8.16. The Department's medical/administrative staff shall not be required and/or requested by the Contractor to enter into legal Contracts, Agreements and/or Obligations on behalf of the Department of Corrections.
- 8.17. The Contractor, not the State, shall be responsible for expenses incurred by the Contractor's professional staff for and maintaining current Federal and State licensures, certifications and continuing education.
- 8.18. The NH Department of Corrections shall provide to the Contractors' staff the following training services:
- Orientation training (one (1) week for any contracted employee who enters our facilities and works directly with residents and patients);
 - Annual two (2) day in-service training;
 - Monthly clinical in-service training;
 - Monthly Moodle (NH Department of Corrections Learning Management System) training; and
 - Any NH Department of Corrections security policies, procedures and directives, manuals, et cetera
- 8.19. The Contractor shall provide to the Contractors' staff the following training services:
- Electronic Health Record;
 - Suicide Prevention;
 - Infection Control;
 - Prescribing practices specifically Formulary and Non-formulary Medications;
 - Formulary and Non-formulary utilization process;
 - Consults with outside providers; and
 - Applicable practice requirements of any regulatory body.
- 8.20. The Contractor shall provide on-going training to all Contractor and/or subcontractor employee staff for any new or current policies, procedures, directives, protocols, manuals, et cetera within thirty (30) days, after the request of the Director of Medical & Forensic Services or designee, for the life of the Contract and any renewals thereof. The Contractor shall provide annual training as appropriate to all staff. The Contractor is responsible for creating and maintaining on-site documentation of all training listed in 8.19. and shall produce such documentation upon the request of the Director of Medical & Forensic Services, or designee, of the NH Department of Corrections.
- 8.21. The Department may provide the Contractor, as necessary, with such telephone and utility services and office space as the Department provides its direct care employees. The Contractor shall not renovate any Department structure without the written permission of the Department.
- 8.22. The Division Director for Medical/Forensic Services may order the Contractor to take specific actions the Department deems medically or administratively appropriate.

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- 8.23. The Contractor shall implement the Thirty (30)-Day Transitional Plan to be ready to provide services beginning July 1, 2018 (SFY 19) as stated in the Contractors submitted Proposal and approved by NH Department of Corrections.
- 8.24. The Contractor shall adhere to the Department's Division of Medical & Forensic Services approved Monthly Facility Services Schedule (MFSS). The MFSS shall comply with the Contractor's staffing and services plan submitted in its proposal and approved by the NH Department of Corrections.
- 8.25. In accordance with its MFSS, the Contractor shall employ the number and types of personnel necessary to effectively provide the services required by the Department's Division of Medical & Forensic Services at the facilities/locations throughout the state identified in Exhibit A herein. If requirements or conditions change, the Department's Division of Medical & Forensic Services may direct minor variations to the MFSS. Otherwise, the Contractor shall provide whatever additional number and types of personnel as are necessary to provide the services, without additional reimbursement. In the event of vacancies, the Contractor shall provide a written action plan to the Department's Division of Medical & Forensic Services to replace required personnel, i.e. locum tenens, temporary staffing service, et cetera, if the required position will be vacant for more than thirty (30) days without additional reimbursement from the Department.
- 8.26. The MFSS shall comply with the following requirements: provide full name and credential (e.g. MD, DDS, RN, et cetera) of every individual assigned to a position on the schedule for the month; shall ensure personnel are qualified and licensed to perform assigned duties; provide times and locations of all clinic and support services to be provided; provide time and locations of all training activities, administrative, clinical and management meetings, scheduled days off et cetera; provide to the Department's Division of Medical & Forensic Services the monthly schedule no later than ten (10) days prior to the first day of the beginning of each service month; the Contractor shall provide a staffing report by position, indicating position hours not properly filled to include all changes from the monthly schedule, i.e. unscheduled meetings, training, leave, et cetera on the 10th day of the month following the month reported. The Contractor shall also provide to the Department's Division of Medical & Forensic Services the paid per diem report no later than ten (10) days prior to the first day of the beginning of each service month; the Contractor shall provide the per diem report by position, indicating the total hours paid for the service month. The Contractor shall coordinate the granting of paid time off with the Department's Division of Medical & Forensic Services to ensure coverage of clinical services and such coverage will be reflected in the monthly MFSS. The Contractor shall be required to coordinate scheduling with any other Contracted Vendor's staff or Department staff that provides clinical or other services in creation of the monthly schedule.
- 8.27. The Contractor shall be responsible for a time and attendance system that documents, verifies and ensures all Contractor staff work the scheduled hours assigned daily. No Contractor staff shall be granted an exemption from this requirement. The Contractor shall provide to the Department's Division of Medical & Forensic Services upon request, access to this documentation.
- 8.28. The Contractor at the direction of the Director of Medical & Forensics Services shall be required to access and record time worked into a NH Department of Corrections approved system which may include web time punching or the use of a time clock. Such time clocks shall require the use of a proximity badge which will be provided by the NH Department of Corrections or utilize an ID code and a fingerprint via a biometric device.
- 8.29. The Contractor shall participate in a Utilization Management (UM) program approved by the Department's Division of Medical & Forensic Services that reviews all referrals for

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community provided specialty care, non-formulary medications and non-formulary laboratory tests. This program shall include a process that addresses medical necessity based on specialty evidenced-based criteria and current community standards. The program shall ensure that a provider does not review/approve his/her referrals, non-formulary medications or non-formulary lab tests. The Department's Division of Medical & Forensic Services is requesting the Contractor provide a one (1) page proposal describing how they would provide this service to include use of any standard UM programs such as InterQual, Milliman, et cetera, how they currently perform this function in other correction service contracts, and its effects on cost containment while providing appropriate care.

- 8.30. The Contractor shall participate in a comprehensive Quality Improvement (QI) program that objectively assesses the health care outcomes of the resident/patient population. The QI program will be linked to the UM program to assess high cost/high volume diagnoses and procedures, medications and laboratory testing in order to ensure a cost-effective health care program. The Department's Division of Medical & Forensic Services is requesting the Contractor provide a one (1) page proposal describing how they would provide this service and how they currently perform this function in other correctional service contracts. The Contractor shall provide the Director of Medical & Forensic Services or designee a report of Quality Improvement Activities on a quarterly basis during each fiscal year period of a Contract term.
- 8.31. The Contracted employees associated with the result of this Contract will administratively report to the NH Department of Corrections, Director of Medical & Forensic Services or designee to ensure compliance with the policies and procedures of the Department and State laws and administrative rules in addition to any contracted Manager working on behalf of the Contractor to facilitate the Contract. The goal is work collaboratively with the State in managing the staff to ensure compliance with the Contract as well as appropriate delivery of care.
- 8.32. The existing NH Department of Corrections staff affected by this RFP shall be given the first right of opportunity for consideration, to include of location of service, by the Contractor if they meet the qualifications of the position proposed.
- 8.33. All staff associated with these services requested by the NH Department of Corrections may be deployed to other facilities/locations as needs arise to achieve the goals of the Department.
- 8.34. The Contractor shall provide a Full Time Equivalent (FTE) staffing pattern of all positions proposed to meet the needs of the Department as well as a narrative describing the scope of work expected of each of the positions. It is not the intention of the Department to have the Contractor provide these services through predominantly part-time or temporary employees. In addition, if individuals have been identified to fill the proposed positions, resumes of said individuals shall be included in the response even if only tentative employment agreements have been made. Throughout the proposal, the Department's expects one (1) FTE to be equal to one (1) person hired for the position, with mutually agreed upon exceptions for the startup of the Contract as well as temporary fulfillments of vacancies not to last longer than mutually agreed upon timelines by position.
- 8.35. Contractor employees shall follow the Department's workflow processes to ensure efficient and effective outcomes. Examples include, but are not limited to, using the Department's designated electronic time keeping methods, electronic scheduling platforms and use of teleconferencing/telehealth equipment.

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9. Medical Services Program:

The Contractor shall be responsible for the following services.

- 9.1.1. Medical Intake History and Physical Exam that includes ordering a Purified Protein Derivative or Tuberculosis (TB) planting and/or chest x-ray; identification of acute and chronic medical, mental health and dental conditions requiring treatment, care planning, appropriate and thorough clinical documentation and to classify residents/patients as to medical risk and appropriateness for special programs and housing assignment in a time frame designated by the Department's policy and procedure directives.
- 9.1.2. The Contractor shall provide referrals for mental health services to any residents/patients identified as having a current mental illness or possibility of mental illness, suicide or homicidal ideation and/or unstable mental health condition. Medication shall be continued for chronic disease maintenance and infectious disease care and medications related to other conditions identified, such as intoxication and withdrawal.
- 9.1.3. The Contractor shall document appropriate dispositions and follow-up care needed in the Department's Division of Medical & Forensic Services health records as indicated through departmental policies and procedures.
- 9.1.4. The Contractor shall provide periodic medical evaluations (routine physical examinations) to those residents/patients identified by the Department's Division of Medical & Forensic Services for the purpose of providing preventative health care and identifying new health problems.
- 9.1.5. The Contractor shall assist to identify and to treat terminally ill residents/patients and shall participate in the Department's Division of Medical & Forensic Services multi-disciplinary end of life care program.
- 9.1.6. The Contractor shall provide treatment to residents/patients with acute and sub-acute medical problems or other medical or health problems that are unmanageable in the general population in infirmaries designated by the Department's Division of Medical & Forensic Services, unless hospitalization is medically indicated.
- 9.1.7. The Contractor shall provide treatment to residents/patients whose medical conditions require that they be housed in respiratory isolation cells designated by the Department's Division of Medical & Forensic Services, as part of the infirmary care program, unless hospitalization is medically indicated.
- 9.1.8. The Contractor shall refer residents/patients for specialty, subspecialty and hospital services when medically indicated according to the Contractor/Department's Division of Medical & Forensic Services mutually agreed upon Utilization Management Program.
- 9.1.9. The Contractor shall follow the guidelines of the Contractor/Department's Division of Medical & Forensic Services Utilization Management Program for the delivery of secondary medical services.
- 9.1.10. The Contractor shall utilize on-site specialty clinics at the Department's facilities whenever possible, prior to sending residents/patients to outside care providers. On-site specialty clinics include, but are not limited to: orthopedics, podiatry, oral surgery and optometry. At any time the Department may add additional on-site specialty clinics, which are to be utilized by the Contractor in the same manner as described above.
- 9.1.11. The Contractor shall follow the Department's Division of Medical & Forensic Services policy and procedure directives for ordering and dispensing prosthetics, braces, special shoes, glasses, hearing aids, orthopedic devices, wheel chairs, et cetera and shall not provide any equipment, food, or property unless specified in policy or as authorized by the Director of Medical and Forensic Services.

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- 9.1.12. The Contractor shall treat and stabilize persons requiring emergent or urgent care and coordinate all emergency transfers to designated community provider hospitals with the Department's security staff.
- 9.1.13. The Contractor shall manage life-threatening emergencies by using the 911 emergency services system established by the State of NH.
- 9.1.14. The Contractor shall participate in the Department's Division of Medical & Forensic Services Infection Control (IC) Program and shall be responsible for on-site clinical management of infectious disease residents/patients with HIV/AIDS, hepatitis virus, tuberculosis disease and any other infectious diseased resident/patient in need of medical management.
- 9.1.15. The Contractor shall provide clinical management of these conditions consistent with the Department's Division of Medical & Forensic Services specific programs, procedures and protocols for HIV/AIDS, TB, Hepatitis, et cetera.
- 9.1.16. The Contractor shall operate and manage a comprehensive chronic care clinic program that ensures conditions requiring chronic care are appropriately diagnosed, treated and controlled to prevent and minimize de-compensation. Chronic care conditions shall include, but not limited to: residents/patients with chronic medical problems such as asthma, diabetes, seizures, hypertension, infectious diseases, cardiac disease, conditions related to aging, terminal illness and et cetera. National guidelines developed by recognized organizations shall be followed in the management of chronic disease. The Department's Division of Medical & Forensic Services will decide which organizational guidelines shall be utilized.
- 9.1.17. The Contractor shall provide chronic care residents/patients a review of their chronic condition by a physician minimally every six (6) months and at more frequent intervals when clinically indicated as described in the chronic care clinic treatment guidelines approved by the Department.
- 9.1.18. The Contractor shall prescribe medications as medically necessary and appropriate and shall utilize the Department's Division of Medical & Forensic Services Pharmacy formulary. The Contractor shall follow and adhere to the Department's Division of Medical & Forensic Services non-formulary medication prescribing guidelines, policies and procedures.
- 9.1.19. The Contractor shall provide comprehensive resident/patient health education to all residents/patients.
- 9.1.20. The Contractor shall treat and stabilize, as medically appropriate, residents/patients requiring emergent dental care when the Dental Services provider is not on site.
- 9.1.21. The Contractor shall provide timely and appropriate care of the pregnant patient in accordance with the Department's policies and guidelines.
- 9.1.22. The Contractor shall produce reports addressing the work being performed under the Contract in a form, format and time frame delineated by the Department's Division of Medical & Forensic Services.

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10. Current NHDOC Medical Services Staffing:

Facility/Location	Position	# Full Time Equivalent (FTE'S)
NHSP-M, SPU and RTU	Nurse Coordinators	2.0
	Staff Nurses	27.0
	Medical Record Technicians	5.1
	Secretary	1.0
NHCF-W	Nurse Coordinator	1.0
	Staff Nurses	8
NCF	Nurse Coordinator	1.0
	Staff Nurses	11.0
	Medical Record Technician	1.7
ALL SITES	Director of Rehab Services	1.0
	Registered Dietician	1.0
	Medical Record Supervisor	1.0
	Director Nursing (DON)	1.0
	Assistant Director of Nursing	1.0
	Chief Pharmacist	1.0
	Pharmacist	3.0
Pharmacy Technician	4.0	

Note: Transitional housing services are provided with medical services via the same gender Departmental facility closest to their address.

11. Proposed Medical Staffing Services:

The proposed staffing, compliment to the above existing positions, includes the following positions (include current contract positions in the proposed staffing):

11.1. **Chief Medical Officer (CMO):** travels to all prison sites to provide clinical supervision to Contractor and non-Contractor medical staff including all Advanced Practice Registered Nurses (APRNs), participates in required medical staff committees, reviews formulary requests for medications, manages complicated medical cases, completes record reviews to ensure compliant clinical practices, recommends changes to policy for improvement of service delivery, participates in the creation and revision of clinical protocols and algorithms, clinically supervises all licensed health staff when the Department implements any new health delivery initiatives such as Point of Care Ultrasound, or Telehealth and completes clinical performance evaluations annually. Participates with the Department's Division of Medical & Forensic Services and other appropriate agencies in reviewing potential medical risk management issues or tort actions and makes court appearances to testify on clinical decisions. Other duties include responsibility for on-call schedule and recommendations for medical parole pursuant to RSA 651.

11.1.1. The Chief Medical Officer shall be an integral part of the Department's Division of Medical & Forensic Services Continuous Quality Improvement (CQI) program by participating and/or facilitating the following:

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- a. Continuous Quality Improvement initiatives and routine professional peer review;
 - b. Participate in periodic Continuous Quality Improvement meetings on its MFSS to review measures of performance and to develop and monitor and measure quality improvement outcomes;
 - c. Conduct reviews in the Medical Service Areas to monitor the health services provided, collect, trend and disseminate data, develop and monitor corrective action plans and facilitate communication between all health care disciplines;
 - d. Provide an appropriate, clinically equivalent clinician, designated by the Contractor to review the work of all practicing physicians and midlevel providers on an annual basis;
 - e. Provide reports to the Department's Division of Medical & Forensic Services in a form, format and time frame mutually agreed upon between the Department's Division of Medical & Forensic Services and Contractor;
 - f. Upon the Department's Division of Medical & Forensic Services request, the Chief Medical Officer shall investigate complaints made by residents/patients or other persons in interest regarding any aspect of the Medical Services health care delivery system and respond to the Department within ten (10) days of receipt of the request. The Department, in its sole discretion, may direct the Contractor to take specified action(s) with regard to a complaint;
 - g. Participate in the Department's Division of Medical & Forensic Services mortality and morbidity review process;
 - h. Participate in the Pharmacy & Therapeutics and Infection Control Committees; and
 - i. The Chief Medical Officer has a current and shall maintain an on-going Drug Enforcement Administration (DEA) certification.
- 11.1.2. The Chief Medical Officer shall be an integral part of the Contractor/Department's Division of Medical & Forensic Services Utilization Management program by participating and/or facilitating the following:
- a. Participating in Utilization Management practices for all Medical clinical services;
 - b. Assure resident/patients receive timely, appropriate and coordinated medical services to optimize patient outcome;
 - c. Ensure necessary care is provided in a cost effective manner consistent with appropriate standards of care;
 - d. Participate in a Utilization Management Program which shall include but not be limited to review of:
 - All inpatient admissions (hospital and infirmary)
 - Outside specialty outpatient procedures and consultations
 - Specialty diagnostic and imaging services to include on-site x-rays and Electrocardiograms (EKG);
 - Surgeries; and
 - On-site specialty clinics (Orthopedics, Optometry and Podiatry)
 - Laboratory testing
 - Medication prescribing.
 - e. Participate in a concurrent review program that includes daily examination of inpatient admissions to monitor length of stay and frequent communication with hospital staff to facilitate discharge of residents/patients to minimize

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- length of stay. Participate in discharge planning activities and make recommendations for the most appropriate Department setting;
- f. Provides primary care services for residents/patients at designated Department sites. Works jointly with other providers and Department nursing staff to facilitate proper health services for residents/patients of the Department, participates in appropriate operational initiatives on behalf of the Department's Medical/Forensic Division, assists in the review of potential risk management issues or tort actions, consults with community providers to ensure medically appropriate and necessary care; and
 - g. Provide reports to the Department in a form, format and time frame mutually agreed upon between the Department and Contractor.
- 11.2. Staff Physician(s): provides primary care services for residents/patients at designated Department facilities/locations. Works jointly with other providers and Department's Division of Medical & Forensic Services nursing staff to facilitate proper health services for residents/patients of the Department, participates in appropriate operational initiatives on behalf of the Department's Medical & Forensic Division, assists in the review of potential risk management issues or tort actions, consults with community providers to ensure medically appropriate and necessary care for residents/patients and makes recommendations for medical parole pursuant to RSA 651.
- 11.3. Staff Nurse Practitioner (APRN's): provides primary care services in conjunction with staff physicians. The APRN works jointly with other providers and the Department's nursing staff to perform intake history and physicals: provide care through Chronic Care clinics and provide primary care functions as a mid-level medical service provider to facilitate proper health services for the resident/patient population.
- 11.4. Nurse Case Manager (RN): provides dedicated nursing services to liaison with nursing home facilities to work on admission applications including Medicaid eligibility forms, and other relevant materials collected to aid in trying to place these complex patients in a more treatment intensive environment. This position assists with the medical parole processes to work on collecting, analyzing and presenting cases to the Parole Board in order to maximize the use of the Medical Parole Statute so these appropriate cases will not be paid through General Fund dollars but rather by Medicaid. This position ensures Medicaid eligible Inpatient admissions are processed with the NH Department of Health and Human Services (DHHS) within the ninety (90) day retroactive period.

12. Requested Medical Staffing Pattern: One (1) FTE = 40 hours

Facilities/Locations	Position	SFY 2019-2022 # Full Time Equivalent (FTE)
ALL SITES	Chief Medical Officer	1.0
	Staff Physician(s)	1.3
	Advanced Practice Registered Nurse (APRNs)	5.0
	Nurse Case Manager (RN)	1.0

13. Medical On-Call Services:

The Contractor shall provide on-call medical coverage for all facilities/locations identified in this RFP, Monday through Friday from 4PM to 8AM, 24 hours a day on weekends and all State and Federal holidays. The Contractor's on call providers shall assess emergent needs of residents/patients as reported by Department's Division of Medical & Forensic Services medical staff or correctional

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staff in the absence of on-site medical professionals. The Contractor shall provide an appropriate rotation of providers to meet the needs of on-call medical services to manage the facilities/locations listed in this RFP. The on-call provider shall respond by telephone to institution based calls within fifteen (15) minutes of the telephone call for service and shall provide direction to the caller. If requested to do so or the situation warrants direct assessment, the on-call provider shall report to the institution within one (1) hour after notification.

13.1. On-Call Schedule: The on-call schedule shall be part of the MFSS requirements as specified in 8.22, 8.23 and 8.24.

14. Medical On-Call Services:

14.1. Physician On-Call Schedule:

- 14.1.1. Monday-Friday: 16 hours/day for 251 weekdays (non-holiday) to ensure twenty-four (24) hour access to a provider;
- 14.1.2. Weekends/Holidays: twenty-four (24) 24 hours/day for 104 weekend days and state and/or designated Federal holidays.

15. Dental Services Program:

15.1. Contractor Dental Services Responsibilities:

- 15.1.1. Provide Dental sick call clinics for each facility based on each facilities requirements by population.
- 15.1.2. Use of the Department's Division of Medical & Forensic Services electronic dental record that identifies the inmates/patient's oral health condition and specifies the priorities of treatment by category consistent with Departmental policy.
- 15.1.3. Ensure residents/patients referred to Dental Services by the Medical staff with an urgent or emergent need are seen within 24 hours (Monday-Friday).
- 15.1.4. Provide dental services equivalent to those available in the general population to higher level custody/restricted residents/patients.
- 15.1.5. Post award of a Contract, the Contractor shall at all facilities operated by the Department and designated in the RFP:
 - a. provide necessary dental treatment including fillings, and extractions;
 - b. provide oral hygiene education on the prevention of dental disease;
 - c. provide dental prosthetics services consistent with Department's Division of Medical & Forensic Services Dental PPDs, treatment guidelines and procedures;
 - d. provide oral surgery services, simple and surgical extractions consistent with Department's Division of Medical & Forensic Services Dental PPDs, treatment guidelines and procedures within the scope of a licensed Dentist;
 - e. provide a program of preventative dentistry that includes but is not limited to:
 - taking full dental history;
 - dental screening conducted upon admission, unless done in the previous six (6) months;
 - full dental examination by a dentist of hard and soft tissue of the oral cavity and instruction on oral hygiene;
 - periodontal care consistent with the Department's Division of Medical & Forensic Services Dental PPDs, treatment guidelines and procedures;
 - Dental hygiene services (scaling) consistent with the Department's Division of Medical & Forensic Services Dental PPDs, treatment guidelines and procedures; and

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- Periodontal prophylaxis services consistent with the Department's Division of Medical & Forensic Services Dental PPDs, treatment guidelines and procedures.
 - f. provide emergency dental services while on-site at each facility designated in the RFP; and
 - g. prescribe medications as medically necessary and appropriate and shall administer and store medications in its possession in compliance with relevant Regulatory Pharmacy Board, Departmental Policy and procedures, DEA and any other state and federal guidelines.
 - The Contractor shall utilize the Department's Division of Medical & Forensic Services formulary when prescribing medication and shall follow and adhere to the Department's Division of Medical & Forensic Services non-formulary medication prescribing guidelines, policies and procedures.
 - The Contractor shall produce reports addressing the work being performed under the Contract in a form, format and time frame delineated by the Department's Division of Medical & Forensic Services.
- 15.2. Dental Service Descriptions:
- 15.2.1. General:
- a. All residents/patients are eligible for emergency or urgent needs;
 - b. Restorations (fillings):
 - Amalgam (silver) restorations: primary or permanent (1, 2, 3 or more surfaces); and
 - Composite resin (white) restorations on anterior and posterior teeth (1, 2, 3 or more surfaces).
 - c. Referrals for evaluation and treatment by specialists shall be subject to the Contractor/Department's Division of Medical & Forensic Services agreed upon Utilization Management process and require pre-authorization; and
 - d. Deviations from dental treatment guidelines shall be subject to the UM process.
- 15.2.2. Diagnostic/Preventative Dentistry by Primary Dentist:
- a. Initial/periodic oral examination;
 - b. Development of treatment plan;
 - c. Intra-Oral cancer examination;
 - d. Visual aids; and
 - e. Consultations.
- 15.2.3. Dental X-Rays (Department-owned equipment):
- a. Bitewing;
 - b. Single; and
 - c. Other – X-Rays:
 - Full Mouth; and
 - Panoramic.
- 15.2.4. Prophylaxis by Dental Hygienist:
- a. Oral hygiene instruction;
 - b. Oral scaling by resident/patient request per Dental PPDs, treatment guidelines and procedures; and
 - c. Oral examination and referral to primary dentist when indicated
- 15.2.5. Oral Surgery by Primary Dentist and Oral Surgery:
- a. Single tooth extraction;
 - b. Surgical extraction-erupted tooth;

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- c. Surgical extraction-soft tissue impaction;
- d. Surgical extraction-partial bony impaction; and
- e. Surgical extraction-full bony impaction.
- 15.2.6. Periodontics (Gum Treatment) by Primary Dentist:
 - a. Occlusal adjustment-limited.
- 15.2.7. Major Restorative Dentistry by Primary Dentist:
 - a. Re-cement existing fixed prosthetics; and
 - b. Re-cement existing post, core and crown.
- 15.2.8. Prosthodontics (dentures) by Primary Dentist: Services shall include, but are not limited to, and shall be subject to Department's Division of Medical & Forensic Services Dental PPDs, treatment guidelines and procedures of the following:
 - a. Complete dentures (upper or lower);
 - b. Partial denture; and
 - c. Night guard appliance.

16. Current NHDOC Dental Services Staffing:

Facility/Location	Position	# Full Time Equivalents (FTE'S)
NHSP-M, SPU and RTU	Dental Assistant	1.8
NHCF-W	Dental Assistant	0.2
NCF	Dental Assistant	1.0
All SITES	Prison Dental Office Supervisor	1.0

Note: Transitional housing services are provided with dental services via the same gender Departmental facility closest to their address.

17. Proposed Dental Staffing Services:

The proposed staffing includes current contract positions:

- 17.1. Chief Dental Officer (CDO): travels to all prison sites to provide clinical supervision to Contractor dental staff, including staff dentists, dental assistants and hygienists. The Chief Dental Officer participates in all required medical/dental staff committees, reviews formulary requests for dental medications, manages and provides oversight to dental services provided, completes dental record reviews to ensure compliance to PPDs, treatment guidelines and procedures, recommends changes to policy for improvement of service delivery, participates in the creation and revision of policies, treatment guidelines and procedures and completes clinical performance evaluations annually. Participates with the Department's Division of Medical & Forensic Services and other appropriate agencies in reviewing potential medical risk management issues or tort actions and makes court appearances to testify on dental clinical decisions. The Chief Dental Officer performs all aspects of general dentistry including but not limited to: examination and triage, fillings (composite and amalgams), oral surgery (limited to simple and surgical extractions, prosthetics (complete and partial dentures, primarily removable) and hygiene (prophylaxis and root planing). Other duties include responsibility for assuring the dental staff schedule is adequate for clinical coverage at all facilities/locations.

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- 17.1.1. The Chief Dental Officer shall be an integral part of the Contractor/ Department's Division of Medical & Forensic Services Continuous Quality Improvement program by participating and/or facilitating the following:
- a. Continuous Quality Improvement initiatives and routine professional peer review;
 - b. Participates in periodic Continuous QI meetings on its MFSS to review measures of performance and to develop, monitor and measure quality improvement outcomes;
 - c. Conduct reviews in the Dental Service Areas to monitor the dental services provided, collect, trend and disseminate data, develop and monitor corrective action plans and facilitate communication between all dental care disciplines;
 - d. Provide an appropriate, clinically equivalent clinician, designated by the Contractor, to review the work of all practicing dentists, oral surgeons and hygienists on an annual basis;
 - e. Provide reports to the Department's Division of Medical & Forensic Services in a form, format and time frame mutually agreed upon between the Department's Division of Medical & Forensic Services and Contractor.
 - f. Upon the Department's Division of Medical & Forensic Services request, the Chief Dental Officer shall investigate complaints made by residents/patients or other persons in interest regarding any aspect of the Dental Services health care delivery system and respond to the Department within ten (10) days of receipt of the request. The Division of Medical & Forensic Services, in its sole discretion, may direct the Contractor to take specified action(s) with regard to the complaint;
 - g. If appropriate, participate in the Department's Division of Medical & Forensic Services mortality and morbidity review process; and
 - h. Participate in the Pharmacy & Therapeutics and Infection Control Committees.
- 17.1.2. The Chief Dental Officer shall be an integral part of the Contractor/Department's Division of Medical & Forensic Services Utilization Management program by participating and/or facilitating the following:
- a. Participating in utilization management practices for all dental clinical services;
 - b. Assure resident/patients receive timely, appropriate and coordinated dental services to optimize resident/patient outcomes;
 - c. Ensure necessary care is provided in a cost effective manner consistent with appropriate standards of care;
 - d. Provide reports to the Department's Division of Medical & Forensic Services in a form, format and time frame mutually agreed upon between the Department and Contractor.
- 17.2. Staff Dentist(s): performs all aspects of general dentistry including but not limited to: examination and triage, fillings (composite and amalgams), oral surgery (limited to simple and surgical extractions, prosthetics (complete and partial dentures, primarily removable) and hygiene (prophylaxis and root planing).
- 17.3. Dental Assistant(s): performs all chair-side dental assistance, inventories supplies and dental tools and performs equipment maintenance sterilization tasks under the supervision of the Chief Dental Officer.
- 17.4. Hygienist: performs oral scaling, examinations and related dental procedures, takes radiographs as indicated and recommends referrals to dental staff for follow up dental treatment and provides written rationale for recommended staffing levels based on census figures provided.

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18. Requested Dental Staffing Pattern: One (1) FTE = 40 hours

Facilities/Locations	Position	SFY 2019-2022 # Full Time Equivalent (FTE)
NHSP-M, SPU and RTU, NHCF-W	Staff Dentist(s)	1.6
	Dental Assistant(s)	1.6
	Dental Hygienist(s)	0.0
NCF	Staff Dentist(s)	1.0
	Dental Hygienist(s)	0.0
ALL SITES	Chief Dental Officer (CDO)	1.0
	Dental Hygienist(s)	1.2

Note: All staff associated with this service may be deployed to other sites as needs arise to achieve the goals of the Department.

19. General Service Provisions:

- 19.1. Tools and Equipment: The Contractor will be provided with the equipment as deemed necessary by the NH Department of Corrections, Director of Medical & Forensic Services to provide the requested services. Any and all tools and containers shall be inventoried before entering and leaving the facility and are subject to search by NH Department of Corrections security staff at any and all times while on NH Department of Corrections facility grounds. The Contractor shall adhere to the Departments' Tool and Equipment Control Policy, Procedure and Directive relating to this provision.
- 19.2. Rules and Regulations: The Contractor agrees to comply with all rules and regulations of the NH Department of Corrections. The Contractor shall adhere to Department's confidentiality policy and procedure directives.
- 19.3. Additional Facilities: Upon agreement of both parties, additional facilities belonging to the NH Department of Corrections may be added to the Contract. If it is necessary to increase the price limitation of the contract this provision will require Governor and Executive Council approval.
- 19.4. Contractor Employee Information: The Contractor shall be responsible for obtaining a criminal background check to include finger printing on all potential employees assigned by the Contractor and/or subcontractors to provide services to the NH Department of Corrections. Upon award of a Contract, the NH Department of Corrections Director of Medical & Forensic Services or designee will notify the selected Contractor the procedures to obtain background checks and fingerprinting. Contractor and/or subcontractor employee hiring status shall be contingent upon receipt of a criminal background check and fingerprinting report(s) from the NH Department of Safety to the NH Department of Corrections and a procedural review of said reports by the Department.
 - 19.4.1. The NH Department of Corrections reserves the right to conduct a procedural review of all criminal background checks and fingerprinting reports of all potential Contractor and/or subcontractor employees to determine eligibility status.
 - 19.4.2. The NH Department of Corrections will notify the Contractor of any potential Contractor/and or subcontractor employee who does not comply with the criteria identified in Paragraph 19.4.3.
 - 19.4.3. In addition, the Contractor and/or subcontractor shall not be able to hire employees meeting the following criteria identified below:

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Individuals convicted of a felony shall not be permitted to provide services;

- Individuals with confirmed outstanding arrest warrants shall not be permitted to provide services;
- Individuals with a record of a misdemeanor offense(s) may be permitted to provide services pending determination of the severity of the misdemeanor offense(s) and review of the criminal record history by the Director of Medical & Forensic Services, or designee, of the NH Department of Corrections;
- Individuals with restrictions on out-of-state and/or State of NH professional licenses and or certifications;
- Individuals whose professional licenses and/or certification have been revoked and reinstated from other States and/or the State of NH;
- Individuals with a history of drug diversion;
- Individuals staff on the National Offender Database;
- Individuals who were a former State of NH employee and/or former Contract employee that were dismissed for cause;
- Individuals previously employed with the NH Department of Corrections without prior approval of the NH Department of Corrections; and
- Relatives of currently incarcerated felons may not be permitted to provide services without prior approval by the NH Department of Corrections.

- 19.5. Licenses, Credentials and Certificates: The Contractor shall ensure that NH State licensed professionals provide the services required. The Contractor and its staff shall possess the credentials, licenses and/or certificates required by law and regulations to provide the services required.
- 19.6. Change of Ownership: In the event that the Contractor should change ownership for any reason whatsoever, the NH Department of Corrections shall have the option of continuing under the Contract with the Contractor or its successors or assigns for the full remaining term of the Contract, continuing under the Contract with the Contractor or, its successors or, assigns for such period of time as determined necessary by the NH Department of Corrections, or terminating the Contract.
- 19.7. Contractor Designated Liaison: The Contractor shall designate a representative to act as a liaison between the Contractor and the Department for the duration of the Contract and any renewals thereof. The Contractor shall, within five (5) days after the award of the Contract: submit a written identification and notification to NH Department of Corrections of the name, title, address, telephone number, fax number and e-mail address of one (1) individual within its organization as a duly authorized representative to whom all correspondence, official notices and requests related to the Contractor's performance under the Contract.
- 19.7.1. Any written notice to the Contractor shall be deemed sufficient when deposited in the U.S. mail, postage prepaid and addressed to the person designated by the Contractor under this paragraph.
- 19.7.2. The Contractor shall have the right to change or substitute the name of the individual described above as deemed necessary provided that any such change is not effective until the Commissioner of the NH Department of Corrections actually receives notice of this change.
- 19.7.3. Changes of the named Liaison by the Contractor must be made in writing and forwarded to: NH Department of Corrections, NH Department of Corrections,

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Director of Medical & Forensic Services, or designee, P.O. Box 1806, Concord,
NH 03302.

- 19.8 Contractor Liaison's Responsibilities: The Contractor's designated liaison shall be responsible for:
- 19.8.1. Representing the Contractor on all matters pertaining to the Contract and any renewals thereof. Such a representative shall be authorized and empowered to represent the Contractor regarding all aspects of the Contract and any renewals thereof;
 - 19.8.2. Monitoring the Contractor's compliance with the terms of the Contract and any renewals thereof;
 - 19.8.3. Receiving and responding to all inquiries and requests made by NH Department of Corrections in the time frames and format specified by NH Department of Corrections in this RFP and in the Contract and any renewals thereof; and
 - 19.8.4. Meeting with representatives of NH Department of Corrections on a periodic or as-needed basis to resolve issues which may arise.
- 19.9. NH Department of Corrections Contract Liaison Responsibilities: The NH Department of Corrections Commissioner of Corrections, or designee, shall act as liaison between the Contractor and NH Department of Corrections for the duration of the Contract and any renewals thereof. NH Department of Corrections reserves the right to change its representative, at its sole discretion, during the term of the Contract, and shall provide the Contractor with written notice of such change. NH Department of Corrections representative shall be responsible for:
- 19.9.1. Representing NH Department of Corrections on all matters pertaining to the Contract. The representative shall be authorized and empowered to represent NH Department of Corrections regarding all aspects of the Contract subject to the New Hampshire Governor and Executive Council approval, where needed;
 - 19.9.2. Monitoring compliance with the terms of the Contract;
 - 19.9.3. Responding to all inquiries and requests related to the Contract made by the Contractor, under the terms and in the time frames specified by the Contract;
 - 19.9.4. Meeting with the Contractor's representative on a periodic or as-needed basis and resolving issues which arise; and
 - 19.9.5. Informing the Contractor of any discretionary action taken by NH Department of Corrections pursuant to the provisions of the Contract.
- 19.10. Reporting Requirements:
- 19.10.1. The Contractor shall provide any and all reports as requested on an as needed basis according to a schedule and format to be determined by the NH Department of Corrections including but not limited to:
 - a. Annual affirmation of appropriate credentialing or the Contracted employees;
 - b. Results of Continuous Quality Improvements;
 - c. Breakdowns of billings;
 - d. Monthly MFSS reports (staffing reports by position, indicating position hours not properly filled to include all changes from the monthly schedule, i.e. unscheduled meetings, training, leave, et cetera);
 - e. Monthly paid per diem report by position; and
 - f. Monthly vacancy report to include date of vacancy by position and new hires by position.
 - 19.10.2. It is the intent of the NH Department of Corrections to work with any Contractor to provide any reporting required that meet the Department's needs.

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- 19.10.3. The NH Department of Corrections welcomes suggestion from Contractors that would result in a more efficient administration of any Contract resulting from this RFP.
- 19.10.4. Any information requested would be specific to the resident/patient population.
- 19.11. Performance Evaluation (not associated with billing):
- 19.11.1. The NH Department of Corrections Division of Medical & Forensic Services shall, at its discretion:
- a. Monitor and evaluate the Contractor's compliance with the terms of the Contract to include:
 - Compliance with consent decrees, court orders, court ordered mediation;
 - Compliance with State laws, regulations, administrative rules, Department's policies and procedures and accreditation standards where applicable;
 - Compliance with monthly MFSS reporting (8.22 through 8.24) to include at minimum ninety (90%) staff position retention for the life of the Contract and any renewals thereof;
 - One hundred percent (100%) of the transition for all services is completed with thirty (30) days.
 - b. Meet with the Contractor at a minimum monthly for the first six months of the contract, bimonthly for the next six months and quarterly thereafter each year to assess the performance of the Contractor relative to the Contractor's compliance with the contract as set forth in the approved contract document or a mutually agreed upon timeframe between the Contractor and the Department.
 - c. Review reports submitted by the Contractor and shall determine the acceptability of the reports. If they are not deemed acceptable, the Division of Medical & Forensic Services shall notify the Contractor and explain the deficiencies.
 - d. Request additional reports the Department's Division of Medical & Forensic Services deems necessary for the purposes of monitoring and evaluating the performance of the Contractor under the Contract.
 - e. Perform periodic programmatic and financial reviews of the Contractor's performance of responsibilities. This may include, but is not limited to, on-site inspections and audits by Department's Division of Medical & Forensic Services, or a third party, or its agent of the Contractor's records.
 - f. Perform audits may, at a minimum, include a review of the following:
 - claims and financial administration;
 - program operations including required staffing patterns, time and attendance, orientation and training of new contractor employees;
 - financial reports to include required utilization management reports;
 - staff qualifications to ensure the required credentials, licenses and/or certificates are present and maintained on an annual basis; and
 - clinical protocols to include related Continuous Quality Improvement requirements.
 - g. Give the Contractor prior notice of any on site-visit by the Department's Division of Medical & Forensic Services or its agent(s) to conduct an audit, and further notify the Contractor of any records which the Division or its agent may wish to review.
 - h. Inform the Contractor of any dissatisfaction with the Contractor's performance and include requirements for corrective action.

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20. Other Contract Provisions:

- 20.1. Modifications to the Contract: In the event of any dissatisfaction with the Contractor's performance, the NH Department of Corrections will inform the Contractor of any dissatisfaction and will include requirements for corrective action.
- 20.1.1. The Department of Corrections has the right to terminate the Contract, if the NH Department of Corrections determines that the Contractor is:
- a. Not in compliance with the terms of the Contract, or;
 - b. As otherwise permitted by law or as stipulated within this Contract.
- 20.2. Coordination of Efforts: The Contractor shall fully coordinate the activities to the performance of the Contract with those of the NH Department of Corrections. As the work of the Contractor progresses, advice and information on matters covered by the Contract shall be made available by the Contractor to the NH Department of Corrections as requested by the Department throughout the effective period of the Contract.

21. Bankruptcy or Insolvency Proceeding Notification:

- 21.1. Upon filing for any bankruptcy or insolvency proceeding by or against the Contractor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the Contractor must notify the NH Department of Corrections immediately.
- 21.2. Upon learning of the actions herein identified, the NH Department of Corrections reserves the right at its sole discretion to either cancel the Contract in whole or in part, or, re-affirm the Contract in whole or in part.

22. Embodiment of the Contract:

- 22.1. The Contract between the NH Department of Corrections and the Contractor shall consist of:
- 22.1.1. Request for Proposal (RFP) and any addendums thereto;
 - 22.1.2. Proposal submitted by the Vendor in response to the RFP; and/or
 - 22.1.3. Negotiated document (Contract) and amendments agreed to by and between the parties that is ratified by a "meeting of the minds" after careful consideration of all of the terms and conditions and that which is approved by the Governor and Executive Council of the State of New Hampshire.
- 22.2. In the event of a conflict in language between the documents referenced above, the provisions and requirements set forth and/or referenced in the negotiated document noted in 22.1.3. shall govern.
- 22.3. The NH Department of Corrections reserves the right to clarify any contractual relationship in writing with the concurrence of the Contractor, and such written clarification shall govern in case of conflict with the applicable requirements stated in the RFP or the Vendor's Proposal and/or the result of a Contract.

23. Cancellation of Contract:

- 23.1. The Department of Corrections may cancel the Contract at any time for breach of Contractual obligations by providing the Contractor with a written notice of such cancellation.
- 23.2. Should the NH Department of Corrections exercise its right to cancel the Contract for such reasons, the cancellation shall become effective on the date as specified in the notice of cancellation sent to the Contractor.
- 23.3. The NH Department of Corrections reserves the right to terminate the Contract without penalty or recourse by giving the Contractor a written notice of such termination at least sixty (60) days prior to the effective termination date.

23.4. The NH Department of Corrections reserves the right to cancel this Contract for the convenience of the State with no penalties by giving the Contractor sixty (60) days' notice of said cancellation.

24. Contractor Transition:

NH Department of Corrections, at its discretion, in any Contract resulting from this RFP, may require the Contractor to work cooperatively with any predecessor and/or successor Vendor to assure the orderly and uninterrupted transition from one Vendor to another.

25. Audit Requirement:

Contractor agrees to comply with any recommendations arising from periodic audits on the performance of this contract, providing they do not require any unreasonable hardship, which would normally affect the value of the Contract. The NH Department Corrections reserves the right to have financial audits conducted by the Department or a third party.

26. Additional Equipment/Residents/Patients/Positions/Locations:

Upon agreement of both party's additional equipment, if applicable, and/or other residents/patients under the custody of other facilities belonging to the NH Department of Corrections may be added to the Contract. In the same respect, equipment, positions, and/or facilities listed as part of the provision of services of the Contract may be deleted as well. Upon mutual agreement of additional equipment or positions, the State will negotiate the cost with the Contractor; the Department will seek a Contract Amendment for approval of the Governor and Executive Council when these additions increase the cost of the Contract.

27. Information:

- 27.1. In performing its obligations under the Contract, the Contractor may gain access to information of the residents/patients, including confidential information. The Contractor shall not use information developed or obtained during the performance of, or acquired or developed by reason of the Contract, except as is directly connected to and necessary for the Vendor's performance under the Contract.
- 27.2. The Contractor agrees to maintain the confidentiality of and to protect from unauthorized use, disclosure, publication, reproduction and all information of the resident/patient that becomes available to the Contractor in connection with its performance under the Contract.
- 27.3. In the event of unauthorized use or disclosure of the residents/patients information, the Contractor shall immediately notify the NH Department of Corrections.
- 27.4. All material developed or acquired by the Contractor, as a result of work under the Contract shall become the property of the State of New Hampshire. No material or reports prepared by the Contractor shall be released to the public without the prior written consent of NH Department of Corrections.
- 27.5. All financial, statistical, personnel and/or technical data supplied by NH Department of Corrections to the Contractor are confidential. The Contractor is required to use reasonable care to protect the confidentiality of such data. Any use, sale or offering of this data in any form by the Contractor, or any individual or entity in the Contractor's charge or employ, will be considered a violation of this contract and may result in contract termination. In addition, such conduct may be reported to the State Attorney General for possible criminal prosecution.

28. Public Records:

NH RSA 91-A guarantees access to public records. As such, all responses to a competitive solicitation are public records unless exempt by law. Any information submitted as part of a bid in response to this Request for Proposal or Request for Bid (RFB) or Request for Information (RFI) may be subject to public disclosure under RSA 91-A, <http://www.gencourt.state.nh.us/rsa/html/VI/91-A/91-A-mrg.htm>. In addition, in accordance with RSA 9-F:1, <http://www.gencourt.state.nh.us/rsa/html/I/9-F/9-F-1.htm>, any contract entered into as a result of this RFP (RFB or RFI) will be made accessible to the public online via the website: Transparent NH <http://www.nh.gov/transparentnh/>. Accordingly, business financial information and proprietary information such as trade secrets, business and financial models and forecasts, and proprietary formulas may be exempt from public disclosure under, RSA 91-A:5, IV, <http://www.gencourt.state.nh.us/rsa/html/VI/91-A/91-A-5.htm>. If a Bidder believes that any information submitted in response to a Request for Proposal, Bid or Information, should be kept confidential as financial or proprietary information, the Bidder must specifically identify that information in a letter to the State Agency. Failure to comply with this section may be grounds for the complete disclosure of all submitted material not in compliance with this section.

If any information being submitted in response to this request for proposal should be kept confidential as financial or proprietary information; the contractor must specifically identify that information in a letter to the agency and mark the information within the proposal as such.

Marking the entire Proposal or entire sections of the Proposal (e.g. pricing) as confidential will neither be accepted nor honored. Notwithstanding any provision in this RFP to the contrary, Contract pricing shall be subject to disclosure upon approval of a contract by the Governor and Executive Council.

Generally, each Proposal shall become public information upon the approval of Governor and Council of the resulting contract, as determined by the State, including but not limited to, RSA Chapter 91-A (Right to Know Law). The State will endeavor to maintain the confidentiality of portions of the Proposal that are clearly and properly marked confidential. If a request is made to the State to view portions of a Proposal that the Contractor has properly and clearly marked confidential, the State will notify the Contractor of the request and of the date and the State plans to release the records. A designation by the Contractor of information it believes exempt does not have the effect of making such information exempt. The State will determine the information it believes is properly exempted from disclosure. By submitting a Proposal, Contractors agree that unless the Contractor obtains a court order, at its sole expense, enjoining the release of the requested information, the State may release the requested information on the date specified in the State's notice without any liability to the Contractor(s).

29. Contractor Personnel:

- 29.1. The Contractor shall agree that employees of the Contractor shall perform all services required by the Contract. The Contractor shall guarantee that all personnel providing the services required by the Contract are qualified to perform their assigned tasks.
- 29.2. The Department shall be advised of, and approve in writing at least ten (10) days in advance of such change, any permanent or temporary changes to or deletions the Contractor's management, supervisory, or key professional personnel, who directly impact the deliverables to be provided under the Contract.

30. Notification to the Contractor:

The NH Department of Corrections shall be responsible for notifying the Contractor of any policy or procedural changes affecting the contracted services at least thirty (30) days before the implementation of such policy or procedure. The Contractor shall implement the changes on the date specified by the Department.

31. Prison Rape Elimination Act (PREA) of 2003:

Contractor shall comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42 U.S.C.15601 et. seq.), with all applicable Federal PREA standards, and with all State policies and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities/programs/offices owned, operated, or contracted. Contractor acknowledges that, in addition to self-monitoring requirements, the State will conduct compliance monitoring of PREA standards which may require an outside independent audit.

32. Administrative Rules, Policies, Regulations and Policies, Procedures and Directives:

Contractor shall comply with any applicable NH Department of Corrections Administrative Rules, Policies, Regulations and Policy and Procedure Directives (PPD's) to include but not limited to PPD 5.08: *Staff Personal Property Permitted In and Restricted from Prison Facilities* located as a separate link: http://www.nh.gov/nhdoc/business/rfp_bidding_tools.htm

33. Criminal Justice Information Services (CJIS) Security Policy:

The essential premise of the CJIS Security Policy is to provide appropriate controls to protect the full lifecycle of CJI, whether at rest or in transit. The CJIS Security Policy provides guidance for the creation, viewing, modification, transmission, dissemination, storage, and destruction of CJI. This Policy applies to every individual—contractor, private entity, noncriminal justice agency representative, or member of a criminal justice entity—with access to, or who operate in support of, criminal justice services and information.

Contract shall comply with The Criminal Justice Information Services Security Policy and is located as a separate link: https://www.nh.gov/nhdoc/business/documents/cjis_security_policy.pdf.

34. Special Notes:

- 34.1. The headings and footings of the sections of this document are for convenience only and shall not affect the interpretation of any section.
- 34.2. The NH Department of Corrections reserves the right to require use of a third party administrator during the life of the Contract and any renewals thereof.
- 34.3. Locations per contract year may be increased/decreased and or reassigned to alternate facilities during the Contract term at the discretion of the Department. Locations may be added and/or deleted after the awarding of a Contract at the discretion of the Department and upon mutual agreement of the Commissioner of the NH Department of Corrections and the Contractor.
- 34.4. In the event that the NH Department of Corrections wishes to add or remove facilities at which the Contractor is to provide services, it shall:
 - 34.4.1. Give the Contractor fourteen (14) days written notice of the proposed change; and
 - 34.4.2. Secure the contractor's written agreement to the proposed changes.
- 34.5. Notwithstanding the foregoing, or any provision of this Agreement to the contrary, in no event shall changes to facilities be allowed that modify the "Completion Date" or Price Limitation" of the Agreement.

Scope of Services
Exhibit A

- 34.6. The Contractor must be equipped to provide accessible access to services as per the American's with Disabilities Act and the Governor's Commission on Disability.
- 34.7. Any change in the Contract including the Contractor responsibilities and NH Department of Corrections responsibilities described herein, whether by modification, amendment and or supplementation, must be accomplished by a formal Contract amendment signed and approved by and between the duly authorized representatives of the Contractor and the NH Department of Corrections approved by the Governor and Executive Council (G&C).
- 34.8. Partial Proposals for the requested Medical-Dental Professional Services for the NH Department of Corrections shall not be accepted.
- 34.9. Contractor shall provide, for the life of the Contract and any renewals thereof, the minimum General Liability coverage to be no less than \$1,000,000.00 per each occurrence and \$2,000,000.00 general aggregate.
- 34.10. Contractor shall provide, for the life of the Contract and any renewals thereof, proof of Workers' Compensation and Employers' Liability Insurance.
- 34.11. Contractor shall provide proof and identify limits and expiration dates of General Liability, Excess Umbrella Liability coverage, Workers' Compensation and Employer's Liability, Professional Liability, Malpractice Liability and Business Owners Policy (if applicable).

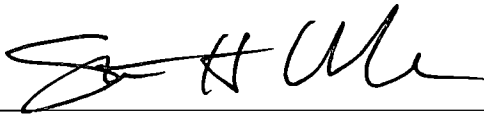
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SECTION E: Estimated Budget/Method of Payment, Exhibit B

1. Signature Page:

The Vendor proposes to provide Medical-Dental Professional Services for the New Hampshire Department of Corrections (NHDOC) in conformance with all terms and conditions of this RFP and the Vendor provides pricing information as an Attachment to this proposal for providing such products and services in accordance with the provisions and requirements specified in this RFP document.

The pricing information quoted by the Vendor as an attachment to this document represents the total price(s) for providing any and all service(s) according to the provisions and requirements of the RFP, which shall remain in effect through the end of this procurement process and throughout the contracting process until the contract completion date as listed on the State Contract form P-37 (v. 5/8/15), section 1.7 – Completion Date.



April 18, 2018

AUTHORIZED SIGNATURE

DATE

Steven H. Wheeler, Chief Executive Officer
NAME AND TITLE OF SIGNOR (Please Type)

THE VENDOR ASSUMES ALL RISKS THAT ACTUAL FUTURE FIGURES MAY VARY FROM POPULATION PRESENTED AS PART OF THIS RFP.

If the NH Department of Corrections determines it is in the best interest of the State, it may seek a “*BEST AND FINAL OFFER*” (BAFO) from vendors submitting acceptable and/or potentially acceptable proposals. The “*BEST AND FINAL OFFER*” would provide a Vendor the opportunity to amend or change its original proposal to make it more acceptable to the State. NH Department of Corrections reserves the right to exercise this option.

Financial responsibility for preparation of proposals is the sole responsibility of the Vendor. The solicitation of the Request for Proposals shall not commit the NH Department of Corrections to award a Contract(s).

Financial commitment by the NH Department of Corrections will not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a Contract(s).

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2. Estimated Medical – Dental Staff Budget: (Attach: Contractor Provided)¹

2.1. Proposal for Medical-Dental Positions

2.1.1. Medical Position(s) & Quantity by State Fiscal Year:

TITLE	SFY 2019-2022 # FTE
Chief Medical Officer (CMO)	1.0
Staff Physician	1.3
Advanced Practice Registered Nurse (APRN)	5.0
Nurse Case Manager (RN)	1.0
Total	8.3

2.1.2. Dental Position(s) & Quantity by State Fiscal Year:

TITLE	SFY 2019-2022 # FTE
Chief Dental Officer (CDO)	1.0
Staff Dentist	2.6
Dental Assistant	1.6
Dental Hygienist	1.2
Total	6.4

2.2. Definitions:

2.2.1. Loaded Yearly Compensation Rate (direct and indirect costs) per position excluding telephone and utility services and office space, but inclusive of the following:

- Administrative Direct Costs directly related to Contractor’s support of daily functions of the health services program shall be incorporated to the Loaded Yearly Compensation Rate, which include, but not limited to:
 - a. Salaries (merit, COLA, bonuses);
 - b. Benefits, Holidays, Vacation, FMLA, Health/Medical Insurance, Taxes;
 - c. Medical and Physician On-Call services (as defined in Section D, Scope of Services, Exhibit A, paragraph 13. and 14.), Court Appearances;
 - d. Supplies;
 - e. Treatment/Educational Materials;
 - f. Equipment;
 - g. Employee Training, Credentialing and Recruiting; and
 - h. Travel expenses related to employee training, court appearances, on-call services, position of service at facilities not designated as their home facility.
- Corporate Indirect Costs indirectly related as the Contractor’s overhead of operation shall be incorporated to the Loaded Yearly Compensation Rate and disclosed as a percentage rate in the Exhibit B worksheets, which include, but not limited to:

¹ For budgeting utilize definitions to determine the loaded yearly compensation rates per position. If the Contractor requires additional direct and/or indirect costs not identified in 2.2.1., the Contractor shall disclose those costs as a footnote to the Medical-Dental SFY 19-22 Estimated Staff Budget Worksheets and SFY 23 & 24 Estimated Staff Budget Worksheets.

**Estimated Budget/Method of Payment
Exhibit B**

- a. Human Resources Services;
 - b. Executive Management Services;
 - c. Legal Services;
 - d. Accounting Services; and
 - e. Insurance, Malpractice Insurances, Professional Liability and Licensure expenses.
- 2.2.2. The NH Department of Corrections shall designate the invoice format for the Contractor to use for submission of reimbursement and payment for services rendered.

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3. SFY 2019 Medical – Dental Estimated Staff Budget:
(Attach Contractor provided detailed worksheets)

SFY 2019 Medical – Dental Contracted Positions				
Medical – Dental Contracted Positions	# of FTE's	Loaded Yearly Compensation Rate	Indirect Cost % (included in Loaded Compensation Rate)	Total
Chief Medical Officer	1	\$	%	\$
Staff Physician	1.3	\$	%	\$
Advanced Practice Registered Nurse (APRN)	5	\$	%	\$
Nurse Case Manager (RN)	1	\$	%	\$
Sub-total	8.3	\$		\$
Chief Dental Officer	1	\$	%	\$
Staff Dentist	2.6	\$	%	\$
Dental Assistant	1.6	\$	%	\$
Dental Hygienist	1.2	\$	%	\$
Sub-total	6.4	\$		\$
Total SFY 2019 Medical-Dental Estimated Staff Budget				\$
Notes:				
a. Total = # of FTE's x Loaded Yearly Compensation Rate				

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4. SFY 2020 Medical – Dental Estimated Staff Budget:
(Attach Contractor provided detailed worksheets)

SFY 2020 Medical – Dental Contracted Positions				
Medical – Dental Contracted Positions	# of FTE's	Loaded Yearly Compensation Rate	Indirect Cost % (included in Loaded Compensation Rate)	Total
Chief Medical Officer	1	\$	%	\$
Staff Physician	1.3	\$	%	\$
Advanced Practice Registered Nurse (APRN)	5	\$	%	\$
Nurse Case Manager (RN)	1	\$	%	\$
Sub-total	8.3	\$		\$
Chief Dental Officer	1	\$	%	\$
Staff Dentist	2.6	\$	%	\$
Dental Assistant	1.6	\$	%	\$
Dental Hygienist	1.2	\$	%	\$
Sub-total	6.4	\$		\$
Total SFY 2020 Medical-Dental Estimated Staff Budget				\$
Notes:				
a. Total = # of FTE's x Loaded Yearly Compensation Rate				

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5. SFY 2021 Medical – Dental Estimated Staff Budget:
(Attach Contractor provided detailed worksheets)

SFY 2021 Medical – Dental Contracted Positions				
Medical – Dental Contracted Positions	# of FTE's	Loaded Yearly Compensation Rate	Indirect Cost % (included in Loaded Compensation Rate)	Total
Chief Medical Officer	1	\$	%	\$
Staff Physician	1.3	\$	%	\$
Advanced Practice Registered Nurse (APRN)	5	\$	%	\$
Nurse Case Manager (RN)	1	\$	%	\$
Sub-total	8.3	\$		\$
Chief Dental Officer	1	\$	%	\$
Staff Dentist	2.6	\$	%	\$
Dental Assistant	1.6	\$	%	\$
Dental Hygienist	1.2	\$	%	\$
Sub-total	6.4	\$		\$
Total SFY 2021 Medical-Dental Estimated Staff Budget				\$
Notes:				
a. Total = # of FTE's x Loaded Yearly Compensation Rate				

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6. SFY 2022 Medical – Dental Estimated Staff Budget:
(Attach Contractor provided detailed worksheets)

SFY 2022 Medical – Dental Contracted Positions				
Medical – Dental Contracted Positions	# of FTE's	Loaded Yearly Compensation Rate	Indirect Cost % (included in Loaded Compensation Rate)	Total
Chief Medical Officer	1	\$	%	\$
Staff Physician	1.3	\$	%	\$
Advanced Practice Registered Nurse (APRN)	5	\$	%	\$
Nurse Case Manager (RN)	1	\$	%	\$
Sub-total	8.3	\$		\$
Chief Dental Officer	1	\$	%	\$
Staff Dentist	2.6	\$	%	\$
Dental Assistant	1.6	\$	%	\$
Dental Hygienist	1.2	\$	%	\$
Sub-total	6.4	\$		\$
Total SFY 2022 Medical-Dental Estimated Staff Budget				\$
Notes:				
a. Total = # of FTE's x Loaded Yearly Compensation Rate				

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7. Optional Renewal Period Medical – Dental Estimated Staff Budget:
(Attach Contractor provided detailed worksheets)

SFY 2023 Medical – Dental Contracted Positions				
Medical – Dental Contracted Positions	# of FTE's	Loaded Yearly Compensation Rate	Indirect Cost % (included in Loaded Compensation Rate)	Total
Chief Medical Officer	1	\$	%	\$
Staff Physician	1.3	\$	%	\$
Advanced Practice Registered Nurse (APRN)	5	\$	%	\$
Nurse Case Manager (RN)	1	\$	%	\$
Sub-total	8.3	\$.	\$
Chief Dental Officer	1	\$	%	\$
Staff Dentist	2.6	\$	%	\$
Dental Assistant	1.6	\$	%	\$
Dental Hygienist	1.2	\$	%	\$
Sub-total	6.4	\$		\$
Total SFY 2023 Medical-Dental Estimated Staff Budget				\$
Notes:				
a. Total = # of FTE's x Loaded Yearly Compensation Rate				

SFY 2024 Medical – Dental Contracted Positions				
Medical – Dental Contracted Positions	# of FTE's	Loaded Yearly Compensation Rate	Indirect Cost % (included in Loaded Compensation Rate)	Total
Chief Medical Officer	1	\$	%	\$
Staff Physician	1.3	\$	%	\$
Advanced Practice Registered Nurse (APRN)	5	\$	%	\$
Nurse Case Manager (RN)	1	\$	%	\$
Sub-total	8.3	\$		\$
Chief Dental Officer	1	\$	%	\$
Staff Dentist	2.6	\$	%	\$
Dental Assistant	1.6	\$	%	\$
Dental Hygienist	1.2	\$	%	\$
Sub-total	6.4	\$		\$
Total SFY 2024 Medical-Dental Estimated Staff Budget				\$
Notes:				
a. Total = # of FTE's x Loaded Yearly Compensation Rate				

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

8. SFY 2019-2022 Medical – Dental Estimated Staff Budget Summary:
(Attach Contractor provided detailed worksheets)

SFY 2019-2022 Estimated Staff Budget Summary					
Medical – Dental Contracted Positions	# of FTE's	SFY 2019 Estimated Staff Budget	SFY 2020 Estimated Staff Budget	SFY 2021 Estimated Staff Budget	SFY 2022 Estimated Staff Budget
Chief Medical Officer	1	\$	\$	\$	\$
Staff Physician	1.3	\$	\$	\$	\$
Advanced Practice Registered Nurse (APRN)	5	\$	\$	\$	\$
Nurse Case Manager (RN)	1	\$	\$	\$	\$
Sub-total	8.3	\$	\$	\$	\$
Chief Dental Officer	1	\$	\$	\$	\$
Staff Dentist	2.6	\$	\$	\$	\$
Dental Assistant	1.6	\$	\$	\$	\$
Dental Hygienist	1.2	\$	\$	\$	\$
Sub-total	6.4	\$	\$	\$	\$
Total By State Fiscal Year	14.7	\$	\$	\$	\$
Grand Total: SFY 2019-2022 Medical – Dental Estimated Staff Budget				\$	

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**9. SFY 2023-2024 Medical – Dental Estimated Staff Budget Summary:
Optional Renewal Period (Attach Contractor provided detailed worksheets)**

Optional Renewal Period: SFY 2023-2024 Estimated Staff Budget Summary			
Medical – Dental Contracted Positions	# of FTE's	SFY 2023 Estimated Staff Budget	SFY 2024 Estimated Staff Budget
Chief Medical Officer	1	\$	\$
Staff Physician	1.3	\$	\$
Advanced Practice Registered Nurse (APRN)	5	\$	\$
Nurse Case Manager (RN)	1	\$	\$
Sub-total	8.3	\$	\$
Chief Dental Officer	1	\$	\$
Staff Dentist	2.6	\$	\$
Dental Assistant	1.6	\$	\$
Dental Hygienist	1.2	\$	\$
Sub-total	6.4	\$	\$
Total By State Fiscal Year	14.7	\$	\$
Grand Total Optional Renewal Period: SFY 2023-2024 Medical – Dental Estimated Staff Budget			\$

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SFY 2019 Medical- Dental Contracted Positions				
Medical - Dental Contracted Positions	# of FTE's	Loaded Yearly Compensation Rate	Indirect Cost % (included in loaded Compensation Rate)	Total
Chief Medical Officer	1	\$514,160	10%	\$514,160
Staff Physician	1.3	\$388,226	10%	\$504,694
Advanced Practice Registered Nurse (APRN)	5	\$209,523	10%	\$1,047,616
Nurse Case Manager (RN)	1	\$167,720	10%	\$167,720
Sub-total	8.3			\$2,234,190
Chief Dental Officer	1	\$288,330	10%	\$288,330
Staff Dentist	2.6	\$276,399	10%	\$718,637
Dental Assistant	1.6	\$120,791	10%	\$193,265
Dental Hygienist	1.2	\$159,827	10%	\$191,792
Sub-total	6.4			\$1,392,024
Total SFY 2019 Medical-Dental Estimated Staff Budget			\$	3,626,214
Notes:				
a. Total = # of FTE's x Loaded Yearly Compensation Rate				

SFY 2020 Medical- Dental Contracted Positions				
Medical - Dental Contracted Positions	# of FTE's	Loaded Yearly Compensation Rate	Indirect Cost % (included in loaded Compensation Rate)	Total
Chief Medical Officer	1	\$525,939	10%	\$525,939
Staff Physician	1.3	\$397,306	10%	\$516,498
Advanced Practice Registered Nurse (APRN)	5	\$215,038	10%	\$1,075,190
Nurse Case Manager (RN)	1	\$172,388	10%	\$172,388
Sub-total	8.3			\$2,290,016
Chief Dental Officer	1	\$295,530	10%	\$295,530
Staff Dentist	2.6	\$283,214	10%	\$736,355
Dental Assistant	1.6	\$124,275	10%	\$198,840
Dental Hygienist	1.2	\$164,229	10%	\$197,074
Sub-total	6.4			\$1,427,800
Total SFY 2019 Medical-Dental Estimated Staff Budget			\$	3,717,815
Notes:				
a. Total = # of FTE's x Loaded Yearly Compensation Rate				

SFY 2021 Medical- Dental Contracted Positions				
Medical - Dental Contracted Positions	# of FTE's	Loaded Yearly Compensation Rate	Indirect Cost % (included in loaded Compensation Rate)	Total
Chief Medical Officer	1	\$538,090	10%	\$538,090
Staff Physician	1.3	\$406,689	10%	\$528,695
Advanced Practice Registered Nurse (APRN)	5	\$220,793	10%	\$1,103,964
Nurse Case Manager (RN)	1	\$177,278	10%	\$177,278
Sub-total	8.3			\$2,348,027
Chief Dental Officer	1	\$303,008	10%	\$303,008
Staff Dentist	2.6	\$290,284	10%	\$754,737
Dental Assistant	1.6	\$127,933	10%	\$204,693
Dental Hygienist	1.2	\$168,837	10%	\$202,604
Sub-total	6.4			\$1,465,043
Total SFY 2019 Medical-Dental Estimated Staff Budget			\$	3,813,070
Notes:				
a. Total = # of FTE's x Loaded Yearly Compensation Rate				

SFY 2022 Medical- Dental Contracted Positions				
Medical - Dental Contracted Positions	# of FTE's	Loaded Yearly Compensation Rate	Indirect Cost % (included in loaded Compensation Rate)	Total
Chief Medical Officer	1	\$550,633	10%	\$550,633
Staff Physician	1.3	\$416,390	10%	\$541,308
Advanced Practice Registered Nurse (APRN)	5	\$226,805	10%	\$1,134,024
Nurse Case Manager (RN)	1	\$182,408	10%	\$182,408
Sub-total	8.3			\$2,408,372
Chief Dental Officer	1	\$310,781	10%	\$310,781
Staff Dentist	2.6	\$297,625	10%	\$773,826
Dental Assistant	1.6	\$131,781	10%	\$210,849
Dental Hygienist	1.2	\$173,668	10%	\$208,401
Sub-total	6.4			\$1,503,857
Total SFY 2019 Medical-Dental Estimated Staff Budget			\$	3,912,230
Notes:				
a. Total = # of FTE's x Loaded Yearly Compensation Rate				

SFY 2023 Medical- Dental Contracted Positions				
Medical - Dental Contracted Positions	# of FTE's	Loaded Yearly Compensation Rate	Indirect Cost % (included in loaded Compensation Rate)	Total
Chief Medical Officer	1	\$563,830	10%	\$563,830
Staff Physician	1.3	\$426,670	10%	\$554,671
Advanced Practice Registered Nurse (APRN)	5	\$233,333	10%	\$1,166,665
Nurse Case Manager (RN)	1	\$188,036	10%	\$188,036
Sub-total	8.3			\$2,473,202
Chief Dental Officer	1	\$321,532	10%	\$321,532
Staff Dentist	2.6	\$307,797	10%	\$800,273
Dental Assistant	1.6	\$136,634	10%	\$218,615
Dental Hygienist	1.2	\$179,984	10%	\$215,980
Sub-total	6.4			\$1,556,400
Total SFY 2019 Medical-Dental Estimated Staff Budget			\$	4,029,603
Notes:				
a. Total = # of FTE's x Loaded Yearly Compensation Rate				

SFY 2024 Medical- Dental Contracted Positions				
Medical - Dental Contracted Positions	# of FTE's	Loaded Yearly Compensation Rate	Indirect Cost % (included in loaded Compensation Rate)	Total
Chief Medical Officer	1	\$580,745	10%	\$580,745
Staff Physician	1.3	\$439,470	10%	\$571,311
Advanced Practice Registered Nurse (APRN)	5	\$240,333	10%	\$1,201,665
Nurse Case Manager (RN)	1	\$193,677	10%	\$193,677
Sub-total	8.3			\$2,547,399
Chief Dental Officer	1	\$331,178	10%	\$331,178
Staff Dentist	2.6	\$317,031	10%	\$824,282
Dental Assistant	1.6	\$140,733	10%	\$225,173
Dental Hygienist	1.2	\$185,383	10%	\$222,460
Sub-total	6.4			\$1,603,092
Total SFY 2019 Medical-Dental Estimated Staff Budget			\$	4,150,491
Notes:				
a. Total = # of FTE's x Loaded Yearly Compensation Rate				

SFY 2019-2022 Estimated Staff Budget Summary					
Medical - Dental Contracted Positions	# of FTE's	SFY 2019 Estimated Staff Budget	SFY 2020 Estimated Staff Budget	SFY 2021 Estimated Staff Budget	SFY 2022 Estimated Staff Budget
Chief Medical Officer	1	\$514,160	\$525,939	\$538,090	\$550,633
Staff Physician	1.3	\$504,694	\$516,498	\$528,695	\$541,308
Advanced Practice Registered Nurse (APRN)	5	\$1,047,616	\$1,075,190	\$1,103,964	\$1,134,024
Nurse Case Manager (RN)	1	\$167,720	\$172,388	\$177,278	\$182,408
Sub-total	8.3	\$2,234,190	\$2,290,016	\$2,348,027	\$2,408,372
Chief Dental Officer	1	\$288,330	\$295,530	\$303,008	\$310,781
Staff Dentist	2.6	\$718,637	\$736,355	\$754,737	\$773,826
Dental Assistant	1.6	\$193,265	\$198,840	\$204,693	\$210,849
Dental Hygienist	1.2	\$191,792	\$197,074	\$202,604	\$208,401
Sub-total	6.4	\$1,392,024	\$1,427,800	\$1,465,043	\$1,503,857
Total By State Fiscal Year	14.7	\$3,626,214	\$3,717,815	\$3,813,070	\$3,912,230
Grand Total: SFY 2019-2022 Medical - Dental Estimated Staff Budget					\$15,069,329

Optional Renewal Period: SFY 2023-2024 Estimated Staff Budget Summary			
Medical - Dental Contracted Positions	# of FTE's	SFY 2023 Estimated Staff Budget	SFY 2024 Estimated Staff Budget
Chief Medical Officer	1	\$563,830	\$580,745
Staff Physician	1.3	\$554,671	\$571,311
Advanced Practice Registered Nurse (APRN)	5	\$1,166,665	\$1,201,665
Nurse Case Manager (RN)	1	\$188,036	\$193,677
Sub-total	8.3	\$2,473,202	\$2,547,399
Chief Dental Officer	1	\$321,532	\$331,178
Staff Dentist	2.6	\$800,273	\$824,282
Dental Assistant	1.6	\$218,615	\$225,173
Dental Hygienist	1.2	\$215,980	\$222,460
Sub-total	6.4	\$1,556,400	\$1,603,092
Total By State Fiscal Year	14.7	\$4,029,603	\$4,150,491
Grand Total: SFY 2019-2022 Medical - Dental Estimated Staff Budget			\$8,180,094

10. Contractors' Invoice Template:

Contractor Name
Contractor Address
NH Department of Corrections Medical-Dental Professional Services Contract
NHDOC RFP 18-07-GFMED
Dates of Service mm/dd/yy through mm/dd/yy

Invoice Date _____ Invoice Number _____

Job Description	Hours Worked	Filled FTE's	Total Amount
Chief Medical Officer		____.	\$ _____.
Per Diem	____.		\$ _____.
Staff Physician		____.	\$ _____.
Per Diem	____.		\$ _____.
Advanced Practice Registered Nurse (APRN)		____.	\$ _____.
Per Diem	____.		\$ _____.
Nurse Case Manager (RN)		____.	\$ _____.
Per Diem	____.		\$ _____.
Chief Dental Officer		____.	\$ _____.
Per Diem	____.		\$ _____.
Staff Dentist		____.	\$ _____.
Per Diem	____.		\$ _____.
Dental Assistant		____.	\$ _____.
Per Diem	____.		\$ _____.
Dental Hygienist		____.	\$ _____.
Per Diem	____.		\$ _____.
Compensation Total	____.	____.	\$ _____.
²Total Amount Due:			\$ _____.

² Vendor time sheets shall be attached for all positions showing all hours actually worked.

11. Method of Payment:

- 11.1 Services shall be invoiced monthly for actual services provided during the time period identified on the invoices. The invoice shall include only actual filled FTE's worked. The invoices shall be broken down by FTE's worked and total Per Diem hours worked by job description as defined in Exhibit A, Scope of Services, and Exhibit B, Estimated Budget/Method of Payment. Costs shall be at the rates identified in Exhibit B for each fiscal year. Cost totals for each fiscal year shall not exceed the contracted total unless mutually agreed upon through an instrument of an amendment to the Agreement and shall be subject to Governor and Executive Council approval. Contracted vacant FTE's shall not be invoiced.
- 11.2. Invoices (Invoice Template) shall contain, but not be limited to the following:
- Period of service;
 - Invoice date & number;
 - Total number FTE's worked by job description;
 - Total number of Per Diem hours worked by job description;
 - Invoiced Compensation total; and
 - Invoice Total (Total Amount Due).
- 11.3. Invoices shall have the following reconciling information attached:
- 11.3.1 Contractor time sheets with actual hours worked for each contracted position and per diem hours to include contracted employee name, date and hours worked; and
- 11.4. Invoices shall be submitted no later than thirty (30) days post-date of services rendered.
- 11.5. Invoices shall be sent to the NH Department of Corrections, c/o Director of Medical & Forensic Services, P.O. Box 1806, Concord, NH 03302-1806.
- 11.6. The NH Department of Corrections may make adjustments to the payment amount identified on a Contractors monthly invoice. The NH Department of Corrections shall suspend payment to an invoice if an invoice is not submitted in accordance with the instructions established by the NH Department of Corrections.
- 11.7. The NH Department of Corrections Bureau of Financial Services may issue payment to the Contractor within thirty (30) days of receipt of an approved invoice.
- 11.8. Payment shall be made to the name and address identified in the Contract as the "Contractor" (a) the Contractor has authorized a different name and mailing address in writing or; (b) authorized a different name and mailing address in an official State of New Hampshire Contractor Registration Application Form; or (c) unless a court of law specifies otherwise. The Contractor shall not invoice federal tax. The State's tax-exempt certificate number is 026000618.
- 11.9. For contracting purposes, the State's Fiscal Calendar Year starts on July 1st and ends on June 30th of the following year. For budgeting purposes, year one (I) of the Contract shall end on June 30, 2019.

12. Appropriation of Funding:

- 12.1. The Contractor shall agree that the funds expended for the purposes of the Contract must be appropriated by the General Court of the State of New Hampshire for each State fiscal year included within the Contract period. Therefore, the Contract shall automatically terminate without penalty or termination costs if such funds are not fully appropriated.

**Estimated Budget/Method of Payment
Exhibit B**

- 12.1.1. In the event that funds are not fully appropriated for the Contract, the Contractor shall not prohibit or otherwise limit NH Department of Corrections the right to pursue and contract for alternate solutions and remedies as deemed necessary for the conduct of State government affairs.
- 12.1.2. The requirements stated in this paragraph shall apply to any amendment/renewal or the execution of any option to extend the Contract.

The remainder of this page is intentionally blank.

SECTION F: Special Provisions, Exhibit C

1. Special Provisions:

- 1.1. There are no additional provisions set forth in this Exhibit, Special Provisions, to be incorporated as part of this Contract.

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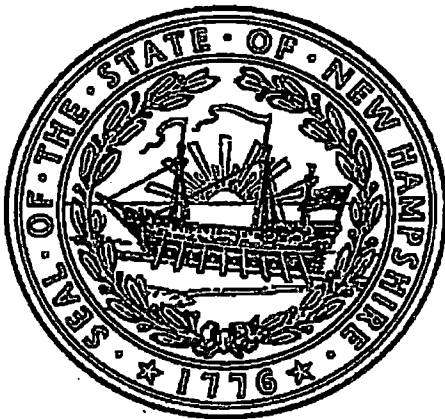
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CENTURION OF NEW HAMPSHIRE, LLC is a Delaware Limited Liability Company registered to transact business in New Hampshire on April 11, 2018. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 792405

Certificate Number: 0004081426



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 13th day of April A.D. 2018.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name:	CENTURION OF NEW HAMPSHIRE, LLC	Business ID:	792405
Business Type:	Foreign Limited Liability Company	Business Status:	Good Standing
Business Creation Date:	04/11/2018	Name in State of Formation:	CENTURION OF NEW HAMPSHIRE, LLC
Date of Formation in Jurisdiction:	03/15/2018		
Principal Office Address:	7700 Forsyth Blvd, Suite 800, Saint Louis, MO, 63105, USA	Mailing Address:	7700 Forsyth Blvd, Suite 800, Saint Louis, MO, 63105, USA
Citizenship / State of Formation:	Foreign/Delaware		
		Last Annual Report Year:	N/A
		Next Report Year:	2019
Duration:	Perpetual		
Business Email:	NONE	Phone #:	NONE
Notification Email:	NONE	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / The purpose of the Company is to provide healthcare services to state government agencies	

Certificate of Authority # 4

(Limited partnership or LLC with Manager)


Limited Partnership or LLC Certification of Authority

I, Steven H. Wheeler, hereby certify that I am a Partner, Member or Manager
(Name)
of Centurion of New Hampshire, LLC a limited liability partnership under RSA 304-B or a
(Name of Partnership or LLC)
limited liability company under RSA 304-C.

I certify that I am authorized to bind the partnership or LLC.

I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the partnership or LLC and that this authorization has not expired.

DATED: 4/18/2018

ATTEST: 
(Name and Title)

Steven H. Wheeler, Chief Executive Officer



CERTIFICATE OF LIABILITY INSURANCE

7/1/2018

DATE (MM/DD/YYYY)
3/15/2018

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 rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Lockton Companies 8110 E. Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	CONTACT NAME:	
	PHONE (A/C, No., Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : A. F. Beazley 2623/623	52666
	INSURER B : The Charter Oak Fire Insurance Company	25615
	INSURER C : Scottsdale Insurance Company	41297
	INSURER D : American Zurich Insurance Company	40142
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: 15272643 REVISION NUMBER: XXXXXXXX

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$250,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	W1BDE7170201	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COM/POP AGG \$ Included \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	BA-8106C672-17-CAG	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 25,000	N	N	HPS0000044	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
D	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	N/A	WC019757401	7/1/2017	7/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A	Professional Liability Claims Made	N	N	W1BDE7170201 Retro Date 7/1/13	7/1/2017 7/1/2017	7/1/2018 7/1/2018	\$2,000,000 Each Claim \$6,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Workers Compensation Deductible is \$250,000. State of New Hampshire, NH Department of Corrections is included as Additional Insured as respects General Liability if required by written contract.

CERTIFICATE HOLDER 15272643 State of New Hampshire NH Department of Corrections PO Box 1806 Concord, NH 03302-1806	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 
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**New Hampshire Department of Corrections
Division of Administration
Contract/Grant Unit**

Comprehensive General Liability Insurance Acknowledgement Form

The New Hampshire Office of the Attorney General requires that the Request for Proposal (RFP) package inform all proposal submitters of the State of New Hampshire's general liability insurance requirements. The limits of liability required are dependent upon your corporation's legal formation, and the annual total amount of contract work with the State of New Hampshire.

Please select only ONE of the checkboxes below that best describes your corporation's legal formation and annual total amount of contract work with the State of New Hampshire:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

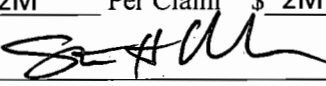
- The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed \$500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: 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, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

- (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

Please indicate your current comprehensive general liability coverage limits below, sign, date and return with your proposal package.

\$ 2M Per Claim \$ 2M Per Incident/Occurrence \$ 6M General Aggregate



Signature & Title

Chief Executive Officer

April 18, 2018

Date

This acknowledgement must be returned with your proposal.

NH DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE RULES

COR 307 Items Considered Contraband. Contraband shall consist of:

- a) Any substance or item whose possession is unlawful for the person or the general public possessing it including but not limited to:
 - (1) narcotics
 - (2) controlled drugs or
 - (3) automatic or concealed weapons possessed by those not licensed to have them.
- b) Any firearm, simulated firearm, or device designed to propel or guide a projectile against a person, animal or target.
- c) Any bullets, cartridges, projectiles or similar items designed to be projected against a person, animal or target.
- d) Any explosive device, bomb, grenade, dynamite or dynamite cap or detonating device including primers, primer cord, explosive powder or similar items or simulations of these items.
- e) Any drug item, whether medically prescribed or not, in excess of a one day supply or in such quantities that a person would suffer intoxication or illness if the entire available quantity were consumed alone or in combination with other available substances.
- f) Any intoxicating beverage.
- g) Sums of money or negotiable instruments in excess of \$100.00.
- h) Lock-picking kits or tools or instruments on picking locks, making keys or obtaining surreptitious entry or exit
- i) The following types of items in the possession of an individual who is not in a vehicle, (but shall not be contraband if stored in a secured vehicle):
- j) Knives and knife-like weapons, clubs and club-like weapons,
 - (1) tobacco, alcohol, drugs including prescription drugs unless prior approval is granted in writing by the facility Warden/designee, or Director/designee,
 - (2) maps of the prison vicinity or sketches or drawings or pictorial representations of the facilities, its grounds or its vicinity,
 - (3) pornography or pictures of visitors or prospective visitors undressed,
 - (4) cell phones and radios capable of monitoring or transmitting on the police band in the possession of other than law enforcement officials,
 - (5) identification documents, licenses and credentials not in the possession of the person to whom properly issued,
 - (6) ropes, saws, grappling hooks, fishing line, masks, artificial beards or mustaches, cutting wheels or string rope or line impregnated with cutting material or similar items to facilitate escapes,
 - (7) balloons, condoms, false-bottomed containers or other containers which could facilitate transfer of contraband.

COR 307.02 Contraband on prison grounds is prohibited. The possession, transport, introduction, use, sale or storage of contraband on the prison grounds without prior approval of the commissioner of corrections or his designee is prohibited under the provision of RSA 622:24 and RSA 622:25.

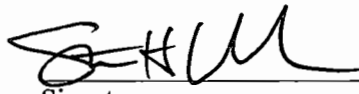
COR 307.03 Searches and Inspections Authorized.

- a) Any person or property on state prison grounds shall be subject to search to discover contraband...

Travel onto prison grounds shall constitute implied consent to search for contraband. In such cases where implied consent exists, the visitor will be given a choice of either consenting to the search or immediately leaving the prison grounds. Nothing in this rule however, prevents non-consensual searches in situations where probable cause exists to believe that the visitor is or had attempted to introduce contraband into the prison pursuant to the law of New Hampshire concerning search, seizure and arrest.


- b) All motor vehicles parked on prison grounds shall be locked and have the keys removed. Custodial personnel shall check to insure that vehicles are locked and shall visually inspect the plain- view interior of the vehicles. Vehicles discovered unlocked shall be searched to insure that no contraband is present. Contraband discovered during searches shall be confiscated for evidence, as shall contraband discovered during plain-view inspections.
- c) All persons entering the facilities to visit with residents or staff, or to perform services at the facilities or to tour the facilities shall be subject to having their persons checked. All items and clothing carried into the institution shall be searched for contraband.

Steven H. Wheeler
Name


Signature

April 18, 2018
Date

JoAnn Davis
Witness Name

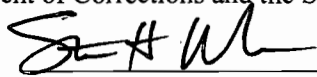

Signature

April 18, 2018
Date

NH DEPARTMENT OF CORRECTIONS
RULES OF CONDUCT FOR PERSONS PROVIDING CONTRACT SERVICES


1. Engaging in any of the following activities with persons under departmental control is strictly prohibited:
 - a. Any contact, including correspondence, other than in the performance of your services for which you have been contracted.
 - b. Giving or selling of anything
 - c. Accepting or buying anything
2. Any person providing contract services who is found to be under the influence of intoxicants or drugs will be removed from facility grounds and barred from future entry to the NH Department of Corrections property.
3. Possession of any item considered to be contraband as defined in the New Hampshire code of Administrative Rules, COR 307 is a violation of the rules and the laws of the State of New Hampshire and may result in legal action under RSA 622:24 or other statutes.
4. In the event of any emergency situation, i.e., fire, disturbance, etc., you will follow the instructions of the escorting staff or report immediately to the closest available staff.
5. All rules, regulations and policies of the NH Department of Corrections are designed for the safety of the staff, visitors and residents, the security of the facility and an orderly flow of necessary movement and activities. If unsure of any policy and procedure, ask for immediate assistance from a staff member.
6. Harassment and discrimination directed toward anyone based on sex, race, creed, color, national origin or age are illegal under federal and state laws and will not be tolerated in the work place. Maintenance of a discriminatory work environment is also prohibited. Everyone has a duty to observe the law and will be subject to removal for failing to do so.
7. During the performance of your services you are responsible to the facility administrator, and by your signature below, agree to abide by all the rules, regulations, policies and procedures of the NH Department of Corrections and the State of New Hampshire.
8. In lieu of Contracted staff participating in the Corrections Academy, the Vendor through the Commissioner or his designees will establish a training/orientation facilitated by the Vendor to supplement this requirement and appropriate orient Vendor staff to the rules, regulations, policies and procedures of the Department of Corrections and the State of New Hampshire.

Steven H. Wheeler
Name


Signature

April 18, 2018
Date

JoAnn Davis
Witness Name


Signature



April 18, 2018
Date

NH DEPARTMENT OF CORRECTIONS
CONFIDENTIALITY OF INFORMATION AGREEMENT

I understand and agree that all employed by the organization/agency I represent must abide by all rules, regulations and laws of the State of New Hampshire and the NH Department of Corrections that relate to the confidentiality of records and all other privileged information.

I further agree that all employed by or subcontracted through the organization I represent are not to discuss any confidential or privileged information with family, friends or any persons not professionally involved with the NH Department of Corrections. If inmates or residents of the NH Department of Corrections, or, anyone outside of the NH Department of Corrections' employ approaches any of the our organization's employees or subcontractors and requests information, the staff/employees of the organization I represent will immediately contact their supervisor, notify the NH Department of Corrections, and file an incident report or statement report with the appropriate NH Department of Corrections representative.

Any violation of the above may result in immediate termination of any and all contractual obligations.

<u>Steven H. Wheeler</u> Name	 Signature	<u>April 18, 2018</u> Date
<u>JoAnn Davis</u> Witness Name	 Signature	<u>April 18, 2018</u> Date

NH DEPARTMENT OF CORRECTIONS
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 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. 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. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- b. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- c. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- d. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.
- e. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- f. "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.
- g. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- h. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- i. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- j. "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.
- k. 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.

(2) 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, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do 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 immediately notify Business Associate 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 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 on the 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. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, of which it becomes aware, within two (2) business days of becoming aware of such unauthorized use or disclosure or security incident.

b. Business Associate shall use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of protected health information, in electronic or any other form, that it creates, receives, maintains or transmits under this Agreement, in accordance with the Privacy and Security Rules, to prevent the use or disclosure of PHI other than as permitted by the Agreement.

c. 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.

d. 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)b and (3)k herein. 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 pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.

e. 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.

f. 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.

g. 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.

h. 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.

i. 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.

j. 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.

k. 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 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 standard provision #10 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, as 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 and the Privacy and Security Rule.

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 k, the defense and indemnification provisions of section 3.d and standard contract provision #13, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT.

NH Department of Corrections
State of New Hampshire Agency Name


Signature of Authorized Representative

Helen E. Hanks, Commissioner
Authorized DOC Representative Name

Commissioner
Authorized DOC Representative Title

5/21/18
Date

Centurion of New Hampshire, LLC
Contractor Name


Contractor Representative Signature

Steven H. Wheeler
Authorized Contractor Representative Name

Chief Executive Officer
Authorized Contractor Representative Title

April 18, 2018
Date

APPENDIX H SECURITY ADDENDUM

The following pages contain the legal authority, purpose, and genesis of the Criminal Justice Information Services Security Addendum (H2-H4); the Security Addendum itself (H5-H6); and the Security Addendum Certification page (H7).

**FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES
SECURITY ADDENDUM**

**Legal Authority for and Purpose and Genesis of the
Security Addendum**

Traditionally, law enforcement and other criminal justice agencies have been responsible for the confidentiality of their information. Accordingly, until mid-1999, the Code of Federal Regulations Title 28, Part 20, subpart C, and the National Crime Information Center (NCIC) policy paper approved December 6, 1982, required that the management and exchange of criminal justice information be performed by a criminal justice agency or, in certain circumstances, by a noncriminal justice agency under the management control of a criminal justice agency.

In light of the increasing desire of governmental agencies to contract with private entities to perform administration of criminal justice functions, the FBI sought and obtained approval from the United States Department of Justice (DOJ) to permit such privatization of traditional law enforcement functions under certain controlled circumstances. In the Federal Register of May 10, 1999, the FBI published a Notice of Proposed Rulemaking, announcing as follows:

1. Access to CHRI [Criminal History Record Information] and Related Information, Subject to Appropriate Controls, by a Private Contractor Pursuant to a Specific Agreement with an Authorized Governmental Agency To Perform an Administration of Criminal Justice Function (Privatization). Section 534 of title 28 of the United States Code authorizes the Attorney General to exchange identification, criminal identification, crime, and other records for the official use of authorized officials of the federal government, the states, cities, and penal and other institutions. This statute also provides, however, that such exchanges are subject to cancellation if dissemination is made outside the receiving departments or related agencies. Agencies authorized access to CHRI traditionally have been hesitant to disclose that information, even in furtherance of authorized criminal justice functions, to anyone other than actual agency employees lest such disclosure be viewed as unauthorized. In recent years, however, governmental agencies seeking greater efficiency and economy have become increasingly interested in obtaining support services for the administration of criminal justice from the private sector. With the concurrence of the FBI's Criminal Justice Information Services (CJIS) Advisory Policy Board, the DOJ has concluded that disclosures to private persons and entities providing support services for criminal justice agencies may, when subject to appropriate controls, properly be viewed as permissible disclosures for purposes of compliance with 28 U.S.C. 534.

We are therefore proposing to revise 28 CFR 20.33(a)(7) to provide express authority for such arrangements. The proposed authority is similar to the authority that already exists in 28 CFR 20.21(b)(3) for state and local CHRI systems. Provision of CHRI under this authority would only be permitted pursuant to a specific agreement with an authorized governmental

agency for the purpose of providing services for the administration of criminal justice. The agreement would be required to incorporate a security addendum approved by the Director of the FBI (acting for the Attorney General). The security addendum would specifically authorize access to CHRI, limit the use of the information to the specific purposes for which it is being provided, ensure the security and confidentiality of the information consistent with applicable laws and regulations, provide for sanctions, and contain such other provisions as the Director of the FBI (acting for the Attorney General) may require. The security addendum, buttressed by ongoing audit programs of both the FBI and the sponsoring governmental agency, will provide an appropriate balance between the benefits of privatization, protection of individual privacy interests, and preservation of the security of the FBI's CHRI systems.

The FBI will develop a security addendum to be made available to interested governmental agencies. We anticipate that the security addendum will include physical and personnel security constraints historically required by NCIC security practices and other programmatic requirements, together with personal integrity and electronic security provisions comparable to those in NCIC User Agreements between the FBI and criminal justice agencies, and in existing Management Control Agreements between criminal justice agencies and noncriminal justice governmental entities. The security addendum will make clear that access to CHRI will be limited to those officers and employees of the private contractor or its subcontractor who require the information to properly perform services for the sponsoring governmental agency, and that the service provider may not access, modify, use, or disseminate such information for inconsistent or unauthorized purposes.

Consistent with such intent, Title 28 of the Code of Federal Regulations (C.F.R.) was amended to read:

§ 20.33 Dissemination of criminal history record information.

- a) Criminal history record information contained in the Interstate Identification Index (III) System and the Fingerprint Identification Records System (FIRS) may be made available:
 - 1) To criminal justice agencies for criminal justice purposes, which purposes include the screening of employees or applicants for employment hired by criminal justice agencies.
 - 2) To noncriminal justice governmental agencies performing criminal justice dispatching functions or data processing/information services for criminal justice agencies; and
 - 3) To private contractors pursuant to a specific agreement with an agency identified in paragraphs (a)(1) or (a)(6) of this section and for the purpose of providing services for the administration of criminal justice pursuant to that agreement. The agreement must incorporate a security addendum approved by the Attorney General of the United

States, which shall specifically authorize access to criminal history record information, limit the use of the information to the purposes for which it is provided, ensure the security and confidentiality of the information consistent with these regulations, provide for sanctions, and contain such other provisions as the Attorney General may require. The power and authority of the Attorney General hereunder shall be exercised by the FBI Director (or the Director's designee).

This Security Addendum, appended to and incorporated by reference in a government-private sector contract entered into for such purpose, is intended to insure that the benefits of privatization are not attained with any accompanying degradation in the security of the national system of criminal records accessed by the contracting private party. This Security Addendum addresses both concerns for personal integrity and electronic security which have been addressed in previously executed user agreements and management control agreements.

A government agency may privatize functions traditionally performed by criminal justice agencies (or noncriminal justice agencies acting under a management control agreement), subject to the terms of this Security Addendum. If privatized, access by a private contractor's personnel to NCIC data and other CJIS information is restricted to only that necessary to perform the privatized tasks consistent with the government agency's function and the focus of the contract. If privatized the contractor may not access, modify, use or disseminate such data in any manner not expressly authorized by the government agency in consultation with the FBI.

**FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES
SECURITY ADDENDUM**

The goal of this document is to augment the CJIS Security Policy to ensure adequate security is provided for criminal justice systems while (1) under the control or management of a private entity or (2) connectivity to FBI CJIS Systems has been provided to a private entity (contractor). Adequate security is defined in Office of Management and Budget Circular A-130 as “security commensurate with the risk and magnitude of harm resulting from the loss, misuse, or unauthorized access to or modification of information.”

The intent of this Security Addendum is to require that the Contractor maintain a security program consistent with federal and state laws, regulations, and standards (including the CJIS Security Policy in effect when the contract is executed), as well as with policies and standards established by the Criminal Justice Information Services (CJIS) Advisory Policy Board (APB).

This Security Addendum identifies the duties and responsibilities with respect to the installation and maintenance of adequate internal controls within the contractual relationship so that the security and integrity of the FBI's information resources are not compromised. The security program shall include consideration of personnel security, site security, system security, and data security, and technical security.

The provisions of this Security Addendum apply to all personnel, systems, networks and support facilities supporting and/or acting on behalf of the government agency.

1.1 Definitions

1.2 Contracting Government Agency (CGA) - the government agency, whether a Criminal Justice Agency or a Noncriminal Justice Agency, which enters into an agreement with a private contractor subject to this Security Addendum.

1.3 Contractor - a private business, organization or individual which has entered into an agreement for the administration of criminal justice with a Criminal Justice Agency or a Noncriminal Justice Agency.

2.1 Responsibilities of the Contracting Government Agency.

2.2 The CGA will ensure that each Contractor employee receives a copy of the Security Addendum and the CJIS Security Policy and executes an acknowledgment of such receipt and the contents of the Security Addendum. The signed acknowledgments shall remain in the possession of the CGA and available for audit purposes. The acknowledgement may be signed by hand or via digital signature (see glossary for definition of digital signature).

3.1 Responsibilities of the Contractor.

3.2 The Contractor will maintain a security program consistent with federal and state laws, regulations, and standards (including the CJIS Security Policy in effect when the contract is executed and all subsequent versions), as well as with policies and standards established by the Criminal Justice Information Services (CJIS) Advisory Policy Board (APB).

4.1 Security Violations.

4.2 The CGA must report security violations to the CJIS Systems Officer (CSO) and the Director, FBI, along with indications of actions taken by the CGA and Contractor.

4.3 Security violations can justify termination of the appended agreement.

4.4 Upon notification, the FBI reserves the right to:

- a. Investigate or decline to investigate any report of unauthorized use;
- b. Suspend or terminate access and services, including telecommunications links. The FBI will provide the CSO with timely written notice of the suspension. Access and services will be reinstated only after satisfactory assurances have been provided to the FBI by the CGA and Contractor. Upon termination, the Contractor's records containing CHRI must be deleted or returned to the CGA.

5.1 Audit

5.2 The FBI is authorized to perform a final audit of the Contractor's systems after termination of the Security Addendum.

6.1 Scope and Authority

6.2 This Security Addendum does not confer, grant, or authorize any rights, privileges, or obligations on any persons other than the Contractor, CGA, CJA (where applicable), CSA, and FBI.

6.3 The following documents are incorporated by reference and made part of this agreement: (1) the Security Addendum; (2) the NCIC 2000 Operating Manual; (3) the CJIS Security Policy; and (4) Title 28, Code of Federal Regulations, Part 20. The parties are also subject to applicable federal and state laws and regulations.

6.4 The terms set forth in this document do not constitute the sole understanding by and between the parties hereto; rather they augment the provisions of the CJIS Security Policy to provide a minimum basis for the security of the system and contained information and it is understood that there may be terms and conditions of the appended Agreement which impose more stringent requirements upon the Contractor.

6.5 This Security Addendum may only be modified by the FBI, and may not be modified by the parties to the appended Agreement without the consent of the FBI.

6.6 All notices and correspondence shall be forwarded by First Class mail to:

Assistant Director

Criminal Justice Information Services Division, FBI

1000 Custer Hollow Road

Clarksburg, West Virginia 26306

**FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES
SECURITY ADDENDUM**

CERTIFICATION

I hereby certify that I am familiar with the contents of (1) the Security Addendum, including its legal authority and purpose; (2) the NCIC Operating Manual; (3) the CJIS Security Policy; and (4) Title 28, Code of Federal Regulations, Part 20, and agree to be bound by their provisions.

I recognize that criminal history record information and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to criminal history record information and related data is therefore limited to the purpose(s) for which a government agency has entered into the contract incorporating this Security Addendum. I understand that misuse of the system by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating or re-disseminating information received as a result of this contract for a purpose other than that envisioned by the contract, may subject me to administrative and criminal penalties. I understand that accessing the system for an appropriate purpose and then using, disseminating or re-disseminating the information received for another purpose other than execution of the contract also constitutes misuse. I further understand that the occurrence of misuse does not depend upon whether or not I receive additional compensation for such authorized activity. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes.

George Johns, MPH

Printed Name/Signature of Contractor Employee

April 18, 2018

Date

Steven H. Wheeler

Printed Name/Signature of Contractor Representative

April 18, 2018

Date

Centurion of New Hampshire, LLC, Chief Executive Officer

Organization and Title of Contractor Representative



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION**

**Helen E. Hanks
Commissioner**

P.O. BOX 1806
CONCORD, NH 03302-1806

**Robin Maddaus
Director**

603-271-5610 FAX: 1-888-908-6609
TDD Access: 1-800-735-2964
www.nh.gov/nhdoc

**PRISON RAPE ELIMINATION ACT
ACKNOWLEDGEMENT FORM**

The Prison Rape Elimination Act (PREA) of 2003 (with Final Rule August 2012) is a federal law established to address the elimination and prevention of sexual assault and sexual harassment within correctional systems and detention facilities. This Act applies to all correctional facilities, including prisons, jails, juvenile facilities and community corrections residential facilities. PREA incidents involve the following conduct:

- Resident-on-resident sexual assault
- Resident-on-resident abusive sexual contact
- Staff sexual misconduct
- Staff sexual harassment, assault of a resident

The act aimed to curb prison rape through a “zero-tolerance” policy, as well as through research and information gathering. The NH Department of Corrections has zero tolerance relating to the sexual assault/rape of offenders and recognizes these offenders as crime victims. Due to this recognition and adherence to the federal Prison Rape Elimination Act (PREA) of 2003, the NH Department of Corrections extends the “zero tolerance” to the following:

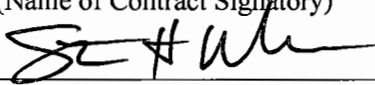
- Contractor/subcontractor misconduct
- Contractor/subcontractor harassment, assault of a resident

As a Contractor and/or Subcontractor of the NH Department of Corrections, I acknowledge that I have been provided information on the Prison Rape Elimination Act of 2003 Public Law 108-79—Sept. 4, 2003 and have been informed that as a Contractor and/or Subcontractor of the NH Department of Corrections, sexual conduct between Contractor and/or Subcontractor and offenders is prohibited. Sexual harassment or sexual misconduct involving an offender can be a violation of NH RSA 632-A:2, 632-A:3 and 632-A:4, Chapter 632-A: Sexual Assault and Related Offenses, and result in criminal prosecution.

As a Contractor and/or Subcontractor of the NH Department of Corrections, I understand that I shall inform all employees of the Contractor and/or Subcontractor to adhere to all policies concerning PREA, RSA 632-A:2, RSA 632-A:3, RSA 632-A:4 and departmental policies including NHDOC PPD 5.19 - PREA; NHDOC Administrative Rules, Conduct and Confidentiality Information regarding my conduct, reporting of incidents and treatment of those under the supervision of the NH Department of Corrections. (Ref. RSA Chapter 632-A, NHDOC PPD 5.19 and Administrative Rules, Rules of Conduct for Persons Providing Contract Services, Confidentiality of Information Agreement).

Name (print): Steven H. Wheeler **Date:** April 18, 2018

(Name of Contract Signatory)

Signature: 

(Signature of Contract Signatory)



NEW HAMPSHIRE Online Licensing

nh.gov
Licensing
Home

Person Information

Name: LAURA M CULBERT-EPISON
NH Multi-state license

License Information

License No: [REDACTED] Profession: Nursing License Type: Registered Nurse
License Status: Active Issue Date: 7/17/2006 Expiration Date: 3/29/2020

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

Disclaimer: The JCAHO and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.



[NH Gov](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Contact Us](#)



NEW HAMPSHIRE Online Licensing

[nh.gov](#)
Licensing
Home

Person Information

Name: DIANE KATHRYN DESMARAIS

License Information

License No: [REDACTED] Profession: Nursing License Type: APRN-NP-Family
License Status: Active Issue Date: 7/11/2014 Expiration Date: 6/25/2019

All ARNP license numbers have been converted to xxxxxx-23. There will no longer be a category distinct license number (xxxxxx-23-xx). Any questions, please contact the Board office.

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

Disclaimer: The JCAHO and the NCOA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.



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NEW HAMPSHIRE Online Licensing

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Home

IF A LICENSEE HOLDS A CURRENT NH COMPACT LICENSE IT WILL BE DESIGNATED AS: Multi-State License: COMPACT. Please note that NOT ALL compact licenses will be indicated on this site. Board Staff continues to add compact designation as licenses are renewed since the inception of the compact legislation. If you have any questions please contact the Board at (603) 271-2323.

Person Information

Name: DIANE KATHRYN DESMARAIS

License Information

License No: [REDACTED] Profession: Nursing License Type: Registered Nurse
License Status: Active Issue Date: 9/4/2001 Expiration Date: 6/25/2019
Multi-State License Status: COMPACT

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

Disclaimer: The JCAHO and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.



[NH.Gov](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Contact Us](#)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	06-30-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	05-03-2017
DESMARAIS, DIANE, FNP-C MHM SERVICES 105 PLEASANT ST CONCORD, NH 03301		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Registered Activity within schedule is restricted by your State.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	06-30-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	05-03-2017
DESMARAIS, DIANE, FNP-C MHM SERVICES 105 PLEASANT ST CONCORD, NH 03301		

Registered Activity within schedule is restricted by your State.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

0001/001

Change of Address must be reported in writing to:
New Hampshire Board of Medicine
121 South Fruit Street - STE 301
Concord, NH 03301-2414 (Chapt. 229-B)

State of New Hampshire
BOARD OF MEDICINE

CELIA A ENGLANDER, MD

CELIA A ENGLANDER, MD



License #:



Issued:

5/1/1996



has been duly registered to practice medicine
in this state through 6/30/2018

President

Michael Ban

1001763, 2/000100

1:2 ENGLANDER, CELIA MD

958/956



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	08-31-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	07-13-2016
ENGLANDER, CELIA MD 281 NO STATE ST. CONCORD, NH 03301-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 804 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	08-31-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	07-13-2016
ENGLANDER, CELIA MD 281 NO STATE ST CONCORD, NH 03301-0000		
<p>Sections 804 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p>		
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.		

Form DEA-223 (4/07)

State of New Hampshire
BOARD OF MEDICINE

JEFFREY C FETTER, MD

License #: [REDACTED]

Issued: 4/5/2006

has been duly registered to practice medicine
in this state through

6/30/2018



President

Michael Ban, M.D.



CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	09-21-2015
FETTER, JEFFREY MD MHM, Inc. 105 PLEASANT STREET CONCORD, NH 03301		
Sections 304 and 1008 (21 U.S.C. 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.		
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	09-21-2015
FETTER, JEFFREY MD MHM, Inc. 105 PLEASANT STREET CONCORD, NH 03301		
Sections 304 and 1008 (21 U.S.C. 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.		
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.		

Form DEA-223 (05/04)



Change of Address must be reported in writing to:
New Hampshire Board of Medicine
121 South Fruit Street - STE 301
Concord, NH 03301-2414 (Chapt. 329-101)

State of New Hampshire
BOARD OF MEDICINE

MARIANNE A FLEISCHMAN, MD

MARIANNE A FLEISCHMAN, MD



License #: [REDACTED]

Issued: 5/5/1999

has been duly registered to practice medicine
in this state through

6/30/2019

President

Michael Bam M.D.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	08-28-2017
FLEISCHMAN, MARIANNE A, MD MHM 105 PLEASANT STREET CONCORD, NH 03301		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	08-28-2017
FLEISCHMAN, MARIANNE A, MD MHM 105 PLEASANT STREET CONCORD, NH 03301		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (9/2016)



NEW HAMPSHIRE Online Licensing

nh.gov
Licensing
Home

Person Information

Name: ALI GOGUEN

License Information

License No: [REDACTED] Profession: Nursing License Type: APRN-NP-Family
License Status: Active Issue Date: 7/22/2016 Expiration Date: 4/21/2019

All ARNP license numbers have been converted to xxxxxx-23. There will no longer be a category distinct license number (xxxxxx-23-xx). Any questions, please contact the Board office.

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

Disclaimer: The JCAHO and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.



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NEW HAMPSHIRE Online Licensing

nh.gov
Licensing
Home

Person Information

Name: ALI GOGUEN
NH Multi-state license

License Information

License No: [REDACTED] Profession: Nursing License Type: Registered Nurse
License Status: Active Issue Date: 8/5/2011 Expiration Date: 4/21/2019

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,5	MLP-NURSE PRACTITIONER	07-29-2016
GOGUEN, ALI, NP 317 MAST ROAD GOFFSTOWN, NH 03045		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Registered Activity within schedule is restricted by your State.

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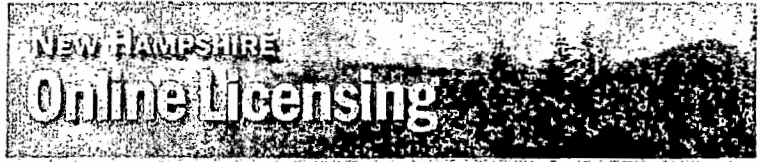
CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,5	MLP-NURSE PRACTITIONER	07-29-2016
GOGUEN, ALI, NP 317 MAST ROAD GOFFSTOWN, NH 03045		

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Home

Person Information

Name: JEAN HAILSON

License Information

License No: [REDACTED] Profession: Nursing License Type: APRN-NP-Family
License Status: Active Issue Date: 9/26/2014 Expiration Date: 11/15/2019

All ARNP license numbers have been converted to xxxxxx-23. There will no longer be a category distinct license number (xxxxxx-23-xx). Any questions, please contact the Board office.

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

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NEW HAMPSHIRE Online Licensing

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Person Information

Name: JEAN HAILSON
NH Multi-state license

License Information

License No: [REDACTED] Profession: Nursing License Type: Registered Nurse
License Status: Active Issue Date: 9/26/2014 Expiration Date: 11/15/2018

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	10-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	04-01-2015
HAILSON, JEAN (APRN, FNP-BC) TEAM HEALTH / HALLMARK HEALTH / LAWRENCE MEMORIAL HOSPITAL 170 GOVENORS AVENUE MEDFORD, MA 02155		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537**

Registered Activity within schedule is restricted by your State.

Sections 304 and 1008 (21 USC 824 and 856) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	10-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	04-01-2015
HAILSON, JEAN (APRN, FNP-BC) TEAM HEALTH / HALLMARK HEALTH / LAWRENCE MEMORIAL HOSPITAL 170 GOVENORS AVENUE MEDFORD, MA 02155		
<p>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.</p>		

Registered Activity within schedule is restricted by your State.

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Form DEA-223 (9/2016)



NEW HAMPSHIRE Online Licensing

[nh.gov](#)
Licensing
Home

Person Information

Name: ELISABETH M MCGUNNIGLE

License Information

License No: [REDACTED] Profession: Nursing License Type: APRN-NP-Adult
License Status: Active Issue Date: 8/11/2006 Expiration Date: 6/6/2019

All ARNP license numbers have been converted to xxxxxx-23. There will no longer be a category distinct license number (xxxxxx-23-xx). Any questions, please contact the Board office.

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

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Person Information

Name: ELISABETH M MCGUNNIGLE

License Information

License No: [REDACTED] Profession: Nursing License Type: Registered Nurse
License Status: Active Issue Date: 8/18/1995 Expiration Date: 6/6/2019
Multi-State License Status:

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	01-31-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	12-15-2015
MCGUNNIGLE, ELISABETH NP		
[REDACTED]		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537**

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UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537**

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	01-31-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	12-15-2015
MCGUNNIGLE, ELISABETH NP		
[REDACTED]		

Registered Activity within schedule is restricted by your State.

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Person Information

Name: KATHARINE M ORLOFF-LEWIS

License Information

License No: [REDACTED] Profession: Nursing License Type: APRN-NP-Family
License Status: Active Issue Date: 9/14/2016 Expiration Date: 4/14/2019

All ARNP license numbers have been converted to xxxxxx-23. There will no longer be a category distinct license number (xxxxxx-23-xx). Any questions, please contact the Board office.

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

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Person Information

Name: KATHARINE M ORLOFF-LEWIS

License Information

License No: [REDACTED] Profession: Nursing License Type: Registered Nurse
License Status: Active Issue Date: 1/14/2010 Expiration Date: 4/14/2019
Multi-State License Status: COMPACT

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

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10019066-2/000123

1:4
109/656
ORLOFF-LEWIS, KATHARINE, M
[REDACTED]



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	MLP-NURSE PRACTITIONER	10-12-2016
ORLOFF-LEWIS, KATHARINE, M [REDACTED]		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

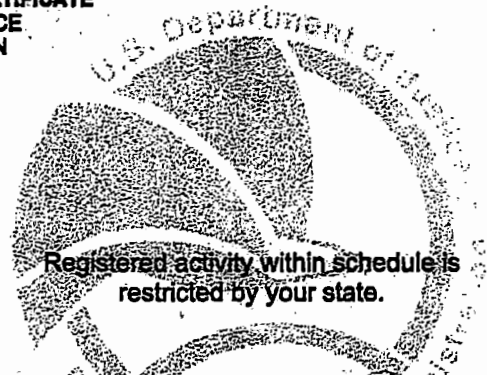
Registered activity within schedule is restricted by your state.

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 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	MLP-NURSE PRACTITIONER	10-12-2016
ORLOFF-LEWIS, KATHARINE, M [REDACTED]		



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Sections 304 and 1008 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

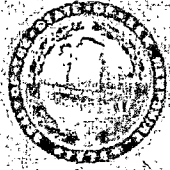
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Form DEA-223 (4/07)



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Licensing
Home

Person Information		
Name: JULIE L PATTEN		
License Information		
License No: [REDACTED]	Profession: Nursing	License Type: APRN-NP-Family
License Status: Active	Issue Date: 9/25/2017	Expiration Date: 10/6/2018
<p>All ARNP license numbers have been converted to xxxxxx-23. There will no longer be a category distinct license number (xxxxxx-23-xx). Any questions, please contact the Board office.</p>		
Discipline Information		
No Discipline Information		
Board Action		
No Related Documents		
No Related Documents		
<p>Disclaimer: The JCAHO and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.</p>		



NEW HAMPSHIRE Online Licensing

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Licensing
Home

Person Information	
Name:	JULIE L PATTEN
NH Multi-state license	
License Information	
License No:	██████████
Profession:	Nursing
License Type:	Registered Nurse
License Status:	Active
Issue Date:	7/6/2007
Expiration Date:	10/6/2018
Discipline Information	
No Discipline Information	
Board Action	
No Related Documents	
No Related Documents	
Disclaimer: The JCAHO and the NCQA consider on-line status information as fulfilling the pr requirement for verification of licensure in compliance with their respective credentialing s	



229/656
1: PATTEN, JULIE, L. (MSN)
2: 105 PLEASANT STREET
CONCORD, NH 03301-0000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	03-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	MLP-NURSE PRACTITIONER	11-06-2017
PATTEN, JULIE, L. (MSN) 105 PLEASANT STREET CONCORD, NH 03301-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	03-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	MLP-NURSE PRACTITIONER	11-06-2017
PATTEN, JULIE, L. (MSN) 105 PLEASANT STREET CONCORD, NH 03301-0000		

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Licensing
Home

Person Information

Name: MARGARET MARY RIFORGIATO

License Information

License No:	[REDACTED]	Profession:	Nursing	License Type:	APRN-NP-Adult
License Status:	Active	Issue Date:	9/20/1990	Expiration Date:	6/29/2018

All ARNP license numbers have been converted to xxxxxx-23. There will no longer be a category distinct license number (xxxxxx-23-xx). Any questions, please contact the Board office.

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

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Person Information

Name: MARGARET MARY RIFORGIATO

License Information

License No: [REDACTED] Profession: Nursing License Type: Registered Nurse
License Status: Active Issue Date: 7/25/1990 Expiration Date: 6/29/2018
Multi-State License Status: COMPACT

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	03-20-2015
RIFORGIATO, MARGARET MARY ARNP White Mountain Community Health Center PO BOX 2800 298 White Mountain Hwy CONWAY, NH 03818		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

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 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	03-20-2015
RIFORGIATO, MARGARET MARY ARNP White Mountain Community Health Center PO BOX 2800 298 White Mountain Hwy CONWAY, NH 03818		

Registered Activity within schedule is restricted by your State.

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Form DEA-223 (05/04)

Change of Address must be reported in writing to:
New Hampshire Board of Medicine
121 South Fruit Street - STE 301
Concord, NH 03301-2414 (Chapt. 329-151)

State of New Hampshire
BOARD OF MEDICINE

CAREY R RODD, MD

CAREY R RODD, MD
MERRIMACK COUNTY NURSING HOME
325 DANIEL WEBSTER HIGHWAY
BOSCAWEN NH 03303



License #: [REDACTED]

Issued: 5/7/1981

has been duly registered to practice medicine
in this state through

6/30/2019

President

Michael Barr M.D.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	03-20-2017
RODD, CAREY R MD 325 DANIEL WEBSTER HIGHWAY BOSCAWEN, NH 03303		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

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 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	03-20-2017
RODD, CAREY R MD 325 DANIEL WEBSTER HIGHWAY BOSCAWEN, NH 03303		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Person Information

Name: SHANNON K WARD

License Information

License No: [REDACTED] Profession: Nursing License Type: APRN-NP-Gerontology Acute Care
License Status: Active Issue Date: 6/2/2017 Expiration Date: 11/16/2019

All ARNP license numbers have been converted to xxxxxx-23. There will no longer be a category distinct license number (xxxxxx-23-xx). Any questions, please contact the Board office.

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

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NEW HAMPSHIRE Online Licensing

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Home

Person Information

Name: SHANNON K WARD
NH Multi-state license

License Information

License No: [REDACTED] Profession: Nursing License Type: Registered Nurse
License Status: Active Issue Date: 7/12/2006 Expiration Date: 11/16/2019

Discipline Information

No Discipline Information

Board Action

No Related Documents

No Related Documents

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89/656
1:2

WARD, SHANNON K, NP



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	05-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	MLP-NURSE PRACTITIONER	10-04-2017
WARD, SHANNON K, NP		
[REDACTED]		

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UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	05-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	MLP-NURSE PRACTITIONER	10-04-2017
WARD, SHANNON K, NP		
[REDACTED]		

Registered activity within schedule is restricted by your state.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (9/2016)



NEW HAMPSHIRE Online Licensing

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Licensing Home

Person Information

Name: KEITH FOSTER BATCHELDER, DMD

License Information

License No: [REDACTED] Profession: Dental License Type: Dentist
License Status: Active Issue Date: 9/28/2012 Expiration Date: 4/30/2020

Board Disciplinary Action

No Related Documents

No Related Documents



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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	08-03-2017
BATCHELDER, KEITH F DMD SAVING PEOPLE'S SMILES 194 PLEASANT STREET STE #8 CONCORD, NH 03301		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	08-03-2017
BATCHELDER, KEITH F DMD SAVING PEOPLE'S SMILES 194 PLEASANT STREET STE #8 CONCORD, NH 03301		

Sections 304 and 1008 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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NEW HAMPSHIRE Online Licensing

nh.gov
Licensing Home

Person Information

Name: INGJERD MERETE BERGSTEDT, DMD

License Information

License No: [REDACTED] Profession: Dental License Type: Dentist
License Status: Active Issue Date: 7/24/2007 Expiration Date: 4/30/2020

Board Disciplinary Action

No Related Documents

No Related Documents



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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	09-22-2017
BERGSTEDT, INGJERD M. (DMD) 105 PLEASANT STREET CONCORD, NH 03301		
<p>Sections 304 and 1008 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p> <p>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.</p>		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	09-22-2017
BERGSTEDT, INGJERD M. (DMD) 105 PLEASANT STREET CONCORD, NH 03301		
<p>Sections 304 and 1008 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p> <p>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.</p>		

Form DEA-223 (9/2016)



STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF DENTAL EXAMINERS

LINDA MAUREEN DELOREY, DDS

Active License #: [REDACTED]
Issued: February 23, 1998
Expires: April 30, 2020

Den 301.09 Change in Name or Address - All persons licensed to practice dentistry or dental hygiene in this state shall notify the board in writing within 30 days of any change of business, residential or email.

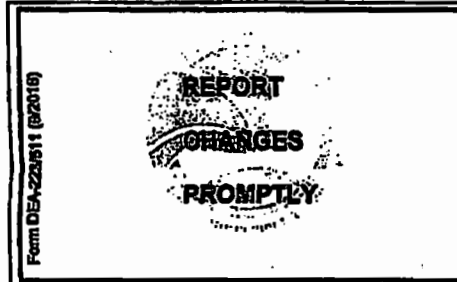
Board President

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	06-15-2020	\$731
SCHEDULES	REGISTRATION ACTIVITY	ISSUE DATE
2.2N, 3.3N,4.5	REGISTRAR	06-15-2017
DELOREY, LINCOLN D.D.S. 1360 FRONT STREET MANCHESTER, NH 03302-0000		

**CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE**
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1009 (21 USC 824 and 859) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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**REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE**

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please:

1. visit our web site at dearegistration.usdoj.gov - or
2. call our customer Service Center at 1-(800) 833-0439 - or
3. submit your change(s) in writing to:
 Drug Enforcement Administration
 P.O. Box 2939
 Springfield, VA 22152-2939

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

 You have been registered to handle the following chemical/drug codes:

Dental Assisting National Board, Inc.



This confirms that

Tracy L Dow

has fulfilled the certification requirements approved by the Board of Directors
of the Dental Assisting National Board, Inc. and is authorized to use the certification mark

Certified Dental Assistant

CDA

Certification Number: XXXXXXXXXX

Expiration Date: 02/10/2019

Katharine J. Noble

Katharine J. Noble, CDA, CRFDA, SSgt ME ANG
DANB Board Chair

Lois A. Bell

Lois Bell, CDA, CPPFA, CRFDA, FADAA
DANB Secretary

CDA is a registered certification mark of DANB. Certified Dental Assistant is a certification mark of DANB.



NEW HAMPSHIRE Online Licensing

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Licensing Home

Person Information

Name: HOLLY ANNE HYSLOP, RDH

License Information

License No: [REDACTED] Profession: Dental License Type: Hygienist
License Status: Active Issue Date: 7/8/1997 Expiration Date: 4/30/2019

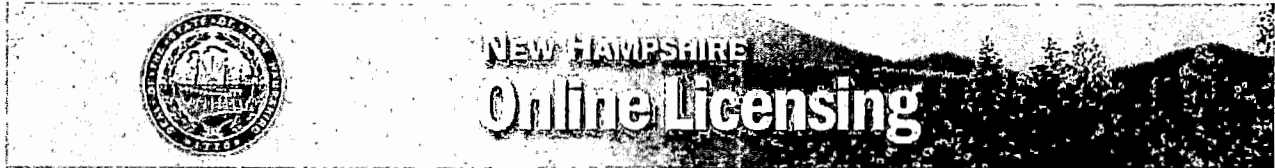
Board Disciplinary Action

No Related Documents

No Related Documents



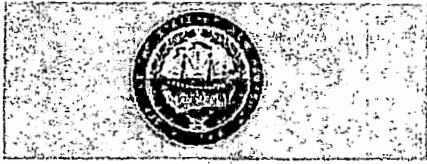
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nh.gov
Licensing
Home

Person Information
Name: AMY BETH MARBLE, RDH
License Information
License No: [REDACTED] Profession: Dental License Type: Hygienist License Status: Active Issue Date: 7/13/2015 Expiration Date: 4/30/2019
Board Disciplinary Action
No Related Documents
No Related Documents





[nh.gov](#)
Licensing Home

Person Information		
Name: TEJ ASHOK SHAH, DMD		
License Information		
License No:	Profession: Dental	License Type: Dentist
License Status: Active Issue Date: 9/14/2015 Expiration Date: 4/30/2018		
Board Disciplinary Action		
No Related Documents		
No Related Documents		



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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	02-28-2021	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	01-17-2018
SHAH, TEJ, A. (D.M.D.) 179 SPUR ROAD DOVER, NH 03820		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

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 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	02-28-2021	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	01-17-2018
SHAH, TEJ, A. (D.M.D.) 179 SPUR ROAD DOVER, NH 03820		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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NEW HAMPSHIRE Online Licensing

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Person Information	
Name: CAROL JEAN WARREN-MCCOMBIE, RDH	
License Information	
License No: [REDACTED]	Profession: Dental License Type: Hygienist
License Status: Active Issue Date: 10/28/1986 Expiration Date: 4/30/2019	
Board Disciplinary Action	
No Related Documents	
No Related Documents	



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STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF DENTAL EXAMINERS

CASSIE LEE WOOD, RDH

Active License #:



Issued:

June 13, 2012

Expires:

April 30, 2019

RSA 317-A:13, III License Renewal, states all persons licensed to practice dentistry or dental hygiene in this state shall notify the board in writing within 10 days of any change of business or residential address which may occur during the period between biennial registrations.

Charles E. Albee DMD

Board President