



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6110 1-800-852-3345 Ext. 6738
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www.dhhs.nh.gov

May 22, 2018

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Bureau of Drug and Alcohol Services, to enter into a **retroactive, sole source** amendment to an Agreement with Bi-State Primary Care Association, Inc. 525 Clinton Street, Bow, NH 03304, (Vendor #166695-B001), to remove the scope of work for Substance Use Disorder Provider Recruitment, and to reduce the price limitation by \$115,052 from \$1,225,000 to an amount not to exceed \$1,109,948 with no change to the completion date of June 30, 2018, effective **retroactive** to February 1, 2018 upon Governor and Executive Council approval. This agreement was originally approved by Governor and Council on June 4, 2014, Item #48 and subsequent amendment approved on June 15, 2016 Item #11D. The source of funds for this action is 65.36% federal and 34.64% General.

Funds are available in the following accounts for State Fiscal Year 2018 with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Please see attached financial detail.

EXPLANATION

This Request is **sole source** because the original contract was sole source. This requested action is **retroactive** due to funding limitations that leave the Department with insufficient resources to sustain the Substance Use Disorder Provider Recruitment scope of work through June 30, 2018. Due to this funding reduction, and after consultation with the Contractor, work on the Substance Use Disorder Provider Recruitment scope ended January 31, 2018.

The Department seeks to amend this contract by removing only the scope of work for Substance Use Disorder Provider Recruitment for the remainder of State Fiscal Year 2018 and reducing the price limitation accordingly. The Contractor will continue recruitment for healthcare and dental professionals.

Bi-State Primary Care Association, Inc. has provided centralized and cost-effective recruiting of healthcare professionals to over 100 sites statewide, including all the publicly funded health centers and community hospitals. Since 1994, the Bi-State Primary Care Association has successfully placed more than 200 primary care providers with a 99% retention rate. This success sets apart the Bi-State Primary Care Association from other regional and national placement services that have neither the familiarity with the state and its health care needs, nor the time to devote to one-on-one assistance to community agencies, organizations, and providers.

It was due to this expertise that the Department contracted with the Bi-State Primary Care Association to support communities in the recruitment of providers to treat those seeking care for an substance use disorder and/or co-occurring mental health disorder and to support the design and implementation of a statewide workforce development plan that meets the expectations found in the Medicaid Delivery System Reform Incentive Payment 1115 Transformation Waiver. Substance use disorder and/or co-occurring mental health disorder treatment providers for this contract included psychologists, clinical social workers, licensed mental health counselors, family therapists, licensed alcohol and drug counselors and masters prepared licensed alcohol and drug counselors.

Bi-State Primary Care Association has provided outstanding work toward the deliverables of the substance use disorder scope of this contract; developing a Recruitment Center for substance use disorder and/or co-occurring mental health disorder providers as well as a statewide electronic system to track provider vacancies. Both of these efforts were part of an overarching workforce development plan that identified specialized recruitment and social marketing plans to attract and retain substance use disorder and/or co-occurring mental health disorder treatment providers. The workforce development plan and recruitment center recommendations will be utilized to determine investments in future workforce development activities in FY19 as funding becomes available.

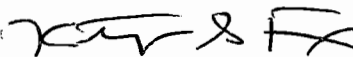
Should the Governor and Executive Council not authorize this request, the Department would be unable to address budget limitations and approve the appropriate limited scope, while allowing the other recruitment efforts to continue.

Area served: Statewide.

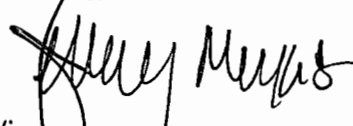
Source of Funds: 65.36% Federal Funds from the Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant funds, CFDA #93.959, and 34.64% General Funds.

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

Respectfully submitted,



Katja S. Fox
Director



Approved by:

Jeffrey A. Meyers
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Recruitment and Dental Recruitment Services

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH & PRIMARY CARE
50% Federal Funds & 50% General Funds

CFDA # 93.778
FAIN # N/A

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	103-502664	Contracts for Operational Svcs	90075001	90,000	-	90,000
SFY 2016	103-502664	Contracts for Operational Svcs	90075001	90,000	-	90,000
SFY 2017	103-502664	Contracts for Operational Svcs	90075001	90,000	-	90,000
SFY 2018	103-502664	Contracts for Operational Svcs	90075001	90,000	-	90,000
			Sub-total	360,000	-	360,000

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH & PRIMARY CARE
100% Federal Funds

CFDA # 93.913
FAIN # 6-H95RH00149-23-02

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2017	102-500731	Contracts for Prog Svc	90073000	8,000	-	8,000
SFY 2018	102-500731	Contracts for Prog Svc	90073000	8,000	-	8,000
			Sub-Total	16,000	-	16,000

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH & PRIMARY CARE
100% General Funds

CFDA # N/A
FAIN # N/A

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2017	102-500731	Contracts for Prog Svc	90072009	72,000	-	72,000
SFY 2018	102-500731	Contracts for Prog Svc	90072009	72,000	-	72,000
			Sub-Total	144,000	-	144,000

05-95-47-470010-7937 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: OFC OF MEDICAID & BUSINESS POLICY, MEDICAID ADMINISTRATION
50% Federal Funds & 50% General Funds

CFDA # 93.778
FAIN # N/A

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	47000144	85,000	-	85,000
SFY 2016	102-500731	Contracts for Prog Svc	47000144	90,000	-	90,000
SFY 2017	102-500731	Contracts for Prog Svc	47000144	90,000	-	90,000
SFY 2018	102-500731	Contracts for Prog Svc	47000144	90,000	-	90,000
			Sub-Total	355,000	-	355,000

05-95-90-902010-0831 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMM & HEALTH SERV, HOME VISITING D89 COMPETVE GNT
100% Federal Funds

CFDA # 93.505
FAIN # D89MC28272-01

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2017	102-500731	Contracts for Prog Svc	90083100	75,000	-	75,000
SFY 2018	102-500731	Contracts for Prog Svc	90083100	25,000	-	25,000
			Sub-Total	100,000	-	100,000

05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
80% Federal Funds and 20% General Funds

CFDA # 93.959
FAIN # 15B1NHSAPT

SFY 2017	102-500731	Contracts for Prog Svc	49156501	134,948	-	134,948
SFY 2018	102-500731	Contracts for Prog Svc	49156501	115,052	(115,052)	-
			Sub-Total	250,000	(115,052)	134,948
			Total	975,000	(115,052)	1,109,948



**New Hampshire Department of Health and Human Services
Primary Care Recruitment and Dental Recruitment Contract**

**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the
Primary Care Recruitment and Dental Recruitment Contract**

This 2nd Amendment to the Primary Care Recruitment and Dental Recruitment contract (hereinafter referred to as "Amendment Two") dated this 4th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Bi-State Primary Care Association, Inc. (hereinafter referred to as "the Contractor"), a corporation with a place of business at 525 Clinton Street, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 4, 2014, Item #48, and amended by an agreement (Amendment #1 to the Contract) approved on June 15, 2016 (Item #11D), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the parties agree to remove the scope of work for Substance Use Disorder (SUD) provider Recruitment and to reduce the price limitation.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, Block 1.8, to read \$1,109,948
2. Form P-37, Block 1.9, to read E. Maria Reinemann, Esq., Director of Contracts and Procurement.
3. Form P-37, Block 1.10 to read 603-271-9330.
4. Delete in its entirety Exhibit A-3 Amendment #1.
5. Add Exhibit B 1.1.1 to read: Decrease SFY 18 funding by \$115,052.
6. Exhibit B 1.2 f. to read: \$134,948 = 75% federal funds from the SAMSA Substance Abuse Prevention and Treatment Block, and 24% General Funds through January 31, 2018.
7. Delete in its entirety Exhibit B-4 Amendment #1 SFY 2018 Budget, Substance use Disorder Provider Recruitment (BDAS), SFY 2018 (7/1/17 through 6/30/18).
8. Delete in its entirety Budget Revision Request Form approved by the Department on August 31, 2017, used to adjust the budget amounts for Exhibit B-4 Amendment #1 SFY 2018 Budget, Substance use Disorder Provider Recruitment (BDAS), SFY 2018 (7/1/17 through 6/30/18).
9. Add Exhibit K

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**New Hampshire Department of Health and Human Services
Primary Care Recruitment and Dental Recruitment Contract**

This amendment shall be effective upon the date of Governor and Executive Council approval.
IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/22/18
Date

[Signature]
Name: ~~Lisa Morris~~ Katja S. Fox
Title: Director

Bi-State Primary Care Association, Inc.

5/9/18
Date

[Signature]
Name: [Signature]
Title: EVP/COO

Acknowledgement of Contractor's signature:

State of New Hampshire county of Merrimack on 5/9/18, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

Suzanne Q. Palmer, Notary
Name and Title of Notary or Justice of the Peace

My Commission Expires: 8/5/2020

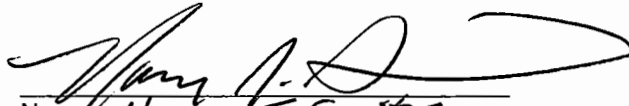
**New Hampshire Department of Health and Human Services
Primary Care Recruitment and Dental Recruitment Contract**



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

5/24/2018
Date


Name: Nancy J. Smatr
Title: Sr. Asst. Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



A. Definitions

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

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

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

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

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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



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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

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

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DHHS Information Security Requirements



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

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

V. LOSS REPORTING

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

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

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

Handwritten initials, possibly "LHR", written in black ink.



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

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

VI. PERSONS TO CONTACT

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

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

JHR

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 BI-STATE PRIMARY CARE ASSOCIATION, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 31, 1986. 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: 86710

Certificate Number : 0004093191



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of May A.D. 2018.

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Janet Laatsch, CEO of Greater Seacoast Community Health, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Bi-State Primary Care Association (Board Chair).
(Agency Name)

2. The following is a true copy of the resolution duly adopted via an email vote of the Board of Directors of
the Agency duly held on May 9, 2018:
(Date)

RESOLVED: That the Executive Vice President and Chief Operating Officer or her designee
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of
the 9th day of May, 2018.
(Date Contract Signed)

4. Lori H. Real, MHA is the duly elected Executive Vice President and Chief Operating Officer
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Janet Laatsch
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Merrimack

The forgoing instrument was acknowledged before me this 9th day of May, 2018.

By Janet Laatsch, Board Chair
(Name of Elected Officer of the Agency)

Suzanne H. Palmer
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: 8/5/2020

525 Clinton Street
Bow, NH 03304
Voice: 603-228-2830
Fax: 603-228-2464

BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE

www.bistatepca.org

61 Elm Street
Montpelier, VT 05602
Voice: 802-229-0002
Fax: 802-223-2336

Bi-State Primary Care Association

Mission

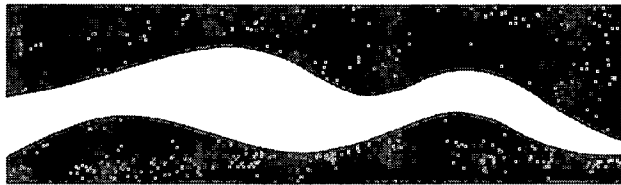
Promote access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont.

Vision

Healthy individuals and communities with quality health care for all.



BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE

CONSOLIDATED FINANCIAL STATEMENTS

and

**REPORTS IN ACCORDANCE WITH GOVERNMENT AUDITING
STANDARDS AND UNIFORM GUIDANCE**

June 30, 2017 and 2016

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Bi-State Primary Care Association, Inc. and Subsidiary

Report on Financial Statements

We have audited the accompanying consolidated financial statements of Bi-State Primary Care Association, Inc. and Subsidiary, which comprise the consolidated balance sheets as of June 30, 2017 and 2016, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Bi-State Primary Care Association, Inc. and Subsidiary as of June 30, 2017 and 2016, and the changes in their net assets and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated September 21, 2017 on our consideration of Bi-State Primary Care Association, Inc. and Subsidiary's internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Bi-State Primary Care Association, Inc. and Subsidiary's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
September 21, 2017

BI-STATE PRIMARY CARE ASSOCIATION, INC. AND SUBSIDIARY

Consolidated Balance Sheets

June 30, 2017 and 2016

ASSETS

	<u>2017</u>	<u>2016</u>
Current assets		
Cash and cash equivalents	\$ 1,510,977	\$ 1,466,850
Grants and other receivables	575,709	430,961
Prepaid expenses	<u>41,757</u>	<u>40,645</u>
Total current assets	2,128,443	1,938,456
Investments	111,040	102,140
Investment in limited liability companies	114,269	128,915
Deferred compensation investments	95,264	-
Property and equipment, net	<u>353,108</u>	<u>379,822</u>
Total assets	<u>\$ 2,802,124</u>	<u>\$ 2,549,333</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	\$ 310,465	\$ 135,370
Accrued salaries and related amounts	174,647	264,641
Deferred revenue	<u>136,908</u>	<u>115,862</u>
Total current liabilities	622,020	515,873
Deferred compensation payable	<u>95,264</u>	<u>-</u>
Total liabilities	717,284	515,873
Net assets		
Unrestricted	<u>2,084,840</u>	<u>2,033,460</u>
Total liabilities and net assets	<u>\$ 2,802,124</u>	<u>\$ 2,549,333</u>

The accompanying notes are an integral part of these consolidated financial statements.

BI-STATE PRIMARY CARE ASSOCIATION, INC. AND SUBSIDIARY
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Operating revenue		
Grant revenue	\$ 4,105,494	\$ 3,862,147
Dues income	290,154	292,548
Other revenue	<u>261,061</u>	<u>562,151</u>
Total operating revenue	<u>4,656,709</u>	<u>4,716,846</u>
Expenses		
Salaries and benefits	2,730,078	2,564,246
Other operating expenses	1,843,471	1,712,280
Interest expense	-	5,368
Depreciation	<u>26,715</u>	<u>25,515</u>
Total expenses	<u>4,600,264</u>	<u>4,307,409</u>
Operating income	<u>56,445</u>	<u>409,437</u>
Other revenue and gains (losses)		
Equity in net (loss) earnings of limited liability companies	(14,647)	128,915
Investment income	<u>5,004</u>	<u>5,074</u>
Total other revenue and gains (losses)	<u>(9,643)</u>	<u>133,989</u>
Excess of revenue over expenses	46,802	543,426
Change in unrealized loss on investments	<u>4,578</u>	<u>(4,020)</u>
Increase in unrestricted net assets	51,380	539,406
Unrestricted net assets, beginning of year	<u>2,033,460</u>	<u>1,494,054</u>
Unrestricted net assets, end of year	<u>\$ 2,084,840</u>	<u>\$ 2,033,460</u>

The accompanying notes are an integral part of these consolidated financial statements.

BI-STATE PRIMARY CARE ASSOCIATION, INC. AND SUBSIDIARY

Consolidated Statements of Cash Flows

Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Cash flows from operating activities		
Change in net assets	\$ 51,380	\$ 539,406
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	26,715	25,515
Equity in net loss (earnings) of limited liability companies	14,647	(128,915)
Change in unrealized loss on investments	(4,578)	4,020
(Increase) decrease in the following assets		
Grants and other receivables	(144,748)	(56,880)
Prepaid expenses	(1,112)	(8,134)
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	175,095	(65,725)
Accrued salaries and related amounts	(89,994)	58,684
Deferred revenue	21,046	(1,438)
Deferred compensation payable	<u>95,264</u>	<u>-</u>
Net cash provided by operating activities	<u>143,715</u>	<u>366,533</u>
Cash flows from investing activities		
Purchase of property and equipment	-	(15,995)
Purchase of investments	(4,324)	(4,495)
Change in deferred compensation investments	<u>(95,264)</u>	<u>-</u>
Net cash used by investing activities	<u>(99,588)</u>	<u>(20,490)</u>
Cash flows from financing activities		
Payments on long-term debt	<u>-</u>	<u>(167,685)</u>
Net cash used by financing activities	<u>-</u>	<u>(167,685)</u>
Net increase in cash and cash equivalents	44,127	178,358
Cash and cash equivalents, beginning of year	<u>1,466,850</u>	<u>1,288,492</u>
Cash and cash equivalents, end of year	<u>\$ 1,510,977</u>	<u>\$ 1,466,850</u>
Supplemental disclosures of cash flow information		
Cash paid for interest	\$ -	\$ 5,368

The accompanying notes are an integral part of these consolidated financial statements.

BI-STATE PRIMARY CARE ASSOCIATION, INC. AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2017 and 2016

Organization

Bi-State Primary Care Association, Inc. (BSPCA) is a non-stock, not-for-profit corporation organized in New Hampshire. The Association's mission is to foster the delivery of primary and preventive health services with special emphasis on the medically underserved, and its vision is to promote healthcare access for all.

Subsidiary

Center for Primary Health Care Solutions, LLC (CPHCS) is a limited liability company formed pursuant to the New Hampshire Limited Liability Company Act. CPHCS's primary purpose is to provide healthcare industry services and other industry-related consulting services. BSPCA is the sole member of CPHCS.

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of BSPCA and its subsidiary, CPHCS (collectively, the Association). All significant intercompany balances and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

BSPCA is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the entity is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax.

CPHCS is a limited liability company; however, for federal tax purposes, it is considered to be a disregarded entity and, as such, CPHCS's income, expenses, losses, gains, deductions and credits are reported on BSPCA's income tax return. Management believes the services provided by CPHCS are consistent with BSPCA's tax-exempt purpose and, as a result, its revenue does not constitute unrelated business income.

Management has evaluated the entity's tax positions and concluded that there are no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements.

BI-STATE PRIMARY CARE ASSOCIATION, INC. AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2017 and 2016

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and money market accounts.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible. Grant revenue is recognized as revenue when expenditures are incurred. Grants whose restrictions are met within the same year as recognized are reported as grant revenue in the accompanying consolidated financial statements.

Investments and Investment Income

Investments in equity securities with readily-determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the excess of revenue over expenses.

Investments are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheets and consolidated statements of operations and changes in net assets.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method.

Deferred Revenue

Deferred revenue represents unearned grants or contracts paid in advance of expenditure.

Excess of Revenue over Expenses

The consolidated statements of operations include the excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities.

BI-STATE PRIMARY CARE ASSOCIATION, INC. AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2017 and 2016

Functional Expenses

The Association provides services to promote healthcare access. Expenses related to providing these services were as follows for the years ended:

	<u>2017</u>	<u>2016</u>
Program services	\$ 3,486,694	\$ 3,403,113
General and administrative	<u>1,113,570</u>	<u>904,296</u>
Total expenses	<u>\$ 4,600,264</u>	<u>\$ 4,307,409</u>

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through September 21, 2017, the date that the consolidated financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the consolidated financial statements.

2. Grants and Other Receivables and Deferred Revenue

The Association provides services to promote healthcare access through numerous federal, state and private grants. The Association has the following relating to grant and member services activity:

	<u>2017</u>	<u>2016</u>
Grant and member services billed and not received	\$ 541,159	\$ 306,714
Grant appropriations not billed	4,614,762	4,067,419
Grant deferred revenue not earned	<u>(4,580,212)</u>	<u>(3,943,172)</u>
Grants and other receivables	<u>\$ 575,709</u>	<u>\$ 430,961</u>

The Association received advanced payments on certain grants with an unearned balance of \$136,908 and \$115,862 at June 30, 2017 and 2016, respectively.

3. Investments

Investments and deferred compensation investments are stated at fair value and consisted of mutual funds at June 30, 2017 and 2016.

BI-STATE PRIMARY CARE ASSOCIATION, INC. AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2017 and 2016

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, establishes a framework for measuring fair value that provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC Topic 820 are disclosed as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Association has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The fair market value of the Association's investments is measured on a recurring basis using Level 1 inputs.

4. Investment in Limited Liability Companies

Community Health Accountable Care, LLC (CHAC)

The Association is one of nine members of this entity. The Association's investment in CHAC is reported on the equity method due to the Association's ability to exercise significant influence over operating and financial policies. The Association's investment in CHAC amounted to \$93,970 and \$112,711 at June 30, 2017 and 2016, respectively.

BI-STATE PRIMARY CARE ASSOCIATION, INC. AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2017 and 2016

The Association provided management and administrative services to CHAC amounting to \$1,200 and \$42,326 during 2017 and 2016, respectively. Due to uncertainty regarding collectability of services provided during 2015 and prior in the amount of \$237,458, no revenue was recognized in the year the services were provided. Payment for the prior services was made in full during 2016 and included in other revenue in 2016.

Primary Health Care Partners, LLC (PHCP)

The Association is one of eight partners who have each made a capital contribution of \$500. The Association's investment in PHCP is reported using the equity method due to the Association's ability to exercise significant influence over operating and financial policies. The Association's investment in PHCP amounted to \$20,299 and \$16,204 at June 30, 2017 and 2016, respectively.

The Association provided management and administrative services to PHCP amounting to \$5,346 and \$17,807 for the years ended June 30, 2017 and 2016, respectively.

The Association has a note receivable from PHCP in the amount of \$62,455 as of June 30, 2017 and 2016 for management and administrative services. Due to uncertainty regarding collectability, the note receivable was fully reserved for in 2016. During 2017, the Association entered into a repayment agreement with PHCP and recognized the revenue for these services in the amount of \$62,455 as other revenue. The note balance is reported in grants and other receivables.

5. Property and Equipment

Property and equipment consist of the following:

	<u>2017</u>	<u>2016</u>
Land	\$ 50,000	\$ 50,000
Buildings and improvements	430,136	430,136
Furniture and equipment	<u>38,194</u>	<u>38,194</u>
	518,330	518,330
Less accumulated depreciation	<u>165,222</u>	<u>138,508</u>
Property and equipment, net	<u>\$ 353,108</u>	<u>\$ 379,822</u>

6. Line of Credit

The Association has a \$350,000 unsecured revolving line of credit with a local bank payable on-demand. The interest rate on the line of credit is Prime plus 1% with a 5% floor (5% at June 30, 2017). There was no outstanding balance on the line of credit at June 30, 2017 and 2016. The line of credit was not utilized at any time during the years ended June 30, 2017 and 2016.

BI-STATE PRIMARY CARE ASSOCIATION, INC. AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2017 and 2016

7. Concentrations of Risk

The Association has cash deposits in a major financial institution which exceeds federal depository insurance limits. However these deposits are included in an Insured Cash Sweep account which consists of high-yield savings accounts in other Federal Deposit Insurance Corporation insured institutions with no individual institution exceeding federal depository insurance limits. This strategy is endorsed by the American Banking Association. The bank provides monthly reporting.

8. Retirement Plans

The Association offers a defined contribution plan to eligible employees. The Association's contributions to the plan for the years ended June 30, 2017 and 2016 amounted to \$98,059 and \$87,623, respectively.

The Organization has established an unfunded deferred compensation plan for eligible employees in accordance with Section 457(b) of the Internal Revenue Code. As funds are paid out under the plan investments are withdrawn. The fair value of the assets and related liabilities for employee contributions to the plan are reflected in the consolidated balance sheet as deferred compensation investments and deferred compensation payable, respectively.

9. Commitments and Contingencies

Operating Leases

The Association leases various equipment and facilities under operating leases expiring at various dates through December 31, 2019. Total rental expense in 2017 and 2016 for all operating leases was approximately \$58,046 and \$52,800, respectively.

The following is a schedule by year of future minimum lease payments under operating leases as of June 30, 2017 that have initial or remaining lease terms in excess of one year:

Year ending June 30,	
2018	\$ 57,270
2019	<u>58,854</u>
	<u>\$ 116,124</u>

10. Related Party Transactions

The Association's board of directors is composed of senior officials of organizations who are members of the Association. The following is a schedule of services provided to and (by) these organizations.

	<u>2017</u>		<u>2016</u>
Members' dues	\$ 149,068	\$	145,747
Purchased services	52,040		45,005
Grant subcontractors	(388,112)		(12,435)
Grant subrecipient pass-through	(126,613)		(200,319)

SUPPLEMENTARY INFORMATION

BI-STATE PRIMARY CARE ASSOCIATION, INC. AND SUBSIDIARY

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2017

<u>Federal Grant/Pass-Through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Contract Number</u>	<u>Total Federal Expenditures</u>	<u>Amount Passed Through to Sub-recipients</u>
<u>United States Department of Health and Human Services:</u>				
<u>Direct:</u>				
Technical and Non-Financial Assistance to Health Centers	93.129		\$ 1,459,661	\$ -
Telehealth Programs	93.211		83,487	2,948
Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces	93.332		319,497	187,398
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Program	93.912		208,874	186,195
<u>Passthrough:</u>				
<u>Community Health Access Network</u>				
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Program	93.912	D06RH27768	24,602	-
Total CFDA 93.912			233,476	186,195
<u>Medicaid Cluster</u>				
<u>State of New Hampshire Department of Health and Human Services</u>				
Medical Assistance Program	93.778	102-500731/47000144	36,718	-
Medical Assistance Program	93.778	102-500731-90073000	39,150	-
<u>State of Vermont Department of Vermont Health Access:</u>				
Medical Assistance Program	93.778	03410-1455-15	17,072	-
Medical Assistance Program	93.778	03410-1675-17	24,508	-
Total Medicaid Cluster			117,448	-
<u>State of New Hampshire Department of Health and Human Services</u>				
Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	93.505	102-500731/90083100	73,894	
Grants to States to Support Oral Health Workforce Activities	93.236	102-500731-90080500	13,034	-
Grants to States for Operation of State Offices of Rural Health	93.913	102-500731-90073000	6,960	
Block Grants for Prevention and Treatment of Substance Abuse	93.959	102-5000731/49156501	54,598	-
<u>State of Vermont Department of Vermont Health Access:</u>				
ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	93.624	03410-1295-15	814,255	-
<u>Health Centers Cluster</u>				
<u>Community Health Access Network</u>				
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		276,206	-
Total Federal Awards, All Programs			\$ 3,452,516	\$ 376,541

The accompanying notes are an integral part of this schedule.

BI-STATE PRIMARY CARE ASSOCIATION, INC. AND SUBSIDIARY

Notes to Schedule of Expenditures of Federal Awards

Year Ended June 30, 2017

1. Basis of Presentation

The schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Bi-State Primary Care Association, Inc. and Subsidiary (the Association) under programs of the federal government for the year ended June 30, 2017. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Association, it is not intended to, and does not, present the consolidated financial position, changes in net assets, or cash flows of the Association.

2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. Pass-through entity identifying numbers are presented where available. The Association has elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.



**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

Board of Directors
Bi-State Primary Care Association, Inc. and Subsidiary

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Bi-State Primary Care Association, Inc. and Subsidiary, which comprise the consolidated balance sheet as of June 30, 2017, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated September 21, 2017.

Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Bi-State Primary Care Association, Inc. and Subsidiary's internal control over financial reporting (internal control) to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Bi-State Primary Care Association, Inc. and Subsidiary's internal control. Accordingly, we do not express an opinion on the effectiveness of Bi-State Primary Care Association, Inc. and Subsidiary's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Board of Directors
Bi-State Primary Care Association, Inc. and Subsidiary

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Bi-State Primary Care Association, Inc. and Subsidiary's consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Bi-State Primary Care Association, Inc. and Subsidiary's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Bi-State Primary Care Association, Inc. and Subsidiary's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
September 21, 2017



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE
FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER
COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

Board of Directors
Bi-State Primary Care Association, Inc. and Subsidiary

Report on Compliance for Each Major Federal Program

We have audited Bi-State Primary Care Association, Inc. and Subsidiary's compliance with the types of compliance requirements described in the OMB Compliance Supplement that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2017. Bi-State Primary Care Association, Inc. and Subsidiary's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Bi-State Primary Care Association, Inc. and Subsidiary's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with U.S. generally accepted auditing standards; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Bi-State Primary Care Association, Inc. and Subsidiary's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Bi-State Primary Care Association, Inc. and Subsidiary's compliance.

Board of Directors
Bi-State Primary Care Association, Inc. and Subsidiary

Opinion on Each Major Federal Program

In our opinion, Bi-State Primary Care Association, Inc. and Subsidiary complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2017.

Report on Internal Control over Compliance

Management of Bi-State Primary Care Association, Inc. and Subsidiary is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit, we considered Bi-State Primary Care Association, Inc. and Subsidiary's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Bi-State Primary Care Association, Inc. and Subsidiary's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
September 21, 2017

BI-STATE PRIMARY CARE ASSOCIATION, INC. AND SUBSIDIARY

Schedule of Findings and Questioned Costs

Year Ended June 30, 2017

1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:

Unmodified

Internal control over financial reporting:

Material weakness(es) identified?

Yes No

Significant deficiency(ies) identified that are not considered to be material weakness(es)?

Yes None reported

Noncompliance material to financial statements noted?

Yes No

Federal Awards

Internal control over major programs:

Material weakness(es) identified?

Yes No

Significant deficiency(ies) identified that are not considered to be material weakness(es)?

Yes None reported

Type of auditor's report issued on compliance for major programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of Uniform Guidance?

Yes No

Identification of major programs:

CFDA Number

Name of Federal Program or Cluster

93.129

Technical and Non-Financial Assistance to Health Centers

93.624

ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance

Dollar threshold used to distinguish between Type A and Type B programs:

\$750,000

Auditee qualified as low-risk auditee?

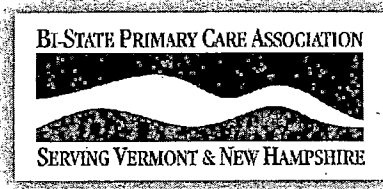
Yes No

2. Financial Statement Findings

None

3. Federal Award Findings and Questioned Costs

None



BI-STATE PRIMARY CARE ASSOCIATION FY18 Board of Directors (July 2017 – June 2018)

Board Chair:

Janet Laatsch, BSN, MBA
Chief Executive Officer
Goodwin Community Health
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Board Vice Chair:

Gail Auclair, MSM, BSN, RN
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Little Rivers Health Care
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Kevin Kelley, MS, CMPE
President/Chief Executive Officer
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Edward Shanshala, II, MSHSA, MSED

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BI-STATE PRIMARY CARE ASSOCIATION
FY18 Board of Directors (July 2017 – June 2018)
Page 2

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Shawn Tester

Chief Executive Officer
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Grant Whitmer, MSM, CMPE

Executive Director
Community Health Centers of the Rutland Region
215 Stratton Road
Rutland, VT 05701
Phone: (802) 773-3386
gwhitmer@chcrr.org

FY18 Bi-State Board of Directors Committee Chairs:

(Note: FY19 Chairs to be assigned summer 2019)

- Executive Committee: Janet Laatsch
- Finance and Audit Committee: Greg White
- National Government Relations Committee: Janet Laatsch
- NH Government Relations Committee: Ed Shanshala
- Operations Committee: Rick Silverberg
- Planning and Member Services Committee: Tim Ford
- VT FQHC CEO Council (formerly VT Government Relations Committee): Gail Auclair

Stephanie C. Pagliuca
525 Clinton Street, Bow, NH 03304
P. (603) 228-2830 Ext. 111
Spagliuca@bistatepca.org

SUMMARY OF QUALIFICATIONS

- Able to work independently and as an effective team member
- Thoughtful, balanced approach to decision-making
- Experience in design, implementation and evaluation of programs and initiatives
- Effective in building and managing partnerships
- Strategic thinker; able to see the big picture yet attentive to detail
- Strong oral and written communication skills

RELEVANT EMPLOYMENT

Bi-State Primary Care Association
Bow, New Hampshire/Montpelier, Vermont

1994 to Present

Director, Recruitment Center

2003 to Present

Manage and oversee Bi-State's Recruitment Center, a service focused on the recruitment and retention of primary care health professionals for rural and underserved areas of New Hampshire and Vermont. Write, manage and implement grants from public and private foundations including the Bureau of Primary Health Care Health Resources and Services Administration, Center for Medicare and Medicaid Services, the states of New Hampshire and Vermont, Endowment for Health, and DentaQuest Foundation. Manage Bi-State's Leadership Development Program. Manage staff and contractors.

Program Manger

1998 to 2003

Developed and implemented a business plan to expand the scope of the Recruitment Center services to include dentist recruitment. Designed, planned and facilitated regional recruitment conferences for in-house recruiters. Facilitated collaboration between the NH Dental Society and Hygienists' Association and other key stakeholders that resulted in the first ever comprehensive workforce survey of licensed dental professionals in the state. Created and presented education sessions at various regional conferences and meetings on topics related to recruitment, including the national and local trends affecting the recruitment of a qualified health care workforce.

Program Coordinator

1994 to 1998

Established and managed a client base of 35+ organizations. Provided candidate referrals and technical assistance on methods for successful recruitment of primary care providers. Maintained relationships with professional associations and health professional training programs to facilitate recruitment of needed health professionals. Created and implemented annual marketing plan to attract clinicians to the state. Wrote ad copy and participated in the design of marketing collateral. Created displays and exhibited at local and national trade shows.

Oxford Health Plan, Nashua, NH
Customer Service Associate

March to October 1994

Provided customer service for health plan members regarding plan benefits, eligibility and medical claims. Processed medical claims at 97% rate of accuracy.

EDUCATION

Bachelor of Arts Degree, Communications
Notre Dame College, Manchester, NH

Allison K. Piersall
525 Clinton Street Bow, NH
P. (603) 228-2830 Ext. 119
apiersall@bistatepca.org

SUMMARY OF QUALIFICATIONS

- Able to work independently and as an effective team member
- Experienced in patient/client care and service coordination
- Experience in design, implementation and evaluation of programs and initiatives
- Effective in building and managing partnerships

RELEVANT EMPLOYMENT

Bi-State Primary Care Association

Bow, New Hampshire/Montpelier, Vermont

Medication Assisted Treatment (MAT) Project Coordinator

April 2017-Present

Managed a project between 7 Federally-Qualified Health Centers and the State of New Hampshire Bureau of Drug and Alcohol Services to create and expand Medically Assisted Treatment Services and Behavioral Health integration into the Primary Care Setting. Coordinated trainings and provided technical assistance to health center sub recipients on subjects related to MAT, Opioid Use Disorder, and Harm Reduction. Worked in Partnership with the Foundation for Health Communities and the NH Centers for Excellence to create and support the NH MAT Community of Practice. Tracked sub recipient budgets and project spending. Provided Quarterly reports to the NH Bureau of Drug and Alcohol Services on Health center progress.

Dartmouth College

Lebanon, NH

2016 to 2017

Clinical Research Administrator

Managed 30+ clinical trial projects over 3 oncology groups. Facilitated clinical trial start-ups managed patient and clinical trial data using online database and paper forms per Pharmaceutical Sponsor requirements. Managed laboratory and pathology specimens and results. Managed several Dartmouth Initiated studies, assisted in editing protocol drafts. Maintained patient consent forms and other regulatory documents for compliance.

Summit Neurological Rehabilitation

Brookfield, CT

Lead Independent Life Skills Trainer

2014-2016

Led team of Independent Life Skill Trainers and Physical Therapy Aides under the guidance of Physical Therapy and Occupation Therapy staff. Maintained patient records per CT Acquired Brain Injury Waiver requirements. Participated in interdisciplinary team meetings to review and adjust patient treatment plans per CT ABI Waiver Requirements.

Lake Norman Family Medicine

Mooreville, NC

Phlebotomist and Lab Technician

2014

Collected and processed patient specimens per requirements. Updated patient records with specimen and pathology tests results as needed. Maintained and calibrated laboratory equipment, recording calibration results as required. Maintain lab cleanliness and reduce risk of contamination by blood borne pathogens. Checked patients into office for appointments, collected copays as appropriate. Answered practice calls

and scheduled patient appointments. Collected and processed patient copays, maintaining petty cash draw. Processed and documented changes in patient insurance, updated HIPAA forms as needed.

Adelbrook Community Services
Cromwell, CT
Direct Care Counselor

2012 to 2013

Managed emotional and physical wellness of teenage girls with PTSD and other mental illnesses. Documented DCF forms and client progress during Behavioral Health and Substance Use Disorder therapy. Administered training in life skills with goals of clients becoming successful in daily life independence. Provided therapeutic support for all clients in a safe and positive atmosphere.

Connecticut Junior Republic
Litchfield, CT
Youth Counselor

2012

Managed emotional and physical wellness of teenage boys from the Juvenile justice System. Documents DCF forms and client progress in Behavioral Health and Substance Use Disorder therapy. Administered life skills training with goals of clients becoming successful in daily life independence.

Summit Achievement
Stow, ME
Wilderness Therapy Guide

2011 - 2012

Managed emotional and physical wellness of teenage girls & boys with histories of substance abuse and documented mental illnesses. Collaborated with therapeutic and educational teams to develop and create goals for each client. Administered life skills training with goals of clients becoming successful in daily life independence. Lead backcountry camping and hiking trips lasting 4 nights in the White Mountains weekly.

EDUCATION

Master's Degree, Public Health
University of New England, Portland, Maine
Expected May 2018
GPA 3.98

Bachelor's Degree, Exercise Science
Colby-Sawyer College New London, NH
Awarded May 2011

Summary

Strong leader with excellent project management, communication, and strategic planning skills.

Education

Certificate in Nonprofit Management May 2004. Institute for Nonprofit Management. Antioch Graduate School.

Master of Business Administration May 2001. Plymouth State College, Plymouth, NH.

Graduate Certificate in Marketing June 1997. Southern NH University Graduate School of Business, Manchester, NH.

Bachelor of Science in Business Administration. May 1991. Southern NH University.

General Qualifications

- Experienced at overseeing business operations including: financials, budgeting, business development, human resources management, marketing, public relations and fundraising.
- Highly competent at event and project management including: timeline development, prioritization, vendor negotiations, tasks delegation, budget management and reporting.
- Excel at developing and implementing business, marketing and strategic plans.
- Substantial experience in developing and overseeing communication initiatives and developing strategic partnerships.

Employment History

Bi-State Primary Care Association, Bow, New Hampshire **2016 to present**
Non-profit that promotes access to effective and affordable primary care and preventative services care to all, with special emphasis on underserved populations in NH and VT.

Project Coordinator, Workforce Development & Recruitment

As a member of the Bi-State Recruitment Center Team, serve as primary recruiting contact for clinicians who specialize in the fields of behavioral health and substance use disorders. Responsibilities include statewide vacancy monitoring, candidate outreach, screening, and referral to practices for hiring decisions. Promote NH opportunities on a local, regional and national basis. Resource for information about loan repayment programs as well as the Conrad 30 J-1 Visa Waiver process.

DreamCatchers New Hampshire **2011 to 2016**
Non-profit that provides social and personal growth opportunities for teens and adolescents with disabilities.

Executive Director

Established this nonprofit in December of 2011 and served as board president until taking the role of Executive Director in July 2013. Provided strategic direction and managed all aspects of the organization including: board and committee development, chapter site expansion, program/curriculum development, finance/accounting, fundraising, marketing and public relations. Currently serve as advisory member of the board of directors.

Alpha Loft, Manchester, Durham & Portsmouth, NH

2008 to 2014

Non-profit organization that supports and provides infrastructure, resources and networking opportunities to more than fifty start-ups and early-stage companies. (Originally called Amoskeag Business Incubator; changed to abi Innovation Hub in 2010; abiHUB in 2014 and Alpha Loft in May 2014)

Chief Operations Officer – Programs & Services

Managed general operations in the Manchester location. Provided direction and resources to startup companies improving prospects for their success. Managed programs such as workshops & seminars, networking opportunities, internship recruitment and the soft landings international program. Managed fundraising events and contributed in building corporate support and sponsorship development. Responsibilities also included writing, monitoring and reporting on grants, as well as budgeting and reporting of company financials to board of directors.

University of New Hampshire, Manchester, NH

2010 to 2013

Adjunct Faculty Instructor

Taught Communication and Entrepreneurship courses to undergraduate students.

Families in Transition (FIT), Manchester, NH

2002 to 2008

Non-profit agency that serves homeless individuals & families.

Director of Marketing, Development, and Economic Development

Provided overall strategic direction and management of FIT’s marketing, public relations and fundraising initiatives. Managed operations of Family Outfitters Thrift Store, the agencies social entrepreneurship venture, which included supervising a staff of eight. Increased thrift store revenue to more than \$360,000 and decreased expenses, resulting in the first profit. Raised \$93,000 net on first annual signature fundraising event – Cinco de Mayo. Initiated the first annual fundraising campaign, which continues to grow today. Built the agencies first website and developed and implemented branding strategies.

The Mental Health Center of Greater Manchester, Manchester, NH

1992 to 2002

Non-profit agency with that serves the mentally ill population.

Director of Marketing & Development (2/01 – 8/02)

As the agencies’ first Development Director, developed and launched a comprehensive fundraising program. Created and implemented the agencies marketing and public relations plans, including initiation of the agencies’ web site.

Marketing & Contracting Manager (7/97 – 2/01)

Researched potential managed care companies, negotiated service rates and administered contracts. Developed and implemented the agencies marketing and public relations plan.

Marketing Assistant (1/95 – 7/97)

Produced marketing materials and provided support to the Director of Marketing & Communications.

Human Resources Assistant (6/92 – 1/95)

Responsible for the credentialing of all clinical staff and for assisting the Director of Human Resources with various administrative duties.

Other Notables

- Serve on several statewide workforce taskforces that support workforce development in New Hampshire.
- 2016 Graduate of the NH Leadership Series, UNH Institute on Disability.
- Governor appointed member of the New Hampshire Council on Developmental Disabilities (2015/2 year term).
- Winner of the 2009 “Gail Thomas Here for Youth Award” for outstanding efforts on behalf of children and their families.
- Member of U.S. Senator Jeanne Shaheen’s Small Business Advisory Council and of the Business Advisory Board Member of UNH Manchester (2011-2014).
- Judge for NH Business Review’s Business Annual “Excellence Awards” (2011 & 2013)

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Vendor Name:

Bi-State Primary Care Association

Name of Program/Service:

Substance Use Disorder Workforce Development

BUDGET PERIOD:			
Name & Title Key Administrative Personnel	Annual Salary of Key Administrative Personnel	Percentage of Salary Paid by Contract	Total Salary Amount Paid by Contract
Stephanie Pagliuca, Recruitment Center Director	\$91,345	0.00%	\$0.00
Michele Petersen, Program Coordinator, Workforce Development & Recruitment	\$58,349	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)	\$0	0.00%	\$0.00

Key Administrative Personnel are top-level agency leadership (Executive Director, CEO, CFO, etc.). These personnel MUST be listed, **even if no salary is paid from the contract.** Provide their name, title, annual salary and percentage of annual salary paid from the agreement.



Jeffrey A. Meyers
Commissioner

Marcella J. Bobinsky
Acting Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-29644



May 11, 2016

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise a **sole source** renewal option and amend an existing agreement with the Bi State Primary Care Association, Purchase Order # 1009198, Vendor #166695-B001, 525 Clinton Street, Bow, NH 03304, by increasing the Price Limitation by \$870,000 from \$355,000 to an amount not to exceed \$1,225,000 to recruit primary care, oral health, behavioral/mental health and substance use disorder professionals, and extend the Completion Date from June 30, 2016 to June 30, 2018, effective the date of Governor and Council approval. This agreement was originally approved by Governor and Council on June 4, 2014, Item #48. Funds are 55.57% Federal Funds and 44.43% General Funds.

Funds are available in the following accounts for SFY 2017, and are anticipated to be available in SFY 2018, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Please see attached financial detail.

EXPLANATION

Sole source approval is requested for this contract amendment. The original contract was approved as a sole source with the option to renew for two additional years. The Department seeks to exercise the renewal option.

Funds in this agreement will be used to continue recruitment of primary care providers to New Hampshire with particular emphasis on federally designated underserved areas of the state. Primary care providers are defined as physicians practicing in the specialties of: Internal medicine, pediatrics, family practice, general practice, obstetrics/gynecology, geriatrics, psychiatry, and dentistry, and include physician assistants, nurse practitioners, certified nurse-midwives, dental hygienists. The contract also provides for the recruitment of mental health and substance use disorder providers such as psychiatrists, clinical or counseling psychologists, nurse practitioners, clinical social workers, licensed professional counselors, marriage and family therapists, and licensed drug and alcohol abuse counselors.

The Bi-State Primary Care Association will carry out the following activities to attract and retain the providers identified above by:

- Advertising in National publications,
- Targeted mailings,
- Direct recruitment with medical schools/residency programs and other primary care provider educational institutions,
- Direct contact with practicing providers or students who may be interested in locating in New Hampshire.
- Statewide primary care provider needs documentation and vacancy tracking system,
- Develop an electronic vacancy system for mental health and substance use disorder providers.
- Technical assistance to communities to retain providers in underserved areas and to organizations/institutions recruiting providers on the techniques of recruitment and on measures critical for securing a candidate.
- Retain a pool of "per diem" physicians who will provide short-term relief for isolated physicians or for organizations temporarily without a provider.

The Bi-State Primary Care Association has provided centralized and cost-effective recruiting of healthcare professionals to over 100 sites statewide, including all the publicly funded health centers and community hospitals. Since 1994, the Bi-State Primary Care Association has successfully placed more than 200 primary care providers with a 99% retention rate. This success sets apart the Bi-State Primary Care Association from other regional and national placement services that have neither the familiarity with the state and its health care needs, nor the time to devote to one-on-one assistance to community agencies, organizations, and providers.

As a non-profit organization Bi-State Primary Care Association is able to provide services at rates that are generally 1/3 less than what is charged by private firms. There is no up-front fee to use Bi-State's services. Bi-State's fee is payable contingent on the successful recruitment of a provider. Centralizing recruitment efforts for the healthcare safety net providers throughout the state is a cost-effective means of recruiting providers for health centers and hospitals unable to afford the costs of many national for-profit recruitment firms. An additional competitive advantage to the Bi-State Primary Care Association is that it does not charge providers looking for employment with the community health centers. This acts as an incentive to providers, and assists with recruitment.

The Department is satisfied with the Vendor's performance to recruit primary care healthcare professionals to medically underserved areas of New Hampshire and to provide oral health professional recruitment services through their completion of the following key performance measures:

- Increased the supply of primary care and dental providers, and improved recruitment with those areas of need as evidenced by a count of providers using recruitment software. This is ongoing and as of March 31, 2016 there were 92 candidates entered into the recruitment software. Of the 92 candidates, 21 providers became active by submitting their resume to be considered for NH opportunities. Based on the candidates' community interests and practice preferences, 8 providers were matched with 18 NH practices.
- Developed a social marketing plan based upon best practices for recruitment for primary care and dental professionals as outlined in the Scope of Services.
- Implemented a social marketing plan within 45 days of approval of the contract by the Governor and Executive Council, and provided updated outcome measures on a quarterly basis.

- Spearheaded the implementation and coordination of a work plan for recruiting students from New Hampshire to apply to regional universities and recruited students to New Hampshire for clinical rotations and assisted these university graduates in locating a practice in an underserved area of the state upon graduation.
- Maintained the statewide electronic vacancy tracking system. This is ongoing and as of March 31, 2016 there were 70 vacancies recorded, 60 of which are for primary care providers.

The Contractor will ensure that that the following performance measures are monitored quarterly and achieved annually to measure the continued effectiveness of this Agreement. Key performance measures include:

- The percentage of primary care providers, dental providers, behavioral health providers, and substance use disorder and/or co-occurring mental health disorder providers recruited to practice within areas of need as evidenced by count of providers using recruitment software.
- Contractor includes information on recruiting initiatives undertaken during the contract period in the quarterly and final reports to the Department.
- Contractor develops a new social marketing plan based upon best practices for recruitment for dental professionals as outlined.
- Contractor implements the social marketing plan within 45 days of approval of the contract by the Governor and Executive Council.
- Maintenance of the statewide electronic vacancy tracking system reporting capabilities.
- Number of type of units of technical assistance consultations provided to local community agencies to include information on the number and type of consultations provided in quarterly and final reports to the Department.

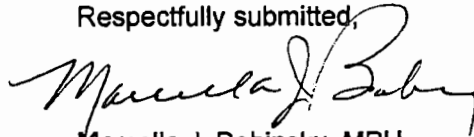
Should Governor and Executive Council not authorize this Request, New Hampshire may become less competitive with neighboring New England States in attracting qualified professional providers to provide care to our uninsured and underinsured residents. Access to primary care, dental services and behavioral health plays a crucial role in meeting patients' needs for preventive health services, and acute and chronic illness care.

As referenced in the original letter approved by Governor and Council and in the Exhibit C-1 of the Contract, this Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Division is exercising this renewal option.

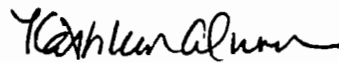
Area served: Statewide.

Source of Funds: 55.57% Federal Funds from the US DHHS Office of Health Resources and Services Administration, State Office of Rural Health and Affordable Care Act, Maternal, Infant and Early Childhood Home Visiting Program, the Federal Medical Assistance Program, Title XIX Medicaid Funds and SAMSA Substance Abuse Prevention and Treatment Block Grant funds, and 44.43% General Funds.

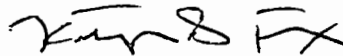
Respectfully submitted,



Marcella J. Bobinsky, MPH
Acting Director
Division of Public Health Services



Kathleen A. Dunn, MPH
Associate Commissioner
Medicaid Director
Office of Medicaid Business & Policy



Katja S. Fox
Director
Division of Behavioral Health

Approved by:



Jeffrey A. Meyers
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Recruitment and Dental Recruitment Services

**05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH & PRIMARY CARE
50% Federal Funds & 50% General Funds**

**CFDA # 93.778
FAIN # N/A**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	103-502664	Contracts for Operational Svcs	90075001	90,000	-	90,000
SFY 2016	103-502664	Contracts for Operational Svcs	90075001	90,000	-	90,000
SFY 2017	103-502664	Contracts for Operational Svcs	90075001	-	90,000	90,000
SFY 2018	103-502664	Contracts for Operational Svcs	90075001	-	90,000	90,000
		Sub-total		180,000	180,000	360,000

**05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH & PRIMARY CARE
100% Federal Funds**

**CFDA # 93.913
FAIN # 6-H95RH00149-23-02**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2017	102-500731	Contracts for Prog Svc	90073000	-	8,000	8,000
SFY 2018	102-500731	Contracts for Prog Svc	90073000	-	8,000	8,000
		Sub-Total			16,000	16,000

**05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH & PRIMARY CARE
100% General Funds**

**CFDA # N/A
FAIN # N/A**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2017	102-500731	Contracts for Prog Svc	90072009	-	72,000	72,000
SFY 2018	102-500731	Contracts for Prog Svc	90072009	-	72,000	72,000
		Sub-Total			144,000	144,000

**05-95-47-470010-7937 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: OFC OF MEDICAID & BUSINESS POLICY, MEDICAID ADMINISTRATION
50% Federal Funds & 50% General Funds**

**CFDA # 93.778
FAIN # N/A**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	47000144	85,000	-	85,000
SFY 2016	102-500731	Contracts for Prog Svc	47000144	90,000	-	90,000
SFY 2017	102-500731	Contracts for Prog Svc	47000144	-	90,000	90,000
SFY 2018	102-500731	Contracts for Prog Svc	47000144	-	90,000	90,000
		Sub-Total		175,000	180,000	355,000

**05-95-90-902010-0831 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMM & HEALTH SERV, HOME VISITING D89 COMPETVE GNT
100% Federal Funds**

**CFDA # 93.505
FAIN # D89MC28272-01**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2017	102-500731	Contracts for Prog Svc	90083100	-	75,000	75,000
SFY 2018	102-500731	Contracts for Prog Svc	90083100	-	25,000	25,000
		Sub-Total			100,000	100,000

05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

75% Federal Funds and 25% General Funds

**CFDA # 93.959
FAIN # 15B1NHSAPT**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2017	102-500731	Contracts for Prog Svc	49156501	-	134,948	134,948
SFY 2018	102-500731	Contracts for Prog Svc	49156501	-	115,052	115,052
		Sub-Total			250,000	250,000
		Total		355,000	870,000	1,225,000

**New Hampshire Department of Health and Human Services
Primary Care Recruitment and Dental Recruitment Contract**



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Primary Care Recruitment and Dental Recruitment Contract**

This 1st Amendment to the Primary Care Recruitment and Dental Recruitment contract (hereinafter referred to as "Amendment One") dated this 4th day of May, 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Bi State Primary Care Association, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 525 Clinton Street, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 4, 2014, Item #48, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, and modify the scope of services to support continued delivery of these services, and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

1. Amend Form P-37, Block 1.6, to add Account Numbers: 05-95-90-901010-7965-102-500731, 05-95-90-902010-0831-102-500731, and 05-95-49-491510-2990-102-500731.
2. Amend Form P-37, Block 1.7, to read June 30, 2018.
3. Amend Form P-37, Block 1.8, to read \$1,225,000
4. Amend Form P-37, Block 1.9, to read Eric Borrin, Director of Contracts and Procurement.
5. Amend Form P-37, Block 1.10 to read 603-271-9558.
6. Delete Exhibit A in its entirety and replace with Exhibit A Amendment #1.
7. Delete Exhibit A-1 in its entirety and replace with Exhibit A-1 Amendment #1.
8. Add Exhibit A-2 Amendment #1 and Exhibit A-3 Amendment #1.
9. Amend Exhibit B to add to paragraph 1:
 - 1.1. The contract shall increase by \$469,948 for SFY 2017 and by \$400,052 for SFY 2018, for a total increase of \$870,000.
 - 1.2. Funding is available as follows:
 - a. \$16,000 = 100% federal funds from the US DHHS, Office of Health Resources and Services Administration, State Office of Rural Health, \$8,000 in SFY 2017, \$8,000 in SFY 2018.

New Hampshire Department of Health and Human Services
Primary Care Recruitment and Dental Recruitment Contract



- b. \$144,000 = 100% general funds, \$72,000 in SFY 2017, \$72,000 in SFY 2018.
 - c. \$180,000 = 50% federal funds from the Federal Medical Assistance Program, and 50% general funds, \$90,000 in SFY 17, \$90,000 in SFY 18.
 - d. \$180,000 = 50% federal funds from the Title XIX Medicaid Funds, and 50% general funds, \$90,000 in SFY 17, \$90,000 in SFY 18.
 - e. \$100,000 = 100% federal funds from the US Office of Health Resources and Services Administration, Affordable Care Act, Maternal, Infant and Early Childhood Home Visiting Program, \$75,000 in SFY 17, \$25,000 in SFY 18.
 - f. \$250,000 = 75% federal funds from the SAMSA Substance Abuse Prevention and Treatment Block Grant, and 25% General Funds.
10. Amend Exhibit B to add to paragraph 2, b. The invoices must be submitted as follows:
- iii. MCH Home Visiting Recruitment invoices to:
Department of Health and Human Services
Division of Public Health Services
Email address: DPHScontractbilling@dhhs.state.nh.us
 - iv. BDAS
Finance Manager
Department of Health and Human Services
Division of Behavioral Health
129 Pleasant Street
Concord, NH 03301
11. Amend Exhibit B to delete paragraph 8 and replaced with:
- 8) Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.
12. Delete Exhibit C in its entirety and replace with Exhibit C Amendment #1.
13. Delete Exhibit G in its entirety and replace with Exhibit G Amendment #1.
14. Amend Budget to add:
- Exhibit B-1 Amendment #1 SFY 2017 Budget
 - Exhibit B-1 Amendment #1 SFY 2018 Budget
 - Exhibit B-2 Amendment #1 SFY 2017 Budget
 - Exhibit B-2 Amendment #1 SFY 2018 Budget
 - Exhibit B-3 Amendment #1 SFY 2017 Budget
 - Exhibit B-3 Amendment #1 SFY 2018 Budget
 - Exhibit B-4 Amendment #1 SFY 2017 Budget
 - Exhibit B-4 Amendment #1 SFY 2018 Budget

This amendment shall be effective upon the date of Governor and Executive Council approval.



**New Hampshire Department of Health and Human Services
Primary Care Recruitment and Dental Recruitment Contract**

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/13/16
Date

Marcella J. Robinsky
Name: Marcella J. Robinsky, MPH
Title: Acting Director

Bi State Primary Care Association

5/6/16
Date

Lori H. Real
Name: Lori H. Real
Title: Executive Vice President & Chief Operating Officer

Acknowledgement of Contractor's signature:

State of NH, County of Merrimack on 5/6/16, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Suzanne G. Palmer
Signature of Notary Public or Justice of the Peace

Suzanne G. Palmer
Name and Title of Notary or Justice of the Peace

My Commission Expires: 8/5/20



**New Hampshire Department of Health and Human Services
Primary Care Recruitment and Dental Recruitment Contract**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

5/3/16
Date

[Signature]
Name: Megan A. [Signature]
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A Amendment #1

SCOPE OF SERVICES

Primary Care Recruitment

1. Provisions Applicable to all Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Project Description

- 2.1. The mission and function of the Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), Rural Health and Primary Care (RHPC) section is to support communities and stakeholders that provide innovative and effective access to quality health care services with a focus on the low income, uninsured, and Medicaid populations of New Hampshire. The purpose of this project is to perform recruitment and retention activities to increase the number of primary care providers providing comprehensive health care to the state's Medicaid, Medicare, uninsured, underinsured, and vulnerable populations. The area to be served is statewide. Primary care provider is defined as practicing physicians in internal medicine, pediatrics, family practice, general practice, obstetrics/gynecology, and geriatrics; physician assistants; nurse practitioners; certified nurse-midwives; psychiatrists; dentists; dental hygienists; clinical or counseling psychologists; clinical social workers; licensed professional counselors; and marriage and family therapists.

3. Required Activities

- 3.1. Administer the New Hampshire Recruitment Center to assure successful recruitment and retention of primary care providers throughout the state with a specific emphasis on those areas of the state that are federally designated underserved areas. Those designations are: Health Professional Shortage Area (HPSA), Dental Health Professional Area (DHPSA), Mental Health Professional Area (MHPSA), Medically Underserved Areas (MUA), and Medically Underserved Population (MUP).
- 3.2. Within 45 days of contract approval, provide an updated work plan to enhance recruitment and retention of new primary care providers to New Hampshire. Activities in the Division of Public Health Services' work plan should be coordinated with, but not duplicative of, those activities included in the Office of Medicaid Business & Policy's (OMBP) work plan.
- 3.3. Carry out activities to attract primary care providers to New Hampshire and to promote New Hampshire practice opportunities, using federal resources, national publications, targeted mailings, direct recruitment with dental schools/residency programs and other dental provider

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Exhibit A Amendment #1

educational institutions, and direct contact with practicing providers or students who may be interested in locating New Hampshire.

- 3.4. Within 45 days of contract approval, provide an updated social marketing plan to enhance recruitment and retention of new primary care providers to New Hampshire. Activities in DPHS marketing plan should be coordinated with, but not duplicative of, those activities included in OMBP's work plan.
- 3.5. Assist in the development and coordination of training programs, preceptorships, and rotations for primary care providers and students, using public and private providers, agencies and facilities in the state.
- 3.6. Provide technical assistance to communities and to organizations/institutions recruiting primary care providers on the techniques of recruitment and on measures critical for securing a candidate.
- 3.7. Maintain a fee schedule for services offered by the Recruitment Center. DPHS must approve in writing the fee schedule and any revisions during the contract period. The fee schedule shall include provision for reduced rate fees from entities in underserved areas.
- 3.8. Collaborate with the New Hampshire Medical Society, New Hampshire Hospital Association, Area Health Education Centers (AHECs), and other relevant professional provider organizations in the state to assure coordination in carrying out the Scope of Services.
- 3.9. Use the data collected from the Health Professions Workforce Data Center (e.g. common medical schools/training programs) to better focus and strengthen marketing efforts for recruitment purposes.
- 3.10. The Contractor shall participate in activities designed to establish a supportive link between the practitioners and an academic institution and its health professions students.
- 3.11. Administer a contract with the North Country Health Consortium to plan and implement a University of New England College of Osteopathic Medicine (UNECOM) Clinical Campus in the North Country.
- 3.12. **Year 1: Planning**
- 3.13. In collaboration with University of New England College of Osteopathic Medicine (UNECOM) and North Country health care providers, North Country Health Consortium staff will develop a North Country Clinical Campus for a minimum of six (6) UNECOM third year medical students.
- 3.14. Planning activities will include:
 - Selection of a North Country Development Team
 - Educate Team about required clinical campus characteristics, medical curriculum, and infrastructure

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5/6/16



Exhibit A Amendment #1

- Utilize UNECOM Clinical Campus Development Timeline as a guide
 - Identify staffing roles and responsibilities needed to establish an infrastructure
 - Outline details of implementation
 - Establish a Clinical Campus Development Timeline
 - Define staff roles and responsibilities
 - Meet with North Country faculty
 - Develop site schedules
 - Sign affiliation agreements
 - Plan student orientation
- 3.15. Year 2: Implementation
- 3.16. In collaboration with UNECOM, North Country health care providers, and the teaching team, North Country Health Consortium staff will implement the first North Country Clinical Campus.
- 3.17. Activities will include:
- Student selection process
 - Student orientation
 - Coordination of clinical clerkships
 - Student support
 - Sustainability planning

4. Compliance and Reporting Requirements

- 4.1. Staffing Provisions
- A. The Contractor shall notify the DHHS/DPHS in writing within one (1) month of hire when a new director, program manager, or program assistant is hired to work in the program. A resume of the employee shall accompany this notification.
 - B. The Contractor must notify the DHHS/DPHS in writing of vacancies extending past (3) months in any of the following positions: program director, program manager, and/or program assistant. This notification may be done through a budget revision.
 - C. The DHHS/DPHS must be notified in writing if, at any time, a site funded under this agreement does not have adequate staffing to perform all required services for more than one (1) month.

[Handwritten Signature]
5/6/16



Exhibit A Amendment #1

4.2. Meetings and Trainings

- A. The Contractor shall participate in meetings and discussions centered on community development of primary care systems as requested by the DHHS/DPHS.

4.3. Data Requirements

- A. Maintain the statewide primary care provider needs documentation and vacancy tracking system, for both public and private health care agencies and organizations.

4.4. Compliance Requirements

- A. The contractor is responsible for compliance with all relevant state and federal laws.
- B. The contractor shall carry out the work as described in the performance work plan submitted with the proposal and approved by DHHS/DPHS.
- C. DHHS/DPHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS/DPHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
- D. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DHHS/DPHS before printing, production, distribution or use.
- E. The contractor shall credit DHHS/DPHS on all materials produced under this contract following the instructions outlined in Exhibit C, Section 13 Credits.
- F. If a subcontracted agency or provider provides services required for compliance with this exhibit, DHHS/DPHS must be notified in writing prior to initiation of the subcontract. In addition, any subcontractor(s) must be held responsible to fulfill all relevant requirements included in this exhibit as outlined in Exhibit C, Section 19 Subcontractors.

4.5. Reporting Requirements

- A. The contractor shall provide DHHS/DPHS quarterly reports on the status of activities of the Recruitment Center within 20 days of the quarter's end.
- B. The contractor shall provide to DHHS/DPHS a summary annual report on the status of the activities of the Recruitment Center within 45 days of the state fiscal year end.

5. Performance Measures

- 5.1. The percentage of primary care providers recruited to practice within areas of need as evidenced by count of providers using recruitment software.
- 5.2. Approval by the DHHS/DPHS of a social marketing plan based upon best practices for recruitment for primary care providers as outlined.
- 5.3. Implementation of social marketing plan within 45 days of approval of the contract by the Governor and Executive Council.

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5/6/16



Exhibit A Amendment #1

- 5.4. Submission of reports from the statewide electronic vacancy tracking system that include:
- The number of contacts with primary care professionals broken out by provider type and source of the referrals;
 - The number of primary care providers recruited to the state;
 - The names of primary care providers recruited to the state to include their name, practice location, provider type, the date placed and the source of the referral;
 - The name of primary care providers who decline a placement and the reason(s) provided by the primary care providers for the decline.
- 5.5. Number of type of units of technical assistance consultations provided to local community agencies:
- 5.6. Financial management and oversight of the contract
- Contractor includes information on the contract budget and any budget variances in the quarterly report.



Exhibit A-1 Amendment #1

SCOPE OF SERVICES

Dental Recruitment

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Project Description

- 2.1. The mission of the New Hampshire Department of Health and Human Services, Office of Medicaid Business and Policy (OMBP) is to establish and maintain a health services delivery system for New Hampshire Medicaid beneficiaries within federal, state and local regulations focused on promoting health and wellness. The primary purpose is to perform recruitment and retention activities to increase the number of dental providers providing comprehensive, oral health care to eligible Medicaid recipients as mandated by Title XIX Medicaid regulations. The area to be served is statewide. Dental provider is defined as a general dentist, pediatric dentist, orthodontist and or other dental sub-specialist.

3. Required Activities

- 3.1. Administer the New Hampshire Recruitment Center to assure successful recruitment and retention of dental providers (including general and pediatric dentists, dental sub-specialists and orthodontists) throughout the State with a specific emphasis on those parts of the federally designated underserved areas of the State, including those areas of the State where analysis indicates a lower than average utilization of dental services by Medicaid enrolled children and a lower than average supply of dentists and orthodontists serving children enrolled in the Medicaid program.
- 3.2. Within 45 days of contract approval, provide an updated work plan to enhance recruitment and retention of new dental providers to New Hampshire. Activities in the Office of Medicaid Business & Policy's work plan should be coordinated with but not duplicative of those activities included in the Division of Public Health Services' work plan.
- 3.3. Carry out activities to attract dental providers to New Hampshire and to promote New Hampshire practice opportunities among dentists, using federal resources, national publications, targeted mailings, direct recruitment with dental schools/residency programs and other dental provider educational institutions, and direct contact with practicing providers or students who may be interested in locating New Hampshire.
- 3.4. Within 45 days of contract approval, develop a written social marketing plan to enhance recruitment and retention of new dental providers to New Hampshire. Activities in OMBP's marketing plan should be coordinated with but not duplicative of those activities included in DPHS work plan.

JHC
5/6/16



Exhibit A-1 Amendment #1

- 3.5. Assist in the development and coordination of training programs, preceptorships and rotations for dental providers and students, using public and private providers, agencies and facilities in the state.
- 3.6. Provide technical assistance to communities and to organizations/institutions recruiting dental providers on the techniques of recruitment and on measures critical for securing a candidate.
- 3.7. Contractor spearheads implementation and coordination of a work plan for recruiting dental residents to apply to future dental residency programs serving Medicaid eligible patients and under-served areas of the state.
- 3.8. Collaborate with the DHHS dental director, to assist in the recruitment of existing and new dentists capable of providing comprehensive dental care for Medicaid eligible children.
- 3.9. Maintain a relationship with a New Hampshire licensed dentist to support the implementation of the marketing plan and the marketing of the recruitment service to dental practices.
- 3.10. Maintain a fee schedule for services offered by the Recruitment Center. OMBP must approve in writing the fee schedule and any revisions during the contract period. The fee schedule shall include provision for reduced rate fees from entities in underserved areas.
- 3.11. Collaborate with the New Hampshire Dental Society, the DPHS Oral Health Program and other relevant professional care provider organizations and the state, and to assure coordination in carrying out this Scope of Services.

4. Compliance and Reporting Requirements

- 4.1. Compliance Requirements
 - A. The contractor is responsible for compliance with all relevant state and federal laws.
 - B. The contractor shall carry out the work as described in the performance work plan submitted with the proposal and approved by the Office of Medicaid Business and Policy
 - C. DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
 - D. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution or use.
 - E. The contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C, Section 13 Credits.
 - F. If a subcontracted agency or provider provides services required for compliance with this exhibit, OMBP must be notified in writing prior to initiation of the subcontract. In addition, any subcontractor(s) must be held responsible to fulfill all relevant requirements included in this exhibit as outlined in Exhibit C, Section 19 Subcontractors.
- 4.2. Reporting Requirements
 - A. The contractor shall provide OMBP quarterly reports on the status of activities of the Recruitment Center within 20 days of the quarters end.
 - B. The contractor shall provide to OMBP a summary annual report on the status of the activities of the Recruitment Center within 45 days of the state fiscal year end.

5. Performance Measures

- 5.1. Increase the supply of dental providers and improves recruitment with those areas of need as evidenced by count of providers using recruitment software.
- 5.2. Contractor develops a social marketing plan based upon best practices for recruitment for dental professionals as outlined.

JHC

5/6/16



Exhibit A-1 Amendment #1

- 5.3. Contractor implements social marketing plan within 45 days of approval of the contract by the Governor and Executive Council.
- 5.4. Contractor spearheads the implementation and coordination of a work plan for recruiting students from New Hampshire to apply to University of New England and to recruit students to New Hampshire for clinical rotations and to assist these university graduates in locating a practice in an underserved area of the state upon graduation.
- 5.5. Contractor includes information on recruiting initiatives undertaken during the contract period in the quarterly and final reports to the OMBP.
- 5.6. Maintenance of the statewide electronic vacancy tracking system:
 - o The number of contacts with dental professionals broken out by general practice, pediatric dentists, sub-specialists and orthodontists and source of the referrals;
 - o The number of dentists recruited to the State;
 - o The names of dentists recruited to the state to include their name, practice location, provider type, the date placed and the source of the referral;
 - o The name of dentists who decline a placement and the reason(s) provided by the dentist for the decline.
- 5.7. Provision of technical assistance consultations to local community agencies
 - o Contractor includes information on the number and type of consultations provided under the auspices of this contract in the quarterly and final reports to OMBP.
- 5.8. Financial management and oversight of the contract
 - o Contractor includes information on the contract budget and any budget variances in the quarterly report.

AAH
5/6/14



Exhibit A-2 Amendment #1

SCOPE OF SERVICES

Maternal & Child Health Behavioral Health Provider Recruitment

1. Provisions Applicable to all Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Current Initiatives and Project Purpose

- 2.1. The Department of Health and Human Services', Maternal and Child Health Section (MCH) has oversight over New Hampshire Healthy Families America (HFA) , which is a voluntary home visitation program designed to promote healthy families and children through a variety of activities including screening for maternal depression, child developmental screening, and referrals to other community resources. HFA contracts for these services with seven agencies (for a total of 11 sites), touching 1,000 families annually and enrolling 250 families in its intensive program. HFA is a preventive program that promotes healthy childhood growth and development, safety, and strong parent-child relationships. New Hampshire's HFA program offers home visits based on need, beginning during pregnancy or within the first two weeks postpartum and continues through the first three years of life.
- 2.2. Upon intake into the HFA program, families and pregnant women are screened for risk factors including behavioral health needs. Statewide data from 2015 reveals that 49% of families served in home visiting programs were of low-income; 20% of families used tobacco products and 18% described themselves with a substance use disorder and/or mental health needs. This increases to 24% when only looking at the most at risk populations including the City of Manchester, Carroll County, Strafford County and Coos County and Sullivan County. These sites report a high number of families who are in need of behavioral health treatment who identify this need only after becoming eligible for services. This is due to the trusting relationship built with the home visitor and the family. HFA staff report that even after referral, families often have long wait times for behavioral health treatment. These long wait times create barriers for families in reaching identified treatment goals.
- 2.3. The Maternal and Child Health Section of DHHS are partners in the Workforce Development Network of the New Hampshire Children's Behavioral Health Collaborative. This group's mission is to have a highly skilled and sustainable children's behavioral health workforce that has the capacity to support the healthy social and emotional development of children, youth, and families. On behalf of the Workforce Development Network, a study was done recently



Exhibit A-2 Amendment #1

entitled, Improving Child & Community Health: Addressing Workforce Challenges in Our Community Mental Health Centers in collaboration with the Institute on Disabilities at the University of New Hampshire, the Endowment for Health and Antal Consulting. This study, the overall work of the Workforce Development Network and the needs illustrated in MCH's HFA program, point to the need for additional recruitment and retention efforts with respect to behavioral health providers.

- 2.4. The purpose of this project is to contract with an experienced vendor to support agencies that provide behavioral health referrals for Maternal and Child Health contracted home visiting agencies in the recruitment of providers for these such referrals, and to support the additional project, taking part with the Bureau of Drug and Alcohol Services, the Delivery System Reform Incentive Program, (DSRIP), and the Office of Medicaid & Business Policy, for the design and implementation of a statewide workforce development and recruitment plan that meets the expectations found in the Medicaid 1115 Transformation Waiver. Behavioral health providers are defined as psychiatrists, clinical or counseling psychologists, nurse practitioners, clinical social workers, licensed professional counselors, family therapists, licensed alcohol and drug counselors and masters prepared licensed alcohol and drug counselors.

3. Required Activities

- 3.1. Conduct an assessment of the workforce needs for behavioral health referral agencies for MCH contracted home visiting agencies. This can be done as part of the larger behavioral health workforce needs assessment and must take into account efforts to date in the state, region, and nationally to address these workforce shortages.
- 3.2. Within 45 days of contract approval, provide a work plan that identifies the tasks and the details associated with the design and implementation of this specifically identified work force development plan. This can be done as part of the larger, statewide behavioral health workforce development plan.
- 3.3. Creation of a statewide electronic behavioral health (mental health and Substance Use Disorder (SUD) providers) vacancy tracking system.
- 3.4. Carry out activities to attract behavioral health (mental health and SUD providers) to identify agencies and to promote New Hampshire practice opportunities, using federal resources, national publications, targeted mailings, direct recruitment with colleges and universities and direct contact with practicing providers.
- 3.5. The contractor shall provide MCH with annual reports on the status of activities and deliverables of the Recruitment Center within 45 days of the end of the state fiscal year.



Exhibit A-2 Amendment #1

4. Compliance and Reporting Requirements

4.1. Staffing Provisions

- A. The Contractor shall notify the DHHS/MCH in writing within one (1) month of hire when a new director, program manager, or program assistant is hired to work in the program. A resume of the employee shall accompany this notification.
- B. The Contractor must notify the DHHS/MCH writing of vacancies extending past (3) months in any of the following positions: program director, program manager, and/or program assistant. This notification may be done through a budget revision.
- C. The DHHS/MCH must be notified in writing if, at any time, a site funded under this agreement does not have adequate staffing to perform all required services for more than one (1) month.

4.2. Meetings and Trainings

4.3. Data Requirements

- A. Creation of a statewide electronic behavioral health (mental health and SUD provider) vacancy tracking system.

4.4. Compliance Requirements

- A. The contractor is responsible for compliance with all relevant state and federal laws.
- B. The contractor shall carry out the work as described in the performance work plan submitted with the proposal and approved by DHHS/MCH.
- C. DHHS/MCH and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS/MCH contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
- D. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DHHS/MCH before printing, production, distribution or use.
- E. The contractor shall credit DHHS/MCH on all materials produced under this contract following the instructions outlined in Exhibit C, Section 13 Credits.
- F. If a subcontracted agency or provider provides services required for compliance with this exhibit, DHHS/MCH must be notified in writing prior to initiation of the subcontract. In addition, any subcontractor(s) must be held responsible to fulfill all relevant requirements included in this exhibit as outlined in Exhibit C, Section 19 Subcontractors.

4.5. Reporting Requirements

- A. The contractor shall provide MCH with annual reports on the status of activities and deliverables of the Recruitment Center within 45 days of the end of the state fiscal year.



Exhibit A-2 Amendment #1

5. Performance Measures

- 5.1. The number of behavioral health providers recruited to practice within the behavioral health referral agencies of the MCH HFA agencies.
- 5.2. Submission and completion of the work plan identified in the Scope of Service.
- 5.3. Maintenance of the statewide electronic vacancy tracking system with reports on:
 - A. The number of contacts with behavioral health (mental health and SUD) professionals broken out by type of licensure;
 - B. The number of behavioral health (mental health and SUD providers) recruited to the State broken out by agency type of professional (license).
 - C. The number of mental health and SUD professionals who decline a placement and the reason(s) provided by the professional for the decline.



Exhibit A-3 Amendment #1

SCOPE OF SERVICES

Substance Use Disorder (SUD) Provider Recruitment

1. Provisions Applicable to all Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Project Description

- 2.1. New Hampshire like many other states is struggling with a lack of work force capacity for mental health and substance use disorder (SUD) treatment. The mission and function of the Department of Health and Human Services (DHHS), Bureau of Drug and Alcohol Services (BDAS) is to join individuals, families and communities in reducing alcohol and other drug problems thereby increasing opportunities for citizens to achieve health and independence. The purpose of this project is to contract with an experienced vendor to support communities in the recruitment of providers to treat those seeking care for an SUD and/or co-occurring mental health disorder (COD), to support the design and implementation of a statewide workforce development plan that meets the expectations found in the Medicaid 1115 Transformation Waiver. SUD and COD treatment providers targeted for this contract include psychologists, clinical social workers, licensed mental health counselors, family therapists, licensed alcohol and drug counselors and masters prepared licensed alcohol and drug counselors.

3. Required Activities

- 3.1. Administer a recruitment center to assure successful recruitment and retention of SUD and COD treatment providers throughout the state consistent with community needs assessments to be completed by the Integrated Delivery Networks (IDNs) funded by the Medicaid 1115 Transformation Waiver.
- 3.2. Create a statewide electronic mental health and SUD provider vacancy tracking system in order for the Recruitment Center to create and distribute reports to BDAS as required in Section 4.5.
- 3.3. Within 45 days of contract approval, provide a work plan that identifies the tasks and the details associated with the design and implementation of a statewide SUD and COD treatment provider work force development plan, including but not limited to conducting the research on efforts to date in the state, region and nationally to address workforce shortages.
- 3.4. Within 135 days of contract approval, provide a work plan that identifies the tasks and the details for specialized recruitment and social marketing plans to attract and retain SUD and COD treatment providers.

JAR

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Exhibit A-3 Amendment #1

- 3.5. Provide technical assistance to communities and organizations recruiting SUD and COD treatment providers on the techniques of recruitment and the measures critical for securing candidates.
- 3.6. Carry out activities to attract mental health and SUD providers to New Hampshire and to promote New Hampshire practice opportunities, including, but not limited to using federal resources, national publications, targeted mailings, direct recruitment with colleges and universities and direct contact with practicing providers.

4. Compliance and Reporting Requirements

4.1. Staffing Provisions

- A. The Contractor shall notify the DHHS/BDAS in writing within one (1) month of hire when a new director, program manager, or program assistant is hired to work in the program. A resume of the employee shall accompany this notification.
- B. The DHHS/BDAS must be notified in writing if, at any time, a site funded under this agreement does not have adequate staffing to perform all required services for more than one (1) month.

4.2. Meetings and Trainings

- A. The Contractor shall participate in meetings and discussions centered on community development of SUD systems as requested by the DHHS/BDAS.

4.3. Data Requirements

- A. Creation of a statewide electronic mental health and SUD provider vacancy tracking system.

4.4. Compliance Requirements

- A. The contractor is responsible for compliance with all relevant state and federal laws.
- B. The contractor shall carry out the work as described in the performance work plan submitted as part of this contract and approved by DHHS/BDAS.
- C. DHHS/BDAS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS/BDAS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
- D. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DHHS/BDAS before printing, production, distribution or use.
- E. The contractor shall credit DHHS/BDAS on all materials produced under this contract following the instructions outlined in Exhibit C, Section 13 Credits.
- F. If a subcontracted agency or provider provides services required for compliance with this exhibit, DHHS/BDAS must be notified in writing prior to initiation of the subcontract. In addition, any subcontractor(s) must be held responsible to fulfill all relevant requirements included in this exhibit as outlined in Exhibit C, Section 19 Subcontractors.



Exhibit A-3 Amendment #1

4.5. Reporting Requirements

- A. The contractor shall provide quarterly reports on the status of activities of the Recruitment Center within 20 days of the quarter's end.
- B. The contractor shall provide to BDAS a summary annual report on the status of activities of the Recruitment Center within 45 days of the state fiscal year end.

5. Performance Measures

- 5.1. Recruitment of new SUD and COD treatment providers to practice within areas of need as identified in the IDN's needs assessment as measured by:
 - A. The number of contacts with mental health and SUD professionals broken out by provider type;
 - B. The number of mental health and SUD providers recruited to the State broken out by Integrated Delivery System (IDN) Region, provider type and location.
 - C. The number of mental health and SUD professionals who decline a placement and the reason(s) provided by the professional for the decline.
- 5.2. Submission and completion of the two work plans identified in the Scope of Service 3.3 and 3.4 in accordance with the time frames outlined.
- 5.3. Maintenance of the statewide electronic vacancy tracking system with reporting capabilities.

JHR
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Exhibit B-1 Amendment #1 SFY 2017 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: BI State Primary Care Association

Budget Request for: Primary Care Recruitment
(Name of RFP)

Budget Period: SFY 2017 (7/1/16 through 6/30/17)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 84,399.00	\$ 8,440.00	\$ 92,839.00	Indirect costs are calculated monthly based on actual costs
2. Employee Benefits	\$ 19,398.00	\$ 1,940.00	\$ 21,338.00	
3. Consultants	\$ 3,000.00	\$ 300.00	\$ 3,300.00	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 1,677.00	\$ 168.00	\$ 1,845.00	
6. Travel	\$ 1,997.00	\$ 200.00	\$ 2,197.00	
7. Occupancy	\$ 4,200.00	\$ 420.00	\$ 4,620.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ 900.00	\$ 90.00	\$ 990.00	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 14,700.00	\$ 1,470.00	\$ 16,170.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 24,273.00	\$ 2,428.00	\$ 26,701.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 154,544.00	\$ 15,456.00	\$ 170,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: _____

AHE

Date: _____

5/6/16

Exhibit B-1 Amendment #1 SFY 2018 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Bi State Primary Care Association

Budget Request for: Primary Care Recruitment
(Name of RFP)

Budget Period: SFY 2018 (7/1/17 through 6/30/18)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 86,660.00	\$ 8,666.00	\$ 95,326.00	Indirect costs are calculated monthly based on actual costs
2. Employee Benefits	\$ 19,932.00	\$ 1,993.00	\$ 21,925.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 1,677.00	\$ 168.00	\$ 1,845.00	
6. Travel	\$ 1,997.00	\$ 200.00	\$ 2,197.00	
7. Occupancy	\$ 4,200.00	\$ 420.00	\$ 4,620.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ 900.00	\$ 90.00	\$ 990.00	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 11,900.00	\$ 1,197.00	\$ 13,097.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 27,272.00	\$ 2,728.00	\$ 30,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 154,538.00	\$ 15,462.00	\$ 170,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials:

JAC

Date:

5/6/16

Exhibit B-2 Amendment #1 SFY 2017 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Bi State Primary Care Association

Budget Request for: Dental Recruitment

(Name of RFP)

Budget Period: SFY 2017 (7/1/16 through 6/30/17)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 56,538.00	\$ 5,654.00	\$ 62,192.00	Indirect costs are calculated monthly based on actual costs
2. Employee Benefits	\$ 13,004.00	\$ 1,300.00	\$ 14,304.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ 887.00	\$ 89.00	\$ 976.00	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 1,456.00	\$ 145.00	\$ 1,601.00	
7. Occupancy	\$ 2,433.00	\$ 243.00	\$ 2,676.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ 1,033.00	\$ 103.00	\$ 1,136.00	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 6,466.00	\$ 649.00	\$ 7,115.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 81,817.00	\$ 8,183.00	\$ 90,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: _____

HR

Date: _____

5/6/16

Exhibit B-2 Amendment #1 SFY 2018 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Bi State Primary Care Association

Budget Request for: Dental Recruitment

(Name of RFP)

Budget Period: SFY 2018 (7/1/17 through 6/30/18)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 58,234.00	\$ 5,823.00	\$ 64,057.00	Indirect costs are calculated monthly based on actual costs
2. Employee Benefits	\$ 13,395.00	\$ 1,339.00	\$ 14,734.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 887.00	\$ 89.00	\$ 976.00	
6. Travel	\$ 915.00	\$ 92.00	\$ 1,007.00	
7. Occupancy	\$ 2,433.00	\$ 243.00	\$ 2,676.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ 987.00	\$ 98.00	\$ 1,085.00	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 4,966.00	\$ 499.00	\$ 5,465.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 81,817.00	\$ 8,183.00	\$ 90,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials:

Handwritten initials

Date:

5/6/16

Exhibit B-3 Amendment #1 SFY 2017 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Bi State Primary Care Association

**Budget Request for: Behavioral Health Provider Recruitment (MCH)
(Name of RFP)**

Budget Period: SFY 2017 (7/1/16 through 6/30/17)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 35,121.00	\$ 3,512.00	\$ 38,633.00	Indirect costs are calculated monthly based on actual costs
2. Employee Benefits	\$ 8,078.00	\$ 808.00	\$ 8,886.00	
3. Consultants	\$ 5,666.00	\$ 566.00	\$ 6,232.00	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 727.00	\$ 72.00	\$ 799.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 657.00	\$ 65.00	\$ 722.00	
6. Travel	\$ 3,187.00	\$ 318.00	\$ 3,505.00	
7. Occupancy	\$ 2,062.00	\$ 206.00	\$ 2,268.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ 333.00	\$ 33.00	\$ 366.00	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 12,353.00	\$ 1,236.00	\$ 13,589.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 68,184.00	\$ 6,816.00	\$ 75,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials:

Date: 5/6/16

Exhibit B-3 Amendment #1 SFY 2018 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Bi State Primary Care Association

Budget Request for: Behavioral Health Provider Recruitment (MCH)
(Name of RFP)

Budget Period: SFY 2018 (7/1/17 through 9/30/17)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 17,971.00	\$ 1,797.00	\$ 19,768.00	Indirect costs are calculated monthly based on actual costs
2. Employee Benefits	\$ 4,133.00	\$ 413.00	\$ 4,546.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ 624.00	\$ 62.00	\$ 686.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 22,728.00	\$ 2,272.00	\$ 25,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: BHC

Date: 5/6/14

Exhibit B-4 Amendment #1 SFY 2017 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Bi State Primary Care Association

Substance Use Disorder Provider Recruitment
Budget Request for: (BDAS)
(Name of RFP)

Budget Period: SFY 2017 (7/1/16 through 6/30/17)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 59,801.00	\$ 5,980.00	\$ 65,781.00	Indirect costs are calculated monthly based on actual costs
2. Employee Benefits	\$ 13,754.00	\$ 1,375.00	\$ 15,129.00	
3. Consultants	\$ 9,629.00	\$ 963.00	\$ 10,592.00	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 1,238.00	\$ 124.00	\$ 1,362.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 1,119.00	\$ 112.00	\$ 1,231.00	
6. Travel	\$ 5,425.00	\$ 543.00	\$ 5,968.00	
7. Occupancy	\$ 3,512.00	\$ 351.00	\$ 3,863.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ 567.00	\$ 57.00	\$ 624.00	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 27,635.00	\$ 2,763.00	\$ 30,398.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 122,680.00	\$ 12,268.00	\$ 134,948.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials:

Date:

AMP
5/6/16



SPECIAL PROVISIONS

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

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



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

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

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



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

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.

15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

16. **Equal Employment Opportunity Plan (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



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

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

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

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

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

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

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

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

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

ARC
5/6/16

New Hampshire Department of Health and Human Services
Exhibit C Amendment #1



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



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

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

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

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

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

Exhibit G- Amendment #1

Contractor Initials

RHR

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

Date

5/6/14

New Hampshire Department of Health and Human Services
Exhibit G – Amendment #1



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

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

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

Contractor Name: Bi State Primary Care Association

5/6/16
Date

Lori H. Real
Name: Lori H. Real
Title: Executive Vice President and Chief Operating Officer

Exhibit G- Amendment #1

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

Contractor Initials LRH

Date 5/6/16

Exhibit B-4 Amendment #1 SFY 2018 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Bi State Primary Care Association

**Substance Use Disorder Provider Recruitment
Budget Request for: (BDAS)
(Name of RFP)**

Budget Period: SFY 2018 (7/1/17 through 6/30/18)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 68,540.00	\$ 6,854.00	\$ 75,394.00	Indirect costs are calculated monthly based on actual costs
2. Employee Benefits	\$ 15,764.00	\$ 1,576.00	\$ 17,340.00	
3. Consultants			\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 1,627.00	\$ 163.00	\$ 1,790.00	
6. Travel	\$ 4,380.00	\$ 438.00	\$ 4,818.00	
7. Occupancy	\$ 3,275.00	\$ 327.00	\$ 3,602.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ 900.00	\$ 90.00	\$ 990.00	
10. Marketing/Communications	\$ 10,107.00	\$ 1,011.00	\$ 11,118.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 104,593.00	\$ 10,459.00	\$ 115,052.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: _____

JHR

Date: _____

5/6/18

48 MJ1



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4741 1-800-852-3345 Ext. 4741
Fax: 603-271-4506 TDD Access: 1-800-735-2964



G&C APPROVED
Date: 6/4/14
Item # 48

April 30, 2014

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

50% Federal fee
50% General fund

REQUESTED ACTION

sole source

Authorize the Department of Health and Human Services, Division of Public Health Services and Office of Medicaid Business and Policy, to enter into a **sole source** agreement with Bi State Primary Care Association, Vendor #166695-B001, 525 Clinton Street, Bow, NH 03304, in an amount not to exceed \$355,000, to recruit primary care healthcare professionals to medically underserved areas of New Hampshire and to provide oral health professional recruitment services, to be effective July 1, 2014 or date of Governor and Council approval, whichever is later, through June 30, 2016.

Funds are available in the following accounts for SFY 2015, and are anticipated to be available in SFY 2016 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH & PRIMARY CARE

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2015	103-502664	Contracts for Operational Services	90075001	90,000
SFY 2016	103-502664	Contracts for Operational Services	90075001	90,000
			Sub Total	\$180,000

05-95-47-470010-7937 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: OFC OF MEDICAID & BUSINESS POLICY, MEDICAID ADMINISTRATION

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2015	102-500731	Contracts for Program Services	47000144	85,000
SFY 2016	102-500731	Contracts for Program Services	47000144	90,000
			Sub Total	\$175,000
			Total	\$355,000

EXPLANATION

Sole source approval is requested for this contract. The Department of Health and Human Services has partnered on competitively procured contracts with Bi State Primary Care Association since 2004. They have been the only respondent each time we have procured the required scope of services. Over the past 10 years, they have performed, and continue to perform, very well as our vendor in supporting access to health care services for vulnerable populations. Because of this, a competitive bid likely will not add value to our ability to contract with a qualified vendor nor do we believe it will result in any new bidders coming forward. As such, approval is requested to sole source with Bi State Primary Care Association.

Funds in this agreement will be used to continue recruitment of primary care providers to New Hampshire with particular reference to federally designated underserved areas of the state. Primary care providers are defined as physicians practicing in the specialties of: Internal medicine, pediatrics, family practice, general practice, obstetrics/gynecology, geriatrics, psychiatry, and dentistry, physician assistants, nurse practitioners, certified nurse-midwives, dental hygienists, clinical or counseling psychologists, clinical social workers, licensed professional counselors, and marriage and family therapists.

The Bi-State Primary Care Association will carry out activities to attract primary care providers and oral health professionals to New Hampshire, using federal resources, national publications, targeted mailings, direct recruitment with medical schools/residency programs and other primary care provider educational institutions, and direct contact with practicing providers or students who may be interested in locating in New Hampshire. The Recruitment Center will maintain the statewide primary care provider needs documentation and vacancy tracking system, for both public and private health care agencies and organizations. Staff will also provide technical assistance to communities to retain such providers into underserved areas and to organizations/institutions recruiting primary care providers on the techniques of recruitment and on measures critical for securing a candidate. An increased emphasis on recruiting dentists is in response to the community need for dentists who will treat the increasing number of uninsured patients, and to increase the number of dentists willing to treat Medicaid patients.

The Bi-State Primary Care Association has provided centralized and cost-effective recruiting of healthcare professionals to over 100 sites statewide, including all the publicly funded health centers and community hospitals. Since beginning its operation in 1994, the Bi-State Primary Care Association has successfully placed more than 200 primary care providers with a 99% retention rate. This success sets apart the Bi-State Primary Care Association from other regional and national placement services that have neither the familiarity with the state and its health care needs, nor the time to devote to one-on-one assistance to community agencies, organizations, and providers. Other provider retention activities of the Bi-State Primary Care Association include retaining a pool of "per diem" physicians who will provide short-term relief for isolated physicians or for organizations temporarily without a provider.

For-profit recruiters or physician placement firms charge organizations a base rate of at least \$10,000 per recruited physician or up to 35% of a physician's first year salary. As a non-profit organization Bi-State Primary Care Association is able to provide comparable services at rates that are generally 1/3 less than what is charged by private firms. There is no up-front fee to use Bi-State's services. Bi-State's fee is payable contingent on the successful recruitment of a provider. As a state-

based organization, Bi-State Primary Care Association has a greater knowledge of healthcare provider issues and New Hampshire than do out of state recruiting firms. Centralizing recruitment efforts for the healthcare safety net providers throughout the state is a cost-effective means of recruiting providers for health centers and hospitals unable to afford the costs of many national for-profit recruitment firms. An additional competitive advantage to the Bi-State Primary Care Association is that it does not charge providers looking for employment with the community health centers. This acts as an incentive to providers, and assists with recruitment.

Should Governor and Executive Council not authorize this Request, New Hampshire would become less competitive with neighboring New England States in attracting qualified primary care providers and dentists to provide medical care to our uninsured and underinsured residents. Access to quality primary care and dental services plays a crucial role in meeting patients' needs for preventive health services, acute and chronic illness care, expert coordination and navigation through an increasingly complex health care system.

This Agreement has the option to extend for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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

- Increases the supply of primary care and dental providers, and improves recruitment with those areas of need as evidenced by a count of providers using recruitment software.
- Develops a social marketing plan based upon best practices for recruitment for primary care and dental professionals as outlined in the Scope of Services.
- Implements social marketing plan within 45 days of approval of the contract by the Governor and Executive Council.
- Spearheads the implementation and coordination of a work plan for recruiting students from New Hampshire to apply to regional universities and to recruit students to New Hampshire for clinical rotations and to assist these university graduates in locating a practice in an underserved area of the state upon graduation.
- Maintenance of the statewide electronic vacancy tracking system.

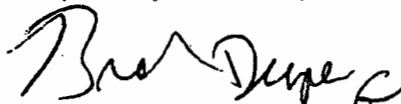
Area served: Statewide.

Source of Funds: 50% Federal Funds from the Federal Medical Assistance Program and Title XIX Medicaid Funds, and 50% General Funds.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
April 30, 2014
Page 4

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

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director, Division of Public Health Services



Kathleen A. Dunn, MPH
Director, Office of Medicaid Business &
Policy

Approved by:



Nicholas A. Toumpas
Commissioner

Subject: Primary Care Recruitment and Dental Recruitment Contract

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Bi State Primary Care Association		1.4 Contractor Address 525 Clinton Street Bow, NH 03304	
1.5 Contractor Phone Number 603-229-1852	1.6 Account Number 05-95-90-901010-7965-103-502664; 05-95-47-470010-7937-102-500731	1.7 Completion Date 06/30/2016	1.8 Price Limitation \$355,000
1.9 Contracting Officer for State Agency Brook Dupee, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature <i>Lori H. Real</i>		1.12 Name and Title of Contractor Signatory Lori H. Real, MHA, Chief Operating Officer	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>4/23/14</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] <i>Suzanne G. Palmer</i> , Commission expires 7/28/15			
1.13.2 Name and Title of Notary or Justice of the Peace <i>Suzanne G. Palmer</i>			
1.14 State Agency Signature <i>Brook Dupee</i>		1.15 Name and Title of State Agency Signatory Brook Dupee, Bureau Chief	
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) By: <i>Rosemary H. ...</i> On: <i>5-14-14</i>			
1.18 Approval by the Governor and Executive Council 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, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("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.

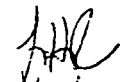
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. 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.

Contractor Initials:

Date:


9/23/14

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 consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written 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 \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance 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 fifteen (15) 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 endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) 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.

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.



Exhibit A

SCOPE OF SERVICES

1. Project Description

The mission and function of the Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), Rural Health and Primary Care (RHPC) section is to support communities and stakeholders that provide innovative and effective access to quality health care services with a focus on the low income, uninsured, and Medicaid populations of New Hampshire. The purpose of this project is to perform recruitment and retention activities to increase the number of primary care providers providing comprehensive health care to the state's Medicaid, Medicare, uninsured, underinsured, and vulnerable populations. The area to be served is statewide. Primary care provider is defined as practicing physicians in internal medicine, pediatrics, family practice, general practice, obstetrics/gynecology, and geriatrics; physician assistants; nurse practitioners; certified nurse-midwives; psychiatrists; dentists; dental hygienists; clinical or counseling psychologists; clinical social workers; licensed professional counselors; and marriage and family therapists.

2. Required Activities

- 2.1 Administer the New Hampshire Recruitment Center to assure successful recruitment and retention of primary care providers throughout the state with a specific emphasis on those areas of the state that are federally designated underserved areas. Those designations are: Health Professional Shortage Area (HPSA), Dental Health Professional Area (DHPSA), Mental Health Professional Area (MHPSA), Medically Underserved Areas (MUA), and Medically Underserved Population (MUP).
- 2.2. Within 45 days of contract approval, provide an updated work plan to enhance recruitment and retention of new primary care providers to New Hampshire. Activities in the Division of Public Health Services' work plan should be coordinated with, but not duplicative of, those activities included in the Office of Medicaid Business & Policy's (OMBP) work plan.
- 2.3. Carry out activities to attract primary care providers to New Hampshire and to promote New Hampshire practice opportunities, using federal resources, national publications, targeted mailings, direct recruitment with dental schools/residency programs and other dental provider educational institutions, and direct contact with practicing providers or students who may be interested in locating New Hampshire.
- 2.4. Within 45 days of contract approval, develop a written social marketing plan to enhance recruitment and retention of new primary care providers to New Hampshire. Activities in DPHS marketing plan should be coordinated with, but not duplicative of, those activities included in OMBP's work plan.

A handwritten signature in black ink, appearing to be 'J. Hill' or similar, written over a horizontal line.



Exhibit A

- 2.5. Assist in the development and coordination of training programs, preceptorships, and rotations for primary care providers and students, using public and private providers, agencies and facilities in the state.
- 2.6. Provide technical assistance to communities and to organizations/institutions recruiting primary care providers on the techniques of recruitment and on measures critical for securing a candidate.
- 2.7. Maintain a fee schedule for services offered by the Recruitment Center. DPHS must approve in writing the fee schedule and any revisions during the contract period. The fee schedule shall include provision for reduced rate fees from entities in underserved areas.
- 2.8. Collaborate with the New Hampshire Medical Society, New Hampshire Hospital Association, Area Health Education Centers (AHECs), and other relevant professional provider organizations in the state to assure coordination in carrying out the Scope of Services.
- 2.9. Use the data collected from the Health Professions Workforce Data Center (e.g. common medical schools/training programs) to better focus and strengthen marketing efforts for recruitment purposes.
- 2.10. The Contractor shall participate in activities designed to establish a supportive link between the practitioners and an academic institution and its health professions students.

3. Compliance and Reporting Requirements

3.1. Staffing Provisions

- A. The Contractor shall notify the RHPC Section in writing within one (1) month of hire when a new director, program manager, or program assistant is hired to work in the program. A resume of the employee shall accompany this notification.
- B. The Contractor must notify the RHPC Section in writing of vacancies extending past (3) months in any of the following positions: program director, program manager, and/or program assistant. This notification may be done through a budget revision.
- C. The RHPC Section must be notified in writing if, at any time, a site funded under this agreement does not have adequate staffing to perform all required services for more than one (1) month.

3.2 Meetings and Trainings

The Contractor shall participate in meetings and discussions centered on community development of primary care systems as requested by the RHPC Section.

3.3 Data Requirements

- A. Maintain the statewide primary care provider needs documentation and vacancy tracking system, for both public and private health care agencies and organizations.

[Handwritten initials]



Exhibit A

- B. Utilize the Health Resources and Services Administration (HRSA) recruitment software system, "Practice Sights," to identify health professional vacancies and match them with prospective candidates.

3.4 Compliance Requirements

- A. The contractor is responsible for compliance with all relevant state and federal laws.
- B. The contractor shall carry out the work as described in the performance work plan submitted with the proposal and approved by DPHS.
- C. DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
- D. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution or use.
- E. The contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C, Section 13 Credits.
- F. If a subcontracted agency or provider provides services required for compliance with this exhibit, DPHS must be notified in writing prior to initiation of the subcontract. In addition, any subcontractor(s) must be held responsible to fulfill all relevant requirements included in this exhibit as outlined in Exhibit C, Section 16 Subcontractors.

3.5 Reporting Requirements

- A. The contractor shall provide DPHS quarterly reports on the status of activities of the Recruitment Center within 20 days of the quarter's end.
- B. The contractor shall provide to DPHS a summary annual report on the status of the activities of the Recruitment Center within 45 days of the state fiscal year end.

4. Performance Measures

- 4.1. The percentage of primary care providers recruited to practice within areas of need as evidenced by count of providers using recruitment software.
- 4.2. Approval by the DPHS of a social marketing plan based upon best practices for recruitment for primary care providers as outlined.
- 4.3. Implementation of social marketing plan within 45 days of approval of the contract by the Governor and Executive Council.

[Handwritten Signature]



Exhibit A

- 4.4. Submission of reports from the statewide electronic vacancy tracking system that include:
- o The number of contacts with primary care professionals broken out by provider type and source of the referrals;
 - o The number of primary care providers recruited to the State;
 - o The names of primary care providers recruited to the state to include their name, practice location, provider type, the date placed and the source of the referral;
 - o The name of primary care providers who decline a placement and the reason(s) provided by the primary care providers for the decline.
- 4.5. Number of type of units of technical assistance consultations provided to local community agencies:
- 4.6. Financial management and oversight of the contract
- o Contractor includes information on the contract budget and any budget variances in the quarterly report.

ABC



Exhibit A-1

SCOPE OF SERVICES

1. Project Description

The mission of the New Hampshire Department of Health and Human Services, Office of Medicaid Business and Policy (OMBP) is to establish and maintain a health services delivery system for New Hampshire Medicaid beneficiaries within federal, state and local regulations focused on promoting health and Wellness. The primary purpose is to perform recruitment and retention activities to increase the number of dental providers providing comprehensive, oral health care to eligible Medicaid recipients as mandated by Title XIX Medicaid regulations. The area to be served is statewide. Dental provider is defined as a general dentist, pediatric dentist and or orthodontist.

2. Required Activities

- 2.1. Administer the New Hampshire Recruitment Center to assure successful recruitment and retention of dental providers (including general and pediatric dentists, dental sub-specialists and orthodontists) throughout the State with a specific emphasis on those parts of the federally designated underserved areas of the State, including those areas of the State where analysis indicates a lower than average utilization of dental services by Medicaid enrolled children and a lower than average supply of dentists and orthodontists serving children enrolled in the Medicaid program.
- 2.2. Within 45 days of contract approval, provide an updated work plan to enhance recruitment and retention of new dental providers to New Hampshire. Activities in the Office of Medicaid Business & Policy's work plan should be coordinated with but not duplicative of those activities included in the Division of Public Health Services' work plan.
- 2.3. Carry out activities to attract dental providers to New Hampshire and to promote New Hampshire practice opportunities among dentists, using federal resources, national publications, targeted mailings, direct recruitment with dental schools/residency programs and other dental provider educational institutions, and direct contact with practicing providers or students who may be interested in locating New Hampshire.
- 2.4. Within 45 days of contract approval, develop a written social marketing plan to enhance recruitment and retention of new dental providers to New Hampshire. Activities in OMBP's marketing plan should be coordinated with but not duplicative of those activities included in DPHS work plan.

RHC



Exhibit A-1

- 2.5. Assist in the development and coordination of training programs, preceptorships and rotations for dental providers and students, using public and private providers, agencies and facilities in the state.
- 2.6. Provide technical assistance to communities and to organizations/institutions recruiting dental providers on the techniques of recruitment and on measures critical for securing a candidate.
- 2.7. Collaborate with the DHHS dental director, to assist in the recruitment of existing and new dentists capable of providing comprehensive dental care for Medicaid eligible children.
- 2.8. Maintain a relationship with a New Hampshire licensed dentist to support the implementation of the marketing plan and the marketing of the recruitment service to dental practices.
- 2.9. Maintain a fee schedule for services offered by the Recruitment Center. OMBP must approve in writing the fee schedule and any revisions during the contract period. The fee schedule shall include provision for reduced rate fees from entities in underserved areas.
- 2.10. Collaborate with the New Hampshire Dental Society, the DPHS Oral Health Program and other relevant professional care provider organizations and the state, and to assure coordination in carrying out this Scope of Services.

3. Compliance and Reporting Requirements

- 3.1. Compliance Requirements
 - A. The contractor is responsible for compliance with all relevant state and federal laws.
 - B. The contractor shall carry out the work as described in the performance work plan submitted with the proposal and approved by the Office of Medicaid Business and Policy
 - C. DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
 - D. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution or use.
 - E. The contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C, Section 13 Credits.
 - F. If a subcontracted agency or provider provides services required for compliance with this exhibit, OMBP must be notified in writing prior to initiation of the subcontract. In addition, any subcontractor(s) must be held responsible to fulfill all relevant requirements included in this exhibit as outlined in Exhibit C, Section 16 Subcontractors.

AHR



Exhibit A-1

3.2. Reporting Requirements

- A. The contractor shall provide OMBP quarterly reports on the status of activities of the Recruitment Center within 20 days of the quarters end.
- B. The contractor shall provide to OMBP a summary annual report on the status of the activities of the Recruitment Center within 45 days of the state fiscal year end.

4. Performance Measures

- 4.1. Increase the supply of dental providers and improves recruitment with those areas of need as evidenced by count of providers using recruitment software.
- 4.2. Contractor develops a social marketing plan based upon best practices for recruitment for dental professionals as outlined.
- 4.3. Contractor implements social marketing plan within 45 days of approval of the contract by the Governor and Executive Council.
- 4.4. Contractor spearheads the implementation and coordination of a work plan for recruiting students from New Hampshire to apply to University of New England and to recruit students to New Hampshire for clinical rotations and to assist these university graduates in locating a practice in an underserved area of the state upon graduation.
- 4.5. Contractor includes information on recruiting initiatives undertaken during the contract period in the quarterly and final reports to the OMBP.
- 4.6. Maintenance of the statewide electronic vacancy tracking system:
 - o The number of contacts with dental professionals broken out by general practice, pediatric dentists; sub-specialists and orthodontists and source of the referrals;
 - o The number of dentists recruited to the State;
 - o The names of dentists recruited to the state to include their name, practice location, provider type, the date placed and the source of the referral;
 - o The name of dentists who decline a placement and the reason(s) provided by the dentist for the decline.
- 4.7. Provision of technical assistance consultations to local community agencies
 - o Contractor includes information on the number and type of consultations provided under the auspices of this contract in the quarterly and final reports to OMBP.
- 4.8. Financial management and oversight of the contract
 - o Contractor includes information on the contract budget and any budget variances in the quarterly report.



Exhibit B

Method and Conditions Precedent to Payment

1) Funding Sources:

- a. \$180,000 = 50% federal funds from the Federal Medical Assistance Program, CFDA #93.778, and 50% general funds.
- b. \$175,000 = 50% federal funds from the Title XIX Medicaid Funds, CFDA #93.778, and 50% General Funds.
\$355,000

2) The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

a. Payment for said services shall be made as follows:

The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The final invoice shall be due to the State no later than thirty (30) days after the contract Completion Date.

b. The invoices must be submitted as follows:

i. Primary Care Recruitment invoices to:

Department of Health and Human Services
Division of Public Health Services
Email address: DPHScontractbilling@dhhs.state.nh.us

ii. Oral Health Recruitment invoices to:

Department of Health and Human Services
Office of Medicaid Business and Policy
129 Pleasant Street
Concord, NH 03301
Attn: Kathleen A. Dunn, MPH
Associate Commissioner, Medicaid Director

3) The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in Exhibit B-1 – SFY 2015 and SFY 2016 Budgets and Exhibit B-2 – SFY 2015 and SFY 2016 Budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for

Exhibit B – Methods and Conditions Precedent to Payment_Contractor Initials KA



Exhibit B

capital additions or improvements, entertainment costs, or any other costs not approved by the State. DHHS funding may not be used to replace funding for a program already funded from another source.

- 4) This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the previous month.
- 5) Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred upon compliance with reporting requirements and performance and utilization review. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
- 6) Contractors are accountable to meet the scope of services. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization shall prepare progress reports, as required.
- 7) The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.
- 8) Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B – Methods and Conditions Precedent to Payment_Contractor Initials

Handwritten initials 'JMC' in black ink, positioned above the signature line.

**Exhibit B-1 (SFY 2016)
Primary Care Provider Recruitment
Budget Form**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Bi State Primary Care Association

**DHHS Primary Care Provider Recruitment -
Budget Request for:** DPHS/RHPC
(Name of RFP)

Budget Period: SFY 2016

1. Total Salary/Wages	\$ 62,971.00	\$ 3,149.00	\$ 66,120.00	5% direct line item
2. Employee Benefits	\$ 14,483.00	\$ 724.00	\$ 15,207.00	5% of direct line item
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ 4,091.00	\$ 4,091.00	5% of total direct expenses
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 4,363.00	\$ 219.00	\$ 4,582.00	5% of direct line item
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 81,817.00	\$ 8,183.00	\$ 90,000.00	

Indirect As A Percent of Direct

10.0%

Exhibit B-1 (SFY 2016) - Primary Care Recruitment Budget

Contractor Initials:

CH/DHHS/011414

Page 1 of 1

Date:

Handwritten initials: JHR

Handwritten date: 4/23/14

**Exhibit B-2 (SFY 2015)
Oral Health Recruitment
Budget Form**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Bi State Primary Care Association

Budget Request for: DHHS Oral Health Provider Recruitment - OMBP
(Name of RFP)

Budget Period: SFY 2015

1. Total Salary/Wages	\$ 39,418.00	\$ 1,971.00	\$ 41,389.00	5% of direct line item
2. Employee Benefits	\$ 9,066.00	\$ 453.00	\$ 9,519.00	5% of direct line item
3. Consultants	\$ 19,675.00	\$ 984.00	\$ 20,659.00	5% of direct line item
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 540.00	\$ 27.00	\$ 567.00	5% of direct line item
6. Travel	\$ 1,994.00	\$ 99.00	\$ 2,093.00	5% of direct line item
7. Occupancy	\$ -	\$ 3,864.00	\$ 3,864.00	5% of total direct expenses
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 6,580.00	\$ 329.00	\$ 6,909.00	5% of direct line item
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 77,273.00	\$ 7,727.00	\$ 85,000.00	

Indirect As A Percent of Direct

10.0%

**Exhibit B-2 (SFY 2016)
Oral Health Provider Recruitment
Budget Form**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Bi State Primary Care Association

Budget Request for: DHHS Oral Health Provider Recruitment - OMBP
(Name of RFP)

Budget Period: SFY 2016

1. Total Salary/Wages	\$ 45,591.00	\$ 2,280.00	\$ 47,871.00	5% of direct line item
2. Employee Benefits	\$ 10,486.00	\$ 524.00	\$ 11,010.00	5% of direct line item
3. Consultants	\$ 16,322.00	\$ 816.00	\$ 17,138.00	5% of direct line item
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 700.00	\$ 35.00	\$ 735.00	5% of direct line item
6. Travel	\$ 2,146.00	\$ 107.00	\$ 2,253.00	
7. Occupancy	\$ -	\$ 4,084.00	\$ 4,084.00	5% of total direct expenses
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 6,580.00	\$ 329.00	\$ 6,909.00	5% of direct line item
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 81,825.00	\$ 8,175.00	\$ 90,000.00	

Indirect As A Percent of Direct

10.0%

Exhibit B-2 (SFY 2016) - Oral Health Recruitment Budget

Contractor Initials: JHC

CH/DHHS/011414

Page 1 of 1

Date: 4/23/14



SPECIAL PROVISIONS

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

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

JHC



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

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

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

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4/23/14



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

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



subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

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

- 16.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 16.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 16.3. Monitor the subcontractor's performance on an ongoing basis
- 16.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 16.5. DHHS shall, at its discretion, review and approve all subcontracts.

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. **Extension:**

This agreement has the option for a potential extension of up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

4. **Insurance**

Subparagraph 14.1.1 of the General Provisions of this contract is deleted and the following subparagraph is added:

 - 14.1.1 Comprehensive general liability against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence and umbrella excess liability coverage in the amount of \$1,000,000 per occurrence, and

KHC

4/23/14



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

JH
Date 4/23/14

New Hampshire Department of Health and Human Services
Exhibit D



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

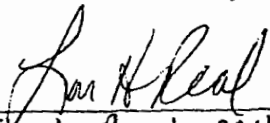
Place of Performance (street address, city, county, state, zip code) (list each location)

525 Clinton Street
Bow, NH 03304

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

Contractor Name: Bi State Primary Care Association

4/23/14
Date


Name: Lori H. Real, MHA, ~~MD~~
Title: Chief Operating Officer



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

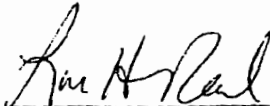
The undersigned certifies, to the best of his or her knowledge and belief, that:

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

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

Contractor Name: Bi State Primary Care Association

4/23/14
Date


Name: Lori H. Real, MHA
Title: Chief Operating Officer



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

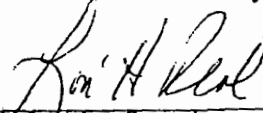
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 -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


LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: Bi State Primary Care Association

4/23/14
Date


Name: Lori H. Real, MHA
Title: Chief Operating Officer

Contractor Initials 
Date 4/23/14



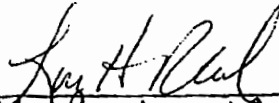
CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE


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

1. By signing and submitting this proposal (contract) the Contractor agrees to make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

Contractor Name: Bi State Primary Care Association

4/23/14
Date


Name: Lori H. Real, MHA
Title: Chief Operating Officer


Contractor Initials
Date 4/23/14