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Handwritten initials



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4496 1-800-852-3345 Ext. 4496
Fax: 603-271-0545 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

June 24, 2013

Handwritten signature

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, Bureau of Infectious Disease Control, to amend an agreement with Yale New Haven-Health Services Corporation, Purchase Order # 1030275 (Vendor #248257), 1 Church Street, 5th Floor, New Haven, CT 06510, to provide an evaluation of the Department of Health and Human Services Information Technology systems and other agency notification systems in order to set standards and requirements for data exchanges in critical preparedness systems, and extend the Completion Date to August 9, 2013, effective **retroactive** to July 1, 2013. This agreement was originally approved by Governor and Council on June 19, 2013, Item #104A. This is a zero cost amendment.

EXPLANATION

This submission is a **retroactive** request in order to avoid a break in service and allow the vendor adequate time to fulfill the obligations set forth in the contract. Approval of the original contract was delayed substantially as correctly executed documents were not received in time for an earlier Governor and Council meeting. With the late approval of the original contract, it's necessary to extend the contract period retroactive to July 1, 2013.

The purpose of this amendment is to ensure compliance with Public Health Emergency Preparedness grant requirements around information sharing including the types of information shared and with whom to assure New Hampshire is following proper standards and requirements outlined in the grant and that we are prepared for a potential Centers for Disease Control and Prevention audit. The Centers for Disease Control Project Officer visited New Hampshire in 2012 and received an update on our progress toward meeting the grant requirements. One gap identified was regarding incomplete written plans for staff to follow during actual events and drills. Another gap identified was regarding the use of the Centers for Disease Control guidance for reporting nationally notifiable disease. A third gap identified was our Health Alert Network compliance with Centers for Disease Control messaging guide for directory exchange.

In New Hampshire, the agency notification system is the Health Alert Network. Department of Health and Human Services staff uses health information in various systems to determine illness and control outbreaks. The agency notification system sends notices and alerts to approximately 8,000 participants. The Yale New Haven-Health Services Corporation will help New Hampshire meet grant requirements and sustain an audit by recommending steps to follow in the final gap analysis.

The vendor evaluation of our emergency information flow may lead to recommendations to purchase new software or make changes to the software we currently use.

- The system used for Health Alerting might need improvements to send information to Border States and the Centers for Disease Control using standards-based common alerting protocols and the vendor will recommend methods to comply with that requirement.
- The system used for disease surveillance might need improvements to send messages using standards-based Health Level Seven messages to other disease surveillance systems and the vendor will recommend methods to comply with that requirement.
- The system used for Public Health Laboratories Laboratory Information Management might need improvements to provide disease reports to the Emergency Services Unit software using standards-based Health Level Seven messaging and the vendor will recommend methods to comply with that requirement.
- The system used for Advanced Registration of Volunteer Health Professionals might need improvements to share its person-based directory with bordering state systems and our Health Alert System using standards-based directory exchange protocols.

The implementation of the findings of this evaluation will be conducted over the remaining five-year grant period ending June 30, 2017.

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

- ▶ Identify stakeholders within the State of New Hampshire across public health, medical, law enforcement, and other disciplines that should be included in information exchange during public health events.
- ▶ Identify public health stakeholders that should be included in information exchange.
- ▶ Determine the levels of security clearance needed for information access across and between stakeholders.
- ▶ Define minimum requirements for information sharing for the purpose of developing and maintaining situational awareness during public health events.
- ▶ Share information (send and receive) within the Division of Public Health Services with identified stakeholders following available national standards for data vocabulary, storage, transport, security and accessibility.

Area served: State of New Hampshire

Source of Funds: One hundred percent (100%) Federal Funds from the U. S. Centers for Disease Control and Prevention's Public Health Emergency Preparedness program.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council

June 24, 2013

Page 3

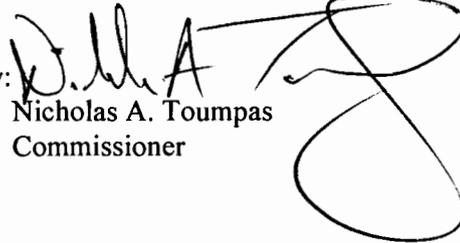
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY

27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doit

Peter C. Hastings
Commissioner

June 21, 2013

Nicholas Toumpas, Commissioner
State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

Dear Commissioner Toumpas:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a contract with the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) of New Haven, CT as described below and referenced as DoIT No. 2013-137A.

This is a request to enter into a contract amendment for evaluation services for select Department of Information Technology information systems and other agency notification systems to assure alignment with the Hospital Preparedness Program (HPP) and the Public Health Emergency Preparedness (PHEP) capabilities for informed, actionable, and sustainable grant-funded activities within the remaining 5-year grant period. This no-cost amendment extends the contract expiration date from June 30, 2013 to August 9, 2013. The contract shall become effective upon Governor and Executive Council approval.

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

Sincerely,

A handwritten signature in black ink that reads "Peter C. Hastings".

Peter C. Hastings
Commissioner

PCH/ltn
2013-137A

cc: Brook Dupee, DHHS
Leslie Mason, DoIT

AMENDMENT ONE

This agreement (hereinafter called the "Amendment One") dated this twenty-first day of June, 2013, is by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the Yale New Haven Center for Emergency Preparedness and Disaster Response, Purchase Order Number 1030275, a corporation organized under the laws of the State of Connecticut, with a place of business at 1 Church Street, 5th Floor, New Haven, CT 06510 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated June 19, 2013, Item 104A, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

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

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

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

1. Amendment and Modification of Agreement:

The Agreement is hereby amended as follows:

Amend Section 1.7 of the General Provisions by extending the completion date to August 9, 2013.

Exhibit A – Scope of Services

The prior Scope of Services identified in Exhibit A and any subsequent amendments remain in effect unless expressly revoked by this agreement.

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, hereby remains in effect unless expressly revoked by this agreement.

2. **Effective Date of Amendment:**

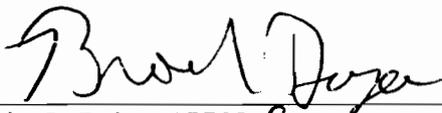
This Amendment shall take effect upon approval by Governor and Council and be retroactive to July 1, 2013, consistent with Section 3 of the General Provisions of this Agreement.

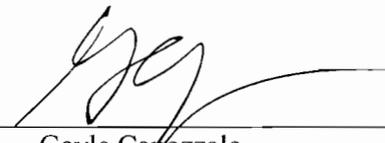
3. **Continuance of Agreement:**

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

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

**STATE OF NEW HAMPSHIRE
Division of Public Health Services**

By:  6/20/13
Lisa L. Bujno, APRN Brook S. Dupre Date
Bureau Chief

By:  6/26/2013
Gayle Capozzalo Date
Executive Vice President
Yale New Haven-Health Services Corporation

The remainder of this page is intentionally left blank.

STATE OF CONNECTICUT

COUNTY OF New Haven

On this the 21st day of June 2013 before me, Lynne L. Decker
(name of notary)
 the undersigned officer, Gayle Capozzola personally appeared who acknowledged him/herself
(contract signatory)
 to be the EVP Strategy & Development of the Yale New Haven Health System,
(signatory's title) (legal name of agency)
 a corporation, and that he/she, as such EVP Strategy & Development, being authorized so to do,
(signatory's title)
 executed the foregoing instrument for the purposes therein contained, by signing the name of the
 corporation by him/herself as EVP Strategy & Development Yale New Haven Health System
(signatory's title) (legal name of agency)
 In witness whereof I hereunto set my hand and official seal.

Lynne L. Decker
 Notary Public/Justice of the Peace

My Commission expires:

my commission expires 2/31/2017

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: Jeanne P. Herick
Jeanne P. Herick
 Assistant Attorney General

Date: 25 Jun. 2013

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of New Hampshire at the Meeting on: July 24, 2013.

OFFICE OF THE SECRETARY OF STATE

By: _____

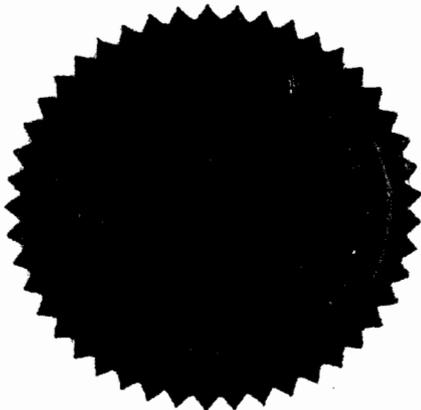
Title: _____

Contractor Initials: [Signature]
 Date: 6/21/2013

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 Yale New Haven Health Services Corporation, a(n) Connecticut nonprofit corporation, registered to do business in New Hampshire on March 27, 2013. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of April, A.D. 2013

A handwritten signature in black ink, appearing to read "William M. Gardner", is written above the printed name.

William M. Gardner
Secretary of State



Yale-New Haven Health Services Corporation, Inc.

I, Robert Haversat, Secretary of Yale-New Haven Health Services Corporation, an entity lawfully organized and existing under the laws of the State of Connecticut do hereby certify that the following is a true and correct copy of resolutions adopted on the 28th day of January, 2011 by the Board of Directors of Yale-New Haven Health Services Corporation in accordance with all of its documents of governance and management and the laws of the State of Connecticut, and further certify that such resolution has not been modified, rescinded or revoked, and is, at present, in full force and effect.

RESOLVED: that Julia M. McNamara, Chair, Marna P. Borgstrom, President and Chief Executive Officer, Gayle L. Capozzalo, Executive Vice President, Strategy and System Development, James M. Staten, Executive Vice President, Corporate and Financial Services, or any one of them, be and they hereby are authorized to execute contracts on behalf of Yale-New Haven Health Services Corporation with the State of Connecticut, or any agency thereof wherein Yale-New Haven Health Services Corporation undertakes to perform services for any governmental agencies with respect to patient care, teaching, research or planning on a reimbursable basis.

IN WITNESS WHEREOF, the undersigned has executed this certificate this 21 day of

Jan, 2011.

A handwritten signature in black ink, appearing to read 'Robert A. Haversat', written over a horizontal line.

Robert A. Haversat

Secretary

Yale-New Haven Health Services Corporation

Effective January 28, 2011

(seal)



State of Connecticut
Workers' Compensation Commission

**CERTIFICATE OF SELF-INSURANCE AND FINANCIAL
ABILITY TO PAY COMPENSATION DIRECTLY TO
INJURED EMPLOYEES OR OTHER BENEFICIARIES**

This is to Certify that YALE-NEW HAVEN HEALTH SERVICES CORPORATION

of 789 Howard Street, New Haven, CT 06510

operating in the State of Connecticut, an employer of labor, has furnished to the undersigned satisfactory proof of its present financial ability to pay directly to injured employees, or other beneficiaries, the several compensations that may be awarded under the provisions of the Workers' Compensation Act.

This Certificate is valid from May 1, 2013 through April 30, 2014,
unless sooner revoked.

Dated at Hartford, CT this 9th day of April 20 13.

THIS CERTIFICATE INCLUDES:

Yale-New Haven Hospital
Yale-New Haven Ambulatory Serv. Corp.
York Enterprises, Inc.
Medical Center Pharmacy and Home
Care Center, Inc.
YNH Geriatric Services, P.C.
YNH Medical Services, P.C.
Shoreline Medical Center
YNHH-MSO, Inc.
Northeast Medical Group, Inc.
YNHCCC (d/b/a Grimes Center)

Attest

John A. Mastropietro, Chairman
State of Connecticut
Workers' Compensation Commission
21 Oak Street
Hartford, Connecticut 06106



CERTIFICATE OF INSURANCE

ISSUE DATE
5/2/2013

PRODUCER

MCIC VERMONT, INC.
76 St. Paul Street
Suite # 500
Burlington, VT 05402-1530
(770) 551-5060

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A MCIC VERMONT, INC. (A RISK RETENTION GROUP)
COMPANY LETTER	B
COMPANY LETTER	C
COMPANY LETTER	D
COMPANY LETTER	E

INSURED

Yale-New Haven Hospital
One Church Street
5th Floor
New Haven, CT 06510

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS												
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S CONTRACTOR'S PROT. <input type="checkbox"/> _____	PR1113	01/01/2013	12/31/2013	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,500,000.00</td></tr> <tr><td>FIRE DAMAGE (Any One Item)</td><td style="text-align: right;">\$</td></tr> <tr><td>MED EXPENSE (Any One Per)</td><td style="text-align: right;">\$</td></tr> </table>	GENERAL AGGREGATE	\$	PRODUCTS-COMP/OP AGG	\$	PERSONAL & ADV INJURY	\$	EACH OCCURRENCE	\$ 2,500,000.00	FIRE DAMAGE (Any One Item)	\$	MED EXPENSE (Any One Per)	\$
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FIRE DAMAGE (Any One Item)	\$																
MED EXPENSE (Any One Per)	\$																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per Person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per Accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$	BODILY INJURY (Per Person)	\$	BODILY INJURY (Per Accident)	\$	PROPERTY DAMAGE	\$				
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PROPERTY DAMAGE	\$																
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURENCE	\$	AGGREGATE	\$								
EACH OCCURENCE	\$																
AGGREGATE	\$																
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>STATUTORY LIMITS</td><td style="text-align: right;">\$</td></tr> <tr><td>EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>DISEASE-POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> <tr><td>DISEASE-EACH EMPLOYEE</td><td style="text-align: right;">\$</td></tr> </table>	STATUTORY LIMITS	\$	EACH ACCIDENT	\$	DISEASE-POLICY LIMIT	\$	DISEASE-EACH EMPLOYEE	\$				
STATUTORY LIMITS	\$																
EACH ACCIDENT	\$																
DISEASE-POLICY LIMIT	\$																
DISEASE-EACH EMPLOYEE	\$																
	OTHER																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL

The certificate holder is named as an additional insured.

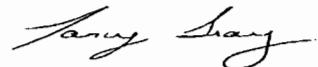
CERTIFICATE HOLDER:

State of New Hampshire
Department of Health & Human Services
29 Hazen Drive
Concord NH 03301

CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED



ba



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4496 1-800-852-3345 Ext. 4496
Fax: 603-271-0545 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

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

May 1, 2013
APPROVED BY _____
DATE _____
APPROVED G&C 104A
DATE 6/19/13
NOT APPROVED _____

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control, to enter into a sole source agreement with Yale New Haven-Health Services Corporation, Vendor #248257, 1 Church Street, 5th Floor, New Haven, CT 06510, in an amount not to exceed \$9,995, to provide an evaluation of the Department of Health and Human Services Information Technology systems and other agency notification systems in order to set standards and requirements for data exchanges in critical preparedness systems, and ability for sharing with important stakeholders to be effective June 5, 2013, or the date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are anticipated to be available in the following account for SFY 2013.

05-95-90-902510-9055 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS CARRYFORWARD.

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90077007	\$9,995.00
			Total	\$9,995.00

EXPLANATION

This request is identified as sole source. The Yale New Haven-Health Services Corporation was selected for this project through a non-competitive bid process based on the vendor's unique qualifications to conduct this assessment. Subsequently, the vendor and State negotiated the attached contract. Having a vendor located in the Northeast region will allow for in person meetings without undue travel expense. Also, a regional vendor will understand the needs of a small state with few local health departments as opposed to a larger state with multiple public health departments. Additionally, staff within public health participated in seminars presented by this vendor. This vendor has conducted evaluation of hospital and public health preparedness capabilities for a number of Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness Program (PHEP) awardees including:

- Connecticut (2002-present)
- New York City (2007 - present)

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council

May 1, 2013

Page 2

- New York State (2009-2010)
- Delaware (2009-2010)
- Vermont (2010-2012)

Funds in this agreement will be used ensure compliance with Public Health Emergency Preparedness grant requirements around information sharing including the types of information shared and with whom to assure New Hampshire is following proper standards and requirements outlined in the grant and that we are prepared for a potential Centers for Disease Control and Prevention audit. The Centers for Disease Control Project Officer visited New Hampshire in 2012 and received an update on our progress toward meeting the grant requirements. One gap identified was regarding incomplete written plans for staff to follow during actual events and drills. Another gap identified was regarding the use of the Centers for Disease Control guidance for reporting nationally notifiable disease. A third gap identified was our Health Alert Network compliance with Centers for Disease Control messaging guide for directory exchange.

Additionally, the Public Health Emergency Preparedness Project Officer approved entering into an agreement with this vendor.

In New Hampshire the agency notification system is the Health Alert Network. Department of Health and Human Services staff uses health information in various systems to determine illness and control outbreaks. The agency notification system sends notices and alerts to approximately 8,000 participants.

The Yale New Haven-Health Services Corporation will help New Hampshire meet grant requirements and sustain an audit by recommending steps to follow in the final gap analysis.

The vendor evaluation of our emergency information flow may lead to recommendations to purchase new software or make changes to the software we currently use.

- The system used for Health Alerting might need improvements to send information to Border States and the Centers for Disease Control using standards-based common alerting protocols and the vendor will recommend methods to comply with that requirement.
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- The system used for Advanced Registration of Volunteer Health Professionals might need improvements to share its person-based directory with bordering state systems and our Health Alert System using standards-based directory exchange protocols.

The implementation of the findings of this evaluation will be conducted over the remaining five-year grant period ending June 30, 2017.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council

May 1, 2013

Page 3

Should Governor and Executive Council not authorize this Agreement, stakeholders will have less than optimal access to vital information which could create barriers or delays to launch a required intervention during a public health event or emergency.

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

- ▶ Identify stakeholders within the State of New Hampshire across public health, medical, law enforcement, and other disciplines that should be included in information exchange during public health events.
- ▶ Identify public health stakeholders that should be included in information exchange.
- ▶ Determine the levels of security clearance needed for information access across and between stakeholders.
- ▶ Define minimum requirements for information sharing for the purpose of developing and maintaining situational awareness during public health events.
- ▶ Share information (send and receive) within the Division of Public Health Services with identified stakeholders following available national standards for data vocabulary, storage, transport, security and accessibility.

Area served: State of New Hampshire

Source of Funds: One hundred percent (100%) Federal Funds from the U. S. Centers for Disease Control and Prevention's Public Health Emergency Preparedness program.

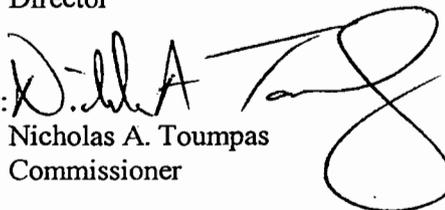
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Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/DMK/gsb



STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY
27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doi

Peter C. Hastings
Acting Commissioner

April 30, 2013

Nicholas Toumpas, Commissioner
State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

Dear Commissioner Toumpas:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a contract with the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) of New Haven, CT as described below and referenced as DoIT No. 2013-137.

This is a request to enter into a contract for evaluation services for select DHHS IT systems and other agency notification systems to assure alignment with the Hospital Preparedness Program (HPP) and the Public Health Emergency Preparedness (PHEP) capabilities for informed, actionable, and sustainable grant-funded activities within the remaining 5-year grant period ending June 30, 2017. The contract shall become effective upon Governor and Executive Council approval, through June 30, 2013, in an amount not to exceed \$9,995.

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

Sincerely,

A handwritten signature in black ink that reads "Peter C. Hastings".

Peter C. Hastings

PCH/ltn
2013-137

cc: Brook Dupee, DHHS
Leslie Mason, DoIT