



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID BUSINESS AND POLICY

Nicholas A. Toumpas
 Commissioner

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Kathleen A. Dunn
 Associate Commissioner

June 5, 2015

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

Sole Source

REQUESTED ACTION

Authorize the Department of Health and Human Services, Bureau of Behavioral Health, to enter into a **sole source** amendment with Trustees of Dartmouth College, 11 Rope Ferry Road, Number 6210, Hanover, New Hampshire 03755-1404 (vendor code 177157-B013) to complete the project management and evaluation services in support of the New Hampshire Healthy Choices Healthy Changes Program to improve the cardiac and metabolic health of individuals with serious mental illness, by increasing the price limitation by \$1,361,667 from \$3,882,512, to an amount not to exceed \$5,244,179, and by extending the completion date from June 30, 2015 to September 30, 2016, effective July 1, 2015, or date of Governor and Council approval, whichever is later. The original Agreement was approved by Governor and Executive Council on February 8, 2012 (Item #30) and Amended on June 19, 2013 (Item #107), and on June 18, 2014 (Item #93). 100% Federal Funds.

Funds to support this request are anticipated to be available in the following accounts in State Fiscal Years 2016 and 2017, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and to adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified, without approval from Governor and Executive Council.

05-95-92-920010-2087 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MIPCD GRANT					
<u>Fiscal Year</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
2012	102-500731	Contracts for Program Services	\$ 182,704	\$ 0	\$ 182,704
2013	102-500731	Contracts for Program Services	\$ 584,573	\$ 0	\$ 584,573
2014	102-500731	Contracts for Program Services	\$ 793,116	\$ 0	\$ 793,116
2015	102-500731	Contracts for Program Services	\$ 514,973	\$ 0	\$ 514,973
2016	102-500731	Contracts for Program Services	\$ 0	\$ 1,194,540	\$1,194,540
2017	102-500731	Contracts for Program Services	\$ 0	\$ 167,127	\$167,127
		Subtotal	\$ 2,075,366	\$ 1,361,667	\$ 3,437,033

05-95-92-920010-2087 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF,
 HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MIPCD GRANT

<u>Fiscal Year</u>	<u>Class/Objec t</u>	<u>Class Title</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
2012	502-500891	Payments to Providers	\$ 168,108	\$ 0	\$ 168,108
2013	502-500891	Payments to Providers	\$ 391,136	\$ 0	\$ 391,136
2014	502-500891	Payments to Providers	\$ 377,254	\$ 0	\$ 377,254
2015	502-500891	Payments to Providers	\$ 870,648	\$ 0	\$ 870,648
2016	502-500891	Payments to Providers	\$ 0	\$ 0	\$ 0
2017	502-500891	Payments to Providers	\$ 0	\$ 0	\$ 0
		Subtotal	<u>\$1,807,146</u>	<u>\$ 0</u>	<u>\$ 1,807,146</u>
		Total	\$3,882,512	\$1,361,667	\$ 5,244,179

EXPLANATION

This Amendment is **sole source** because the vendor was designated as the key evaluator in the Medicaid Incentives for the Prevention of Chronic Diseases grant application to the Centers for Medicare and Medicaid Services, which provides 100% funding for the Healthy Choices Healthy Changes Program. Dartmouth's vast experience working with the State of New Hampshire's mental health system to develop programs that address the psychosocial and health needs of the consumers served by the system made a critical contribution to the grant awarded to the state. Dartmouth agreed to waive all indirect charges to the State relative to this project.

Approval of this Amendment will allow the Department to complete the last year of a five year project to manage and evaluate the Healthy Choices Healthy Changes in New Hampshire. Health Choices Healthy Changes is designed to reduce the risk of cardiovascular disease in individuals with mental illness to be served by the ten community mental health centers in New Hampshire. The Contractor will continue managing the statewide program for about 1,600 Medicaid beneficiaries into the Supported Fitness and Weight Management programs, and 2,000 beneficiaries in the Supported Smoking Cessation programs. Also the Contractor will be completing the evaluation of the project and its impact of this program on improving health behaviors and outcomes. Savings in Medicaid health care costs will also be evaluated.

Should the Governor and Executive Council not approve this request, it is likely that the grant would need to be returned to The Centers for Medicare and Medicaid Services. The Project Officers at The Centers for Medicare and Medicaid Services who are responsible for managing the grant to the state of NH have been working with key staff at Dartmouth since the award was made in September 2011 and expect the project to be evaluated by Dartmouth as described in the proposal. It would be impossible for another vendor to assume the role played by Dartmouth in pre-planning, implementation, and evaluation of the NH Healthy Choices Healthy Changes Program according to the timeline that The Centers for Medicare and Medicaid Services expects.

Area served: Statewide

Source of funds: 100% Federal Funds.

In the event that the Federal Funds become no longer available, General Funds shall not be requested to support these programs.

Respectfully submitted,



Kathleen A. Dunn, MPH
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner



**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Wellness Incentive Program Contract**

This third Amendment to the Wellness Incentive Program contract (hereinafter referred to as "Amendment #3") dated May 18, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Trustees of Dartmouth College (hereinafter referred to as "the Contractor"), a special corporate charter with a place of business at 11 Rope Ferry Road #6210, Hanover, NH, 03755-1404.

WHEREAS, pursuant to an agreement approved by the Governor and Executive Council on February 8, 2012, (Item #30) (hereinafter referred to as "Contract"), and amended by an agreement (Amendment #1 to the Contract) approved on June 19, 2013 (Item #107) and (Amendment #2 to the Contract) approved on June 18, 2014 (Item #93) by Governor and Executive Council, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified;

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;

WHEREAS, pursuant to the Agreement (section 18 of the General Provisions of the Form P-37), the Agreement may be modified or amended only by written instrument executed by the parties thereto and approved by the Governor and Executive Council;

WHEREAS, the State and the Contractor agree to extend the completion date by fifteen (15) months and increase the price limitation; and

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

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.
2. Amend General Provisions (Form P-37), Block 1.7 Completion Date by extending the date to September 30, 2016.
3. Amend General Provisions (Form P-37), Block 1.8 Price Limitation to read: \$5,244,179.
4. Amend General Provisions (Form P-37), Block 1.9 Contracting Officer for State Agency, to read: Eric Borrin, Director Contracts and Procurement.
5. Amend General Provisions (Form P-37), Block 1.10 State Agency Telephone Number, to read: (603) 271-9558.
6. Delete in its entirety, Exhibit A, Scope of Services FY12-13 Amendment #2 (FY15) and replace with Exhibit A Amendment #3, Scope of Services.
7. Delete in its entirety, Exhibit B, Methods of Payment, and replace with Exhibit B Amendment #1, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1 and Exhibit B-2

**New Hampshire Department of Health and Human Services
Wellness Incentive Program**



9. Delete in its entirety, Standard Exhibit C, Special Provisions and replace with Exhibit C Amendment #1, Special Provisions.
10. Delete in its entirety Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, and replace with Exhibit D Amendment #1, Certification Regarding Drug-Free Workplace Requirements.
11. Delete in its entirety Standard Exhibit E, Certification Regarding Lobbying, and replace with Exhibit E Amendment #1, Certification Regarding Lobbying.
12. Delete in its entirety Standard Exhibit F, Certification Regarding Debarment, Suspension, and Other Responsibility Matters, and replace with Exhibit F Amendment #1, Certification Regarding Debarment, Suspension, and Other Responsibility Matters.
13. Delete in its entirety Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.
14. Delete in its entirety Standard Exhibit H, Certification Regarding Environmental Tobacco Smoke and replace with Exhibit H Amendment #1, Certification Regarding Environmental Tobacco Smoke.
15. Delete in its entirety Standard Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement, and replace with Exhibit I Amendment #1, Health Insurance Portability Act Business Associate Agreement.

New Hampshire Department of Health and Human Services
Wellness Incentive Program



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

6/5/15
Date

Kathleen A. Dunn
Kathleen A. Dunn, MPH
Associate Commissioner

Trustees of Dartmouth College

5/27/15
Date

Christine Bothe
NAME **Christine Bothe**
TITLE **Associate Director**
Office of Sponsored Projects

Acknowledgement:

State of New Hampshire, County of Grafton on May 27, 2015, before the undersigned officer, personally appeared the person identified 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 of Notary Public or Justice of the Peace

Heather A. Arnold
Name and Title of Notary or Justice of the Peace
HEATHER A. ARNOLD
Notary Public - New Hampshire
My Commission Expires August 10, 2016

New Hampshire Department of Health and Human Services
Wellness Incentive Program



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

OFFICE OF THE ATTORNEY GENERAL

6/9/15
Date

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



Scope of Services

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. Scope of Services

- 2.1. The Contractor will provide the Healthy Choices Healthy Changes incentive program to reward exercise, improved nutrition, and smoking cessation, with mentoring, and to reduce risk of cardiovascular disease in clients of the NH Community Mental Health Center (CMHC) system.
- 2.2. The Contractor will build upon and benefit from the existing infrastructure of the "In SHAPE" health promotion program established in 2004 for people with serious mental illness.
- 2.3. The Contractor will offer four (4) "Supported Weight Management" programs as follows:
 - 2.3.1. Gym Membership;
 - 2.3.2. In SHAPE (includes gym membership and mentor);
 - 2.3.3. Weight Watchers; and
 - 2.3.4. In SHAPE and Weight Watchers.
- 2.4. The Contractor will offer a program for regular smokers who agree to learn more about the dangers of smoking "The Electronic Decision Support System: EDSS"; and three (3) "Supported Smoking Cessation" programs across the entire state as follows:
 - 2.4.1. Prescriber Referral and Telephone Cognitive Behavior Therapy;
 - 2.4.2. Prescriber Referral and Facilitated Use of Quit line; and
 - 2.4.3. Prescriber Referral.
- 2.5. The Contractor will pay HCHC program participants who are randomly assigned to receive nominal monetary rewards for engagement in healthy lifestyle behaviors.
- 2.6. The Contractor will be responsible for implementation and delivery of the HCHC program, in addition to directing the evaluation of the program and on pre-implementation planning and ensuring that the HCHC program and protocols are



Exhibit A Amendment #3

-
- appropriately followed by the project sites (all 10 NH regional Community Mental Health Centers (CMHC)). The team includes:
- 2.6.1. Steve Bartels, Director of the Dartmouth Center for Aging Research;
 - 2.6.2. Sarah Pratt, PhD, HCHC Project Director, who will work closely with the HCHC Project PIs;
 - 2.6.3. Kelly Capuchino, Medicaid Policy Analyst for BBH; and
 - 2.6.4. Donna Walker, Administrator III for BBH
- 2.7. The Contractor's HCHC Project Director will supervise all other members of the Dartmouth team including:
- 2.7.1. Meghan Santos, LICSW;
 - 2.7.2. Laura Barre, MD, Project Manager;
 - 2.7.3. Gail Williams, Project Manager;
 - 2.7.4. Rosemarie Wolfe, MA, Statistician; and
 - 2.7.5. Tricia Miller, Cognitive Behavioral Specialist and Smoking Cessation Therapist.
- 2.8. The Contractor will hire:
- 2.8.1. Incentives Counselors across the state who will:
 - 2.8.1.1. Administer the program at the CMHCs;
 - 2.8.1.2. Promote access to the HCHC program;
 - 2.8.1.3. Consenting and evaluating participants; and
 - 2.8.1.4. Tracking use of incentives,
 - 2.8.2. A Project Coordinator who will supervise the Incentives Counselors.
- 2.9. The Contractor's HCHC Project Director and (2) Project Managers will provide the In SHAPE trainings that will occur as part of the project, as well as, weekly supervision to all HCHC project In SHAPE Health Mentors (fitness trainers).
- 2.10. The Contractor will work with HCHC implementation leaders at the project sites to ensure that the project is progressing as required by the grant.
- 2.11. The Contractor will also oversee continued participation of a total of 550 CMHC clients eligible for Medicaid in the Supported Weight Management programs, and 650 CMHC clients eligible for Medicaid in the smoking education and cessation programs. The Contractor will be responsible for arranging for the Weight Watchers memberships as required by the grant.
- 2.12. The Contractor will establish a petty cash account at Dartmouth from which to draw the cash rewards that half of the HCHC program participants will be eligible to receive (based on randomization).



Exhibit A Amendment #3

- 2.13. The Contractor's HCHC Project Director will work with the Department to collect the information needed for required reporting to CMS from the CMHC sites and will assist with the preparation of reports to CMS.
- 2.14. The Contractor's HCHC Project Director, will participate on regularly scheduled calls and webinars as required by CMS and will attend annual meetings of the grantees from the 10 states funded by CMS.



Exhibit B - Amendment #1

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement, Form P-37, in accordance with the budgets defined in Section 3.1 below, for the services provided by the Contractor pursuant to Exhibit A, Amendment #3 Scope of Services.
2. Services are funded with federal funds made available by the United States Department of Health and Human Services under the Catalog of Federal Domestic Assistance (CFDA) #93.536, Medicaid Incentives for Prevention of Chronic Diseases
 - 2.1. The Contractor agrees to provide the services in Exhibit A, Amendment #3, Scope of Services in compliance with funding requirements.
3. Payment for said services shall be made as follows:

The Contractor will submit an invoice by the tenth 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 invoice must be submitted to:

Financial Manager
Division of Community Based Care Services
Department of Health and Human Services
129 Pleasant Street, Brown Building
Concord, NH 03301

 - 3.1. Payment for contracted services will be made cost reimbursement basis only, for allowable expenses based on budgets identified as Exhibits B-1 and Exhibit B-2.
 - 3.2. The Contractor will provide invoices on Department supplied forms.
4. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.
5. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
6. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 and Exhibit B-2, to adjust amounts within the budgets and between State Fiscal Years, within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
7. All reports required pursuant to this Agreement are due to the State within time frames specified by the State. The State may withhold, in whole or in part, any of the amount identified in Block 1.8. of the General Provisions until the Contractor submits reports to the State's satisfaction, unless a waiver has been granted.
8. Any expenditure that exceeds the approved budgets shall be solely the financial responsibility of the Contractor.
9. The Contractor shall return to the State the full amount of any overpayment or erroneous payment. This must be done promptly but no later than fifteen (15) days from the date of notice from the State.
10. The State may apply credits due to the State against the Contractor's invoices with appropriate information attached.

Exhibit B-1

BUDGET FORM

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder Name: Trustees of Dartmouth College

Budget Request for: Healthy Choices, Healthy Changes
Name of Program

Budget Period: 7/1/15 to 6/30/16

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Incentive Personnel Salary/Wages	\$ 444,412.00	\$ -	\$ 444,412.00	
2. Incentive Personnel Benefits	\$ 151,100.00	\$ -	\$ 151,100.00	
3. Administrative Personnel Salary/Wages	\$ 180,505.00	\$ -	\$ 180,505.00	
4. Administrative Personnel Benefits	\$ 58,683.00	\$ -	\$ 58,683.00	
5. Consultants:	\$ 3,375.00	\$ -	\$ 3,375.00	
6. Data Collection & Tracking	\$ 13,500.00	\$ -	\$ 13,500.00	
7. Supplies:		\$ -	\$ -	
Medical	\$ 20,020.00	\$ -	\$ 20,020.00	
Office	\$ 8,000.00	\$ -	\$ 8,000.00	
8. Travel	\$ 12,160.00	\$ -	\$ 12,160.00	
9. Incentives:		\$ -	\$ -	
Smoking Education Incentives	\$ 87,875.00	\$ -	\$ 87,875.00	
Weight Management Incentives	\$ 214,910.00	\$ -	\$ 214,910.00	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 1,194,540.00	\$ -	\$ 1,194,540.00	

Indirect As A Percent of Direct

0.0%

Exhibit B-2

BUDGET FORM

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder Name: Trustees of Dartmouth College

Budget Request for: Healthy Choices, Healthy Changes
Name of Program

Budget Period: 7/1/16 to 9/30/16

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Incentive Personnel Salary/Wages	\$ -	\$ -	\$ -	
2. Incentive Personnel Benefits	\$ -	\$ -	\$ -	
3. Administrative Personnel Salary/Wages	\$ 115,804.00	\$ -	\$ 115,804.00	
4. Administrative Personnel Benefits	\$ 39,563.00	\$ -	\$ 39,563.00	
5. Consultants:	\$ -	\$ -	\$ -	
6. Data Collection & Tracking	\$ 6,300.00	\$ -	\$ 6,300.00	
7. Supplies:		\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 2,500.00	\$ -	\$ 2,500.00	
8. Travel	\$ 2,960.00	\$ -	\$ 2,960.00	
9. Incentives:		\$ -	\$ -	
Smoking Education Incentives	\$ -	\$ -	\$ -	
Weight Management Incentives	\$ -	\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 167,127.00	\$ -	\$ 167,127.00	

Indirect As A Percent of Direct

0.0%



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 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 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 (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) 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



- 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 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



- 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)

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

Contractor Name: **TRUSTEES OF
DARTMOUTH COLLEGE**

5/27/15
Date

Christine Bothe
Name: **Christine Bothe**
Title: **Associate Director
Office of Sponsored Projects**



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-I.)
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: **TRUSTEES OF
DARTMOUTH COLLEGE**

5/27/15
Date

Christine Bothe
Name: **Christine Bothe**
Title: **Associate Director
Office of Sponsored Projects**



Exhibit F Amendment #1

**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

cb
Date 5/27/15



Exhibit F Amendment #1

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 (I)(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: TRUSTEES OF DARTMOUTH COLLEGE

Date 5/27/15

Name: Christine Belter
Title:



**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

Contractor Initials cb

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

New Hampshire Department of Health and Human Services
Exhibit G



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: TRUSTEES OF
DARTMOUTH COLLEGE

5/27/15
Date

Christine Bofke
Name:
Title:

Exhibit G

Contractor Initials cb

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

Date 5/27/15



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

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

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name: **TRUSTEES OF
DARTMOUTH COLLEGE**

5/27/15
Date

Christine Bothe
Name:
Title:



HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.



- I. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "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.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
- o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business



Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

**TRUSTEES OF
DARTMOUTH COLLEGE**

Department of Health + Human Services
The State

Kathleen A. Dunn
Signature of Authorized Representative

Kathleen A. Dunn
Name of Authorized Representative

Associate Commissioner
Title of Authorized Representative

6/5/15
Date

Name of the Contractor

Christine Bothe
Signature of Authorized Representative

Christine Bothe
Name of Authorized Representative
Associate Director

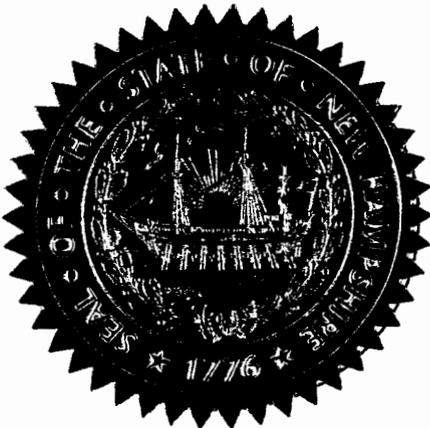
Office of Sponsored Projects
Title of Authorized Representative

5/27/15
Date

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 our records show that a special corporate charter was granted to the TRUSTEES OF DARTMOUTH COLLEGE by the British Crown on December 13, 1769. I further certify that no fees are required to be paid to this office by this corporation.



IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 20th day of April, A.D. 2015

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State



BOARD OF TRUSTEES

CERTIFICATE

I, Marcia J. Kelly, hereby certify that I am Assistant Clerk of Trustees of Dartmouth College, a corporation created by Royal Charter and existing under the laws of the State of New Hampshire; that as Assistant Clerk I have custody of the records of meetings of the Board of Trustees of said corporation; and that at a meeting of said Board duly called and held on the 9th day of April, 2011 at which a quorum was present and acting throughout, the following vote was adopted:

VOTED: To approve the Signature and Requisition Authority Policy, effective July 1, 2011 or such earlier date as the Executive Vice President/Chief Financial Officer shall determine. The provisions of the Signature and Requisition Authority Policy shall take precedence over any previous inconsistent vote of the Board of Trustees.

I further certify that said Board voted to adopt amendments to the Signature and Requisition Authority Policy on March 3, 2012 (effective January 1, 2012), September 22, 2013, January 2, 2014, March 8, 2014, and November 8, 2014. The document is available on Dartmouth website at: <http://www.dartmouth.edu/~control/policies/signature-authority.html>.

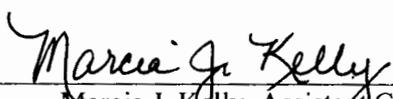
I further certify that said vote remains in full force and effect as of the date hereof and is not contrary to any provision of the Charter of said corporation.

I further certify that attached hereto is a true and correct copy of the Introduction and the Sponsored Activities Administration and Intellectual Property Transactions section (Appendix G) of the said Signature and Requisition Authority Policy.

I further certify that the following persons were appointed to the positions opposite their respective names and continue to serve in said positions as of the dates shown:

Jill Mortali	Director, Office of Sponsored Projects	September 15, 2008
Martin N. Wybourne	Vice Provost for Research	July 1, 2004
Christine Bothe	Associate Director, Office of Sponsored Projects	December 1, 2011
Aarron Clough	Assistant Director, Office of Sponsored Projects	January 1, 2013
Heather A. Arnold	Assistant Director, Office of Sponsored Projects	December 1, 2011

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the corporation this 27th day of May, 2015.



Marcia J. Kelly, Assistant Clerk
Trustees of Dartmouth College



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/11/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 1717 Arch Street Philadelphia, PA 19103-2797	CONTACT NAME: _____
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
J09254-DART-CA3PR-14-15	INSURER(S) AFFORDING COVERAGE
INSURED THE TRUSTEES OF DARTMOUTH COLLEGE ATTN: CATHERINE LARK 53 S. MAIN STREET, SUITE 212 HANOVER, NH 03755	INSURER A: Pinnacle Consortium of Higher Ed VT RRRG NAIC # 11980
	INSURER B: Zurich American Insurance Company NAIC # 16535
	INSURER C: N/A NAIC # N/A
	INSURER D: _____
	INSURER E: _____
	INSURER F: _____

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			PCHE2014-03	07/01/2014	07/01/2015	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP 9267272-04 SELF-INSURED FOR PHYSICAL DAMAGE	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER The State of New Hampshire Department of Health and Human Services 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

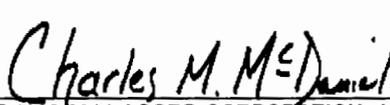
PRODUCER Lockton Companies 8110 E. Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: American Casualty Company of Reading, PA		20427
INSURER B: Midwest Employers Casualty Company		23612
INSURER C: Transportation Insurance Company		20494
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES DARCO02 CERTIFICATE NUMBER: 13029297 REVISION NUMBER: XXXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$
A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	2099375438 (AOS) 2099375472 (CA)	7/1/2014 7/1/2014	7/1/2015 7/1/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Excess Work Comp		N	EWC008364	7/1/2014	7/1/2015	WC - Statutory, EL Limit \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER 13029297 For Information Only	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Dartmouth College

*Office of Sponsored Projects
11 Rope Ferry Road #6210
Hanover, NH 03755-1404*

TELEPHONE: (603) 646-3007

FAX: (603) 646-3670

EMAIL: sponsored.projects@dartmouth.edu

Dartmouth College Mission

Dartmouth College educates the most promising students and prepares them for a lifetime of learning and of responsible leadership, through a faculty dedicated to teaching and the creation of knowledge.

Since its founding in 1769 to educate Native students, English youth, and others, Dartmouth has provided an intimate and inspirational setting where talented faculty, students, and staff - diverse in background but united in purpose - contribute to the strength of an exciting academic community that cuts easily across disciplines.

Dartmouth is committed to providing the best undergraduate liberal arts experience and to providing outstanding graduate programs in the Geisel Medical School (founded 1797), the Thayer School of Engineering (1867), the Tuck School of Business (1900), and the graduate programs in the Arts and Sciences. Together they constitute an exceptional and rich learning environment. Dartmouth faculty and student research contributes substantially to the expansion of human understanding.

The College provides a comprehensive out-of-classroom experience, including service opportunities, engagement in the arts, and competitive athletic, recreational, and outdoor programs. Pioneering programs in computation and international education are hallmarks of the College. Dartmouth graduates are marked by an understanding of the importance of teamwork, a capacity for leadership, and their keen enjoyment of a vibrant community. Their loyalty to Dartmouth and to each other is legendary and is a sustaining quality of the College.



Dartmouth College

Office of Sponsored Projects
11 Rope Ferry Road #6210
Hanover, NH 03755-1404

TELEPHONE: (603) 646-3007
FAX: (603) 646-3670
EMAIL: sponsored.projects@dartmouth.edu

May 25, 2015

Dartmouth latest A133 Audit Report is available on Dartmouth website at:

http://www.dartmouth.edu/~osp/resources/reports/2014_a_133.pdf

Most recent Financial Report can be viewed at:

<http://www.dartmouth.edu/~control/financialotherpub/finstmts.html>

Dartmouth College Board of Trustees 2014-2015

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Deputy Provost, Arts and Humanities
Yale University

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Executive Vice President, UnitedHealth Group
Chief Executive Officer, UnitedHealthcare

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Managing General Partner, ABS Ventures

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Adjunct Professor, Harvard Extension

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Chairman, Chief Executive Officer, and Founder
Dean Foods Company

Nathaniel C. Fick '99
Chief Executive Officer

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Professor of History in the Faculty of Arts and Sciences, Harvard University
Carol K. Pforzheimer Professor, Radcliffe Institute for Advanced Study

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President
Dartmouth College

Margaret Hassan (*ex-officio*)
Governor State of New Hampshire

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Managing Director
General Atlantic, LLC

Jeffrey Immelt '78
Chairman & CEO, GE

Richard H. Kimball '78
Founding General Partner
Technology Crossover Ventures

Morton M. Kondracke '60
Executive Editor and Columnist
Roll Call

Michell H. Kurz '73
Academic Dean, Director of College Counseling, and
Chair of the Math Department
Bronx Center for Science and Mathematics

Gregory B. Maffei '82
President, Chief Executive Officer, and Director
Liberty Media/Liberty Interactive

Stephen Mandel Jr. '78
Managing Director, Lone Pine Capital LLC

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President & CEO, Acusphere Inc.

John B. Replogle '88
Chief Executive Officer and President
Seventh Generation

John Rich '80
Professor and Chair, Health Management Policy
Drexel University

Laurel J. Richie '81
President
WNBA, LLC

Steven Roth '62
Chairman, Vornado Realty Trust

Peggy Epstein Tanner '79
Seeds of Peace

Diana Lancaster Taylor '77
Managing Director
Wolfensohn & Co. LLC

Benjamin F. Wilson '73
Managing Principal
Beveridge & Diamond, P.C.

Dartmouth College

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Phillip J. Hanlon	President of Dartmouth College	N/A	0%	0
Duane Compton	Interim Dean of the Geisel School of Medicine	N/A	0%	0
Jill Mortali	Director, Office of Sponsored Projects	N/A	0%	0

Dartmouth College does not receive any funds for facilities and administrative costs for this project.

CURRICULUM VITAE

Date Prepared: June 19, 2010

NAME: Sarah Pratt. Ph.D.

EDUCATION:

<u>DATE</u>	<u>INSTITUTION</u>	<u>DEGREE</u>
2000	Fordham University	Ph.D. (Clinical Psychology)
1989	Connecticut College	BA

POSTDOCTORAL TRAINING:

<u>DATE</u>	<u>SPECIALTY</u>	<u>INSTITUTION</u>
2001	Dartmouth College	Post Doctoral Fellowship (Clinical Psychology)
2000	Dartmouth College	Clinical Psychology/Neuropsychology Internship

ACADEMIC APPOINTMENTS:

<u>DATE</u>	<u>ACADEMIC TITLE</u>	<u>INSTITUTION</u>
2005-present	Assistant Professor in Psychiatry	Dartmouth Medical School
2004-2005	Research Assistant Professor in Psychiatry	Dartmouth Medical School

HOSPITAL APPOINTMENTS:

<u>DATE</u>	<u>HOSPITAL TITLE</u>	<u>INSTITUTION</u>
2000-2001	Postdoctoral Fellow	New Hampshire Hospital
1999-2000	Intern	New Hampshire Hospital
1996-1997	Extern	White Plains Hospital
1995-1996	Extern	Rockland Children's Psychiatric Center

OTHER PROFESSIONAL POSITIONS:

<u>DATE</u>	<u>POSITION TITLE</u>	<u>INSTITUTION/ORGANIZATION</u>
2001-2004	Research Associate	Dartmouth Medical School
2000	Clinical Consultant	Department of Veteran's Affairs, Manchester, NH
1998-1999	Senior Teaching Fellow	Fordham University
1997-1999	Research Coordinator	New York Hospital Cornell Medical Center
1997-1998	Counselor	Riverdale Community Residence
1996-1998	Teaching Fellow	Fordham University
1995	Teaching Assistant	Fordham University

MAJOR COMMITTEE ASSIGNMENTS AND CONSULTATIONS:**Regional:**

<u>YEAR</u>	<u>COMMITTEE</u>	<u>ROLE</u>	<u>INSTITUTION</u>
2003-2006	Committee for the Protection of Human Subjects	Member	New Hampshire Division of Behavioral Health

Institutional:

<u>YEAR</u>	<u>COMMITTEE</u>	<u>ROLE</u>	<u>INSTITUTION</u>
2003-2006	Executive Committee	Member	Dartmouth Psychiatric Research Center
2009-present	Research Committee	Member	Dartmouth Department of Psychiatry

MEMBERSHIP, OFFICE & COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES:

<u>DATE</u>	<u>SOCIETY</u>	<u>ROLE</u>
1994-present	American Psychological Association	Member
2003-present	American Association of Geriatric Psychiatry	Affiliate Member

AWARDS AND HONORS:

<u>DATE</u>	<u>AWARD NAME</u>
2002	Summer Research Institute in Geriatric Psychiatry
2000	Institute for Intervention Research on Severe Mental Illness
1994-1999	Presidential Scholarship (Full Tuition)
1989	Member, Phi Beta Kappa
1989	Member, National Collegiate Honorary in Political Science (Pi Sigma Alpha)
1989	Winthrop Scholar
1989	Magna Cum Laude with Distinction in Political Science
1985-1989	Dow Jones Scholar

JOURNAL REFEREE ACTIVITIES:

<u>DATE</u>	<u>JOURNAL NAME</u>
2010-present	European Psychiatry
2007-present	Community Mental Health Journal
2007-present	Archives of General Psychiatry
2006-present	Psychiatry Research
2003-present	Schizophrenia Research
2003-present	International Journal of Geriatric Psychiatry
2002-present	Journal of Mental Health
2002-present	American Journal of Geriatric Psychiatry

Other Activities:

MAJOR RESEARCH INTERESTS: My primary research interest and experience focuses on developing and evaluating programs of psychosocial rehabilitation designed to enhance functioning in people with serious mental illness. I have served and continue to serve as Co-investigator on multiple intervention studies addressing this area, including several multi-site R01 projects. I have also served as PI on three studies that specifically involve development and evaluation of skills training programs for older people with SMI, including a Career Development Award (K23 MH080021) to create an individualized program of psychosocial rehabilitation, which is ongoing. My activities on all of these projects have entailed: hiring, training and supervising research interviewers, research assistants and

skills trainers; oversight of the day-to-day operations of the studies; reviewing and approving IRB submissions and annual progress reports to CDC and NIMH; and participating in the analysis, interpretation, and write-up of the study results. I have also written several skills training manuals. Specifically, as Co-Investigator on an R01 study to evaluate the effectiveness of a skills training and health management intervention for older people with serious mental illness (R01 MH62324), the Helping Older People Experience Success (HOPES) program, I took the lead on authoring the manuals used by the skills trainers and the workbooks used by the participants. This included a set of seven skills modules (with 6-8 component skills each) targeting social skills as well as skills for accessing health care and managing health. I was the primary clinical supervisor for the skills trainers, periodically providing live supervision in the context of “master’s classes,” and watching videotaped sessions from the three study sites and providing weekly phone supervision and feedback. I currently serve as the lead trainer when other agencies are interested in implementing the HOPES program. I also co-authored a treatment manual for a fitness promotion intervention for people with serious mental illness, the In SHAPE program. I have participated in the evaluation of In SHAPE as Co-Investigator in the context of two randomized controlled trials (CDC R01 DD000140, NIMH R01 MH078052) and a statewide implementation study (NIMH R01 MH089811). Finally, I have served as Co-Investigator and Site PI on a study designed to evaluate safety and efficacy of long-term treatment with varenicline and cognitive behavior therapy to prevent relapse to smoking in people with schizophrenia. In terms of teaching, over the past 9 years I have hired, trained and supervised at least 10 research interviewers, 10 research assistants, 9 research coordinators, 5 research nurses, and 14 clinicians providing research interventions. I have also provided mentoring to 4 postdoctoral fellows and two summer interns (Dartmouth Medical School students). Finally, I have served as a mentor to several junior faculty in the Department of Psychiatry.

RESEARCH FUNDING:

Past:

1. 2005 – 2009 Integrated Illness Management and Recovery of SMI. NIMH, \$450,000. Principal Investigator: Erik Riera. Role: Co-Investigator.
2. 2006 - 2009 Promoting Health & Functioning in Persons with SMI. CDC, \$565,611. Principal Investigator: Stephen Bartels, M.D., M.S. Role: Co-Investigator.
3. 2004 - 2007 Loan Repayment Grant Award, \$31,805. National Institute of Health.
4. 2004 – 2006 Evaluation of a Pilot Health Promotion Intervention for Persons with Severe Mental Illness. Endowment for Health, \$149,569. Principal Investigator: Stephen Bartels, M.D., M.S. Role: Co-Investigator.
5. 2003 - 2005 Development and Evaluation of a Manualized Medication Adherence Module for Older Adults with Severe Mental Illness. Janssen Pharmaceutica, \$63,896. Principal Investigator: Sarah Pratt, Ph.D.
6. 2003 - 2005 An Investigation of Medication Adherence and Use of Memory Strategies in Older Adults With Schizophrenia. National Alliance for Research on Schizophrenia and Depression, \$59,345. Principal Investigator: Sarah Pratt, Ph.D.

7. 2001 - 2007 Rehabilitation and Healthcare for Older Adults with SMI. National Institute of Mental Health, \$3,674,593. Principal Investigator: Stephen Bartels, M.D., M.S. Role: Project Director.
8. 1998 - 1999 Phase 3 Investigation of Aripiprazole. Otsuka America Pharmaceutical. New York Presbyterian Hospital site. Principal Investigator: Thomas E. Smith, M.D. Role: Project Coordinator.
9. 1997 - 1999 Clozapine and Skills Training for Schizophrenia: Longitudinal Assessment of Symptoms and Social Skills. National Institute of Mental Health. Principal Investigator: Thomas E. Smith, M.D. Role: Research Assistant.

Present:

1. 2010 – 2012 Evaluation of the Health Buddy Technology in People with Serious Mental Illness. Bosch, \$300,000. Principal Investigator: Sarah Pratt, Ph.D.
2. 2009 – 2014 Statewide Intervention to Reduce Early Mortality in Persons with Mental Illness. NIMH, \$3,447,146. Principal Investigator: Stephen Bartels, M.D., M.S. Role: Co-Investigator.
3. 2009 – 2014 Adapting a Health Promotion Intervention for High-Risk Adults: Pilot Project. CDC, \$100,000. Principal Investigator: Stephen Bartels, M.D., M.S. Role: Co-Investigator.
4. 2008 - 2013 Individually Based Psychosocial Rehabilitation for Older Adults with SMI. NIMH, \$861,106. Principal Investigator: Sarah Pratt, Ph.D.
5. 2008 - 2010 Evaluation of the Health Buddy Technology in a Community Mental Health Center. McKesson, \$45,000. Principal Investigator: Louis Josephson, Ph.D. Role: Co-Investigator.
6. 2007 - 2012 Health Promotion and Fitness for Younger and Older Adults With SMI. NIMH, \$3,648,638. Principal Investigator: Stephen Bartels, M.D., M.S. Role: Co-Investigator.
7. 2007 - 2111 Smoking Cessation and Relapse Prevention in Patients with Schizophrenia. NIDA, \$3,149,167. Principal Investigator: Eden Evins, M.D. Role: Co-Investigator.

TEACHING EXPERIENCE/CURRENT TEACHING RESPONSIBILITIES:**Dartmouth Medical School:**

<u>DATE</u>	<u>TEACHING</u>
January 2010	Sarah I. Pratt, Ph.D. The Road to a Successful K Award. Presentation at the Dartmouth Psychiatric Research Center Research Seminar, Lebanon, NH.

- February 2005 Sarah I. Pratt, Ph.D. Preliminary Results of Medication Adherence in Older People with Severe Mental Illness. Presentation at Dartmouth Psychiatric Research Center Research Seminar, Lebanon, NH.
- February 2005 Sarah I. Pratt, Ph.D., Stephen J. Bartels, M.D., M.S. Findings from the HOPES Study of Rehabilitation and Health Care for the Elderly with SMI and New Directions for Future Grants. Presentation at Dartmouth Psychiatric Research Center Research Seminar, Lebanon, NH.
- March 2004 Sarah I. Pratt, Ph.D. Medication Adherence in Older People with Severe Mental Illness. Presentation at Dartmouth Psychiatric Research Center Research Seminar, Lebanon, NH.

Regional:

- June 2010 Stephen J. Bartels, M.D., M.S., & Sarah I. Pratt, Ph.D. Preventing Early Mortality in Serious Mental Illness: Integrated Rehabilitation and Health Care. Presentation at New Hampshire Hospital Grand Rounds, Concord, NH.
- January 2005 Sarah I. Pratt, Ph.D. Teaching Old Dogs New Tricks: Psychosocial Rehabilitation for Older People with Mental Illness. Presentation at New Hampshire Hospital Grand Rounds, Concord, NH.
- April 2003 Sarah Pratt, Ph.D., & Brent Forester, M.D. Helping Older Adults Experience Success: An Intervention for Older Adults with Severe Mental Illness. Presentation at New York Presbyterian Hospital Research Seminar, White Plains, NY.

National:

- May-June 2010 Sarah I. Pratt, Ph.D., & Meghan Santos, LICSW. Basics of Skills Training. Workshops delivered at Community Rehabilitation Center, Jacksonville, FL
- September 2009 Sarah I. Pratt, Ph.D. Growing Old Gracefully: Successful Aging in the 21st Century. Keynote Address at 14th Annual Behavioral Health, Aging & Wellness Conference. Fairview Heights, IL
- March 2007 Stephen Bartels, M.D., M.S., & Sarah Pratt, Ph.D. Approaches to Integrated Rehabilitation and Wellness Self-Management for People With Serious Mental Illness. Presentation at Seminar Series, The Challenge of Promoting Health in Persons with Serious and Persistent Mental Illness...from Science to Service. Boston University School of Continuing Medical Education, Center for Psychiatric Rehabilitation
- March 2005 Sarah I. Pratt, Ph.D. Recruitment for Psychosocial Interventions Research. Presentation for the Advanced Research Institute Technical Workshop at the annual meeting of the American Association for Geriatric Psychiatry. San Diego,

CA

International:

May 2005 Sarah I. Pratt, Ph.D. Skills Training Using Cognitive Behavioural Techniques. Workshop delivered at the Focus on Forensics Annual Conference, Edmonton, Alberta, Canada.

INVITED PRESENTATIONS:**National:**

<u>DATE</u>	<u>TOPIC</u>	<u>ORGANIZATION</u>	<u>LOCATION</u>
March 2008	Symposium: Promoting Health and Fitness in People with Serious Mental Illness: Evaluations of the In SHAPE Program.	American Association for Geriatric Psychiatry	Orlando, FL
March 2006	Symposium: In SHAPE: A Pilot Evaluation of a Health Promotion Intervention for People with Serious Mental Illness.	American Association for Geriatric Psychiatry	San Juan, Puerto Rico
May 2005	Symposium: Long-term Care, Health Management, and Rehabilitation for Elderly with Schizophrenia.	American Psychiatric Association	Atlanta, GE
March 2005	Symposium: Medication Adherence in Older Adults with Mental Illness.	American Association for Geriatric Psychiatry	San Diego, CA

International:

<u>DATE</u>	<u>TOPIC</u>	<u>ORGANIZATION</u>	<u>LOCATION</u>
June, 2010	Successfully Improving Psychosocial Functioning in Older People with Serious Mental Illness.	World Congress of Behavioral and Cognitive Therapies	Boston, MA

BIBLIOGRAPHY:**Journal Articles:****Original Articles:**

1. Corriss, D., Smith, T. E., Hull, J. W., Lim, R. W., **Pratt, S. I.**, & Romanelli, S. (1999). Interactive risk factors for treatment adherence in a chronic psychotic disorders population. *Psychiatry Research*, *89*, 269-274.
2. Huppert, J. D., Weiss, K. A., Lim, R., **Pratt, S.**, Smith, T. E. (2001). Quality of life in schizophrenia: Contributions of anxiety and depression. *Schizophrenia Research*, *51*, 171-180.
3. Bartels, S. J., Miles, K. M., Dums, A. R., & **Pratt, S. I.** (2003). Community mental health service use by older adults with severe mental illness. *Journal of Mental Health and Aging*, *9*, 127-139.
4. Bartels, S. J., Clark, R. E., Peacock, W. J., Dums, A. R., & **Pratt, S. I.** (2003). Medicare and Medicaid expenditures for individuals with schizophrenia by age cohort compared to individuals with depression, dementia, and medical disorders. *American Journal of Geriatric Psychiatry*, *11*, 648-657.
5. Bartels, S. J., Forester, B., Mueser, K. T., Miles, K. M., Dums, A. R., **Pratt, S. I.**, Sengupta, A., Littlefield, C., O'Hurley, S., White, P., & Perkins, L. (2004). Enhanced skills training and health care management for older persons with severe mental illness. *Community Mental Health Journal*, *40*, 75-90.
6. **Pratt, S. I.**, Mueser, K. T., Rosenberg, S., Brancato, J., Salyers, M., Jankowski, M. K., & Descamps, M. (2005). Evaluation of a PTSD psychoeducational program for psychiatric inpatients. *Journal of Mental Health*, *14*, 121-127.
7. **Pratt, S. I.**, Mueser, K. T., Smith, T. E., & Lu, W. (2005). Self-efficacy and psychosocial functioning in schizophrenia: A mediational analysis. *Schizophrenia Research*, *78*, 187-197.
8. **Pratt, S. I.**, Mueser, K. T., Driscoll, M., Wolfe, R., & Bartels, S. J. (2006). Medication nonadherence in older people with serious mental illness: Prevalence and correlates. *Psychiatric Rehabilitation Journal*, *29*, 299-310.
9. **Pratt, S.I.**, Kelly, S., Mueser, K.T., Patterson, T., Goldman, S., & Bishop-Horton, S. (2007). Reliability and validity of a performance-based measure of skills for communicating with doctors for older people with serious mental illness. *Journal of Mental Health*, *16*, 569-579.
10. Shiner, B. R., Whitley, R. E., Van Citters, A. D., **Pratt, S. I.**, & Bartels, S. J. (2008). Learning what matters for patients: Qualitative analysis of a health promotion program for those with serious mental illness. *Health Promotion International*, *23*(3), 275-282.
11. Van Citters, A. D., **Pratt, S. I.**, Jue, K., Williams, G., Miller, P. T., Xie, H., Bartels, S. J. (2009, Online). A pilot evaluation of the In SHAPE individualized health promotion intervention for adults with mental illness. *Community Mental Health Journal*, DOI: 10.1007/s10597-009-9272-x.
12. Mueser, K. T., **Pratt, S. I.**, Bartels, S. J., Forester, B., Wolfe, R., & Cather, C. (2010). Neurocognition and social skill in older persons with schizophrenia and major mood disorders: An analysis of gender and diagnosis effects. *Journal of Neurolinguistics*, *23*, 297-317.
13. Bartels, S. J., Mueser, K. T., **Pratt, S. I.**, Swain, K., Forester, B., Cather, C., & Feldman, J. (In press). Randomized trial of social rehabilitation and integrated health care for older people with severe mental illness. *Journal of Consulting and Clinical Psychology*.

Reviews:

1. **Pratt, S., & Moreland, K.** (1996). Introduction to treatment outcome: Historical perspectives and current issues. Residential Treatment for Children & Youth, 13, 1-27.
2. **Pratt, S. I., Bartels, S. J., Mueser, K. T., & Van Citters, A. D.** (2004). Integrated services and care management for older people with severe mental illness. Geriatric Care Management Journal, 14, 12-18.
3. Van Citters, A.D., **Pratt, S.I.**, Bartels, S.J., & Jeste, D.V. (2005). Evidence-based review of pharmacological and non-pharmacological treatments for older adults with schizophrenia. Psychiatric Clinics of North America, 28, 913-939.
4. **Pratt, S. I., Van Citters, A. D., Mueser, K. T., & Bartels, S. J.** (2008). Psychosocial rehabilitation in older adults with SMI: A review of the research literature and recommendations for development of rehabilitative approaches. American Journal of Psychiatric Rehabilitation, 11, 7-40.
5. **Pratt, S. I., Bartels, S. J., Mueser, K. T., & Forester, B.** (2008). Helping Older People Experience Success (HOPES): An integrated model of psychosocial rehabilitation and health care management for older adults with serious mental illness. American Journal of Psychiatric Rehabilitation, 11, 41-60.
6. Bartels, S. J. & **Pratt, S. I.** (2009). Psychosocial rehabilitation and quality of life for older adults with serious mental illness: Recent findings and future research directions. *Current Opinion in Psychiatry*, 22, 381-385.

Book Chapters:

1. Pratt, S., & Moreland, K. (1996). Introduction to treatment outcome: Historical perspectives and current issues. In S. Pfeiffer (Ed.), Outcome assessment in residential treatment (pp. 1-27). Binghamton, NY: Haworth.
2. Alfonso, V. C., & Pratt, S. (1997). Issues and suggestions for training professionals in assessing intelligence. In D. P. Flanagan, J. L. Genshaft, & P. L. Harrison (Eds.), Contemporary intellectual assessment: Theories, tests and issues. New York: Guilford.
3. Pratt, S. & Moreland, K. (1998). Individuals with other characteristics. In J. Sandoval, C. L. Frisby, K. F. Geisinger, J. D. Scheuneman, & J. R. Grenier (Eds.), Test interpretation and diversity (pp. 349-371). Washington, D.C.: American Psychological Association.
4. Pratt, S., Berman, W., & Hurt, S. (1998). Ethics and outcomes in managed behavioral health care: Trust me, I'm a psychologist. In R. F. Small, & L. R. Barnhill (Eds.), Practicing in the new mental health marketplace: Ethical, legal, and moral issues. Washington, D.C.: American Psychological Association.
5. Pratt, S., & Mueser, K. T. (2001). Schizophrenia. In M. M. Antony & D. H. Barlow (Eds.), Handbook of assessment and treatment planning (pp. 375-414). New York: Guilford.

6. Pratt, S., & Mueser, K. T. (2002). Social skills training for schizophrenia. In S. G. Hofmann & M. C. Thompson (Eds.), Handbook of psychosocial treatments for severe mental disorders, (pp. 18-52). New York: Guilford.
7. Bartels, S. J., Dums, A. R., Oxman, T. E., & Pratt, S. I. (2004). The practice of evidence-based geriatric psychiatry. In J. Sadavoy, L. F. Jarvik, G. T. Grossberg, & B. S. Meyers (Eds.), The comprehensive review of geriatric psychiatry (3rd ed., pp. 817-844). Washington, D.C.: American Psychiatric Association.
8. McCarthy, M., Mueser, K. T., & Pratt, S. I. (2008). Integrated psychosocial rehabilitation and health care for older people with serious mental illness (pp. 118-134). In Gallagher-Thompson, Steffen, & Thompson (Eds.), Handbook of behavioral and cognitive therapies with older adults. NY: Springer.

CURRICULUM VITAE

Date prepared: April 7, 2015

NAME: Stephen James Bartels, MD, MS

I. EDUCATION

<u>DATES</u>	<u>INSTITUTION</u>	<u>DEGREE</u>
1995-1997	Dartmouth Medical School Hanover, NH	Masters in Clinical Evaluative Sciences: Health Services Evaluation, Clinical Outcomes Research, and Health Policy
1976-1980	University of Virginia Medical School Charlottesville, VA	Doctor of Medicine
1971-1976	Amherst College Amherst, MA	Bachelor of Arts

II. POSTDOCTORAL TRAINING

<u>DATES</u>	<u>INSTITUTION</u>	<u>SPECIALTY</u>
1983-1984	Cambridge Hospital Harvard Medical School	Inpatient Psychiatry
1981-1983	Cambridge Hospital Harvard Medical School	Adult Psychiatry
1980-1981	Cambridge Hospital Harvard Medical School	Internship
Summer 1997	AAGP/NIMH Summer Research Institute in Geriatric Psychiatry, UCSD	Fellow

III. LICENSURE AND CERTIFICATION

American Board of Psychiatry and Neurology Certifications:
2001 Recertification in Geriatric Psychiatry
1991 Added Qualification in Geriatric Psychiatry
1987 Board Certification in Psychiatry and Neurology

IV. ACADEMIC APPOINTMENTS

Current: Herman O. West Distinguished Professor of Geriatrics,
Professor of Psychiatry, Dartmouth Medical School
Professor of Community & Family Medicine, Dartmouth Medical

	School, Professor of the Dartmouth Institute of Health Policy and Clinical Practice
September 2011	Herman O. West Endowed Professor of Geriatrics
July 2010	Professor of Psychiatry and Professor of Community and Family Medicine with Tenure
July 2004	Professor of Psychiatry and Professor of Community and Family Medicine
July 93-June 04	Associate Professor of Psychiatry, Dartmouth Medical School
May 87-July 93	Assistant Professor of Psychiatry, Dartmouth Medical School
Sept. 84-June 86	Instructor in Psychiatry and Director of Inpatient Psychiatry, Cambridge Hospital, Harvard Medical School

V. HOSPITAL APPOINTMENTS

April-May 87-Dec. 04	Courtesy Staff Active Staff	Dartmouth-Hitchcock Medical Center Valley Regional Hospital, Claremont, NH
Sept. 84 -June 86	Active Staff	Cambridge Hospital, Cambridge, MA

VI. OTHER PROFESSIONAL POSITIONS

2008-Current	Director Director	Dartmouth Centers for Health and Aging Center for Aging Research at The Dartmouth Institute for Health Care Policy and Clinical Practice
2007-Current	Director	Northern New England Geriatric Education Center
2005-2007	Medical Director Chairperson	New Hampshire Bureau of Elderly and Adult Services Geriatric Strategic Planning Initiative, Dartmouth-Hitchcock Medical Center & Dartmouth Medical School
2000-2006	Medical Director	New Hampshire Bureau of Behavioral Health
1991-1994	Medical Director	West Central Community Mental Health Services
May 87-July 90	Medical Director	Valley Regional Hospital Geropsychiatric Unit
July 86-Jan. 90	Staff Psychiatrist	West Central Community Mental Health Services
Sept. 84-June 86	Director, Inpatient Psychiatry	Cambridge Hospital, Harvard Medical School

VII. MAJOR COMMITTEE ASSIGNMENTS AND CONSULTATIONS

National:

2001-2009	NIMH Interventions Research Review	Reviewer	NIMH
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2006- Current	Committee Geriatric Depression Evidence-based Practice Resource Kit Initiative	Task Leader	CMHS-NRI
2005-2007	Steering Committee		Annapolis Coalition on Behavioral Workforce Education
2005	White House Conference on Aging Older Americans	Health Policy Delegate	
2004- Current	Substance Abuse and Mental Health Technical Assistance Center	Scientific Co- Director	CMHS
2002-2005	Board of Directors	Chair	Geriatric Mental Health Foundation
2002-2004	President's New Freedom Commission on Mental Health	Expert consultant and writer	President's Report for the Subcommittee on Older Adults
2001- Current	Executive Committee of Institute Directors		UCSD/AAGP/NIMH Summer Research Institute in Geriatric Psychiatry
2001-2003	Consensus Panel on Treatment of Depression and Behavioral Symptoms of Dementia in Nursing Homes	Co-Chair	AGS-AAGP
2001-2003	Workgroup on Health Policy for Mental Health Services in Nursing Homes	Co-Chair	AGS-AAGP
<u>Regional:</u>			
2001-2005	New Hampshire Pharmacy and Therapeutics Committee		State of New Hampshire
1998-1999	Steering Committee, 12-site SAMHSA-VA study of Aging, Mental Health, and Substance Abuse in Primary Care	Chair	SAMHSA-VA
1998- Current	Long-term Care Advisory Committee		NH Dept. of Health and Human Services
<u>Institutional:</u>			
	Research Committee, Dept. of Psychiatry Hitchcock Foundation		Dartmouth Medical School Dartmouth-Hitchcock Medical

Research Proposal
Review Committee

Center

VIII. MEMBERSHIP, OFFICE & COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES

2007-Current	American Geriatrics Society	Member
1996-Current	American Association for Geriatric Psychiatry	Member
1986-1996	American Psychiatric Association	Member
1988-1996	New Hampshire Psychiatric Association	Member
2005-2000	Geriatric Mental Health Foundation	Board of Directors
2002-2005	Geriatric Mental Health Foundation	Founding Chair
2001-2002	American Association for Geriatric Psychiatry	President
2000-2001	American Association for Geriatric Psychiatry	President-elect
1999-2000	American Association for Geriatric Psychiatry	Treasurer
1996-2000	American Association of Geriatric Psychiatry	Board of Directors
2004-Current	Advanced Research Institute (ARI)	Steering Committee
2000-Current	Summer Research Institute (SRI) in Geriatric Psychiatry	Steering Committee
1996-Current	American Association for Geriatric Psychiatry	Public Policy Committee
1996-Current	American Association for Geriatric Psychiatry	Research Committee
1997-1998	National Association of State Mental Health Program Directors (NASMHPD)	President's Advisory Council on Behavioral Health Outcomes
1997-1998	Alzheimer's Association	Medicare Reform Advisory Committee Member
2011-2012	Institute of Medicine Committee on the Geriatric Mental Health Workforce	

IX. EDITORIAL BOARDS

Psychiatric Services
SPECIAL ISSUE GUEST EDITOR:
Psychiatric Clinics of North America
Psychosocial Rehabilitation Journal
Journal of Dual Diagnosis
American Journal of Geriatric Psychiatry

X. AWARDS AND HONORS

2010	National Alliance for the Mentally Ill 2010 New Hampshire NAMI Psychiatrist of the Year
------	--

- 2005 Mental Health and Aging Award, American Society on Aging, 2005 Annual Meeting of the American Society on Aging and the National Coalition on Aging, Philadelphia
- 2004 2004 Visiting Professor, University of Hawaii, John A. Burns School of Medicine, March 2004
- 2003 American Psychiatric Association Health Services Research Senior Career Award, American Psychiatric Institute for Research and Education, May 21st, 2003, Annual meeting of the American Psychiatric Association, San Francisco
- 2003 2003 Annual Dr. Ewald Busse Lecture in Geriatric Psychiatry, March 27, 2003, Duke University School of Medicine
- 2002-2012 K24 Mid-Career Investigator Award in Patient-Oriented Research Interventions and Services for Older Adults with SMI (NIMH K24 MH66282): 5 year Mid-Career Academic Award focusing on interventions and services research in older adults with SMI and mentoring of early career investigators in geriatric mental health services research
- 2001-2003 NARSAD Independent Investigator Award
Use and Cost of Mental Health Services and General Medical Care in Older Adults with Schizophrenia and Affective Illness: The Impact Of Medical Comorbidity and Long-Term Care
- 1994-1999 Geriatric Clinical Mental Health Academic Award (NIMH KO7MH01052-01A1) 5-year career development award providing for the development of research and clinical expertise in severe mental disorders in the elderly, with a specific focus on clinical outcomes, and services

XI. JOURNAL REFEREE ACTIVITIES:

American Journal of Geriatric Psychiatry
Psychiatric Services
American Journal of Psychiatry
Archives of General Psychiatry

XII. MAJOR RESEARCH INTERESTS:

Geriatric mental health services and interventions research, mental health and aging health policy, integration of mental health services in primary care, quality improvement and outcome measurement for geriatric mental health services, mental health services in long-term care, prevention of alcohol and medication misuse in older adults, utilization and costs of mental health services and treatments for older persons, rehabilitation and health management for persons with serious mental illness and medical comorbidity, evidence-base practices in geriatric psychiatry, informed shared decision making.

XIII. RESEARCH FUNDING

Prior:

1. Cognition and Outcome in the Elderly with Schizophrenia
NIMH, K07 MH01052

- \$694,029
9/1/93-5/31/99
Bartels, Stephen J. (PI)
2. Two-year follow-up study of elderly with severe mental illness in the community
The Center for Late Life Psychosis. UCSD, San Diego
\$10,000
1996-1997
Bartels, Stephen J. (PI)
 3. The New Hampshire Elder Mental Health Outcomes Project
State of New Hampshire
\$200,000
7/1/96-6/30/98
Bartels, Stephen J. (PI)
 4. Mental Health Services for Persons with Severe Mental Illness
NIMH, R24 MH56147
\$2,451,384
1996-2002
Drake, Robert E., (Co-Investigator: Bartels SJ)
 5. Service Needs of Older Adults with Mental Illness
The Washington Institute for Mental Illness Research and Training
\$150,298
2/1/1998-3/31/2000
Bartels, Stephen J. (PI)
 6. Managed care outcomes for elderly with depression
John D. and Catherine T. MacArthur Foundation
\$12,000
1997-2000
Bartels, Stephen J. (PI)
 7. Costs of Mental Health and Health Care Services Among Dually Eligible with Severe
Mental Illness Eligibility Database Analysis
Robert Wood Johnson Foundation
\$142,135
6/1/1998-6/30/2000 and 10/1/2000-7/31/2001
Clark, Robin E. (Bartels, Stephen J.: Co-PI)
 8. Measuring Outcomes for Elderly with Mental Disorders
State of New Hampshire-Health Care Transition Fund
\$100,000
1/1/99-6/30/00
Bartels, Stephen J. (PI)
 9. Improving Home and Community-based Mental Health Care for Older Persons
The Robert Wood Johnson Foundation
\$299,486

- 9/1/98-12/31/00
Bartels, Stephen J. (PI)
10. Collaborative Mental Health Care for Elderly in Primary Care
Substance Abuse and Mental Health Administration
\$1,443,981
9/30/98-8/31/03
Bartels, Stephen J. (PI)
 11. Public Financing and Treatment for Co-Occurring Mental Illness and Substance Abuse
Disorders
The Robert Wood Johnson Foundation
\$99,989
9/1/01-12/31/02
Clark, Robin E. (Bartels, Stephen J.: Co-PI)
 12. Use and Cost of Mental Health Services and General Medical Care in Older Adults with
Schizophrenia and Affective Illness
NARSAD
\$99,244
9/15/01-3/15/04
Bartels, Stephen J. (PI)
 13. Prevention of Substance and Medication Misuse Among Older Adults in Senior Housing
SAMHSA/CSAP, KD1 SP09291
\$1,038,364
7/1/01-6/30/04
Bartels, Stephen J. (PI)
 14. Community Wrap: Transitioning Older Adults from Nursing Facilities to the Community
CMS
\$770,000
2001-2005
Ringelstein T; (Co-investigators: Bartels, SJ. Miles KM)
 15. Problem Solving Treatment for Primary Care Depression
NIMH, R01 MH62322
\$2,099,425
4/1/02-3/31/07
Oxman, Thomas E. (Bartels SJ, Co-investigator)
 16. Rehabilitation and Health Care in Elderly with SMI
NIMH, R01 MH62324
\$3,674,594
9/30/01-6/30/07
Bartels, Stephen J. (PI)
 17. Interventions and Services for Older Adults with SMI
NIMH, K24 MH66282
\$594,754

- 9/1/02-8/31/07
Bartels, Stephen J. (PI)
18. NH-Dartmouth Behavioral Health Policy Institute
State of New Hampshire
\$1,600,000
9/1/2003-9/1/2007
Bartels, Stephen J. (PI)
19. Home Care Connections: Integrating Long Term Supports and Affordable Housing
CMS
\$899,954
Bimbo, Linda: Institute for Disability (PI)
Bartels, Stephen J. and Miles Keith M. (Evaluators)
20. Evaluation of a Pilot Health Promotion Intervention for Persons with Mental Illness
New Hampshire Endowment for Health
\$132,324
10/01/2004-09/30/2009
Bartels, Stephen J. (PI)
21. Health Promotion and Fitness for Younger and Older Adults with SMI
NIMH R01 MH078052
\$3,416,000
6/1/2007-5/1/2012
Bartels, Stephen J. (PI)
22. Minority Supplement: Daniel Jimenez PhD
NIMH R01 MH078052
\$468,121
9/1/2009-5/1/2012
Bartels, Stephen J. (PI)
23. Interventions and Services for Older Adults with SMI
NIMH 2K24MH066282
\$966,400
9/01/2007-08/31/2012
Bartels, Stephen J. (PI)
24. Reducing Disparities in Health for Vulnerable Populations in NH & VT
CDC
\$2,595,600
9/30/2009-9/29/2014
Fisher, Elliot (Co-PI), Bartels, Stephen J. (Research Director)
25. Community-based Health Homes for Adults with Serious Mental Illness
\$202,955
R24MH102794-01
09/26/2013-09/25/2014

Bartels, Stephen J. (PI)

Current:

1. Statewide Intervention to Reduce Early Mortality in Person with Mental Illness
NIMH 1R01MH089811-01
\$2,561,830
11/01/2009-10/31/2015
Bartels, Stephen J. (PI)
2. Training Geriatric Mental Health Services Researchers
NIMH T32 MH 073553
\$
07/01/2010-06/30/2015
Bartels, Stephen J. (PI)
3. Northern New England Geriatric Education Center
HRSA UB4HP19206
\$411,138
07/01/2010-06/30/2015
Bartels, Stephen J. (PI)
4. New Hampshire Medicaid Wellness Incentive Program (WIP)
Centers for Medicare & Medicaid Services
(Subcontract from NH Department of Health and Human Services)
K12 HS021695-01
\$9,992,291 (\$428,589)
08/01/2011-12/31/2015
Riera, Erik (Co-PI), Lotz, Doris (Co-PI), Bartels, Stephen J. (SitePI)
5. Community Behavioral Health Homes for Adults with Serious Mental Illness
CMMI/HCIA 1C1CMS330983-01-00
\$58,588
07/01/2012-06/30/2015
Bird (PI), Bartels, Stephen J. (Co-PI)
6. K12 Early Career Development Program in Patient Centered Outcomes Research
AHRQ
07/01/2012-06/28/2015
Bartels, Stephen J. (PI)
7. Dartmouth Center for Clinical and Translational Science
NIH/NCATS 1KL2TR001088-01
\$4,000,000
09/26/2013 – 4/30/2018
Green, A (PI), Bartels, Stephen J. (Research Training and Education Component Director)
8. Health Promotion and Disease Prevention Research Center
CDC U48DP005018
Year 1: \$694,013

09/30/2014-09/29/2019

Pratt, Sarah (Co-PI), Aschbrenner, Kelly (Co-PI), Bartels, Stephen J. (PI)

9. RCT of a Learning Collaborative to implement Health Promotion in Mental Health
NIMH R01MH102325
Year 1: \$496,645
07/01/2014-06/30/2019
Bartels, Stephen J. (PI)
10. Self-Management Training and Automated Telehealth to Improve SMI Health Outcomes
NIMH R01MH104555
Year 1; \$495,387
09/01/2014-08/31/2019
Bartels, Stephen J. (PI)

XIV. TEACHING EXPERIENCE/CURRENT TEACHING RESPONSIBILITIES**Dartmouth Medical School:**

- Sept 2007- Director and Lecturer, Dartmouth Northern New England Geriatric Education Center
- June 2007- Course Co-Director, Weekly year-long Graduate Tutorial on Research Methodology and Grant Application Development, Dartmouth Institute for Health Policy and Clinical Practice
- 2003-present Faculty, Center for Evaluative Clinical Sciences, Dartmouth Medical School
- 1990-Current Lecturer: fourth year medical student clinical pharmacology and therapeutics
Lecturer: first year medical student Scientific Basis of Medicine

Dartmouth-Hitchcock Medical Center:

- 1990-Current Associate Director, Geriatric Psychiatry Residency Program
Geriatric Resident Supervisor
Lecturer, Geriatric Psychiatry Resident Seminar

National:

- 2003-present Faculty and Steering Committee, NIMH Advanced Research Institute (ARI) in Geriatric Mental Health
- 2000-present Faculty and Steering Committee: NIMH Sumer Research Institute (SRI) on Geriatric Psychiatry

XV. SELECTED INVITED PRESENTATIONS

XV. SELECTED INVITED PRESENTATIONS				
	<u>National:</u>			
	January, 1991	Issues in State Programming for People with Dual Diagnosis	National Association of State Mental Health Program Directors	Santa Fe, NM
	January, 1991	Organic Mental Disorder	Cambridge Hospital, Harvard Medical School Dept. of Psychiatry	Cambridge, MA

1991	Active and Remitted Alcoholism in Schizophrenia (Presentation), Substance Abuse Among the Severely Mentally Ill (Symposium Co-Chair)	American Psychiatric Association	New Orleans, LA
1992	A 7-year Follow-up Study of Severely Mentally Ill Substance Abusers (Presentation); Dual Diagnosis: Subgroups and longitudinal outcome (Symposium Chair); Programming for Mentally Ill Substance Abusers (Workshop participant)	American Psychiatric Association	Washington, DC
November, 1994	Linking Level of Care to Level of Need: Toward developing a model	American Evaluation Association	Boston, MA
August, 1995	Preadmission Screening and Annual Nursing Home Resident Review	Aging Division of the National Association of State Mental Health Program Directors	Portland, ME
November, 1996	Community Mental Health Service Use by Older Adults with Severe Mental Illness	Geriatric Society of America	Atlanta, GA
June, 1996	Aging Issues in an Era of Managed Care: Depression in the Elderly	Women in Government Legislative Round Table	Jackson Hole, WY
May, 1996	Heterogeneity of outcome in older adults with Schizophrenia (Presentation); Schizophrenia and aging (Symposium Co-chair)	American Psychiatric Association	New York, NY
August, 1996	Mental Health Outcome Measurement and Implications for Elderly with Mental Illness	Aging Division of the National Association of State Mental Health Program Directors	Memphis, TN
January, 1997	Mental Health Services for Alzheimer's Disease: Current trends in reimbursement, public policy, and the future under managed care	American Association of Geriatric Psychiatry, The Alzheimer's Association, American Geriatrics Society	Washington, DC

March, 1997	Mental Health Services and Elderly Primary Care Patients in HMOs: Results from the managed care outcomes project	American Association of Geriatric Psychiatry	Orlando, FL
March, 1997	Mental Health Service Use by Elderly with Bipolar Disorder and Major Depression	American Association of Geriatric Psychiatry	Orlando, FL
March, 1997	Outcomes and Quality Improvement of Mental Health Services for the Elderly	American Association of Geriatric Psychiatry	Orlando, FL
April, 1997	Cognition and Mental Health Service Use in Elderly with Schizophrenia	Conference on Cognition in Schizophrenia	Mount Sinai, NY
May, 1997	Community Service Needs of Severe and Persistent Mentally Ill Elderly	American Psychiatric Association	San Diego, CA
August, 1997	Measuring Outcomes in Older Adults with Mental Illness	Division of the National Association of State Mental Health Program Directors	Salt Lake City, UT
September, 1997	Initiative on Alzheimer's Disease and Related Dementias	American Association for Geriatric Psychiatry	Boston, MA
November, 1997	Mental Health Services for Older Persons under Medicare: The challenge of managing care vs. managing costs	Geriatric Society of America	Cincinnati, OH
March, 1998	Factors Associated with Mental Health Services Use among Elderly with Severe Mental Illness: A two year prospective study	American Association for Geriatric Psychiatry	San Diego, CA
March, 1998	Mental Health Long-term Care and the Elderly: The emerging challenge of severe and persistent mental disorders in an era of managed care	American Association for Geriatric Psychiatry	San Diego, CA
1998	Outcomes and Guided Service Planning for Older Adults with Mental Disorders	National Association of State Mental Health Program Directors	Charleston, SC
March, 1999	Predictors of Mental Health	American Association	New Orleans, LA

		Service Costs for Elderly with Schizophrenia	for Geriatric Psychiatry	
July, 1999		Mental Health Services for Aging Americans: Bridging the gap between research and public health	National Association of State Mental Health Program Directors	Pittsburgh, PA
March, 2000		Geriatric Psychiatry and Perspectives from the Field of Health Services Research in the Year 2000: Who are we? What is the need? What are the future opportunities?" (Symposium Chair)	American Association for Geriatric Psychiatry	Miami, FL
March, 2000		Inappropriate Placement of Older Adults with Schizophrenia in Nursing Homes	American Association for Geriatric Psychiatry	Miami, FL
March, 2000		Health Service Use by Older Medical Outpatients with Psychiatric Comorbidity and Cost-containment Strategies in HMOs (Chair)	American Association for Geriatric Psychiatry	Miami, FL
November, 2000		Primary Care Research in Substance Abuse and Mental Health for the Elderly: A Multi-site Comparison of Integrated and Referral Mental Health Care for Older Persons	American Public Health Association	Boston, MA
November, 2000		Primary Care Research in Substance Abuse and Mental Health for the Elderly	Gerontological Association of America	Washington, DC
November, 2000		Bridging Science Mental Health Policy for Older Americans: We know treatment works ...so why are we failing?	Gerontological Association of America	Washington, DC
February, 2000		Beyond Nursing Homes and Hospitals: Taking geriatric psychiatry into the mainstream	American Association for Geriatric Psychiatry	San Francisco, CA
February, 2000		Rehabilitation and Health Care Management of Older Persons with Severe Mental Illness	American Association for Geriatric Psychiatry	San Francisco, CA
February, 2000		Mental Disorders of Aging: The public health crisis of the millennium?"	American Association for Geriatric Psychiatry	San Francisco, CA
March 8, 2001		Recommendations for FY	Testimony before the	Washington, DC

		2002 Appropriations for Late-Life Mental Health Research and Services	Subcommittee on Labor, Health and Human Services, Education & Related Agencies of the House Committee on Appropriations, Congressional Record	
May 30, 2001		Antipsychotic Prescribing Practices in Routine Practice Settings and the Research Questions They Herald	NCDEU	Phoenix, AZ
April 4, 2001		Medicare Mental Health Modernization Act of 2001	National Press Briefing-US Capitol	Washington, DC
June 5, 2001		Addressing the Unmet Needs of America's Elderly: A briefing on mental health and aging	Congressional Briefing	Washington, DC US Capitol Bldg.
May 20, 2002		Health Policy Implications of (PRISMe) and the Promise of Research on Mental Health and Substance Abuse Treatment of Older Persons in Primary Care	American Psychiatric Association	Philadelphia, PA
February 23-27, 2002		Presidential Plenary	American Association for Geriatric Psychiatry	Orlando, FL
February 23-27, 2002		Integration of Geriatric Mental Health Services in Primary Care: Early results from the PROSPECT, IMPACT, PIC, and PRISME Studies	American Association for Geriatric Psychiatry	Orlando, FL
February 23-27, 2002		Medicaid and Medicare Costs of Severe Mental Illness in Older Adults	American Association for Geriatric Psychiatry	Orlando, FL
February 23-27, 2002		Funding for Geriatric Mental Health Research, Services, and Policy: "What does the future hold?"	American Association for Geriatric Psychiatry	Orlando, FL
February 23-27, 2002		Acute Stress Response: Psychological impact of trauma on older adults	American Association for Geriatric Psychiatry	Orlando, FL
March 5, 2002		Integrating Mental Health Services for Older Adults in Primary Care	American Society on Aging and the National Coalition on Aging	Denver, CO
June 13, 2002		Increasing Use of Psychiatric Medication Combination Treatment of	NCDEU	Phoenix, AZ

		Geriatric Mental Disorders: 1995-1999		
June 28, 2002		Mental Disorders and Aging: A public health crisis in the new millennium?	National Alliance for the Mentally Ill	Chicago, IL
August 12, 2002		Caregiving and the Mental Health System	Johnson & Johnson/Rosalynn Carter Institute Caregivers Program	Washington, DC
August 26, 2002		Implementing Evidence-based Practices in Geriatric Mental Health Care	National Association of State Mental Health Program Directors	Charleston, SC
September 27, 2002		An Agenda for Geriatric Mental Health Services Research	American Association for Geriatric Psychiatry	Pittsburgh, PA
October 2, 2002		Mental Disorders and Aging: An emerging public health crisis in the new millennium?	President's New Freedom Commission on Mental Health,	Washington, DC
October 17, 2002		Prevention of Alcohol and Medication Misuse among Older Adults in Senior Housing	Annual Peter Lamy Center Conference	Bethesda, MD Univ. of MD
September 25, 2002		Future Directions and Career Opportunities in Geriatric Mental Health Services Research	Penn State Gerontology Center	Pittsburgh, PA
September 30, 2002		Barriers to Mental Health Treatment for Alzheimer's Disease: Funding, reimbursement and public policy	A Collaboration of Care: Constructive Dialogues on Dementia	Chicago, IL
November 15, 2002		Creating an Effective Mental Health System for Older Persons	The Donahue Seminar	Oklahoma City, OK
October 11, 2002		Evidence-based Practices in Geriatric Mental Health Care	Creating a Functional Market Place For Prescription Drugs	Portland, OR
May 21, 2003		Health Services Research Senior Career Award Lecture	American Psychiatric Association	San Francisco, CA
March 1-4, 2003		Do integrated services improve mental health treatment for older adults with depression and other disorders in primary care? Findings from the PRISMe study.	American Association for Geriatric Psychiatry	Honolulu, HI

March 1-4, 2003	Integrated Mental Health Services for Elderly in Primary Care - Results from the PROSPECT, IMPACT, and PRISMe Studies	American Association for Geriatric Psychiatry	Honolulu, HI
March 27, 2003	Integration of Mental Health and Primary Care for Older Adults with Mental Illness: Research findings and public policy implications for the future of psychiatric services	The Annual Dr. Ewald Busse Lecture in Geriatric Psychiatry	Durham, NC Duke University School of Medicine
February 21-24, 2004	The AAGP-AGS Consensus Initiative on Improving the Quality of Mental Health care in U.S. Nursing Homes: Management of depression and behavioral symptoms associated with dementia (symposium chair).	American Association for Geriatric Psychiatry	Baltimore, MD
February, 2005	Fixing the Broken Mental Health System for Older Adults: Findings from research on integrated services and evidence based practices	American Society on Aging	San Francisco, CA
2005	Evidence-based Models and Integrated Dementia Care Management	American Association for Geriatric Psychiatry	San Diego, CA 2005
2006	Trends in Medication Combination Therapy of Geriatric Mental Disorders: 1995-2003	American Association for Geriatric Psychiatry	San Juan, PR
2007	Technology in Mentored Geriatric Mental Health Research	American Association for Geriatric Psychiatry	New Orleans, LA
2007	The AAGP Clinical Practice Pay for Performance Initiative	American Association for Geriatric Psychiatry	New Orleans, LA
2008	Health Promotion and Integrated Health Care for Younger and Older Adults with Serious Mental Illness	American Association for Geriatric Psychiatry	Orlando, FL
March 5-8, 2009	Treating Addiction in Older Adults: The emergence of a new generation	American Association for Geriatric Psychiatry	Honolulu, HI
April 13-15, 2009	Older Adults Targeted Capacity Expansion	National Association of State Mental Health Program Directors	Annapolis, MD

May 13-14, 2009	Interventions and Health Care Promotions in Younger and Older Adults with Serious Mental Illness	Thresholds Institute	Chicago, IL
July 18-19, 2009	In-SHAPE: Improving the Health Status of People with Mental Illness	National Association of State Mental Health Program Directors	St. Louis, MO
September 15, 2009	Caring for an Aging America	Eldercare Workforce Alliance	Washington, DC
October 15-16, 2009	Overview of Evidence-Based Models of Mental Health Care and Implementation Resource Materials	Western Psychiatric Institute and Clinic/GEC	Philadelphia, PA
October 19-20, 2009	Targeted Capacity Expansion Grants: Lessons Learned	Iowa Department of Human Services, NASMHPD-OPD, NAPP	Des Moines, IA
May 9, 2012	Alcohol and Medication Misuse and Abuse	Geriatric Mental Health Conference	Claremont, NH
International:			
1988	Treatment of the Suicidal Schizophrenic Patient	World Psychiatric Association	University of Calgary Alberta, Canada
1989	Depression, Hopelessness, and Suicidality in Schizophrenia: The neglected impact of Substance Abuse	VIII World Congress of Psychiatry	Athens, Greece
1992	Longitudinal Outcome of Severely Mentally Ill Substance Abusers	Addictive Behavior: Determinants for Long-term Course	Zurich, Switzerland

XV. BIBLIOGRAPHY

Journal Articles:

Original Articles:

1. Bartels SJ. The aftermath of suicide on the psychiatric inpatient unit. (1987). *General Hospital Psychiatry*, 9(3), 189-197. PMID: 3582968
2. Bartels SJ, Drake RE. (1988). Depressive symptoms in schizophrenia: Comprehensive differential diagnosis. *Comprehensive Psychiatry*, 29(5), 467-483. PMID: 3053027
3. Bartels SJ, Drake RE, Sederer L. (1988). Negative treatment effects in chronic schizophrenia. *Directions in Psychiatry*, 8, 1-7.

4. Bartels SJ, Drake RE. (1989). Depression in schizophrenia: Current guidelines to treatment. *Psychiatric Quarterly*, 60(4), 333-345. PMID: 2699936
5. Teague G, Drake RE, Bartels SJ. (1989). Stress and schizophrenia: A review of research models and findings. *Stress Medicine*, 5, 153-165.
6. Bartels SJ, Thomas WN. (1991). Lessons from a residential program for people with dual diagnoses of severe mental illness and substance use disorder. *Psychosocial Rehabilitation Journal*, 15, 19-30.
7. Bartels SJ, Drake RE, Wallach MA, Freeman DH. (1991). Characteristic hostility in schizophrenic outpatients. *Schizophrenia Bulletin*, 17(1), 163-171. PMID: 2047786
8. Bartels SJ, Drake RE. (1991). New challenges and directions in state programming for the dually diagnosed. *The Journal of the California Alliance for the Mentally Ill*, 2, 6-7.
9. Bartels SJ, Drake RE, McHugo GJ. (1992). Alcohol abuse, depression, and suicidal behavior in schizophrenia. *American Journal of Psychiatry*, 143(3), 394-395. PMID: 1536280
10. Bartels SJ, Teague GB, Drake RE, Clark RE, Bush P, Noordsy DL. (1993). Service utilization and costs associated with substance abuse among rural schizophrenic patients. *Journal of Nervous and Mental Disease*, 181, 227-232.
11. Drake RE, Bartels SJ, Teague GB, Noordsy DL, Clark RE. (1993). Treatment of substance abuse in severely mentally ill patients. *Journal of Nervous and Mental Disease*, 181(10), 606-611. PMID: 8105026
12. Bartels SJ, Drake RE, Wallach MA. (1995). Long-term course of substance use disorders among patients with severe mental illness. *Psychiatric Services*, 46(3), 248-251. PMID: 7796211
13. Bartels SJ, Drake RE. (1996). Residential treatment for dual diagnosis. *Journal of Nervous and Mental Disease*, 184, 379-381.
14. Bartels SJ, Mueser KT, Miles KM. (1997). Functional Impairments in elderly with schizophrenia and major affective disorder living in the community: social skills, living skills, and behavior problems. *Behavior Therapy*, 28(1), 43-63.
15. Bartels SJ, Horn S, Sharkey P, Levine K. (1997). Treatment of depression in older primary care patients in Health Maintenance Organizations. *International Journal of Psychiatry in Medicine*, 27(3), 215-231. PMID: 9565725
16. Bartels SJ. (1997). The challenge of measuring mental health service outcomes for older adults. *Dimensions*. The American Society on Aging, Washington DC.
17. Bartels SJ, Mueser KT, Miles KM. (1997). A comparative study of elderly patients with schizophrenia and bipolar disorder in nursing homes and the community. *Schizophrenia Research*, 27(2-3):181-190. PMID: 9416647
18. Bartels SJ, Levine KJ. (1998). Meeting the needs of older adults with severe and persistent mental illness: Public policy in an era of managed and long-term care reform. *The Public Policy and Aging Report*, 9(1), 1-6, National Academy on an Aging Society, The Gerontological Society of America.
19. Bartels SJ, Colenda CC. (1998). Mental health services for Alzheimer's disease: Current trends in reimbursement, public policy, and the future under managed care. *American Journal of Geriatric Psychiatry*, 6(2:Suppl 1), 85-100. PMID: 9581225
20. Bartels SJ, Levine KJ, Shea D. (1999). Community-based long-term care for older persons with severe and persistent mental illness in an era of managed care. *Psychiatric Services*, 50(9), 1189-1197. PMID: 10478906

21. Jeste DV, Alexopoulos GS, Bartels SJ, Cummings JL, Gallo JL, Gottlieb GL, Hailpain, MC, Palmer BW, Patterson, TL, Reynolds CF III, Lebowitz BD. (1999). Consensus statement on the upcoming crisis in geriatric mental health: Research agenda for the next decade. *Archives of General Psychiatry*, 56(9), 848-853. PMID: 12884891
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23. Bartels SJ, Forester B, Miles KM, Joyce T. (2000). Mental health service use by elderly patients with bipolar disorder and unipolar major depression. *American Journal of Geriatric Psychiatry*, 8(2), 160-166. PMID: 10804077
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30. Bartels SJ, Haley WJ, Dums AR. (2002). Implementing evidence-based practices in geriatric mental health. *Generations*, 26, 90-98.
31. Bartels SJ, Smyer MA. (2002). Mental disorders of aging: An emerging public health crisis? *Generations*, 26, 14-20.
32. Smyer MA, Bartels SJ. (2002). Mental health and mental illness in later life: The ecology of theory and practice. *Generations*, 26, 6-8.
33. Palmer BW, Folsom D, Bartels SJ, Jeste DV. (2002). Psychotic disorders in late-life: Implications for treatment and future directions for clinical services. *Generations*, 26, 39-43.
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Updated: April 7, 2015
By: Lydia Gill



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

Nicholas A. Toumpas
Commissioner

Diane Langley
Director

Sheri Rockburn
Director

BUREAU OF BEHAVIORAL HEALTH

105 PLEASANT STREET, CONCORD, NH 03301
603-271-5000 1-800-852-3345 Ext. 5000
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May 29, 2014

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

Sole Source

Requested Action

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, to enter into a sole source amendment with an existing agreement with Trustees of Dartmouth College, 11 Rope Ferry Road, Number 6210, Hanover, New Hampshire 03755-1404 (vendor code 177157-B013) to provide project management and evaluation services in support of the New Hampshire Healthy Choices Healthy Changes Program to improve the cardiac and metabolic health of individuals with serious mental illness by increasing the price limitation by \$1,385,621 from \$2,496,891 to an amount not to exceed \$3,882,512, and by extending the completion date to June 30, 2015, effective July 1, 2014, or date of Governor and Council approval, whichever is later. Funds are available in the following account in State Fiscal Year 2015:

100% Federal Funds

05-95-92-920010-2087 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:
BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MIPCD GRANT

<u>Fiscal Year</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
2012	102-500731	Contracts for Program Services	\$ 182,704	\$ 0	\$ 182,704
2013	102-500731	Contracts for Program Services	\$ 584,573	\$ 0	\$ 584,573
2014	102-500731	Contracts for Program Services	\$ 793,116	\$ 0	\$ 793,116
2015	102-500731	Contracts for Program Services	\$ 0	\$ 514,973	\$ 514,973
		Subtotal	\$ 1,560,393	\$ 514,973	\$ 2,075,366

05-95-92-920010-2087 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:
BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MIPCD GRANT

<u>Fiscal Year</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
2012	502-500891	Payments to Providers	\$ 168,108	\$ 0	\$ 168,108
2013	502-500891	Payments to Providers	\$ 391,136	\$ 0	\$ 391,136
2014	502-500891	Payments to Providers	\$ 377,254	\$ 0	\$ 377,254
2015	502-500891	Payments to Providers	\$ 0	\$ 870,648	\$ 870,648
		Subtotal	\$ 936,498	\$ 870,648	\$ 1,807,146
		Total	\$2,496,891	\$1,385,621	\$3,882,512

Explanation

This agreement is identified as sole source because the vendor was designated as the key evaluator in the Medicaid Incentives for the Prevention of Chronic Diseases grant application to the Centers for Medicare and Medicaid Services, which provides 100% funding for the Healthy Choices Healthy Changes Program. Dartmouth's vast experience working with the State of New Hampshire's mental health system to develop programs that address the psychosocial and health needs of the consumers served by the system made a critical contribution to the grant awarded to the state. Dartmouth agreed to waive all indirect charges to the State relative to this project.

The purpose of this request is to continue funding a statewide program designed to reduce the risk of cardiovascular disease in individuals with mental illness to be served by the ten community mental health centers in New Hampshire. The program will be entering its fourth year of five in State Fiscal Year 2015. This agreement with Dartmouth funds members of the Dartmouth Center for Aging Research, who collaborated with the Bureau of Behavioral Health to design the program and write the grant application, and who will participate in its implementation and direct its evaluation.

Medicaid beneficiaries with serious mental illness account for the highest per person costs among the dually eligible (individuals eligible for both Medicaid and Medicare), largely due to health care expenditures associated with high rates of cardiovascular disease, diabetes, chronic lung disease, and obesity. The major risk factors for these conditions are lack of exercise, smoking, poor diet, and effects of anti-psychotic medications that cause weight gain, high cholesterol and diabetes. Although people with mental illness are a subset of Medicaid recipients, the cost of providing health care to this group is disproportionately high. For example, the combined per capita expenditures for dually eligible individuals with schizophrenia are over two and one-half (for younger adults) to four times (for older adults) greater than for dually eligible beneficiaries without a major psychiatric disorder. Fortunately, the health conditions associated with these high costs and early mortality are preventable.

The Centers for Medicare and Medicaid Services issued a request for proposals to fund Medicaid Incentives for the Prevention of Chronic Diseases. At the request of State Representative Neal Kurk and Nancy Rollins, the Associate Commissioner of the Department of Health and Human Services at the time, the Bureau of Behavioral Health partnered with researchers at Dartmouth to create the NH Healthy Choices Healthy Changes Program. This health promotion program provides incentives for exercise, improved nutrition, and smoking cessation for clients at the ten community mental health centers across the state. The State of New Hampshire was one of only ten states in the nation selected by the Centers for Medicare and Medicaid Services for funding - amounting to approximately \$10 million over five years.

Statewide, over the course of five years, the program will enroll 1,600 Medicaid beneficiaries into the Supported Fitness and Weight Management programs, and 2,000 beneficiaries in the Supported Smoking Cessation programs. The vendor will evaluate the impact of this program on improving health behaviors and outcomes. Savings in Medicaid health care costs will also be evaluated. The funds included in this agreement will pay for the expenses of project management and evaluation staff, equipment including computers and i-Pads, travel expenses, Weight Watchers memberships, monetary rewards, and incentives that will be earned by the program participants for completion of evaluations and engagement in healthy lifestyle behaviors.

If this request is not approved by the Governor and Council, it is likely that the grant would need to be returned to The Centers for Medicare and Medicaid Services. The Project Officers at The Centers for Medicare and Medicaid Services who are responsible for managing the grant to the state of NH have been working with key staff at Dartmouth since the award was made in September 2011 and expect the project to be evaluated by Dartmouth as described in the proposal. It would be impossible for another vendor to assume the role played by

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 29, 2014
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Dartmouth in pre-planning, implementation, and evaluation of the NH Healthy Choices Healthy Changes Program according to the timeline that The Centers for Medicare and Medicaid Services expects.

This contract will be judged to be satisfactorily honored if the Dartmouth staff who are funded to participate in the implementation and evaluation have hired, trained, and provided ongoing supervision to the staff required to support the NH Healthy Choices Healthy Changes Program, if the project timelines are followed as specified in the Program protocol, if the project activities are occurring as specified in the Program protocol, if the reporting requirements to The Centers for Medicare and Medicaid Services are made, and if the data analyses that were planned for the project are performed.

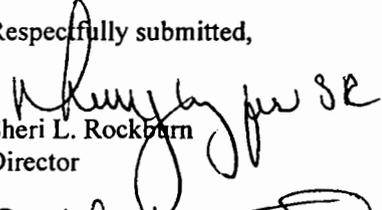
The Dartmouth Center for Aging Research team members have been designing and evaluating models and programs to promote fitness and health in people with serious mental illness, including at several of the NH Community Mental Health Centers for the past ten years. They are well suited to partner with the Bureau of Behavioral Health to implement the Healthy Choices Healthy Changes Program and to direct the evaluation of the program. Of importance, there is no requirement for matching funds from the state, and because this is a Medicaid demonstration project, there is no requirement for sustainability through state funds at the close of the grant period.

Area served: statewide.

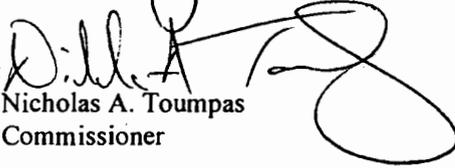
Source of funds: 100% Federal Funds. Medicaid Incentive for Prevention of Chronic Disease Grant.

In the event that the Federal Funds become no longer available, General Funds shall not be requested to support these programs.

Respectfully submitted,


Sheri L. Rockburn
Director

Approved by:


Nicholas A. Toumpas
Commissioner

SLR/pbr/sl

Enclosures

Amendment to Agreement

This Amendment to Agreement (hereinafter called the "Amendment") is dated this (day of the month) ^{16th} day of **May, 2014**, between the State of New Hampshire, Division of Community Based Care Services, Bureau of Behavioral Health of the Department of Health and Human Services (hereinafter called "BBH") and **Trustees of Dartmouth College**, a non-profit corporation organized under the laws of the State of New Hampshire with a place of business at 11 Rope Ferry Road, Number 6210, Hanover, New Hampshire 03755-1404 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an Agreement dated **January 17, 2012**, the Contractor has agreed to provide certain services upon the terms and conditions specified in the Agreement, in consideration of payment by BBH of certain sums specified therein; and

WHEREAS, pursuant to Paragraph 17. of the Agreement, the Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties thereto and only after approval of such amendment, waiver, or discharge by the Governor and Executive Council of the State of New Hampshire;

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

NOW THEREFORE, in consideration of the foregoing and of 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.

1.1. The Agreement is hereby amended as follows:

By deleting in Block 1.7 of the General Provisions the date June 30, 2014 and substituting therefore the date June 30, 2015.

By deleting in Block 1.8 of the General Provisions \$2,496,891 and substituting therefore the number \$3,882,512.

2. Amendment and Modification to Exhibit A, Scope of Work.

2.1. Replace Exhibit A with the following:

Contractor Initials: *cb*

Date: *5/16/14*

EXHIBIT A
SCOPE OF SERVICES
FY12-13 Amendment #2 (FY15)

The Contractor, Trustees of Dartmouth College - Dartmouth Center for Aging Research, is a collaborator and will direct the evaluation of a 5-year grant awarded to the NH Bureau of Behavioral Health by the Centers for Medicare and Medicaid Services to implement the NH Healthy Choices Healthy Changes Program.

The Commencement Date of this Agreement shall be the Effective Date, that is July 1, 2014, or date of Governor and Council of the State of New Hampshire approval, whichever is later.

I. HEALTHY CHOICES HEALTHY CHANGES PROGRAM (HCHC)

- A. HCHC is an incentive program to reward exercise, improved nutrition, and smoking cessation, with mentoring, to reduce risk of cardiovascular disease in clients of the NH Community Mental Health Center (CMHC) system.
- B. HCHC will build upon and benefit from the existing infrastructure of the "In SHAPE" health promotion program established in 2004 for people with serious mental illness.
- C. HCHC will offer four (4) "Supported Weight Management" programs as follows:
 - 1. Gym Membership;
 - 2. In SHAPE (includes gym membership and mentor);
 - 3. Weight Watchers; and
 - 4. In SHAPE and Weight Watchers.
- D. HCHC will offer a program for regular smokers who agree to learn more about the dangers of smoking "The Electronic Decision Support System: EDSS"; and three (3) "Supported Smoking Cessation" programs across the entire state as follows:
 - 1. Prescriber Referral and Telephone Cognitive Behavior Therapy;
 - 2. Prescriber Referral and Facilitated Use of Quit line; and
 - 3. Prescriber Referral.
- E. The Contractor will pay HCHC program participants who are randomly assigned to receive nominal monetary rewards for engagement in healthy lifestyle behaviors
- F. The Contractor will be responsible for implementation and delivery of the HCHC program, in addition to directing the evaluation of the program and on pre-implementation planning and ensuring that the HCHC program and protocols are appropriately followed by the project sites (all 10 NH regional CMHCs). The team includes:
 - 1. Steve Bartels, Director of the Dartmouth Center for Aging Research;
 - 2. Sarah Pratt, PhD, HCHC Project Director, who will work closely with the HCHC Project PIs;
 - 3. Kelly Capuchino, Medicaid Policy Analyst for BBH; and
 - 4. Donna Walker, Administrator III for BBH.

Contractor Initials: cb
Date: 5/16/14

- G. The HCHC Project Director will supervise all other members of the Dartmouth team including:
1. Kelly Aschbrenner, PhD;
 2. Meghan Santos, LICSW;
 3. Laura Barre, MD, Project Manager;
 4. Gail Williams, Project Manager;
 5. Rosemarie Wolfe, MA, Statistician; and
 6. Tricia Miller, Cognitive Behavioral Specialist and Smoking Cessation Therapist.
- H. The Contractor will hire:
1. Incentives Counselors across the state who will:
 - a) Administer the program at the CMHCs;
 - b) Promote access to the HCHC program;
 - c) Consenting and evaluating participants; and
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 2. A Project Coordinator who will supervise the Incentives Counselors.
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- K. The Contractor will also oversee recruitment and enrollment of a total of 1,600 CMHC clients eligible for Medicaid in the Supported Weight Management programs, and 2,000 CMHC clients eligible for Medicaid in the smoking education and cessation programs (across the 10 CMHCs over the four year enrollment period of the grant).
- L. The Contractor will be responsible for arranging for the Weight Watchers memberships as required by the grant.
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- N. The HCHC Project Director will work with BBH to collect the information needed for required reporting to CMS from the CMHC sites and will assist with the preparation of reports to CMS.
- O. The HCHC Project Director, will participate on regularly scheduled calls and webinars as required by CMS and will attend annual meetings of the grantees from the 10 states funded by CMS.

FY12-13 DC EXHIBIT A AMENDMENT #2 (FY15)

Contractor Initials: *cb*

Date: *5/16/14*

3. Amendment and Modification to Exhibit B, Methods of Payment.

3.1. Amend Paragraph 3. to read:

3. "The State shall make payments based on submitted and State-approved invoices throughout the term of the Contract. Payments for State Fiscal Year (SFY) 2015 shall not exceed \$3,882,512. All work must be concluded by June 30, 2015. The final invoice is due once all reports have been submitted. All invoices must be submitted by September 30, 2015."

3.2. Amend Paragraph 7. as follows:

- 3.2.1. After "Federal Funds" and "Amount:" replace \$2,496,891 with \$3,882,512.

3.3. Add Paragraph 8. as follows:

8. Effective Date of Amendment: The Effective Date of this action is July 1, 2014, or date of Governor and Council approval, through June 30, 2015.

3.4. Add Paragraph 9. as follows:

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

3.5. Add Paragraph 10. as follows:

10. These funds are contingent upon the Centers for Medicare and Medicaid approval of the fourth year grant budget submission. Funds for new items pending FY2015 approval by the Centers for Medicare and Medicaid shall not be expended until such approval is received.

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

Department of Health and Human Services
Division of Community Based Care Services
The Bureau of Behavioral Health

By: _____

Sheri L. Rockbourn
Director

Trustees of Dartmouth College

By: _____

Christine Bothe
Associate Director, Office of Sponsored Projects

STATE OF NEW HAMPSHIRE
COUNTY OF Grafton

Contractor Initials: CB

Date: 5/16/14

The forgoing instrument was acknowledged before me this 16th day of May, 2014, by Christine Bothe, Associate Director, Office of Sponsored Projects.

Heather A. Arnold
Notary Public / Justice of the Peace
Commission Expires: August 10, 2016

HEATHER A. ARNOLD
Notary Public - New Hampshire

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: Rosemary Deibel
Assistant Attorney General
Date: 6-2-14

Contractor Initials: cb
Date: 5/16/14

SFY15 Dartmouth MIPCD Budget

Personnel	FTE	
Incentive Counselors (30% Admin)		\$ 384,432
fringe		\$ 140,318
Total Incentive Counselor		\$ 524,750
Health Mentors		\$ 71,508
fringe		\$ 24,670
ICHM*		\$ 21,840
fringe		\$ 7,535
Smoking Cessation Phone Counselor		\$ 51,274
fringe		\$ 17,690
Total Incentive Personnel		\$ 719,266
Administrative		
Gail Williams (Project Manager)	40%	\$ 20,665
fringe		\$ 7,129
Sarah Pratt (Project Director)	40%	\$ 37,673
fringe		\$ 12,997
Rosemarie Wolfe (Data Manager)	10%	\$ 6,937
fringe		\$ 2,393
Sarah Bishop (Interviewer)	50%	\$ 28,760
fringe		\$ 9,922
Hayai Xie (Quantitative Evaluator)	5%	\$ 5,428
fringe		\$ 1,873
TBN (Dietician/Trainer)	20%	\$ 7,186
fringe		\$ 2,623
Meghan Santos (Evaluation Manager)	40%	\$ 22,961
fringe		\$ 7,921
Yvette Perron (Data Assistant)	5%	\$ 1,655
fringe		\$ 571
Joelle Ferron (EDSS Co-Developer)	2%	\$ 1,316
fringe		\$ 454
Total Administrative Personnel		\$ 335,888
NH Medicaid Wellness Incentive Program- Programmatic Costs		
Other Costs (Administrative)		
Conference calls, postage		\$ 5,000.00
Per Diem Consultants (Administrative)		
\$3,000)		\$ 15,000.00
Ken Jue		\$ 10,125.00
Supplies (Administrative)		
Project supplies		\$ 4,000.00
Scales		\$ 500.00
Cotinine Tests (\$525 for 50 strips)		\$ 6,000.00

SFY15 Dartmouth MIPCD Budget

Equipment (Administrative)

Site Supplies \$ 500.00

Travel Expenses (Administrative)

In Person Grantee Meetings \$ 4,000.00

Dartmouth site travel \$ 4,000.00

Total Program Costs \$ 49,125.00

Incentives

Completion of EDSS (\$50 each session, 356 participants) \$ 17,800.00

Weight Watchers Membership (\$21/month x 220 participants x 12 months) \$ 55,440.00

Payments for attendance at gym and Weight Watchers (average of \$2.50/ wk per 462 participants for 52 wks) \$ 60,060.00

Payment Smokers for attendance at CBT (\$5 for each of 12 sessions, ~83 participants) \$ 4,980.00

Payment for Smokers Quitline (\$20 for each of 3 calls, ~83 calls per year) \$ 4,980.00

Payment for MD Referrals smokers (\$15 for CBT/Quitline (n=166) & \$30 for Prescriber Only (n=30)) \$ 3,990.00

Bonus for quitting (\$204 on average per 98 participants) \$ 19,992.00

Payments for assessments, 5/year per 1,388 participants (\$15 per assessment) \$ 104,100.00

Isabel Norien for Prescriber Education \$ 10,000.00

Total Incentives \$ 281,342.00

Total Incentive Personnel \$ 719,266

Total Administrative Personnel \$ 335,888

Program Costs \$ 49,125

Total Incentives \$ 281,342

Total Contract \$ 1,385,621

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Total Administrative Personnel \$ 335,888

Program Costs \$ 49,125

Total Incentives \$ 281,342

Total Contract \$ 1,385,621



BOARD OF TRUSTEES

CERTIFICATE

I, Marcia J. Kelly, hereby certify that I am Assistant Clerk of Trustees of Dartmouth College, a corporation created by Royal Charter and existing under the laws of the State of New Hampshire; that as Assistant Clerk I have custody of the records of meetings of the Board of Trustees of said corporation; and that at a meeting of said Board duly called and held on the 9th day of April, 2011 at which a quorum was present and acting throughout, the following vote was adopted:

VOTED: To approve the Signature and Requisition Authority Policy, effective July 1, 2011 or such earlier date as the Executive Vice President/Chief Financial Officer shall determine. The provisions of the Signature and Requisition Authority Policy shall take precedence over any previous inconsistent vote of the Board of Trustees.

I further certify that said Board voted to adopt amendments to the Signature and Requisition Authority Policy on March 3, 2012 (effective January 1, 2012), September 22, 2013, and January 2, 2014. The document is available on Dartmouth website at: <http://www.dartmouth.edu/~control/policies/signature-authority.html>.

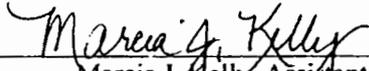
I further certify that said vote remains in full force and effect as of the date hereof and is not contrary to any provision of the Charter of said corporation.

I further certify that attached hereto is a true and correct copy of the Introduction and the Sponsored Activities Administration and Intellectual Property Transactions section (Appendix G) of the said Signature and Requisition Authority Policy.

I further certify that the following persons were appointed to the positions opposite their respective names and continue to serve in said positions as of the dates shown:

Jill Mortali	Director, Office of Sponsored Projects	September 15, 2008
Martin N. Wybourne	Vice Provost for Research	July 1, 2004
Christine Bothe	Associate Director, Office of Sponsored Projects	December 1, 2011
Aarron Clough	Assistant Director, Office of Sponsored Projects	January 1, 2013
Heather A. Arnold	Assistant Director, Office of Sponsored Projects	December 1, 2011

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the corporation this
16 day of May, 2014.



Marcia J. Kelly, Assistant Clerk
Trustees of Dartmouth College

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 our records show that a special corporate charter was granted to the TRUSTEES OF DARTMOUTH COLLEGE by the British Crown on December 13, 1769. I further certify that no fees are required to be paid to this office by this corporation.



IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 21st day of April, A.D. 2014

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State



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

BUREAU OF BEHAVIORAL HEALTH

Nicholas A. Toumpas
 Commissioner

Nancy L. Rollins
 Associate Commissioner

106 PLEASANT STREET, CONCORD, NH 03301
 603-271-5000 1-800-852-3345 Ext. 5000
 Fax: 603-271-5058 TDD Access: 1-800-735-2964

May 16, 2013

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

*SOLE SOURCE
 100% FEDERAL FUNDS*

Requested Action

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, to enter into a **sole source amendment** with Trustees of Dartmouth College, 11 Rope Ferry Road, Number 6210, Hanover, New Hampshire 03755-1404 (vendor code 177157-B013) to provide project management and evaluation services in support of the New Hampshire Healthy Choices Healthy Changes Program to improve the cardiac and metabolic health of individuals with serious mental illness by increasing the price limitation by \$1,170,370 from \$1,326,521 to an amount not to exceed \$2,496,891, and by extending the completion date to June 30, 2014, effective July 1, 2013, or date of Governor and Council approval, whichever is later. Funds are anticipated to be available in the following account in State Fiscal Year 2014 based upon the availability and continued appropriation of funds in the future operating budget:

05-95-92-920010-2087 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:
 BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MIPCD GRANT

<u>Fiscal Year</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
2012	102-500731	Contracts for Program Services	\$ 182,704	\$ 0	\$ 182,704
2013	102-500731	Contracts for Program Services	\$ 584,573	\$ 0	\$ 584,573
2014	102-500731	Contracts for Program Services	\$ 0	\$ 793,116	\$ 793,116
		Subtotal	\$ 767,277	\$ 793,116	\$ 1,560,393

05-95-92-920010-2087 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:
 BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MIPCD GRANT

<u>Fiscal Year</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
2012	502-500891	Payments to Providers	\$ 168,108	\$ 0	\$ 168,108
2013	502-500891	Payments to Providers	\$ 391,136	\$ 0	\$ 391,136
2014	502-500891	Payments to Providers	\$ 0	\$ 377,254	\$ 377,254
		Subtotal	\$ 559,244	\$ 377,254	\$ 936,498

Total **\$1,326,521** **\$1,170,370** **\$2,496,891**

Explanation

This agreement is identified as sole source because the vendor was designated as the key evaluator in the Medicaid Incentives for the Prevention of Chronic Diseases grant application to the Centers for Medicare and Medicaid Services, which provides 100% funding for the Healthy Choices Healthy Changes Program. Dartmouth's vast experience working with the State of New Hampshire's mental health system to develop programs that address the psychosocial and health needs of the consumers served by the system made a critical contribution to the grant awarded to the state. Dartmouth agreed to waive all indirect charges to the State relative to this project.

The purpose of this request is to continue funding a statewide program designed to reduce the risk of cardiovascular disease in individuals with mental illness to be served by the ten community mental health centers in New Hampshire. The program will be entering its third year of five in State Fiscal Year 2014. This agreement with Dartmouth funds members of the Dartmouth Center for Aging Research, who collaborated with the Bureau of Behavioral Health to design the program and write the grant application, and who will participate in its implementation and direct its evaluation.

Medicaid beneficiaries with serious mental illness account for the highest per person costs among the dually eligible (individuals eligible for both Medicaid and Medicare), largely due to health care expenditures associated with high rates of cardiovascular disease, diabetes, chronic lung disease, and obesity. The major risk factors for these conditions are lack of exercise, smoking, poor diet, and effects of anti-psychotic medications that cause weight gain, high cholesterol and diabetes. Although people with mental illness are a subset of Medicaid recipients, the cost of providing health care to this group is disproportionately high. For example, the combined per capita expenditures for dually eligible individuals with schizophrenia are over two and one-half (for younger adults) to four times (for older adults) greater than for dually eligible beneficiaries without a major psychiatric disorder. Fortunately, the health conditions associated with these high costs and early mortality are preventable.

The Centers for Medicare and Medicaid Services issued a request for proposals to fund Medicaid Incentives for the Prevention of Chronic Diseases. At the request of State Representative Neal Kurk and Nancy Rollins, Associate Commissioner of the Department of Health and Human Services, the Bureau of Behavioral Health partnered with researchers at Dartmouth to create the NH Healthy Choices Healthy Changes Program. This health promotion program provides incentives for exercise, improved nutrition, and smoking cessation for clients at the ten community mental health centers across the state. The State of New Hampshire was one of only ten states in the nation selected by the Centers for Medicare and Medicaid Services for funding - amounting to approximately \$10 million over five years.

Statewide, over the course of five years, the program will enroll 1,600 Medicaid beneficiaries into the Supported Fitness and Weight Management programs, and 2,000 beneficiaries in the Supported Smoking Cessation programs. The vendor will evaluate the impact of this program on improving health behaviors and outcomes. Savings in Medicaid health care costs will also be evaluated. The funds included in this agreement will pay for the expenses of project management and evaluation staff, equipment including computers and i-Pads, travel expenses, Weight Watchers memberships, monetary rewards, and incentives that will be earned by the program participants for completion of evaluations and engagement in healthy lifestyle behaviors.

If this request is not approved by the Governor and Council, it is likely that the grant would need to be returned to The Centers for Medicare and Medicaid Services. The Project Officers at The Centers for Medicare and Medicaid Services who are responsible for managing the grant to the state of NH have been working with key staff at Dartmouth since the award was made in September 2011 and expect the project to be evaluated by Dartmouth as described in the proposal. It would be impossible for another vendor to assume the role played by Dartmouth in pre-planning, implementation, and evaluation of the NH Healthy Choices Healthy Changes Program according to the timeline that The Centers for Medicare and Medicaid Services expects.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 16, 2013
Page 3 of 3

This contract will be judged to be satisfactorily honored if the Dartmouth staff who are funded to participate in the implementation and evaluation have hired, trained, and provided ongoing supervision to the staff required to support the NH Healthy Choices Healthy Changes Program, if the project timelines are followed as specified in the Program protocol, if the project activities are occurring as specified in the Program protocol, if the reporting requirements to The Centers for Medicare and Medicaid Services are made, and if the data analyses that were planned for the project are performed.

The Dartmouth Center for Aging Research team members have been designing and evaluating models and programs to promote fitness and health in people with serious mental illness, including at several of the NH Community Mental Health Centers for the past ten years. They are well suited to partner with the Bureau of Behavioral Health to implement the Healthy Choices Healthy Changes Program and to direct the evaluation of the program. Of importance, there is no requirement for matching funds from the state, and because this is a Medicaid demonstration project, there is no requirement for sustainability through state funds at the close of the grant period.

Area served: statewide.

Source of funds: 100% Federal Funds.

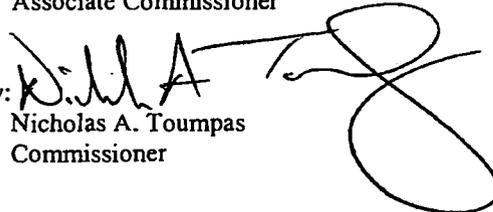
In the event that the Federal Funds become no longer available, General Funds shall not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins,
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/dew/sl
Enclosures

Amendment to Agreement

This Amendment to Agreement (hereinafter called the "Amendment") is dated this (day of the month) day of **May, 2013**, between the State of New Hampshire, Division of Community Based Care Services, Bureau of Behavioral Health of the Department of Health and Human Services (hereinafter called "BBH") and Trustees of **Dartmouth College**, a non-profit corporation organized under the laws of the State of New Hampshire with a place of business at 11 Rope Ferry Road, Number 6210, Hanover, New Hampshire 03755-1404 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an Agreement dated **January 17, 2012**, the Contractor has agreed to provide certain services upon the terms and conditions specified in the Agreement, in consideration of payment by BBH of certain sums specified therein; and

WHEREAS, pursuant to Paragraph 17. of the Agreement, the Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties thereto and only after approval of such amendment, waiver, or discharge by the Governor and Executive Council of the State of New Hampshire;

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

NOW THEREFORE, in consideration of the foregoing and of 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.

1.1. The Agreement is hereby amended as follows:

By deleting in Block 1.7 of the General Provisions the date June 30, 2013 and substituting therefore the date June 30, 2014.

By deleting in Block 1.8 of the General Provisions \$1,326,521 and substituting therefore the number \$2,496,891.

2. Amendment and Modification to Exhibit A, Scope of Work.

2.1. Replace Exhibit A with the following:

Contractor Initials: NA
Date: 5/28/13

EXHIBIT A ~ Amendment #1

SCOPE OF SERVICES

The Contractor, Trustees of Dartmouth College - Dartmouth Center for Aging Research, is a collaborator and will direct the evaluation of a 5-year grant awarded to the NH Bureau of Behavioral Health by the Centers for Medicare and Medicaid Services to implement the NH Healthy Choices Healthy Changes Program.

The Commencement Date of this Agreement shall be the Effective Date, that is July 1, 2013, or date of Governor and Council of the State of New Hampshire approval, whichever is later.

I. HEALTHY CHOICES HEALTHY CHANGES PROGRAM (HCHC)

- A. HCHC is an incentive program to reward exercise, improved nutrition, and smoking cessation, with mentoring, to reduce risk of cardiovascular disease in clients of the NH Community Mental Health Center (CMHC) system.
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 2. Sarah Pratt, PhD, HCHC Project Director, who will work closely with the HCHC Project PIs;
 3. Kelly Capuchino, Medicaid Policy Analyst for BBH; and
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Contractor Initials: HP
Date: 5/25/13

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3. Amendment and Modification to Exhibit B, Methods of Payment.

3.1. Amend Paragraph 3. to read, "The State shall make payments based on submitted and State-approved invoices throughout the term of the Contract. Payments for State Fiscal Year (SFY) 2014 shall not exceed \$2,496,891. All work must be concluded by June 30, 2014. The final invoice is due once all reports have been submitted. All invoices must be submitted by September 30, 2014."

3.2. Amend Paragraph 4. to read: "All expenditures shall be consistent with the award renewal by The Centers for Medicare and Medicaid Services. Any expenditure that exceeds the approved budgets shall be solely the financial responsibility of the Contractor."

3.3. Amend Paragraph 7. as follows:

3.3.1. After "Federal Funds" and "Amount:", replace \$1,326,521 with \$2,496,891.

3.4. Add Paragraph 8. as follows:

8. Effective Date of Amendment: The Effective Date of this action is July 1, 2013, or date of Governor and Council approval, through June 30, 2014.

3.5. Add Paragraph 9. as follows:

9. Continuance of Agreement: Except as specifically amended and modified by the terms and conditions of this Agreement, the Agreement and the obligations of the parties there under 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 written above.

The Bureau of Behavioral Health

Trustees of Dartmouth College

By: Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

By: Heather A. Arnold
Heather A. Arnold, M.Ed.
Assistant Director

STATE OF NEW HAMPSHIRE
COUNTY OF

The forgoing instrument was acknowledged before me this 28th day of May, 2013, by

Janet Shepler

[Signature]
Notary Public / Justice of the Peace
Commission Expires: 10/26/16

Approved as to form, execution and substance:



OFFICE OF THE ATTORNEY GENERAL

By: [Signature]
Attorney Verano P. Herrick
Date: 4 June 2013

Contractor Initials: HA
Date: 5/28/13



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

Nicholas A. Toumpas
 Commissioner

Nancy L. Rollins
 Associate Commissioner

BUREAU OF BEHAVIORAL HEALTH

105 PLEASANT STREET, CONCORD, NH 03301
 603-271-5000 1-800-852-3345 Ext. 5000
 Fax: 603-271-5058 TDD Access: 1-800-735-2964

Approved by G+C

Date 2-8-12

Item # 30

December 23, 2011

Contract # 1021329

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

Requested Action

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, to enter into a sole source agreement with Trustees of Dartmouth College, 11 Rope Ferry Road, Number 6210, Hanover, New Hampshire 03755-1404 (vendor code 177157-B013) to provide implementation, project management, and evaluation services in support of the New Hampshire Wellness Incentive Program to improve the cardiac and metabolic health of individuals with serious mental illness in an amount not to exceed \$1,326,521.00, effective upon Governor and Executive Council approval through June 30, 2013. Funds to support this request are available in State Fiscal Years 2012 and 2013 in the following accounts with authority to adjust amounts if needed and justified between State Fiscal Years.

05-95-92-920010-2087 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH-DIV. OF, DIV. OF BEHAVIORAL HEALTH, MIPCD GRANT

<u>Class/Object</u>	<u>Account Title</u>	<u>Activity Code</u>	<u>SFY 2012</u>	<u>SFY 2013</u>	<u>Amount</u>
102-500731	Contracts for Program Services	92202087	\$182,704.00	\$584,573.00	\$ 767,277.00
502-500891	Payments to Providers	92202087	<u>168,108.00</u>	<u>391,136.00</u>	<u>559,244.00</u>
		Total	\$350,812.00	\$975,709.00	\$1,326,521.00

Explanation

This agreement is identified as sole source because the vendor was designated as the key evaluator in the Medicaid Incentives to Prevent Chronic Disease grant application to the Centers for Medicare and Medicaid Services, which provides 100% funding for the New Hampshire Wellness Incentive Program. Dartmouth's vast experience working with the State of New Hampshire's mental health system to develop programs that address the psychosocial and health needs of the consumers served by the system made a critical contribution to the grant awarded to the state. Dartmouth has agreed to waive all indirect charges to the State relative to this project.

The purpose of this request is to fund a statewide program designed to reduce risk of cardiovascular disease in individuals with mental illness to be served by the ten community mental health centers in New Hampshire. This agreement with Dartmouth funds members of the Dartmouth Center for Aging Research who collaborated with the Bureau of Behavioral Health to design the program and write the grant application, and who will participate in its implementation and direct its evaluation. The Department has contracted with six Community Mental Health Centers that will offer the program in the current fiscal year. In early State Fiscal Year 2013, the Department will contract with the four remaining community mental health centers that do not yet have the staff and infrastructure in place to start the program.

Medicaid beneficiaries with serious mental illness account for the highest per person costs among the dually eligible (individuals eligible for both Medicaid and Medicare), largely due to health care expenditures associated with high rates of cardiovascular disease, diabetes, chronic lung disease, and obesity. The major risk factors for these conditions are lack of exercise, smoking, poor diet, and effects of antipsychotic medications that cause weight gain, high cholesterol and diabetes. Although people with mental illness are a subset of Medicaid recipients, the cost of providing health care to this group is disproportionately high. For example, the combined per capita expenditures for dually eligible individuals with schizophrenia are over two and one-half (for younger adults) to four times (for older adults) greater than for dually eligible beneficiaries without a major psychiatric disorder. Fortunately, the health conditions associated with these high costs and early mortality are preventable.

The Centers for Medicare and Medicaid Services issued a request for proposals to fund Medicaid Incentives for Preventing Chronic Diseases. At the request of State Representative Neal Kurk and Nancy Rollins, Associate Commissioner of the Department of Health and Human Services, the Bureau of Behavioral Health partnered with researchers at Dartmouth to create the NH Medicaid Wellness Incentives Program. This health promotion program provides incentives for exercise, improved nutrition, and smoking cessation for clients at the ten community mental health centers across the state. The State of New Hampshire was one of only ten states in the nation selected by the Centers for Medicare and Medicaid Services for funding - amounting to approximately \$10 million over five years.

The Centers for Medicare and Medicaid Services-funded NH Medicaid Wellness Incentives Program offers a menu of four different "Supported Fitness and Weight Management" programs and three "Supported Smoking Cessation" programs. As stated in the six Governor and Executive Council Requests that approved the creation of the Wellness Incentive Program in six community mental health centers (approved January 11, 2012, #s 60, 62, 63, 64, 65 and 66), the funds for these incentive payments are part of the federal grant and are included in this contract with the Dartmouth Center for Aging Research. Under this agreement, some current Dartmouth staff would be supported and several new staff would be hired and trained to administer the program, including 6 "Incentives Counselors." The Incentives Counselors will be responsible for recruiting eligible consumers to participate in the NH Medicaid Wellness Incentives Program, tracking receipt of incentives and rewards, and conducting quarterly person-level assessments of the NH Medicaid Wellness Incentives Program participants. The vendor will be responsible for collaborating with the Bureau to implement and evaluate the NH Medicaid Wellness Incentives Program with the six Community Mental Health Centers that will offer the program during State Fiscal Year 2012 and the four that will begin to offer it in State Fiscal Year 2013. The vendor will take the lead on pre-implementation planning; ensuring that all project protocols are followed; completing all necessary submissions to Institutional Review Boards (the Committees for the Protection of Human Subjects of Dartmouth College and the NH Bureau of Behavioral Health); tracking recruitment, participation in the program and assessments, and receipt of monetary rewards; engaging required community partners including Weight Watchers and the NH Tobacco Quit Line; providing training and supervision of the NH Medicaid Wellness Incentives Program providers (Incentives Counselors, fitness trainers, smoking cessation counselors); and completing required reporting to The Centers for Medicare and Medicaid Services.

Statewide, over the course of five years, the program will enroll 2,500 Medicaid beneficiaries into the Supported Fitness and Weight Management programs, and 2,000 beneficiaries in the Supported Smoking Cessation programs. The vendor will evaluate the impact of this program on improving health behaviors and health outcomes and savings in Medicaid health care costs will also be evaluated. The Centers for Medicare and Medicaid Services expects the ten funded states to begin providing their incentives programs in January 2012. The funds included in this agreement will pay for staff (salary and fringe benefits) to oversee implementation and evaluation of the program, required equipment including computers and iPads, travel expenses, funds required for Weight Watchers memberships required by the grant and funds for monetary rewards and incentives that will be earned by Wellness Incentive Program participants for completion of evaluations and engagement in healthy lifestyle behaviors.

If this request is not approved by the Governor and Executive Council, it is likely that the grant would need to be returned to The Centers for Medicare and Medicaid Services. The Project Officers at The Centers for Medicare and Medicaid Services who are responsible for managing the grant to the state of NH have been working with key staff at Dartmouth since the award was made in September 2011 and expect the project to be evaluated by Dartmouth as described in the proposal. It would be impossible for another vendor to assume the role played by Dartmouth in pre-planning, implementation, and evaluation of the NH Medicaid Wellness Incentives Program according to the timeline that The Centers for Medicare and Medicaid Services expects.

This contract will be judged to be satisfactorily honored if the Dartmouth staff who are funded to participate in the implementation and evaluation have hired, trained, and provided ongoing supervision to the staff required to support the NH Medicaid Wellness Incentives Program, if the project timelines are followed as specified in the NH Medicaid Wellness Incentives Program protocol, if the project activities are occurring as specified in the NH Medicaid Wellness Incentives Program protocol, if the reporting requirements to The Centers for Medicare and Medicaid Services are made, and if the data analyses that were planned for the project are performed.

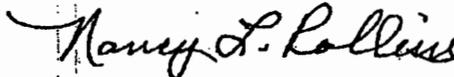
The Dartmouth Center for Aging Research team members have been designing and evaluating models and programs to promote fitness and health in people with serious mental illness, including at several of the NH Community Mental Health Centers for the past ten years. They are well suited to partner with the Bureau of Behavioral Health to implement the Wellness Incentive Program and to direct the evaluation of the program. Of importance, there is no requirement for matching funds from the state, and because this is a Medicaid demonstration project, there is no requirement for sustainability through state funds at the close of the grant period.

Area served: statewide.

Source of funds: 100% Federal Funds.

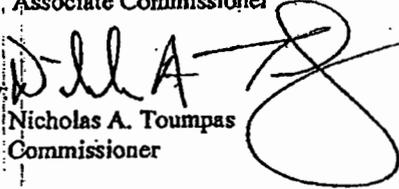
In the event that the Federal Funds become no longer available, General Funds shall not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins,
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/dew
Enclosures