

SM



Nicholas A. Toumpas  
Commissioner

José Thier Montero  
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICE

29 HAZEN DRIVE, CONCORD, NH 03301-6527  
603-271-9563 1-800-852-3345 Ext. 9563  
Fax: 603-271-8431 TDD Access: 1-800-735-2964



MTJ  
34

April 1, 2014

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

50% Federal funds  
50% General funds

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise an amendment to an agreement with ICF Macro, Inc., Purchase Order # 1028311, Vendor #175716-R001, 9300 Lee Highway, Fairfax, VA 22031, by increasing the Price Limitation by \$56,000 from \$662,455 to \$718,455 to conduct additional health surveys, effective the date of Governor and Council approval through December 31, 2014. This agreement was originally approved by Governor and Council on February 16, 2013, Item #37.

Funds are available in SFY 2014 with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

**See attachment for financial details**

**EXPLANATION**

Funds requested in this amendment to the existing contract will be used to conduct and complete an additional 546 cell phone health interviews in the 2014 BRFSS survey. The Behavioral Risk Factor Surveillance Survey is a statewide, random telephone survey of adults that has been conducted each year in New Hampshire for the past twenty years. The survey period begins in January of each year and continues for the next twelve consecutive calendar months without interruption. This survey is administered in all fifty states and is in large part funded by the Centers for Disease Control.

The objective of the Behavioral Risk Factor Surveillance Survey is to measure the prevalence of specific health risk behaviors among New Hampshire citizens as well as to understand their knowledge of both the health risks and health benefits that can be influenced by individual behavior. The telephone survey provides information about health related behaviors at the state and county levels as well as for the Cities of Manchester and Nashua. Information is also collected about the prevalence of health conditions such as asthma, diabetes and cardiovascular disease. No personally identifiable information is collected, and the individuals contacted choose to participate, or to not participate, in the survey.

The information from the survey is used by the Department of Health and Human Services to plan, implement and evaluate health programs and to identify high-risk segments of the population for focused education, outreach and other types of health promotion and disease prevention activities.

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council

April 1, 2014

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This information is also used to inform policy makers and the public to assist with setting health program priorities. The Behavioral Risk Factor Surveillance Survey is the only comprehensive source of data for measuring general health status, behavior, prevention and screening in the adult population in New Hampshire.

In addition to administering the Behavioral Risk Factor Surveillance Survey, ICF Macro, Inc. will conduct a special project for a callback to Behavioral Risk Factor Surveillance Survey respondents who self-identify as asthmatics. The interview period for this asthma callback survey begins in January and continues through the following February.

Should the Governor and Council not authorize this request, information on the prevalence of health risk behaviors among New Hampshire residents will not be available. Furthermore, the Department of Health and Human Services would not be able to measure long-term changes in the health of the public, and thus would be unable to evaluate the performance of its health improvement programs. In extreme situations, the suspension of the Behavioral Risk Factor Surveillance Survey could impede the State's ability to expeditiously gather information to respond to emerging disease outbreaks or natural disasters.

ICF Macro, Inc. was selected for this project through a competitive bid process. A Request for Proposal was posted on the Department of Health and Human Services website for a period of eight weeks (August 20 - October 12, 2012).

There were eight responders to the Request for Proposal, and the proposals submitted by these responders were evaluated by a team of four reviewers with expertise in the general use of health data and in the use of Behavioral Risk Factor Surveillance Survey data specifically. The team consisted of three reviewers from the Department of Health and Human Services and a reviewer from outside the Department of Health and Human Services. All reviewers had between five and thirty years of experience directing health programs, conducting health research, or performing data analysis for various health programs. Areas of specific expertise include the epidemiology of chronic and communicable diseases, occupational safety and health surveillance, and management of public health programs.

The proposals were scored based on the following criteria: proposal formatting and adherence to instructions, bidder's experience and capacity, bidder's plan of operation, and budget justification.

Due to the closeness of the scores greater weight was given to the cost as per the RFP, the review committee recommended ICF Macro, Inc. for its bid was \$105,467 lower than the bid submitted by Issues and Answers, Inc. The bid summary is attached.

In the 2013 survey year, ICF Macro Inc. has collected 6,595 health interviews and provided the New Hampshire BRFSS program with a valid sample to measuring general health status, behavior, prevention and screening in the adult population in New Hampshire.

As of March 2014, ICF Macro Inc. has collected 1,924 health surveys and is on target to collect the needed sample size for 2014.

April 1, 2014

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

- Collect, on average, 580 complete or partially complete surveys of selected New Hampshire adults aged 18 or older per month and no fewer than 7,000 complete or partially complete surveys per year.
- Maintain an overall survey response rate of no lower than 90.0%

Area served is statewide.

Source of Funds: 50% Federal Funds from the Centers for Disease Control and Prevention and 50% Other Funds from UNH.

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

Respectfully submitted,



José Thier Montero, MD, MHCDS  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET  
Behavioral Risk Factor Surveillance Survey**

**05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, BRFS**

**100% Other Funds**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	519-500360	BRFSS Behavior Risk Factor	90016400	142,440.00	-	142,440.00
			Sub-Total	142,440.00	-	142,440.00
SFY 2014	519-500360	BRFSS Behavior Risk Factor	90016400	304,227.50	-	304,227.50
	519-500360	BRFSS Behavior Risk Factor	90016402	12,500.00		12,500.00
	519-500360	BRFSS Behavior Risk Factor	90016406	-	28,000.00	28,000.00
			Sub-Total	316,727.50	28,000.00	344,727.50
SFY 2015	519-500360	BRFSS Behavior Risk Factor	90016400	167,787.50	-	167,787.50
			Sub-Total	167,787.50	-	167,787.50
			Sub-Total	626,955.00	28,000.00	654,955.00

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS**

**84.76% Federal Funds AND 15.24 General Funds**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Prog Svc	90077011	21,000.00	-	21,000.00
			Sub-Total	21,000.00	-	21,000.00

**05-95-90-900510-5173 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, EPH TRACKING**

**100% Federal Funds**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90041000	14,500.00	-	14,500.00
			Sub-Total	14,500.00	-	14,500.00

**05-95-90-900510-5667 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CHRONIC DISEASE ASTHMA**

**100% Federal Funds**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90019004	-	28,000.00	28,000.00
			Sub-Total	-	28,000.00	28,000.00
			<b>Total</b>	<b>662,455.00</b>	<b>56,000.00</b>	<b>718,455.00</b>





**State of New Hampshire  
Department of Health and Human Services  
Amendment #1 to the  
ICF Macro Inc.**

This 1<sup>st</sup> Amendment to the ICF Macro Inc., contract (hereinafter referred to as "Amendment One") dated this 31 day of MARCH 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and ICF Macro Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 9300 Lee Highway, Fairfax, VA 22031.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on 02/26/2013 the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the Department desires to provide additional funding to support the 2014 BRFS survey program by increasing the cell phone sample in the 2014 survey.

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

To amend as follows:

- Form P-37, to change:  
Block 1.8 to read: \$718,455
- Exhibit A, Scope of Services to add:  
Exhibit A – Amendment 1
- Exhibit B, Purchase of Services, Contract Price, to add:  
Paragraph 1.1 to Paragraph 1: The contract price shall increase by \$56,000 for SFY 2014.

Paragraph 1.2 to Paragraph 1:

Funding is available as follows:

\$28,000 from 05-95-90-901510-5667-102-500731, 100% federal funds from the Centers for Disease Control and Prevention, (CDC), CFDA # 93.070, Federal Award Identification Number (FAIN), 5U5EH000509. .

\$28,000 from 05-95-90-900510-8667-519-500360, 100% other funds from the University of New Hampshire.



Delete Paragraph 6

Replace with:

6. Written requests for adjustments to amounts within the price limitation will not be accepted after May 30<sup>th</sup> of each contract year.

Add Paragraph 8 (if not in original contract)

8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:  
Exhibit B-2 (2014) - Amendment 1

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,

4/9/14  
Date

State of New Hampshire  
Department of Health and Human Services  
Brook Dupee  
Brook Dupee  
Bureau Chief

3/31/14  
Date

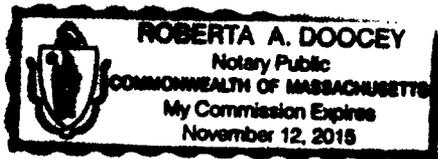
ICF Macro Inc.  
Timothy M. Lowry  
Name: Timothy M. Lowry  
Title: Director, Contracts

Acknowledgement:

State of Massachusetts, County of Middlesex on March 31, 2014, 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]  
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace



Contractor Initials: sm  
Date: 3/31/14



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

OFFICE OF THE ATTORNEY GENERAL

4-10-14  
Date

*Rosemary Wiant*  
Name: *Rosemary Wiant*  
Title: *Asst Attorney General*

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

OFFICE OF THE SECRETARY OF STATE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:  
Title:



## Exhibit A – Amendment 1

### SCOPE OF SERVICES

#### 1. Project Description

Funds in this agreement will be used to provide telephone survey data collection services as part of the annual Behavioral Risk Factor Surveillance Survey (BRFSS). The Behavioral Risk Factor Surveillance Survey is a statewide, random telephone survey of adults that has been conducted each year in New Hampshire for the past twenty years. The survey period begins in January of each year and continues for the next twelve consecutive calendar months without interruption. This survey is administered in all fifty states and is in large part funded by the Centers for Disease Control and Prevention (CDC).

#### 2. Required Activities

The contractor will conduct and complete an additional 546 cell phone health interviews in the 2014 BRFSS survey.

#### 3. Compliance and Reporting Requirements

##### 3.1. Compliance Requirements

The contractor shall use the sample provided by the Centers for Disease Control and Prevention.

##### 3.2. Reporting Requirements

At the end of each month, prepare an ASCII (American Standard Code for Information Interchange) file to meet CDC specifications and submit the file to CDC and the Department of Health and Human Services, Division of Public Health Services, no later than the 20th day following data collection.

#### 4. Performance Measures

- Maintain a CASRO (Council of American Survey Research Organizations) response rate that is no lower than 46%.
- Unobtrusively monitor and evaluate a minimum of 10% of randomly selected interviews, to assure adherence to protocol.

Exhibit A – Amendment #1 - Scope of Services

Contractor Initials Jne

**Exhibit B-2, Amendment #1 (SFY 2014)  
Budget Form**

**New Hampshire Department of Health and Human Services**

Bidder/Contractor Name: ICF Macro Inc

Budget Request for: BRFSS

*(Name of RFP)*

Budget Period: Date of G&C Approval through June 30, 2014

	Direct Personnel	Indirect Fees	Total	Allocation Method for Indirect Cost
1. Total Salary/Wages	\$ 56,000.00	\$ -	\$ 56,000.00	
2. Employee Benefits	\$ -	\$ -	\$ -	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ 56,000.00</b>	<b>\$ -</b>	<b>\$ 56,000.00</b>	

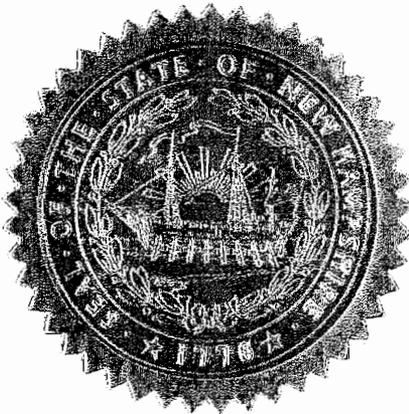
Indirect As A Percent of Direct 0.0%

Contractor Initials:                     Jre                      
Date:                     3/31/14

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 ICF Macro, Inc. a(n) Delaware corporation, is authorized to transact business in New Hampshire and qualified on December 23, 1996. I further certify that all fees and annual reports required by the Secretary of State's office have been received.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 5<sup>th</sup> day of April, A.D. 2013

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

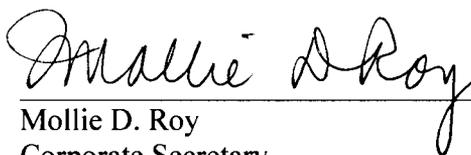
William M. Gardner  
Secretary of State

**ICF MACRO, INC.  
SECRETARY CERTIFICATE**

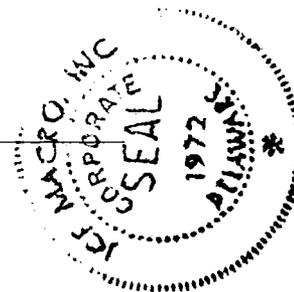
The undersigned, MOLLIE D. ROY, hereby certifies:

1. That she is the duly elected and appointed Secretary of ICF Macro, Inc. a Delaware corporation (the "Company"), and, in that capacity, has access to the corporate records, minute books and tax records of the Company, and is familiar with the matters therein contained and herein certified; and
2. That the Senior Vice President – Contracts and Administration of the Company is authorized to bind the Company to all terms and conditions of bids, proposals, contracts and other specific actions that may be directed by the Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer, and has authority to sign any and all documents necessary to complete the aforementioned; and
3. That ROBERT TOTH has been duly elected and appointed Senior Vice President – Contracts and Administration of the Company by Consent of the Sole Shareholder of the Company and such consent has not been modified, rescinded or revoked, and is at present in full force and effect; and
4. That ROBERT TOTH is authorized to bind the Company to all terms and conditions of bids, proposals, contracts and other specific actions with the State of New Hampshire Department of Health and Human Services for the Behavioral Risk Factor Surveillance Survey (BRFSS); and
5. That ROBERT TOTH, has further delegated authority to TIMOTHY LOWRY, Director of Contracts for ICF International, Inc. to sign any and all documents necessary to complete implementation of Behavioral Risk Factor Surveillance Survey (BRFSS) for the State of New Hampshire Department of Health and Human Services.

IN WITNESS WHEREOF I have executed this certificate on this 31<sup>st</sup> day of March 2014 and have affixed the corporate seal of the Company.



Mollie D. Roy  
Corporate Secretary  
ICF Macro, Inc.



I, Adah I. Moulton, Assistant Secretary of ICF Macro, Inc., hereby certify that Mollie D. Roy is the duly elected and qualified Corporate Secretary of ICF Macro, Inc., and attest that the signature appearing above is her genuine signature.



Adah I. Moulton  
Assistant Corporate Secretary  
ICF Macro, Inc.





Nicholas A. Toumpas  
Commissioner

José Thier Montero  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6503  
603-271-5194 1-800-852-3345 Ext. 5194  
Fax: 603-271-7623 TDD Access: 1-800-735-2964



January 23, 2013

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Statistics and Informatics, Health Statistics and Data Management Section to enter into an agreement with ICF Macro, Inc. (Vendor #175716-R001), 11785 Beltsville Drive, Calverton, MD 20705, to plan, organize, test, and implement the annual Behavioral Risk Factor Surveillance Survey, to be effective February 6th, 2013, or date of Governor and Council approval, whichever is later, through December 31, 2014 in an amount not to exceed \$662,455.00. Funds are available in the following accounts for State Fiscal Year 2013, and are anticipated to be available in State Fiscal Years 2014 and 2015, depending upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts if needed and justified, between State Fiscal Years.

*97.63% FLD .48% GEN  
1.89% OTHER*

05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS,  
BRFS

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	519-500360	BRFSS Behavior Risk Factor	90016400	\$142,440.00
			Sub Total	\$142,440.00
SFY 2014	519-500360	BRFSS Behavior Risk Factor	90016400	\$304,227.50
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			Sub Total	\$316,727.50
SFY 2015	519-500360	BRFSS Behavior Risk Factor	90016400	\$167,787.50
			Sub Total	\$167,787.50
			Total	\$626,955.00

05-95-90-902015-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
 DIVISION OF PUBLIC HEALTH, BUREAU OF DISEASE CONTROL, EMERGENCY PREPAREDNESS

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			Sub-Total	\$21,000.00

05-95-90-900510-5173 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
 DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, EPH  
 TRACKING

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90041000	\$14,500.00
			Sub-Total	\$14,500.00
			Total	\$662,455.00

**EXPLANATION**

Funds in this agreement will be used to provide telephone survey data collection services as part of the annual Behavioral Risk Factor Surveillance Survey. The Behavioral Risk Factor Surveillance Survey is a statewide, random telephone survey of adults that has been conducted each year in New Hampshire for the past twenty years. The survey period begins in January of each year and continues for the next twelve consecutive calendar months without interruption. This survey is administered in all fifty states and is in large part funded by the Centers for Disease Control.

The objective of the Behavioral Risk Factor Surveillance Survey is to measure the prevalence of specific health risk behaviors among New Hampshire citizens as well as to understand their knowledge of both the health risks and health benefits that can be influenced by individual behavior. The telephone survey provides information about health related behaviors at the state and county levels as well as for the Cities of Manchester and Nashua. Information is also collected about the prevalence of health conditions such as asthma, diabetes and cardiovascular disease. No personally identifiable information is collected, and the individuals contacted choose to participate, or to not participate, in the survey.

The information from the survey is used by the Department of Health and Human Services to plan, implement and evaluate health programs and to identify high-risk segments of the population for focused education, outreach and other types of health promotion and disease prevention activities. This information is also used to inform policy makers and the public to assist with setting health program priorities. The Behavioral Risk Factor Surveillance Survey is the only comprehensive source of data for measuring general health status, behavior, prevention and screening in the adult population in New Hampshire.

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Should the Governor and Council not authorize this request, information on the prevalence of health risk behaviors among New Hampshire residents will not be available. Furthermore, the Department of Health and Human Services would not be able to measure long-term changes in the health of the public, and thus would be unable to evaluate the performance of its health improvement programs. In extreme situations, the suspension of the Behavioral Risk Factor Surveillance Survey could impede the State's ability to expeditiously gather information to respond to emerging disease outbreaks or natural disasters.

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There were eight responders to the Request for Proposals, and the proposals submitted by these responders were evaluated by a team of four reviewers with expertise in the general use of health data and in the use of Behavioral Risk Factor Surveillance Survey data specifically. The team consisted of three reviewers from the Department of Health and Human Services and a reviewer from outside the Department of Health and Human Services. All reviewers had between five and thirty years of experience directing health programs, conducting health research, or performing data analysis for various health programs. Areas of specific expertise include the epidemiology of chronic and communicable diseases, occupational safety and health surveillance, and the management of public health programs.

The proposals were scored based on the following criteria: proposal formatting and adherence to instructions, bidder's experience and capacity, bidder's plan of operation, and budget justification.

Due to the closeness of the scores greater weight was given to the cost as per the RFP, the review committee recommended ICF Macro, Inc. for funding as its bid was \$105,467 lower than the bid submitted by Issues and Answers, Inc. The bid summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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

- Collect, on average, 580 complete or partially complete surveys of selected New Hampshire adults aged 18 or older per month and no fewer than 7,000 complete or partially complete surveys per year.
- Maintain an overall survey response rate of no lower than 90.0%

The geographic area to be served is statewide.

The geographic area to be served is statewide.

Source of Funds: These funds are 97.63 % Federal Funds from the Centers for Disease Control and Prevention, 0.48 % is General Funds, and 1.89 % is from Other Funds (Dartmouth Colorectal Cancer Screening Program).

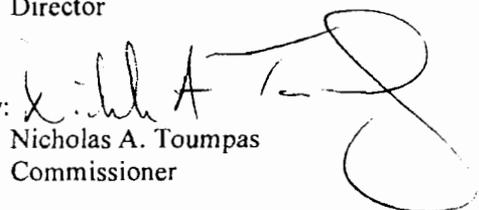
In the event that Federal and Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

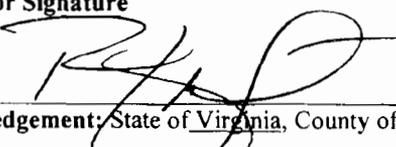
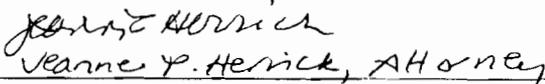
Subject: Behavioral Risk Factor Surveillance System (BRFSS) Contract for 1/1/13 to 12/31/14

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

<b>1.1 State Agency Name</b> NH Department of Health and Human Services Division of Public Health Services		<b>1.2 State Agency Address</b> 29 Hazen Drive Concord, NH 03301-6504	
<b>1.3 Contractor Name</b> ICF Macro, Inc.		<b>1.4 Contractor Address</b> 11785 Beltsville Drive, Calverton, MD 20705	
<b>1.5 Contractor Phone Number</b> 802-264-3730	<b>1.6 Account Number</b> 010-090-8667-519-500360 010-090-5171-102-500731 010-090-5173-102-500731 010-090-5667-102-500731	<b>1.7 Completion Date</b> 12/31/14	<b>1.8 Price Limitation</b> \$662,455.00
<b>1.9 Contracting Officer for State Agency</b> Lisa L. Bujno, MSN, APRN Bureau Chief		<b>1.10 State Agency Telephone Number</b> 603-271-4516	
<b>1.11 Contractor Signature</b> 		<b>1.12 Name and Title of Contractor Signatory</b> Robert F. Toth, Senior Vice President, Contracts & Administration	
<b>1.13 Acknowledgement:</b> State of <u>Virginia</u> , County of <u>Fairfax</u> On <u>November 29, 2012</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
<b>1.13.1 Signature of Notary Public or Justice of the Peace</b> 			
<b>1.13.2 Title of Notary or Justice of the Peace</b> RUNA MCCANN, NOTARY PUBLIC			
<b>1.14 State Agency Signature</b> 		<b>1.15 Name and Title of State Agency Signatory</b> <del>Lisa L. Bujno</del> , Bureau Chief	
<b>1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)</b> By: _____ Director, On: _____			
<b>1.17 Approval by the Attorney General (Form, Substance and Execution)</b> By:  Jeanne P. Herrick, Attorney On: <u>31 Dec. 2012</u>			
<b>1.18 Approval by the Governor and Executive Council</b> By: _____ On: _____			

**NH Department of Health and Human Services**

**Exhibit A**

**Scope of Services**

New Hampshire Behavioral Risk Factor Surveillance System (BRFSS)

**CONTRACT PERIOD:** 1/1/2013 or date of G&C approval, whichever is later, through 12/31/14

**CONTRACTOR NAME:** ICF Macro Inc.

**ADDRESS:** 11785 Beltsville Drive, Calverton, MD 20705

**(Agency Contact's Title):** James J. Dayton, Sr. Vice President

**TELEPHONE:** (802) 863-9600

**The Contractor shall:** in cooperation with and under the auspices and direction of DPHS and according to specifications of the federal Centers for CDC provides the following services:

**Survey Methodology**

- The Contractor will utilize methods specified by CDC and outlined in the Behavioral Risk Factor Surveillance System Operational and User's Guide.
- The Contractor will employ a sampling plan approved by CDC and DPHS. Sampling methods may vary from year to year and may employ either a single statewide sample or disproportionate random sampling from 12 or more geographically defined strata. Sampling plans may include "zero blocks" which are strata included to assure that blocks of phone numbers with no listed numbers are sampled.
- The Contractor will obtain monthly list of telephone numbers from CDC, Behavioral Surveillance Branch (BSB) or, if not available from CDC, BSB, from another source approved by CDC and DPHS.
- The Contractor will provide additional training to a selected number of interviewers to handle respondent refusal conversion and supervision of interviewers, using guidelines agreed upon by CDC.
- The Contractor will assure that the data entry software program is designed to accept data and to output data in an identical format to that used by CDC for the BRFSS project.
- The Contractor will process and deliver data in ASCII format to the CDC and DPHS in SAS format by the 20th day of each month following data collection.
- Maintain all written reference materials and interviewer instructions and provide these to DPHS upon request. Retain one copy of all deliverables for a period of one year after the end of the calendar year during which interviewing occurred.
- The Contractor will provide a mechanism to, within 24 hours; codes specified records as final refusals and provide call histories at the request of DPHS.

- In addition to any necessary monthly changes, the Contractor will be prepared to respond quickly to develop, modify, or expand survey content and/or data collection procedures in response to a public health emergency or other unforeseen issue that may arise during a calendar year.
- The Contractor will be prepared to modify data collection methods as required by CDC and DPHS to potentially include mailed questionnaires or internet submissions.

### BRFSS Data Collection

- Develop a process that satisfies all CDC and DPHS standards for sampling, interviewing protocols, monitoring, data cleaning and editing, data delivery and reporting, and quality assurance.
- Unless alternate instructions are issued by DPHS, each year, complete no fewer than 580 interviews of New Hampshire residents, aged 18 years or older, per month (or other schedule if required by CDC), across 12 geographically defined strata, for a total of no fewer than 7,000 interviews during the 12-month period January 1 through December 31
- The targeted response rate, as calculated by the Council of American Survey Research Organizations (CASRO) method, must not decrease below 46.0%.

### Questionnaire

- Utilize a questionnaire consisting of three parts: the “Core” questionnaire will consist of a standard set of questions (approximately 80), designed by and obtained from CDC; New Hampshire’s selected Optional Module questions designed by and obtained from CDC; any additional New Hampshire-specific questions provided by DPHS. An average survey length of 21 minutes is assumed.
- Develop a process to accommodate annual changes and inclusion of state-added questions.
- Assist DPHS in assembling the three sections of the questionnaire to arrive at a final instrument.
- Program all questions and response categories in a computer-assisted telephone interviewing (CATI) system by two weeks before the start of the interviewing year.
- Provide an electronic test version of the programmed CATI questionnaire to DPHS that will simulate live interviewing and data entry for DPHS to review before the start of each new interviewing period.
- Assist in the design and testing of the New Hampshire state-added questions, including pilot testing.
- Be prepared to make changes to the questionnaire and CATI programming on short notice in the event of a public health emergency or other critical public health surveillance need.

### Computer Assisted Telephone Interviewing (CATI) System

- Provide services for the operation and maintenance of a CATI system and fully implement use of the CATI system for conducting all interviews.
- Provide CATI training to familiarize all key staff, interviewers, and data analysis personnel who oversee and work with the BRFSS system.
- Maintain a hard copy of the BRFSS questionnaire for use in the event of a failure of the CATI system.

- Provide supervisors to oversee and assist interviewers with the use of the CATI system and to unobtrusively monitor the computer screens of at least 10 percent of all interviews. Results of this monitoring will be documented and provided to DPHS on a quarterly basis.
- Assure the safe keeping and security of all components of the CATI system.
- Maintain confidentiality of all data, and maintain nightly backup discs for all data collected and archive offsite as appropriate.

#### Interviewing Methods

- Conduct interviews among randomly selected adults aged 18 and older using the questionnaire provided by CDC and DPHS. This task includes, but is not limited to, conducting interviews each month in accordance with the scheduling guidelines and protocol provided by CDC, randomly selecting an adult respondent in each household.
- The Contractor will provide interviewer supervisors and quality assurance assistants to ensure that the interview process is conducted according to CDC specifications. The supervisors shall be present or available at all times during the hours that interviewing is taking place.
- Contact selected telephone numbers for interviewing until the minimum monthly requirement of completed interviews is met and all active sampled numbers have reached final disposition. Call at a variety of times during the day and week to ensure a representative cross section of the population. Calls are to be made during evening, daytime, and weekend hours.
- Dial numbers not answering or busy per CDC protocol, including at least one attempt during a weekend, one attempt during a weekday, and one attempt during a weekday evening. Approximately 80% of calls should be made during evenings and weekends, with the remaining 20% conducted during weekdays and weekends. Business establishments and residents of institutions and group quarters are not eligible for interview. When the selected respondent in the household is not available for interview at time of initial telephone contact, call back a minimum of three times during the work shift to attempt to interview. Eligible persons initially refusing to participate will be recontacted a minimum of one additional time for attempted conversion.

#### Training

- The Contractor will provide in-depth, BRFSS-specific interviewer training for all interviewers calling on the BRFSS that will include orientation to the project, use of the questionnaire, methods of controlling interviewer effect and bias, supervised interviewer practice, use of the CATI system, refusal conversion and any training information and stipulations provided by CDC or DPHS.
- Ensure that BRFSS interviewers have experience in conducting telephone interviews prior to joining the BRFSS project. Facilitate training of interviewers in the administration of the BRFSS questionnaire.
- Ensure that interviewers are briefed on the new questionnaire and have opportunities to conduct practice interviews using the new questionnaire before its implementation each January.

#### Data Processing

- Perform error checking, and validating of entries to provide a single data file each month that is acceptable to both CDC and DPHS. Perform electronic data entry if using Paper & Pencil data collection. Code data according to CDC instructions. Edit and correct the resulting data file, including performance of data consistency checks, and electronically submit a standard, reliable dataset for each month's interviewing period within 20 days following the completion of data collection.



- The data file must contain information about all telephone numbers called, including complete and incomplete interviews. Computer software for detecting and correcting errors will be provided by CDC to assist in cleaning the data. Data must be provided to CDC according to coding instructions (to be supplied) in ASCII/SAS format and submitted electronically via a secure web portal.

Quality assurance and confidentiality

- Develop and maintain procedures to ensure the confidentiality of BRFSS respondents.
- Implement procedures for assuring and documenting the quality of the interviewing process and the data management steps. Provide supervision and monitoring of interviewers. Monitoring is to be conducted through the use of unobtrusive, electronic two-way audio and video means.
- The Contractor shall employ technology that would enable DPHS to unobtrusively monitor actual interviews in progress from its office in Concord, NH without prior notification to the contractor.
- Verify a 5% random sample of completed interviews each month, stratified by interviewer, to validate (1) respondent selection, (2) selected demographic characteristics, (3) selected behaviors, and (4) interviewer manner. On request, provide to DPHS the actual sample of telephone numbers for crosschecking and verification. If providing ongoing, unobtrusive electronic monitoring, verification may not be required.
- The Contractor will edit all completed surveys for errors including interviewer error, question sequence, and coding errors utilizing the PC-Edits program provided by CDC, and maintain an error rate of less than 5%.
- In the event that a systematic, recurring error is discovered in the sampling or interviewing operations, immediately notify DPHS of this error, correct the error at no cost to DPHS, and provide documentation to DPHS and CDC of both the occurrence and the correction. If necessary, submit a corrected, updated data file to DPHS and CDC.
- If DPHS finds problems in reviewing datasets, correct these to the satisfaction of DPHS within four weeks of notification, at no cost to DPHS. DPHS may then require the Contractor to implement additional data consistency checks.

Reports and Presentations

- The Contractor will submit a monthly report by email or via a web site to DPHS indicating:
  - The number of completed interviews by strata, by month, and year-to-date;
  - Final CDC Disposition Codes for all sample records, both complete and incomplete.
  - Assurance by the Project Director of systematic, unobtrusive monitoring of CATI interviews.
  - The monthly and year-to-date response rates (CASRO, Cooperation and Refusal).
  - Average interview duration,
  - Any other progress elements identified by DPHS.
- For the annual report, provide: A description of the survey methodology and an evaluation of survey quality using CDC methods, and an annual summary of the data provided in the monthly reports.
- Provide technical assistance to DPHS regarding survey methods and resultant findings as requested by DPHS.

Meetings, Conferences, and CDC Cooperative Agreement

- The Contractor's project director shall meet annually with representatives from DPHS and CDC for project site visits, including project monitoring.
- The Contractor's project director or representative shall attend one national conference sponsored by CDC for BRFSS, as specified by CDC and DPHS.
- The Contractor's project director or representative shall assist in preparation of technical descriptions for annual funding proposals for New Hampshire's CDC Cooperative Agreement if needed.
- The Contractor's project director will conduct a formal meeting or conference call with DPHS staff at least twice each contract year.
- The Contractor will communicate throughout the year with DPHS staff on the status of the project.
- The project manager for the Contractor will communicate important issues to DPHS as they arise and seek input, clarification or approvals from DPHS staff.

#### Subcontracts

- Assume all responsibility for contractual activities, whether performed directly or by another agency or agencies under subcontract. Serve as the single point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract if any part of this function is to be subcontracted.
- The Contractor's proposal should include a list of subcontractors, including the firm name and address, contact person, complete description of work to be subcontracted, descriptive information about the subcontractor's organizational abilities, and the estimated cost.
- DPHS reserves the right to approve subcontractors and to require the contractor to replace subcontractors found to be unacceptable. The Contractor is totally responsible for adherence by the subcontractor to all provisions of the contract.

#### Restrictions Against Disclosure

- The Contractor agrees to keep information related to the identity of respondents confidential. Other than the reports submitted to CDC and DPHS, the contractor agrees not to publish, reproduce, or otherwise divulge such information in whole or in part or in any form, or authorize or permit others to do so. The contractor agrees to immediately notify DPHS, in writing, if there is reason to suspect a breach of this requirement.

The Contractor will not release any surveillance information or results without prior written approval from DPHS. DPHS retains all rights to the completed interviews, interview results, and any associated datasets.

## EXHIBIT A-1

### BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), ADJUNCT FUNCTIONS

#### Asthma Callback Surveys

The Contractor, shall plan, organize, test and implement the Adult and Child Asthma Call-Back Surveys for the State of New Hampshire, in cooperation with and under the auspices and direction of DPHS and according to specifications of the federal Centers for Disease Control and Prevention (CDC). The surveillance shall be conducted by the Contractor by calling all adult respondents to the New Hampshire BRFSS who report a lifetime prevalence of asthma for themselves and/or a child in their household and who agree to participate in an in-depth follow-up asthma survey. The Contractor shall conduct interviews using the adult asthma and child asthma questionnaires developed and provided by the CDC and DPHS. Each questionnaire will be approximately 20 minutes in length.

The Contractor shall perform the following activities:

Program and test CATI version of the adult and child asthma survey instruments

Implement the necessary data processing programs and procedures.

Train interviewers to conduct the callback surveys.

Administer English-language surveys according to all standard BRFSS survey protocols from approximately Jan. 1, 2013 to Dec. 31, 2014.

Process and submit unweighted data to DPHS and CDC on a monthly basis beginning in March 2013.

Submit final dataset to DPHS and CDC by March of 2014.

Provide technical and data analysis assistance as needed.

#### Advance Notification Letters

The Contractor shall, in cooperation with and under the auspices and direction of DPHS and according to specifications of the federal Centers for Disease Control and Prevention (CDC):

Each month, prepare Advanced Notification Letters for the portion of the NH sample for which CDC provides matching addresses. This shall include:

- Printing of letters, using text approved by DPHS and using NH DHHS letterhead.
- Inserting letters into envelopes, labeling, applying postage and sealing.
- Take any necessary measures to keep addresses associated with the BRFSS sample confidential and protect the identity of potential BRFSS respondents.

The Contractor shall mail the letters to selected respondents 3 weeks prior to being called for the interview or as soon as sample is received if less than 3 weeks.

## Cell Phone Interviewing

The Contractor shall, in cooperation with and under the auspices and direction of DPHS and according to specifications of the federal Centers for Disease Control and Prevention (CDC):

- Be prepared to incorporate a sample of 1,000 cell phone only households into the BRFSS sample (or such other number as determined by DPHS).
- Obtain sample from or at the direction of CDC and call sample using protocols provided by CDC.
- Utilize respondent selection methods using protocols specified by CDC.
- Conduct interviews using a questionnaire provided by CDC and DPHS.
- Program the questionnaire into a CATI system.
- Assign final disposition codes as defined by CDC.
- Process data and submit an electronic file on a monthly basis to CDC and DPHS according to CDC protocols.

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 ICF Macro, Inc., a(n) Delaware corporation, is authorized to transact business in New Hampshire and qualified on December 23, 1996. I further certify that all fees and annual reports required by the Secretary of State's office have been received.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 22<sup>nd</sup> day of May, A.D. 2012

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

William M. Gardner  
Secretary of State

**ICF MACRO, INC.**  
**OFFICER CERTIFICATE**

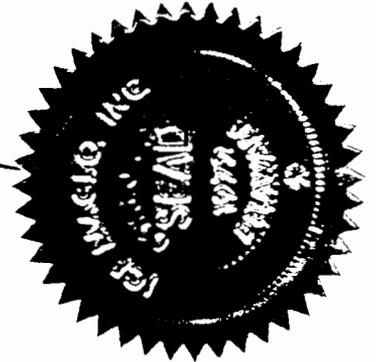
The undersigned, SELINA IBARRA, hereby certifies:

1. That she is the duly elected and appointed Assistant Corporate Secretary of ICF Macro, Inc., a Delaware corporation (the "Company"), and, as such, has access to the corporate records, minute books, and tax records of the Company, and is familiar with the matters therein contained and herein certified; and
  
2. That ROBERT TOTH is the duly elected and appointed Senior Vice President, Contracts and Administration of the Company, and in that capacity is authorized to bind the Company to all terms and conditions of bids, proposals, contracts and other specific actions that may be directed by the Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer, and has authority to sign any and all documents necessary to complete the aforementioned.

IN WITNESS WHEREOF, I have executed this certificate on this 29th day of November of 2012 and have affixed the corporate seal of the Company.



Selina Ibarra  
Assistant Corporate Secretary  
ICF MACRO, INC.



I, Terrance McGovern, Senior Vice President and Treasurer of ICF Macro, Inc., hereby certify that SELINA IBARRA is the duly elected, appointed and qualified Assistant Corporate Secretary of ICF Macro, Inc. and further attest that the signature appearing above is her genuine signature.



Terrance McGovern  
Senior Vice President and Treasurer  
ICF MACRO, INC.

