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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

January 12, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend an agreement with Tara Nelson, Licensed Clinical Mental Health Counselor, Purchase Order # 1021760, Vendor # 224414-B001, by extending the Completion Date from March 31, 2015 to June 30, 2015 to continue to provide reimbursement for payment of educational loans through the State Loan Repayment Program, to be effective the date of Governor and Council approval. This agreement was originally approved by Governor and Council on March 7, 2012, Item #25. Funds are available in the following account for SFY 2015 *10090 General Funds*

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

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2012	073-500578	Grants-Non Federal	90075000	2,666.67	0.00	2,666.67
SFY 2013	073-500578	Grants-Non Federal	90075000	10,666.68	0.00	10,666.68
SFY 2014	073-500578	Grants Non-Federal	90075000	10,666.67	(2,666.67)	8,000.00
SFY 2015	073-500578	Grants Non-Federal	90075000	7,999.98	2,666.67	10,666.65
			Total	\$32,000.00	\$0.00	\$32,000.00

EXPLANATION

The purpose of this amendment is for a no cost extension to extend the term of the agreement by three months with Tara Nelson, New Hampshire Board Certified, Licensed Clinical Mental Health Counselor, and continue to provide reimbursement for payment of educational loans, to be applied to the principal and interest of qualifying educational loans for actual cost paid for tuition, reasonable educational expenses, and reasonable living expenses relating to graduate or undergraduate education of a primary care provider.

Ms. Nelson requires the additional three-month term as she was out of work on Family Medical Leave in SFY 2014 due to maternity leave. This three-month extension will allow her to complete her State Loan Repayment Program obligation as outlined in her original contract.

The Division of Public Health Services administers the program. It is funded by State general funds provided by the State Legislature. Program eligibility requirements are established by federal law authorizing the State Loan Repayment Program (Section 388I of the Public Health Service Act, as amended by Public Law 101-597) and Division of Public Health Services under the provision of Chapter 410, Laws of NH 1994.

The State Loan Repayment Program provides funds to health care providers working in areas of the state designated as being medically underserved. These medically underserved areas identified as Health Care Professional Shortage Areas, Mental Health Professional Shortage Areas, Dental Health Professional Shortage Areas, Medically Underserved Areas/Populations, and Governor's Exceptional Medically Underserved Populations are indicators that a shortage of health care professionals exist, posing a barrier to access healthcare services for the residents of these areas. As one of several approaches to improve access to healthcare services, the State Loan Repayment Program has proven to be a successful short and long-term strategy to recruit and retain physicians, dentists and other healthcare professionals into New Hampshire's underserved communities. In addition, the health care provider and practicing site who are participating in the State Loan Repayment Program agree to provide direct primary care services to our population who are residing in our medically underserved areas of New Hampshire. A significant percentage of New Hampshire residents continue to face difficulty accessing primary care, mental, and oral health care services, due to workforce challenges.

Should Governor and Executive Council not authorize this Request, it will have a critical impact on the ability of New Hampshire health care facilities to recruit and retain qualified primary care health professionals to work in the State's Health Professional Shortage Areas. It is well-established that a sizeable number of healthcare professionals carry a heavy debt-burden as they come out of training and are attracted to serving in those areas where a share of that burden can be taken away. This program serves to attract and retain such providers into underserved areas by relieving some of their financial burden that would otherwise make service in such areas unattractive. This shortage of health care workers can impact health care in a variety of ways, including decreasing quality of care, decreasing access to care, increasing stress in the workplace, increasing medical errors, increasing workforce turnover, decreasing retention rates and increasing health care costs.

The Contractor's commitment began on April 1, 2012, and the first State payment began on the first of the month of the following quarter, and quarterly thereafter for the duration of the contract. State payments have been made directly to the Contractor to repay the principal and interest of any qualifying outstanding graduate or undergraduate educational loans. Before initiating each payment to the Contractor, the Rural Health & Primary Care Section will continue to contact the employer to ensure the contract and Memorandum of Agreement are being met.

Each contractor entering into any State Loan Repayment Program contract agrees to complete a service obligation that runs the length of the contract and remain at the eligible practice site for the term of the contract.

Tara Nelson, NH Board Certified, Licensed Clinical Mental Health Counselor is still working full-time at the Riverbend Community Mental Health, Inc., 53 Kendall Street, Franklin, NH 03235. Riverbend Community Mental Health, Inc. is located in a Medically Underserved Population Area of New Hampshire. Tara Nelson's presence in a medically underserved rural area is part of the continuing effort to improve access to primary mental health care and reduce disparities within New Hampshire. Attached is a copy of the participant's Certificate of Licensure, resume and the employer's (Riverbend Community Mental Health, Inc.) Insurance Certificate.

Area served: Merrimack County

Source of Funds: 100% General Funds.

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by:



Nicholas A. Toumpas
Commissioner



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
State Loan Repayment Program Contract**

This 1st Amendment to the Tara Nelson, contract (hereinafter referred to as "Amendment One") dated this 9th day of January, 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 Tara Nelson, (hereinafter referred to as "the Contractor"), an ^{individual} ~~corporation~~ with a place of business at ~~98 Meadow Pond Road, Gilmanston, NH 03237. TN~~
53 Kendall St. Franklin, NH 03335

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 7, 2012, Item #25, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the parties agree to a no cost extension of the term of the agreement to support continued delivery of these services, and

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

1. **Change** the completion date in the P-37, Block 1.7, of the General Provisions to read:

June 30, 2015

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

1/15/15
Date

[Signature]
Brook Dupee
Bureau Chief

1/20/15
1/9/15
Date

Tara Nelson
Tara Nelson, LCMHC
Tara Nelson, LCMHC
Name: Tara Nelson
Title: Licensed Clinical Mental Health Counselor

Acknowledgement:

State of NH, County of Merrimack on 01/20/15, 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

A. MARK MEAU
Justice of the Peace - New Hampshire
My Commission Expires April 3, 2018
Name and Title of Notary or Justice of the Peace

My Commission Expires: 04/03/18



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

OFFICE OF THE ATTORNEY GENERAL

2/2/15
Date

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

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

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 William Gallagher Associates Insurance Brokers, Inc. 470 Atlantic Avenue Boston, MA 02210	CONTACT NAME: PHONE (A/C, No, Ext): 617 261-6700 FAX (A/C, No): 617 261-6720	
	E-MAIL ADDRESS:	
INSURED Riverbend Community Mental Health, Inc. PO Box 2032 Concord, NH 03302	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Lexington Insurance Company	NAIC # 19437
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 <input checked="" type="checkbox"/> \$10,000 Deductible Each Claim GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			6797620	01/01/2015	01/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Hospital Professional & Physicans Liab			6797620	01/01/2015	01/01/2016	\$1,000,000 Each Claim \$3,000,000 Aggregate Claims-made Coverage \$10k Deductible

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

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

NH DHHS
 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



Riverbend Community Phone (603)934-3400
Mental Health tnelson@riverbendcmhc.org
53 Kendall St.
Franklin, NH 03235

Tara E. Nelson

EDUCATION

January 2006- May 2008. Antioch University New England. Keene, NH. Masters degree in Counseling Psychology.

August 2000- May 2004. Keene State College, Keene, NH. Bachelor's degree in Psychology. Associate's degree in Chemical Dependency. Dean's List 2003-2004.

January 2003- June 2003. York St. John's College, York, England, UK.

August 1996- May 2000. Coe-Brown Northwood Academy, Northwood, NH.

WORK EXPERIENCE

June 2008- present. Riverbend Community Mental Health, Franklin, NH. Child & Family Therapist.

Sept. 2007- June 2008. Tobey School, Concord, NH. Internship-residential program for adolescents with emotional handicaps.

July 2007- July 2008. Child and Family Services, Concord, NH. Group Home, relief residential counselor.

July 2007- Aug. 2007. Barnstead Elementary School. Ctr. Barnstead, NH. 1:1 paraprofessional for a 5-year-old boy with autism during the summer program.

Nov. 2006- June 2007. Strafford County YMCA. Barnstead Elementary School- after school program- counselor.

Sept. 2006- June 2007. Barnstead Elementary School. Ctr. Barnstead, NH. Internship in the guidance department for the 2006-2007 school year.

July 2006- July 2007. Hallmark. Concord, NH. Sales associate.

June 2006- Aug. 2006. Child and Family Development Center. Concord, NH. Summer program for Barnstead Elem. School. 1:1 paraprofessional for a 4-year-old boy with autism.

Jan. 2006- June 2006. Barnstead Elementary School. Ctr.
Barnstead, NH. 1:1 para. for a 10-year-old boy with autism.

July 2004- Oct. 2005. Child and Family Services, Concord, NH.
Therapeutic Day Treatment Program, Individual Caseworker.

November 2004- Jan. 2006. Barnstead Elementary School. Ctr.
Barnstead, NH. Substitute paraprofessional.

August 2003- August 2004. Antrim Girls' Shelter, Antrim, NH.
Internship for school/ Residential Counselor.

August 2002- May 2004. Resident Assistant at Keene State College,
Keene, NH. RA for three semesters.

October 1998- August 2003. Market Basket, Concord, NH. Cashier,
Courtesy Booth Attendant and Produce Department.

LICENSE

Licensed Clinical Mental Health Counselor. License #862

REFERENCES

Available upon request.



State of New Hampshire
BOARD OF MENTAL HEALTH PRACTICE

TARA E NELSON, MA

LICENSED
CLINICAL MENTAL HEALTH COUNSELOR

LICENSE # 862 EXPIRES 06/20/2015



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



December 28, 2011

APPROVED

DATE

APPROVED G&C #125

DATE 3/7/12

NOT APPROVED

His Excellency, Governor John H. Lynch
and the Honorable Executive 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 Systems, Policy and Performance, Rural Health and Primary Care Section, to enter into an agreement with Tara Nelson, Licensed Clinical Mental Health Counselor, (Vendor #224414-B001), 73 Ridge Road, Center Barnstead, NH 03225, in an amount not to exceed \$32,000.00, to provide reimbursement for payment of educational loans through the State Loan Repayment Program, to be effective April 1, 2012 or date of Governor and Council approval, whichever is later, through March 31, 2015. Funds are available in the following account for SFY 2012 and SFY 2013 and are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation in future operating budgets.

05-95-90-901010-2217, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, HEALTH WORKFORCE.

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2012	073-500578	Grants-Non Federal	90075000	\$2,666.67
SFY 2013	073-500578	Grants-Non Federal	90075000	\$10,666.68
SFY 2014	073-500578	Grants Non-Federal	90075000	\$10,666.67
SFY 2015	073-500578	Grants Non-Federal	90075000	\$7,999.98
			Total	\$32,000.00

EXPLANATION

State funds in this agreement will be used to provide payments to Tara Nelson, New Hampshire Board Certified, Licensed Clinical Mental Health Counselor, to be applied to the principal and interest of qualifying educational loans for actual cost paid for tuition, reasonable educational expenses, and reasonable living expenses relating to graduate or undergraduate education of a primary care provider.

The Division of Public Health Services and Rural Health & Primary Care Section administer the program. It is funded by State general funds provided by the State Legislature. Program eligibility requirements are established by federal law authorizing the State Loan Repayment Program (Section 388I of the Public Health Service Act, as amended by Public Law 101-597) and Division of Public Health Services under the provision of Chapter 410, Laws of NH 1994.

The State Loan Repayment Program provides funds to health care providers working in areas of the state designated as being medically underserved. These medically underserved areas identified as Health Care Professional Shortage Areas, Mental Health Professional Shortage Areas, Dental Health Professional Shortage Areas, Medically Underserved Areas/Populations, and Governor's Exceptional Medically Underserved Populations are indicators that a shortage of health care professionals exist, posing a barrier to access healthcare services for the residents of these areas. As one of several approaches to improve access to healthcare services, the State Loan Repayment Program has proven to be a successful short and long-term strategy to recruit and retain physicians, dentists and other healthcare professionals into New Hampshire's underserved communities. In addition, the health care provider and practicing site who are participating in the State Loan Repayment Program agree to provide direct primary care services to our population who are residing in our medically underserved areas of New Hampshire. A significant percentage of New Hampshire residents continue to face difficulty accessing primary care, mental, and oral health care services, due to workforce challenges.

The Contractor must be a U.S. citizen, must not have any unserved obligations for service to another governmental or non-governmental agency, must be licensed and ready to begin full-time or part-time clinical practice at the approved site once a contract has been signed. The Contractor is willing to commit to a minimum service obligation of thirty-six months (full-time employee) or a minimum service obligation of twenty-four months (part-time employee) with the State of New Hampshire to work in a federally designated medically underserved area. A Contractor who has completed their initial service contract obligation with State Loan Repayment Program may request a contract extension if funding is available.

Appropriate sites include community health centers, migrant health centers, health care entities that provide primary health care services to underserved populations, federally qualified health centers, and other systems of care that provide a full range of primary and preventive health and social services.

Should Governor and Executive Council not authorize this Request, it will have a critical impact on the ability of New Hampshire health care facilities to recruit and retain qualified primary care health professionals to work in the State's Health Professional Shortage Areas. It is well-established that a sizeable number of healthcare professionals carry a heavy debt-burden as they come out of training and are attracted to serving in those areas where a share of that burden can be taken away. This program serves to attract and retain such providers into underserved areas by relieving some of their financial burden that would otherwise make service in such areas unattractive. This shortage of health care workers can impact health care in a variety of ways, including decreasing quality of care, decreasing access to care, increasing stress in the workplace, increasing medical errors, increasing workforce turnover, decreasing retention rates and increasing health care costs.

To assure that the highest need areas receive priority, the Rural Health & Primary Care Section has implemented an in-house scoring process for all state loan repayment applications. State Loan Repayment Program applications receive weighted points based on the information required in the program guidelines and application. The criteria are based on: community needs; the specialty of the health professional (ability to meet the needs); the percent of the population served using sliding-fee schedules; bad debt/charity care as a percentage of revenue by the facility; the underserved area being served; the type of facility; indebtedness of the applicant; retention or recruitment needs of the facility; language other than English that is significant to the area; and the applicant's commitment to the community. These criteria may change, as workforce needs of the State change.

The Contractor's commitment begins on April 1, 2012, or the date of Governor and Executive Council approval, whichever is later and the first State payment will begin on the first of the month of the following quarter, and quarterly thereafter for the duration of the contract. State payments are made directly to the Contractor to repay the principal and interest of any qualifying outstanding graduate or undergraduate educational loans. Before initiating each payment to the Contractor, the Rural Health & Primary Care Section will contact the employer to ensure the contract & Memorandum of Agreement are being met.

Each contractor entering into any State Loan Repayment Program contract agrees to complete a service obligation that runs the length of the contract and remain at the eligible practice site for the term of the contract. Contractors who fail to begin or complete their State Loan Repayment Program obligation or otherwise breach the terms and conditions of the obligations are in default of their contracts and are subject to the financial consequences outlined in their contracts.

Tara Nelson, NH Board Certified, Licensed Clinical Mental Health Counselor is working full-time at the Riverbend Community Mental Health, Inc., 53 Kendall Street, Franklin, NH 03235. Riverbend Community Mental Health, Inc. is located in a Medically Underserved Population Area of New Hampshire. Tara Nelson's presence in a medically underserved rural area is part of the continuing effort to improve access to primary mental health care and reduce disparities within New Hampshire. Attached is a copy of the participant's Certificate of Licensure, resume and the employer's (Riverbend Community Mental Health, Inc.) Insurance Certificate.

Area served: Merrimack County.

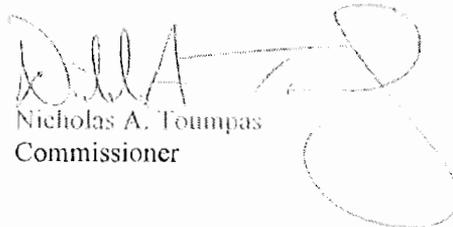
Source of Fund: 100% General Funds.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/dr

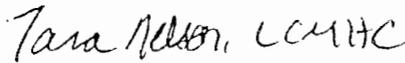
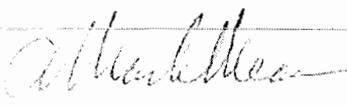
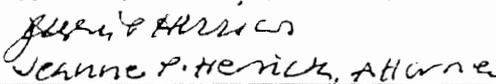
Subject: State Loan Repayment Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Tara Nelson		1.4 Contractor Address 73 Ridge Road, Center Barnstead, NH 03225	
1.5 Contractor Phone Number (603) 776-7881	1.6 Account Number #010-090-2217-073-500578	1.7 Completion Date March 31, 2015	1.8 Price Limitation \$32,000.00
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Tara Nelson, Licensed Clinical Mental Health Counselor	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>11/30/11</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace A. MARK MEAU Justice of the Peace - New Hampshire My Commission Expires April 23, 2013 [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace A. MARK MEAU JUSTICE OF THE PEACE			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Jeanne P. Henrich, Attorney On: <u>1 Feb. 2012</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

NH Department of Health and Human Services

Exhibit A
Scope of Services

State Loan Repayment Program

CONTRACT PERIOD: April 1, 2012 or date of Governor and Council approval, whichever is later, through March 31, 2015.

CONTRACTOR NAME: Tara Nelson

ADDRESS: 73 Ridge Road, Center Barnstead, NH 03225

CONTRACTOR TITLE: Licensed Clinical Mental Health Counselor

TELEPHONE: (603) 776-7881 e-mail: tnellie@metrocast.net

The Contractor shall:

1. As a New Hampshire Board Certified, Licensed Clinical Mental Health Counselor, the contractor will be signing for a minimum service obligation of thirty-six months in exchange for full-time primary mental health services during the term of the contract. "Full-time clinical practice" is defined as a minimum of 40 hours per week at an approved service site, for minimum of 45 weeks per service year providing primary health services or dentistry at an approved service site, no less than 4 days per week with no more than 12 hours work to be performed in any 24-hour period, with no more than 8 hours per week devoted to practice-related administrative activities. The practice must include hospital treatment coverage appropriate to meet the needs of patients of the approval service site and to ensure continuity of care. Research and teaching are not considered to be "clinical practice". Time spent for all health care providers and dentists in "on-call" status will not count toward the 40-hour week.
2. Be employed in a clinical practice at a public or non-profit private clinic located in a Medically Underserved Population Area in Merrimack County, New Hampshire or such other location as may be agreed upon by the State of New Hampshire.
3. Agree to provide direct patient primary health services to all patients regardless of their ability to pay. In addition, the contractor must offer a sliding-fee schedule based on the current Federal Poverty Guidelines, accept Medicaid, Medicare, and State Children's Health Insurance Program assignment rates, and provide free care when medically necessary.
4. Maintain the appropriate professional license and conform to all state laws and administrative rules pertaining to the profession being practiced. If there are any restrictions that would enable the contractor from doing his/her duties at the facility and/or practice site, the contractor will be in violation of this agreement.
5. Agree to complete his/her service obligation that runs the length of the contract. The contractor not completing his/her loan service obligation may be obligated to repay all the loan value paid under the program with a risk of penalties if obligations of repayment are not met in a satisfactory manner.
6. Cannot be concurrently taking part in any other federal or state loan repayment plan or be a member of the National Health Service Corps.

7. Will allow the Division of Public Health Services, Rural Health & Primary Care Section to conduct periodic monitoring either through site visits, telephone calls, exit surveys, or compliance with written reports.
8. Will need to provide in writing within seven (7) calendar days, to the RHPC Workforce Coordinator, circumstances that would prevent the contractor from completing his/her obligation services due to serious illness, or laid off due to financial situation of the employer.
9. The contractor's failure to comply with Federal & State Loan Repayment Program requirements or the provisions contained within the Memorandum of Agreement may, at the discretion of the Rural Health & Primary Care Section Administrator, result in denial of any further payments and termination of this agreement. In addition the contractor may be subject to penalties outlined in his/her contract.

Contractor Initials: TD
Date: 01/20/11

NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

State Loan Repayment Program

CONTRACT PERIOD: April 1, 2012 or date of Governor and Council approval, whichever is later, through March 31, 2015

CONTRACTOR NAME: Tara Nelson

ADDRESS: 73 Ridge Road, Center Barnstead, NH 03225

CONTRACTOR TITLE: Licensed Clinical Mental Health Counselor

TELEPHONE: (603) 776-7881 e-mail: tnellie@metrocast.net

Vendor 224414-B001

Job #90075000

Appropriation #010-090-2217-073-500578

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

\$32,000.00 for the State Loan Repayment Program, funded from 100% General Funds

TOTAL: \$32,000.00

2. The State of New Hampshire will pay directly to the Contractor the principal and interest owed by the Contractor, in an amount not to exceed \$32,000.00 over the term of the contract, for validated and outstanding undergraduate and/or graduate educational loans which includes government commercial loans for actual costs paid for tuition, reasonable educational expenses, and reasonable living expenses relating to the graduate or undergraduate education of a health professional. This loan repayment is to be used solely for educational loan pay down.
3. Loan reimbursements will be made by the State of New Hampshire in twelve payments during the term of the contract
 - 3.1 Before initiating state payments, the Rural Health & Primary Care Section will contact the employer to ensure the Memorandum of Agreement & contract stipulations are being met and verify that their non-federal loan repayment funds have been paid to the participant prior to the State of New Hampshire releasing its funds, if employer's funds are to be paid.
 - 3.2. The contractor's commitment begins on the effective date, or date of Governor and Executive Council approval, whichever is later.
 - 3.2.1 The healthcare provider commences providing obligated services in accordance with Exhibit A of this contract,
 - 3.3 The first payment of the contract will be paid during the first month of the following quarter, and quarterly thereafter for the duration of the contract.
 - 3.3.1 First payment of \$2666.67 of providing services obligated under this contract.

- 3.3.2 Second payment of \$2,666.67 of providing services obligated under this contract.
- 3.3.3 Third payment of \$2,666.67 of providing services obligated under this contract.
- 3.3.4 Fourth payment of \$2,666.67 of providing services obligated under this contract.
- 3.3.5 Fifth payment of \$2,666.67 of providing services obligated under this contract.
- 3.3.6 Sixth payment of \$2,666.67 of providing services obligated under this contract.
- 3.3.7 Seventh payment of \$2,666.67 of providing services obligated under this contract.
- 3.3.8 Eighth payment of \$2,666.67 of providing services obligated under this contract.
- 3.3.9 Ninth payment of \$2,666.66 of providing services obligated under this contract.
- 3.3.10 Tenth payment of \$2666.66 of providing services obligated under this contract.
- 3.3.11 Eleventh payment of \$2,666.66 of providing services obligated under this contract.
- 3.3.12 Twelfth and final payment of \$2,666.66 of providing services obligated under this contract.

4. The contractor who fails to begin or complete his/her loan repayment service obligation or otherwise breaches the terms and conditions of the obligation is in default of his/her contract and is subject to the financial consequences outlined in his/her agreement.

Contractor Initials:

Date:

TJ
10/10/10