



Jeffrey A. Meyers  
Commissioner

Marilyn G. Doe  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF THE COMMISSIONER  
*BUREAU OF HUMAN RESOURCE MANAGEMENT*

129 PLEASANT STREET, CONCORD, NH 03301-3857  
603-271-9344 1-800-852-3345 Ext. 9344  
Fax: 603-271-4810 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

May 1, 2018

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

**REQUESTED ACTION**

For consideration on the Consent Calendar, authorize the Department of Health and Human Services, to enter into an educational tuition agreement and to pay said costs in an amount of \$1500.00 as follows:

|                          |  |
|--------------------------|--|
| Institution:             | Southern New Hampshire University-College for America<br>2500 North River Road<br>Manchester, NH 03016                               |
|                          | Billing department:<br>Client 800100<br>P.O. Box 55008<br>Boston, MA 02205-5008<br>Check should have Kelley Rozen Student ID#1071648 |
| Course Title(s):         | BA Program- Health Care Management   |
| Course Date(s):          | Begin: 07/01/2018<br>End: 12/31/2018   |
| Employee:                | Kelley Rozen, RN   |
| Funding Source:          | 05-95-95-953010-56770000-066-500544  |
| Total Cost of Course(s): | \$1500.00  |
| State Share:             | \$1500.00  |
| Source of Funds:         | Employee Training, 100% General  |

**EXPLANATION**

The Department of Health and Human Services encourages and supports employees who wish to further their professional growth through continuing education in disciplines that are mutually advantageous.

This employee has been a Public Health Care Coordinator with the Special Medical Services (SMS) Program in the department of Health and Human Services and Bureau of Developmental Services. This employee has been an employee for 1 year and 4 months. The employee has also been a contractor with the State of NH and a Health Care Coordinator for 3 years. The employee assists children with Special Health care needs under the NH Title V program. The employee works with families and the child's health care providers and other community agencies to help obtain access to needed health care and related services.

The BA program in Health Care Management will increase the employees knowledge with Computer technology, cultural diversity, and Health Care needs to assist the families in the Special Medical Services (SMS) Program

Participation in this program enhances the employees ability in their role as a Public Health Care Coordinator. The employee has 30 years of experience being a Registered Nurse with an Associate's degree and a completion of BA in Health Care Management will broadens their professional development to give quality care to the children and their families with special healthcare needs, chronic illness and disabilities.

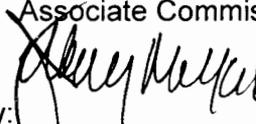
This course will not be taken on State time.

Attached is a fully executed Tuition Agreement for your review.

Respectfully submitted,



Lori Weaver  
Associate Commissioner, Operations

Approved by:   
Jeffrey A. Meyers  
Commissioner



THE STATE OF NEW HAMPSHIRE
EDUCATIONAL TUITION AGREEMENT

Agreement dated this 30th day of April 2018 by and through the Department of Health and Human Services (hereinafter referred to as the "State") and Kelley Rozen (hereinafter referred to as the "Recipient"). The State and the Recipient do hereby mutually agree as follows:

- 1. The State shall pay to the named institution the sum of 1500.00, which monies shall be used for the purpose of enrolling the Recipient in: BA Program in Health Care Management (course name), which course(s) is being offered by Southern NH University - College for America and which course(s) shall commence on 7/1/ 2018 and terminate on 12/31/ 2018.
2. The Recipient shall complete and achieve a passing grade in each course named in paragraph 1.
3. Should the Recipient fail to complete or achieve a passing grade in each course named in paragraph 1, the Recipient shall pay to the State the sum set forth in paragraph 1, provided, however, that if more than one course is named in paragraph 1, the amount which shall be paid to the State shall be calculated on a pro rata basis.
4. Upon the satisfactory completion of the courses named in paragraph 1, the Recipient shall continue in the employ of the State in his/her current position (or in such other position, at equal or greater compensation, to which he/she may be assigned) for a period of six (6) months.
5. The Recipient shall work in any area of the State to which he/she may be assigned, provided that such assignment will not constitute a severe hardship to said Recipient.
6. Should the Recipient breach any of the conditions set forth in paragraphs 4 and 5, the Recipient shall pay to the State a sum equal to all monies previously paid by the State for the Recipient pursuant to the Agreement, provided, however, that the Recipient shall receive a credit for each month in which he/she is employed by the State subsequent to the date upon which the named course(s) are satisfactorily completed, the value of said credit to be calculated on a pro rata basis.
7. The Recipient shall not raise any setoff or counterclaim against the State in any action brought by the State to collect any amount due under this agreement.
8. Should any amount be found to be due the State in any action brought against the Recipient pursuant to this Agreement, the State shall, in addition to said amount, be entitled to an award of costs and a reasonable amount in "attorney" fees.

IN WITNESS WHEREOF the representatives of the State, in his/her official capacity only, and without personal liability, and the Recipient, have hereunto set their hands on the date first above written.

RECIPIENT

(signature) Kelley Rozen

(printed name) Kelley Rozen, RN

NOTARY State of New Hampshire, County of Merrimack :

On this the 30th day of April, 2018, before me, Ellen Macnaul, the undersigned officer, personally appeared, Kelley Rozen (recipient) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes herein contained.

In witness whereof I hereunto set my hand and official seal.

Ellen Macnaul
Notary Public/Justice of the Peace

My Commission Expires April 9, 2019

THE STATE OF NEW HAMPSHIRE

(signature) Lon Weaver

(date) 5-1-18

(printed name, title) Lon Weaver, Associate Commissioner