



Lori A. Weaver Interim Commissioner

> Katja S. Fox Director

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301 603-271-9544 1-800-852-3345 Ext. 9544 Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.πh.gov

December 27, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into **Retroactive, Sole Source** amendments to existing agreements with the Contractors listed below to continue providing Crisis Respite Shelter Services to Individuals with Opioid and/or Stimulant Use Disorder, by increasing the total price limitation by \$2,869,813 from \$8,608,500 to \$11,478,313 and by extending the completion date from September 29, 2022 to September 29, 2023, effective retroactive to September 29, 2022 upon Governor and Council approval. 100% Federal Funds.

The individual contracts were approved by Governor and Council as specified in the table below.

Contractor Name	Vendor Code	Area Served	Current Amount	(Decrease)	Revised Amount	G&C Approval
		A A A A A A A A A A A A A A A A A A A		and the second s	a processor and a second	O: 11/6/19 (Item #11)
Granite Recovery Respite, LLC		Statewide	\$3,011,250		\$3,864,438	A1:1/22/21 (Item #16)
	312218			\$853,188		A2:5/5/21 (Item #9)
						A3:10/13/21 (Item #29)
NH Respite, LLC	310939	Statewide	\$5,597,250		\$7,613,875	O: 11/6/19 (Item #11)
						A1: 1/22/21 (Item #16)
				\$2,016,625		A2:5/5/21(It em #9)
						A3:10/13/21 (Item #29)

	Total:	\$8,608,500	\$2,869,813	\$11,478,313	
The second secon					

See attached fiscal details.

EXPLANATION

This request is Retroactive because the Department was notified by the federal awarding agency on September 23, 2022 of the availability of funding beyond the current contract completion date of September 29, 2022. Due to the delayed notification from the Federal awarding agency, the Department was unable to present this request to the Governor and Council prior to the contracts expiring. This request is **Sole Source** because the Department is seeking to extend the contracts beyond the completion dates and there are no renewal options available. In addition, MOP 150 requires all amendments to agreements previously approved as sole source be identified as sole source. Due to the limited timeframe between the funding notification from the Federal awarding agency and the contract expiration date, the Department was not able to reprocure for these services. Any delays or gaps in service provision may result in reduced or loss of access to services and supports for individuals in need of these critical services.

The purpose of this request is to continue providing a safe and secure location with non-clinical, non-medical supervision, to individuals in crisis due to opioid and/or stimulant use who are seeking treatment services. Crisis Respite Shelter Services are needed to keep individuals safe and supported after seeking care that is not yet available. This service is critical to engaging individuals who request support when moving into needed substance use treatment and recovery supports. Continuing these services with the Contractors will reduce the number of overdoses as well as reduce the number of individuals who currently utilize other community services due to a lack of service availability, which may include hospital emergency rooms, law enforcement and emergency medical services.

Approximately 3,500 Crisis-respite bed nights were provided to more than 1,039 individuals in the past contract period. A total of 37 beds will continue to be available each day specifically for Doorways clients. Granite Recovery Respite will provide 11 beds in Effingham, and NH Respite will provide 26 beds in Nashua between September 29, 2022 and September 29, 2023.

The Department will continue to monitor contracted services through monthly reporting of de-identified, aggregate data to ensure the appropriate number of crisis respite beds are available for Doorways clients by each Contractor. Data reporting includes:

- Number and demographics of clients served.
- Length of time in shelter for each person.
- Discharge reason and where the clients were discharged to.
- Staffing ratios.
- Time between requests for shelter and admission.

Should the Governor and Executive Council not authorize this request, Doorways clients may not have access to safe and secure spaces to stay while waiting to enter substance use treatment, which may lead to an increase in the number of deaths due to overdose. Additionally, it may lead to an increase in the number of individuals who utilize other community services, which may include emergency rooms or detention facilities.

His Excellency, Governor Christopher T. Sununu and the Honorable Council Page 3 of 3

Area served: Statewide

Source of Federal Funds: CFDA #93.788, FAIN H79Tl085759

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

Respectfully submitted,

Movith

Lori A. Weaver

Interim Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES FISCAL DETAILS SHEET

05-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT 100% Federal Funds

Vendor Name		Granite Recovery		Vendor # 312218		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102-500731	Contracts for Program Services	92057040	\$638,000.00	\$0.00	\$638,000.00
2021	102-500731	Contracts for Program Services	92057040	\$365,750.00	\$0.00	\$365,750.00
2021	102-500731	Contracts for Program Services	92057046	\$260,149.00	\$0.00	\$260,149.00
2021	102-500731	Contracts for Program Services	92057048	\$493,351.00	\$0.00	\$493,351.00
2022	102-500731	Contracts for Program Services	92057048	\$250,250.00	\$0.00	\$250,250.00
2022	074-500585	Grants for Pub Asst and Rel	92057048	\$705,375.00	\$0.00	\$705,375.00
2023	074-500585	Grants for Pub Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
2023	074-500589	Grants for Pub Asst and Rel	92057058	\$0.00	\$640,475.00	\$640,475.00
2024	074-500589	Grants for Pub Asst and Rel	92057058	\$0.00	\$212,713.00	,
L			Subtotal	\$2,712,875.00	\$853,188.00	\$3,566,063.00

Vendor Name	3	NH Respite LLC				
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102-500731	Contracts for Program Services	92057040	\$701,304.00	\$0.00	\$701,304.0
2021	102-500731	Contracts for Program Services	92057040	\$406,446.00	\$0.00	\$406,446.0
2021	102-500731	Contracts for Program Services	92057046	\$978,101.00	\$0.00	\$978,101.0
2021	102-500731	Contracts for Program Services	92057048	\$547,399.00	\$0.00	\$547,399.0
2022	102-500731	Contracts for Program Services	92057048	\$273,000.00	\$0.00	\$273,000.0
2022	102-500731	Contracts for Program Services	92057046	\$318,500.00	\$0.00	\$318,500.0
2022	074-500585	Grants for Pub Asst and Rel	92057048	\$1,667,250.00	\$0.00	\$1,667,250.0
2023	074-500585	Grants for Pub Asst and Rel	92057048	\$0.00	\$0.00	\$0.0
2023	074-500589	Grants for Pub Asst and Rel	92057058	\$0.00	\$1,513,850.00	\$1,513,850.0
2024	074-500589	Grants for Pub Asst and Rel	92057058	\$0.00	\$502,775.00	\$502,775.0
			Subtotal	\$4,892,000.00	\$2,016,625.00	\$6,908,625.00

05-92-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: 100% Federal Funds

Vendor Name	2	Granite Recovery	1907			
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	074-500585	Grants for Pub Asst and Rel	TBD (COVID SUP)	\$48,125.00	\$0.00	\$48,125.00
2023	074-500585	Grants for Pub Asst and Rel	TBD (COVID SUP)	\$70,875.00	\$0.00	\$70,875.00
2023	074-500585	Grants for Pub Asst and Rel	TBD (ARPA)	\$179,375.00	\$0.00	\$179,375.00
			Subtotal	\$298,375.00	\$0.00	\$298,375.00

Vendor Name		NH Respite LLC	520			
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	074-500585	Grants for Pub Asst and Rel	TBD (COVID SUP)	\$113,750.00	\$0.00	\$113,750.00
2023	074-500585	Grants for Pub Asst and Rel	TBD (COVID SUP)	\$167,250.00	\$0.00	\$167,250.00
2023	074-500585	Grants for Pub Asst and Rel	TBD (ARPA)	\$424,250.00	\$0.00	\$424,250.00
			Subtotal	\$705,250.00	\$0.00	\$705,250.00

TOTAL	\$8,608,500.00	\$2,869,813.00	\$11,478,313.00

State of New Hampshire Department of Health and Human Services Amendment #4

This Amendment to the Crisis Respite Shelter Services – Opioid Use Disorder contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Granite Recovery Respite, LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on November 6, 2019 (Item #11), as amended on January 22, 2021 (Item# 16), as amended on May 5, 2021 (Item #9), and as most recently amended on October 13, 2021 (Item #29), 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, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, and modify the scope of services 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 to amend as follows:

- Form P-37 General Provisions, Block 1.7, Completion Date, to read: September 29, 2023
- 2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read: \$3,864,438
- 3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read: Robert W. Moore, Director
- 4. Modify Exhibit A, Scope of Services, Section 3, Staffing, to read:
 - 3.2. The Contractor shall ensure staff obtain training in CPR, Suicide Prevention, and Addiction 101.
 - 3.3. The Contractor shall ensure an adequate number of qualified staff is on duty at the crisis center twenty-four (24) hours per day, seven (7) days per week based on the number of individuals in need of safe, stable housing.
- 5. Modify Exhibit A, Scope of Services, Section 4, Reporting, Subsection 4.1, Paragraph 4.1.4, to read:
 - 4.1.4. Staffing ratios.
- 6. Modify Exhibit A, Scope of Services, Section 6, State Opioid Response (SOR) Grant Standards, to read:
 - 6. State Opioid Response (SOR) Grant Standards
 - 6.1. In order to receive payments for services provided through SOR grant funded initiatives, the Contractor shall ensure each Site:
 - 6.1.1. Establishes formal information sharing and referral agreements with all Doorways for substance use services that comply with all applicable confidentiality laws, including 42 CFR Part 2; and
 - 6.1.2. Completes client referrals to applicable Doorways for substance use services within two (2) business days of a client's admission to the program.
 - 6.2. Reserved.

Contractor Initials

Date

- 6.3. Reserved.
- 6.4. Reserved.
- 6.5. The Contractor and/or referred providers shall ensure that all uses of flexible needs funds and respite shelter funds are in compliance with the Department and SAMHSA requirements.
- 6.6. The Contractor and/or referred providers shall assist clients with enrolling in public or private health insurance, if the client is determined eligible for such coverage and will have staff trained in Presumptive Eligibility for Medicaid.
- 6.7. The Contractor and/or referred providers shall accept clients on Medicaid Assisted Treatment (MAT) and facilitate access to MAT on-site or through referral for all clients supported with SOR grant funds, as clinically appropriate.
- 6.8. The Contractor and/or referred providers shall coordinate with the NH Ryan White HIV/AIDs program for clients identified as at risk of or with HIV/AIDS.
- 6.9. The Contractor and/or referred providers shall ensure that all clients are regularly screened for tobacco use, treatment needs and referral to the QuitLine as part of treatment planning.
- 6.10. The Contractor shall collaborate with the Department to understand and comply with all appropriate Department, State of NH, Substance Abuse and Mental Health Services Administration SAMHSA, and other Federal terms, conditions, and requirement.
- 6.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana for treatment using marijuana. The Contractor shall ensure:
 - 6.11.1. Treatment in this context includes the treatment of opioid use disorder (OUD);
 - 6.11.2. Grant funds are not provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders; and
 - 6.11.3. This marijuana restriction applies to all subcontracts and memoranda of understanding (MOU) that receive SOR funding.
- 6.12. The Contractor shall refer to Exhibit B, Amendment #3, Methods and Conditions Precedent to Payment, for grant terms and conditions including, but not limited to:
 - 6.12.1. Invoicing.
 - 6.12.2. Funding restrictions.
 - 6.12.3. Billing.
- 6.13. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 6.13.1. Internal policies for the distribution of Fentanyl strips;
 - 6.13.2. Distribution methods and frequency; and
 - 6.13.3. Other key data as requested by the Department.
- 6.14. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.
- 7. Modify Exhibit B Amendment #3, Methods and Conditions Precedent to Payment, Sections 1, to

Contractor Initials

Date

12/22/2022

read:

- This Agreement is funded by 100% Federal Funds, as follows:
 - 1.1. 90% Federal funds from the State Opioid Response Grant, as awarded on 09/30/2018, by the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), CFDA #93.788, FAIN H79TI081685; as awarded on 09/30/2020, FAIN H79TI083326, as awarded on 08/09/2021, FAIN H79TI083326, and as awarded on September 23, 2022, FAIN H79TI085759.
 - 1.2. 10% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, CFDA #93.959, FAIN B08TI083509 and B08TI083955, as awarded on 03/11/2021 by the U.S. DHHS, SAMHSA.
- 8. Modify Exhibit B Amendment #3, Methods and Conditions Precedent to Payment, Section 3, to read:
 - 3. The Contractor shall invoice the Department for Crisis Respite Shelter Services at an all-inclusive rate of \$212.50 per day for a maximum of 11 beds as required in Exhibit A, Scope of Services for Doorway clients with Opioid Use Disorder (OUD) or Stimulant Use Disorder (StimUD). The Contractor shall:
 - 3.1. Ensure clients receiving services rendered from SOR funds have a documented history of, or current diagnosis of OUD or StimUD; and
 - 3.2. Coordinate ongoing client care for all clients with documented history of, or current diagnoses of OUD or StimUD receiving services rendered from SOR funds, with Doorways in accordance with 42 CFR Part 2

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022, upon Governor and Council approval.

State of New Hampshire

VP, Treasurer

Department of Health and Human Services

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

Date

Docusigned by:

kalfa S. For

Suppossentes 122

Name: Katja S. Fox

Title: Director

Granite Recovery Respite, LLC

Docusigned by:

Gibert D'Andria

Name: Gilbert D'Andria

Title:

The preceding Amendment, having been reexecution.	viewed by this office, is approved as to form, substance, and
	OFFICE OF THE ATTORNEY GENERAL
12/27/2022 Date	Pobyn Gurvino 740734044404400 Name: Robyn Guarino
Date	Title: Attorney
I hereby certify that the foregoing Amendme the State of New Hampshire at the Meeting	ent was approved by the Governor and Executive Council of on: (date of meeting)
	OFFICE OF THE SECRETARY OF STATE
	er e
Date	Name:

State of New Hampshire Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that GRANITE RECOVERY RESPITE, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on October 04, 2019. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 828636

Certificate Number: 0005911745



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 22nd day of December A.D. 2022.

David M. Scanlan Secretary of State

CERTIFICATE OF AUTHORITY

I, Eric Ekberg	, hereby certify that:
(Name of the elected Officer of the Corp	poration/LLC; cannot be contract signatory)
I am a duly elected Clerk/Secretary/Officer of	Granite Recovery Respite, LLC (Corporation/LLC Name)
	a meeting of the Board of Directors/shareholders, duly called and quorum of the Directors/shareholders were present and voting.
VOTED: That Gilbert D'Andria (Name and Title of Contract Sig	(may list more than one person)
is duly authorized on behalf of <u>Granite Recoven</u> (Name of Corp	r Respite, LLC to enter into contracts or agreements with the State pration/ LLC)
	or departments and further is authorized to execute any and all s, and any amendments, revisions, or modifications thereto, which ary to effect the purpose of this vote.
date of the contract/contract amendment to whith thirty (30) days from the date of this Certificate New Hampshire will rely on this certificate as position(s) indicated and that they have full as	mended or repealed and remains in full force and effect as of the nich this certificate is attached. This authority remains valid for of Authority. I further certify that it is understood that the State of evidence that the person(s) listed above currently occupy the athority to bind the corporation. To the extent that there are any bind the corporation in contracts with the State of New Hampshire,
Dated: 12/7/2022	Signature of Elected Officer

Name: Eric Ekberg Title: Chief Executive Officer

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/30/2022

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 have ADDITIONAL INSURED provisions or 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 rig	this to the certificate holder in lieu of s	uch endorsement(s).					
PRODUCER		NAME: IMA Denver Team					
IMA, Inc Colorado 1705 17th Street, Suite 100		PHONE (A/C, No. Ext); 303-534-4567 FAX (A/C, No):					
Denver CO 80202		E-MAIL ADDRESS: DenAccountTechs@imacorp.com					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A : Berkshire Hathaway Homestate Insurance Company	20044				
INSURED	BAYMHEA-01	INSURER B : Steadfast Insurance Company	26387				
Granite Recovery Respite, LLC 1720 Lakepointe Drive, Suite 117		INSURER C : Bridgeway Insurance Company	12489				
Lewisville, TX 75057		INSURER D : National Indemnity Company	20087				
		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 503187524	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POL	ICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI	CY 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.

SR TR	TYPE OF INSURANCE	ADDL SI	WBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8
2	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR			8HA7MM000218700	10/1/2022	10/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 50,000
ĺ	X DEDUCTIBLE:\$150K						MED EXP (Any one person)	\$ 5,000
Į	X L&R Included						PERSONAL & ADV INJURY	\$ 1,000,000
Į	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
ļ	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						THE PERSON NAMED IN	\$
>	AUTOMOBILE LIABILITY		- 0	70APB005281	2/22/2022	2/22/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
4	ANY AUTO						BODILY INJURY (Per person)	\$
ĺ	OWNED X SCHEDULED AUTOS						BOOILY INJURY (Per accident)	\$
ĺ	HIRED NON-OWNED AUTOS ONLY					İ	PROPERTY DAMAGE (Per accident)	s
								S
; [X UMBRELLA LIAB OCCUR			8HA7UM000203400	10/1/2022	10/1/2023	EACH OCCURRENCE	\$ 4,000,000
	EXCESS LIAB X CLAIMS-MADE						AGGREGATE	\$ 4,000,000
	DED RETENTION \$						Retro Date; 8/1/1998	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BAWC331427	10/1/2022	10/1/2023	X PER OTH-	
ŀ	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
- 1	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	0.2					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
3	Cyber Liability	2	S	SPR321427201	8/13/2022	8/13/2023	Each Claim Aggregate Retention	\$5,000,000 \$5,000,000 \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Excess Cyber Liability Coverage: Policy #7200003110001
Eff Date: 8/13/22 - 8/13/23 Insurer: Homeland Insurance Company of New York

\$5,000,000 Occurrence Limit; \$5,000,000 Aggregate Limit; Claims Made

See Attached.		
---------------	--	--

CERTIFICATE HOLDER

State of NH Department of Health and Human Services 129 Pleasant Street Concord NH 03301-3857

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

Dunda Vimoat

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: BAYMHEA-01

LOC #:

ACORD®

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

ADDITIONAL	LKEIVIA	AKKS SCHEDULE	1 age 1 01 1
AGENCY IMA, Inc Colorado POLICY NUMBER		NAMED INSURED Granite Recovery Respite, LLC 1720 Lakepointe Drive, Suite 117 Lewisville, TX 75057	
CARRIER	NAIC CODE	EFFECTIVE DATE:	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,		
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF	F LIABILITY I	NSURANCE	
Sexual Misconduct Coverage: Policy #8HA7MM000218700 Eff Date: 10/1/22-10/1/23 Insurer C: See Above \$1,000,000 Each Claim; \$3,000,000 Aggregate; \$150,000 Deducti			
Professional Liability Coverage: Policy #8HA7MM000218700 Eff Date: 10/01/22-10/01/23 Insurer C: See Above \$1,000,000 Each Claim; \$3,000,000 Aggregate; \$150,000 Deducti	bie	¥	
RE: 244 High Watch Rd., Effingham, NH 03882.			
42			
			19
		e e	
8			





Lori A. Shibinette Commissioner

> Katja S. Fox Director

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301 . 603-271-9544 1-800-852-3345 Ext. 9544 Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dbhs.nb.gov

August 25, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the vendors listed below to provide crisis respite services, by exercising contract renewal options, by increasing the total price limitation by \$3,376,250 from \$5,232,250 to \$8,608,500, and by extending the completion dates from September 29, 2021 to September 29, 2022 effective upon Governor and Council approval. 100% Federal Funds.

The original contracts were approved by Governor and Council on November 6, 2019, item #11. They were subsequently amended with Governor and Council approval on January 22, 2021, item #6, and most recently amended with Governor and Council approval on May 5, 2021, item #9.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Granite Recovery Respite, LLC	312218	Salem	\$2,007,500	\$1,003,750	\$3,011,250
NH Respite LLC	310939	Nashua	\$3,224,750	\$2,372,500	\$5,597,250
	s	Total:	\$5,232,250	\$3,376,250	\$8,608,500

See attached fiscal details

EXPLANATION

The purpose of this request is to continue providing crisis respite services specifically for Doorways clients. As one component of the State's comprehensive approach to the substance use disorder crisis, respite services continue to fill a gap identified by the Doorways.

The crisis beds are critical to engaging individuals who request support when moving into needed SUD care. The respite services continue to reduce the number of individuals who would utilize other community services due to a lack of SUD service availability, specifically hospital emergency rooms or criminal justice involvement.

From January 1, 2021 through June 30, 2021 460 individuals utilized a total of 2,110 respite bed nights. A total of 37 beds will continue to be available each day specifically for

His Excellency, Governor Christopher T. Sunumu and the Honorable Council Page 2 of 2

Doorways clients. Granite Recovery Respite will provide 11 beds in Effingham and NH Respite will provide 26 beds in Nashua between September 30, 2021 and September 29, 2022.

The Department will continue to monitor contracted services through monthly reporting of de-identified, aggregate data to ensure the appropriate number of crisis respite beds are available for Doorways clients within each Contractor's scope of services. Data includes:

- Number and demographics of clients served.
- Length of time in shelter for each person.
- Discharge reason and where the clients were discharged to.
- Staffing changes.
- Time between requests for shelter and admission.

As referenced in Exhibit C-1, Revisions to Standard Contract Language, Section 2, Renewal, Subsection 2.1 of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the one (1) years available.

Should the Governor and Executive Council not authorize this request, clients of the Doorways may not have access to a safe and secure space to wait for substance use disorder treatment, which may lead to an increase in the number of deaths due to overdose and the number of individuals who utilize other community services which may be inappropriate to their situation, such as emergency rooms or incarceration.

Area served: Statewide

Source of Funds: CFDA #93.788, FAIN #H79TI081685, H79TI083326, and CFDA #93.959, FAIN # B08TI083509 and B08TI083955.

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

Respectfully submitted.

Lori A. Shibinette

Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES FISCAL DETAILS SHEET.

05-92-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT, 100% Fodoral Funds

Vendor Name	odeol	Granite Recovery .		Vendor # 312218		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102-500731	Contracts for Program Services	92057040	\$638,000.00	\$0.00	\$638,000.00
2021	102-500731	Contracts for Program Services	92057040	\$365,750.00	\$0.00	\$365,750.00
2021	102-500731	Contracts for Program Services	92057046	\$260,149.00	\$0.00	\$260,149.00
2021	102-500731	Contracts for Program Services	92057048	\$493,351.00	\$0.00	\$493,351.00
2022	102-500731	Contracts for Program Services	92057048	\$250,250.00	\$0.00	\$250,250.00
2022	074-500585	Grants for Pub Asst and Rel	92057048	\$0.00	\$705,375.00	\$705,375.00
2023	074-500585	Grants for Pub Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
	15	Sub Total		\$2,007,500.00	\$705,375.00	\$2,712,875.00

Vendor Name		NH Respite LLC		Vendor # 310939		. v. v
. State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102-500731	Contracts for Program Services	92057040	\$701,304.00	\$0.00	\$701,304.00
2021	102-500731	Contracts for Program Services	92057040	\$406,446.00	\$0.00	\$405,446.00
2021	102-500731	Contracts for Program Services	92057046	\$978,101.00	\$0.00	\$978,101.00
2021	102-500731	Contracts for Program Services	92057048	\$547,399.00	\$0.00	\$547,399.00
2022	102-500731	Contracts for Program Services	92057048	\$273,000.00	\$0.00	\$273,000.00
2022	102-500731	Contracts for Program Services	92057046	\$318,500.00	\$0.00	\$318,500.00
2022	074-500585	Grants for Pub Asst and Rel	92057048	\$0.00	\$1,667,250.00	\$1,667,250.00
2023	074-500585	Grants for Pub Asst and Ref	92057048	\$0.00	\$0.00	\$0.00
		Sub Total		\$3,224,750.00	\$1,667,250.00	\$4,892,000.00

05-92-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: 100% Federal Funds

Vendor Name		Granite Recovery		Vendor # 312218			
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2022	074-500585	Grants for Pub Asst and Rel	TBO (COVID SUP)	, \$0.00	\$48,125.00	\$48,125.00	
2023	074-500585	Grants for Pub Asst and Rel	TBD (COVID SUP)	\$0.00	\$70,875.00	\$70,875.00	
2023	074-500585	Grants for Pub Asst and Rel	TBD (ARPA)	\$0.00	\$179,375.00	\$179,375,00	
15		Sub Total		\$0.00	\$298,375.00	\$298,375.00	

Vendor Name		NH Respite LLC		Vendor # 310939		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	074-500585	Grants for Pub Asst and Rel	TBD (COVID SUP	\$0.00	\$113,750.00	- \$113,750.00
2023	074-500585	Grants for Pub Asst and Rel	TBD (COVID SUP)	\$0.00	\$167,250.00	\$167,250.00
2023	074-500585	Grants for Pub Asst and Rel	TBD (ARPA) .	\$0.00	\$424,250.00	\$424,250.00
		Sub Total		\$0.00	\$705,250.00	\$705,250.00

Overall Total	\$5,232,250.00	\$3,376,250.00	\$8,608,500.00

State of New Hampshire Department of Health and Human Services Amendment #3

This Amendment to the Crisis Respite Shelter Services – Opioid Use Disorder contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Granite Recovery Respite LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on November 6, 2019 (Item #11), as amended on January 22, 2021, (Item #16), and as amended on May 5, 2021, (Item #9) 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, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to Standard Contract Language, Paragraph 2, Renewal, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services 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 to amend as follows:

- Form P-37 General Provisions, Block 1.7, Completion Date, to read:
 September 29, 2022
- Form P-37, General Provisions, Block 1.8, Price Limitation, to read: \$3,011,250
- 3. Modify Exhibit A, Scope of Services, Section 6, State Opioid Response (SOR) Grant Standards, Subsection 6.2 to read:
 - 6.2. Reserved
- 4. Modify Exhibit A, Scope of Services, Section 6, State Opioid Response (SOR) Grant Standards, Subsection 6.11 to read:
 - 6.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana to treatment using marijuana. The Contractor shall ensure:
 - 6.11.1 Treatment in this context includes the treatment of opioid use disorder (OUD).
 - 6.11.2 Grant funds are not provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental health disorders.
 - 6.11.3 This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
- 5. Modify Exhibit A, Scope of Services, Section 6, State Opioid Response (SOR) Grant Standards, by adding Subsection 6.13, to read:
 - 6.13. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 6.13.1. Internal policies for the distribution of Fentanyl strips;
 - 6.13.2. Distribution methods and frequency; and
 - 6.13.3. Other key data, as requested by the Department.



6. Modify Exhibit B, Methods and Conditions Precedent to Payment, Amendment #1 by replacing it in its entirety with Exhibit B, Methods and Conditions Precedent to Payment, Amendment 3, which is attached hereto and incorporated by reference herein.

Contractor Initials 9/2/2021

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. 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
	10	Department of Health and Human Services
		Docusigned by:
9/3/2021		Kalja Foz
Date	=	Name: Kat ja Fox
		Title: Director
		Granite Recovery Respite, LLC
		Occusioned by:
9/2/2021		Scott Sasserson
Date	•	Name: Scott Sasserson
		Title: at the authority and a section

The preceding Amendment, having bed execution.	en reviewed by this office, is approved as to form, substance, an
(Q.)	OFFICE OF THE ATTORNEY GENERAL
9/8/2021 Date	J. Christopher Marshall DISTORAGE CONTISCOPHER MARSHALL Name: Title: Assistant Attorney General
	ndment was approved by the Governor and Executive Council of eting on: (date of meeting)
9	OFFICE OF THE SECRETARY OF STATE
- 1	
Date	Name: Title:



New Hampshire Department of Health and Human Services Crisis Respite Shelter Services – Opioid Use Disorder Exhibit B – Amendment #3

Method and Conditions Precedent to Payment

- 1. This Agreement is funded by 100% Federal Funds, as follows:
 - 1.1.90% Federal funds from the State Opioid Response Grant, as awarded on 09/30/2018, by the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685; as awarded on 09/30/2020, FAIN H79TI083326; and as awarded on 08/09/2021 FAIN H79TI083326.
 - 1.2.10% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, CFDA #93.959, FAIN B08Tl083509 and B08Tl083955 as awarded on 03/11/2021by the U.S. DHHS, Substance Abuse & Mental Health Services Administration.
- 2. For the purposes of this Agreement:
 - 2.1. The Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.330.
 - 2.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
 - The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.
- 3. The Contractor shall invoice the Department for Crisis Respite Shelter Services at an all-inclusive rate of \$250 per day for a maximum of 11 beds as required in Exhibit A, Scope of Services for Doorway clients with Opioid Use Disorder (OUD) or Stimulant Use Disorder (StimUD). The Contractor shall:
 - 3.1. Ensure that clients receiving services rendered from SOR funds have a documented history of, or current diagnosis of OUD or StimUD.
 - 3.2. Coordinate ongoing client care for all clients with documented history of, or current diagnoses of OUD or StimUD receiving services rendered from SOR funds, with Doorways in accordance with 42 CFR Part 2.
- 4. The Contractor shall submit an invoice and supporting backup documentation in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:

Granite Recovery Respite, LLC

Exhibit 8 Amendment #3

Contractor Initials

SS-2020-BDAS-11-CRISI-01-A03

Page 1 of 4

Date



New Hampshire Department of Health and Human Services Crisis Respite Shelter Services – Opioid Use Disorder Exhibit B – Amendment #3

- 4.1. Backup documentation includes, but is not limited to:
 - 4.1.1. General Ledger showing revenue and expenses for the contract.
 - 4.1.2. Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.
 - 4.1.2.1. Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.
 - 4.1.2.2. Attestation and time tracking templates, which are available to the Department upon request.
 - 4.1.3. Invoices supporting expenses reported:
 - 4.1.3.1. Unallowable expenses include, but are not limited to:
 - 4.1.3.1.1. Amounts belonging to other programs.
 - 4.1.3.1.2. Amounts prior to effective date of contract.
 - 4.1.3.1.3. Construction or renovation expenses.
 - 4.1.3.1.4. Food or water for employees.
 - 4.1.3.1.5. Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana.
 - 4.1.3.1.6. Fines, fees, or penalties.
 - 4.1.3.1.7. Per SAMSHA requirements, meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.
 - 4.1.3.1.8. Cell phones and cell phone minutes for clients.
 - 4.1.4. Receipts for expenses within the applicable state fiscal year.
 - 4.1.5. Cost center reports.
 - 4.1.6. Profit and loss report.
 - 4.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.

Granite Recovery Respite, LLC

Exhibit 8 Amendment #3

Contractor Initials 9/2/202

SS-2020-BDAS-11-CRISI-01-A03

Page 2 of 4

Rev. 01/08/19



New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opioid Use Disorder Exhibit B – Amendment #3

- Information requested by the Department verifying allocation or offset 4.1.8. based on third party revenue received.
- 4.1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.
- 5. The Contractor is responsible for reviewing, understanding, and complying with further restrictions included in the Funding Opportunity Announcement (FOA).
- 6. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DHHS.DBHInvoicesBDAS@dhhs.nh.gov, or invoices may be mailed to:

SOR Financial Manager Department of Health and Human Services 105 Pleasant Street Concord, NH 03301

- 7. The Contractor agrees that billing submitted for review after twenty (20) business days of the last day of the billing month may be subject to non-payment.
- 8. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
- 9. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
- 10. The Contractor must provide the services in Exhibit A, Scope of Services, in compliance with funding requirements.
- 11. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit A, Scope of Services, including failure to submit required monthly and/or quartery reports.
- 12. Notwithstanding Paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

13. Audits

- 13.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
 - 13.1.1. Condition A The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year,

Granite Recovery Respite, LLC

Exhibit B Amendment #3

Contractor Initials

SS-2020-BDAS-11-CRISI-01-A03

Page 3 of 4

Date



New Hampshire Department of Health and Human Services Crisis Respite Shelter Services – Opioid Use Disorder Exhibit B – Amendment #3

- 13.1.2. Condition B The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
- Condition C The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 13.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
- 13.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 13.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
- 13.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

Granite Recovery Respite, LLC SS-2020-BDAS-11-CRISI-01-A03 Exhibit B Amendment #3

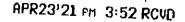
Page 4 of 4

Contractor Initials

9/2/202

Rev. 01/08/19







Lori A. Shibinette Cammissioner

Kaija S. Fox

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301 603-271-9544 1-800-852-3345 Ext. 9544 Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

April 19, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing Retroactive, Sole Source contracts with the vendors listed below, to provide crisis respite beds by increasing the total price limitation by \$366,000 from \$4,866,250 to \$5,232,250, with no change to the contract completion dates of September 29, 2021 effective retroactive to December 11, 2020 upon Governor and Council approval, 100% Federal Funds.

The original contracts were approved by the Governor and Council on November 6, 2019, item #11 and most recently amended with Governor and Council approval on January 22, 2021, Item #16.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Granite Recovery Respite, LLC	312218	Salem	\$2,343,899	(\$336,399)	\$2,007,500
NH Respite LLC	310939	Nashua	\$2,522,351	\$702,399	\$3,224,750
		Total:	\$4,866,250	\$366,000	\$5,232,250

Funds are available in the following account for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

His Excellency, Governor Christopher T. Sununu and the Honorable Council Page 2 of 3

05-95-92-920510-7040, Health and Social Services, Dept of Health and Human Sys, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

State Fisca I Year	Class / Account	Class Title	Job- Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2020	102- -500731	Contracts for Prog Svc	92057040	\$1,339;304	\$0	\$1,339,304
2021	102- 500731	Contracts for Prog Svc	92057040	\$772,196	\$0	\$772,196
2021	102- 500731	Contracts for Prog Svc	92057046	\$534,750 _.	\$703,500	\$1,238,250
2021	102- 500731	Contracts for Prog Svc	92057048	\$1,480,000	(\$439,250)	\$1,040,750
2022	102- 500731	Contracts for Prog Svc	92057046	\$0	\$318,500	\$318,500
2022	102- 500731	Contracts for Prog Svc	92057048	\$740,000	(\$216,750)	\$523,250
			Total	\$4,866,250	\$366,000	\$5,232,260

EXPLANATION

This request is Retroactive because after the CARES Act funding was spent, the contractors agreed to continue providing resplte shelter beds for females. The continuation of services was necessary while the Department identified a funding source in order to avoid a gap in direct client services.

This request is **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source.

The purpose of this request is to adjust funding for the two Contractors to match their respective capacities to provide crisis respite services.

Crisis respite services are needed to combat the opioid crisis and reduce the number of overdoses in the State of New Hampshire, as part of a comprehensive approach to the oploid epidemic. Additionally, services provided by the Contractors reduce the number of individuals who would otherwise utilize other community services due to a lack of crisis respite service availability, which may include hospital emergency rooms.

Approximately 500 individuals will be served from December 11, 2020 to September 29, 2021.

His Excellency, Governor Christopher T. Sununu and the Honorable Council
Page 3 of 3

The individuals served benefit from having access to respite beds that enable them to be housed in a safe and stable environment that may be safer than their current situation, which gives them a more stable foundation to support treatment and recovery. A total of thirty five (35) respite beds will be available each day specifically for Doorways clients.

The Department will continue monitoring services through monthly reporting of deidentified aggregate data including:

- Number and demographics of clients served.
- Average time in shelter.
- Discharge reason and where the clients were discharged.
- Staffing changes.
- Reason for admission denials.
- Time between requests for shelter and admission.

Should the Governor and Executive Council not authorize this request, Doorways clients may not have access to safe and secure spaces to stay while waiting to enter substance use treatment, which may lead to an increase in the number of deaths due to overdose and an increase in the number of individuals who utilize other community services, which may include emergency rooms or detention facilities.

Area served: Statewide.

Source of Funds: CFDA #93.788; FAIN #TI081685 and TI083326

Respectfully submitted,

Lori A. Shibinette Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES FISCAL DETAILS SHEET

05-93-92-920510-7040, Health and Social Services, Dept of Health and Human Svs, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE 100% Federal Funds, _% General Funds, _% Other Funds (Name of Source)

Granite Recovery Respite LLC		Vendor # 312218						
State Fiscal Year		Class Title	Job Number	Current Amount	(Decrease)	Revised Amount		
2020	102/500731	Contracts for Program Services	92057040	\$638,000	\$0	\$638,000		
2021	102/500731	Contracts for Program Services	92057040	\$365,750	\$0	\$365,750		
2021	102/500731	Contracts for Program Services	92057046	\$260,149	\$0	\$260,149		
2021	102/500731	Contracts for Program Services	92057048	\$720,000	-\$226,649	\$493,351		
2022	102/500731	Contracts for Program Services	92057048	\$360,000	-\$109,750	\$250,250		
		Cub Total		\$2 343 BOO	-C336 300	\$2 007 500		

NH Respite LLC		Vendor # 310939						
State Fiscal Year		Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount		
2020	102/500731	Contracts for Program Services	92057040	\$701,304	<u>*</u> \$0			
2021	102/500731	Contracts for Program Services	92057040	\$406,446	\$0	\$406,446		
2021	102/500731	Contracts for Program Services	92057046	\$274,601	\$703,500	\$978,101		
2021	102/500731	Contracts for Program Services	92057048	\$760,000	-\$212,601	\$547,399		
2022	102/500731	Contracts for Program Services	92057048	\$380,000	-\$107,000	\$273,000		
2022	102/500731	Contracts for Program Services	92057046	\$0	\$318,500	\$318,500		
1000		Sub Total		\$2,522,351	\$702,399	\$3,224,750		
				- A.S.				
		#8	. Overall Total	\$4,866,250	\$366,000	\$5,232,250		

State of New Hampshire Department of Health and Human Services Amendment #2

This Amendment to the Crisis Respite Shelter Services-Opioid Use Disorder contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Granite Recovery Respite, LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on November 6, 2019 (Item #11) as amended on January 22, 2021 (Item #16), 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, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Section 2, Renewal, Subsection 2.1, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to decrease the price limitation 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 to amend as follows:

- Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
 \$2,007,500.
- 2. Exhibit B Amendment #1, Methods and Conditions Precedent to Payment, Section 3, to read:
 - The Contractor shall invoice the Department for Crisis Respite Shelter Services at an all-inclusive rate of \$250 per day for a maximum of eleven (11) beds as required in Exhibit A. Scope of Services for Doorway clients with Opioid Use Disorder (OUD) or Stimulant Use Disorder (StimUD). The Contractor shall:
 - 3.1 Ensure that clients receiving services rendered from SOR funds have a documented history of, or current diagnosis of OUD or StimUD.
 - 3.2. Coordinate ongoing client care for all clients with documented history of, or current diagnoses of OUD or StimUD receiving services rendered from SOR funds, with Doorways in accordance with 42 CFR Part 2.



All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be retroactively effective to December 11, 2020 upon the date of Governor and Executive Council approval.

State of New Hampshire

Title: Chief Operation Officer

Department of Health and Human Services

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

4/7/2021 Матентала Гох Title: Director Granite Recovery Respite, LLC, 4/7/2021 Scott Salveron.

> Contractor Initia Date 4/7/2021

Date

Date

execution.	maying been reviewed by this direct, is approved as to tom, sassames,	
	OFFICE OF THE ATTORNEY GENERAL	
	¥. 2±2	
4/16/2021	Docustaned by:	
Date	Tille: Attorney	
I hereby certify that the fore the State of New Hampshir	going Amendment was approved by the Governor and Executive Councile at the Meeting on: (date of meeting)	il of
	, *	
14	OFFICE OF THE SECRETARY OF STATE	*:
34		
S <u>25</u>		
Date	Name:	





Lari A. Skibleene Commissioner

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9564 1-800-804-0909
Fex: 603-271-6105 TOD Access: 1-800-735-2964 www.dhhs.nh.gov/dcbes/bdas

November 30, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to Retroactively amend existing Sole Source contracts with the vendors listed below to provide crists respite beds, by exercising renewal options and by increasing the total price limitation by \$2,754,750 from \$2,111,500 to \$4,866,250 and by extending the completion dates from September 29, 2020 to September 29, 2021 effective retroactive to September 30, 2020 upon Governor and Council approval. 100% Federal Funds.

The original contracts were approved by Governor and Council on November 6, 2019, item #11.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Rovisod Amount
Granite Recovery Respite, LLC	312218	Salem	\$1,003,750	\$1,340,149	\$2,343,899
NH Respite LLC	310939	Nashua	\$1,107,750	\$1,414,601	\$2,522,351
- 4	10.	Total:	\$2,111,500	\$2,754,750	\$4,866,250

Funds are available in the following account for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BÜREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2020	102-500731	Contracts for Prog Svc	92057040	\$1,339,304.1	\$0	\$1,339,304

His Excellency, Governor Christopher T. Sununu And the Honorable Council Page 2 of 3

2021	102-500731	Contracts for Prog Svc	92057040	.\$772,196	\$0	\$772,196
2021	102-500731	Contracts for Prog Svc	92057046	\$0	\$534,750	\$534,750
2021	102-500731	Contracts for Prog Svc	92057048	\$0	\$1,480,000	\$1,480,000
2022	102-500731	Contracts for Prog Svc	92057048	so	\$740,000	\$740,000
(4)			Total	\$2,111,500	\$2,754,750	\$4,866,250

EXPLANATION

This request is Retroactive to avoid a gap in direct client services. Additionally, there was a delay in Substance Abuse and Mental Health Services Administration approval of New Hampshire's requests for continued State Opioid Response Grant funding, which delayed the Department's ability to present these contracts. This request is Sole Source because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source.

The purpose of this request is to continue providing a safe and secure location, with non-clinical, non-medical supervision, to individuals in crisis due to opioid use who are seeking treatment services. Crisis respite services are needed to combat the Opioid Crisis and reduce the number of overdoses in the State of New Hampshire as part of a comprehensive approach to the opioid epidemic. Additionally, services provided through the attached contracts will reduce the number of individuals who currently utilize other community services due to a lack of service availability, which may include hospital emergency rooms.

Approximately twenty-three (23) respite beds will be available each day specifically for Doorways clients. From November 2019 through September 2020, 454 individuals have utilized these respite beds. The Department cannot determine the number of individuals that will be served through the contract completion dates.

The contracts increase capacity to provide respite beds for individuals in crisis situations. The individuals will benefit from having access to respite beds that enable them to be housed in a safe and stable environment that may be safer than their current situation, which gives them a more stable foundation on which to pursue treatment and recovery.

The Department will continue to monitor services through monthly reporting of deidentified aggregate data including:

- Number and demographics of clients served.
- Average time in shelter.
- Discharge reason and where the clients were discharged.
- Staffing changes.
- · Reason for admission denials.
- Time between requests for sheller and admission.

His Excellency, Governor Christopher T. Sumunu And the Honorable Council Page 3 of 3

As referenced in Exhibit C-1 of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) years available.

Should the Governor and Executive Council not authorize this request, clients of the Doorways may not have access to a safe and secure space to wait for substance use treatment which may lead to an increase in the number of deaths due to overdose and the number of individuals who utilize other community services which may be inappropriate to their situation, such as emergency rooms or jail.

Area served: Statewide.

Source of Funds: CFDA #93.788, FAIN #H79TI081685 and H79TI083326

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

Respectfully submitted,

Lori A. Weaver

Associate Commissioner

DocuSign Envelope ID: 5C9A47E2-E4C9-4A7D-B00D-6DB4BD465C2B

DocuSign Envelope ID: FA3EBBCF-2BFD-4AA8-BB29-1684879D7737

DEPARTMENT OF HEALTH AND HUMAN SERVICES COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS SFY 2016 FINANCIAL DETAIL

05-85-92-920510-7040 HEALTH AND SOCIAL BERVICES, DEPT OF HEALTH AND HUMAN 5V5, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIDID RESPONSE GRANT, CFDA #93,748, FAIN TROS1683 and TROS3328 100% Federal Funds

Granite Recovery Respite LLC Vendor #312218 State Flacel Current Amount Increase (Decrease) Revised Amount Class / Account Class 110e Job Number Yes Contracts for Program Services \$638,000 92057040 102/500731 2070 Contracts for Program Services
Contracts for Program Services 92057040 1385 750 6365,750 102/500731 2071 102/300731 92057048 80 \$280,149 \$260,140 2021 \$720,000 \$380,000 \$1,340,148 97057048 92057048 \$720,000 \$380,000 102/500731 Contracts for Program Services 80 Contracts for Program Services
Bub Total 2023 102/500731 10 \$1,003,750 \$2,343,489

NH Respite LLC		Vendor # 310939						
State Flacel Year	Class / Account	'Class Title	Job Mumber	Current Amount	(Decréese)	Revised Amount		
2020	102/500731	Contracts for Program Services	92057040	3701,304	\$0	80		
2021	102/500731	Contracts for Program Services	92057040	\$405,446	\$10	\$406,448		
2021	102/500731	Contracts for Program Services	92057046	\$0	\$274,601	\$274,601		
2021	102/500731	Contracts for Program Services	92057048	\$6	\$750,000	\$760,000		
2022	102/500731	Contracts for Program Services	92057048	\$40	1380,000	\$380,000		
)	5ub Tolal_		\$1,107,750	\$1,414,601	12,622,351		
20		Trit		y				
			Overall Total	\$2,111,500	52,754,750	\$4,868,250		

DocuSign Envelope (D: B00C6B0B-B08D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Oploid Use Disorder



State of New Hampshire Department of Health and Human Services Amendment #1 to the Crisis Respite Sheller Services - Opioid Use Disorder Contract

This 1st Amendment to the Crisis Respite Shelter Services - Opioid Use Disorder contract (hereinafter referred to as "Amendment #1") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Granlte Recovery Respite, LLC, (hereinafter referred to as "the Contractor"), a limited liability company with a place of business at 6 Manor Parkway, Salem, NH 03079.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on November 6, 2019, (Item #11), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to Standard Contract Language, Paragraph 2, Renewal, the Contract may be amended and extended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services 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 to amend as follows:

- Form P-37 General Provisions, Block 1.7, Completion Date, to read: September 29, 2021.
- Form P-37, General Provisions, Block 1.8, Price Limitation, to read: \$2,343,899.
- 3. Modify Exhibit A, Scope of Services, Section 4. Reporting, by adding Subsection 4.2. to read:
 - 4.2. The Contractor shall be required to prepare and submit ad hoc data reports, respond to periodic surveys, and other data collection requests as deemed necessary by the Department and/or Substance Abuse and Mental Health Services Administration (SAMHSA).
- Modify Exhibit A, Scope of Services, Section 5. Performance Measures, by adding Subsection 5.3. to read:
 - 5.3 The Contractor shall collaborate with the Department to enhance contract management, improve results and adjust program delivery and policy based on successful outcomes.
- Modify Exhibit A Scope of Services, Section 6. State Opioid Response (SOR) Grant Standards, to read:
 - 6. State Opioid Response (SOR) Grant Standards
 - 6.1. In order to receive payments for services provided through SOR grant funded initiatives, the Contractor shall ensure each Site:
 - 6.1.1. Establishes formal information sharing and referral agreements with all Doorways for substance use services that comply with all applicable confidentiality laws, including 42 CFR Part 2.
 - 6.1.2. Completes client referrals to applicable Doorways for substance use services within two (2) business days of a client's admission to the program.
 - 6.2. The Contractor shall provide the Department with a budget narrative within thirty (30) days of the contract effective date.
 - 6.3. The Contractor shall meet with the Department within sixty (60) days of the contract effective date to review contract implementation.

Granite Recovery Respite, LLC SS-2020-BDAS-11-CRISI-01-A01 Amendment #1

Page 1 of 4

Contractor Initials SS

Date 11/24/2020

OccuSign Envelope (D: B0DC6BDB-B08D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - OploId Use Disorder



- 6.4. The Contractor shall provide the Department with timelines and implementation plans associated with SOR funded activities to ensure services are in place within thirty (30) days of the contract effective date.
- 6.5. The Contractor and/or referred providers shall ensure that all uses of flexible needs funds and respite shelter funds are in compliance with the Department and SAMHSA requirements.
- 6.6. The Contractor and/or referred providers shall assist clients with enrolling in public or private health insurance, if the client is determined eligible for such coverage and will have staff trained in Presumptive Eligibility for Medicaid.
- 6.7. The Contractor and/or referred providers shall accept clients on Medicaid Assisted Treatment (MAT) and facilitate access to MAT on-site or through referral for all clients supported with SOR grant funds, as clinically appropriate.
- 6.8. The Contractor and/or referred providers shall coordinate with the NH Ryan White HIV/AIDs program for clients identified as at risk of or with HIV/AIDS.
- 6.9. The Contractor and/or referred providers shall ensure that all clients are regularly screened for tobacco use, treatment needs and referral to the QuitLine as part of treatment planning.
- 6.10. The Contractor shall collaborate with the Department to understand and compty with all appropriate Department, State of NH, Substance Abuse and Mental Health Services Administration SAMHSA, and other Federal terms, conditions, and requirement.
- 6.11. The Contractor shall attest the understanding that SOR grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. The Contractor agrees that:
 - 6.11.1. Treatment in this context includes the treatment of oploid use disorder (OUD).
 - 6.11.2. Grant funds also cannot be provided to any individual who or organization that provides or permits manipuana use for the purposes of treating substance use or mental disorders.
 - 6.11.3. This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
 - 6.11.4. Attestations will be provided to the Contractor by the Department.
 - 6.11.5. The Contractor shall complete and submit all attestations to the Department within thirty (30) days of contract approval.
- 6.12. The Contractor shall refer to Exhibit B for grant terms and conditions including, but not limited to:
 - 6.12.1. Invoicing:
 - 6.12.2. Funding restrictions; and
 - 6.12.3. Billing.
- 6. Modify Exhibit B, Methods and Conditions Precedent to Payment, by replacing in its entirety with Exhibit B Amendment #1, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.

Contractor Initials

Date 11/24/2020

DocuSign Envelope ID: FA3EBBCF-2BFD-4AA8-B829-1684B79D7737

DocuSign Envelope ID: B0DC6B0B-808D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opioid Use Disorder



All terms and conditions of the Contract not inconsistent with this Amendment #1 remain in full force and effect. 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

12/1/2020		*	Considerators Kalja Fod	•
Dale	8%	-	Name xat ja Fox Tille: oirector	*.
	134.0		Granite Recovery Respite, LLC	
0		85	Conditions by: .	
11/24/2020			Scott Sasserson	- 5 (
Date		-	Name: Scott Sasserson Title: Chief Operation Officer	

OccuSign Envelope ID: FA3EBBCF-2BFD-4AA8-8829-1684B79D7737

DocuSign Envelope ID: 80DC68D8-808D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opiold Use Disorder



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

	96			OFFICE O	F THE ATTO	RNEY GE	NERAL	*:
			*		ΞĒ.			*
2/1/2020	87	<u>t</u> :		CB	92	\$	9	
ate			79	Name:Cati	ierine Pinos			
410				Title: ATT				
hereby certify te State of Net	that the fo v Hampsi	pregoing a hire at the	Amendm Meeting	ent was app on:	roved by the	Governor a (date of m	eeting)	INO COURC
nereby certify le State of Ner	that the fo w Hampsl	pregoing a hire at the	Amendm Meeting	ent was app g on:	roved by the	Governor a (date of m	eeting)	
nereby certify e State of Ner	that the fo w Hampsi	pregoing and the	Amendm Meeting	3 on:	F THE SECF	(date of m	eeting)	
nereby certify e State of Ner	that the fo w Hampsi	pregoing a	Amendm Meeting	3 on:	-	(date of m	eeting)	
nereby certify te State of Ner	that the fo w Hampsi	oregoing and the	Amendm Meeting	3 on:	-	(date of m	eeting)	
hereby certify ne State of Net	that the fow Hampsi	oregoing and the	Amendm Meeting	3 on:	-	(date of m	eeting)	
hereby certify he State of Ner	that the fow Hampsl	oregoing A	Amendm Meeting	3 on:	-	(date of m	eeting)	

DocuSign Envelope ID: B0DC6BDB-B08D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services – Opioid Use Disorder

EXHIBIT B Amendment #1



Methods and Conditions Precedent to Payment

- 1. This Agreement is funded by 100% Federal Funds, as follows:
 - 1.1. 100% Federal funds from the State Opioid Response Grant, as awarded on 09/30/2018, by the U.S. DHHS, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the DHHS, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326.
- 2. For the purposes of this Agreement:
 - 2.1. The Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.330.
 - 2.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
 - 2.3. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.
- 3. The Contractor shall invoice the Department for Crisis Respite Shelter Services at an all-inclusive rate of \$250 per day for each of the eleven (11) beds as required in Exhibit A, Scope of Services for Doorway clients with Opioid Use Disorder (OUD). The Contractor shall:
 - 3.1. Ensure that clients receiving services rendered from SOR funds have a documented history of, or current diagnosis of OUD.
 - 3.2. Coordinate ongoing client care for all clients with documented history of/or current diagnoses of OUD, receiving services rendered from SOR funds, with Doorways in accordance with 42 CFR Part 2.
- 4. The Contractor shall submit an invoice in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:
 - 1.1. Backup documentation includes, but is not limited to:
 - 1.1.1. General Ledger showing revenue and expenses for the contract.
 - 1.1.2. Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.
 - 1.1.2.1. Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work

Granita Racovery Respita, LLC

Exhibit 0

Contractor Inhiab

SS-2020-BDAS-11-CRISI-01-A01

Page 1 of 4

Ome 11/24/2020

Rev. 01/08/19

DocuSion Envelope ID: 800C6808-8080-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opioid Use Disorder



. EXHIBIT B Amendment #1

performed.

- 1.1.2.2. Attestation and time tracking templates, which are available to the Department upon request.
- 1.1.3. Invoices supporting expenses reported:
 - 1.1.3.1. Unallowable expenses include, but are not limited to:
 - .1.1.3.1.1. Amounts belonging to other programs.
 - 1.1.3.1,2. Amounts prior to effective date of contract.
 - 1.1.3.1.3. Construction or renovation expenses.
 - 1.1.3.1.4. Food or water for employees.
 - 1.1.3.1.5. Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana.
 - 1.1.3.1.6. Fines, fees, or penalties.
 - 1.1.3.1.7. Per SAMSHA requirements, meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.
 - 1,1,3,1.8. Cell phones and cell phone minutes for clients.
- 1.1.4. Receipts for expenses within the applicable state fiscal year.
- 1.1.5. Cost center reports.
- 1.1.6. Profit and loss report.
- 1.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.
- 1.1.8. Information requested by the Department verifying allocation or offset based on third party revenue received.
- 1,1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.
- 2. The Contractor is responsible for reviewing, understanding, and complying with further

Granite Recovery Respite, LLC SS-2020-BDAS-11-CRISI-01-A01 Exhibit 8

Contractor Initials 55

BDAS-11-CRISH01-A01 Pag

Page 2 of 4

Rev. 01/08/19

DocuSign Envelope ID: B00C6B08-B06D-4958-AFE6-C929747EF4E1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services — Opioid Use Disorder

EXHIBIT B. Amendment #1



restrictions included in the Funding Opportunity Announcement (FOA).

5. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to melissa.girard@dhhs.nh.gov, or invoices may be mailed to:

SOR Financial Manager
Department of Health and Human Services
105 Pleasant Street
Concord, NH 03301

- 6. The Contractor agrees that billing submitted for review after twenty (20) business days of the last day of the billing month may be subject to non-payment.
- .7. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
 - 8. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37. General Provisions Block 1.7 Completion Date.
 - 9. The Contractor must provide the services in Exhibit A. Scope of Services, in compliance with funding requirements.
 - 10. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit A. Scope of Services, including failure to submit required monthly and/or quartery reports.
 - 11. Notwithstanding Paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

12. Audits

- 12.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
 - 2.1.1. Condition A The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 2.1.2. Condition B The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.

Granite Recovery Respire, LLC

E shibit 8

Contractor Initials 25

SS-2020-BDAS-11-CRISI-01-A01

Page 3 of 4

Oate 11/24/2020

Rev. 01/08/19

DocuSign Envelope ID: FA3E8BCF-2BFD-4AA8-BB29-1684B79D7737

OccuSign Envelope ID: B00C68DB-B080-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services – Opioid Use Disorder

EXHIBIT B Amendment #1

- 2.1.3. Condition C The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 12.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
- 12.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 12.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
- 12.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

Granite Recovery Respite, LLC SS-2020-BDAS-11-CRISI-01-A01

Rev. 01/08/19

Exhibit 8

Page 4 ol 4

Contractor Initials SS

Date 11/24/2020

OccuSign Envelope (D: 800C68D8-808D-4958-AFE8-C929747EF4E1





Jeffrey A. Meyers Communicationer

> Kasla S. Fes Director

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 0330)
603-271-9445 | 1-800-852-3345 Ext 9445
Fax: 603-271-4332 | TOD Access: 1-800-735-2964 | www.dahs.nb.gov

October 23, 2019

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

REQUESTED ACTION

 Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into sole source agreements with the vendors listed below to provide chais respite beds in an amount not to exceed \$2,111,500, affective upon Governor and Executive Council approval through September 29, 2020. 100% Federal Funds.

Vendor Name	Vondor Number	Location	Contract Amount
Grante Recovery Respite, LLC	#T8D	Solem	\$1,003,750
NH Respite LLC	310939	Nashua	\$1,107,750
		Total:	\$2,111,500

 Contingent upon approval of Requested Action #1, authorize an advance payment in an amount not to exceed \$65,304 to NH Respite LLC for start up costs, hiring staff and readiness activities effective upon Governor and Council approval. 100% Federal Funds.

Funds are available in the following account for State Fiscal Years 2020 and 2021, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified.

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

State Fiscal Year	Class/Account	Class Title /	Job Number	Total Amount
2020	102-500731	Contracts for Prog Svc	92057040	\$2,111,500
2021	102-500731	Contracts for Prog Svc -	92057040	\$0
	820 336	(6)	Yolal	\$2,111,500

EXPLANATION

This request is note nource because the Department required immediate coverage due to the current scarcity of respite beds and identified these two (2) vendors as willing to provide services.

The purpose of this request is to provide a sale and secure location, with non-clinical, non-medical supervision, to individuals in crisis due to opioid use who are seeking treatment services. As

1

DocuSign Envelope ID: 5C9A47E2-E4C9-4A7D-B00D-6DB4BD465C2B

DocuSign Envelope ID: FA3EB8CF-2BFD-4AA8-BB29-1684B79D7737

DocuSign Envelope ID: B0DC6BDB-B08D-4958-AFE8-C929747EF4E1

His Excellency, Governor Christopher T. Sununu and the Honorable Council Page 2 of 2

one component of the State's comprehensive approach to the Oploid Crisis, these chisis respite services are needed to fill a gap identified by the Doorways. These beds are critical to retaining individuals in treatment and keeping individuals engaged in their communities. An additional purpose is to reduce the number of individuals who currently utilize other community services due to a lack of service availability, specifically, hospital emergency rooms or arrests and incarceration for public intoxication or vagrancy.

Approximately twenty-three (23) beds will be available each day. The rate per bed per day will be \$250 regardless of whether the bed is being utilized or not as the beds are being set aside specifically for Doorways clients. Granite Recovery Respite will provide 11 beds in Effingham for men and women. NH Respite will provide 12 beds in Nashua for men.

These contracts will benefit the Department through increased capacity to provide respite beds for individuals in crises. The individuals will benefit from having access to respite beds that enable them to be housed in a safe and stable environment that may be safer than their current situation and, which gives them a more stable foundation on which to pursue treatment and recovery. In addition to these services, a robust level of client-specific data will be available, which will be collected in coordination with the Doorways.

The State Opioid Response grant is being used to make critical investments in the substance use disorder system in order to reduce unmet treatment needs, reduce opioid overdose fatalities, and increase access to medication assisted treatment. Through collaborative agreements with these Contractors, the Doorways will be responsible for gathering data on client-related outcomes including, but not limited to, recovery status; criminal justice involvement, employment, and housing needs at the time intervals tisted above. This data will enable the Department to measure short and long-term outcomes associated with SOR-funded initiatives and to determine which programs are generating the best results for the clients served.

As referenced in the Exhibit C-1 of these agreements, the parties have the option to extend contract services for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Should the Governor and Executive Council not authorize this request, clients of the Doorways may not have access to a safe and secure space to wait for substance use treatment, which may lead to an increase in the number of deaths due to overdose and the number of individuals who utilize other community services which may be inappropriate to their situation, such as emergency rooms or jail.

Area served: Statewide.

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration, State Opioid Response Grant (CFDA #93:788, FAIN TI081685).

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

Respectfully submitted

effrey A. Meyers ommissioner DocuSign Envelope ID: FA3EBBCF-2BFO-4AA8-BB29-1684879D7737

OccuSion Envelope ID: 800C6B0B-8080-4958-AFE8-C929747EF4E1

FORM NUMBER P-37 (version \$/8/LS)

Subject: Crisis Respite Shelter Services - Opioid Use Discorder (SS-2020-BDAS-11-CRISI-01)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

ACREEMENT -

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

GENERAL PROVISIONS

I. IDENTIFICATION.						
1.1 State Agency Name			1.2 State Agency Address			
NH Department of Health and Human Services			129 Pleasant Street			
			Cancord, NH 03301-3857			
	<u> </u>	<u> </u>		21 <u>f</u>		
1.3 Contractor Name			Ninactor Address			
Granite Recovery Respite, LLC	¥8	6 Mano	r Parkway	*		
		Salem, NH 03079				
1	ec.					
1.5 Commetter Phone	1.6 Account Number	1.7 Cor	npletion Date	1.8 Price Limitation		
Number		1				
603-505-4364	05-95-92-920510-70400000	Septemi	per 29, 2020	\$1,003,750		
003.303.430.	500731			#		
1.9 Contracting Officer for Sta		1.10 Su	He Agency Telephone h	Yumber		
Nathan D. White, Director	ic recity	603-271				
Wands D. While, Official	23	003.27		gr 27		
		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
1.11 Contractor Signature		1.12 N	ame and Title of Contri	scior Signatory		
			_	0 .		
7/10		Russignan of Operations				
(1)(1)X	NAU	VILL	theory Lent	of Chamber		
I.T. Acknowledgement: State	of ATIL . County of	0 44 1/4-	· · · ·	1) 1		
	(NUM	KUMAR	ann	0 ,		
00 10/14/2019 befor	e the undersigned officer, person	ally annear	ed the aerean identifier	tio block 1.12 or telisfactorily		
	name is signed in block 1.11, and	acknowled	leed that she executed	this document in the canacity		
indicació in block 1.12.	isline is signed in block 1.11, and	4C 1010 W 1CC	Bro min and exertice	ins occurrent in the capacity		
1313:16 Signifure of Notary Pul	tic or luttice of the Peace					
13.1 Signification of Fourty For	site or suffice of the Peace	28	8 8			
1 //	11 12 1					
TO THE REAL PROPERTY OF THE PARTY OF THE PAR	W X M Clar	-				
(Seal)	/ MN		· · · · · · · · · · · · · · · · · · ·			
1)1).7 Warne and Title of Note		014	•			
I MATERIAL PROPERTY OF A STATE OF	IRLUW - NUTHINY	$ \mathcal{M}_{0} $	دانا			
11000	Alleton I-pilling					
1.14 State Agency Signature	- 12/1	1.13 N	ame and Title of State	Agency Signatory		
27-21	10/14 19	11/2	S FA	Diaison		
2	Date:	1	100	Director		
1.16 Approval by the N.H. De	partment of Administration, Divis	tion of Per	sonnel (I/ applicable)	 ★		
,						
By:		Directo	r, On:			
1.17 Approval by the Attorney	General (Form, Substance and E	secution)	(il applicable)			
			, , , , , , , , , , , , , , , , , , , ,			
By.		On:	Intelia			
- Jims	CATHOLINE PINOS		10/18/19	•		
	r and Executive Council (if appli	icable!	10.0			
The Appropriate Governo	. Silv Caccative Council (1) oppor		(4)			
· By:						
<i>0</i> 3.		On:				

DocuSign Envelope ID: FA3E88CF-2BFD-4AA8-8829-1684879D7737

DocuSign Envelope ID: 800C680B-808D-4958-AFE8-C929747EF4E1

- 1. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").
- 3. EFFECTIVE DATE/COMPLETION OF SERVICES.
 3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the panies hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block

1.14 ("Effective Date").

- 3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.
- 4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

S. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7 to any other provision of law.

5.4 Norwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND RECULATIONS EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all gratutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws. 6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination. 6.3 If this Agreement is funded in any part by monics of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (4) C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

- 7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly ticensed and otherwise authorized to do so under all applicable laws.
- 7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Page 2 of 4

Contractor Initials Date 10/14/2019

DoouSign Envelope ID: 80DC6BDB-808D-4958-AFE8-C929747EF4E1

Agreement. This provision'shall survive termination of this - Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

. 8. EVENT OF DEFAULT/REMEDIES.

- 8.1 Any one or more of the following sets or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):
- 8.1.1 failure to perform the Services satisfactorily or on schedule:
- 8.1.2 failure to submit any report required hereunder; and/or 8.1.3 failure to perform any other covenant, term or condition of this Agreement.
- 8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
 8.2.1 give the Contractor a written notice specifying the Event
- of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 sol off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

- 9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.
- 9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.
- 9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

- 10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price-earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the anached EXHIBIT A.
- 11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other employees.
- 12. ASSIGNMENT/DELECATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.
- 13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

- 14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:
- 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000per occurrence and \$2,000,000 aggregate; and
- 14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property. 14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

Page 3 of 4

Contractor Initials

Date 10/14/20)

DocuSign Envelope ID: B0DC6B0B-808D-4958-AFES-C929747EF4E1

14.3 The Contractor shall furnish to the Contracting Officer idemified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

- 15.1 By signing this agreement, the Contractor agrees, confiles and warrants that the Contractor is in compliance with or exempt from the requirements of N.H. RSA chapter 281-A ("Workers" Compensation").
- 13.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A. Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be anached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement,
- 16. WAIVER OF BREACH. No failure by the Sizic to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the pan of the Contractor.
- 17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.
- 18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

- 19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.
- 20. TBIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.
- 21. BEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.
- 22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.
- 23. SEVERABILITY. In the event any of the provisions of , this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.
- . 24. ENTIRE ACREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

Page 4 of 4

Contractor Initials 10/14/201

DocuSign Envelope ID: FA3EB8CF-28FD-4AA8-B829-1684B79D7737-

DocuSign Erwelope ID: B0DC6BDB-B08D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opioid Use Discorder Exhibit A



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ton (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an Impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Scope of Services

- 2.1. The Contractor shall provide crisis respite shelter to individuals who do not have safe; stable housing. The Contractor shall:
 - 2.1.1. Provide eleven (11) beds for the exclusive use of clients referred by the Department's Doorways contractors (hereinafter referred to as "Doorways") twenty-four (24) hours e day, seven (7) days a week.
 - 2.1.2. Provide crisis respite sheller services to clients for up to seven (7) days from the date of admission to the respite center, with the goal of having clients discharged into an appropriate level of care for opioid use disorder treatment.
 - Provide breakfast, lunch, dinner and snacks to clients while in crisis respite care.
 - 2.1.4. Obtain approval from the Department to provide crisis respite shelter services to clients for more than seven (7) days as outlined in Section 2.1.2 above.
 - Monitor clients to ensure their safety, identify medical emergencies, and cell first responders as needed.
 - 2.1.6. Work with the Doorways to find alternative overnight respite shelter care for clients who are denied admission to the center due to tack of capacity.
 - 2.1.7. Notify or attempt to notify, clients who were denied admission due to tack of capacity when a bed becomes available.
 - 2.1.8. Work with the Doorways client representatives and other community providers to ensure continuity of care for clients of Doorways that may include, but are not limited to coordinating transportation.
 - 2.1.9. Provide secure storage for individuals' prescription medications.
- 2.2. The Contractor shall ensure policies and procedures are in place that include, but are not limited to:
 - 2.2.1. Client Safety;
 - 2.2.2. Intake and Admission;
 - 2.2.3. Denial for Admission and Walt List; and
 - 2.2.4. Discharge.

Grantia Recovery Respite, LLC

EURON A

Pegs 1 of 5

SS-2020-BDAS-11-CRISI-01

DocuSign Envelope ID: FA3EBBCF-2BFD-4AA8-BB29-1684B79D7737

DocuSign Envelope ID: 800/C68DB-808D-4958-AFE8-C929747EF4E1

Now Hampshire Department of Health and Human Services -Crisis Respite Shelter Services - Opioid Use Discorder Exhibit A



- 2.3. The Contractor shall provide the policies and procedures identified in Section 2.2 above for Department review within thirty (30) days of the contract effective date.
- 2.4. The Contractor shall provide facilities for personal hygiene for use by Doorways cliants during residency at the crisis respite shelter, which include but are not limited to:
 - 2.4.1. Shower facilities.
 - 2.4.2. Toilet facilities.
 - 2.4.3. Loundry facilities.
- 2.5. The Contractor shall provide a personal hyglene kit for each client, as needed which includes, but is not limited to:
 - 2.5.1. Bath towels...
 - 2.5.2. Wash cloths.
 - 2.5.3. Soap.
 - 2:5.4. Deodorant,
 - 2.5.5. Tooth brush,
 - 2.5.6. Toolh paste.
- 2.6. The Contractor shall ensure compliance with the city/town health and safety requirements for crisis respite shelter and housing standards for health and safety.

3. Staffing

- The Contractor shall ensure qualified staff is on duty twenty-four (24) hours per day, seven (7) days per week.
- 3.2. The Contractor shall ensure staff obtain training in CPR, Suicide Prevention, and Addiction 101.
- 3.3. The Contract shall ensure that no less than two (2) staff members are on duty at the crists-center twenty-four (24) hours per day, seven (7) days each week.

4. Reporting

- 4.1. The Contractor shall submit a monthly report to the Department by the tenth (10th) day of each month that will include, but is not limited to, the following de-identified aggregate data:
 - 4.1.1. Number and demographics of clients served.
 - 4.1.2. Average time in sheller.
 - 4.1.3. Discharge reason and where the clients were discharged
 - 4.1.4. Staffing changes.
 - 4.1.5. Reason for admission denials.
 - 4.1.6. Time between requests for shelter and admission.

Grantia Recovery Respite, LLC

E mon A

Page 2 of 3

Contractor Initiate 21

\$5-2020-BOAS-11-CROSHOT

DocuSign Envelope ID: FA3EBBCF-2BFD-4AA8-8829-1684B79D7737

DocuSign Envelope (D: 800C68D8-808D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opioid Use Discorder Exhibit A



5. Performance Measures

- 5.1. The Contractor shall ensure that the following performance indicators are achieved annually and monitored monthly to measure the effectiveness of the agreement:
 - 5.1.1. Provide the minimum number of bed nights and meat all requirements established in accordance with Section 2, Scope of Services, above.
- Annually, the Contractor shall develop and submit a corrective action plan to the Department for any performance measure not achieved.

6. State Opioid Response (SOR) Grant Standards

- 6.1. In order to receive payments for services provided through SOR grant funded initiatives, the Contractor shall ensure each Site:
 - 6.1.1. Establishes formal information sharing and referral agreements with all Doorways for substance use services that comply with all applicable confidentiality laws, including 42 CFR Part 2.
 - 6.1.2. Completes client referrats to applicable Doorways for substance use services within two (2) business days of a client's admission to the program.
- 6.2. The Contractor shall provide the Department with timelines and implementation plans associated with SOR funded activities to ensure services are in place within thirty (30) days of the contract effective date.

Granta Recovery Respire, LLC

55-2070-BDAS-11-CRISH01

EMBLA

Page 3 of 3

Commercial installation of the commercial installation of the

DocuSign Envelope ID: 800C680B-808D-4956-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Oploid Use Discorder Exhibit B



Method and Conditions Precedent to Payment

- The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided pursuant to Exhibit A. Scope of Services.
- This agreement is funded by 100% Federal Funds from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration State OploId Response Grant, Catalog of Federal Domestic Assistance (CFDA) #93.788, Federal Award Identification Number (FAIN) T1081685.
- 3. Failure to meet the scope of services may jeopardize the funded Contractor's current and/or future funding.
- The Contractor shall provide the services in Exhibit A, Scope of Services in compliance with the federal funding requirements.
- 5. The Contractor shall Invoice the Department for Crisis Respite Shelter Services at an all Inclusive rate of \$250 per day for each of the eleven (11) beds as required in Exhibit A, Scope of Services, Section 2.1.1 for Doorway clients with Opioid Use Disorder (OUD). The Contractor shall:
 - 5.1. Ensure that clients receiving services rendered from SOR funds have a documented history of, or current diagnoses of Opioid Use Disorder.
 - 5.2. Coordinate ongoing client care for all clients with documented history of/or current diagnoses of Opioid Use Disorder, receiving services rendered from SOR funds, with Doorways in accordance with 42 CFR Part 2.
- 6. Payment for said services shall be made monthly as follows:
 - 6.1. The Contractor shall submit an invoice in a form satisfactory to the State by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
 - 6.2. The Contractor shall ensure the invoice is completed, signed, dated and returned to the Department in order to initiate payment.
 - 6.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
 - 6.4. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

Grantia Racovery Respite, LLC

ENMB

Page 1 of 2

SS-2020-BDAS-11-CRISI-01

Rev. 01/08/19 ·

DocuSign Envelope ID: FA3EBBCF-2BFD-4AA8-8B29-1584B79D7737

DocuSign Envelope ID; 800C68DB-8060-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Oploid Use Discorder Exhibit B



7. Invoices must be malled to:

SOR Finance Manager
NH Department of Health and Human Services
Bureau of Drug and Alcohol Services
105 Pleasant Street
Concord: NH 03301

- The Contractor shall keep detailed records of their activities related to Departmentfunded programs and services and have records available for Department review, as requested.
- 9. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B:
- 10. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.

Grantie Recovery Respite, LLC

\$\$-2020-BDAS-11-CRISH01

Rev. 01/08/19

Fidea B

Page 2 of 2

Contractor Initial Services

DocuSign Envelope ID: FA3E88CF-2BFD-4AA8-8829-1684B79D7737

OccuSign Envelope ID: 800C6808-8080-4958-AFE8-C929747EF4E1

Now Hampshire Department of Health and Human Services Exhibit C



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

- Compliance with Federal and State Laws: If the Contractor is permitted to determine the eligibility
 of individuals such eligibility determination shall be made in accordance with applicable federal and
 state laws, regulations, orders, guidalines, policies and procedures.
- Time and Manner of Determination: Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
- 3. Documentation: In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
- 4. Fair Meerings: The Contractor understands that 80 applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and egrees that all applicants for services shall be permitted to full out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
- 5. Gratuities or Kickbacks: The Contractor agrees that it is a breach of this Contract to accept or make a payment, grafulty or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, grafulties or offers of employment of any kind were affered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
- 6. Retroactive Payments: Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to relimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a datermination that the individual is eligible for such services.
- 7. Conditions of Purchase: Notwithstanding anything to the contrary contained in the Control, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Controctor to Ineligible Individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to Ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established:
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

Exhibit C - Special Provisions

Contractor Inhialia

Date 19/4/2019

-- ---

Page 1 of 5

DocuSign Envelope ID: 800C6BDB-B08D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit C



7.3. Demand repayment of the excess payment by the Contractor in which event feiture to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at eny time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

- Maintenance of Records: In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
 - 8.1. Fiscal Records: books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase regulations and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, tabor time cards, payrolls, and other records requested or required by the Department.
 - 8.2. Statistical Records: Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (Including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all involces submitted to the Department to obtain payment for such services.
 - 8.3. Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
- 9. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133; "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, Issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
 - 9.1. Audit and Review: During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
 - 9.2. Audit Liabilities: In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been displayed because of such an exception.
- 10. Confidentiality of Records: All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shallnot be disclosed by the Contractor, provided however, that pursuant to state taws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public official surplined such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Exhibit C - Special Provisions

Contractor Initiats

Page 2 of 5

08/13/18

DocuSign Envelope ID: FA3EBBCF-2BFD-4AA8-8B29-1684B79D7737

DocuSign Envelope ID: 600C680B-808D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit C



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

- 11: Reports: Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other Information as shall be deemed satisfactory by the Department to justify the rate of payment herounder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other Information required by the Department.
- 12. Completion of Services: Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
- Credits: All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include thefollowing statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part, by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
- 14. Prior Approval and Copyright Ownership: All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
- 15. Operation of Facilities: Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshaland the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
- 18. Equal Employment Opportunity Plan (EEOP): The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), If it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or

Exhibit C - Special Provisions

Contractor Initial

Page 3 ol 5

maxa

DocuSign Envetope ID: 80DC6808-808D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit C -



more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than \$0 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exampt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are evaluable at: http://www.ojp.usdo/about/ocr/pdfs/cart.pdf.

- 17. Limited English Proficiency (LEP): As cigrified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination Includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Sale Streets Act of 1988 and Title VI of the Civil Rights Act of 1984, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
- Pilot Program for Enhancement of Contractor Employee Whiatleblower Protections: The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

- (a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.
- (b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protoctions under 41 U.S.C. 4712, as described in section 3.908 of the Foderal Acquisition Regulation.
- (c) The Contractor shall based the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.
- 7.19. Subcontractors: DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agraement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate.

19.3. Monitor the subcontractor's performance on an engeling basis

Exhibit C - Special Provisions

Page 4 of 8

Contractor Inflate (14/2019)

02/12/18

Occusion Envelope ID: 800C6808-8080-4956-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit C



- 19.4. Provide to DHHS on annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed.
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

20. Contract Definitions:

- 20.1. COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.
- 20.2. DEPARTMENT: NH Department of Health and Human Services.
- 20.3. PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the services and/or goods to be provided by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.
- 20.4. UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit 8 of the Contract.
- 20.5. FEDERAUSTATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deamed to mean all such lows, regulations, etc. as they may be amended or revised from time to time.
- 20.6. SUPPLANTING OTHER FEDERAL FUNDS: Funds provided to the Contract under this Contract will not supplant any existing federal funds available for these services.

Exhibit C - Special Provisions

Page 5 of 5

0210 10/14/2019

09/13/18

DocuSign Envelope ID: FA3EBBCF-2BFD-4AA8-BB29-1684B79D7737

DocuSian Envelope ID::800C6BD8-8080-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit C-1



REVISIONS TO STANDARD CONTRACT LANGUAGE

1. Revisions to Form P-37, General Provisions

1.1. Section 4, Conditional Nature of Agreement, is replaced as follows:

4. CONDITIONAL NATURE OF AGREEMENT.

Nowthstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continuand appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part, in no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account in the event funds are reduced or unavailable.

1.2. Section 10, Termination, is amended by adding the following language:

- 10.1 The State may terminate the Agreement at any time for any reason, of the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
- 10.2 in the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
- 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan Including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
- 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
- 10.5 The Contractor shall establish a mathod of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

2. Ronowal

2.1. The Department reserves the right to extend this agreement for up to two (2) additional years, contingent upon solisfactory delivery of services, available funding, written agreement of the parties and approval of the Governor and Executive Council.

Estribit C-1 - Revisiona/Exceptions to Standard Contract Language. Contractor Intitats

Date 10/14/2019

CURRECTOR

Page 1 of 1

DoouSign Envelope ID: B00C68DB-8080-4958-AFE6-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit D



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Orug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D;,41 U.S.C. 701 at seq.), and further agrees to have the Contractor's representative, as Identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER, THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Tato V, Subitite D; 41 U.S.C. 701 et seq.). The January 31, 1889 regulations were amended and published as Pan II of the May 25, 1990 Foderal Register (pages 21581-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in tieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the egency awards the grant: False certification of violation of the certification shall be grounds for suspension of payments, suspension of termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Sorvices
129 Pleasant Street,
Concord, NH 03301-6505

- The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled aubstance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an angoing drug-free owereness program to inform employees about
 - 1,2,1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace:
 - 1.3. Making it a requirement that each employee to be angaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (b) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days offer such conviction:
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency.

Exhibit D – Certification regarding Drug Free Workplace Regularmenta Page 1 of 2 Vendo: Infiliate 40/4/201

CHOHACH INT I 3

DocuSign Envelope ID: FA3EBBCF-2BFD-4AA8-BB29-1684B79D7737

OccuSion Envelope ID: 800C6BD8-8080-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit D



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal. State, or local health, law enforcement, or other appropriate agency:

Making a good faith affort to continue to maintain a drug-free workplace through . 1,7. implementation of paragraphs 1.1, 1.2, 1.3; 1.4, 1.5, and 1.8.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Recovery Respite

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

Salem NH 030

Vendor Name:

Exhibit D - Certification regarding Drug Free Workplace Requirements Page 2 of 2

DocuSign Envelope ID: 80DC68D8-808D-4958-AFE8-C929747EF1E1

New Hampshire Department of Health and Human Services



CERTIFICATION REGARDING LOBBYING

The Vendor Identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1,12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS US DEPARTMENT OF EDUCATION - CONTRACTORS US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered): *Temporary Assistance to Needy Families under Tille IV-A *Child Support Enforcement Program under Title IV-O Social Services Block Grant Program under Tille XX 'Medicaid Program under Title XIX *Community Services Block Grant under Title VI

Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any parson for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amandment, or modification of any Federal contract, grant, toan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
- 12. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence on officer or employee of any agency, a Member of Congress, an officer or employee of Congress; or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or subcontractor), the undersigned shall complete and submit Standard Form LLL. (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-L.)
- 3. The undersigned shall require that the language of this certification be included in the award document for aub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this conflication is a prorequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any porson who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such falluro.

Vendor Name:

Exhibit E - Certification Regarding Lobbying

CU/DHY3/110713

Page 1 of 1

DocuSign Envelope ID: FA3E8BCF-2BFD-4AA8-B829-1684879D7737

DocuSign Envelope ID: B0DC68D8-B08D-4958-AFE8-C929747EF4E1

Now Hampshiro Department of Health and Human Services Exhibit F



CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

- By signing and submitting this proposal (contract), the prospective primary participant is providing the cartification set out below.
- 2. The Inability of a person to provide the confination required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit on explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3. The certification in this clause is a material representation of fact upon which refiance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies evailable to the Federal Government, DHHS may terminate this transaction for cause or default.
- 4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549; 45 CFR Part 76. See the attached definitions.
- 6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower lier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
- 7. The prospective primary participant further ogrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, inaligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
- 9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the cartification required by this clause. The knowledge and

Exhibit F - Certification Regarding Debarment, Suspension And Other Responsibility Matters Page 1 of 2 Vendor Infosts

Det 10/14/2019

000+0118713

OccuSign Envelope ID: FA3EBBCF-28FD-4AA8-BB29-1684B79D7737

DocuSign Envelope ID: B0DC68D8-B06D-49\$8-AFE6-C929747EF4E1

New Hampshire Department of Hesith and Human Services Exhibit F



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

- The prospective primary participant certifies to the best of its knowledge and belief, that it and its
 principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarity excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State entitrust statutes or commission of embazzlement, that, forgery, bribery, falsification or destruction of records, making false statements, or receiving staten property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this cartification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- 12. Where the prospective primary participant is unable to carify to any of the statements in this certification, such prospective participant chall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

- 13. By signing and submitting this lower tier proposal (contract), the prospective tower tier participent, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarity excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
- 14. The prospective tower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Vendor Name:

-10/14/2019

Tillo: Vice triendent

Exhibit F - Certification Regarding Debanners, Suspension And Other Responsibility Matters

Page 2 01 2

endor Indiana

03049010713

DocuSign Envelope ID: FA3EBBCF-2BFD-4AA8-BB29-1684B79D7737

OccuSign Envelope IO; 80DC68DB-808D-4958-AFE8-C929747EF4E1

Now Hampshiro Department of Health and Human Services Exhibit G



CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

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

Vendor will-comply, and will require any subgranters or subcontractors to comply, with any applicable federal nondiscrimination regularments, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits
 recipients of federal funding under this statute from discriminating, either in employment practices or in
 the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act
 requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by
 reference, the cMI rights obligations of the Safe Streets Act. Recipients of federal funding under this
 statute are prohibited from discriminating, other in employment practices or in the delivery of services or
 benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal
 Employment Opportunity Ptan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity:
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment. State and tocal government services, public accommodations; commercial facilities, and transportation:
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in foderally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NOAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or deburment.

EM NO G

orthoden al Canotianos vCh modinareno penalring in Februal Hondechnisesco, Equal Treament of Feb

9/27/14 Rev. 10/21/14

Page 1 of 2

Date 10/14/2019

Vendor tritian /

DocuSign Envelope ID: 5C9A47E2-E4C9-4A7D-800D-6DB4BD465C28

OccuSign Envelope ID: FA3EBBCF-2BFD-4AA8-BB29-1584B79D7737

DocuSign Envelope ID: 800C68D8-808D-4958-AFE8-C929747EF4E1

Now Hampshire Department of Health and Human Services Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

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

 By signing and submitting this proposal (contract) the Vendor agrees to comply with the provisions indicated above.

Vendor Name:

Title

EUNDA G

rationers of Compliance with requirements permitting to Federal Heraductrishusture, Equal I materiary of FeDs &

and Will deliberate (PSI)

977714 Ray, 19731714

Page 2 of 2

000 10/2/2019

DocuSign Envelope ID: FA3EBBCF-2BFD-4AA8-BB29-1684B79D7737

DocuSign Envelope (D: 800C6808-8080-4958-AFE6-C929747EF4E1

. New Hampshire Department of Health and Human Services Exhibit H



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Vendor Name:

Page 1 of 1

Exhaul H - Certification Regarding Emfronmental Yobacco Smoke

CHO+GV (6)13

OccuSign Envelope ID: FA3EBBCF-2BFO-4AA8-8B29-1684B79D7737

DocuSign Envelope ID: 800C680B-8080-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Kuman Services



Exhibit I

HEALTH INSURANCE PORTABILITY ACT BUSINESS ASSOCIATE AOREEMENT

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

(1 Definitions.

- "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160,103 of Title 45, Code of Federal Regulations.
- *Covered Entity* has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" In 45 CFR Section 154,501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health. Act, TilleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 184 and amendments thereto.
- 1. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 154.501(g).
- "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Heelth Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

3/2014

Health Insurance Portability Act **Business Associate Agreement** Page 1 of 6

OHO 10/14/2019

DocuSign Envetope 1D: 80DC68DB-B08D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services



Exhibit I

- Required by Law shall have the same meaning as the term required by law in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.
- (2) Business Associate Use and Disclosure of Protected Hosith Information.
- Business Associate shall not use, disclose, maintain or transmit Protected Health
 Information (PHI) except as reasonably necessary to provide the services outlined under
 Exhibit A of the Agreement. Further, Business Associate, including but not limited to all
 its directors, officers, employees and agents, shall not use, disclose, maintain or transmit
 PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - For data aggregation purposes for the health care operations of Covered Entity.
- To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party. Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy. Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

3/2014

Exhibit i Health Insurance Portability Act Business Associate Agreement Page 2 of 6 Vendor Initiaty

0010 14/2014

DocuSign Envelope ID: 800C6808-8080-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services



Exhibit I

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

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PMI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.
- (3) Obligations and Activities of Business Associate.
- a. If the Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - The unauthorized person used the protected health Information or to whom the disclosure was made;
 - Whether the protected health information was actually acquired or viewed
 - The extent to which the risk to the protected health information has been mitigated.

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

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

3/2014

Ecrith I Health Insurance Portability Act Business Associate Agreement Page 3 of 6

0010 10/14/2019

DocuSign Envelope ID: 800C680B-8060-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services



Exhibit I

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

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

3/2014

Embli I Health Insurance Portability Act Business Associate Agreement Page 4 of 8 Vendor Infüxly

Dato 10/14/2019

OccuSign Envelope ID: 800C58D8-8080-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services



Exhibit (

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

. (4) Obligations of Covered Entity

- Covered Entity shall notify Business Associate of any changes or limitation(s) in Its Notice of Privacy Practices provided to Individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes In, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164,506 or 45 CFR Section 164,508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

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

(6) Miscollaneous

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

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

3/2014

Embli I Health Insurance Poniability Act Business Assedate Agreement Page 5 of 6 Vandor Intilate

0010 10/14/2019

DocuSign Envelope ID: 80DC68D8-808D-4958-AFE8-C929747EF4E1

Now Hampshire Department of Health and Human Services



Exhibiti

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

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

Department of Health and Human Services	Gmorte Kewey Keyorc
The State	Name of the Vendor
Jers R.	King terry
Signature of Authorized Representative	Signature of Authorized Representative
1 curices Fix	Lisa Yerry
Name of Authorized Representative	Name of Authorized Representative
Director	Tive of Authorized Representative
Title of Authorized Representative	Title of Authorized Representative
1017/19	10/14/2019

3/2014

Earth I Heath Insurance Portability Act ! Business Associate Agreement Page 6 of 8

Vendor Initial

Dato 10/14/2019

DocuSign Envelope ID: B0DC68D8-B08D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit J



<u>CERTIFICATION REGARDING. THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY.</u> ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data retated to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award. In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Servicos (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 1. Name of entity
- Amount of award 2.
- Funding agency
- NAICS code for contracts / CFDA program number for grants:
- Program source
- Award title descriptive of the purpose of the funding action
- Location of the enthy
- Principle place of performance
- Unique identifier of the entity (DUNS #)
- 10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is: not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, end 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as Identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Vendor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Vendor Name:

Exhibit J - Certification Regarding the Federal Funding Accountability And Transparency Act (FFATA) Compliance Page 1 of 2

CUID-0-G/110713

DocuSign Envelope ID; 800C88D8-808D-4958-AFE8-C929747EF4E1

Now Hampshire Department of Health and Human Services Exhibit J



FORM A

		. =	1		
	the Vendor identified in Section low listed questions are true an	nd accurate.	•	-	isponses to the
1,	The DUNS number for your e	:ntity is: <u>08 - 1</u>	<u> 24:378</u>	5	
2.	In your business or organizat receive (1) 60 percent or mor loans, grants, sub-grants, and grass revenues from U.S. fed cooperative agreements?	ion's preceding co re of your annual g d/or cooperative as	mpleted fiscal ye ross revenue in yeaments; and	ear, did your bu U.S. lederal cor (2) \$25,000,000	itracts, subcontract or more in annual
	NO	YES	¥0	72	74
	If the answer to #2 above is h			- 22	20
	If the answer to #2 above is 1	ES, please answe	er the following:		
	business or organization thro Exchange Act of 1934 (15 U.: 19867				
	NO	YES	4		
Ž.	If the answer to #3 above is Y	ES, stop here	22.	·	
	If the answer to #3 above is h	IO, piesse answer	the following:	60	E1 151
4.	The names and componsatio organization are as follows:	n of the five most i	nighly compensa	aled officers in y	our business or
	Name:	Ал	nount:		
	Name:	37	nount:		240
	Name:	Ап	ount:		
	Name:	Ап	nount:	6	80
	Name:	۸۰	ount:		

Earlibit J - Certification Regarding the Federal Funding Accountability And Transparency Act (FFATA) Compliance Page 2 of 2

OUGH4G/110717

DocuSign Envelope ID: 600C68D6-808D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

- 1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any almilar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable Information, whether physical or electronic. With regard to Protected Health information, "Breach" shall have the same meaning as the term "Breach" in section 164,402 of Title 45, Code of Federal Regulations.
- 2. "Computer Security Incident" shall have the same meaning "Computer Security Incident in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
- 3. "Confidential Information" or "Confidential Data" means all confidential Information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tex Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

- 4. "End User" means any parson or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS date or derivative date in accordance with the terms of this Contract.
- 5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1896 and the regulations promulgated thereunder.
- 6. "Incident" means an act that potentially violates an explicit or implied security policy. which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

V5. Lest updata 10/09/16

END X DHHS Information sourtry Requirements Page 1 of 8

Commercial Commercial Commercial International In

DocuSion Envelope ID: B0DC68D8-808D-4958-AFE8-C929747EF4E1

Now Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

mall, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

- 7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI. PHI or confidential DHHS data.
- 8. "Parsonal Information" (or "PI") means Information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or tinkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
- 9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- 10, "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
- 11. 'Security Rule' shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and emendments thereto.
- 12. "Unsecured Protected Health Information" means Protected Health Information that Is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

- A. Business Use and Disclosure of Confidential Information.
 - 1. The Contractor must not use, disclose, maintain or transmit Confidential information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
 - 2. The Contractor must not disclose any Confidential Information in response to a

VS. Last update 10/09/18

Edibi K OHOUS Information equity Requirements Page 2 of 0

DocuSign Emistope ID: B0DC6BDB-B08D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

- request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
- . 3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
 - 4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
- > 5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
 - 6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of Inspecting to confirm compliance with the terms of this Contract.

METHODS OF SECURE TRANSMISSION OF DATA

- 1. Application Encryption. If End User is transmitting DHHS date containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expart knowledgéable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
- 2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHKS
- Encrypted Email, End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
- 4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be. secure. SSL encrypts data transmitted via a Web sito.
- 5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
- 6. Ground Mail Service. End User may only transmit Confidential Data via certified ground mall within the continental U.S. and when sent to a hamed individual.
- 7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
- 8. Open Wireless Networks. End User may not transmit Confidential Data via an open

V5, Last update 10/09/16

Exhibit K **OHHS Information** Security Regularments Page 1 of B

Convector Wileb (1)1-

DocuSign Envelope ID: 80DC68D8-808D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit K

DHHS Information Security Regulrements

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

- 9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be Installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
- 10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User Is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and aub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24
- Wireless Devices. If End User is transmitting Confidential Data-via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such lime, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

- 1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the Implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
- 2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
- 3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential Information.
- 4. The Contractor agrees to retain all electronic and hard copies of Confidential Data In a secure location and Identified In section IV. A.2
- 5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, entihacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as e

V5, Last undata 10/09/18

Exercize K OHOHS Information Security Regularments Page 4 of 9

Oato 10/14/2019

OccuSign Envelope ID: B0DC68D8-B08D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

whole, must have aggressive intrusion-detection and firewall protection.

 The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Olsposition

- 1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with Industry-accepted standards for secure detation and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S.: Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention regulrements will be jointly evaluated by the State and Contractor prior to destruction.
- Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
- Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 - The Contractor will maintain proper security, controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery, of contracted services.
 - The Contractor will maintain policies and procedures to protect Department confidential Information throughout the information lifecycle, where applicable, (from creation, transformation; use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

VS. Last update 10/09/18

Exhibit K
DHKS information
Security Requirements
Page 5 of 9

Contractor Intilata

Date 10/14/2019

OccuSigs Envelope ID: B00C68D8-808D-4958-AFE8-C929747EF4E1

Now Hampshire Department of Hoolth and Human Services Exhibit K

DHHS Information Security Requirements

- 3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential Information where applicable.
- 4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential Information for contractor provided systems.
- 5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Départment confidential Information.
- 6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New-Hampshire, the Contractor will maintain a s program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
- 7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized...
- 8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
- 9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes In risks, threats, and vulnerabilities that may accur over the life of the Contractor angagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
- 10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
- 11. Data Security Breach Liability, in the event of any security breach Contractor shall make offerts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

V5. Last updata 10/09/16

ENN K ONRS Wormston Security Regulatements Paga 6 of 9

Coronector Initiato KAK

DocuSion Envetope ID: 800C6808-808D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone cell center services necessary due to the breach.

- 12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and accurity of Confidential Information, and must in all other respects maintain the privacy and accurity of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a). OHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
- 13. Contractor egrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to-prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology, Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement Information relating to vendors.
- 14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
- 15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
- 16. The Contractor must ensuré that all End Users:
 - a. comply with such saleguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this Information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

V5. Last update 10/09/16

Exhibit K
DNHS Information
Security Requirements
Page 7 of 9

Date 10/14/2014

DocuSign Envelope ID: 80DC6808-808D-4958-AFE8-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

- e. limit disclosure of the Confidential Information to the extent permitted by law.
- Confidential Information received under this Contract and Individually identifiable data derived from DHHS Data, must be stored in an erea that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, blometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest; or when stored on portable media as required in section IV above.
- In all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. OHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and In accordance with 42 C.F.R. §§ 431,300 - 308. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures. Contractor's procedures must also address how the Contractor will:

- 1. Identify Incidents;
- Determine if personally identifiable information is involved in incidents;
- 3. Report suspected or confirmed incidents as required in this Exhibit or P-37;
- Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

V5, Last update 10/09/18

Eintbli K OHHS Information Seburity Requirements Page 8 of 9 Contractor inflates 10/14/609

Oste

OccuSign Envelope tO: 80DC68DB-808D-4958-AFE6-C929747EF4E1

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

 Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that Implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS Privacy Officer:

 OHHS Privacy Officer@dhhs.nh.gov
- DHHS Security Officer:
 DHHSInformationSecurityOffice@dnhs.nh.gov

V5. Last updata 10/09/18

Exhibit K
DHHS Information
Security Requirements
Page 9 of 9

Contractor Intilato XV

State of New Hampshire Department of Health and Human Services Amendment #4

This Amendment to the Crisis Respite Shelter Services – Opioid Use Disorder contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and NH Respite LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on November 6, 2019 (Item #11), as amended on January 22, 2021 (Item#16), as amended on May 5,× 2021 (Item #9), and as most recently amended on October 13, 2021 (Item #29), 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, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, and modify the scope of services 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 to amend as follows:

- Form P-37 General Provisions, Block 1.7, Completion Date, to read: September 29, 2023
- 2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read: \$7,613,875
 - 3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read: Robert W. Moore, Director
 - 4. Modify Exhibit A, Scope of Services, Section 3, Staffing, to read:
 - 3.2. The Contractor shall ensure staff obtain training in CPR, Suicide Prevention, and Addiction 101.
 - 3.3. The Contractor shall ensure an adequate number of qualified staff is on duty at the crisis center, twenty-four (24) hours per day, seven (7) days per week based on number of individuals in need of safe, stable housing.
 - 5. Modify Exhibit A, Scope of Services, Section 4, Reporting, Subsection 4.1. Paragraph 4.1.4. to read:
 - 4.1. The Contractor shall submit a monthly report to the Department by the tenth (10th) day of each month that will include, but is not limited to, the following de-identified aggregate data
 - 4.1.4. Staffing ratios
 - 6. Modify Exhibit A, Scope of Services, Section 6, State Opioid Response (SOR) Grant Standard, to read:
 - 6. State Opioid Response (SOR) Grant Standards
 - 6.1. In order to receive payments for services provided through SOR grant funded initiatives, the Contractor shall ensure each Site:
 - 6.1.1. Establishes formal information sharing and referral agreements with all Doorways for substance use services that comply with all applicable confidentiality laws, including 42 CFR Part 2; and

Contractor Initials _____

SS-2020-BDAS-11-CRISI-02-A04

NH Respite LLC

A-S-1.3

- 6.1.2. Completes client referrals to applicable Doorways for substance use services within two (2) business days of a client's admission to the program.
- 6.2. Reserved
- 6.3. Reserved
- 6.4. Reserved
- 6.5. The Contractor and/or referred providers shall ensure that all uses of flexible needs funds and respite shelter funds are in compliance with the Department and SAMHSA requirements.
- 6.6. The Contractor and/or referred providers shall assist clients with enrolling in public or private health insurance, if the client is determined eligible for such coverage and will have staff trained in Presumptive Eligibility for Medicaid.
- 6.7. The Contractor and/or referred providers shall accept clients on Medicaid Assisted Treatment (MAT) and facilitate access to MAT on-site or through referral for all clients supported with SOR grant funds, as clinically appropriate.
- 6.8. The Contractor and/or referred providers shall coordinate with the NH Ryan White HIV/AIDs program for clients identified as at risk of or with HIV/AIDS.
- 6.9. The Contractor and/or referred providers shall ensure that all clients are regularlyscreened for tobacco use, treatment needs and referral to the QuitLine as part of treatment planning.
- 6.10. The Contractor shall collaborate with the Department to understand and comply with all appropriate Department, State of NH, Substance Abuse and Mental Health Services Administration SAMHSA, and other Federal terms, conditions, and requirement.
- 6.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana for treatment using marijuana. The Contractor shall ensure:
 - 6.11.1. Treatment in this context includes the treatment of opioid use disorder (OUD);
 - 6.11.2. Grant funds are not provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders; and
 - 6.11.3. This marijuana restriction applies to all subcontracts and memoranda of understanding (MOU) that receive SOR funding.
- 6.12. The Contractor shall refer to Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment, for grant terms and conditions including, but not limited to:
 - 6.12.1. Invoicing.
 - 6.12.2. Funding restrictions.
 - 6.12.3. Billing.
- 6.13. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 6.13.1. Internal policies for the distribution of Fentanyl strips;
 - 6.13.2. Distribution methods and frequency; and

Contractor Initials EM

SS-2020-BDAS-11-CRISI-02-A04

NH Respite LLC

A-S-1.3

- 6.13.3. Other key data as requested by the Department.
- 6.14. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.
- 7. Modify Exhibit B Amendment #1, Methods and Conditions Precedent to Payment, Section 1, to read:
 - 1. This Agreement is funded by 100% Federal Funds, as follows:
 - 1.1. 90% Federal funds from the State Opioid Response Grant, as awarded on 09/30/2018, by the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), CFDA #93.788, FAIN H79TI081685; and as awarded on 09/30/2020, FAIN H79TI083326, and as awarded on September 23, 2022 FAIN, H79TI085759.
 - 1.2. 10% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, CFDA #93.959, FAIN B08TI083509 and B08TI083955, as awarded on 03/11/2021 by the U.S. DHHS, SAMHSA.
- 8. Modify Exhibit B Amendment # 1, Methods and Conditions Precedent to Payment, Section 3, to read:
 - 3. The Contractor shall invoice the Department for Crisis Respite Shelter Services at an all-inclusive rate of \$212.50 per day for a maximum of 26 beds, as required in Exhibit A, Scope of Services for Doorway clients with Opioid Use Disorder (OUD) or Stimulant Use Disorder (StimUD). The Contractor shall:
 - 3.1 Ensure clients receiving services rendered from SOR funds have a documented history of, or current diagnosis of OUD or StimUD; and
 - 3.2 Coordinate ongoing client care for all clients with documented history of, or current diagnoses of OUD or StimUD, receiving services rendered from SOR funds, with Doorways in accordance with 42 CFR Part 2.

Contractor Initials EM

Date

12/22/2022

12/16/2022

Date

Date

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022, upon Governor and Council approval.

State of New Hampshire

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

Title: CEO

Docusigned by:

Latja S. For

Name: Katja S. Fox

Title: Director

NH Respite, LLC

Docusigned by:

Ed Mulonough

Department of Health and Human Services

NH Respite LLC SS-2020-BDAS-11-CRISI-02-A04

The preceding Amendment, having been re execution.	eviewed by this office, is approved as to form, substance, and
	OFFICE OF THE ATTORNEY GENERAL
12/27/2022 Date	Tokyn Gurino Name:Robyn Guarino Title: Attorney
I hereby certify that the foregoing Amendm the State of New Hampshire at the Meeting	ent was approved by the Governor and Executive Council of g on: (date of meeting)
	OFFICE OF THE SECRETARY OF STATE
<i>a</i>	
Date	Name:
Date	Title:

State of New Hampshire Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that NH RESPITE LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on September 27, 2019. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 828184

Certificate Number: 0005885947



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 19th day of October A.D. 2022.

David M. Scanlan Secretary of State

CERTIFICATE OF AUTHORITY

- I, Christopher Barnett , hereby certify that:

 (Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)
- 2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on December 7, 2022, at which a quorum of the Directors/shareholders were present and voting.

 (Date)

VOTED: That Ed McDonough, Mitch Pierce (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of NH Respite LLC to enter into contracts or agreements with the State (Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority remains valid for thirty (30) days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any all such limitations are expressly stated herein.

Dated: 12/7/2021

Signature of Elected Officer Name: Christopher Barnett Title: Chief Executive Officer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2022

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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). CONTACT Jessica Archambault PRODUCER Eaton & Berube Insurance Agency, LLC PHONE (A/C, No, Ext); 603-882-2766 E-MAIL ADDRESS; jarchambautl@eatonberube.com (AC, No): 603-886-4230 11 Concord St Nashua NH 03064 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Eastern Alliance Insurance Group INSURED NEWHAMP-60 INSURER B: NH Respite LLC INSURER C c/o ICBD Holdings, LLC 155 Main Dunstable Rd, Ste 130 INSURER D Nashua NH 03060 INSURER E INSURER F **COVERAGES CERTIFICATE NUMBER: 1256535473 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 ADDE SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ s PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY PRO-PRODUCTS - COMP/OP AGG S OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY s ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEOULED AUTOS NON-OWNED **BODILY INJURY (Per accident)** 5 PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** AGGREGATE CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION 01-0000586918-03 11/25/2022 11/25/2023 PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ 500,000 Y (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 500,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) New Hampshire Workers' Compensation Policy. Excluded Officer: Nathan Irvine **CERTIFICATE HOLDER** 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. State of NH Department of Health and Human Services 129 Pleasant Street AUTHORIZED REPRESENTATIVE Concord NH 03301



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/20/2022

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 have ADDITIONAL INSURED provisions or 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).

	is certificate does not confer rights t							equire an endorsement	. A Sta	atement on
	DUCER	-			CONTA NAME:		ii		- 00	
	rsh & McLennan Agency LLC				PHONE			FAX		·····
	00 Corporate Drive				E-MAIL	ss: FLCertific	ala@Marahk	(A/C, No):		
	te 400 t Lauderdale FL 33334				ADDRE				ı	
	t Eddocrodic E 30304							DING COVERAGE		NAIC#
שאו	050			ICBDHOLDI		RA: Certain l	Jnderwriters a	at Lloyd's		55555
	Respite, LLC			1000110201	INSURE					-
7 V	an Buren Street				INSURE	RC:				
Na	shua NH 03060				INSURE	RD;				
			+		INSURE	RE:				
		404			INSURE	RF:				
	·-···			NUMBER: 949230305				REVISION NUMBER:		
IN CI	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLK	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER (DOCUMENT WITH RESPE	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY			HAH220934		8/14/2022	8/14/2023	EACH OCCURRENCE	\$ 1,000,	000
	X CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 50.000	
	X Ded: \$2,500							MED EXP (Any one person)	\$ 5.000	
	X Retro: 10/23/19							PERSONAL & ADV INJURY	\$ Includ	ed
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000.	
	POLICY PRO- X LOC							PRODUCTS - COMP/OP AGG	\$ Includ	
	OTHER:							PRODUCTS - COMPTOP AGG	\$	60
	AUTOMOBILE LIABILITY	! 	(COMBINED SINGLE LIMIT	s	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	s	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	s	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	<u>*</u>	
	AUTOS ONLY AUTOS ONLY							(Per accident)	s .	
	LIMPRE ALIAN									
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTIONS			<u> </u>				LPER L LOTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N							PER OTH-		174.7
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	_
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	· · · · · · · · · · · · · · · · · · ·
	DESCRIPTION OF OPERATIONS below	1	1				A 3	E.L. DISEASE - POLICY LIMIT	\$	
A	Professional Liability Sexual Misconduct		1.	HAH220934		8/14/2022	8/14/2023	PL Per Claim PL Agregate Abuse Aggregate	1,000, 3,000, 1,000,	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: 320 Hospital Drive Madison, TN 37115; 32 Loch Street Nashua, NH 03060 THIS CERTIFICATE PROVIDES PROOF OF INSURANCE ONLY.										
CEF	RTIFICATE HOLDER				CANC	ELLATION				
State of NH Department of Health and Human Services 129 Pleasant Street Concord NH 03301				THE ACC	EXPIRATION ORDANCE WIT	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			







Lori A. Shibinette Commissioner

> Katja S. Fox Director

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301 603-271-9544 1-800-852-3345 Ext 9544 Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dbhs.nh.gov

August 25, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the vendors listed below to provide crisis respite services, by exercising contract renewal options, by increasing the total price limitation by \$3,376,250 from \$5,232,250 to \$8,608,500, and by extending the completion dates from September 29, 2021 to September 29, 2022 effective upon Governor and Council approval. 100% Federal Funds.

The original contracts were approved by Governor and Council on November 6, 2019, item #11. They were subsequently amended with Governor and Council approval on January 22, 2021, item #6, and most recently amended with Governor and Council approval on May 5, 2021, item #9.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised . Amount
Granite Recovery Respite, LLC	312218	Salem	\$2,007,500	\$1,003,750	\$3,011,250
NH Respite LLC	310939	Nashua	\$3,224,750	\$2,372,500	\$5,597,250
		Total:	\$5,232,250	\$3,376,250	\$8,608,500

See attached fiscal details

EXPLANATION

The purpose of this request is to continue providing crisis respite services specifically for Doorways clients. As one component of the State's comprehensive approach to the substance use disorder crisis, respite services continue to fill a gap identified by the Doorways.

The crisis beds are critical to engaging individuals who request support when moving into needed SUD care. The respite services continue to reduce the number of individuals who would utilize other community services due to a lack of SUD service availability, specifically hospital emergency rooms or criminal justice involvement.

From January 1, 2021 through June 30, 2021 460 individuals utilized a total of 2,110 respite bed nights. A total of 37 beds will continue to be available each day specifically for

His Excellency, Governor Christopher T. Sununu and the Honorable Council Page 2 of 2

Doorways clients. Granite Recovery Respite will provide 11 beds in Effingham and NH Respite will provide 26 beds in Nashua between September 30, 2021 and September 29, 2022.

The Department will continue to monitor contracted services through monthly reporting of de-identified, aggregate data to ensure the appropriate number of crisis respite beds are available for Doorways clients within each Contractor's scope of services. Data includes:

- Number and demographics of clients served.
- Length of time in shelter for each person.
- Discharge reason and where the clients were discharged to.
- Staffing changes.
- Time between requests for shelter and admission.

As referenced in Exhibit C-1, Revisions to Standard Contract Language, Section 2, Renewal, Subsection 2.1 of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the one (1) years available.

Should the Governor and Executive Council not authorize this request, clients of the Doorways may not have access to a safe and secure space to wait for substance use disorder treatment, which may lead to an increase in the number of deaths due to overdose and the number of individuals who utilize other community services which may be inappropriate to their situation, such as emergency rooms or incarceration.

Area served: Statewide

Source of Funds: CFDA #93.788, FAIN #H79Ti081685, H79Ti083326, and CFDA #93.959, FAIN # B08Ti083509 and B08Ti083955.

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

Respectfully submitted,

Lori A. Shibinette

Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES FISCAL DETAILS SHEET

05-92-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT, 100% Federal Funds

Vendor Name		Granite Recovery .		Vendor # 312218		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102-500731	Contracts for Program Services	92057040	\$638,000.00	\$0.00	\$638,000.00
2021	102-500731	Contracts for Program Services	92057040	\$365,750.00	\$0.00	\$365,750.00
2021	102-500731	Contracts for Program Services	92057046	\$260,149.00	\$0.00	\$260,149.00
2021	102-500731	Contracts for Program Services	92057048	\$493,351.00	\$0.00	\$493,351.00
2022	102-500731	Contracts for Program Services	92057048	\$250,250.00	\$0.00	\$250,250.00
2022	074-500585	Grants for Pub Assi and Rel	92057048	\$0.00	\$705,375.00	\$705,375.00
2023	074-500585	Grants for Pub Assi and Rel	92057048	\$0.00	\$0.00	\$0.00
	.	Sub Total		. \$2,007,500.00	\$705,375.00	\$2,712,875.00

Vendor Name		NH Respite LLC		Vendor # 310939	<u> </u>	
. State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	' Increase (Decrease)	Revised Amount
2020	102-500731	Contracts for Program Services	92057040	\$701,304.00	\$0.00	\$701,304.00
2021	102-500731	Contracts for Program Services	92057040	\$406,446.00	\$0.00	\$405,446,00
2021	102-500731	Contracts for Program Services	92057046	\$978,101.00	\$0.00	\$978,101.00
2021	102-500731	Contracts for Program Services	92057048	\$547,399.00	\$0.00	\$547,399.00
2022	102-500731	Contracts for Program Services	92057048	\$273,000.00	\$0.0 <u>0</u>	\$273,000.00
2022	102-500731	Contracts for Program Services	92057046	\$318,500.00	\$0.00	. \$318,500.00
2022	074-500585	Grants for Pub Asst and Rel	92057048	\$0.00	\$1,667,250.00	
2023	074-500585	Grants for Pub Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
		Sub Total		\$3,224,750.00	\$1,667,250.00	\$4,892,000.00

05-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: 100% Fodoral Funds

Vendor Name		Granite Recovery	*:	Vendor # 312218	32	
State Fiscal Year	Class / Account	Class Title	Job Number	Current Ámount	(Decrease)	Revised Amount
2022	074-500585	Grants for Pub Asst and Rel	TBD (COVID SUP)	\$0.00	\$48,125.00	\$48,125.00
2023	074-500585	Grants.for Pub Asst and Rel	TBD (COVID SUP)	\$0.00	\$70,875.00	\$70,875.00
2023	074-500585	Grants for Pub Asst and Rel	TBD (ARPA)	\$0.00	\$179,375.00	\$179,375.00
2020	0.100000	Sub Total		\$0.00	\$298,375.00	\$298,375.00

Vendor Name		NH Respite LLC	1	Vendor # 310939	N.	
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	074-500585	Grants for Pub Asst and Rel	TBD (COVID SUP	\$0.00	\$113,750.00	\$113,750.00
2023	074-500585	Grants for Pub Asst and Rel	TBD (COVID SUP)	\$0.00	.\$167,250.00	\$167,250.00
2023	074-500585	Grants for Pub Asst and Rel	TBD (ARPA)	\$0.00	\$424,250.00	\$424,250.00
2020	5	Sub Total		\$0.00	\$705,250.00	\$705,250.00

Overall Total	\$5,232,250.00	\$3,376,250.00	\$8,608,500.00

State of New Hampshire Department of Health and Human Services Amendment #3

This Amendment to the Crisis Respite Shelter Services – Opioid Use Disorder contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and NH Respite LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on November 6, 2019 (Item #11), as amended on January 22, 2021, (Item #16), and as amended on May 5, 2021, (Item #9) 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, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to Standard Contract Language, Paragraph 2, Renewal, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services 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 to amend as follows:

- Form P-37 General Provisions, Block 1.7, Completion Date, to read: September 29, 2022
- Form P-37, General Provisions, Block 1.8, Price Limitation, to read: \$5,597,250
- 3. Modify Exhibit A, Scope of Services, Section 6, State Opioid Response (SOR) Grant Standards, Subsection 6.2 to read:
 - 6.2. Reserved
- 4. Modify Exhibit A, Scope of Services, Section 6, State Opioid Response (SOR) Grant Standards, Subsection 6.11 to read:
 - 6.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana to treatment using marijuana. The Contractor shall ensure:
 - 6.11.1 Treatment in this context includes the treatment of opioid use disorder (OUD).
 - 6.11.2 Grant funds are not provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental health disorders.
 - 6.11.3 This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
- 5. Modify Exhibit A, Scope of Services, Section 6, State Opioid Response (SOR) Grant Standards, by adding Subsection 6.13 to read:
 - 6.13. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval priori to implementation. The Contractor shall ensure the utilization plan includes:
 - 6.13.1. Internal policies for the distribution of Fentanyl strips;
 - 6.13.2. Distribution methods and frequency; and
 - 6.13.3. Other key data, as requested by the Department.

Contractor Initials

Date

Oss

FM

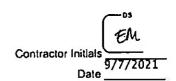
9/7/2021

- 6. Modify Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment, Section 1, to read:
 - 1. This Agreement is funded by 100% Federal Funds, as follows:
 - 1.1. 90% Federal funds from the State Opioid Response Grant, as awarded on 09/30/2018, by the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685; as awarded on 09/30/2020, FAIN H79TI083326; and as awarded on 08/09/2021 FAIN H79TI083326.
 - 1.2. 10% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, CFDA #93.959, FAIN B08TI083509 and B08TI083955 as awarded on 03/11/2021by the U.S. DHHS, Substance Abuse & Mental Health Services Administration.
- 7. Modify Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment, Section 3, to read:
 - 3. The Contractor may invoice the Department for Crisis Respite Shelter Services at an all-inclusive rate of \$250 per day for a maximum of 26 beds as required in Exhibit A, Scope of Services for Doorway clients with Opioid Use Disorder (OUD) or Stimulant Use Disorder (StimUD). The number of covered beds to be reimbursed will begin at 23 beds from the effective date of Amendment #3 through January 31, 2022, and will then be adjusted according to the provisions below. The Contractor shall:
 - 3.1. Ensure that clients receiving services rendered from SOR funds have a documented history of, or current diagnosis of OUD or StimUD;
 - 3.2. Coordinate ongoing client care for all clients with documented history of, or current diagnoses of OUD or StimUD, receiving services rendered from SOR funds, with Doorways in accordance with 42 CFR Part 2;
 - 3.3. Agree that if the bed utilization rate does not average a minimum of 20 beds for the period from October 1, 2021 through January 31, 2022; or has not reached 23 beds a minimum of four (4) times during the this period, that the allowable bed level for reimbursement shall be reduced to 20 beds as of February 1, 2022;
 - 3.4. Agree that if the bed utilization rate averages a minimum of 20 beds for the period from October 1, 2021 through January 31, 2022, or has reached 23 beds a minimum of four (4) times during this period, that the allowable bed level for reimbursement may be increased to 26 beds as of February 1, 2022, upon Department approval; and
 - 3.5. Agree that in the event the increase in Section 3.4 is implemented, and the bed utilization rate does not average at least 23 beds for the period from February 1 through May 31, 2022; or has not reached 26 beds a minimum of four (4) times during the this period, that the allowable bed level for reimbursement shall be reduced to 23 beds as of June 1, 2022.

Modify Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment, Section 6, to read:

6. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DHHS.DBHInvoicesBDAS@dhhs.nh.gov, or invoices may be mailed to:

. SOR Financial Manager
Department of Health and Human Services
105 Pleasant Street
Concord, NH 03301



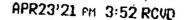
All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon the date of Governor and Executive Council approval.

State of New Hampshire

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

	(¥	Department of Healt	h and H	uman S	Services
9/8/2021	9	Docusioned by: Katja For	300	*0	*
Date		Name: Kat Ja Fox Title: Director	8		35%
	Š.	NH Respite, LLC	£1	37	24 86
9/7/2021		Ed Malanaugh			
Date		Name: Ed McDonough Title: CEO	00		

The preceding Amendment, having been re execution.	eviewed by this office, is approved as to form, substance, and
	OFFICE OF THE ATTORNEY GENERAL
***	DocuSigned by:
9/9/2021	J. Christopher Marshall ,
Date	Name: J. Christopher Marshall
8	Title: Assistant Attorney General
I hereby certify that the foregoing Amendmenthe State of New Hampshire at the Meeting	ent was approved by the Governor and Executive Council of on: (date of meeting)
**	OFFICE OF THE SECRETARY OF STATE
	(4)
El Company	
	* <u>@</u>
Date	Name: Title:





Lori A. Shibinette Commissioner

Katja S. Fox

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301 603-271-9544 1-800-852-3345 Ext. 9544 Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

April 19, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing Retroactive, Sole Source contracts with the vendors listed below, to provide crisis respite beds by increasing the total price limitation by \$366,000 from \$4,866,250 to \$5,232,250, with no change to the contract completion dates of September 29, 2021 effective retroactive to December 11, 2020 upon Governor and Council approval, 100% Federal Funds.

The original contracts were approved by the Governor and Council on November 6, 2019, item #11 and most recently amended with Governor and Council approval on January 22, 2021, Item #16.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Granite Recovery Respite, LLC	312218	Salem	\$2,343,899	(\$336,399)	\$2,007,500
NH Respite LLC	310939	Nashua	\$2,522,351	\$702,399	\$3,224,750
3	5 W	Total:	\$4,866,250	\$366,000	\$5,232,250

Funds are available in the following account for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget – line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

His Excellency, Governor Christopher T. Surruru and the Honorable Council Page 2 of 3

05-95-92-920510-7040, Health and Social Services, Dept of Health and Human Sys, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

State Fisca I Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2020	102- 500731	Contracts for Prog Svc	92057040	\$1,339,304	ş \$ 0	\$1,339,304
2021	102- 500731	Contracts for Prog Svc	92057040	\$772,196	\$0	\$772,196
2021	102- 500731	Contracts for Prog Svc	92057046	\$534,750	\$703,500	\$1,238,250
2021	102- 500731	Contracts for Prog Svc	92057048	\$1,480,000	(\$439,250)	\$1,040,750
2022	102- 500731	Contracts for Prog Svc	92057046	\$0	\$318,500	\$318.500
2022	102- 500731	Contracts for Prog Svc	92057048	\$740,000	(\$216,750)	\$523,250
			Total	\$4,866,250	\$366,000	\$5,232,250

EXPLANATION

This request is Retroactive because after the CARES Act funding was spent, the contractors agreed to continue providing respite shelter beds for females. The continuation of services was necessary while the Department identified a funding source in order to avoid a gap in direct client services.

This request is **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source.

The purpose of this request is to adjust funding for the two Contractors to match their respective capacities to provide crisis respite services.

Crisis respite services are needed to combat the opioid crisis and reduce the number of overdoses in the State of New Hampshire, as part of a comprehensive approach to the oploid epidemic. Additionally, services provided by the Contractors reduce the number of individuals who would otherwise utilize other community services due to a lack of crisis respite service availability, which may include hospital emergency rooms.

Approximately 500 individuals will be served from December 11, 2020 to September 29, 2021.

His Excellericy, Governor Christopher T. Sununu and the Honorable Council Page 3 of 3

The individuals served benefit from having access to respite beds that enable them to be housed in a safe and stable environment that may be safer than their current situation, which gives them a more stable foundation to support treatment and recovery. A total of thirty five (35) respite beds will be available each day specifically for Doorways clients.

The Department will continue monitoring services through monthly reporting of deidentified aggregate data including:

- · Number and demographics of clients served.
- · Average time in shelter.
- Discharge reason and where the clients were discharged.
- Staffing changes.
- · Reason for admission denials.
- Time between requests for shelter and admission.

Should the Governor and Executive Council not authorize this request, Doorways clients may not have access to safe and secure spaces to stay while waiting to enter substance use treatment, which may lead to an increase in the number of deaths due to overdose and an increase in the number of individuals who utilize other community services, which may include emergency rooms or detention facilities.

Area served: Statewide.

Source of Funds: CFDA #93.788; FAIN #TI081685 and TI083326

Respectfully submitted,

Lori A. Shibinette Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES FISCAL DETAILS SHEET

05-95-92-920510-7040, Health and Social Services, Dept of Health and Human Svs, HHS:
BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE
100% Federal Funds, _% General Funds, _% Other Funds (Name of Source)

Granite Recovery Respite LLC

Vendor # 312218

GIOING LCC	ACIT LICOPIUS CCO			10-100- 11 0 104-10		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	92057040	\$638,000	\$0	\$638,000
·2021	102/500731	Contracts for Program Services	92057040	\$365,750	\$0	\$365,750
2021	102/500731	Contracts for Program Services	92057046	\$260,149	\$0	\$260,149
2021	102/500731	Contracts for Program Services	92057048	\$720,000	-\$226,649	\$493,351
2022	102/500731	Contracts for Program Services	92057048	\$360,000	-\$109,750	\$250,250
		Sub Total	i	\$2,343,899	-\$336,399	\$2,007,500

NH Respite LLC	-	Vendor # 310939

IAU LESPING C	LO	· ·	141	7 01 00 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0	-2	
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	92057040	\$701,304	\$0	\$701,304
2021	102/500731	Contracts for Program Services	92057040	\$406,446	\$0	\$405,446
2021	102/500731	Contracts for Program Services	92057046	\$274,601	\$703,500	\$978,101
2021	102/500731	Contracts for Program Services	92057048	\$760,000	-\$212,601	. \$547,399
2022	102/500731	Contracts for Program Services	92057048	\$380,000	-\$ 107,000	\$273,000
2022	102/500731	Contracts for Program Services	92057046	\$0	\$318,500	\$318,500
*		Sub Total		\$2,522,351	\$702,399	\$ 3,224,750

Overall Total	\$4,866,250	\$366,000	\$5,232,250

DocuSign Envelope ID: 117268D0-8229-41FD-BF5C-C9A0E2A21389

DocuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF28

State of New Hampshire Department of Health and Human Services Amendment #2

This Amendment to the Crisis Respite Shelter Services - Opioid Use Disorder contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and NH Respite LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on November 6 2019 (Item #11) as amended on January 22, 2021 (Item #16), 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, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Section 2, Renewal, Subsection 2.1, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to, increase the price limitation and modify the scope of services 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 to amend as follows:

- Form P-37, General Provisions, Block 1.8, Price Limitation, to read: \$3,224,750.
- Exhibit A, Scope of Services, Section 2, Scope of Services, Subsection 2.1, Paragraph 2.11, to read:
 - 2.1.1. Provide a minimum of twelve (12) beds and a maximum of twenty-six (26) beds for the exclusive use of clients referred by the Department's Doorways contractors (hereinafter referred to as "Doorways") twenty-four (24) hours a day, seven (7) days a week.
- 3: Exhibit A, Scope of Services, Section 3, Staffing, Subsection 3.3, to read:
 - 3.3. The Contractor shall ensure that no less than two (2) staff members are on duty at each respite location twenty-four (24) hours per day, seven (7) days each week.
- 4. Exhibit B Amendment #1, Methods and Conditions Precedent to Payment, Section 3, to read:
 - 3. The Contractor shall invoice the Department for Crisis Respite Shelter Services at an all-inclusive rate of \$250 per day for a maximum of twenty-six (26) beds as required in Exhibit A, Scope of Services for Doorway clients with Opioid Use Disorder (OUD) or Stimulant Use Disorder StimUD. The Contractor shall:
 - 3.1. Ensure that clients receiving services rendered from SOR funds have a documented history of, or current diagnosis of OUD or StimUD.
 - 3.2. Coordinate ongoing client care for all clients with documented history of, or current diagnoses of OUD or StimUD, receiving services rendered from SOR funds, with Doorways in accordance with 42 CFR Part 2.
 - 3.3. Agree that if the bed utilization rate does not average at least twenty (20) beds for the weeks from April 5, 2021 through April 25, 2021; or has not reached twenty-six (26) beds at least four (4) times during the months of March 2021 and April 2021; that the allowable bed level shall be reduced to twenty-two (22) beds as of May 3, 2021 through July 31, 2021.
 - 3.4. Agree that in the event the reduction in Section 3.3 is implemented, and the bed utilization rate does not average at least twenty (20) beds for the weeks from July 5, 2021 through July 25, 2021; or has not reached twenty-two (22) beds at least four (4) times during the

NH Respite LLC Contractor Initials

A-S-1.0

\$\$-2020-BDA\$-I I-CRISI-02-A02

Date _____

DocuSign Envelope ID: 117266D0-8229-41FD-BF5C-C9A0E2A21369

DocuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF2B

- months of May 2021 and June 2021, that the allowable bed level shall be reduced to twenty (20) beds as of August 2 through September 29, 2021.
- 3.5. Agree that in the event the reduction in Section 3.3 is implemented, and the bed utilization rate averages at least twenty (20) beds for the weeks from July 5, 2021 through July 25 2021; or has reached twenty-two (22) beds at least four (4) times during the months of May 2021 and June 2021; that the allowable bed level may be increased to twenty-six (26) beds as of August 2, 2021 through September 29, 2021, upon Department approval.

Contractor Initials

TOTAL

TO

DocuSign Envelope ID: 7F55EC9D-BB16-455A-A04A-58EF4912F3D0

DocuSign Envelope ID: 117266D0-8229-41FD-BF5C-C9A0E2A21369

OccuSign Envelope ID: 4381C241-FOB4-438E-B70F-132AD9F0CF2B

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be retroactively effective to December 11, 2020 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

4/7/2021			Latia Fox:	18
Date	_	- 5	Name: Katija Fox	
	(A)	381	Title: oirector	
		32		
		69	NH Respite LLC	(%)
	59	8	— DocuSigned by:	
4/5/2021			Edmund McDanough	
Date	_		Matte: Edition McDonough	
			Title: CEO	

DocuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF28

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

OFFICE OF THE ATTORNEY GENERAL

4/16/2021

Date

Occusioned by:

Normal field place

Normal field place

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:

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

DocuSign Envelope ID: 4381C241-FDB4-438E-B70F-132AD9F0CF2B





Commusioerr

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

GOVERNOR'S COMMISSION ON ALCOHOL'& OTHER DRUGS

129 PLEASANT STREET, CONCORD, NH 03301 603-271-9564 1-800-804-0909 Fax: 603-271-6105 TOD Access: 1-800-735-2964 www.dhhs.nh.gov/dcbcs/odes

November 30, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to Retroactively amend existing Sole Source contracts with the vendors listed below to provide crists respite beds, by exercising renewal options and by increasing the total price limitation by \$2,754,750 from \$2,111,500 to \$4,866,250 and by extending the completion dates from September 29, 2020 to September 29, 2021 effective retroactive to September 30, 2020 upon Governor and Council approval. 100% Federal Funds.

The original contracts were approved by Governor and Council on November 6, 2019, item #11.

Vendor Name	Vendor Code	Area Served	Current. Amount	Increase (Decrease)	Revised Amount
Granite Recovery Respile, LLC	312218	Salem	\$1,003,750	\$1,340,149	\$2,343,899
NH Respite LLC	310939	Nashua	\$1,107,750	\$1,414,601	\$2,522,351
100		Total:	\$2,111,500	\$2,754,750	\$4,866,250

Funds are available in the following account for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office. If needed and justified.

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV. BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2020	102-500731	Contracts for Prog Svc	92057040	\$1,339,304	\$0	\$1,339,304

DocuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF28

His Excellency, Governor Christopher T, Surumu And the Honorable Council Page 2 of 3

2021	102-500731	Contracts for Prog Svc	92057040	\$772,196	\$0	\$772,196
2021	102-500731	Contracts for Prog Svc	92057046	\$0	\$534,750	\$534,750
2021	102-500731	Contracts for Prog Svc	92057048	\$0	\$1,480,000	\$1,480,000
2022	102-500731	Contracts for Prog Svc	92057048	\$0	\$740,000	\$740,000 iii
- 14			Total	\$2,111,500	\$2,754,750	\$4,866,250

EXPLANATION

This request is Retroactive to avoid a gap in direct client services. Additionally, there was a delay in Substance Abuse and Mental Health Services Administration approval of New Hampshire's requests for continued State Opioid Response Grant funding, which delayed the Department's ability to present these contracts. This request is Sole Source because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be tabelled as sole source.

The purpose of this request is to continue providing a safe and secure location, with non-clinical, non-medical supervision, to individuals in crisis due to opioid use who are seeking treatment services. Crisis respite services are needed to combat the Opioid Crisis and reduce the number of overdoses in the State of New Hampshire as part of a comprehensive approach to the opioid epidemic. Additionally, services provided through the attached contracts will reduce the number of individuals who currently utilize other community services due to a tack of service availability, which may include hospital emergency rooms.

Approximately twenty-three (23) respite beds will be available each day specifically for Doorways clients. From November 2019 through September 2020, 454 individuals have utilized these respite beds. The Department cannot determine the number of individuals that will be served through the contract completion dates.

The contracts increase capacity to provide respite beds for individuals in crisis situations. The individuals will benefit from having access to respite beds that enable them to be housed in a safe and stable environment that may be safer than their current situation, which gives them a more stable foundation on which to pursue treatment and recovery.

The Department will continue to monitor services through monthly reporting of deidentified aggregate data including:

- Number and demographics of clients served.
- Average time in shelter.
- Discharge reason and where the clients were discharged.
- · Staffing changes.
- Reason for admission denials.
- . Time between requests for shelter and admission.

DocuSign Envelope ID: 7F55EC9D-BB16-455A-A04A-58EF4912F3D0

DocuSign Envelope ID: 117266D0-8229-41FD-BF5C-C9A0E2A21369

DocuSign Envelope ID: 4361CZ41-FD84-438E-870F-132AD9F0CF2B

His Excellency, Governor Christopher T. Sumunu And the Honorable Council Page 3 of 3

As referenced in Exhibit C-1 of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) years evailable.

Should the Governor and Executive Council not authorize this request, clients of the Doorways may not have access to a safe and secure space to wait for substance use treatment which may lead to an increase in the number of deaths due to overdose and the number of individuals who utilize other community services which may be inappropriate to their situation, such as emergency rooms or jail.

Area served: Statewide.

Source of Funds: CFDA #93.788, FAIN #H79TI081685 and H79TI083326

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

Respectfully submitted,

Lori A. Weaver

Associate Commissioner

DocuSign Envelope ID: 7F55EC9D-BB16-455A-A04A-58EF4912F3D0

DocuSign Envelope ID: 117266D0-8229-41FD-BF5C-C9A0E2A21369

DocuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF2B

DEPARTMENT OF HEALTH AND HUMAN SERVICES COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS SFY 2016 FINANCIAL DETAIL

03-83-82-920310-7040 MEALTH AND SOCIAL BERVICES, DEPT OF HEALTH AND HUMAN SVS. HOLS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT, CFDA #93,788, FAIN TI081685 and TI083326 100% Federal Funds

Granite Recovery Respite LLC

Vendor #312218

State Flacat	Class / Account	Class Tide	Job Number	Current Amount	Increase (Decrease)	Revised Amoun
2020	102/500731	Contracts for Program Services	92057040	1636,000	\$0	\$638,000
2021	102/500731	Contracts for Program Services	92057040	\$365,750	50	\$305,750
2021	102/500731	Contracts for Program Services	02057048	. 50	\$260,149	\$200,146
2021	102/300731	Contracts for Program Services	B2057048	\$0	\$720,000	
2022	102/500731	Contracts for Program Services	92037048	5.0	\$360,000	. \$380,000
		Sub Yotal	E =	-\$1,003,750	81,340,148	

NH Respite LLC Vendor & 310938

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	rucusease (Decrésse)	Revised Amount
2020	102/500731	Contracts for Program Services	92057040	\$701,304	· 50	50
2021	102/500731	Contracts (or Program Services	92057040	\$406,446	\$0	\$406,448
2021	102/500731	Contracts for Program Services	92057048	30	1274,601	
2021	102/300731	Contracts for Program Services	92057048	\$0	\$780,000	
3055	102/500731	Convects for Program Services	92037048	10	\$380,000	
		Sub Your		\$1,107,750	\$1,414,601	\$2,522,351

Charles Walted			
Overell Total	\$2,111,500	* \$2,754,750	\$4,866,250

DocuSign Envelope ID: 4381C241-FDB4-438E-B70F-132AD9F0CF2B

OccuŞign Envelope ID; 0D72B617-E1FC-47E7-90C0-A5EA4F0E4281

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - OploId Use Disorder



State of New Hampshire Department of Health and Human Services Amendment #1 to the Crisis Respite Shelter Services - Opioid Use Disorder Contract

This 1st Amendment to the Crisis Respite Shelter Services - Opioid Use Disorder contract (hereinafter referred to as "Amendment #1") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and NH Respite LLC. (hereinafter referred to as "the Contractor"), a limited liability company with a place of business at 131 Daniel Webster Hwy, Ste 130, Nashua, NH 03060.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on November 6, 2019, (Item #11), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to Standard Contract Language. Paragraph 2, Renewal, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services 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 to amend as follows:

- Form P-37 General Provisions, Block 1.7, Completion Date, to read: September 29, 2021.
- Form P-37, General Provisions, Block 1.8, Price Limitation, to read: \$2,522,351.
- 3. Modify Exhibit A, Scope of Services, Section 4. Reporting, by adding Subsection 4.2. to read:
 - 4.2. The Contractor shall be required to prepare and submit ad hoc data reports, respond to periodic surveys, and other data collection requests as deemed necessary by the Department and/or Substance Abuse and Mental Health Services Administration (SAMHSA).
- 4. Modify Exhibit A, Scope of Services, Section 5. Performance Measures, by adding Subsection 5.3. to read:
 - 5.3. The Contractor shall collaborate with the Department to enhance contract management, improve results and adjust program delivery and policy based on successful outcomes.
- Modify Exhibit A Scope of Services, Section 6. State Opioid Response (SOR) Grant Standards, to read:
 - 6. State Opioid Response (SOR) Grant Standards
 - 6.1. In order to receive payments for services provided through SOR grant funded initiatives, the Contractor shall ensure each Site:
 - 6.1.1. Establishes formal information sharing and referral agreements with all Doorways for substance use services that comply with all applicable confidentiality laws, including 42 CFR Part 2.
 - 6.1.2. Completes client referrals to applicable Doorways for substance use services within two (2) business days of a client's admission to the program.
 - 6.2. The Contractor shall provide the Department with a budget narrative within thirty (30) days of the contract effective date.
 - 6.3. The Contractor shall meet with the Department within sixty (60) days of the contract effective date to review contract implementation.

NH Resplie LLC

Amendment #1

Date 11/17/2020

Contractor Initials

SS-2020-BDAS-11-CRISI-02-A01 P

Page 1 of 4

DocuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 00728617-E1FC-47E7-80C0-A5EA4F0E42B1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opioid Use Disorder



- 6.4. The Contractor shall provide the Department with timelines and implementation plans associated with SOR funded activities to ensure services are in place within thirty (30) days of the contract effective date.
- 6.5. The Contractor and/or referred providers shall ensure that all uses of flexible needs funds and respite shelter funds are in compliance with the Department and SAMHSA requirements.
- 6.6. The Contractor and/or referred providers shall assist clients with enrolling in public or private health insurance, if the client is determined eligible for such coverage and will have staff trained in Presumptive Eligibility for Medicaid.
- 6.7. The Contractor and/or referred providers shall accept clients on Medicaid Assisted Treatment (MAT) and facilitate access to MAT on-site or through referral for all clients supported with SOR grant funds, as clinically appropriate.
- 6.8. The Contractor and/or referred providers shall coordinate with the NH Ryan White HIV/AIDs program for clients identified as at risk of or with HIV/AIDS.
- 6.9. The Contractor and/or referred providers shall ensure that all clients are regularly screened for lobacco use, treatment needs and referral to the QuitLine as part of treatment planning.
- 6.10. The Contractor shall collaborate with the Department to understand and comply with all appropriate Department, State of NH, Substance Abuse and Mental Health Services Administration SAMHSA, and other Federal terms, conditions, and requirement,
- 6.11. The Contractor shall attest the understanding that SOR grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. The Contractor agrees that:
 - Treatment in this context includes the treatment of opioid use disorder (OUD).
 - 6.11.2. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders.
 - 6.11.3. This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
 - 6.11.4. Attestations will be provided to the Contractor by the Department.
 - 6.11.5. The Contractor shall complete and submit all attestations to the Department within thirty (30) days of contract approval.
- 6.12. The Contractor shall refer to Exhibit 8 for grant terms and conditions including, but not limited to: '
 - 6.12.1. Invoicing:
 - 6.12.2. Funding restrictions; and
 - 6,12.3. Billing.
- Modify Exhibit 8, Methods and Conditions Precedent to Payment, by replacing in its entirety with Exhibit B Amendment #1, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.

NH Respite LLC SS-2020-BDAS-11-CRISI-02-A01 Amendment #1

Page 2 of 4



DocuSign Envelope ID: 4381C241-FD84-438E-870F-132AD9F0CF28

DocuSign Envelope ID: 0D728517-E1FC-47E7-90C0-A5EA4F0E4281

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opioid Use Disorder



All terms and conditions of the Contract not inconsistent with this Amendment #1 remain in full force and effect. This amendment shall be effective upon the date of Governor and Executive Council approval.

State of New Hampshire

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

			•	14	Department of Health an	o Human :	Services
11/17/2020			0		Kalja Foe	123	
Dale		-			Name: Kat)a Fox		
	0				Title: pirector		9
08	4	83		19			
		500			NH Respite LLC		
					(2)		¥8
					Deculipsed by:		
11/17/2020	8				Et Millonaugh		
Date		- 66			Name: Ed McDonough		
					Title:		

DocuSign Envelope ID: 4361C241-FDB4-438E-870F-132AD9F0CF2B

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0;A3EA4F0E4281

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opioid Use Disorder



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

OFFICE OF THE ATTORNEY GENERAL

11/30/2020

Date

Name Catherine Pinos
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

Name:

Title:

DocuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0-A5EA4F0E4281

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services — Opioid Use Disorder

EXHIBIT B Amendment #1



Methods and Conditions Precedent to Payment

- 1. This Agreement is funded by 100% Federal Funds, as follows:
 - 1.1. 100% Federal funds from the State Opioid Response Grant, as awarded on 09/30/2018, by the U.S. DHHS. Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the DHHS, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326.
- 2. For the purposes of this Agreement:
 - 2.1. The Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.330.
 - 2.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
- 3. The Contractor shall invoice the Department for Crisis Respite Shelter Services at an all-inclusive rate of \$250 per day for each of the twelve (12) beds as required in Exhibit A, Scope of Services for Doorway clients with Opioid Use Disorder (OUD). The Contractor shall:
 - 3.1. Ensure that clients receiving services rendered from SOR funds have a documented history of, or current diagnosis of OUD.
 - 3.2. Coordinate ongoing client care for all clients with documented history of/or current diagnoses of OUD, receiving services rendered from SOR funds, with Doorways in accordance with 42 CFR Part 2.
- 4. The Contractor shall submit an invoice in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:
 - 4.1. Backup documentation includes, but is not limited to:
 - 4.1.1. General Ledger showing revenue and expenses for the contract.
 - 4.1.2. Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.
 - 4.1.2.1. Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.
 - 4.1.2.2. Attestation and time tracking templates, which are available to the

NH Respite, LLC

Exhibit B

Contractor Initials EM

SS-2020-BDAS-11-CRISI-02-A01

Page 1 of 4

Dale 11/17/2020

DocuSign Envelope ID: 4361C241-F084-438E-B70F-132AD9F0CF2B

OccuSign Envelope ID: 0072B617-E1FC-47E7-90C0-A5EA4F0E42B1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services – Opiold Use Disorder

EXHIBIT B Amendment #1



Department upon request.

- 4.1.3. Invoices supporting expenses reported:
 - 4.1.3.1. Unallowable expenses include, but are not limited to:
 - 4.1.3.1.1. Amounts belonging to other programs.
 - 4.1.3.1.2. Amounts prior to effective date of contract.
 - 4.1.3.1.3. Construction or renovation expenses.
 - 4.1.3.1.4. Food or water for employees.
 - 4.1.3.1.5. Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana.
 - 4.1.3.1.6. Fines, fees, or penalties.
 - 4.1.3.1.7. Per SAMSHA requirements, meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.
 - 4.1.3.1.8. Cell phones and cell phone minutes for clients.
- 4.1.4. Receipts for expenses within the applicable state fiscal year.
- 4.1.5. Cost center reports.
- 4.1.6. Profit and loss report.
- 4.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.
- 4.1.8. Information requested by the Department verifying allocation or offset based on third party revenue received.
- 4.1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.
- 5. The Contractor is responsible for reviewing, understanding, and complying with further restrictions included in the Funding Opportunity Announcement (FOA).
- 6. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to melissa.girard@dhhs.nh.gov, or invoices may be mailed to:

SOR Financial Manager
Department of Health and Human Services

NH Respite, LLC

Exhibit B

Ome 11/17/2020

Contractor Inhlab

SS-2020-BDAS-11-CRISI-02-A01

Page 2 of 4

DocuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0-A5EA4F0E42B1

New Hampshire Department of Health and Human Services Crists Respite Shelter Services – Opioid Use Disorder

EXHIBIT B Amendment #1



105 Pleasant Street Concord, NH 03301

- The Contractor agrees that billing submitted for review after twenty (20) business days of the last day of the billing month may be subject to non-payment.
- 8. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
- 9. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
- 10. The Contractor must provide the services in Exhibit A, Scope of Services, in compliance with funding requirements.
- 11. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit A, Scope of Services, including failure to submit required monthly and/or quartery reports.
- 12. Notwithstanding Paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

13. Audits

- 13.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
 - 13.1.1. Condition A The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 13.1.2. Condition B The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 13.1.3. Condition C The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 13.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

NH Respite, LLC

E what B

Contractor Initials 50

Page 3 of 4

Date 11/17/2020

DocuSign Envelope ID: 117266D0-8229-41FD-BF5C-C9A0E2A21369 DocuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 0D728517-E1FC-47E7-90C0-A5EA4F0E42B1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opioid Use Disorder

EXHIBIT B Amendment #1

- 13.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
- 13.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

NH Respte, LLC

Exhibit 8

Page 4 of 4

Contractor Inhibits

SS-2020-BDAS-11-CRISI-02-A01

DocuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0-ASEA4F0E4281





Jeffrey & Meyers Commissioner

> Kaile S. Fes. Director

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301 603-271-9445 | 1-400-852-3345 E.L 9445 Fax: 603-271-4332 | TDD Access: 1-800-735-2964 | www.dbhs.nh.gov

October 23, 2018

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

REQUESTED ACTION

 Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into sole source agreements with the vendors listed below to provide crisis respite beds in an amount not to exceed \$2,111,500, effective upon Governor and Executive Council approval through September 29, 2020. 100% Federal Funds.

Vendor Name	Vandor Number	Location	Contract Amount
Granite Recovery Respire, LLC	#TBD	Salem	\$1,003,750
NH Respite LLC	310939	Nashua	\$1,107,750
		Total:	\$2,111,500

 Contingent upon approval of Requested Action #1, authorize an advance payment in an amount not to exceed \$65,304 to NH Respite LLC for start up costs, hiring staff and readiness activities affective upon Governor and Council approval. 100% Federal Funds.

Funds are available in the following account for State Fiscal Years 2020 and 2021, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified.

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIDID RESPONSE GRANT

State Fiscal Year	Class/Account	Class Title ;	Job Number	Total Amount
2020	102-500731	Contracts for Prog Svc	92057040	\$2,111,500
2021	102-500731	Contracts for Prog Svc	92057040	\$0
Xi.	, °3	S .	Total	\$2,111,500

EXPLANATION

This request is sole source because the Department required immediate coverage due to the current scarcity of respite beds and identified these two (2) vendors as willing to provide services.

The purpose of this request is to provide a safe and secure location, with non-clinical, non-medical supervision, to individuals in crisis due to opioid use who are seeking treatment services. As

Į

DocuSign Envelope ID: 7F55EC9D-BB16-455A-A04A-58EF4912F3D0

DocuSign Envelope ID: 117266D0-8229-41FD-BF5C-C9A0E2A21369

DocuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF2B

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0-A5EA4F0E4281

His Excellency, Governor Christopher T. Sununu and the Honorable Council Page 2 of 2

one component of the State's comprehensive approach to the Opioid Crisis, these crisis respite services are needed to fill a gap identified by the Doorways. These beds are critical to retaining individuals in treatment and keeping individuals engaged in their communities. An additional purpose is to reduce the number of individuals who currently utilize other community services due to a tack of service availability, specifically, hospital emergency rooms or arrests and incarceration for public intoxication or vagrancy.

Approximately twenty-three (23) beds will be available each day. The rate per bed per day will be \$250 regardless of whether the bed is being utilized or not as the beds are being set aside specifically for Doorways clients. Granite Recovery Respite will provide 11 bads in Effingham for men and women. NH Respite will provide 12 beds in Nashua for man.

These contracts will benefit the Department through increased capacity to provide respite beds for individuals in crises. The individuals will benefit from having access to respite beds that enable them to be housed in a safe and stable environment that may be safer than their current situation and, which gives them a more stable foundation on which to pursue treatment and recovery. In addition to these services, a robust level of client-specific data will be available, which will be collected in coordination with the Doorways.

The State Opioid Response grant is being used to make critical investments in the substance use disorder system in order to reduce unmet treatment needs, reduce opioid overdose fatalities, and increase access to medication assisted treatment. Through collaborative agreements with these Contractors, the Doorways will be responsible for gathering data on client-related outcomes including, but not limited to, recovery status, criminal justice involvement, employment, and housing needs at the time intervals listed above. This data will enable the Department to measure short and long-term outcomes associated with SOR-funded initiatives and to determine which programs are generating the best results for the clients served.

As referenced in the Exhibit C-1 of these agreements, the parties have the option to extend contract services for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Should the Governor and Executive Council not authorize this request, clients of the Doorways may not have access to a safe and secure space to wait for substance use treatment, which may lead to an increase in the number of deaths due to overdose and the number of individuals who utilize other community services which may be inappropriate to their situation, such as emergency rooms or fail.

Area served: Statewide. . .

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration, State Opioid Response Grant (CFDA #93.788, FAIN TI081685).

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

ffrey A. Meyers

ommissioner

DocuSign Envelope ID: 4381C241-FD84-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0-A5EA4F0E4281

FORM NUMBER P-37 (version 5/8/15)

Subject: Crisis Resoite Shelter Services - Opioid Use Diforder (\$5-2020-BDAS-11-CRISI-02)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

ACREEMENT

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

GENERAL PROVISIONS

I. IDENTIFICATION.		1	<u> </u>	
I,I State Agency Name	III Carden	1.2 State Agency Address 129 Picasani Sireei		
NH Department of Health and	Hitmey Selvices	Concord, NH.03301-3857		
caci	(4)		- AT	
1.3 Contractor Name		1.4 Contractor Address		
NH Respite LLC	(8.85)	131 Daniel Webster Highway	, Suite 130	
		Nashua, NH 03060		
	N 63	70	To a District	
1.5 Contractor Phone	1.6" Account Number	1.7 Completion Onte	1.8 Price Limitation	
Number		Sansa-bar 20, 2020	\$1,107,750	
603-945-5525	05-95-92-920510-70400000	. September 29, 2020	31,101,130	
1.9 Contracting Officer for S		1.10 State Agency Telephone	Number	
Nothan D. White, Director	inte Agency	603-271-9631		
ivalial D. Wine, Oncero			20	
1 1 Comment Planture		1.12 Name and Title of Cont	rector Signatory	
1.11 Contractor Signature	/ 1/1/1			
	6.00-HZ	Edmund McDrough, C60		
1 55			, cw	
1.13 Acknowledgement: 5ta	ie'of Av.H. County of	Mylabourge .		
		0		
On 10/18/19 , bef	are the undersigned officer, person	ully appeared the person identifi	ed in block 1.12, or satisfactorily	
proven to be the person whose	name is signed in block 1.11, and	acknowledged thought the under	d this document in the capacity	
indicated in block 1.12.			<u> </u>	
1.13.1 Signature of Notary P	ublic or Justice of the Peace	E. C. C. C.		
. 0	01. em 1.	2 00mocs.som	S	
[Scal] LUB	Endrutt Hodry	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 -	
1.13.2 Name and Title of No		1 1 2 NO 18	The state of the s	
		THE TAMPS		
Lews Endica	et Hashing	1.15 Name and TWN UPState	in.	
Lends Condica 1.14 State Agency Signature		1.15 Hame and TWATUP State	Agency Signatory	
9.	Date: 10/24/19	1000	- 10/	
King si	Date:	TEX STAX	ACCO C	
1.16 Approval by the N.H. I	Department of Administration, Div	ision of Personnel (if applicable)		
		0'		
By:		Director, On:		
A A A A A A A A A A A A A A A A A A A	ey General (Form, Substance and	Execution) (if analicable)		
1.17 Approval by the Attom	ey General (Form, Southere and		29	
Dur / 1// -		On: 10/24/19		
- Chur	CATHELINE FINOS	, / 5 ./ . ,		
	nor and Executive Councit (if opp	licable)		
By:		On:		
		<u> </u>		

DocuSign Envelope ID: 4381C241-FDB4-438E-B70F-132AD9F0CF2B

DocuSign Envelope ID: 00728817-E1FC-47E7-90C0-A5EA4F0E4281

- 1. EMPLOYMENT OF CONTRACTOR/SERVICES TO BEPERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform. and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference. ("Services").
- 3. EFFECTIVE DATE/COMPLETION OF SERVICES. 3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").
- 3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. . Contractor must complete all Services by the Completion Date specified in block 1.7.
- 4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including. without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold. payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT 8 which is incorporated herein by reference. 5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whotever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract 5.3 The State reserves the right to offset from any amounts otherwise payable to the Convector under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law. 5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, inno event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND RECULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, country or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws. 6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination. 6.3 If this Agreement is funded in any part by monics of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (4) C.F.R. Part 60), and with any rules, regulations and guidelines. as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascensining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL

7.1 The Contractor shall at its own expense provide all. personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable

7.2 Unless otherwise authorized in writing; during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire. and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

OccuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF2B

OccuSign Envelope ID: 00728617-E1FC-47E7-90C0-A5EA4F0E4281

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

- 8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):
- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or 8.1.3 failure to perform any other covenant, term or condition of this Agreement.
- 8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions: 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (3) days after siving the Contractor poules of termination:
- (2) days after giving the Contractor notice of termination;
 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- \$.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATAJACCESS/CONFIDENTIALITY/PRESERVATION.

- 9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.
- 9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

 9.3 Confidentiality of data shall be governed by N.H. RSA
- 9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

- 10: TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.
- 11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other employees.
- 12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.
- 13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and amployees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State; its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of for which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

- 14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignce to obtain and maintain in force, the following insurance:
- 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000per occurrence and \$2,000,000 aggregate; and
- 14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property. 14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

Page 3 of 4

Contractor Initials 4FW Date 10/18/19

DocuSign Envelope ID: 4381C241-FD84-438E-B70F-132AD9F0CF28

OccuSign Envelope ID: 00728617-E1FC-47E7-90C0-A3EA4F0E4281

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thiny (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be anached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thiny (30) days prior wrinen notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

- 15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").
- 13.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter-281-A, Contractor shall maintain, and require any subcontractor or assigned to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.
- 16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.
- 17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.
- 18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the Suite of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

- 19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.
- 20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.
- 21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held-to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.
- 22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated, herein by reference.
- 23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.
- 24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

Page 4 of 4

Contractor Initials 45 1/18/19

OccuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF2B

OccuSign Envelope ID: 00728617-E1FC-47E7-90C0-A5EA4F0E4281

New Hampshire Department of Health and Human Services Cristo Respite Shelter Services - Opioid Use Discorder Exhibit A



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Scope of Services

- 2.1. The Contractor shall provide crisis respite shelter to individuals who do not have safe, stable housing. The Contractor shall:
 - 2.1.1. Provide a minimum of twelve (12) beds for the exclusive use of clients referred by the Department's Doorways contractors (hereinafter referred to as "Doorways") twenty-four (24) hours a day, seven (7) days a week.
 - 2.1.2. Provide crisis respite shelter services to clients for up to seven (7) days from the date of admission to the respite center, with the goal of having clients discharged into an appropriate level of care for oploid use disorder treatment.
 - 2.1:3. Provide breakfast, lunch, dinner and snacks to clients while in crisis respite:
 - 2.1.4. Obtain approval from the Department to provide crisis respite shelter-services to clients for more than seven (7) days as outlined in Section 2.1.2 above.
 - 2.1.5. Monitor clients to ensure their safety, identify medical emergencies, and call first responders as needed.
 - 2.1.6. Work with the Ocorways to find alternative overnight respite shelter care for clients who are denied admission to the center due to tack of capacity.
 - 2.1.7. Notify or attempt to notify, clients who were denied admission due to lack of capacity when a bed becomes available.
 - 2.1.8. Work with the Doorways client representatives and other community providers to ensure continuity of care for clients of Ooorways that may include, but are not limited to coordinating transportation.
 - 2.1.9. Provide secure storage for individuals' prescription medications.
- 2.2. The Contractor shall ensure policies and procedures are in place that include, but are not limited to:
 - 2.2.1. Client Safety:
 - 2.2.2. Intake and Admission;
 - 2.2.3. Denial for Admission and Walt List; and
 - 2.2.4. Discharge.

NH Respita LLC

Exhibit A

Dale 10/18/19

\$\$-2020-BOAS-11-CRISI-02

Page 1 of 3

DocuSign Envelope 10: 4361C241-FD84-438E-870F-132AD9F0CF28

DocuSign Einvelope ID: 00728617-E1FC-47E7-90C0-A5EA4F0E42B1

New Hampshire Department of Health and Human Services Crists Respite Shoker Services - Opioid Use Discorder Exhibit A



- 2.3. The Contractor shall provide the policies and procedures identified in Section 2:2 above for Department review within thirty (30) days of the contract effective date.
- 2.4. The Contractor shall provide facilities for personal hygiene for use by Doorways clients during residency at the crisis respite shelter, which include but are not limited to:
 - 2.4.1. Shower facilities.
 - 2.4.2. Toilet facilities.
 - 2.4.3. Laundry facilities.
- 2.5. The Contractor shall provide a personal hygiene kit for each client, as needed which includes, but is not limited to:
 - 2.5.1. Bath towels.
 - 2.5.2. Wash cloths.
 - 2.5.3. Soap.
 - 2.5.4. Deodorant.
 - 2.5.5. Tooth brush.
 - 2.5.6. Tooth paste.
- 2.6. The Contractor shall ensure compliance with the city/town health and safety, requirements for crisis respite shelter and housing standards for health and safety.

3. Staffing

- 3.1. The Contractor shall ensure qualified staff is on duty twenty-four (24) hours per day, seven (7) days per week.
- 3.2. The Contractor shall ensure staff obtain training in CPR, Suicide Prevention, and Addiction 101.
- 3.3. The Contract shall ensure that no less than two (2) staff members are on duty at the crisis center twenty-four (24) hours per day, seven (7) days each week.

4. Reporting

- 4.1. The Contractor shall submit a monthly report to the Department by the tenth (10°) day of each month that will include, but is not limited to, the following de-identified aggregate data:
 - 4.1.1. Number and demographics of clients served."
 - 4.1.2. Average time in shelter.
 - 4.1.3. Discharge reason and where the clients were discharged
 - 4.1.4. Staffing changes.
 - 4.1.5. Reason for admission dehials.
 - 4.1.6. Time between requests for shelter and admission.

NH Respite LLC

ENDIA A

10/9

SS-2020-BDAS-11-CRISI-02

Page 2 of 3

018/19

DocuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF2B

DoguSign Envelope ID: 0D728817-E1FC-47E7-90C0-A5EA4F0E42B1

Now Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opiold Use Discorder Exhibit A.



5. Performance Measures

- 5.1. The Contractor shall ensure that the following performance indicators are achieved annually and monitored monthly to measure the effectiveness of the agreement:
 - 5.1.1. Provide the minimum number of bed nights and meet all requirements established in accordance with Section 2, Scope of Services, above.
- Annually, the Contractor shall develop and submit a corrective action plan to the Department for any performance measure not achieved.

6. State Opiold Response (SOR) Grant Standards

- 6.1. In order to receive payments for services provided through SOR grant funded initiatives, the Contractor shall ensure each Site:
 - 6.1.1. Establishes formal information sharing and referral agreements with all Doorways for substance use services that comply with all applicable confidentiality laws, including 42 CFR Part 2.
 - 6.1.2. Completes client referrals to applicable Doorways for substance use services within two (2) business days of a client's admission to the program.
- 6.2. The Contractor shall provide the Department with timelines and implementation plans associated with SOR funded activities to ensure services are in place within thirty (30) days of the contract effective date.

NH Respite LLC

'SS-2020-BDAS-11-CRISI-02 P

Embl A

Page 3 of 3

Contractor Initials 10/16

Date 10/18/14

DocuSign Envelope (D: 4361C241-FD84-438E-870F-132AD9F0CF28

DocuSign Envelope ID: 00728817-E1FC-47E7-00C0-A5EA4F0E42B1

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opioid Use Discorder Exhibit B



Method and Conditions Precedent to Payment

- The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided pursuant to Exhibit A, Scope of Services.
- This agreement is funded by 100% Federal Funds from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration State Opioid Response Grant, Catalog of Federal Domestic Assistance (CFDA) #93.788, Federal Award Identification Number (FAIN) T1081685.
- 3. Falture to meet the scope of services may jeopardize the funded Contractor's current and/or future funding.
- 4. The Contractor shall provide the services in Exhibit A, Scope of Services in compliance with the federal funding requirements.
- The Contractor may invoice the Department in an amount not to exceed \$65,304 upon Governor and Executive Council approval of this Agreement. The Contractor shall ensure:
 - 5.1. The invoice clearly states a request for advance payment for the total advance payment amount.
 - 5.2 The invoice includes how funds will be utilized toward start up costs, hiring staff and staff readiness activities and furnishings, in accordance with with the implementation plan in Exhibit A, Scope of Services, Section 6: State Opioid Response (SOR) Grant Standards, Paragraph 6.2.
 - 5.3.A report detailing the actual costs incurred for Items in Section 5.2 above, is submitted to the Department prior to submitting invoices for fully implemented services.
- 6. Upon full implementation of services, the Contractor shall invoice the Department for Crisis Respite Shelter Services at an all inclusive rate of \$250 per day for each of the twelve (12) beds as required in Exhibit A, Scope of Services, Section 2.1.1 for Doorway clients with Opioid Use Disorder (OUD). The Contractor shall:
 - 6.1 Ensure that clients receiving services rendered from SOR funds have a documented history of, or current diagnoses of Opioid Use Disorder.
 - 6.2. Coordinate angoing client care for all clients with documented history offer current diagnoses of Opioid Use Disorder, receiving services rendered from SOR funds, with Doorways in accordance with 42 CFR Part 2.
 - 6.3. The Contractor shall invoice the Department for actual expenses incurred in Section 7 above.

NH Respite LLC

EMMB

Contractor (nitla):

65-2020-BDAS-11-CRISI-02

Page 1 of 2

Date 4/15/19

- Rev. 01/08/19

DocuSign Envelope ID: 4361C241-FD84-436E-B70F-132AD9F0CF28

OccuSign Envelope ID: 0D728617-E1FC-47E7-90C0-ASEA4F0E4281

New Hampshire Department of Health and Human Services Crisis Respite Shelter Services - Opioid Use Discorder Exhibit B



- 7. Payment for said services shall be made monthly as follows:
 - 7.1 The Contractor shall submit an invoice in a form satisfactory to the State by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
 - 7.2. The Contractor shall ensure the invoice is completed, signed, dated and returned to the Department in order to initiate payment.
 - 7.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
 - 7.4. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37. General Provisions Block 1.7 Completion Date.
- 8. Invoices must be mailed to:

. SOR Finance Manager

NH Department of Health and Human Services

Bureau of Drug and Alcohol Services

105 Pleasant Street

Concord, NH 03301

- The Contractor shall keep detailed records of their activities related to Departmentfunded programs and services and have records available for Department review, as requested.
- 10. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 11. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.

NH Respite LLC

Page 2 of 2

Oate (0/18/1

Rev. 01/08/19

65-2020-BDAS-11-CRISI-02

DocuSign Envelope ID: 4381C241-FD84-438E-870F-132AD9F0CF28

OccuSign Envelope tD: 00728817-E1FC-47E7-90C0-A5EA4F0E42B1

New Hampshire Department of Mealth and Human Services Exhibit C



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

- Compliance with Federal and State Laws: If the Contractor is permitted to determine the eligibility
 of individuals such eligibility determination shall be made in accordance with applicable federal and
 state laws, regulations, orders, guidelines, policies and procedures.
- Time and Manner of Determination: Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are-prescribed by the Department.
- 3. Documentation: In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
- 4. Fair Hearings: The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
- 5. Gratuities or Kickbacks: The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
- 6. Retroactive Paymente: Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for casts incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
- 7. Conditions of Purchase: Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

Exhibit C - Special Provisions

Data 10 18/1

Page 1 of 5

DocuSign Envelope ID: 4361C241-FDB4-438E-870F-132AD9F0CF2B

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0-ASEA4F0E4281

New Hampohiro Department of Health and Human Services Exhibit C



7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

- Maintenance of Records: In addition to the eligibility records specified above, the Contractor covanants and agrees to maintain the following records during the Contract Period: 1
 - 8.1. Fiscal Records: books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
 - 8.2. Statistical Records: Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all Invoices submitted to the Department to obtain payment for such services.
 - 8.3. Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
- 9. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
 - 9.1. Audit and Roview. During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
 - 9.2. Audit Liabilities: In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held tiable for any state or federal audit exceptions and shall roturn to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
- 10. Confidentially of Records: All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state taws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Exhibit C - Special Provisions

Onte 10/18/1

₩(

Page 2 of 5

ועוס

DocuSign Envelope ID: 4381C241-FDB4-438E-B70F-132AD9F0CF2B

OccuSign Envelope ID: 00728817-£1FC-47E7-90C0-A5EA4F0E42B1

New Hampahire Department of Health and Human Services Exhibit C



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

- Reports: Fiscal and Statistical. The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. Interim Financial Reports: Written Interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress lowerd goals and objectives stated in the Proposal and other Information required by the Department.
- 12. Completion of Services: Displowance of Costs; Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation herounder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall displow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are displowed or to recover such sums from the Contractor.
- 13. Crodita: All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire. Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
- 14. Prior Approval and Copyright Ownorship: All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not timited to, brochures, resource directories, protocols or guidalines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
- 15. Operation of Facilities: Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit, to connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshalland the local fire protection agency, and shall be in conformance with tocal building and zoning codes, bylaws and regulations.
- 16. Equal Employment Opportunity Plan (EEOP): The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or

Exhibit C - Special Provisions

Contractor Initials

Data 0/18/19

Figures C - 20com Niew

09/13/18

Page 3 of 5

DocuSign Envelope ID: 4381C241-F0B4-438E-B70F-132AD9F0CF2B

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0-A3EA4F0E4281

New Hampohire Department of Health and Human Services Exhibit C



more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, cartifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR cartifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational Institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: http://www.oip.usdoi/about/ocr/pdfs/cert.pdf.

- 17. Limited English Proficiency (LEP): As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, nationalorigh discrimination Includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
- Pilot Program for Enhancement of Contractor Employee Whiatleblower Protections: The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

- (a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section B28 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. C. 112-239) and FAR 3.908.
- (b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.
- (c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.
- 19. Subcontractors: DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontractors, the Contractor shall evaluate the subcontractors ability to perform the delegated function(s). This is accomplished through a written agrooment that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not edequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor-delegates a function to a subcontractor, the Contractor shall do the following:

- Evaluate the prospective subcontractors ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate.
- 19.3. Monitor the subcontractor's performance on an ongoing basis

Eurhbit C - Special Provisions

Page 4 of 5

Contractor Initials 10 18 14

CENTER I

DocuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF2B

OccuSign Envelope ID: 00728517-E1FC-47E7-90C0-ASEA4F0E4281

Now Hampshire Department of Health and Human Services Exhibit C



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed.
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

20. Contract Definitions:

- 20.1 COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.
- 20.2. DEPARTMENT: NH Department of Health and Human Services.
- 20.3. PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a farm or forms required by the Department and containing a description of the services and/or goods to be provided by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.
- UNIT: For each service that the Contractor is to provide to eligible individuals heraunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit 8 of the Contract.
- 20.5. FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from time to time.
- 20.6. SUPPLANTING OTHER FEDERAL FUNDS: Funds provided to the Contractor under this Contract will not supplant any existing federal funds evaluable for these services.

Contractor Initials 45M

Date 10/18/19

Exhibit C - Special Provisions

Page 5 of 5

ועושט

DocuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF2B

OccuSign Envelope ID: 00728617-E1FC-47E7-90C0-A5EA4F0E42B1

New Hampshire Department of Health and Human Sorvices Exhibit C-1



REVISIONS TO STANDARD CONTRACT LANGUAGE

- 1. Revisions to Form P-37, General Provisions
 - 1.1. Section 4. Conditional Nature of Agreement, is replaced as follows:
 - 4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legistative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part, in no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available funds, the State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) Identified in block 1.6 of the General Provisions, Account Number, or any other account in the event funds are reduced or unavailable.

- 1.2. Section 10, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days ofter giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and aubmit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or a data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

2. Ronowal

2.1. The Department reserves the right to extend this agreement for up to two (2) additional years, contingent upon salisfactory delivery of services, available funding, written agreement of the parties and approval of the Governor and Executive Council.

Exhibit C-1 - Revisions/Exceptions to Standard Contract Language Contractor Initials

(0/18/14)

CUD++0000+18

OccuSign Envelope (O: 4351C241-F084-438E-B70F-132AD9F0CF28

OccuSign Envelope ID: 00728817-E1FC-47E7-90C0-A3EA4F0E4281

Now Hampshire Department of Health and Human Services Exhibit D



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace-Act of 1988 (Pub. L. 100-690, Title V, Sublitle D; 41 U.S.C. 701 et soq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS US DEPARTMENT OF EDUCATION - CONTRACTORS US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections \$151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V. Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were emended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to sward, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each foderal fiscal year in fleu of certification from each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

- 1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 4.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, passession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free ownreness program to inform employees about
 - . 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making It a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer to writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
 - 1.5. Notifying the agency in writing, within tencelendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unloss the Federal agency.

Free Vendor Initiats SEM

Edition D - Certification regarding Drug Free Workplace Requirements Page 1 of 2

DocuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF2B

DocuSign Envelope (D: 00728517-E1FC-47E7-90C0-A3EA4F0E4281

Now Hampohire Department of Health and Human Services Exhibit D



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any amployee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
- The granted may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Chack I if there are workplaces on fite that are not identified here.

10/18/19

Nome: Title:

Zelne

Vendor Name NH Royle

Exhibit D – Certification regarding Drug Free Workplace Regultements Page 2 of 2 Vendor Initiats 44 N

CURDINGFISEES

DocuSign Envelope ID: 4381C241-F084-438E;870F-132AD9F0CF28

DocuSign Envelope ID: 0D728617-E1FC-47E7-90C0-A5EA4F0E4281

New Hampshire Department of Health and Human Services Exhibit E



CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121. Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS US DEPARTMENT OF EDUCATION - CONTRACTORS US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
"Temporary Assistance to Needy Families under Title IV-A
"Child Support Enforcement Program under Title IV-D
"Social Services Block Grant Program under Title XX
"Medicaid Program under Title XIX
"Community Services Block Grant under Title VI

*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and ballef, that:

- No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to
 any person for influencing or attempting to influence an officer or employee of any agency, a Member
 of Congress, an officer or employee of Congress, or an employee of a Member of Congress in
 connection with the awarding of any Federal contract, continuation, renewal, amandment, or
 modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention
 sub-grantee or sub-contractor).
- 2. If any funds other than Foderal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL. (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-L).
- 3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This confilection is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who falls to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Vendor Nomo: NH Regite LLC

Name: Title:

60

Exhibit E - Certification Regarding Labbying

Vendor Inflats

Date 10/8/17

CUC-HS118713

Page 1 of t

OccuSign Envelope ID: 4361C241-FD84-438E-870F-132AD9F0CF28

DocuSign Envelope ID: 0D728617-E1FC-47E7-90C0-A5EA4F0E4281

New Hampohiro Dopartment of Hoalth and Human Services Exhibit F



CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Vendor Identified in Section 1.3 of the General Provisions agrees to compty with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

- By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3. The certification in this clause is a material representation of fact upon which retiance was placed when DHHS determined to enter into this transaction. If it is tale, determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Fodoral Government, DHHS may terminate this transaction for cause or default.
- 4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that it's certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5. The terms "covered transaction," "debarred," "suspended," "inaligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
- 6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by OHHS.
- 7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions," provided by OHHS, without modification, in all lower tier covered transactions and in all solicitations for tower tier covered transactions.
- 8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarity excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
- Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Exhibit F - Certification Regarding Debarment, Suspension And Other Responsibility Matters Page 1 of 2 Vendor Inliats 4/18/19

CUCHO118713

DocuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF2B

DocuSign Envelope tO: 00728817-E1FC-47E7-90C0-ASEA4F0E4281

Now Hampshire Department of Health and Human Services Exhibs F



Information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

 Except for transactions authorized under paragraph 6 of these instructions, till a participant in a covered transaction knowingly enters into a lower der covered transaction with a person who is suspended, debarred, breligible, or voluntarily excluded from participation in this transaction; in addition to other remodies available to the Federal government, DHHS may terminate this transaction for couse or défault

PRIMARY COVERED TRANSACTIONS

- 11. The prospective primary participant cartifies to the best of its knowledge and belief, that it and its principals:
 - 11.1, are not presently debarred, suspended, proposed for debarmant, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency:
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, ettempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State entitrust statutes or commission of embeaztement, their, forgery, bribery, fatsification or destruction of records, making false statements, or receiving etalen properly;
 - 11.3. are not presently indicated for otherwise criminally or dividy charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- 12. Where the prospective primary participant is unable to cartify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

- 13. By signing and submitting this lower tier proposal (contract), the prespective lower lier participant, as differed in 45 CFR Part 78, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared inaligible, or voluntarily excluded from participation in the transaction by any federal department or egency.
 - .13.2. where the prospective lower tier participant is unable to cartily to any of the above, such prospective participant shall attach on explanation to this proposal (contract).
- 14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will Include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower per covered transactions.

Contractor Name: NH Respite 2LL

Name:

Title:

Exhibit F - Certification Regarding Debarment, Suspension And Other Responsibility Matters Pipe 2 of 2

DocuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF2B

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0-ASEA4F0E4281

New Hampshire Department of Health and Human Services Exhibit G



CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

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

Vandor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime-Control and Sale Streets Act of 1988 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1984 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs:
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6105-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criterio for partnerships with felth-based and neighborhood organizations;
- -28 C.F.R. pt. 38 (U.S. Department of Justice Regulations Equal Treatment for Felth-Based Organizations); and Whistlablower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistlablower Protections, which protects employees against reprisal for certain whistla blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which retiance is placed when the pagency awards the grant. False certification or violation of the certification shall be grounds for autopeasion of payments, suspension or farmination of grants, or government wide suspension or debarment.

Exhibb G

Vendor Inties 261

VERDO: INTER-Corplains of Compliance with requirement partieting to Federal representation, Equal Transmiss on Federal Constitution

807)114 873)114

Page 1 of 2

Date 16/18/15

DocuSign Envelope ID: 7F55EC9D-BB16-455A-A04A-58EF4912F3D0

DocuSign Envelope ID: 117268D0-8229-41FD-8F5C-C9A0E2A21369

OccuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF2B

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0-ASEA4F0E4281

Now Hampshire Department of Health and Human Services Exhibit G



In the event's Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, ratigion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudaman.

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

 By signing and submitting this proposal (contract) the Vendor agrees to comply with the provisions indicated above.

Vandar Nama

NH Rouste 46

Neme: Title:

160

Eartha G

Vendor tritlats

orthodon of Complants with requirements paralleling to Fedore Honoscoptension, Equal Transcrum of Fedoritation and Hith Sections protections

8777114 Rev. 10/21/14

Page 2 of 2

0410 10/18/19

OccuSign Envelope ID: 4381C241-FD84-438E-870F-132AD9F0CF28

DocuSion Envelope 10: 00728517-E1FC-47E7-90C0-A5EA4F0E4281

Now Hampahire Department of Health and Human Services Exhibit H



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Vendor Name: NIT

Name:

Tille:

Exhibit H - Certification Regarding Environmental Tobacco Smoke

Page 1 of 1

CUCHES/118713

DocuSign Envelope ID: 4381C241-F084-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 0D728817-E1FC-47E7-90C0-A5EA4F0E4281

New Hampohire Department of Health and Human Services



Exhibit I

HEALTH INSURANCE PORTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

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

(1 <u>Definitions</u>.

- Breach* shall have the same meaning as the term *Breach* in section 164,402 of Title 45.
 Code of Federal Regulations.
- <u>Business Associate</u> has the meaning given such term in section 160,103 of Title 45, Code of Federal Regulations.
- Covered Entity* has the meaning given such term in section 160.103 of Title 45.
 Code of Federal Regulations.
- d. *Designated Record Set* shall have the same meaning as the term *designated record set* in 45 CFR Section 164,501.
- e. "<u>Oata Aggregation</u>" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164,501.
- g. "HITECH ACL" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D. Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160,103
 and shall include a person who qualifies as a personal representative in accordance with 45
 CFR Section 164,501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

3/2014

Exhibit I Health Insurance Portability Act Business Associate Agreement Page 1 of 6

Vendor tritish 120

Date 10/19/14

DocuSign Envelope IO: 4361C241-FD84-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 0D728517-E1FC-47E7-90C0-ASEA4F0E4281

New Hampshire Department of Health and Human Services



Exhibit I

- "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164:103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 184, Subpart C, and amendments thereto.
- o. <u>"Unsecured Protected Health Information"</u> means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.
- (2) Business Associate Use and Disclosure of Protected Health Information.
- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - 1. For the proper management and administration of the Business Associate:
 - II. As required by law, pursuant to the terms set forth in paragraph d, below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party. Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

3/2014

Echibà I Hastin Insurance Portabbiny Aci Businosa Associate Agroement Pege 2 of 6 rendor Initlats 15-11

DocuSign Envelope ID: 4381C241-FD84-438E-B70F-132AD9F0CF28

DocuSion Envelope ID: 0D728617-E1FC-47E7-90C0-ASEA4F0E4281

New Hampohire Department of Health and Human Services



Exhibit i

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

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.
- (3) Obligations and Activities of Business Associate.
- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall Immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - The unauthorized person used the protected health information or to whom the disclosure was made;
 - Whether the protected health information was actually acquired or viewed
 - The extent to which the risk to the protected health information has been mitigated.

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

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

3/2014

Exhibis I Health Insurance Portability Act Business Associate Agreement Page 3 of 6 Vendos Intilats

0410 10/18/1

OccuSign Envelope ID: 4351C241-FD84-438E-870F-132AD9F0CF28

DocuSign Errelape ID: 00728617-E1FC-47E7-90C0-A5EA4F0E4281

Now Hampshire Department of Health and Human Services

Exhibit I

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

- f. Within five (5) business days of receipt of a written request from Covered Entity.

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

3/2014

Exhibit I
Health Insurance Penablity Act
Business Associate Agreement
Page 4 of 8

al . I

0410/18/19

DocuSign Envelope ID: 4351C241-FD84-438E-B70F-132AD9F0CF28

OccuSign Envelope ID: 0D72B617-E1FC-47E7-90C0-A5EA4F0E42B1

Now Hampshire Department of Health and Human Services



Exhibit I

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

(4) Obligations of Covered Entity

- Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164,520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by Individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164,506 or 45 CFR Section 164,508.
- Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164,522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that noither termination nor cure is feasible. Covered Entity shall report the violation to the Secretary:

(6) Miscellaneous

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

3/2014

Exhibit I Health insurance Ponsibility Act Business Associate Agreement Page 5 of 6

Dele 10/18/1

DecuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF2B

DocuSign Envelope ID: 0D728617-E1FC-47E7-90C0-A3EA4F0E42B1

New Hampshire Department of Health and Human Services



Exhibit I

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

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

n-	 	4	 4	Sendoss

The State

Signature of Authorized Representative

Name of Authorized Representative

Title of Authorized Representative

- 10 1 a d 1

Name of the Vendor

Signature of Authorized Representative

Name of Authorized Representative

160

Title of Authorized Representative

Dale

١

3/2014

Exhibb I Health Insurance Ponebility Act Business Associate Agraement Page 6 of 8 vendor Initlata 1700

DocuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF2B

DocuSign Envelope ID: 0D728617-E1FC-47E7-90C0-A3EA4F0E4281

New Hampohiro Dopartment of Health and Human Services Exhibit J



CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more: If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the data of the award. In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 1. Name of entity
- 2. Amount of award
- 3. Funding agency
- 4. NAICS code for contracts / CFDA program number for grants
- 5. Program source
- 6. Award title descriptive of the purpose of the funding action
- 7. Location of the entity
- 8. Principle place of performance
- 9. Unique identifier of the entity (DUNS #)
- 10. Yotal compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already evaluable through reporting to the SEC.

Prime grant recipionts must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Vendor agrees to provide needed information as outlined above to the NH Department of Health and Human Services, and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Vendor Name:

Nomo:

Title:

10

Exhibit J – Centication Regarding the Federal Funding Accountability And Transparency Add (FFATA) Compliance Page 1 of 2 Vendor Initiats 2000

EUCHOLVIIO713

OccuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 0D728617-E1FC-47E7-90C0-A3EA4F0E42B1

New Hampshire Department of Health and Human Services Exhibit J



		' FORM A						
	the Vendor identified in Section 1.3 c low listed questions are true and accu		I certify that the re	esponses to the				
١.	The DUNS number for your entity is	3(0539						
2.	In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?							
	NO	YES	*					
	If the answer to #2 above is NO, sto	p here						
	If the answer to #2 above is YES, pl	aase answer the following	j;					
3.	Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?							
	NO	YES	*	*				
	If the enswer to #3 above is YES, st	op hara	12*	#0				
	If the enswer to #3 above is NO, ple	ase answer the following:						
4 .	The names and compansation of the organization are as follows:	o five most highly compen	sated officers in ye	our business.or				
	Name:	Amount:		*:				
	Name;							
	Name:	Amount:						
	Namo:	Amount:		*				
	Name:	Amount:						

Exhibit J – Certification Regarding the Federal Funding Accountability And Transparancy Act (FFATA) Compliance Page 2 of 2

010110713

DocuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0-A5EA4F0E4281

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

- 1: "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164,402 of Title 45, Code of Federal Regulations.
- "Computer Security Incident" shall have the same meaning "Computer Security Incident* in section two (2) of NIST Publication 800-61. Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
- 3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any, and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

- "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives OHHS data or derivative data in accordance with the terms of this Contract. . .
- 5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
- Incident means an act that potentially violates an explicit or implied security policy. which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent, incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrauting of physical or electronic

OHHS Momation

E origin K Security Requirements Page 1 of 8

Contractor initials Date 10/8/10

V5. Last update 10/09/18

DocuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF2B

DocuSign Envelope ID: 0D72B617-E1FC-47E7-90C0-A5EA4F0E42B1

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

mail, all of which may have the potential to put the data at risk of unauthorized access, use disclosure modification or destruction.

- 7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
- 8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth; mother's maiden name, etc.
- "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
- 11. 'Security Rule' shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
- 12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders. Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

1. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

- A. Business Use and Disclosure of Confidential Information.
 - The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
 - 2. The Contractor must not disclose any Confidential Information in response to a

Exhibit K
DHXS Information
Security Requirements
Page 2 of 9

Conjunction trafficials 454

V5. Last update-10/09/18

DocuSign Envelope ID: 4361C241-FD84-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 0D728817-E1FC-47E7-90C0-A5EA4F0E4281

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying OHHS so that DHHS has an opportunity to consent or object to the disclosure.

- 3. If DHHS notifies the Contractor that OHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
- 4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
- The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
- The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

- Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
- Computer Disks and Portable Storage Devices. End User may not use computer disks
 or portable storage devices, such as a thumb drive, as a method of transmitting DHHS
 data.
- Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
- Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
- File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
- Ground Mail Service. End User may only transmit Confidential Data via certified ground mail within the continental U.S. and when sent to a named individual.
- Laptops and PDA. If End User is employing portable devices to transmit." Confidential Data said devices must be encrypted and password-protected.
- 8. Open Wireless Networks. End User may not transmit Confidential Data via an open

VS. Lesi update (0/09/18

Eiribli K DHHS Information Socurity Regulements Page 3 of 9 Contractor Initials 1500

DocuSign Envelope ID: 4381C241-FDB4-438E-B70F-132AD9F0CF2B

DocuSion Envelope ID: 00728617-E1FC-47E7-90C0-ASEA4F0E4281

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Regulrements



wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

- Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
- 10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
- Wireless Devices. If End User is transmitting Confidențial Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by taw or permitted under this Contract. To this end, the parties must:

A. Retention

- The Contractor agrees it will not store, transfer of process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
- The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
- 3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
- The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
- 5. The Contractor agrees Confidential Data stored in a Cloud must be In a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment as a

V5. Lesi update 10/09/18

Exhibit K
DHHS Information
Security Requirements
Page 4 of 9

Contractor Initiates 152

DocuSign Envelope ID: 4361C241-FDB4-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 90728517-E IFC-47E7-90C0-ASEA4F0E42B1

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

whole, must have aggressive intrusion-detection and firewall protection.

 The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

- 1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted slandards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
- Unless, otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
- Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the OHHS Data received under this Contract, and any derivative data or files, as follows:
 - The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, end/or stored in the delivery of contracted services.
 - The Contractor will maintain policies and procedures to protect Department confidential information throughout the Information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

V5, Last update 10/09/18

Europh K CHOIS Information Security Requirements Page 5 of 9 Convector intitles 45M

DocuSign Envelope ID: 4381C241-FD84-438E-B70F-132AD9F0CF2B

DocuSign Envelope ID: 00728817-E1FC-47E7-90C0-ASEA4F0E42B1

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

- 3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
- 4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or-Department confidential information for contractor provided systems.
- 5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information,
- 6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security. expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
- 7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
- 8. If the Department determines the Contractor is a Business Associate pursuant to 45° CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
- 9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
- 10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
- 11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

Exhibit K

DIRIS Information ecurity Requirements Page & of 9

V5. Last update 10/09/18

DocuSign Envelope ID: 4381C241-FDB4-438E-870F-132AD9F0CF2B

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0-A5EA4F0E4281

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

the breach, including but not limited to: credit-monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

- 12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and acope that is not less than the level and scope of regulrements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
- 13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical saleguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The saleguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doi//vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
- 14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential Information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
- 15. Contractor must restrict access to the Confidential Data obtained under this -Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
- , 16. The Contractor must ensure that all End Users:
 - a, comply with such safeguards as referenced in Section IV A, above, Implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of 'persons authorized to receive such information.

V5. Lest update 10/09/18

Fahish K OHUS Information Security Regularments Page 7 of 8

Contractor Initials

DocuSign Envelope ID: 4381C241-F0B4-438E-B70F-132AD9F0CF2B

DocuSign Envelope ID: 00728617-E1FC-47E7-90C0-A5EA4F0E4281

New Hampshire Department of Health and Human Services Exhibit K

DHHS Information Security Requirements

- e. timit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from OHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, blometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Date, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a dsk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and comptiance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. S LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report incidents and Breaches involving PHI in accordance with the agency's documented incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures. Contractor's procedures must also address how the Contractor will:

- 1. Identify incidents;
- 2. Determine if personally identifiable information is involved in incidents; ...
- 3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
- Identify and convene a core response group to determine the risk tevel of incidents and determine risk-based responses to incidents; and

VS. Lasi updata 10/09/18

Earth K
OHHS Information
Security Requirements
Page 8 of 9

Contractor tribials 1874

0110 NIBIL

DocuSign Envelope ID: 1.17266D0-8229-41FD-BF5C-C9A0E2A21369

DocuSign Envelope ID: 4361C241:FD84-438E-B70F-132AD9F0CF28

DocuSign Envelope ID: 00728817-E1FC-47E7-90C0-A5EA4F0E4281

New Hampshire Department of Health and Human Services Exhibit K



DHHS Information Security Requirements

 Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate Pt must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

- VI. PERSONS TO CONTACT
 - A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

V5. Last update 10/09/18

Exhibit K
DHHS Information
Security Requirements
Page 9 of 9

Consector tritish 450