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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
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www.dhhs.nh.gov

March 11, 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 of Public Health Services, to enter into a **Sole Source Retroactive** amendment to an existing contract with On-Site Medical Services, LLC. (VC# 348965), Charlestown, NH, for the provision of COVID-19 vaccinations and boosters to individuals across the state, as requested by the Department, by exercising a contract renewal option by increasing the total price limitation by $3,400,000 from $31,882,944 to $35,282,944 and extending the completion dates from March 31, 2022, to June 30, 2022, effective retroactive to December 31, 2021, upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by the Governor on March 18, 2021, and presented to the Executive Council on April 21, 2021 (Informational Item #J), as amended with Governor approval on April 1, 2021 and presented to the Executive Council on May 5, 2021 (Informational Item #J), as amended with Governor approval on June 4, 2021 and presented to the Executive Council on June 30, 2021 (Informational Item #J), as amended with Governor and Executive Council approval on July 14, 2021 (Item #5A), as amended with Governor and Executive Council approval on October 13, 2021 (Item #22) and most recently amended with Governor and Executive Council approval on December 22, 2021 (Item #34).

Funds are available in State Fiscal Year 2022, 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.

05-95-095-950010-1919 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SERVICES, HHS: OFFICE OF THE COMMISSIONER, COMMISSIONERS OFFICE, COVID19 FEMA DHHS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2021	103-502664	Contracts for Oper Svc	95010690	$2,220,670	$0	$2,220,670
2022	103-502664	Contracts for Oper Svc	95010690	$29,662,274	$3,400,000	$29,662,274
			Total	**$31,882,944**	**$3,400,000**	**$35,282,944**

EXPLANATION

This request is **Sole Source** because there are only two (2) months of renewal available in the current contract and the Department is seeking to extend the contract three (3) months. The Contractor has the existing infrastructure and staff to quickly mobilize and support the Department's ongoing COVID-19 efforts.

The purpose of this request is to add $3.4 million, for costs that will be incurred between April 1, 2022, and June 30, 2022 for the following services, as directed by the Department:

- 2 mobile vehicles.
- 1 homebased van.
- 5 fixed sites statewide to administer COVID-19 vaccinations and boosters.

The prior Amendment #5 revised the payment terms to include rental cost per fixed site, but did not account for the cost of the fixed site staff and supplies necessary to operate each site. This request is **Retroactive** to modify the payment terms that were added through Amendment #5, to include operating and rental costs.

The Contractor also sends qualified medical professionals to locations to administer COVID-19 vaccinations and has clinical and non-clinical staff on-call to the Department to provide COVID-19 vaccinations. Finally, the Contractor operates a call center to serve as a single access point for homebased vaccine requests and coordinates the mobile van schedules.

New Hampshire residents statewide age five (5) and older will be served by mobile vaccination services. The exact number of residents who will be served will depend on the trajectory of the COVID-19 pandemic and interest in vaccination. The Contractor coordinates with the Department to schedule mobile COVID-19 vaccination services and provides a call center to support individuals in need of homebound services. The Contractor communicates with the Department to develop and implement operation and deployment plans. The Department works with the Contractor to ensure that COVID-19 vaccination services are available and easily accessible, statewide, to all individuals.

The Department monitors contracted services by reviewing daily reports on the number of individuals vaccinated. Additionally, any adverse reactions to the vaccination or unusual circumstances are reported the Department immediately.

As referenced in Exhibit A of the original agreements, the parties have the option to extend the agreements for up to one (1) additional year, 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 two (2) months of the two (2) months available. The Department is requesting to extend the contract for an additional one (1) month.

Should the Governor not authorize this request, the Department will not be able to pay the Contractor for operating costs of the fixed sites incurred from January 2022-March 2022 or continue mobile vaccine and homebased vaccine services , resulting in unmitigated transmission of COVID-19 that places individuals at risk of severe disease, hospitalization and death, and healthcare systems will continue to be over-burdened by treating individuals with severe disease.

Area served: Statewide

Source of Funds: CFDA 97.036, FAIN 4516DRNHP00000001

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37EDBEB488...

Lori A. Shibinette
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #6

This Amendment to the COVID-19 Mobile Vaccination Program contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and On-Site Medical Services, LLC. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor on March 18, 2021, and presented to the Executive Council on April 21, 2021 (Item #J), as amended and approved by the Governor on April 1, 2021, and presented to the Executive Council on May 5, 2021 (Item #J), as amended and approved by the Governor on June 4, 2021, and presented to the Executive Council on June 30, 2021 (Item #J), as amended and approved by the Governor and Executive Council on July 14, 2021 (Item #5A), as amended on October 13, 2021 (Item #22), and as amended on December 22, 2021 (Item #34), the Contractor agreed to perform certain services based upon the terms and conditions specified and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, the Contract may be amended upon written agreement of the parties and appropriate State approval; and

WHEREAS, the parties agree to extend the term of the agreement to support continued delivery of these services; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2022

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $35,282,944

3. Modify Exhibit B Scope of Services Amendment #4 by replacing in its entirety with Exhibit B Amendment #6, Scope of Services, which is attached hereto and incorporated by reference.
4. Modify Exhibit C, Payment Terms Amendment #5 by replacing in its entirety with Exhibit C, Payment Terms Amendment #6, which is attached hereto and incorporated by reference herein.

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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 December 31, 2021, upon 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

3/10/2022
Date

DocuSigned by:
Patricia M. Tilley
846FB38F5BFD4C8...

Name: Patricia M. Tilley
Title: Director

On-Site Medical Services, LLC.

3/9/2022
Date

DocuSigned by:
Andrew Keady
A478168D1379457...

Name: Andrew Keady
Title: Chief Operating Officer

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

OFFICE OF THE ATTORNEY GENERAL

DocuSigned by:
Robyn Guarino
748734844941460...

3/10/2022
Date

Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
COVID-19 Mobile Vaccination Program

EXHIBIT B – Amendment #6

Scope of Services

1. Statement of Work – COVID-19 Mobile Vaccination Clinics

1.1. The Contractor shall provide a minimum of three (3) mobile teams to administer COVID-19 vaccination services and boosters to eligible vaccine recipients in accordance with the New Hampshire COVID-19 Vaccination Allocation Plan, as directed by the Department.

1.2. The Contractor shall provide a minimum of three (3) vehicles, with a magnet on the vehicle, as approved by the Department, for transportation of mobile vaccination staff and supplies. The Contractor shall:

1.2.1. Ensure the three (3) aforementioned vehicles are available for Department-deployed mobile vaccination services no later than April 1, 2022; and

1.2.2. Be responsible for all transportation and vehicle maintenance costs and insurance; and

1.2.3. Be responsible for all wrap design, placement and removal costs.

1.3. The Contractor shall also pay for the wrap design, placement and removal costs of a 10X10 foot canopy tent.

1.4. The Contractor shall ensure the location of each mobile clinic services team is available as agreed upon by the Department and the Contractor, as designated and coordinated by the Contractor, as approved by the Department.

1.5. The Contractor shall provide at minimum three (3) mobile teams which shall consist of the following per team:

1.5.1. Consist of up to four (4) personnel, one (1) of which must be at minimum a Registered Nurse (RN);and

1.5.2. All three (3) teams shall be available seven (7) days a week, ten (10) hours per day

1.5.3. When conducting clinics for pediatric vaccine recipients (5 years of age or younger), or clinics where pediatric vaccine recipients may attend, the team shall include at minimum, one (1) licensed healthcare practitioner defined as either a Physician (MD/DO), Advanced Practice Registered Nurse (APRN), or Physician's Assistant (PA).

1.5.4. In the event a licensed healthcare practitioner (MD/DO, APRN, PA) is not physically at the clinic, the Contractor shall provide telehealth services with access to an aforementioned licensed healthcare practitioner.

1.5.5. The Contractor shall be responsible for supplying all telehealth services and supplies/technology to provide such services at no cost to the vaccine recipient or the Department.

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1.6. The Contractor agrees that hours of availability for all teams may include, but are not limited to:

1.6.1. Early morning/evening/night, holidays, including State and/or Federal Holidays.

1.6.2. Reoccurring staffing assignments, which may include daily/weekly staffing of a mobile van or an event.

1.7. The Contractor shall coordinate with the Department to schedule mobile COVID-19 vaccination services. The Contractor shall:

1.7.1. Provide feedback to the Department on utilization of mobile services; and

1.7.2. Collaborate with the Department to create protocols that account for the need for efficiency and coordination in scheduling mobile clinic services to administer vaccinations statewide.

1.8. The Contractor will reconcile mobile vaccine and supply inventories, in the NH Immunization Information System and/or VINI, daily or as instructed by the Department.

2. Statement of Work – Homebound COVID-19 Vaccinations

2.1. The Contractor shall provide one (1) mobile COVID-19 vaccination services team to provide COVID-19 vaccines and boosters to homebased individuals.

2.2. The homebased vaccination team shall consist of a minimum of two (2) personnel, one of which shall be a licensed healthcare practitioner defined as either a Physician (MD/DO), Advanced Practice Registered Nurse (APRN), or Physician's Assistant (PA).

2.3. In the event a licensed healthcare practitioner (MD/DO, APRN, PA) is not physically at the scheduled home address, the Contractor shall provide telehealth services with access to an aforementioned licensed healthcare practitioner.

2.4. Maintain a call center Monday-Friday 9am-5pm to coordinate scheduling of in home appointments for homebased individuals, including but not limited to:

2.4.1. Manage incoming/outgoing calls from the public

2.4.2. Perform outreach to homebased individuals previously vaccinated per the Departments request

2.5. Ensure appointment scheduling for homebased COVID-19 vaccination services is completed within 24-48 hours.

2.6. Ensure completion of the vaccination appointment is completed within 14 days for the request, unless the individual does not make themselves available within this time frame.

2.7. The Contractor will reconcile homebased vaccine and supply inventories, in the NH Immunization Information System and/or VINI, daily or as instructed by the Department.

3. Statement of Work – Applicable to ALL scope.

3.1. The Contractor shall provide licensed medical practitioners (MD's/DO's/APRN's/PA's), and additional qualified, medical providers ("Staff"), as supervised by a licensed medical practitioners and approved by the Department, to provide COVID-19 vaccinations. The Contractor shall:

3.1.1. Administer vaccinations to 100% of individuals referred to the Contractor by the department on the scheduled date unless:

3.1.1.1. The vaccine recipient does not make themselves available at the scheduled time;

3.1.1.2. The recipient is not cooperative or is non-compliant; or

3.1.1.3. Circumstances occur that are beyond the reasonable control of the Contractor.

3.1.1.4. Parental or guardian consent is not verified at the time of vaccination visit

3.1.2. Verify parent or guardian consent, via in-person verification or written consent via a process approved by the Department and document the consent in NH Immunization Information System/VINI, or by a method approved by the Department, within 24 hours of administration.

3.2. Hire, maintain and provide properly licensed staff, and ensure the staff performing services under this Agreement possess valid, in good standing, New Hampshire-issued clinical licenses, or a license from a state where the State of New Hampshire has entered a multi-state compact agreement.

3.3. Ensure staff perform their duties in accordance with applicable laws, regulations, licensing and/or accreditation standards, in effect at the time this Agreement is entered into and which shall be presented to the Department or facility administration upon request.

3.4. Coordinate with the Department to ensure vaccination administration documentation is entered into the NH Immunization Information System/VINI, or by a method approved by the Department, within 24 hours of administration.

3.5. Coordinate with the Department to ensure that in the event a documentation discrepancy is identified, the Contractor shall correct the discrepancy within 24 hours.

3.6. Ensure staff attest each working day that they are not experiencing any symptoms of COVID-19, as defined by the Department. When a staff member

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is experiencing symptoms of COVID-19, the Contractor shall ensure that the staff member is tested for COVID-19.

3.7. Ensure the staff adhere to isolation and quarantine recommendations issued by the Department, including those related to interstate or international travel. The Contractor shall remove any staff member from future work on behalf of this Agreement if the staff member does not adhere to required isolation and quarantine.

3.8. Ensure staff complete the Centers for Disease Control and Prevention's COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers; all manufacturer-specific COVID-19 vaccine trainings; and any additional trainings, as assigned by the Department.

3.9. Ensure all staff tasked with administering COVID-19 vaccinations to recipients under 5 years of age have undergone pediatric specific training in the areas of vaccine administration, clinical communication with pediatric patients, parents and caregivers, and managing pediatric patients with additional needs.

3.9.1. The pediatric specific training curriculum shall:

3.9.1.1. Utilize resources endorsed by, but not limited to, the Centers for Disease Control, American Academy of Pediatrics, American Academy of Family Physicians, Society of Pediatric Nurses

3.9.1.2. Include return-demonstration based competencies

3.9.1.3. Be approved by the Department

3.10. Ensure that all staff training curricula, records, and certificates are readily available for review at the request of the Department.

3.11. The Contractor shall utilize staff, if applicable, who, within their scope of practice, are qualified to perform services that include, but are not limited to:

3.11.1. Conducting physical assessments and screening for contraindications and precautions to vaccination.

3.11.2. Administering the COVID-19 vaccine.

3.11.3. Monitoring vital signs

3.11.4. Observing for adverse reactions after vaccination for 15 minutes or 30 minutes after vaccination, as appropriate.

3.11.5. Responding to medical emergencies, as applicable.

3.11.6. Promoting vaccine confidence, providing evidence based education of vaccine efficacy, and recruiting potentially eligible recipients for vaccination during mobile clinics.

3.12. The Department shall supply the Contractor with the COVID-19 vaccine for administration to individuals as per State guidelines.

3.13. The Contractor shall obtain self-attestations from vaccine recipients to assess their eligibility for additional doses beyond a primary COVID-19 vaccine series as defined by current Centers for Disease Control and Prevention and/or Advisory Committee on Immunization Practices adult and pediatric vaccine schedules and recommendations.

3.14. The Contractor shall strategically prepare for the administration of COVID-19 vaccine doses to individuals newly recommended for initial or additional doses per Federal and State approval.

3.15. The Contractor shall procure other necessary supplies to conduct vaccinations, including, but not limited to, emergency management medications and other equipment.

3.16. The Contractor shall make all reasonable efforts to provide replacement staff or medical practitioners for the remainder of the agreement period in the event a staff member or medical practitioner is unable to fulfil the prescribed mobile or homebased clinic needs due to illness, injury or other unforeseen circumstances.

3.17. The Contractor shall complete documentation of the vaccine recipient administration record within the NH Immunization Information System, VINI, or other electronic system as determined by the Department, including all required demographic data.

3.17.1. Demographic data shall include but is not limited to;

3.17.2. Full legal name

3.17.3. Physical address and/or Mailing address

3.17.4. Date of birth

3.17.5. Race

3.17.6. Ethnicity

3.17.7. Gender and/or Sex Assigned at Birth

3.17.8. Phone if provided

3.17.9. E-mail address if provided

3.18. The Contractor shall ensure all needle stick or other blood borne pathogen incidents are managed at the time of injury according to established guidance and procedure outlined by the contractor.

3.19. The Contractor must report all vaccine errors and immediate adverse reactions to the Vaccine Adverse Event Reporting System (VAERS) from the Centers for Disease Control & Prevention by the end of the clinic day.

3.20. The Contractor shall report all non-vaccination incidents which have the potential to disrupt or cease clinic operations, compromise clinic safety, or an event considered abnormal when compared to normal clinic operations, using the Incident Report Form provided by the Department.

3.21. The Contractor shall provide all communication access services and supply any equipment or resources necessary to provide communication access at no cost to the vaccine recipient or the Department

3.22. The Contractor shall adhere to the requirements detailed in the COVID-19 Vaccination Program Provider Agreement that is in place with the Department.

3.23. The Contractor shall ensure a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Advanced Practice Registered Nurse (APRN), or Physician's Assistant (PA), in alignment with their respective scope of practice, is available to provide the following services, which shall include, but is not limited to:

3.23.1. Medical oversight

3.23.2. Standing orders

3.23.3. Emergency protocols

3.23.4. Clinical expertise (Both in-person or by telehealth)

3.23.5. Ability to prescribe medication in the State of New Hampshire

3.24. The Contractor shall provide all licensed medical providers administering COVID-19 vaccine copies of standing orders and emergency protocols as adapted and developed by the Contractor from national guidelines.

3.25. The Contractor shall procure other necessary supplies to conduct vaccinations, including but not limited to, emergency management medications and other equipment.

3.26. The Contractor shall provide a mobile internet services to allow for interpretation services, access to the NH Immunization Information System, VINI, or other platforms directed by the Department in order to support real-time operations.

3.27. The Contractor shall provide the Department with a contact number to facilitate field communications. The Contractor will be responsible for any and all cost associated with this mobile contact number. If that individual is not available, the Contractor shall provide the Department with an alternate contact number.

3.28. The Contractor shall maintain security and maintenance of any Department-supplied equipment ensuring that, should the equipment become lost or damaged, replacement of the equipment is at the sole expense of the Contractor.

3.29. The Contractor shall be provided with a minimum of forty-eight (48) hours advanced notice when the Department needs medical practitioners. The work schedule may be modified as agreed upon by the Department and Contractor.

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3.30. Contractor will work with the Department to ensure timely coordination of mobile vaccine clinics, including providing clinic calendar, regular updates on scheduled clinics and notification of clinic changes/cancellations at time of notification.

4. Reporting Requirements

4.1. The Contractor shall submit weekly reports to the Department on the following:

4.1.1. Completion of deployment tracking sheet daily (See Appendix A)

4.1.2. Number and location (by town) of in home vaccinations provided to homebound individuals

4.1.3. Vaccine wastage.

4.2. The Contractor shall submit daily reports to the Department on any adverse reactions or unusual occurrences that occur, to include the following:

4.2.1. Vaccination errors.

4.2.2. Needlestick injuries.

4.2.3. Adverse reactions by individuals experienced at the vaccination clinic site.

4.2.4. Use of epinephrine auto-injectors.

4.2.5. As may be indicated, root cause analysis post incident.

4.2.6. Completion of Equitable Vaccine Administration Information (See Appendix B).

5. Performance Measures

5.1. The Contractor shall actively and regularly collaborate with the Department at the reasonable request of the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

5.2. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.

5.3. Where applicable, the Contractor shall collect and share data with the Department in a format as reasonably specified by the Department.

6. Additional Terms

6.1. Impacts Resulting from Court Orders or Legislative Changes

6.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services

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described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

7. Records

7.1. The Contractor shall keep records that include, but are not limited to:

7.1.1. Books, records, documents and other electronic or physical 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.

7.1.2. All records must 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.

7.1.3. Medical/vaccination records on each patient/recipient of services.

7.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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.

New Hampshire Department of Health and Human Services
COVID-19 Mobile Vaccination Program

EXHIBIT C – Amendment #6

Payment Terms

1. This agreement is funded with:

   1.1. 100% Federal Funds from the United States Department of Homeland Security (DHS), Disaster Grants - Public Assistance (Presidentially Declared Disasters) CFDA 97.036, FAIN 4516DRNHP00000001 through June 30, 2022

2. For the purposes of this Agreement:

   2.1. The Department has identified the Contractor as a Subreceipient, in accordance with 2 CFR 200.331.

   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.

Deployment of COVID-19 Mobile Vaccination Teams to Vaccinations Sites

3. Payment shall be on a rate basis for services identified in Exhibit B – Amendment #6, Scope of Services, Section 1, Statement of Work – COVID-19 Mobile Vaccination Clinics. ***The Contractor shall only bill for the below rate after April 1, 2022***.

All inclusive monthly rate per team (including mileage)	$213,428

3.1. The Contractor shall only invoice the Department when teams are activated by the Department.

Deployment to COVID-19 Fixed Sites

4. Payment shall be on a rate basis for the services identified in Exhibit B – Amendment #4, Scope of Services, Section 2, Statement of Work – COVID-19 Fixed Sites. ***The Contractor shall only bill for the below rate after December 31, 2021, through March 31, 2022.***

All inclusive Rate per week per site	$161,810 maximum
Fixed Site Cost	Actual Fixed Site Cost + 1% Above Actual Fixed Site Cost

Deployment of Homebound COVID-19 Vaccinations

5. Payment shall be on a rate basis for the services identified in Exhibit B – Amendment #6, Scope of Services, Section 3, Statement of Work - Homebound COVID-19 Vaccinations. ***The Contractor shall only bill for the below rate after April 1, 2022***.

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All inclusive monthly rate (including mileage and call center operations)	$485,620

6. The Contractor shall submit an invoice in a form satisfactory to the Department 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. Contractor shall ensure submitted invoices delinate based upon vaccination site, Open POD or Closed POD as described herein this Agreement.

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

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

8. The Department 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, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.

9. The final invoice shall be due to the Department 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 B, 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 this Agreement pursuant to paragraph 8 of the General Provisions, Event of Default. The Department will provide notice of any funding that may be withheld.

12. Notwithstanding Paragraph 17 of the General Provisions Form 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:

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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.

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. 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.

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ON-SITE MEDICAL SERVICES LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on May 04, 2020. 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: **841420**

Certificate Number: **0005477411**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 8th day of December A.D. 2021.

William M. Gardner

Secretary of State

CERTIFICATE OF AUTHORITY

I, James P. Keady, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of On-site Medical Services, LLC.
(Corporation/LLC Name)

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 March 9, 20 22, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Andrew Keady (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of On-site Medical Services, 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 limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: March 9, 2022

Signature of Elected Officer
Name:
Title:

NOW INSURANCE

CERTIFICATE OF INSURANCE

Your professional liability insurance is written on a claims made basis and provides coverage for those claims which are the result of medical incidents occurring subsequent to the prior acts date stated and which are first made against you while this insurance is in force. Please discuss with your program administrator.
Prior Acts Date: 2022-01-05

Purchasing Group	Certificate Number	Policy Period
Professional Services Purchasing Group 1707 Post Oak Blvd #279, Houston TX 77056	AH-99295-010522	from: 12:01 AM Standard Time on: 2022-01-05 to: 12:01 AM Standard Time on: 2023-01-05
Named Insured and Address	**Business Address**	**Program Administrator**
Cecilia Keady On Site Medical Services Llc 71 Belknap Ave Newport, NH 03773, USA	71 Belknap Ave Newport, NH 03773, USA	Greenhill Insurance Services 1707 Post Oak Blvd, #279, Houston, TX 77056
Medical Specialty: Nurse Practitioner (NP) - Family / General Practice / Adult		**Insurance Provided by:** Certain Underwriters at Lloyd's, London

	COVERAGE PARTS	LIMITS OF LIABILITY	
A.	**PROFESSIONAL LIABILITY**	*Deductible - $2,500*	
	Professional Liability (PL)	$1,000,000 each claim	$3,000,000 aggregate
	Good Samaritan Liability	included above	
	Personal Injury Liability	included above	
	Malplacement Liability	included above	
B.	**Coverage Extensions:**	Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.	
	License Protection	$10,000 per proceeding	$10,000 aggregate
	Deposition Representation		$10,000 aggregate
	First Aid		$2,500 aggregate
	Medical Payments		$2,500 aggregate
	Damage to Property of Others	$500 per incident	$10,000 aggregate
C.	**WORKPLACE LIABILITY**	Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.	
	Workplace Liability	included in A. PL Limit shown above	
	Fire & Water Legal Liability	included in A. PL Limit above subject to	$150,000 sub-limit
	Personal Liability		$150,000 aggregate
D.	**GENERAL LIABILITY**	Coverage part D. General Liability does not apply if Coverage part C. Workplace Liability is made part of this policy	
	General Liability (GL)	$1,000,000 each occurrence	$3,000,000 aggregate
	Fire & Water Legal Liability	included in the GL limit above subject to	$250,000 sub-limit
	Personal Liability	included in the GL limit	included in the GL limit

Policy forms and endorsements attached at inception:

GENERAL LIABILITY COVERAGE
SELF-EMPLOYED

Additional Insured(s):

(1) LACONIA HOUSING 32 CANAL ST, LACONIA, NH 03246, USA (2) STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES 129 PLEASANT ST, CONCORD, NH 03301-3857

Keep this document in a safe place. It is evidence of your insurance coverage.

Master Policy #001-02242020-20

Authorized Representative

Please Note: All inquiries regarding this Certificate of Insurance should be addressed to the following Correspondent:

NOW Insurance
Email: info@nowinsurance.com

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/20/2021

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).

PRODUCER	CONTACT NAME:	
AP INTEGO INSURANCE GROUP LLC 375 WOODCLIFF DR 1ST FL FAIRPORT, NY 14450 (866) 890-9965	PHONE (A/C, No, Ext): (866) 890-9965	FAX (A/C, No): (888) 733-5112
	E-MAIL ADDRESS: travelersselectpayrollservices@travelers.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : THE CHARTER OAK FIRE INSURANCE COMPANY	
INSURED ON SITE MEDICAL SERVICES LLC 71 BELKNAP AVE NEWPORT, NH 03773	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 396975142511062 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☐						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-2S530373-21	04/28/2021	04/28/2022	X PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 100,000
							E.L. DISEASE - EA EMPLOYEE	$ 100,000
							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)

AS RESPECTS TO WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE FOLLOWING INDIVIDUAL(S) IS EXCLUDED: JAMES KEADY.

CERTIFICATE HOLDER

STATE OF NH DEPT OF HEALTH AND
HUMAN SERVICESS DHHS
129 PLEASENT ST
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

Michael J Mulligan

34

mac

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

November 29, 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 of Public Health Services, to amend an existing contract with On-Site Medical Services, LLC. (VC# 348965), Charlestown, NH to continue to provide COVID-19 vaccinations and boosters to individuals across the state, as requested by the Department, by exercising a renewal option by increasing the price limitation by $16,216,374 from $15,666,570 to $31,882,944 and by extending the completion date from December 31, 2021 to March 31, 2022, effective December 31, 2021, upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by the Governor on March 18, 2021 and presented to the Executive Council on April 21, 2021 (Informational Item #J), as amended with Governor approval on April 1, 2021 and presented to the Executive Council on May 5, 2021 (Informational Item #J), as amended with Governor approval on June 4, 2021 and presented to the Executive Council on June 30, 2021 (Informational Item #J), as amended with Governor and Executive Council approval on July 14, 2021 (Item #5A), and most recently amended with Governor and Executive Council approval on October 13, 2021 (Item #22).

Funds are available in State Fiscal Year 2022, 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.

05-95-095-950010-1919 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SERVICES, HHS: OFFICE OF THE COMMISSIONER, COMMISSIONERS OFFICE, COVID19 FEMA DHHS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2021	103-502664	Contracts for Oper Svc	95010690	$2,220,670	$0	$2,220,670
2022	103-502664	Contracts for Oper Svc	95010690	$13,445,900	$16,216,374	$29,662,274
			Total	$15,666,570	$16,216,374	$31,882,944

EXPLANATION

The purpose of this request is for the Contractor to provide four (4) mobile vehicles and six (6) fixed sites across the state to administer COVID-19 vaccinations and boosters to individuals, as directed by the Department. Additionally, the Contractor will continue to administer mobile homebound COVID-19 vaccinations and boosters. The Contractor will send qualified medical professionals to locations to administer COVID-19 vaccinations and has clinical and non-clinical staff on-call to the Department to provide COVID-19 vaccinations.

New Hampshire residents statewide age five and older will be served by mobile vaccination services. The exact number of residents who will be served will depend on the trajectory of the COVID-19 pandemic and interest in vaccination. The Contractor coordinates with the Department to schedule mobile COVID-19 vaccination services and provides a call center to support individuals in need of homebound services. The Contractor communicates with the Department to develop and implement operation and deployment plans. The Department assures that COVID-19 vaccination services are available and easily accessible, statewide, to all individuals.

The Department is monitoring contracted services by reviewing daily reports on the number of individuals vaccinated. Additionally, any adverse reactions to the vaccination or unusual circumstances are reported the Department immediately.

As referenced in Exhibit A of the original contract, the parties have the option to extend the agreement for up to one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and appropriate State approval. The Department is exercising its option to renew services for three (3) months of the five (5) months available.

Should the Governor not authorize this request, New Hampshire will continue to have unmitigated transmission of COVID-19 that places individuals at risk of severe disease, hospitalization and death, and healthcare systems will continue to be over-burdened by treating individuals with severe disease.

.Area served: Statewide

Source of Funds: CFDA 97.036, FAIN 4516DRNHP00000001

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37E0BEB488...

Lori A. Shibinette
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #5

This Amendment to the COVID-19 Mobile Vaccination Program contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and On-Site Medical Services, LLC. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor on March 18, 2021, and presented to the Executive Council on April 21, 2021, (Item #J), as amended and approved by the Governor on April 1, 2021, and presented to the Executive Council on May 5, 2021 (Item #J), as amended and approved by the Governor on June 4, 2021, and presented to the Executive Council on June 30, 2021 (Item #J), as amended and approved by the Governor and Executive Council on July 14, 2021 (Item #5A), and as amended on October 13, 2021 (Item #22), the Contractor agreed to perform certain services based upon the terms and conditions specified and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, the Contract may be amended upon written agreement of the parties and appropriate State approval; and

WHEREAS, the parties agree to extend the term of the agreement to support continued delivery of these services; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $31,882,944

3. Modify Exhibit B Scope of Services Amendment #4, Section 1 Statement of Work – COVID-19 Mobile Vaccination Clinics, Subsection 1.5, Paragraph 1.5.1 to read:

   1.5.1 Consist of up to two to four (4) personnel, two (2) of which must be a licensed medical provider, as agreed upon by both parties; and

4. Modify Exhibit C, Payment Terms Amendment #4 by replacing in its entirety with Exhibit C, Payment Terms Amendment #5, which is attached hereto and incorporated by reference herein.

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All terms and conditions of the Contract and prior amendments not modified by this Amendment #4 remain in full force and effect. This Amendment shall be effective December 31, 2021, 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

12/3/2021

Date

DocuSigned by:
Patricia M. Tilley
848FB38F5BFD4C8...

Name: Patricia M. Tilley
Title:
Director

On-Site Medical Services, LLC.

11/30/2021

Date

DocuSigned by:
Andrew Keady
A478158D1379457...

Name: Andrew Keady
Title:
Chief Operating Officer

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

OFFICE OF THE ATTORNEY GENERAL

12/6/2021

DocuSigned by:
J. Christopher Marshall
D5BD458E80D4403...

Date

Name: J. Christopher Marshall
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
COVID-19 Mobile Vaccination Program

EXHIBIT C – Amendment #5

Payment Terms

1. This agreement is funded with 100% Federal Funds from the United States Department of Homeland Security (DHS), Disaster Grants - Public Assistance (Presidentially Declared Disasters) CFDA 97.036, FAIN 4516DRNHP00000001

2. For the purposes of this Agreement:

   2.1. The Department has identified the Contractor as a Subreceipient, in accordance with 2 CFR 200.331.

   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.

Deployment of COVID-19 Mobile Vaccination Teams to Vaccinations Sites

3. Payment shall be on a rate basis for services identified in Exhibit B – Amendment #4, Scope of Services, Section 1, Statement of Work – COVID-19 Mobile Vaccination Clinics:

All inclusive monthly rate per team (including mileage)	$153,926

3.1. The Contractor shall only invoice the Department when teams are activated by the Department.

Deployment to COVID-19 Fixed Sites

4. Payment shall be on a rate basis for the services identified in Exhibit B – Amendment #4, Scope of Services, Section 2, Statement of Work – COVID-19 Fixed Sites:

Site	Cost
Berlin	$40,650 for three months
Plymouth	$12,900 for three months
Claremont	$12,000 for three months
Rochester	$30,000 for three months

Deployment of Homebound COVID-19 Vaccinations

5. Payment shall be on a rate basis for the services identified in Exhibit B – Amendment #4, Scope of Services, Section 3, Statement of Work - Homebound COVID-19 Vaccinations, of the:

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All inclusive monthly rate (including mileage)	$525,930

6. The Contractor shall submit an invoice in a form satisfactory to the Department 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. Contractor shall ensure submitted invoices delinate based upon vaccination site, Open POD or Closed POD as described herein this Agreement.

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

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

8. The Department 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, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.

9. The final invoice shall be due to the Department 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 B, 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 this Agreement pursuant to paragraph 8 of the General Provisions, Event of Default. The Department will provide notice of any funding that may be withheld.

12. Notwithstanding Paragraph 17 of the General Provisions Form 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:

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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.

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. 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.

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

September 15, 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 of Public Health Services, to amend an existing contract with On-Site Medical Services, LLC. (VC# 348965), Charlestown, NH to provide mobile COVID-19 vaccinations to individuals, as requested by the Department, by exercising a renewal option by increasing the price limitation by $13,445,900 from $2,220,670 to $15,666,570 by extending the completion date from September 30, 2021 to December 31, 2021, effective upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by the Governor on March 18, 2021 and presented to the Executive Council on April 21, 2021 (Informational Item #J), as amended with Governor approval on April 1, 2021 and presented to the Executive Council on May 5, 2021 (Informational Item #J), as amended with Governor approval on June 4, 2021 and presented to the Executive Council on June 30, 2021 (Informational Item #J), and as amended with Governor and Executive Council approval on July 14, 2021 (Item #5A).,

Funds are available in State Fiscal Year 2022, 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.

05-95-095-950010-1919 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SERVICES, HHS: OFFICE OF THE COMMISSIONER, COMMISSIONERS OFFICE, COVID19 FEMA DHHS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2021	103-502664	Contracts for Oper Svc	95010690	$2,220,670	$0	$2,220,670
2022	103-502664	Contracts for Oper Svc	95010690	$0	$13,445,900	$13,445,900
			Total	**$2,220,670**	**$13,445,900**	**$15,666,570**

EXPLANATION

The purpose of this request is for the Contractor to provide two (2) mobile vehicles to administer COVID-19 vaccinations and boosters to individuals across the State as directed by the Department. The Contractor will continue to administer mobile homebound COVID-19 vaccinations and boosters. In addition, the Contractor will reinstate their fixed sites across the State, as directed by the Department, to administer COVID-19 vaccinations and boosters. The Contractor will send qualified medical professionals to locations to administer COVID-19 vaccinations and has clinical and non-clinical staff on-call to the Department to provide COVID-19 vaccinations.

The population served includes residents statewide. The exact number of residents of the State of New Hampshire who will be served will depend on the trajectory of the COVID-19 pandemic and interest in vaccination.

The Contractor coordinates with the Department to schedule mobile COVID-19 vaccination services. The Contractor will provide the Department with a call center to field phone calls for the homebound vaccination efforts. The Contractor communicates with the Department to develop and implement operation and deployment plans. The Department needs to ensure COVID-19 vaccination services are available and easily accessible, statewide, to all individuals.

The Department is monitoring contracted services by reviewing daily reports on the number of individuals vaccinated. In addition, any adverse reactions to the vaccination or unusual circumstances are reported the Department immediately.

As referenced in Exhibit A of the original contract, the parties have the option to extend the agreement for up to one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and appropriate State approval. The Department is exercising its option to renew services for three (3) months of the eight (8) months available.

Should the Governor not authorize this request, New Hampshire will continue to have unmitigated transmission of COVID-19 that places individuals at risk of severe disease, hospitalization and death. Healthcare systems will continue to be over-burdened by treating individuals with severe disease.

Area served: Statewide

Source of Funds: CFDA 97.036, FAIN 4516DRNHP00000001

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

Respectfully submitted,

DocuSigned by:
Ann H. N. Landry
24BAB37EDBEB488...

Lori A. Shibinette
Commissioner

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

This Amendment to the COVID-19 Mobile Vaccination Program contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and On-Site Medical Services, LLC. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor on March 18, 2021, and presented to the Executive Council on April 21, 2021, (Item #J), as amended and approved by the Governor on April 1, 2021, and presented to the Executive Council on May 5, 2021 (Item #J), as amended and approved by the Governor on June 4, 2021, and presented to the Executive Council on June 30, 2021 (Item #J), and approved by the Governor and Executive Council on July 14, 2021 (Item #5A)., the Contractor agreed to perform certain services based upon the terms and conditions specified and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, the Contract may be amended upon written agreement of the parties and appropriate State approval; and

WHEREAS, the parties agree to extend the term of the agreement to support continued delivery of these services; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   December 31, 2021

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $15,666,570

3. Modify Exhibit B Scope of Services Amendment #3 by replacing in its entirety with Exhibit B Amendment #4, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit C, Payment Terms Amendment #3 by replacing in its entirety with Exhibit C, Payment Terms Amendment #4, which is attached hereto and incorporated by reference herein

All terms and conditions of the Contract and prior amendments not modified by this Amendment #4 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

9/16/2021
Date

DocuSigned by:
Patricia M. Tilley
B46FB38F5BED4C8...

Name: Patricia M. Tilley
Title: Director

On-Site Medical Services, LLC.

9/15/2021
Date

DocuSigned by:
Andrew Keady
A478158D1379457...

Name: Andrew Keady
Title: Chief Operating Officer

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

OFFICE OF THE ATTORNEY GENERAL

9/16/2021
Date

DocuSigned by:
J. Christopher Marshall
D5BD458E8DD4403...
Name: J. Christopher Marshall
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
COVID-19 Mobile Vaccination Program

EXHIBIT B – Amendment #4

Scope of Services

1. **Statement of Work – COVID-19 Mobile Vaccination Clinics**

1.1. The Contractor shall provide a minimum of two (2) mobile teams to administer COVID-19 vaccination services and boosters to qualifying New Hampshire residents in accordance with the New Hampshire COVID-19 Vaccination Allocation Plan, as directed by the Department.

1.2. The Contractor shall provide a minimum of two (2) vehicles, with a magnet on the vehicle, as approved by the Department, for transportation of mobile vaccination staff and supplies. The Contractor shall:

1.2.1. Ensure the two (2) aforementioned vehicles are available for Department-deployed mobile vaccination services no later than October 1, 2021; and

1.2.2. Be responsible for all transportation and vehicle maintenance costs and insurance; and

1.2.3. Be responsible for all wrap design, placement and removal costs.

1.3. The Contractor shall also pay for the wrap design, placement and removal costs of a 10X10 foot canopy tent.

1.4. The Contractor shall ensure the location of each mobile clinic services team is available as agreed upon by the Department and the Contractor, as designated and coordinated with the Department.

1.5. The Contractor shall provide at minimum two (2) mobile teams which shall consist of the following per team:

1.5.1. Consist of up to two to four (4) personnel, one (1) of which must be a licensed medical provider, as agreed upon by both parties; and

1.5.2. A minimum of one team shall be available seven (7) a week, ten (10) hours per day.

1.6. The Contractor agrees that hours of availability for both teams may include, but are not limited to:

1.6.1. Early morning/evening/night, holidays.

1.6.2. Reoccurring staffing assignments, which may include daily/weekly staffing of a mobile van or an event.

1.7. The Contractor shall coordinate with the Department to schedule mobile COVID-19 vaccination services. The Contractor shall:

1.7.1. Provide feedback to the Department on utilization of mobile services; and

1.7.2. Collaborate with the Department create protocols that account for the need for efficiency and coordination in scheduling mobile clinic services to administer vaccinations statewide.

1.8. The Contractor will inventory the mobile unit and resupply daily, or as often as needed, from Department supplies.

2. Statement of Work – COVID-19 Fixed Sites

2.1. The Contractor shall operate, up to five (5) fixed site(s) for up to sixty (60) hours per week, for up to 1,400 COVID-19 vaccinations and boosters per day per site, at locations as agreed upon by the Department and the Contractor and provide the Department with a three (3) week notification of being able to deploy. The Contractor shall:

2.1.1. Provide all logistical resources and ensure all fixed sites have the following, which include, but are not limited to:

2.1.1.1. Rent

2.1.1.2. Utilities (electrical, internet, etc.)

2.1.1.3. Generator/fuel

2.1.1.4. Heaters

2.1.1.5. Light towers

2.1.1.6. Supplies (chairs, tables, utility carts, office supplies, hand warmers)

2.1.1.7. Portable toilets

2.1.1.8. Sharps disposal/waste disposal

2.2. The Contractor shall coordinate with the Department, to schedule COVID-19 vaccination appointments.

3. Statement of Work – Homebound COVID-19 Vaccinations

3.1. The Contractor shall provide mobile COVID-19 vaccines and boosters to homebound individuals. The Contractor shall:

3.1.1. Maintain a call center to coordinate scheduling of in home appointments for homebound individuals, including but not limited to.

3.1.1.1. Manage incoming/outgoing calls from the public

3.1.1.2. Perform outreach to homebound individuals previously vaccinated per the Departments request.

3.1.2. Ensure scheduling of COVID-19 vaccination within 24-48 hours of request.

3.1.3. Ensure completion of vaccination within 14 days of request, unless the individual does not make themselves available within this timeframe.

4. Statement of Work – Applicable to ALL scope.

4.1. The Contractor shall send qualified, medical providers ("Staff"), as supervised by a licensed medical provider and approved by the Department, to provide COVID-19 vaccinations. The Contractor shall:

4.1.1. Administer vaccinations to 100% of individuals referred to the Contractor by the Department on the scheduled date unless:

4.1.1.1. The recipient does not make themselves available at the scheduled time;

4.1.1.2. The recipient is not cooperative or is non-compliant; or

4.1.1.3. Circumstances occur that are beyond the reasonable control of Contractor.

4.1.2. Hire, maintain and provide properly licensed staff, and ensure the staff performing services under this Agreement possess valid New Hampshire-issued clinical licenses.

4.1.3. Ensure staff perform their duties in accordance with applicable laws, regulations, licensing and/or accreditation standards, in effect at the time this Agreement is entered into and which shall be presented to the Department or facility administration upon request.

4.1.4. Coordinate with the Department to ensure documentation that the vaccination administered is entered into the appropriate system within 24 hours of vaccine administration.

4.1.5. Ensure staff attest each working day that they are not experiencing any symptoms of COVID-19, as defined by the Department. When a staff member is experiencing symptoms of COVID-19, the Contractor shall ensure that the staff member is tested for COVID-19.

4.1.6. Ensure the staff adhere to isolation and quarantine recommendations issued by the Department, including those related to interstate travel. The Contractor shall remove any staff member from future work on behalf of this Agreement if the staff member does not adhere to required isolation and quarantine.

4.1.7. Ensure staff complete the Centers for Disease Control and Prevention's COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers; all manufacturer-specific COVID-19 vaccine trainings; and any additional trainings, as assigned by the Department.

4.2. The Contractor shall utilize staff, if applicable, who, within their scope of practice, are qualified to perform services that include, but are not limited to:

DS

4.2.1. Conducting physical assessments and screening for contraindications and precautions to vaccination.

4.2.2. Administering the COVID-19 vaccine.

4.2.3. Monitoring vital signs.

4.2.4. Observing for adverse reactions after vaccination for 15 minutes or 30 minutes after vaccination, as appropriate.

4.2.5. Responding to medical emergencies, as applicable.

4.2.6. Promoting vaccine confidence, providing education of vaccine efficacy, and recruiting citizens for vaccination during mobile clinic.

4.3. The Department shall supply the Contractor with the following, which includes, but is not limited toCOVID-19 vaccine for administration to individuals as per State guidelines.

4.4. The Contractor shall obtain self-attestations from immunocompromised individuals to assess for eligibility of third dose COVID-19 immunization.

4.5. The Contractor shall strategically prepare for the administration of COVID-19 vaccine doses to individuals newly recommended for initial or additional doses per Federal and State approval.

4.6. The Contractor shall procure other necessary supplies to conduct vaccinations, including, but not limited to, emergency management medications and other equipment.

4.7. The Contractor shall make all reasonable efforts to provide replacement Medical Professionals for the remainder of the agreement period in the event a member of Medical Professionals is unable to fulfill the prescribed mobile clinic needs due to illness, injury or other unforeseen circumstance.

4.8. The Contractor shall complete documentation of patient vaccination record information within the electronic vaccine administration management system or other electronic system as determined by the Department, including all required demographic data.

4.9. The Contractor shall ensure all needlestick or other blood borne pathogen incidents are managed at the time of the injury according to established guidance and procedures outlined by the Contractor.

4.10. The Contractor must report all vaccine errors and immediate adverse vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS) from the Centers for Disease Control and Prevention by the end of the clinic day.

4.11. The Contractor shall work with the Department to ensure communication access services are available for individuals served under this agreement.

4.12. The Contractor shall adhere to the requirements detailed in the COVID-19 Vaccination Program Provider Agreement that is in place with the Department.

4.13. The Contractor shall ensure a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), or Advanced Practice Registered Nurse (APRN) is available to provide the following services, which shall include, but is not limited to:

4.13.1. Medical oversight.

4.13.2. Standing orders.

4.13.3. Emergency protocols.

4.13.4. Clinical expertise.

4.13.5. Ability to prescribe medication in the State of New Hampshire.

4.14. The Contractor shall provide all licensed medical providers administering COVID-19 vaccine copies of standing orders and emergency protocols as adapted and developed by the Contractor from national guidelines.

4.15. The Contractor shall procure other necessary supplies to conduct vaccinations, including, but not limited to, emergency management medications and other equipment.

4.16. The Contractor shall provide a mobile hot spot that allows for interpreter communication, medical documentation and other clinic internet needs, ensuring the connectivity has the ability to support real-time operations that include patient lookup and documentation in the New Hampshire Immunization Information System.

4.17. The Contractor will provide the Department with a contact number to facilitate field communications. The Contractor will be responsible for any and all cost associated with this mobile contact number. If that individual is not available, the Contractor shall deploy an appropriate replacement.

4.18. The Contractor shall maintain security and maintenance of any Department-supplied equipment ensuring that, should the equipment become lost or damaged, replacement of the equipment is at the sole expense of the Contractor.

4.19. The Contractor shall make all reasonable efforts to provide replacement staffing for the remainder of the agreement period in the event a staff member is unable to fulfill the prescribed mobile clinic needs due to illness, injury or other unforeseen circumstance.

4.20. The Contractor shall complete documentation of patient vaccination record information within the electronic vaccine administration management system or other electronic system within twenty-four (24) hours, or as determined by the Department.

4.21. The Contractor shall ensure all needle stick or other blood borne pathogen incidents are managed at the time of the injury according to established guidance and procedures outlined by the Contractor.

DS

4.22. The Contractor must report all vaccine errors and immediate adverse vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS) from the Centers for Disease Control and Prevention by the end of the clinic day.

4.23. The Contractor shall ensure it has the ability to receive notification from the Department of any unexpected incident known to involve staff including, but not limited to errors; safety hazards, or injury.

4.24. Ensure Medical Professionals complete the COVID-19 Vaccine Training, which shall include but is not limited to, General Overview of Immunization Best Practices for Healthcare Providers and all Manufacturer-Specific COVID-19 Vaccine Trainings, scheduling software and any additional trainings as assigned by the Department.

4.25. The Contractor shall be provided with a minimum of forty-eight (48) hours advance notice when the Department needs Medical Professionals. The work schedule may be modified as agreed upon by the Department and Contractor.

4.26. The Contractor shall work with the Department to ensure communication access services are available for individuals served under this Agreement.

5. Reporting Requirements

5.1. The Contractor shall submit weekly reports to the Department on the following:

5.1.1. Completion of deployment tracking sheet daily (See Appendix A)

5.1.2. Number and location (by town) of in home vaccinations provided to homebound individuals

5.1.3. Vaccine wastage.

5.2. The Contractor shall submit daily reports to the Department on any adverse reactions or unusual occurrences that occur, to include the following:

5.2.1. Vaccination errors.

5.2.2. Needlestick injuries.

5.2.3. Adverse reactions by individuals experienced at the vaccination clinic site.

5.2.4. Use of epinephrine auto-injectors.

5.2.5. As may be indicated, root cause analysis post incident.

5.2.6. Completion of Equitable Vaccine Administration Information (See Appendix B).

6. Performance Measures

6.1. The Contractor shall actively and regularly collaborate with the Department at the reasonable request of the Department to enhance contract management,

improve results, and adjust program delivery and policy based on successful outcomes.

6.2. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.

6.3. Where applicable, the Contractor shall collect and share data with the Department in a format as reasonably specified by the Department.

7. Additional Terms

7.1. Impacts Resulting from Court Orders or Legislative Changes

7.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

8. Records

8.1. The Contractor shall keep records that include, but are not limited to:

8.1.1. Books, records, documents and other electronic or physical 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.

8.1.2. All records must 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.

8.1.3. Medical/vaccination records on each patient/recipient of services.

8.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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.

EXHIBIT C – Amendment #4

Payment Terms

1. For the purposes of this Agreement:

   1.1. The Department has identified the Contractor as a Subreceipient, in accordance with 2 CFR 200.331.

   1.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.

Deployment of Mobile Vaccination Teams to Vaccinations Sites

2. Payment shall be on a rate for the Scope of Services identified in Section 1 of the Exhibit B Scope of Services:

Weekly Cost per week/ per team	$34,394
Rate per hour per deployed team	$250
Cost per mile	Federally approved rate

2.1. The Contractor shall only invoice the Department the hourly rate per team when they are activiated by the Department.

Deployment of Homebound Vaccinations

3. Payment shall be on a rate basis for the Scope of Services identified in Section 2 of the Exhibit B Scope of Services:

All inclusive weekly rate (including mileage)	$121,462

Deployment of Fixed Sites

4. Payment shall be on a rate basis for the Scope of Services identified in Section 3 of the Exhibit B Scope of Services:

All inclusive Rate per week per site	$161,810 maximum
Fixed Site Cost	Actual Fixed Site Cost + 1% Above Actual Fixed Site Cost

5. The Contractor shall submit an invoice in a form satisfactory to the Department 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. Contractor shall ensure submitted invoices delinate based upon vaccination site, Open POD or Closed POD as described herein this Agreement.

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

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

7. The Department 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, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.
8. The final invoice shall be due to the Department 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 B, 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 this Agreement pursuant to paragraph 8 of the General Provisions, Event of Default. The Department will provide notice of any funding that may be withheld.
11. Notwithstanding Paragraph 17 of the General Provisions Form 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:
        12.1.1. 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.
        12.1.2. 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.
        12.1.3. 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. 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.

5A mac

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

June 23, 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 of Public Health Services, to amend an existing contract with On-Site Medical Services, LLC. (VC# 348965), Charlestown, NH to provide mobile COVID-19 vaccinations to individuals, as requested by the Department, by extending the completion date from July 31, 2021 to September 30, 2021 effective upon Governor and Council approval with no change to the price limitation of $2,220,670. 100% Other Funds (FEMA Public Assistance).

The original contract was approved by Governor on March 18, 2021, as presented to the Executive Council on April 21, 2021, Item J, as amended with Governor approval on April 1, 2021, as presented to the Executive Council on May 5, 2021, Item J, and as amended with Governor approval on June 4, 2021 and presented to the Executive Council on June 30, 2021, Item J.

Funds were encumbered for this contract as shown below:

05-95-095-950010-1919 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SERVICES, HHS: OFFICE OF THE COMMISSIONER, COMMISSIONERS OFFICE, COVID19 FEMA DHHS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2021	103-502664	Contracts for Oper Svc	95010690	$2,220,670	$0	$2,220,670
			Total	$2,220,670	$0	$2,220,670

EXPLANATION

The Contractor will continue to provide COVID-19 vaccinations to individuals across the State as directed by the Department, in accordance with New Hampshire's Coronavirus Disease 2019 Vaccination Plan. The Contractor is sending qualified medical professionals to individuals' locations to administer COVID-19 vaccinations. The Contractor will have clinical and non-clinical staff on-call to the Department to provide COVID-19 vaccinations.

The population served includes residents statewide. The exact number of residents of the State of New Hampshire who will be served will depend on the trajectory of the COVID-19 pandemic.

The Contractor will work with the Department to ensure individuals are vaccinated in a timely and effective manner. When the Contractor's staff provide the COVID-19 vaccination, they also conduct a physical assessment, administer the vaccination, and monitor the individual's vital signs.

The Department is monitoring contracted services by reviewing daily reports of the number of individuals vaccinated. In addition, any adverse reactions to the vaccination or unusual circumstances will be reported the Department immediately.

As referenced in Exhibit A of the original contract, the parties have the option to extend the agreement for up to one (1) additional year, 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 two (2) months of the eleven (11) months available.

Should the Governor and Council not authorize this request, unvaccinated individuals across the State who have significant barriers to accessing vaccination through mechanisms other than mobile vaccination services and wish to receive a vaccination will have less of an opportunity to obtain the COVID-19 vaccine.

Area served: Statewide

Source of Funds: CFDA 97.036, FAIN 4516DRNHP00000001

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

Respectfully submitted,

Lori Shibinette

Lori A. Shibinette
Commissioner

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

This Amendment to the COVID-19 Mobile Vaccination Program contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and On-Site Medical Services, LLC. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor on March 18, 2021, and presented to the Executive Council on April 21, 2021, (Item #J), as amended and approved by the Governor on April 1, 2021, and presented to the Executive Council on May 5, 2021 (Item #J), as amended and approved by the Governor on June 4, 2021, and to be presented to the Executive Council, the Contractor agreed to perform certain services based upon the terms and conditions specified and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, the Contract may be amended upon written agreement of the parties and appropriate State approval; and

WHEREAS, the parties agree to extend the term of the agreement to support continued delivery of these services; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   September 30, 2021

2. Modify Exhibit B Scope of Services Amendment #1 by replacing in its entirety with Exhibit B Amendment #3, Scope of Services, which is attached hereto and incorporated by reference herein.
3. Modify Exhibit C, Payment Terms Amendment #1 by replacing in its entirety with Exhibit C, Payment Terms Amendment #3, which is attached hereto and incorporated by reference herein
4. Add Attachment A, Mobile Van Daily Tracking Log.
5. Add Attachment B, Equitable Vaccine Administration Information.

All terms and conditions of the Contract and prior amendments not modified by this Amendment #3 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

6/21/2021
Date

DocuSigned by:
Patricia M. Tilley
846FB38F58FD4C8...
Name: Patricia M. Tilley
Title: Director

On-Site Medical Services, LLC.

6/18/2021
Date

DocuSigned by:
Andrew Keady
A47B188D1378457...
Name: Andrew Keady
Title: Chief Operating Officer

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

OFFICE OF THE ATTORNEY GENERAL

6/24/2021

DocuSigned by:
Takhmina Rakhmatova
0274A912E0984E9...

Date

Name: Takhmina Rakhmatova
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
COVID-19 Mobile Vaccination Program

EXHIBIT B – Amendment #3

Scope of Services

1. Statement of Work – Closed POD Sites

1.1. The Contractor shall administer COVID-19 vaccines for the prevention of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).The Contractor shall administer COVID-19 vaccines to qualifying New Hampshire residents in accordance with the New Hampshire COVID-19 Vaccination Allocation Plan Summary,https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/covid19-vaccine-allocation-plan-summary.pdf

1.2. The Contractor shall ensure services are available at locations as agreed upon by the Department and the Contractor.

1.3. The Contractor shall coordinate with the Department, to schedule the mobile COVID-19 vaccination appointments.

1.4. The Contractor shall send qualified, licensed medical providers ("Medical Professionals"), which shall include, clinical and non-clinical staff, as approved by the Department, to provide mobile COVID-19 vaccinations. The Contractor shall:

1.4.1. Deploy teams that include clinical and non-clinical staff, as requested by the Department.

1.4.2. Be available on call six (6) days per week, up to forty (40) hours per week, as requested by the Department.

1.4.3. Administer vaccinations to 100% of individuals referred to the Contractor by the Department on a mutually agreed upon scheduled date unless the recipient does not make themselves available at the scheduled time or reasonable efforts of Contractor to reach recipient fail.

1.4.4. Hire, maintain and provide properly licensed Medical Professionals, and ensure the Medical Professionals performing services under this Agreement possess valid New Hampshire-issued clinical licenses, if deemed necessary by any law, regulation, or statute.

1.4.5. Ensure Medical Professionals perform their duties in accordance with applicable laws, regulations, licensing and/or accreditation standards, which shall be presented to the Department or facility administration upon request.

1.4.6. Provider will ensure vaccine documentation is completed and entered into the appropriate vaccination documentation system within 24 hours of vaccine administration.

1.4.7. Ensure Medical Professionals attest each working day that they are not experiencing any symptoms of COVID-19, as defined by the Department. When a member of Medical Professionals is experiencing

symptoms of COVID-19, the Contractor will test the Medical Professionals member for COVID-19.

1.4.8. Ensure the Medical Professionals adhere to isolation and quarantine recommendations issued by the Department, including those related to interstate travel. The Contractor shall remove any Medical Professionals member from future work on behalf of this Agreement if the Medical Professionals member does not adhere to required isolation and quarantine.

1.5. Ensure Medical Professionals complete the COVID-19 Vaccine Training, which shall include but is not limited to: General Overview of Immunization Best Practices for Healthcare Providers and all Manufacturer-Specific COVID-19 Vaccine Trainings, scheduling software and any additional trainings as assigned by the Department.

1.6. The Contractor shall be provided with a minimum of forty-eight (48) hours advance notice when the Department needs Medical Professionals. The work schedule may be modified as agreed upon by the Department and Contractor.

1.7. The Contractor shall utilize Medical Professionals who, within their scope of practice can perform, at a minimum, the following services, which include but are not limited to:

1.7.1. Conducting physical assessments and screening for contraindications and precautions to vaccination.

1.7.2. Administering the COVID-19 vaccine.

1.7.3. Monitoring vital signs.

1.7.4. Observing for adverse reactions after vaccination for 15 minutes or 30 minutes after vaccination, as appropriate.

1.7.5. Responding to medical emergencies, as applicable.

1.7.6. Document vaccine administration

1.8. The Contractor shall adhere to the requirements detailed in the COVID-19 Vaccination Program Provider Agreement

https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/provider-agreement.pdf that is in place with the Department.

1.9. The Contractor shall ensure a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), or Advanced Practice Registered Nurse (APRN) is available to provide the following services, which shall include, but is not limited to:

1.9.1. Medical oversight.

1.9.2. Standing orders.

1.9.3. Emergency protocols.

1.9.4. Clinical expertise.

1.9.5. Ability to prescribe medication in the State of New Hampshire.

1.10. The Contractor shall provide all licensed medical providers administering COVID-19 vaccine copies of standing orders and emergency protocols as adapted and developed by the Contractor from national guidelines.

1.11. The Department shall supply the Contractor with the following which includes, but is not limited to:

1.11.1. COVID-19 vaccine for administration to individuals as specified in Section 1.1.

1.11.2. Epinephrine auto-injectors, as needed.

1.11.3. Personal protective equipment, as needed.

1.12. The Contractor shall procure other necessary supplies to conduct vaccinations, including, but not limited to, emergency management medications and other equipment.

1.13. The Contractor shall make all reasonable efforts to provide replacement Medical Professionals for the remainder of the agreement period in the event a member of Medical Professionals is unable to fulfill the prescribed mobile clinic needs due to illness, injury or other unforeseen circumstance.

1.14. The Contractor shall complete documentation of patient vaccination record information within the electronic vaccine administration management system or other electronic system as determined by the Department.

1.15. The Contractor shall ensure all needlestick or other blood borne pathogen incidents are managed at the time of the injury according to established guidance and procedures outlined by the Contractor.

1.16. The Contractor must report all vaccine errors and immediate adverse vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS) from the Centers for Disease Control and Prevention by the end of the clinic day.

1.17. The Contractor shall work with the Department to ensure communication access services are available for individuals served under this agreement.

2. Reporting Requirements

2.1. The Contractor shall submit weekly reports to the Department on the following:

2.1.1. Completion of deployment tracking sheet daily (See Appendix A)

2.1.2. Vaccine wastage.

2.2. The Contractor shall submit daily reports to the Department on any adverse reactions or unusual occurrences that occur, to include the following:

2.2.1. Vaccination errors.

2.2.2. Needlestick injuries.

2.2.3. Adverse reactions by individuals experienced at the vaccination clinic site.

2.2.4. Use of epinephrine auto-injectors.

2.2.5. As may be indicated, root cause analysis post incident.

2.2.6. Completion of Equitable Vaccine Administration Information (See Appendix B).

3. Performance Measures

3.1. The Contractor shall actively and regularly collaborate with the Department at the reasonable request of the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

3.2. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.

3.3. Where applicable, the Contractor shall collect and share data with the Department in a format as reasonably specified by the Department.

4. Additional Terms

4.1. Impacts Resulting from Court Orders or Legislative Changes

4.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

5. Records

5.1. The Contractor shall keep records that include, but are not limited to:

5.1.1. Books, records, documents and other electronic or physical 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.

5.1.2. All records must 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.

5.1.3. Medical/vaccination records on each patient/recipient of services.

5.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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.

New Hampshire Department of Health and Human Services
COVID-19 Mobile Vaccination Program

EXHIBIT C – Amendment #1

Payment Terms

1. For the purposes of this Agreement:

   1.1. The Department has identified the Contractor as a Subreceipient, in accordance with 2 CFR 200.331.

   1.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.

Deployment of Vaccination Teams to Vaccinations Sites

2. Payment shall be on a rate basis for clinical and non-clinical staff, that includes 3-4 individuals, and shall not excced the following rates:

On call coverage cost	$2,400 per week
Rate per hour per deployed team	$236
Cost per mile	$.575 cents per mile (federally approved rate)

   2.1. The deployment must be for five (5) hours minimum in order for to be enacted and must include the travel time from Claremont, New Hampshire to the requested vaccination site.

3. The Contractor shall submit an invoice in a form satisfactory to the Department 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. Contractor shall ensure submitted invoices delinate based upon vaccination site, Open POD or Closed POD as described herein this Agreement.

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

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

5. The Department 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, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.

6. The final invoice shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

8. 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 this Agreement pursuant to paragraph 8 of the General Provisions, Event of Default. The Department will provide notice of any funding that may be withheld.

9. Notwithstanding Paragraph 17 of the General Provisions Form 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.

10. Audits

    10.1. The Contractor is required to submit an annual audit to the Department if **any** of the following conditions exist:

        10.1.1. 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.

        10.1.2. 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.

        10.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

    10.2. 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.

    10.3. 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.

    10.4. 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.

Appendix A

Homebound Daily Log	Contractor Name:
Date:	

Time In	Time Out	Town	Site Location	# Vaccinated	Comments

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6/18/2021

Attachment B

Equitable Vaccine Administration Information

Section 1: Recipient/Subrecipient Information

Declaration #	Recipient Name Subrecipient Name	FEMA PA Code

Section 2: Equitable Vaccine Administration Strategy

Overview of Strategy	Narrative (If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)
Outreach and Engagement	Narrative (If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)
Registration Process	Narrative (If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)
Physical Site Design and Access	Narrative (If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)
Evaluation and Continuous Improvement Plan	Narrative (If this is a subsequent 30-day submittal, please define any changes to the plan)

Section 3: Site-Specific Information

(If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)

Associated FEMA Project #	Site	Name	Location	Status	Index Used	Vulnerability Score	Site Type	Site Capacity	Throughput	Additional site-specific details regarding: ☐ Outreach and Engagement ☐ Registration Process ☐ Physical Site Design ☐ Evaluation and Continuous Improvement	Equitable Selection Considerations
ID	ID	Text	Address GPS	☐ Planned ☐ Active ☐ Closed	CDC, SoVI, Other	Numeric Value	[illegible]	Doses/day projected for the next 30 days	Doses/day in the past 30 days	Narrative	Select all that apply: ☐ Community outreach and engagement was conducted for the site. ☐ Site location is accessible. ☐ Registration process addresses digital disparity and/or other limiting factors to registration. ☐ Site collects data on demographic information as detailed in the Medical Care Policy. ☐ Site location supports highest-risk communities and underserved populations. ☐ Acted on results of evaluation and continuous improvement.

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6/18/2021

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Interim Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

June 7, 2021

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

INFORMATIONAL ITEM

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, 2021-04, 2021-05, 2021-06, 2021-08, 2021-09, and 2021-10, Governor Sununu authorized the Department of Health and Human Services, Division of Public Health Services, to enter into a **Sole Source** amendment to an existing contract with On-Site Medical Services, LLC. (VC# 348965), Charlestown, NH, to provide vaccinations for homebound individuals, school staff, and other vulnerable individuals in accordance with New Hampshire's Coronavirus Disease 2019 Vaccination Plan, by extending the completion date from June 30, 2021, to July 31, 2021, with no change to the price limitation of $2,220,670. 100% Other Funds (FEMA Public Assistance).

The original contract was approved by Governor on March 18, 2021, as presented to the Executive Council on April 21, 2021, Item J, and amended with Governor approval on April 1, 2021, as presented to the Executive Council on May 5, 2021, Item J.

Funds are available in the following account for State Fiscal Year 2021, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

05-95-095-950010-1919 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SERVICES, HHS: OFFICE OF THE COMMISSIONER, COMMISSIONERS OFFICE, COVID19 FEMA DHHS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2021	103-502664	Contracts for Oper Svc	95010690	$2,220,670	$0	$2,220,670
			Total	$2,220,670	$0	$2,220,670

EXPLANATION

This item is **Sole Source** because the contract was originally approved as sole source and MOP 150 requires any subsequent amendments to be labeled as sole source. The Contractor

has been administering COVID-19 vaccinations and will continue for one (1) month to administer the vaccinations in order to ensure individuals who received their first vaccinations receive their second.

The Contractor will continue to provide COVID-19 vaccinations to homebound individuals, school staff, or other individuals as directed by the Department, in accordance with New Hampshire's Coronavirus Disease 2019 Vaccination Plan. The Contractor is sending qualified medical professionals to individuals' homes, school sites, or other community locations to administer COVID-19 vaccinations.

The population served includes residents statewide. The exact number of residents of the State of New Hampshire who will be served will depend on the trajectory of the COVID-19 pandemic.

The Contractor is working with the established Regional Public Health Networks to ensure individuals are vaccinated in a timely and effective manner. When the Contractor's staff go into the home of an individual, they also conduct a physical assessment, administer the vaccination, and monitor the individual's vital signs.

The Department is monitoring contracted services by reviewing daily reports of the number of individuals vaccinated. In addition, any adverse reactions to the vaccination or unusual circumstances will be reported the Department immediately.

As referenced in Exhibit A of the original contract, the parties have the option to extend the agreement for up to one (1) additional year, 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) month of the one (1) year available.

Area served: Sullivan County

Source of Funds: CFDA 97.036, FAIN 4516DRNHP00000001

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

Respectfully submitted,

Lori Shibinette

Lori A. Shibinette
Commissioner

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

This Amendment to the COVID-19 Mobile Vaccination Program contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and On-Site Medical Services, LLC. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor on March 18, 2021, and presented to the Executive Council on April 21, 2021, (Item #J), as amended and approved by the Governor on April 1, 2021, and presented to the Executive Council on May 5, 2021 (Item #J), the Contractor agreed to perform certain services based upon the terms and conditions specified and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, and Exhibit A, Revisions to Standard Agreement Provisions, Paragraph 1.2, the Contract may be amended upon written agreement of the parties and appropriate State approval; and

WHEREAS, the parties agree to extend the term of the agreement to support continued delivery of these services; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   July 31, 2021

All terms and conditions of the Contract and Amendment #1 not inconsistent with this Amendment #2 remain in full force and effect. This Amendment shall be effective upon the Governor's approval, as issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, 2021-04, 2021-05, 2021-06, 2021-08, 2021-09, and 2021-10, and any subsequent extensions.

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

State of New Hampshire
Department of Health and Human Services

6/13/2021
Date

DocuSigned by:
Patricia M. Tilley
Name: Patricia M. Tilley
Title: Director

On-Site Medical Services, LLC.

6/12/2021
Date

DocuSigned by:
Andrew Keady
Name: Andrew Keady
Title: Chief Operating Officer

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

OFFICE OF THE ATTORNEY GENERAL

6/14/2021

Date

DocuSigned by:
D5CA9202E32C4AE...

Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor approval issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, 2021-04, 2021-05, 2021-06 and 2021-08, and any subsequent extensions.

APR09'21 PM 2:52 RCVD

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Lisa M. Morris
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

April 2, 2021

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

INFORMATIONAL ITEM

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, 2021-04, and 2021-05, Governor Sununu authorized the Department of Health and Human Services, Division of Public Health Services, to enter into a **Retroactive, Sole Source** amendment to an existing contract with On-Site Medical Services, LLC. (VC# 348965), Charlestown, NH, to operate open point of dispensing (POD) fixed site vaccination clinics to administer COVID-19 vaccines to qualifying New Hampshire residents, by increasing the price limitation by $1,870,000 from $350,670 to $2,220,670 and by extending the completion date from May 31, 2021, to June 30, 2021, effective retroactive to March 24, 2021. 100% Other Funds (FEMA Public Assistance).

The original contract was approved by Governor Sununu on March 18, 2021, and is anticipated to be included on the April 21, 2021, Governor and Council Agenda as an informational item (#TBD).

Funds are available in the following account for State Fiscal Year 2021, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

05-95-095-950010-1919 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SERVICES, HHS: OFFICE OF THE COMMISSIONER, COMMISSIONERS OFFICE, COVID19 FEMA DHHS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2021	103-502664	Contracts for Oper Svc	95010690	$350,670	$1,870,000	$2,220,670
			Total	$350,670	$1,870,000	$2,220,670

EXPLANATION

This amendment is **Retroactive** because the Department needed to quickly provide COVID-19 vaccinations to individuals as directed by the Department. This amendment is **Sole Source** because the contract was originally approved as sole source and MOP 150 requires any subsequent amendments to be labeled as sole source. The Contractor has the capacity to immediately begin vaccination efforts in an open POD setting.

The purpose of this amendment is for the Contractor to operate an open point of dispensing fixed site vaccination clinic to administer COVID-19 vaccines to qualifying New Hampshire residents in accordance with the New Hampshire COVID-19 Vaccination Allocation Plan.

The population served includes residents statewide. The exact number of residents of the State of New Hampshire who will be served will depend on the trajectory of the COVID-19 pandemic and the number of individuals who sign up for COVID-19 vaccines

The Contractor is leasing a site in Claremont, New Hampshire to run a vaccination clinic and to administer the COVID-19 vaccinations to qualifying residents. The Contractor will run the logistics of the site, which include staff, appointments, and medical oversight.

The Department is monitoring contracted services by reviewing daily reports of the number of individuals vaccinated. In addition, any adverse reactions to the vaccination or unusual circumstances will be reported to the Department immediately.

As referenced in Exhibit A of the original contract, the parties have the option to extend the agreement for up to one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and appropriate State approval. The Department is exercising its option to renew services for one (1) month of the one (1) year available.

Area served: Sullivan County

Source of Funds: CFDA 97.036, FAIN 4516DRNHP00000001

Respectfully submitted,

Lori A. Shibinette
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #1

This Amendment to the COVID-19 Mobile Vaccination Program contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and On-Site Medical Services, LLC. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor on March 15, 2021, 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 17, and Exhibit A, Revisions to Standard Agreement Provisions, Paragraph 1.2, the Contract may be amended upon written agreement of the parties and appropriate State approval; 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:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2021.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $2,220,670.

3. Modify Exhibit B, Scope of Services by replacing in its entirety with Exhibit B Amendment #1, Scope of Services, which is attached hereto and incorporated by reference herein.

4. Modify Exhibit C, Payment Terms by replacing in its entirety with Exhibit C Amendment #1, Payment Terms, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not inconsistent with this Amendment #1 remain in full force and effect. This amendment shall be effective retroactively to May 24, 2021, subject to the Governor's approval issued under the Executive Order 2020-04, as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, and 2021-04, and any subsequent extensions.

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

4/1/2021
Date

DocuSigned by:
Lisa M. Morris
DB3808FB9CA8AA0...
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

On-Site Medical Services, LLC.

3/31/2021
Date

DocuSigned by:
Andrew Keady
A4781880137B437...
Name: Andrew Keady
Title: Chief Operating Officer.

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

OFFICE OF THE ATTORNEY GENERAL

4/1/2021

Date

Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor approval issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, and 2021-04, and any subsequent extensions.

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
COVID-19 Mobile Vaccination Program

EXHIBIT B – Amendment #1

Scope of Services

1. Statement of Work – Closed POD Sites

1.1. The Contractor shall administer COVID-19 vaccines for the prevention of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).The Contractor shall administer COVID-19 vaccines to qualifying New Hampshire residents in accordance with the New Hampshire COVID-19 Vaccination Allocation Plan Summary,https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/covid19-vaccine-allocation-plan-summary.pdf to the following individuals:

1.1.1. Homebound individuals.

1.1.2. School Medical Professionals.

1.1.3. Other qualifying individuals as directed by the Regional Public Health Network.

1.2. The Contractor shall ensure services are available at locations as agreed upon by the Department and the Contractor, and coordinated through the Regional Public Health Networks.

1.3. The Contractor shall coordinate with the Regional Public Health Network (RPHN), to schedule the mobile COVID-19 vaccination appointments.

1.4. The Contractor shall send qualified, licensed medical providers ("Medical Professionals"), which shall include, clinical and non-clinical staff, as approved by the Department, to provide mobile COVID-19 vaccinations. The Contractor shall:

1.4.1. Deploy up to three (3) teams of Medical Professionals to vaccinate the individuals listed in Section 1.1.

1.4.2. Administer vaccinations to 100% of individuals referred to the Contractor by the Regional Public Health Network on a mutually agreed upon scheduled date unless the recipient does not make themselves available at the scheduled time or reasonable efforts of Contractor to reach recipient fail.

1.4.3. Hire, maintain and provide properly licensed Medical Professionals, and ensure the Medical Professionals performing services under this Agreement possess valid New Hampshire-issued clinical licenses, if deemed necessary by any law, regulation, or statute.

1.4.4. Ensure Medical Professionals perform their duties in accordance with applicable laws, regulations, licensing and/or accreditation standards, which shall be presented to the Department or facility administration upon request.

1.4.5. Coordinate with the RPHN to ensure documentation that the vaccination was administered is entered into the appropriate vaccination documentation system.

1.4.6. Ensure Medical Professionals attest each working day that they are not experiencing any symptoms of COVID-19, as defined by the Department. When a member of Medical Professionals is experiencing symptoms of COVID-19, the Contractor will test the Medical Professionals member for COVID-19.

1.4.7. Ensure the Medical Professionals adhere to isolation and quarantine recommendations issued by the Department, including those related to interstate travel. The Contractor shall remove any Medical Professionals member from future work on behalf of this Agreement if the Medical Professionals member does not adhere to required isolation and quarantine.

1.5. Ensure Medical Professionals complete the COVID-19 Vaccine Training, which shall include but is not limited to: General Overview of Immunization Best Practices for Healthcare Providers and all Manufacturer-Specific COVID-19 Vaccine Trainings, scheduling software and any additional trainings as assigned by the Department.

1.6. The Contractor shall be provided with a minimum of forty-eight (48) advance notice when Medical Professionals are needed by the Regional Public Health Network. The work schedule may be modified as agreed upon by the Regional Public Health Network and Contractor.

1.7. The Contractor shall utilize Medical Professionals who, within their scope of practice can perform, at a minimum, the following services, which include but are not limited to:

1.7.1. Conducting physical assessments and screening for contraindications and precautions to vaccination.

1.7.2. Administering the COVID-19 vaccine.

1.7.3. Monitoring vital signs.

1.7.4. Observing for adverse reactions after vaccination for 15 minutes or 30 minutes after vaccination, as appropriate.

1.7.5. Responding to medical emergencies, as applicable.

1.8. The Contractor shall adhere to the requirements detailed in the COVID-19 Vaccination Program Provider Agreement

https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/provider-agreement.pdf that is in place with the Department.

1.9. The Contractor shall ensure a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), or Advanced Practice Registered Nurse (APRN) is available to provide the following services, which shall include, but is not limited to:

1.9.1. Medical oversight.

1.9.2. Standing orders.

1.9.3. Emergency protocols.

1.9.4. Clinical expertise.

1.9.5. Ability to prescribe medication in the State of New Hampshire.

1.10. The Contractor shall provide all licensed medical providers administering COVID-19 vaccine copies of standing orders and emergency protocols as adapted and developed by the Contractor from national guidelines.

1.11. The Department shall supply the Contractor with the following which includes, but is not limited to:

1.11.1. COVID-19 vaccine for administration to individuals as specified in Section 1.1.

1.11.2. Epinephrine auto-injectors, as needed.

1.11.3. Personal protective equipment, as needed.

1.12. The Contractor shall procure other necessary supplies to conduct vaccinations, including, but not limited to, emergency management medications and other equipment.

1.13. The Contractor shall make all reasonable efforts to provide replacement Medical Professionals for the remainder of the agreement period in the event a member of Medical Professionals is unable to fulfill the prescribed mobile clinic needs due to illness, injury or other unforeseen circumstance.

1.14. The Contractor shall complete documentation of patient vaccination record information within the electronic vaccine administration management system or other electronic system as determined by the Department.

1.15. The Contractor shall ensure all needlestick or other blood borne pathogen incidents are managed at the time of the injury according to established guidance and procedures outlined by the Contractor.

1.16. The Contractor must report all vaccine errors and immediate adverse vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS) from the Centers for Disease Control and Prevention by the end of the clinic day.

1.17. The Contractor shall ensure it has the ability to receive notification from the Regional Public Health Network of any unexpected incident known to involve Medical Professionals including, but not limited to errors, safety hazards, or injury.

1.18. The Contractor shall work with the Department to ensure communication access services are available for individuals served under this agreement.

2. Statement of Work – Open POD Sites

2.1. The Contractor seeks to assist the State of New Hampshire in its response to the COVID-19 Public Health Emergency by operating open point of dispensing ("Open POD") fixed site vaccination clinics to administer COVID-19 vaccines to qualifying New Hampshire residents in accordance with the New Hampshire COVID-19 Vaccination Allocation Plan.

2.2. The Contractor shall ensure services described in Section 1.1 are available as agreed upon by the Department and the Contractor,

2.3. The Contractor shall be responsible for the operational expenses of the Open POD fixed site vaccination clinics, which shall include but is not limited to:

2.3.1. Lease of the vaccination site.

2.3.2. Utility cost.

2.3.3. Supplies, not including those listed in Section 2.10.

2.4. The Contractor shall use qualified, licensed providers ("Medical Professionals") and, in its discretion, other appropriately trained and qualified individuals (e.g., medical students supervised by Contractors Medical Professionals) to provide COVID-19 vaccinations. The Contractor shall:

2.4.1. Maintain a schedule that is mutually agreeable.

2.4.2. Administer vaccinations to 100% of individuals who schedule an appointment at the fixed site maintained by the contractor under the direction of DHHS.

2.4.3. Hire, maintain and provide properly licensed Medical Professionals, and ensure the Medical Professionals performing services under this Agreement possess valid New Hampshire-issued clinical licenses.

2.4.4. Ensure Medical Professionals perform their duties in accordance with applicable laws, regulations, licensing and/or accreditation standards.

2.4.5. Ensure vaccine administration information is entered into the appropriate system.

2.4.6. Ensure Medical Professionals attest each working day that they are not experiencing any symptoms of COVID-19, following Department guidance. When a member of Medical Professionals is experiencing symptoms of COVID-19, the Contractor shall follow its Medical Professionals testing protocols for COVID-19.

2.4.7. Ensure the Medical Professionals adhere to isolation and quarantine recommendations issued by the Department. The Contractor shall remove any Medical Professionals member from future work under this

Agreement if the Medical Professionals member does not adhere to applicable isolation and quarantine requirements.

2.4.8. Ensure Medical Professionals complete the Centers for Disease Control and Prevention's COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers, or equivalent Contractor-developed training, as approved by the Department and all manufacturer-specific COVID-19 vaccine trainings. If Department believes additional trainings are necessary, Department and Contractor shall agree on such additional trainings.

2.5. The Contractor shall work with the DHHS to schedule the dates for Contractor's Open POD COVID-19 vaccination clinics and to identify and schedule eligible individuals for vaccination at such clinics.

2.6. The Contractor shall utilize Medical Professionals who, within their scope of practice can perform, at a minimum, the following services, which include but are not limited to:

2.6.1. Screening for contraindications and precautions to vaccination.

2.6.2. Administering the COVID-19 vaccine.

2.6.3. Observing for adverse reactions after vaccination for 15 minutes or 30 minutes after vaccination, as appropriate.

2.6.4. Responding to medical emergencies, as applicable.

2.7. The Contractor shall adhere to the requirements detailed in the COVID-19 Vaccination Program Provider Agreement that is in place with the Department.

2.8. The Contractor shall ensure a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), or Advanced Practice Registered Nurse (APRN) is available to provide the following services and such other related services as reasonably necessary in connection with the operation of the vaccination clinics:

2.8.1. Medical oversight.

2.8.2. Standing orders.

2.8.3. Emergency protocols.

2.8.4. Clinical expertise.

2.8.5. Ability to prescribe medication in the State of New Hampshire.

2.9. The Contractor shall provide all licensed health care providers administering COVID-19 vaccine copies of standing orders and emergency protocols as adapted and developed by the Contractor from national guidelines.

2.10. The Department shall supply the Contractor with the following:

2.10.1. COVID-19 vaccine for administration to individuals as agreed upon with the Department;

2.10.2. Personal protective equipment, according to Department guidelines.

2.11. The Department provides permission for Contractor utilize to use com.onsitemed.health (Wellbility) for facilitation of COVID-19 vaccine related activities including but not limited to Contractor staff emergency reporting of vaccine wastage and to optimize the number of individual vaccinated and to meet performance objectives.

2.11.1. Use of com.onsitemed.health (Wellbility) must comply with Exhibit I and Exhibit K of this agreement. Additionally, all data shall be entered into the State of New Hampshire Vaccine Immunization and Network Interface (VINI) system unless otherwise directed by the State.

2.12. The Contractor shall procure other necessary supplies to conduct vaccinations, including, but not limited to, emergency management medications and other equipment. The Department, at its discretion, may aid the Contractor with procuring supplies, or other relevant aid as deemed necessary by the Department.

2.13. The Contractor shall make all reasonable efforts to provide sufficient Medical Professionals for all Open POD vaccination clinics, including making reasonable efforts to provide replacement Medical Professionals in the event a member of Medical Professionals is unavailable due to illness, injury or other unforeseen circumstance.

2.14. The Contractor shall complete documentation of recipient vaccination record information within the electronic vaccine administration management system or other electronic system as determined by the Department.

2.15. The Contractor shall ensure all needlestick or other blood borne pathogen incidents are managed at the time of the injury according to established guidance and procedures outlined by the Contractor.

2.16. The Contractor must report all vaccine errors and immediate adverse vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS) from the Centers for Disease Control and Prevention in accordance with requirements set forth in its COVID-19 Vaccination Program Provider Agreement.

2.17. The Contractor shall work with the Department to ensure communication access services are available for individuals served under this agreement.

3. Reporting Requirements

3.1. The Contractor shall submit weekly reports to the Department on the following:

3.1.1. Number of individuals vaccinated.

3.1.2. Vaccine wastage.

3.2. The Contractor shall submit daily reports to the Department on any adverse

reactions or unusual occurrences that occur, to include the following:

3.2.1. Vaccination errors.

3.2.2. Needlestick injuries.

3.2.3. Adverse reactions by individuals experienced at the vaccination clinic site.

3.2.4. Use of epinephrine auto-injectors.

3.2.5. As may be indicated, root cause analysis post incident.

4. Performance Measures

4.1. The Contractor shall actively and regularly collaborate with the Department at the reasonable request of the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

4.2. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.

4.3. Where applicable, the Contractor shall collect and share data with the Department in a format as reasonably specified by the Department.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

6. Records

6.1. The Contractor shall keep records that include, but are not limited to:

6.1.1. Books, records, documents and other electronic or physical 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.

6.1.2. All records must 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.

6.1.3. Medical/vaccination records on each patient/recipient of services.

6.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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.

New Hampshire Department of Health and Human Services
COVID-19 Mobile Vaccination Program

EXHIBIT C – Amendment #1

Payment Terms

1. For the purposes of this Agreement:

   1.1. The Department has identified the Contractor as a Subreceipient, in accordance with 2 CFR 200.331.

   1.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.

Deployment of Vaccination Teams for Closed POD Vaccination Sites

2. Upon the Department requesting the deployment of a vaccination team, the Contractor shall submit an invoice to the Department, in accordance with Section 8, to cover only the administrative overhead related to launching the teams of 3-4 individuals that include clinical and non-clinical staff, including the travel costs and hotel accommodations related to deployment. This is a one time payment for the duration of the contract period.

   2.1. Team 1 - $13,050

   2.2. Team 2 - $0

   2.3. Team 3 - $0

   2.4. Team 4 and any subsequent teams - $4,350 per team

3. Upon request the Contractor shall provide:

   3.1. An expense report in a form satisfactory to the State, Appendix A – Sample Budget Template, that details how the funding provided under Section 2 was expended.

   3.2. Supporting documentation that may include, but is not limited to receipts, time sheets, and payroll records.

4. The Department may recoup payments made under Section 2 or withhold future payments under Section 6, in an amount not to exceed section 2, in whole or in part, in the event the Contractor does not successfully deploy a vaccination team within 14 calendar days of the Department's request to deploy, in accordance with Paragraph 8, of the General Provisions Form P-37. However, Department's failure to request the deployment of a vaccination team will not provide reason to recoup payments under any circumstances.

Operating Costs – Closed POD Vaccination Sites

5. Payment shall be on a rate basis, and shall not excced the following rates:

Rate per hour per deployed team of 3-4 individuals that include clinical and non-clinical staff	$236

5.1. The invoice must specify which group of individuals in Exhibit B Scope of Services, Section 1.1 are being vaccinated by the deployed team.

Operating Costs – Open POD Vaccination Sites

5.2. The Department shall pay the following rates for the open POD Vaccination sites:

5.2.1. $4,800 per week for operational and contract administrative expeneses for the COVID-19 vaccination sites only.

5.2.2. $56,250 per week as a flat rate for up to 1,800 vaccinations. For every vaccination administered by Contractor beyond1,800 vaccinations per week Department shall pay $31.25 per vaccination.

6. The Contractor shall submit an invoice in a form satisfactory to the Department 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. Contractor shall ensure submitted invoices delinate based upon vaccination site, Open POD or Closed POD as described herein this Agreement.

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

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

8. The Department 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, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.

9. The final invoice shall be due to the Department 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 B, 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 this Agreement pursuant to paragraph 8 of the General Provisions, Event of Default. The Department will provide notice of any funding that may be withheld.

12. Notwithstanding Paragraph 17 of the General Provisions Form 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.

    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. 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.

Lori A. Shibinette
Commissioner

Lisa M. Morris
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

March 18, 2021

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

INFORMATIONAL ITEM

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, and 2021-04, Governor Sununu authorized the Department of Health and Human Services, Division of Public Health Services to:

1. Enter into a contract with On-Site Medical Services, LLC. (VC #TBD), Charlestown, NH, in the amount of $350,670 to provide vaccinations for homebound individuals, school staff, and other vulnerable individuals in accordance with New Hampshire's Coronavirus Disease 2019 Vaccination Plan, with the option to renew for up to one (1) additional year, through May 31, 2021. 100% Other Funds (FEMA Public Assistance).
2. Make one (1) advanced payment in the amount of $13,050 to On-Site Medical Services, in accordance with the terms of the contract. 100% Other Funds (FEMA Public Assistance).

Funds are available in the following account for State Fiscal Year 2021, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

05-95-095-950010-1919 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SERVICES, HHS: OFFICE OF THE COMMISSIONER, COMMISSIONERS OFFICE, COVID19 FEMA DHHS

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
103-502664	Contracts for Oper Svc	95010690	103-502664	$350,670
			Total	$350,670

EXPLANATION

This item is **Retroactive** because the Department needed to quickly provide COVID-19 vaccinations to individuals as directed by the Department. The State's vaccination distribution efforts are currently in Phase 1B, which covers the State's most vulnerable individuals, including homebound individuals. This item is **Sole Source** because the Department, in the interest of the

public's health and safety, determined the Contractor had the capacity to immediately begin conducting COVID-19 mobile vaccinations.

The Department requested authority to make an advance payment to the Contractor for administrative overhead cost related to launching the vaccinations teams. This advanced payment includes the travel costs, hiring additional staff, and hotel accommodations related to deployment.

The Contractor is providing COVID-19 vaccinations to homebound individuals, school staff, or other individuals as directed by the Department, in accordance with New Hampshire's Coronavirus Disease 2019 Vaccination Plan. The Contractor is sending qualified medical professionals to individuals' homes, school sites, or other community locations to administer COVID-19 vaccinations.

The population served includes residents statewide. The exact number of residents of the State of New Hampshire who will be served will depend on the trajectory of the COVID-19 pandemic.

The Contractor is working with the established Regional Public Health Networks to ensure individuals are vaccinated in a timely and effective manner. When the Contractor's staff go into the home of an individual, they also conduct a physical assessment, administer the vaccination, and monitor the individual's vital signs.

The Department is monitoring contracted services by reviewing daily reports of the number of individuals vaccinated. In addition, any adverse reactions to the vaccination or unusual circumstances will be reported the Department immediately.

As referenced in Exhibit A of the attached agreement, the parties have the option to extend the agreement for up one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and appropriate State approval.

Area served: Statewide

Source of Funds: CFDA 97.036, FAIN 4516DRNHP00000001

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

FORM NUMBER P-37 (version 12/11/2019)

Subject: COVID-19 Mobile Vaccination Program (SS-2021-DPHS-21-COVID-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.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name On-Site Medical Services, LLC		1.4 Contractor Address 11 Bracket Circle Charlestown, NH, 03603	
1.5 Contractor Phone Number (603) 504-4372	1.6 Account Number 05-95-095-950010-1919	1.7 Completion Date May.31, 2021	1.8 Price Limitation $350,670
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Andrew Keady Date: 3/16/2021		1.12 Name and Title of Contractor Signatory Andrew Keady Chief Operating Officer	
1.13 State Agency Signature DocuSigned by: Lisa M. Morris Date: 3/17/2021		1.14 Name and Title of State Agency Signatory Lisa M. Morris Director, Division of Public H	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By: Director, On:			
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: On: 3/18/2021			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number: G&C Meeting Date:			

Contractor Initials AK
Date 3/16/2021

2. 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 B 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 1.17, 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 1.13 ("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 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 for Services provided in EXHIBIT B, in whole or in part. 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 reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source 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 C 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-c or any other provision of law.
5.4 Notwithstanding 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 REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, 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 employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property 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. The Contractor 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 licensed 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 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.

Contractor Initials AK
Date 3/16/2021

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 cured, 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 give the Contractor a written notice specifying the Event of Default and 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 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. 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.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, 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 B. In addition, at the State's discretion, 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.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

10.1 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.

10.2 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.

10.3 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.

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 emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor Initials

Date 3/16/2021

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. 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 continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 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.

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 ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

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").*

15.2 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. The 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. 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.

17. 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.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and 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. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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 or modifying provisions set forth in the attached EXHIBIT A 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 with respect to the subject matter hereof.

Contractor Initials AK

Date 3/16/2021

New Hampshire Department of Health and Human Services
COVID-19 Mobile Vaccination Program

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

   1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

   3.1. Notwithstanding any provision of this Agreement to the contrary, and subject to appropriate State approval, this Agreement, and all obligations of the parties hereunder, shall become effective retroactive to March 9, 2021 ("Effective Date"), upon appropriate State approval.

   1.2. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

   3.3. The parties may extend the Agreement for up to one (1) additional year from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and appropriate State approval.

   1.3. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

   12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services
COVID-19 Mobile Vaccination Program

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall administer COVID-19 vaccines for the prevention of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).The Contractor shall administer COVID-19 vaccines to qualifying New Hampshire residents in accordance with the New Hampshire COVID-19 Vaccination Allocation Plan Summary,https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/covid19-vaccine-allocation-plan-summary.pdf to the following individuals:

1.1.1. Homebound individuals.

1.1.2. School staff.

1.1.3. Other qualifying individuals as directed by the Regional Public Health Network.

1.2. The Contractor shall ensure services are available at locations as agreed upon by the Department and the Contractor, and coordinated through the Regional Public Health Networks.

1.3. For the purposes of this Agreement, all references to days shall mean calendar days.

1.4. The Contractor shall coordinate with the Regional Public Health Network (RPHN), to schedule the mobile COVID-19 vaccination appointments.

1.5. The Contractor shall send qualified, licensed medical providers ("Staff"), as approved by the Department, to provide mobile COVID-19 vaccinations. The Contractor shall:

1.5.1. Deploy up to three (3) teams of Staff to vaccinate the individuals listed in Section 1.1.

1.5.2. Administer vaccinations to 100% of individuals referred to the Contractor by the Regional Public Health Network on a mutually agreed upon scheduled date unless the recipient does not make themselves available at the scheduled time or reasonable efforts of Contractor to reach recipient fail.

1.5.3. Hire, maintain and provide properly licensed Staff, and ensure the Staff performing services under this Agreement possess valid New Hampshire-issued clinical licenses, if deemed necessary by any law, regulation, or statute.

1.5.4. Ensure Staff perform their duties in accordance with applicable laws, regulations, licensing and/or accreditation standards, which shall be presented to the Department or facility administration upon request.

1.5.5. Coordinate with the RPHN to ensure documentation that the vaccination was administered is entered into the appropriate vaccination documentation system.

1.5.6. Ensure Staff attest each working day that they are not experiencing any symptoms of COVID-19, as defined by the Department. When a member of Staff is experiencing symptoms of COVID-19, the Contractor will test the Staff member for COVID-19.

1.5.7. Ensure the Staff adhere to isolation and quarantine recommendations issued by the Department, including those related to interstate travel. The Contractor shall remove any staff member from future work on behalf of this Agreement if the staff member does not adhere to required isolation and quarantine.

1.5.8. Ensure Staff complete the CDC's COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers and all Manufacturer-Specific COVID-19 Vaccine Trainings and any additional trainings as assigned by the Department.

1.6. The Contractor shall be provided with a minimum of forty-eight (48) advance notice when Staff are needed by the Regional Public Health Network. The work schedule may be modified as agreed upon by the Regional Public Health Network and Contractor.

1.7. The Contractor shall utilize Staff who, within their scope of practice can perform, at a minimum, the following services, which include but are not limited to:

1.7.1. Conducting physical assessments and screening for contraindications and precautions to vaccination.

1.7.2. Administering the COVID-19 vaccine.

1.7.3. Monitoring vital signs.

1.7.4. Observing for adverse reactions after vaccination for 15 minutes or 30 minutes after vaccination, as appropriate.

1.7.5. Responding to medical emergencies, as applicable.

1.8. The Contractor shall adhere to the requirements detailed in the COVID-19 Vaccination Program Provider Agreement

https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/provider-agreement.pdf that is in place with the Department .

1.9. The Contractor shall ensure a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), or Advanced Practice Registered Nurse (APRN) is available to provide the following services, which shall include, but is not limited to:

1.9.1. Medical oversight.

1.9.2. Standing orders.

1.9.3. Emergency protocols.

1.9.4. Clinical expertise.

1.9.5. Ability to prescribe medication in the State of New Hampshire.

1.10. The Contractor shall provide all licensed medical providers administering COVID-19 vaccine copies of standing orders and emergency protocols as adapted and developed by the Contractor from national guidelines.

1.11. The Department shall supply the Contractor with the following which includes, but is not limited to:

1.11.1. COVID-19 vaccine for administration to individuals as specified in Section 1.1.

1.11.2. Epinephrine auto-injectors, as needed.

1.11.3. Personal protective equipment, as needed.

1.12. The Contractor shall procure other necessary supplies to conduct vaccinations, including, but not limited to, emergency management medications and other equipment.

1.13. The Contractor shall make all reasonable efforts to provide replacement staffing for the remainder of the agreement period in the event a member of Staff is unable to fulfill the prescribed mobile clinic needs due to illness, injury or other unforeseen circumstance.

1.14. The Contractor shall complete documentation of patient vaccination record information within the electronic vaccine administration management system or other electronic system as determined by the Department.

1.15. The Contractor shall ensure all needle stick or other blood borne pathogen incidents are managed at the time of the injury according to established guidance and procedures outlined by the Contractor.

1.16. The Contractor must report all vaccine errors and immediate adverse vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS) from the Centers for Disease Control and Prevention by the end of the clinic day.

1.17. The Contractor shall ensure it has the ability to receive notification from the Regional Public Health Network of any unexpected incident known to involve Staff including, but not limited to errors, safety hazards, or injury.

1.18. The Contractor shall work with the Department to ensure communication access services are available for individuals served under this agreement.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information

(Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Reporting Requirements

3.1. The Contractor shall submit monthly reports to the Regional Public Health Networks, which shall include but is not limited to:

3.1.1. Number of individuals vaccinated.

3.1.2. Vaccine wastage.

3.2. The Contractor shall submit daily reports to the Department and the Regional Public Health Network on any adverse reactions or unusual occurrences that occur, reports shall include but are not limited to:

3.2.1. Vaccination errors.

3.2.2. Needle stick injuries.

3.2.3. Adverse reactions by individuals.

3.2.4. Use of epinephrine auto-injectors

3.2.5. Root cause analysis post incident.

4. Performance Measures

4.1. The Department will monitor Contractor performance by ensuring there is less than 2% of vaccine wastage.

4.2. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

4.3. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.

4.4. Where applicable, the Contractor shall collect and share data with the Department in a format specified by the Department.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services

described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

5.2. **Credits and Copyright Ownership**

5.2.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an 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."

5.2.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

5.2.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

5.2.3.1. Brochures.

5.2.3.2. Resource directories.

5.2.3.3. Protocols or guidelines.

5.2.3.4. Posters.

5.2.3.5. Reports.

5.2.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

6. **Records**

6.1. The Contractor shall keep records that include, but are not limited to:

6.1.1. Books, records, documents and other electronic or physical 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.

6.1.2. All records must 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.

6.1.3. Medical records on each patient/recipient of services.

6.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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.

New Hampshire Department of Health and Human Services
COVID-19 Mobile Vaccination Program

EXHIBIT C

Payment Terms

1. This Agreement is funded by 100% Other Funds, as awarded by the FEMA Public Assistance, CFDA 97.036, FAIN 4516DRNHP00000001.
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a Subreceipient, in accordance with 2 CFR 200.330.
   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.87.

Deployment of Vaccination Teams

3. Upon the Department requesting the deployment of a vaccination team, the Contractor shall submit an invoice to the Department, in accordance with Section 8, to cover only the administrative overhead related to launching the teams including the travel costs and hotel accommodations related to deployment:
   3.1. Team 1 - $13,050
   3.2. Team 2 - $0
   3.3. Team 3 - $0
   3.4. Team 4 and any subsequent teams - $4,350 per team
4. Upon request the Contractor shall provide:
   4.1. An expense report in a form satisfactory to the State, Appendix A – Sample Budget Template, that details how the funding provided under Section 3 was expended.
   4.2. Supporting documentation that may include, but is not limited to receipts, time sheets, and payroll records.
5. The Department may recoup payments made under Section 3 or withhold future payments under Section 6, in an amount not to exceed section 3, in whole or in part, in the event the Contractor does not successfully deploy a vaccination team within 14 calendar days of the Department's request to deploy, in accordance with Paragraph 8, of the General Provisions Form P-37. However, Department's failure to request the deployment of a vaccination team will not provide reason to recoup payments under any circumstances.

Operating Costs – Vaccination Teams

6. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, as specified below:

Rate per hour per deployed team	$236

6.1. The invoice must specify which group of individuals in Exhibit B Scope of Services, Section 1.1 are being vaccinated by the deployed team.

7. The Contractor shall submit an invoice in a form satisfactory to the Department 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.

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

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

9. The Department 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, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.

10. The final invoice shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

11. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

12. 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 this Agreement pursuant to paragraph 8 of the General Provisions, Event of Default.

13. Notwithstanding Paragraph 17 of the General Provisions Form 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.

14. Audits

    14.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:

        14.1.1. 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.

14.1.2. 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.

14.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

14.2. 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.

14.3. 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.

14.4. 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.

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, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

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

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

Vendor Initials AK 03

Date 3/16/2021

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

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

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

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

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

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

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

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

Vendor Name:

3/16/2021
Date

DocuSigned by:
Andrew Keady
Name: Andrew Keady
Title: Chief Operating Officer

DS
Vendor Initials AK
Date 3/16/2021

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 belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name:

3/16/2021
Date

DocuSigned by:
Andrew Keady
Name: Andrew Keady
Title: Chief Operating Officer

Vendor Initials AK
Date 3/16/2021

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Contractor Initials AK

Date 3/16/2021

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

3/16/2021
Date

DocuSigned by:
Andrew Keady
Name: Andrew Keady
Title: Chief Operating Officer

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

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

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

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

Contractor Name:

3/16/2021
Date

DocuSigned by:
Andrew Keady
Name: Andrew Keady
Title: Chief Operating Officer

Contractor Initials AK
Date 3/16/2021

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name:

DocuSigned by:
Andrew Keady

3/16/2021
Date

Name: Andrew Keady
Title: Chief Operating Officer

Contractor Initials AK

3/16/2021
Date

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, 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.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

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

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

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

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

(3) Obligations and Activities of Business Associate.

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- 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 relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

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

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

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

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

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

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

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

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Date 3/16/2021

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	On-Site Medical Services, LLC
The State by:	Name of the Contractor
Lisa M. Morris	Andrew Keady
Signature of Authorized Representative	Signature of Authorized Representative
Lisa M. Morris	Andrew Keady
Name of Authorized Representative	Name of Authorized Representative
Director, Division of Public H	Chief Operating Officer
Title of Authorized Representative	Title of Authorized Representative
3/17/2021	3/16/2021
Date	Date

New Hampshire Department 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 date 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. 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 Contractor 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 Contractor 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.

Contractor Name:

DocuSigned by:
Andrew Keady

3/16/2021
Date

Name: Andrew Keady
Title: Chief Operating Officer

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 117554452

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?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

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 answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

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.

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 Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS 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.

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

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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.

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 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.

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

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.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. 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.
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 DHHS data.
3. 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 site.
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 mail within the continental U.S. and when sent to a named 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

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 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).
11. 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 time, 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, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

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

6. 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 standards 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.
2. 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.
3. 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:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. 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.).

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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

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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 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), 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 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 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.

    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.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS 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, biometric 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.

h. 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. 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. 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;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

5. 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:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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Appendix H – Sample Budget Template

BUDGET TEMPLATE

For DHHS Use ONLY Contractor Name:	TBD
Contract Name:	COVID Vaccine Training-FEMA
Entire Contract Term:	7/1/19-6/30/21 PO #: TBD
Current Contract Term:	7/1/20-6/30/21 Vendor #: TBD

In accordance with the Terms and Conditions of the Agreement referenced above, the parties hereby acknowledge and agree to make the following changes to the Budget.

are not permitted. In the appropriate explanation box below,indicate the reason for each budget change. This Request must be signed by the Contractor Authorized Signatory found in Block 1.12 of the P-37 General Provisions or the new authorized signatory. Please obtain the signature of the Authorized Signatory, along with their title and date where indicated below and submit your request electronically to: DPHSContractBilling@dhhs.nh.gov. If approved, a new Expenditure Report budget file will be forwarded to you, to use for future billing submissions. Only two budget revisions permitted per fiscal year. **Final Budget revisions for the year must be submitted by June 1.** If you have questions please feel free to contact your Program Manager.

Line Items	Current SFY 2021 Budget (DHHS Completes)	Line Item Adj 1 (+/-'s), (Contractor Completes)	Line Item Adj 2 (+/-'s), (Contractor Completes)	Revised Modified Budget
COVID VAX Training Total Salary/Wages				-
COVID VAX Training Employee Benefits				-
COVID VAX Training Consultants				-
COVID VAX Training Equipment				-
COVID VAX Training Supplies				-
COVID VAX Training Travel				-
COVID VAX Training Occupancy				-
COVID VAX Training Current Expense				-
COVID VAX Training Software				-
COVID VAX Training Marketing/Communications				-
COVID VAX Training Staff Education and Training				-
COVID VAX Training Subcontracts/Agreements				-
COVID VAX Training Other (Please specify)				-
COVID VAX Training Indirect				-
				-
Total	-	-	-	-

LINE ITEM ADJUSTMENT #1 EXPLANATION:

If doing a first LINE ITEM ADJUSTMENT of the budget, vendor needs to provide explanation in this block, sign and date below, and email a scanned copy back to the person identified in the Instructions block.

Contractor Approval	Signature / Title	Date
Signature/Title/Date of Contractor Authorized Signatory (found in Block 1.12 of the P-37): *By signing, Contractor attests that their signature has authority to bind the Contractor)		
DHHS Approval	**Signature**	**Date**
Division Director:		
Budget Team Member:		
Executive Team Member:		

LINE ITEM ADJUSTMENT #2 EXPLANATION:

If doing a second LINE ITEM ADJUSTMENT of the budget, vendor needs to provide explanation in this block, sign and date below, and email a scanned copy back to the person identified in the Instructions block

Contractor Approval	Signature / Title	Date
Signature/Title/Date of Contractor Authorized Signatory (found in Block 1.12 of the P-37): *By signing, Contractor attests that their signature has authority to bind the Contractor)		
DHHS Approval	**Signature**	**Date**
Division Director:		
Budget Team Member:		
Executive Team Member:		

DS

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