

**State of New Hampshire**  
 OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
 7 Eagle Square, Suite 200  
 Concord, New Hampshire 03301  
 Telephone (603) 271-2152

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Lindsey B. Courtney  
 Executive Director



March 14, 2023

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

**REQUESTED ACTION**

Authorize the Office of Professional Licensure and Certification (OPLC), to enter into a **Sole Source** amendment to an existing contract with Michelle Waterstrat (Vendor Code 444273), of Manchester, NH, to continue providing Investigative Consulting Services to the OPLC regarding expert opinion on the administration of wound care treatment, which is a subspeciality within the nursing field, , by increasing the price limitation by \$7,500 from \$9,999 to \$17,499 with no change to the completion date of October 31, 2023. 100% Agency Funds

The original contract was approved by OPLC on December 7, 2022.

Funds are available in the following account:

<b>01-21-21-21010-240400000 Division of Administration</b>	<b><u>FY 2023</u></b>
<b>046-500462 - Consultants</b>	<b>\$7,500</b>

**EXPLANATION**

This request is **Sole Source** because the additional funding increases the price limitation by more than 10%, to a contract that was not competitively bid, due to the price limitation not meeting the monetary threshold to be heard at a Governor and Executive Council meeting.

The purpose of this request is to ensure investigative consultant services relative to the provision of wound care by licensees of the Board of Nursing and/or the Nursing Home Administrators Board continue to be available to the OPLC and the Boards.

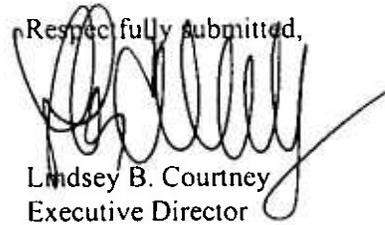
Ms. Waterstrat has the expertise necessary to assist OPLC staff, as needed, to process practices conducted in regard to wound care treatment including but not limited to, the treatment of pressure sores, bed sores, necrotic wounds, postoperative infections, and hyperbaric wounds. The Contractor has been an integral component of the investigation into the treatment and care provided at nursing home facilities on an as needed and ongoing basis.

The OPLC did not have the necessary data to determine the correct amount of funding that would be necessary for the life of the contract at the time the original contract was written. Therefore, funds must be added to the contract at this time to ensure the necessary investigations continue for the duration of the contract.

Ms. Waterstrat continues to be available for investigative consulting services on a regular and emergency basis. Without these services, the OPLC would not have the knowledge base or capacity to complete investigations that are currently underway.

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

Based on the foregoing, I am respectfully recommending approval of the contract with Michelle Waterstrat of Manchester, NH.

Respectfully submitted,  
  
Lindsey B. Courtney  
Executive Director

**State of New Hampshire  
Office of Professional Licensure and Certification  
Amendment #1 to the  
Investigative Consulting Services Contract**

This Amendment to the Investigative Consulting Services Contract is by and between the State of New Hampshire, Office of Professional Licensure and Certification ("State" or "OPLC") and Michelle Waterstrat ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Office of Professional Licensure and Certification on December 7, 2022, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, Amendment, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

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

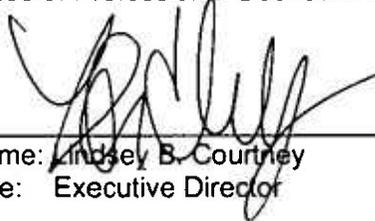
1. Form P-37, General Provisions, Block 1.3, Contractor Name, to read:  
Michelle Waterstrat, BSN, RN, CHRN
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$17,499

**State of New Hampshire  
Office of Professional Licensure and Certification  
Amendment #1 to the  
Investigative Consulting Services Contract**

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

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

State of New Hampshire  
Office of Professional Licensure and Certification



Name: Lindsey B. Courtney  
Title: Executive Director

Michelle Waterstrat BSN, RN, CHRN

3/13/23

Date

3/6/2023

Date

Michelle Waterstrat, BSN, RN, CHRN

Name:  
Title:



# State of New Hampshire



Board of Nursing

Authorized as  
Registered Nurse

Issued To

Michelle Korrene Waterstrat

License Number: 042419-21  
Active

**Issue Date:** 07/17/1996

**Expiration Date:** 03/20/2024



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/9/2023

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  Affinity Insurance Services, Inc 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034	CONTACT NAME: Nurses Service Organization
	PHONE (A/C, No, Ext): 800-247-1500 FAX (A/C, No): 800-739-8818 E-MAIL ADDRESS: service@nso.com
INSURED  Michelle Waterstrat  Manchester, NH 03055-18	INSURER(S) AFFORDING COVERAGE
	INSURER A: American Casualty Company of Reading, PA NAIC # 20427
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

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

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

INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR General Liability - Occurrence GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability - Occurrence			646867570	5/03/2023	5/03/2024	Per Claim Aggregate \$1,000,000 \$6,000,000

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

NH Office of Professional Licensure & Certification is added as a Certificate Holder effective 5/03/2023.

<b>CERTIFICATE HOLDER</b> NH Office of Professional Licensure & Certification 7 Eagle Square Concord, NH 03301	<b>CANCELLATION</b> 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  Affinity Insurance Services, Inc
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# MICHELLE WATERSTRAT

## PROFESSIONAL SUMMARY

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Dedicated and compassionate Registered Nurse (RN) with progressive career history in direct patient care, comprehensive wound care and hyperbaric medicine in an outpatient environment and assist in community care coordination. Consistently developing strong relationships with patients and families through empathetic communication, respectful attitude and committed to delivering individualized patient care through effective education with experience.

Proven to remain calm under pressure and skillfully handle all patient care situations. Works well with diverse patient populations and fosters trusting relationships to improve outcomes.

I am a strong team player, self-motivated and adhere to the high standard of nursing care based on evidenced based practice. I have strong clinical and people skills, always have a "put the patient first" commitment and a positive attitude

## SKILLS

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- Wound Management
- Run two hyperbaric chambers simultaneously
- Skilled in application of Total Contact Casts, the gold standard for treatment of diabetic foot ulcer
- Medical Procedure Preparation
- Treatment preparation and application based on specific patient orders and needs
- Patient/family focused care and education
- Competent applications of compression wraps, stockings and circaid wraps
- Strong clinical judgement
- Acute care experience
- Patient and family advocacy
- Monitoring Vital Signs
- Patient Condition Monitoring
- Clear Patient Communication
- Accurate Documentation
- Student Precepting
- Diet and Nutrition education

## WORK HISTORY

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05/2010 to Current

**Registered Nurse**

**Elliot Hospital And Health System – Manchester, NH**

- Care for patients that are experiencing acute and chronic wounds
- Educated patients, families and caregivers on diagnosis and prognosis, treatment options, disease process and management and lifestyle options.
- Trained new nurses, and precepted student nurses in proper techniques, care standards, operational procedures and safety protocols.
- Provided direct patient wound care with application of compression wraps, Negative Pressure Wound Therapy (Wound VAC's), Application of Total Contact Casts, TCOM's (Transcutaneous Oxygen Monitoring). Assist Providers in applying cellular tissue products such as apligraf and oasis products as well as pinch grafts.
- Perform weekly shift duties in Hyperbarics. Currently hold a Certification in Hyperbaric Nursing with the ability to run two chambers with up to 8 patients a day
- Active voting member in our Unit Practice Council

01/2008 to Current

**Contracted Educator**

**Educational Critical Care Concepts – Windham, NH**

- Differentiated instruction to meet needs of diverse learners.
- Exemplified positive behavior for students of all ages by assisting with hands on learning, moving around to manage classroom and maintaining safety, specifically during recent COVID pandemic
- Currently teach BLS/CPR, Basic Life Saving skills based on the American Heart Association for both the medical provider and for the lay person working in schools and daycare settings
- Have previously taught, held certification and keep current in Advanced Cardiac Life Saving (ACLS)
- Current student populations include Nursing, Dental and/or Medical or PA students, Respiratory Therapist, EMS personnel, Teachers, Coaches, Daycare providers, and Nursing Professionals, Medical Providers and all Medical staff requiring this certification

10/1997 to 12/2017

**ICU Registered Nurse**

**Parkland Medical Center – Derry, NH**

- Collaborated with physicians to quickly assess patients and deliver appropriate treatment while managing rapidly changing conditions.
- Educated patients and answered questions about health condition, prognosis and treatment.
- Administered different therapies and medications in line with physician orders and

treatment plan.

- Teamed with trauma and emergency interventions involving serious bodily injuries and infections, CODE BLUE's, CODE STROKE's and CODE ICE.
- Assisted in managing patient's on Ventilators, BIPAP/CPAP machines and/or Balloon pumps
- Assisted Doctors in placement of Arterial lines, chest tubes, central lines or temporary dialysis catheters

## **EDUCATION**

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- 05/1997      **Bachelor of Science: Nursing**  
**Rivier College - Nashua, NH**
- Graduated Cum Laude
  - Was a member of the Nursing Honors Society
- 05/1996      **Associate of Science: Nursing**  
**Rivier College - Nashua, NH**
- 05/1990      **Bachelor of Arts: Psychology**  
**Keene State College - Keene, NH**
- 05/1990      **Associate of Arts: Safety Studies**  
**Keene State College - Keene, NH**  
Safety Studies concentrated in the assessment and treatment of individuals with chemical dependency addiction

## **AFFILIATIONS**

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- American Nurses Association (ANA) Member/ New Hampshire Nurses Association
- NICHE recognized Geriatric Resource Nurse
- Member of the Baromedical Nurses Association
- Member of the Undersea and Hyperbaric Medical Society
- Member of the Undersea and Hyperbaric Northeast Chapter
- Member of the Advanced Association of Wound Care

## **CERTIFICATIONS**

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Certified Hyperbaric Registered Nurse by the Baromedical Nurses Association  
Certification Board since 2014  
Basic Life Support Certification as Instructor and Provider

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Registered Nurse in NH and Compact States since 1996

Subject: Investigative Consulting Services (SS-2023-NHEXM-01-INVES-01)

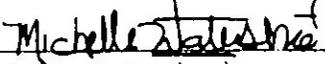
Notice This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS**

**I. IDENTIFICATION.**

1.1 State Agency Name Office of Professional Licensure and Certification		1.2 State Agency Address 7 Eagle Square, Suite 200 Concord, NH 03301	
1.3 Contractor Name Michele Waterstrat		1.4 Contractor Address 6 Manchester, NH 03103	
1.5 Contractor Phone Number	1.6 Account Number  010-022-2100-24040000-46-500462	1.7 Completion Date  October 31, 2023	1.8 Price Limitation  \$9,999
1.9 Contracting Officer for State Agency  Heather Kelley, Director of Operations		1.10 State Agency Telephone Number  603-271-0142	
1.11 Contractor Signature  Date: Nov 30, 2022		1.12 Name and Title of Contractor Signatory Michelle Waterstrat BSN, RN, CHRN	
1.13 State Agency Signature  Date: 12-7-22		1.14 Name and Title of State Agency Signatory Lindsey B. Courtney, Executive Director	
1.15 Approval by the NH Department of Administration, Division of Personnel <i>(if applicable)</i>  By _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) <i>(if applicable)</i>  By _____ On: _____			
1.17 Approval by the Governor and Executive Council <i>(if applicable)</i>  G&C Item number: _____ G&C Meeting Date: _____			

**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 LDV  
Date 11/19/2020

## 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, 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 renewals 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 its attachments and amendments 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.

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 8, EVENT OF DEFAULT/REMEDIES, Subparagraph 8.2.3, is amended as follows:

8.2.3 give the Contractor a written notice specifying the Event of Default and suspending payments, in whole or in part, to be made under this Agreement, until the Event of Default is cured; and/or

1.3. Paragraph 14., INSURANCE., Part 14.1.1., is amended to read:

14.1.1 professional liability insurance against all claims in amounts of not less than \$1,000,000 per occurrence and \$3,000,000 aggregate or excess; and

1.4. Paragraph 15. WORKERS' COMPENSATION., Subparagraph 15.1 is amended to read:

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is exempt from the requirements of N.H. RSA chapter 281-A (*Workers' Compensation*).

1.5. Paragraph 15. WORKERS' COMPENSATION., Subparagraph 15.2 is amended to read:

15.2 RESERVED.



Exhibit B

**Scope of Services**

**1. Provisions Applicable to All Services**

- 1.1. The Contractor shall maintain a current unrestricted license to practice nursing in the State of New Hampshire for the term of this agreement, at their own expense.
- 1.2. For the purposes of this contract, references to days shall mean business days, which are, Monday through Friday from 8:00 AM through 4:00 PM, excluding State and Federal Holidays.

**2. Scope of Services**

- 2.1. The Contractor shall collaborate with the Office of Professional Licensure and Certification (OPLC) and the Nursing Home Administrators Board (NH Board) to provide investigative consultant services in regards to the investigation into the treatment and care provided to individuals receiving services at the
- 2.2. The Contractor shall advise and consult on the practices conducted regarding wound care treatment including but not limited to:
  - 2.2.1. Pressure sores treatments.
  - 2.2.2. Bed sores treatments.
  - 2.2.3. Necrotic wounds treatments.
  - 2.2.4. Postoperative infections treatments.
  - 2.2.5. Hyperbaric wounds treatments.
- 2.3. The Contractor shall provide expert opinions on matters including but not limited to:
  - 2.3.1. Osteomyelitis.
  - 2.3.2. Pressure wounds.
  - 2.3.3. Acute wounds.
  - 2.3.4. Diabetic ulcers.
  - 2.3.5. Vascular ulcers.
  - 2.3.6. Radiation wounds.
  - 2.3.7. Pyoderma.
- 2.4. The Contractor shall work with OPLC investigators to document the Contractors' recommendations to the NH Board.



**EXHIBIT C**

**Payment Terms**

1. The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit B, Scope of Services. There are no minimum amounts guaranteed.
2. This Agreement is funded with 100% Agency Funds.
3. The Contractor agrees to provide the services in Exhibit B, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the Contractor's current and/or future funding.
4. Payment for services shall be made as follows:
  - 4.1. Payment shall be on an hourly reimbursement rate of \$250 per an hour, inclusive of travel, for actual hours worked.
  - 4.2. The Contractor shall submit an invoice in a form satisfactory to the OPLC by the twentieth (20<sup>th</sup>) working day of each month, which identifies and requests reimbursement for work performed in the prior month. The Contractor shall:
    - 4.2.1. Ensure each invoice is completed, dated and returned to the Office of Professional Licensure and Certification (OPLC) in order to initiate payment.
    - 4.2.2. Keep detailed records of activities related to contracted services, including but not limited to the dates worked, hours worked and activities conducted during work hours.
  - 4.3. The OPLC 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.
  - 4.4. The final invoice shall be due to the OPLC no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.
5. In lieu of hard copies, all invoices may be e-mailed to [oplc.accountspayable@oplc.nh.gov](mailto:oplc.accountspayable@oplc.nh.gov), or hard copies of invoices may be mailed to:

Heather Kelley, Director of Operations  
Office of Professional Licensure and Certification  
7 Eagle Square  
Concord, NH 03301
6. Payments may be withheld pending receipt of required reports and/or documentation as identified in Exhibit B, Scope of Services and in this Exhibit C, Payment Terms.
7. Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting encumbrances between the State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.