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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Lori A. Weaver
 Interim Commissioner

Ellen M. Lapointe
 Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
 603-271-5300 1-800-852-3345 Ext. 5300
 Fax: 603-271-5395 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

June 14, 2023

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, New Hampshire Hospital, to amend existing contracts with the Contractors listed below to continue to provide temporary nurse staffing services to New Hampshire Hospital and Glenclyff Home, by exercising a contract renewal option by increasing the total shared price limitation for all vendors by \$530,000 from \$6,394,002 to \$6,924,002 and extending the completion date from June 30, 2023 to December 31, 2023 effective July 1, 2023, upon Governor and Council approval. 40% General Funds. 60% Other Funds (Agency Fees & Intra-Department Transfer).

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

Contractor Name	Vendor Code	Area Served	Total Shared Price Limitation	Increased (Decreased) Shared Price Amount	Revised Budget	G&C Approval
Cell Staff, LLC (Tampa, FL)	268101	Statewide	\$6,394,002	\$530,000	\$6,924,002	O: 6/5/19, (Item #23) A1: 12/2/20, (Item #17) A2: 8/18/21, (Item #37) A3: 6/15/22, (Item #16)
MAS Medical Staffing LLC (Londonderry, NH)	160689	Statewide	\$6,394,002	\$530,000	\$6,924,002	O: 6/5/19, (Item #23) A1: 11/25/19, (Item #11) A2: 12/2/20, (Item #17) A3: 8/18/21, (Item #37) A4: 6/15/22, (Item #16)
		Total:	\$6,394,002	\$530,000	\$6,924,002	

Funds are anticipated to be available in the following accounts for State Fiscal Year 2024 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.

See attached fiscal details

EXPLANATION

The Department recently competitively selected new agreements using a Request for Applications (RFA) for temporary staffing at New Hampshire Hospital and Glenclyff Home, which are being presented as a separate item at this Governor and Council meeting. This request is to

extend two (2) existing agreements with Contractors that are currently providing nursing staff but were not awarded agreements under the Request for Applications based on the number of applicants and the scoring process.

This extension is necessary to allow New Hampshire Hospital and Glencliff Home sufficient time to transition out from utilizing nursing staff already employed at NHH and Glencliff via Cell Staff and MAS and to transition into the new temporary staffing agreements that were awarded agreements under the RFA.

The allowance of Cell Staff and MAS nurses to complete their contract terms, which extend beyond June 30 2023 will avoid staffing shortages that could result in a reduction in bed availability. At such a time when the duration of their contracts are completed the department will not renew the Cell Staff or MAS nurses and will have had sufficient time to transition in the contracts that were awarded via the RFA. We will not be adding any additional nurses from Cell Staff or MAS, only allowing the current nurses to complete their contracts. The Department is presenting a separate request at this Governor and Council meeting for new agreements that were competitively selected using a Request for Applications (RFA) for temporary staffing at New Hampshire Hospital and Glencliff Home.

The population served includes individuals at NHH and Glencliff Home.

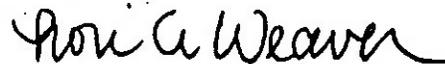
The Department will continue to monitor services by screening all temporary staff for appropriate education, experience and health and response to corrective action requests involving agency placements.

As referenced in Exhibit C-1, Revisions to Standard Contract Language, Paragraph 2., Renewal, of the original agreements, the Department has the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for six (6) of the twenty-four (24) months available.

Should the Governor and Executive Council not authorize this request, the Department will not have adequate staffing for NHH and Glencliff Home. Lack of staffing may result in a reduction in the number of beds available to clients due to state-mandated staffing ratios. Reducing the number of beds available to clients could potentially increase the number of patients on the NHH waitlist.

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

Respectfully submitted,



Lori A. Weaver
Interim Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET**

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric Services

0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Howroyd-Wright Employment Agency, Inc. All's Well** Vendor # 759978

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
		Sub Total		\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric
0% Federal Funds,40% General Funds, 60% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Cell Staff, LLC** Vendor # 268101

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$ 800,000	\$0	\$ 800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2024	102/500731	Contracts for Program Services	94050200	\$0	\$530,000	\$530,000
		Sub Total		\$3,744,002	\$0	\$4,274,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **CMG CIT Acquisition, LLC, dba CoreMedical Group** Vendor # 296667

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
		Sub Total		\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric
0% Federal Funds,40% General Funds, 60% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **MAS Medical Staffing Corporation** Vendor # 160689

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2024	102/500731	Contracts for Program Services	94050200	\$0	\$530,000	\$530,000
		Sub Total		\$3,744,002	\$0	\$4,274,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Worldwide Travel Staffing, Limited** Vendor # 224259

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
		Sub Total		\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Sunbelt Staffing, LLC** Vendor # 332980

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$750,000	\$0	\$750,000
2022	102/500731	Contracts for Program Services	94050200	\$0	\$0	\$0
2023	102/500731	Contracts for Program Services	94050200	\$0	\$0	\$0
		Sub Total		\$1,550,000	\$0	\$1,550,000

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **SHC Services, Inc. dba Supplemental Health Care** Vendor # 209387

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$750,000	\$0	\$750,000
2022	102/500731	Contracts for Program Services	94050200	\$0	\$0	\$0
2023	102/500731	Contracts for Program Services	94050200	\$0	\$0	\$0
		Sub Total		\$1,550,000	\$0	\$1,550,000

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET**

05-95-091-910010-5710 HHS: Glenclyff Home, Glenclyff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer) **\$720,000 for this vendor was not included in the shared price limitation**

Vendor Name **Howroyd-Wright Employment Agency, Inc. All's Well** Vendor # **759978**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2018	101-500729	Medical Payments to Providers	94050200	\$360,000	\$0	\$360,000
2019	101-500729	Medical Payments to Providers	94050200	\$360,000	\$0	\$360,000
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$2,650,000	\$0	\$2,650,000

05-95-091-910010-5710 HHS: Glenclyff Home, Glenclyff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Cell Staff, LLC** Vendor # **33607**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$1,930,000	\$0	\$1,930,000

05-95-091-910010-5710 HHS: Glenclyff Home, Glenclyff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **CMG CIT Acquisition, LLC, dba CoreMedical Group** Vendor # **296667**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$800,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$1,930,000	\$0	\$1,930,000

05-95-091-910010-5710 HHS: Glenclyff Home, Glenclyff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **MAS Medical Staffing Corporation** Vendor # **160689**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$800,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$1,930,000	\$0	\$1,930,000

05-95-091-910010-5710 HHS: Glenclyff Home, Glenclyff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Worldwide Travel Staffing, Limited** Vendor # **224259**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$800,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$1,930,000	\$0	\$1,930,000

05-95-091-910010-5710 HHS: Glenclyff Home, Glenclyff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Sunbelt Staffing, LLC** Vendor # **332980**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$800,000
2021	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2022	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
2023	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
Sub Total				\$800,000	\$0	\$800,000

05-95-091-910010-5710 HHS: Glenclyff Home, Glenclyff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **SHC Services, Inc. dba Supplemental Health Care** Vendor # **209387**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$800,000
2021	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2022	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
2023	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
Sub Total				\$800,000	\$0	\$800,000

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

This Amendment to the Temporary Nursing Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Cell Staff, LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 5, 2019 (Item #23), and as amended on December 2, 2020, (Item #17), as amended on August 18, 2021 (Item #37) and as amended on June 15, 2022, (Item #16), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, 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 1.7, Completion Date, to read:
December 31, 2023
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$6,924,002
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Robert W. Moore, Director
4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 1, Provisions Applicable to all Services, Subsection 1.2., by adding Paragraph 1.2.5., to read:
1.2.5. SFY 2024 - \$530,000

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 July 1, 2023, subject to Governor and 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

6/7/2023

Date

DocuSigned by:

Ellen Marie Lapointe

46806801F0E8428...

Name: Ellen Marie Lapointe

Title: Chief Executive Officer

Cell Staff, LLC

6/7/2023

Date

DocuSigned by:

Rami Isa

08EFA684BB3F487...

Name: Rami Isa

Title: president

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

OFFICE OF THE ATTORNEY GENERAL

6/9/2023

Date

DocuSigned by:
Robyn Guarino

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:

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that CELL STAFF, LLC is a Florida Limited Liability Company registered to transact business in New Hampshire on April 25, 2019. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 818352

Certificate Number: 0006245383



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 9th day of June A.D. 2023.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Grant Hargis, 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 Cell Staff, 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 June 7th, 2023, at which a quorum of the Directors/shareholders were present and voting.

(Date)

VOTED: That Rami Isa, Managing Partner, David Coats, Chief Revenue Officer (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Cell Staff, 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 was **valid thirty (30) days prior to and 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: 6-7-23

Grant Hargis
Signature of Elected Officer
Name: Grant Hargis
Title: VP Operations



ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED Cell Staff, LLC 1715 N. West Shore Blvd, #410, Tampa, FL 33607	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Policy: Directors & Officers Liability
Policy #: 8241-8428
Policy Term: 6/1/2023 - 6/1/2024
Carrier: Federal Insurance Company
Limit of Liability \$2,000,000 - Retention: \$25,000

Policy: Employment Practices Liability
Policy #: 8241-8428
Policy Term: 6/1/2023 - 6/1/2024
Carrier: Federal Insurance Company
Limit of Liability \$2,000,000 - Retention: \$125,000

Policy: Cyber Liability
Policy #: 2-CIA-FL-17-S0111784-01
Policy Term: 6/1/2023 - 6/1/2024
Carrier: Accredited Specialty Insurance Company
Limit of Liability: \$5,000,000 / Deductible: \$25,000

Hired and Non-Owned Auto Liability is included under General Liability so the Additional Insured Liability endorsement would apply to Hired and Non-Owned Auto Liability as well.

The Excess policy is following Form over General Liability, Hired and Non-Owned Auto Liability, Sexual Abuse Liability, Healthcare Professional Liability and Employers Liability.

Policy includes Additional Insured Endorsement (Required by Written Contract) under the following coverage - General Liability, Healthcare Professional Liability, and Excess Liability.

Policy includes Transfer of Rights of Recovery Against Others to Us, Amended Endorsement (Required by Written Contract) under General Liability, Healthcare Professional Liability and Excess Liability.

Policy includes Primary and Non-Contributory Endorsement (Where Required by Written Contract) under General Liability, Healthcare Professional Liability and Excess Liability.

Policy includes Workers Compensation Blanket Waiver of Our Right to Recover From Others Endorsement (Required by Written Contract)

Policy includes Alternate Employer Endorsement (Per Written Contract)

Policy includes Separation of Insureds except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this policy to the first Named Insured, this insurance applies:

As if each Named Insured were the only Named Insured; and Separately to each "insured" against whom "claim" is made or "suit" is brought

Re: Temporary Nurse Staffing Services (RFA-2020-NHH-01-TEMPO-06).

JUN03'22 PM 12:14 RCVD

GAC

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Lori A. Shibleyette
Commissioner

Ellen M. Lapointe
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 18, 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, New Hampshire Hospital, to enter into a new **Sole Source** contract with the vendor listed in **bold** below, which includes the option to renew for two (2) years, and amend existing contracts listed in regular text below, to expand temporary nursing services and increase the hourly rate for temporary nursing staff at New Hampshire Hospital and Glenciff Home, with no change to the price limitation of \$6,394,002 and no change to the existing contract completion dates of June 30, 2023, effective upon Governor and Council approval. 34% General Funds. 66% Other Funds (Agency Fees & Intra-Department Transfer).

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

* Contractor Name	Vendor Code	Area Served	Budgeted Amount	G&C Approval
** Howroyd-Wright Employment Agency, Inc. dba All's Well (Glendale, CA)	759978	Statewide	\$6,394,002 of which \$5,674,002 is included in the shared price limitation	O: 8/23/17, (Item #17) A1: 11/22/17, (Item #17) A2: 6/5/19, (Item #23) A3: 12/02/20, (Item #17) A4: 8/18/21, (Item #37)
Cell Staff, LLC (Tampa, FL)	33607	Statewide	\$5,674,002	O: 6/5/19, (Item #23) A1: 12/2/20, (Item #17) A2: 8/18/21, (Item #37)
CMG CIT Acquisition, LLC, dba CoreMedical Group (Manchester, NH)	296667	Statewide	\$5,674,002	O: 6/5/19, (Item #23) A1: 12/2/20, (Item #17) A2: 8/18/21, (Item #37)
MAS Medical Staffing LLC (Londonderry, NH)	160689	Statewide	\$5,674,002	O: 6/5/19, (Item #23) A1: 11/25/19, (Item #11) A2: 12/2/20, (Item #17) A3: 8/18/21, (Item #37)
Worldwide Travel Staffing, Limited (Tonawanda, NY)	224259	Statewide	\$5,674,002	O: 3/11/20, (Item #12) A1: 6/24/20, (Item #12) A2: 12/2/20, (Item #17) A3: 8/18/21, (Item #37)
***SHC Services, Inc. dba Supplemental Health Care	209387	Statewide	\$1,473,941	
		Total:	\$6,394,002	

* The contracts above were originally awarded through a competitive bid process. Two contracts awarded through that process to Sunbelt Staffing LLC, and SHC Services, Inc., expired on June 30, 2021, and are not included in this table. The financial history for these two organizations is included in the attached Fiscal Details.

** Howroyd-Wright Employment Agency, dba All's Well, has an amount of \$720,000 that is not included in the shared price limitation above.

***SHC Services, Inc. dba Supplemental Health Care is a new Sole Source contract that is only participating in the State Fiscal Year 2023 shared price limitation for this request.

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, 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.

See attached fiscal details.

EXPLANATION

A portion of this request is **Sole Source** because the Contractor listed in **bold** above is uniquely qualified and able to provide temporary nursing staff. The Contractor, along with the existing Contractors listed above, represent the known viable options to securing critical temporary nursing staff.

Additionally, the purpose of this request is to increase the hourly per diem and short-term rates for contracted, temporary, Registered Nurse and Licensed Practical Nurse staffing that support New Hampshire Hospital and Glenclyff Home. These requested actions are an essential factor in the Department's overall staffing strategy for these care facilities.

New Hampshire Hospital (NHH) and Glenclyff Home continue to use professional staffing services through these contracts to locate and retain qualified temporary nursing staff. NHH and Glenclyff Home have continued to struggle with attracting full-time nurses. The shortfall in permanent positions has required the facilities to reach out to nurse staffing agencies. However, the current contracted rate is at the bottom of the range paid by area hospitals. Due to the labor shortage coupled with the low pay rate, NHH and Glenclyff Home are not able to backfill any of the permanent positions with qualified temporary agency staff.

The population served by this amendment are individuals from all communities within New Hampshire who are in need of the services offered at NHH and Glenclyff Home.

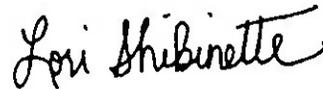
The Department monitors services by screening all temporary staff for appropriate education, experience and health and response to corrective action requests involving agency placements.

As referenced in Exhibit C-1, Revisions to Standard Contract Language, Paragraph 2., Renewal, of the original agreements, the Department has the option to extend four (4) of the agreements for up to four (4) additional years, and as referenced in Exhibit C-1, Revisions to General Provisions, Paragraph 3. Extension, of the original agreement, the Department has the option to extend the agreement with Howroyd-Wright Employment Agency, Inc. dba All's Well for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is not exercising its options to renew at this time. For the one (1) new Sole Source contract in this requested action, as referenced in Exhibit A, Revisions to Standard Agreement Provisions, Subparagraph 1.1., the Department has the option to extend the agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval.

Should the Governor and Executive Council not authorize this request, the Department may not have adequate staffing for NHH and Glenduff Home. Lack of staffing may result in a reduction in the number of beds available to clients due to state-mandated staffing ratios. Reducing the number of beds available to clients could potentially increase the number of patients on the NHH Waitlist.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET**

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric Services
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Howroyd-Wright Employment Agency, Inc. All's Well** Vendor # **759978**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
		Sub Total		\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Cell Staff, LLC** Vendor # **33807**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$ 800,000	\$0	\$ 800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
		Sub Total		\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **CMG CIT Acquisition, LLC, dba CoreMedical Group** Vendor # **296667**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
		Sub Total		\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **MAS Medical Staffing Corporation** Vendor # **160689**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
		Sub Total		\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Worldwide Travel Staffing, Limited** Vendor # **224259**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
		Sub Total		\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Sunbelt Staffing, LLC** Vendor # **332980**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$750,000	\$0	\$750,000
2022	102/500731	Contracts for Program Services	94050200	\$0	\$0	\$0
2023	102/500731	Contracts for Program Services	94050200	\$0	\$0	\$0
		Sub Total		\$1,550,000	\$0	\$1,550,000

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **SHC Services, Inc. dba Supplemental Health Care** Vendor # **209387**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$750,000	\$0	\$750,000
2022	102/500731	Contracts for Program Services	94050200	\$0	\$0	\$0
2023	102/500731	Contracts for Program Services	94050200	\$0	\$954,441	\$954,441
		Sub Total		\$1,550,000	\$954,441	\$2,504,441

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET**

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer) \$720,00 for this vendor was not included in the shared price limitation.

Vendor Name **Howroyd-Wright Employment Agency, Inc. All's Well** Vendor # **759978**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2018	101-500729	Medical Payments to Providers	94050200	\$360,000	\$0	\$360,000
2019	101-500729	Medical Payments to Providers	94050200	\$360,000	\$0	\$360,000
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$2,650,000	\$0	\$2,650,000

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Cell Staff, LLC** Vendor # **33807**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$1,930,000	\$0	\$1,930,000

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **CMG CIT Acquisition, LLC, dba CoreMedical Group** Vendor # **296667**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$800,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$1,930,000	\$0	\$1,930,000

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **MAS Medical Staffing Corporation** Vendor # **180689**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$1,930,000	\$0	\$1,930,000

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Worldwide Travel Staffing, Limited** Vendor # **224259**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$800,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$1,930,000	\$0	\$1,930,000

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **Sunbelt Staffing, LLC** Vendor # **332980**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$800,000
2021	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2022	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
2023	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
Sub Total				\$800,000	\$0	\$800,000

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name **SHC Services, Inc. dba Supplemental Health Care** Vendor # **209387**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$800,000
2021	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2022	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
2023	101-500729	Medical Payments to Providers	94050200	\$0	\$519,500	\$519,500
Sub Total				\$800,000	\$519,500	\$1,319,500

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

This Amendment to the Temporary Nursing Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Cell Staff, LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 5, 2019 (Item #23), and as amended on December 2, 2020, (Item #17), and amended on August 18, 2021 (Item #37), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, 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. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.1., Table 1: Per Diem Rate Schedule for Registered Nurses (RNs), to read:

Table 1: Per Diem Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$75.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$76.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$77.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$77.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$78.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$79.00

2. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.1., Table 2: Per Diem Rate Schedule for Licensed Practical Nurses (LPNs), to read:

Table 2: Per Diem Rate Schedule for Licensed Practical Nurses (LPNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$60.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$61.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$62.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$62.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$63.00
6	Weekend, 11 p.m.-7:00 a.m.	\$64.00

3. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and

Cell Staff, LLC

Contractor Initial CS

Payment Schedules, Subsection 2.2., Table 3: Short-Term Rate Schedule for Registered Nurses (RNs), to read:

Table 3: Short-Term Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$85.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$86.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$87.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$87.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$88.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$89.00

4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.2., Table 4: Short-Term Rate Schedule for Licensed Practical Nurses (LPNs), to read:

Table 4: Short-Term Rate Schedule for Licensed Practical Nurses (LPNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$70.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$71.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$72.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$72.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$73.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$74.00

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
Department of Health and Human Services

5/25/2022

Date

DocuSigned by:
Ellen Marie Lapointe
Name: Ellen Marie Lapointe
Title: chief Executive Officer

5/24/2022

Date

Cell Staff, LLC
DocuSigned by:
Grant Hargis
Name: Grant Hargis
Title: VP operations

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

OFFICE OF THE ATTORNEY GENERAL

5/25/2022

Date

DocuSigned by:
Robyn Guarino
748734844041488

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:

37 mac



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Lori A. Shiblette
 Commissioner

Heather M. Moquin
 Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
 603-271-5300 1-800-852-3345 Ext. 5300
 Fax: 603-271-5395 TDD Access: 1-800-735-2964
 www.dhhs.nh.gov

July 27, 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, New Hampshire Hospital, to amend existing contracts with the Contractors listed below in bold to increase the hourly rate for temporary nursing staff at New Hampshire Hospital and Glencliff Home, by increasing the total shared price limitation for all vendors below by \$547,882 from \$5,126,120 to \$5,674,002, which increases the price limitation for Howroyd-Wright Employment Agency, Inc. dba All's Well from \$5,846,120 to \$6,394,002 with no change to the contract completion dates of June 30, 2023, effective upon Governor and Council approval. 34% General Funds. 66% Other Funds (Agency Fees & Intra-Department Transfer).

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

Contractor Name	Vendor Code	Area Served	Current Amount	Increase of Shared Price Limitation (Decrease)	Revised Amount	G&C Approval
Howroyd-Wright Employment Agency, Inc. dba All's Well	759978	Statewide	\$5,846,120 of which \$5,126,120 is included in the shared price limitation	\$547,882	\$6,394,002 of which \$5,674,002 is included in the shared price limitation	O: 8/23/17, #17 A1: 11/22/17, #17 A2: 6/5/19, #23 A3: 12/02/20 #17.
Cell Staff, LLC	33607	Statewide	\$5,126,120	\$547,882	\$5,674,002	O: 6/5/19, #23 A1: 12/2/20, #17
CMG CIT Acquisition, LLC, dba CoreMedical Group	298687	Statewide	\$5,126,120	\$547,882	\$5,674,002	O: 6/5/19, #23 A1: 12/2/20, #17
MAS Medical Staffing Corporation	160689	Statewide	\$5,126,120	\$547,882	\$5,674,002	O: 6/5/19, #23 A1: 11/25/19, #11 A2: 12/2/20, #17
Worldwide Travel Staffing, Limited	224259	Statewide	\$5,126,120	\$547,882	\$5,674,002	O: 3/11/20, #12 A1: 6/24/20, #12 A2: 12/2/20, #17
		Total:	\$5,846,120	\$547,882	\$6,394,002	

* The contracts above were originally awarded through a competitive bid process. Two contracts awarded through that process to Sunbelt Staffing LLC, and SHC Services, Inc., expired on June 30, 2021, and are not included in this table. The financial history for these two organizations is included in the attached Fiscal Details.

** Howroyd-Wright Employment Agency, dba All's Well, has an amount of \$720,000 that is not included in the shared price limitation above.

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

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, 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.

See Fiscal Details Attached

EXPLANATION

The purpose of this request is to increase the hourly per diem and short-term rates for contracted, temporary, Registered Nurse and Licensed Practical Nurse staffing that support New Hampshire Hospital and Glenciff Home. These amendments are an essential factor in the Department's overall staffing strategy for these care facilities.

New Hampshire Hospital (NHH) and Glenciff Home use professional staffing services through these contracts to locate and retain qualified temporary nursing staff. Since the beginning of the pandemic, NHH and Glenciff Home have struggled to attract full-time nurses. The shortfall in permanent positions has required the facilities to reach out to nurse staffing agencies. However, the current contracted rate is at the bottom of the range paid by area hospitals. Due to the labor shortage coupled with the low pay rate, NHH and Glenciff are not able to backfill any of the permanent positions with qualified temporary agency staff.

The population served by this amendment are individuals from all communities within New Hampshire who are in need of the services offered at NHH and Glenciff Home.

The Department monitors services by screening all temporary staff for appropriate education, experience and health and response to corrective action requests involving agency placements.

As referenced in Exhibit C-1, Revisions to Standard Contract Language, Paragraph 2., Renewal, of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is not exercising its option to renew at this time.

Should the Governor and Executive Council not authorize this request, the Department may not have adequate staffing for NHH and Glenciff Home. Lack of staffing may result in a reduction in the number of beds available to clients due to state-mandated staffing ratios. Reducing the number of beds available to clients could potentially increase the number of patients on the NHH Waitlist.

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

Respectfully submitted,



Heather M. Moquin
Chief Executive Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
Temporary Nurse Services - MHH Glenclyn Home

05-95-091-910010-5710 MHS: Glenclyn Home, Glenclyn Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

\$720,000 for this vendor is not included in the Shared Price Limitation

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: Howroyd Wright Employment Agency, Inc. A/E/W Vendor # 759978						
2018	101-500729	Medical Payments to Providers	94050200	\$360,000	\$0	\$360,000
2019	101-500729	Medical Payments to Providers	94050200	\$360,000	\$0	\$360,000
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
Sub Total				\$2,411,000	\$239,000	\$2,650,000

05-95-091-910010-5710 MHS: Glenclyn Home, Glenclyn Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: Call Staff, LLC Vendor # 23607						
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
Sub Total				\$1,691,000	\$239,000	\$1,930,000

05-95-091-910010-5710 MHS: Glenclyn Home, Glenclyn Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: CMG CIT Acquisition, LLC, dba CoreMedical Group Vendor # 298647						
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
Sub Total				\$1,691,000	\$239,000	\$1,930,000

05-95-091-910010-5710 MHS: Glenclyn Home, Glenclyn Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: MAS Medical Staffing Corporation Vendor # 160689						
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
Sub Total				\$1,691,000	\$239,000	\$1,930,000

05-95-091-910010-5710 MHS: Glenclyn Home, Glenclyn Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: Worldwide Travel Staffing, Limited Vendor # 224259						
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
Sub Total				\$1,691,000	\$239,000	\$1,930,000

05-95-091-910010-5710 MHS: Glenclyn Home, Glenclyn Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: Sunbelt Staffing, LLC Vendor # 332980						
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2022	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
2023	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
Sub Total				\$800,000	\$0	\$800,000

05-95-091-910010-5710 MHS: Glenclyn Home, Glenclyn Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: SHC Services, Inc. dba Supplemental Health Care Vendor # 206387						
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2022	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
2023	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
Sub Total				\$800,000	\$0	\$800,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
Temporary Nurse Services - NHH Glancinn Home

05-05-094-040010-07500000 NHS:New Hampshire Hospital, New Hampshire Hospital, Acute
Psychiatric Services
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: Howard-Wright Employment Agency, Inc. All's Well Vendor # 759979

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
2023	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
Sub Total				\$3,435,120	\$308,882	\$3,744,002

05-05-094-040010-07500000 NHS:New Hampshire Hospital, New Hampshire Hospital, Acute
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: Cel Staff, LLC Vendor # 33807

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
2023	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
Sub Total				\$3,435,120	\$308,882	\$3,744,002

05-05-094-040010-07500000 NHS:New Hampshire Hospital, New Hampshire Hospital, Acute
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: CMG CIT Acquisition, LLC, dba CoreMedical Group Vendor # 296697

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
2023	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
Sub Total				\$3,435,120	\$308,882	\$3,744,002

05-05-094-040010-07500000 NHS:New Hampshire Hospital, New Hampshire Hospital, Acute
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: MAS Medical Staffing Corporation Vendor # 18089

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
2023	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
Sub Total				\$3,435,120	\$308,882	\$3,744,002

05-05-094-040010-07500000 NHS:New Hampshire Hospital, New Hampshire Hospital, Acute
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: Worldwide Travel Staffing, Limited Vendor # 224259

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
2023	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
Sub Total				\$3,435,120	\$308,882	\$3,744,002

05-05-094-040010-07500000 NHS:New Hampshire Hospital, New Hampshire Hospital, Acute
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: Sunbelt Staffing, LLC Vendor # 332960

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$750,000	\$0	\$750,000
2022	102/500731	Contracts for Program Services	04050200	\$0	\$0	\$0
2023	102/500731	Contracts for Program Services	04050200	\$0	\$0	\$0
Sub Total				\$1,550,000	\$0	\$1,550,000

05-05-094-040010-07500000 NHS:New Hampshire Hospital, New Hampshire Hospital, Acute
0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: SHC Services, Inc. dba Supplemental Health Care Vendor # 209367

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$750,000	\$0	\$750,000
2022	102/500731	Contracts for Program Services	04050200	\$0	\$0	\$0
2023	102/500731	Contracts for Program Services	04050200	\$0	\$0	\$0
Sub Total				\$1,550,000	\$0	\$1,550,000

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

This Amendment to the Temporary Nurse Staffing Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Cell Staff, LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 5, 2019 (Item #23), and as amended on December 2, 2020, (Item #17) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, 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 1.8, Price Limitation, to read:
\$5,674,002
2. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 1, Provisions Applicable to all Services, Subsection 1.2, Paragraph 1.2.3. to read:
1.2.3. SFY 2022 - \$1,473,941.
3. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 1, Provisions Applicable to all Services, Subsection 1.2, Paragraph 1.2.4. to read:
1.2.4. SFY 2023 - \$1,473,941.
4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.1., Table 1: Per Diem Rate Schedule for Registered Nurses (RNs), to read:

Table 1: Per Diem Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$70.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$71.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$72.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$72.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$73.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$74.00

- Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.2., Table 2: Per Diem Rate Schedule for Licensed Practical Nurses (LPNs), to read:

Table 2: Per Diem Rate Schedule for Licensed Practical Nurses (LPNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$55.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$56.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$57.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$57.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$58.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$59.00

- Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.2., Table 3: Short-Term Rate Schedule for Registered Nurses (RNs), to read:

Table 3: Short-Term Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$80.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$81.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$82.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$82.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$83.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$84.00

- Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.2., Table 4: Short-Term Rate Schedule for Licensed Practical Nurses (LPNs), to read:

Table 4: Short-Term Rate Schedule for Licensed Practical Nurses (LPNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$65.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$66.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$67.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$67.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$68.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$69.00

GH

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

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

State of New Hampshire
Department of Health and Human Services

7/30/2021

Date

DocuSigned by:
Heather M. Moquin

Name: Heather M. Moquin

Title: Chief Executive Officer, New Hampshire Hospital

Cell Staff, LLC

7/30/2021

Date

DocuSigned by:
Grant Hargis

Name: Grant Hargis

Title: VP Operations

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

OFFICE OF THE ATTORNEY GENERAL

7/30/2021

Date

DocuSigned by:

Takhmina Rakhmatova

027A9313E000A58

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:



Lori A. Sabinette
Commissioner

Heather M. Moquin
Chief Executive Officer

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

November 16, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to amend existing contracts in bold, one of which is Sole Source as indicated by an asterisk (*), with the vendors listed below to further the Department's overall staffing strategy and provide temporary nurse staffing services to New Hampshire Hospital and Glencleft Home by increasing hourly rates for staff and by exercising renewal options that are available and by increasing the total shared price limitation for all vendors below by \$2,776,120 from \$2,350,000 to \$5,126,120, which increases the price limitation for Howroyd-Wright Employment Agency, Inc. dba All's Well from \$3,070,000 to \$5,846,120, and by extending the completion dates from June 30, 2021 to June 30, 2023 effective upon Governor and Council approval. 34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer).

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

Vendor Name	Vendor Code	Area Served	Current Amount	Increase of Shared Price Limitation	Revised Amount	G&C Approval
*Howroyd-Wright Employment Agency, Inc. dba All's Well	759978	Statewide	\$3,070,000 of which \$2,350,000 is included in the shared price limitation	\$2,776,120	\$5,846,120 of which \$5,126,120 is included in the shared price limitation	O: 08/23/17, Item #17 A1: 11/22/17, Item #17 A2: 06/05/19, Item #23
Cell Staff, LLC	33607	Statewide	\$2,350,000	\$2,776,120	\$5,126,120	O: 06/05/2019, Item #23
CMG CIT Acquisition, LLC, dba CoreMedical Group	296687	Statewide	\$2,350,000	\$2,776,120	\$5,126,120	O: 06/05/2019, Item #23

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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MAS Medical Staffing Corporation	160889	Statewide	\$2,350,000	\$2,776,120	\$5,126,120	O: 06/05/2019, Item #23 A1: 11/25/19, Item #11
Sunbelt Staffing, LLC	332980	Statewide	\$2,350,000	\$0	\$5,126,120	O: 06/05/2019, Item #23 A1: 11/25/19, Item #11
SHC Services, Inc. dba Supplemental Health Care	209387	Statewide	\$2,350,000	\$0	\$5,126,120	O: 06/05/2019, Item #23
Worldwide Travel Staffing, Limited	224269	Statewide	\$2,350,000	\$2,776,120	\$5,126,120	O: 03/11/2020, Item #12 A1: 06/24/20, Item #12
Total			\$3,070,000	\$2,776,120	\$5,126,120	

- Hayward-Wright Employment Agency, dba All's Well has an amount of \$720,000 that is not included in the shared price limitation, above.

Funds are available in the following accounts for State Fiscal Years 2021, 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:

05-095-094-940010-87600000 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2018	102-500731	Contracts for Prog Svc	94050200	\$0	\$0	\$0
2019	102-500731	Contracts for Prog Svc	94050200	\$0	\$0	\$0
2020	102-500731	Contracts for Prog Svc	94050200	\$800,000	\$0	\$800,000
2021	102-500731	Contracts for Prog Svc	94050200	\$750,000	\$285,120	\$1,035,120
2022	102-500731	Contracts for Prog Svc	94050200	\$0	\$800,000	\$800,000
2023	102-500731	Contracts for Prog Svc	94050200	\$0	\$800,000	\$800,000
			Subtotal	\$1,550,000	\$1,885,120	\$3,435,120

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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05-095-091-910010-5710 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HHS: GLENCLIFF HOME, GLENCLIFF PROFESSIONAL, MEDICAL PROVIDERS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2018	101-500729	Contracts for Prog Svc	91000000	\$360,000	\$0	\$360,000
2019	102-500731	Contracts for Prog Svc	94050200	\$360,000	\$0	\$360,000
2020	102-500731	Contracts for Prog Svc	94050200	\$400,000	\$0	\$400,000
2021	102-500731	Contracts for Prog Svc	94050200	\$400,000	\$91,000	\$491,000
2022	102-500731	Contracts for Prog Svc	94050200	\$0	\$400,000	\$400,000
2023	102-500731	Contracts for Prog Svc	94050200	\$0	\$400,000	\$400,000
			<i>Subtotal</i>	\$1,520,000	\$891,000	\$2,411,000
			TOTAL	\$3,070,000	\$2,776,120	\$5,846,120

EXPLANATION

The Howroyd-Wright Employment Agency, Inc. dba All's Well is Sole Source because the Department is exercising an extension that exceeds the current contract period when there are no renewal options available.

The purpose of this request is to increase the hourly rate to secure temporary, contracted Registered Nurse staffing to support New Hampshire Hospital and Glenclyff Home. These amendments are an integral factor in the Department's overall staffing strategy for New Hampshire Hospital and Glenclyff Home. As the State plans to increase census at New Hampshire Hospital, it is imperative that these amendments be approved. Additionally, given the current pandemic, New Hampshire Hospital and Glenclyff Home need to have such resources readily available to aide in potential surge planning, or to ensure proper staffing of facilities in the event a large portion of staff have to quarantine. The Temporary Nurse Staffing Services contracts provide professional staffing services through these contracts in order to locate and retain qualified temporary staff for Glenclyff Home and New Hampshire Hospital. Due to the complex nature of the population and the administration of medicine, registered nurses are required to be part of the staffing mix.

This request represents five (5) of the seven (7) amendments for Temporary Nurse Staffing Services contracts. The Department anticipates presenting the other two (2) amendments upon receipt of executed amendment documents.

Several vendors have expressed the inability to attract qualified staff based on the hourly rate offered in the current contract. After an analysis of the rates paid to comparable hospitals throughout New Hampshire, it was determined that the Department's contract was twelve dollars (\$12) per hour below the lowest rate paid within New Hampshire for nurses with no psychiatric experience. This amendment proposes a modest increase of ten dollars (\$10) per hour. The number of nurses provided through this contract has declined from an initial average of ten (10) nurses, to the current

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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placement of five (5) nurses. In addition, during the early phase of the contract, vendors were able to identify a sufficient number of candidates, which enabled the Department to select the best candidate.

The population served by this amendment are patients from all communities within New Hampshire needing the services offered at New Hampshire Hospital and Glenciff Home.

The Department will monitor contracted services by screening of all candidates for appropriate education, experience and health and response to corrective action requests involving agency placements.

As referenced in Exhibit C-1, Revisions to Standard Contract Language, Paragraph 2., Renewal, of the original contracts, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for two (2) of the two (2) years available for four (4) of the contracts. One (1) of the contracts, Howroyd-Wright Employment Agency, Inc. dba All's Well, has no renewal options available. The Department is extending contract services with All's Well for an additional two (2) years at this time.

Should the Governor and Council not authorize this request, the Department may not have adequate staffing for New Hampshire Hospital and Glenciff Home. Lack of staffing may result in a reduction in the number of beds available to clients due to state-mandated staffing ratios. Reducing the number of beds available to clients could potentially increase the number of patients on the New Hampshire Hospital waitlist.

Area served: Statewide

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

Respectfully submitted,



Lori A. Weaver
Deputy Commissioner

**New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services**



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Temporary Nurse Staffing Services Contract**

This 1st Amendment to the Temporary Nurse Staffing Services contract (hereinafter referred to as "Amendment #1") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Cell Staff, LLC, (hereinafter referred to as "the Contractor"), a limited liability company with a place of business at 1715 N Westshore Blvd, Suite 410, Tampa, FL 33607.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 5, 2019, (Item #23), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2023.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$5,126,120.
3. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 1, Provisions Applicable to All Services, Subsection 1.2., to read:
 - 1.2: The State shall pay the Contractors among all agreements an amount not to exceed Form P-37, Block 1.8, Price Limitation, with consideration for Subsection 1.1. of this Exhibit B, to provide services pursuant to Exhibit A, Scope of Services. Shared price limitation amounts allocated per State Fiscal Year (SFY) are as follows:
 - 1.2.1. SFY 2020 - \$1,200,000.
 - 1.2.2. SFY 2021 - \$1,526,120.
 - 1.2.3. SFY 2022 - \$1,200,000.
 - 1.2.4. SFY 2023 - \$1,200,000.
4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.1., Table 1: Per Diem Rate Schedule for Registered Nurses (RNs), to read:

CS
GH

**New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services**



Table 1: Per Diem Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m. – 3:00 p.m.	\$56.00
2	Weekday, 3:00 p.m. – 11:00 p.m.	\$57.00
3	Weekday, 11:00 p.m. – 7:00 a.m.	\$58.00
4	Weekend, 7:00 a.m. – 3:00 p.m.	\$58.00
5	Weekend, 3:00 p.m. – 11:00 p.m.	\$59.00
6	Weekend, 11:00 p.m. – 7:00 a.m.	\$60.00

5. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.2., Table 3: Short-Term Rate Schedule for Registered Nurses (RNs), to read:

Table 3: Short-Term Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m. – 3:00 p.m.	\$66.00
2	Weekday, 3:00 p.m. – 11:00 p.m.	\$67.00
3	Weekday, 11:00 p.m. – 7:00 a.m.	\$68.00
4	Weekend, 7:00 a.m. – 3:00 p.m.	\$68.00
5	Weekend, 3:00 p.m. – 11:00 p.m.	\$69.00
6	Weekend, 11:00 p.m. – 7:00 a.m.	\$70.00



New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services

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

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

State of New Hampshire
Department of Health and Human Services

10/19/2020

Date

DocuSigned by:

Heather M. Moquin

1625357281-02

Name: Heather M. Moquin

Title: Chief Executive Officer, New Hampshire Hospital

CELL STAFF, LLC

10/16/2020

Date

DocuSigned by:

Grant Hargis

310404052034

Name: Grant Hargis

Title: VP operations



**New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services**

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

OFFICE OF THE ATTORNEY GENERAL

10/19/2020

Date

DocuSigned by:

DocuSign Envelope ID: 94E83E45-CBFC-4754-8CE7-730077C7ECAC

Name: Catherine Pinos

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

23 mac



MAY 21 '19 PM 1:12 DAS
STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEW HAMPSHIRE HOSPITAL

Jeffrey A. Meyers
Commissioner

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

Lori A. Shilbette
Chief Executive Officer

May 8, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital and Glenciff Home, to enter into new contracts with five (5) vendors and exercise a renewal option with Howroyd-Wright Employment Agency, Inc. dba All's Well for the provision of temporary nurse staffing services by increasing the shared price limitation by \$2,350,000 from \$720,000 to an amount not to exceed \$3,070,000, and to extend the completion date for Howroyd-Wright Employment Agency, Inc. dba All's Well of June 30, 2019 to June 30, 2021 with a completion date of June 30, 2021 for all new contracts, effective upon Governor and Executive Council approval. Payments to the vendors will be made unencumbered as the price limitation is shared among all contracts and no minimum or maximum service volume is guaranteed. Glenciff Home: 76% Other (Agency) and 24% General; New Hampshire Hospital: 34% General Funds, 46% Other Funds (Provider Fees) and 20% Federal Funds.

The agreement with Howroyd-Wright Employment Agency dba All's Well, was originally approved by Governor and Council on August 23, 2017, (Item #17), and was amended on November 22, 2017 (Item #17).

Agency Name	Vendor ID	Address	Current Budget	Increase/ (Decrease)	Modified Budget
Howroyd-Wright Employment Agency, Inc. dba All's Well	759978	327 W Broadway Glendale, CA 91204	\$720,000	\$2,350,000	\$3,070,000
Cell Staff	TBD	1715 N Westshore Blvd Tampa, FL 33607	\$0	\$2,350,000	\$2,350,000
CMG CIT LLC, dba CoreMedical Group	TBD	3000 Goffs Falls Rd., Manchester, NH 03103	\$0	\$2,350,000	\$2,350,000
MAS Medical Staffing	TBD	156 Harvey Road Londonderry, NH 03053	\$0	\$2,350,000	\$2,350,000
Sunbell Staffing	TBD	3687 Tampa Rd. Oldsmar, FL 34677	\$0	\$2,350,000	\$2,350,000
SHC Services, Inc. dba Supplemental Health Care	TBD	95 John Muir Dr. Amherst, NY 14228	\$0	\$2,350,000	\$2,350,000

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 5

Funds are anticipated to be available in State Fiscal Year (SFY) 2020 and SFY 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust budget line item amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

05-95-94-940010-87500000 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES

SFY	Class / Account	Class Title	Job Number	Total Amount	Increase / Decrease	Revised Amount
2018	102-500731	Contracts for Program Svcs	94050200	\$0	\$0	\$0
2019	102-500731	Contracts for Program Svcs	94050200	\$0	\$0	\$0
2020	102-500731	Contracts for Program Svcs	94050200	\$0	\$800,000	\$800,000
2021	102-500731	Contracts for Program Svcs	94050200	\$0	\$750,000	\$750,000
		<i>Subtotal</i>		\$0	\$1,550,000	\$1,550,000

05-95-91-910010-5710 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HHS: GLENCLIFF HOME, GLENCLIFF PROFESSIONAL, MEDICAL PROVIDERS

SFY	Class / Account	Class Title	Job Number	Total Amount	Increase / Decrease	Revised Amount
2018	101-500729	Payment to Medical Providers	91000000	\$360,000	\$0	\$360,000
2019	101-500729	Payment to Medical Providers	91000000	\$360,000	\$0	\$360,000
2020	101-500729	Payment to Medical Providers	91000000	\$0	\$400,000	\$400,000
2021	101-500729	Payment to Medical Providers	91000000	\$0	\$400,000	\$400,000
		<i>Subtotal</i>		\$720,000	\$800,000	\$1,520,000
		Total		\$720,000	\$2,350,000	\$3,070,000

EXPLANATION

The purpose of this request is to ensure temporary contracted nursing staff is available to Glenduff Home (Glenduff) and New Hampshire Hospital (NHH). The price limitation is shared among all contractors and no minimum or maximum service volume is guaranteed. Glenduff and NHH continue to experience difficulty filling and retaining nursing positions in the current labor market as can be seen by the current vacancy rates in nursing positions in Table 1 and Table 2.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Table 1. Glenclyff Home Nurse Positions

Position Classification	Labor Grade	Authorized Number of Positions	Number of Vacant Positions			
			April 2019	July 2018	May 2017	July 2016
Nursing Director	34	1	0	0	0	0
Registered Nurse I-III	19-23	18	4	3	6	3
Licensed Practical Nurse I-II	21	8	1	2	3	2
Nursing Coordinator (Shift)	27	3	2	2	1	2
Nurse Coordinator (Training)	27	1	1	0	0	0
Total		31	8	7	10	7
Vacancy Rate			25.8%	22.6%	32.3%	22.6%

Table 2. New Hampshire Hospital Nurse Positions

Position Classification	Labor Grade	Authorized Number of Positions	Number of Vacant Positions			
			April 2019	Sept 2017	May 2017	Nov 2016
Nursing Director	34	1	0	1	1	0
Asst. Nursing Director	29	2	0	0	0	0
Registered Nurse I	19	17	3	3	4	4
Registered Nurse II	21	37	5	5	4	6
Registered Nurse III	23	34	4	1	1	4
Nurse Specialist	25	15	0	3	4	6
Nursing Coordinator	27	14	1	1	2	2
Nurse Practitioner	28	3	0	0	1	0
Licensed Practical Nurse	18	2	0	0	0	0
Total		125	13	14	17	22
Vacancy Rate			10%	12%	15%	19%

Glenclyff and NHH use professional staffing services through these contracts in order to locate and retain qualified Temporary Staff. The local and State unemployment rates have remained low. Consequently, Glenclyff and NHH are pursuing "passive" candidates who are not actively seeking employment for vacant positions. State-employed nursing staff are increasingly eligible for retirement, which adds to the vacancy rate concerns. Glenclyff has four (4) nurses (22% of its nursing staff) eligible for retirement in the next three (3) years. NHH also has at least six (6) nurses who are approaching retirement age.

Many factors contribute to the inability of Glenclyff and NHH to compete effectively in the nursing labor market, including the fact that salaries are not competitive with area employers. Both facilities offer compensation that is significantly low for Registered Nurses, especially nurses with experience (12-15% below State average). While Glenclyff appears comparable in compensation for licensed practical nurses (LPNs), LPNs are becoming scarce as most nursing educational institutions no longer offer LPN programs.

According to the Bureau of Labor Statistics, the RN workforce is expected to grow from 2.9 million to 3.4 million by 2026, which is a 15% increase. The Bureau also projects the need for 203,700 new RNs each year through 2026. The National Council of State Boards of Nursing predict that 50.9% of the RN workforce is age fifty (50) and older. NHH has many nurses that have tenure of 15-20 years with the expectation that six (6) nurses may retire within the next three (3) years. Also competing for

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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nursing staff in the Glenciff area are three (3) hospitals, including Dartmouth-Hitchcock Medical Center, a well-known teaching facility. New Hampshire has an even greater level of competition from southern New Hampshire hospitals whose nurse salaries are competitive with hospitals in Massachusetts.

Also complicating nurse staffing recruitment is the apparent reluctance of nursing staff candidates to seek employment at Glenciff and NHH, which deliver services within an industry often stigmatized by mental health stereotypes, prejudice, and discrimination. Many nurses are hesitant to apply for employment due to the perceived difficulty of working with individuals with mental health behaviors. Recent negative publicity about assaults and injuries to staff at NHH has had a negative effect on recruitment as well.

Glenciff and NHH will continue recruitment efforts, which include local, state, and nationwide advertising in newspapers, trade journals, and websites. Additionally, Glenciff will continue to serve as a Plymouth State University nursing clinical site, as well as attempt to develop an LPN program in-house.

The new contracts were competitively bid. The Department issued a Request for Applications from December 19, 2018 through January 22, 2019 for qualified organizations to provide Temporary Nursing Staff for NHH and Glenciff. The applications were reviewed by individuals qualified to make a determination of the vendors' ability to meet the needs of Glenciff and NHH. Five (5) of twelve (12) vendors were selected as listed in the Requested Action.

As referenced in Exhibit C-1 of the new agreements, the Department has the option to extend services for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

As referenced in Exhibit C-1 of the agreement with All's Well, the Department has the option to extend services for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. This request utilizes two (2) years of renewal, leaving no additional years of renewal for contract services.

The Department recognizes the shortage of nurses may lead to more vacancies, as nurses continue to take positions at other facilities because of the hours, compensation, and personal safety considerations. Glenciff a long-term care facility of last resort for residents. The facility only accepts applications from residents who have been rejected by at least two (2) other nursing facilities.

NHH cares for individuals who have been deemed too dangerous to manage in other settings. Without sufficient nursing staff, access to acute and long-term care by individuals with mental health needs is at risk. For these reasons, approval of temporary nurse staffing agency contracts to support nurse staffing services is critical.

Should the Governor and Executive Council not approve this request, the Department will be at risk of not being able to adequately staff its Glenciff and NHH facilities. Lack of staffing may result in a reduction in the number of beds available to clients based on available staffing ratios. Reducing the number of beds available to clients could potentially increase the rate of recidivism and increase the number of state residents on each facility's waitlist.

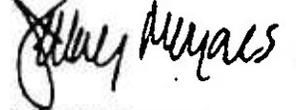
Area served: Glenciff Home and New Hampshire Hospital facilities

Source of funds: Glenciff Home: 76% Other (Agency) and 24% General; New Hampshire Hospital: 34% General Funds, 46% Other Funds (Provider Fees) and 20% Federal Funds made available under the Social Security Act, Section 1923, Payment for Inpatient Hospital Services Furnished by Disproportionate Share Hospitals

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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In the event that the Federal Funds or Other Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner



New Hampshire Department of Health and Human Services
 Office of Business Operations
 Contracts & Procurement Unit
 Summary Scoring Sheet

Temporary Nurse Staffing Services
 RFP Name

RFA-2020-NHX-01-TEMPO
 RFP Number

Reviewer Names

Bidder Name
1. 22nd Century Technologies, Inc.
2. ahs Staffing
3. Cell Staff LLC
4. Core Medical Group
5. Onkriter, Inc.
6. Infopnl, Inc.
7. Innovast Global, Inc
8. Maa Medical Staffing Corporation
9. Medefis, Inc.
10. Suaben Staffing
11. Supplemental Health Care Services, Inc.,
12. Worldwide Travel Staffing Limited

Pass/Fail	Maximum Points	Actual Points
	800	450
	800	430
	600	470
	800	500
	600	440
	800	485
	800	485
	800	476
	800	488
	800	490
	800	600
	800	600

1. Kevin L. Poch, Business Administrator II, Concord Home
2. Linda Todd Dickford, Concord Home Administrator, DPHHS
3. Kim MacCarty, Deputy Administrator
4. Eileen Moore, Nurse Coordinator, DPHHS
5. Carol O'Leary, Asst. Director of Nursing, DPHHS
- 6.
- 7.
- 8.
- 9.

17 rec.



Jeffrey A. Meyers
Commissioner

Earl A. Sabatelli
Chief Executive Officer

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-857-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-733-2964
www.dhhs.nh.gov

October 30, 2017

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, New Hampshire Hospital and Glendiff Homes, to exercise renewal options and amend existing agreements with the vendors listed below for the provision of temporary nurse staffing services by increasing the shared price limitation by \$1,540,000 from \$5,970,000 to an amount not to exceed \$7,510,000, and to extend the completion date for MAS Medical Staffing Corporation, Innovent Global Inc., and Circharo Acquisition, LLC from June 30, 2018 to June 30, 2019 with no change to the completion date for Howroyd-Wright Employment Agency, Inc. dba All's Well and InSync Consulting Services, LLC of June 30, 2019, effective upon Governor and Executive Council approval. Payments to the vendors will be made unencumbered as the price limitation is shared among all contracts and no minimum or maximum service volume is guaranteed.

These agreements were originally approved by Governor and Council on June 1, 2016 (Item #14), November 18, 2016 (Item #19), December 21, 2016 (Item #23), and August 23, 2017, (Item #17), and were amended on June 21, 2017 (Item #33). Glendiff Home: 80% Other (Agency) and 20% General; New Hampshire Hospital: 34% General Funds, 46% Other Funds (Provider Fees) and 20% Federal Funds.

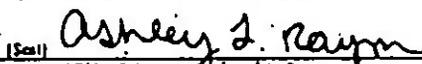
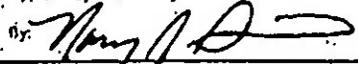
Agency Name	Vendor ID	Address
Howroyd-Wright Employment Agency, Inc. dba All's Well	759978	327 W Broadway Glendale, CA 91204
InSync Consulting Services, LLC	T80	110 Main Street Roseville, California 95678
MAS Medical Staffing Corporation	241977	156 Harvey Road Londonderry NH, 03053
Innovent Global Inc.	274676	1818 S. Australian Avenue, Suite 230 West Palm Beach Florida, 33409
Circharo Acquisition, LLC	158850	2 Keewaydin Drive Salem, NH 03079

Subject: Temporary Nurse Staffing Services (RFA-2020-NHH-01-TEMP02-06)

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 NH Department of Health and Human Services	1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3357		
1.3 Contractor Name Cell Staff, LLC	1.4 Contractor Address 1715 N Westshore Blvd, Suite 410 Tampa, FL 33607		
1.5 Contractor Phone Number 855-361-1715	1.6 Account Number 03-95-91-910010-5110	1.7 Completion Date June 30, 2021	1.8 Price Limitation \$7,250,000
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number 603-271-9631	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Rami Issa, managing partner	
1.13 Acknowledgment: State of <u>FL</u> County of <u>Hillsborough</u> On <u>4/24/19</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that she executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace 		 Ashley L. Rayner NOTARY PUBLIC STATE OF FLORIDA Commission GG202071 Expires 4/2/2022	
1.13.2 Name and Title of Notary or Justice of the Peace Ashley L. Rayner, Notary			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lori Subinette - CEO-NHH	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Date: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  Date: <u>6/24/2019</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ Date: _____			

2. EMPLOYMENT OF CONTRACTOR SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.2 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required. In which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other accounts to the Accounts 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 D 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 unspecified 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 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 opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines of the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly 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

Contractor Initials

9/23/19

Agreement. This provision shall survive termination of this Agreement.

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

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other contract, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or required or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulas, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer programs, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

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

10. **TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, up and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. **ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. **INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on or resulting from, arising out of or which may be claimed to arise out of the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

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

14.1.2 special contract form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

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New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services Exhibit A



Scope of Services

1. Provisions Applicable to All Services

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

2. Scope of Services

- 2.1. The Contractor shall secure temporary, contracted Registered Nurse (RN) and Licensed Practical Nurse (LPN) Professionals ("Temporary Staff") to support the Department's Glenduff Home (Glenduff) and New Hampshire Hospital (NHM).
- 2.2. The Contractor shall hire, maintain and provide properly licensed Temporary Staff, and ensure the Nurse Professionals performing services under this Agreement possess:
 - 2.2.1. Valid licenses issued by the New Hampshire Board of Nursing.
 - 2.2.2. CPR certification, as required by state law.
 - 2.2.3. Proof of pre-employment screening which includes, but is not limited to:
 - 2.2.3.1. A physical as applicable by state law which includes, but is not limited to the following immunizations:
 - 2.2.3.1.1. Hepatitis B.
 - 2.2.3.1.2. Influenza.
 - 2.2.3.1.3. MMR.
 - 2.2.3.1.4. Varicella (chickenpox).
 - 2.2.3.1.5. Tetanus, diphtheria, pertussis.
 - 2.2.3.2. TB skin test.
 - 2.2.3.3. Professional references.
 - 2.2.3.4. Criminal background check(s).
 - 2.2.3.5. Drug screening as applicable.
 - 2.2.4. TB skin test.
 - 2.2.3.3. Professional references.
 - 2.2.3.4. Criminal background check(s).
 - 2.2.3.5. Drug screening as applicable.
- 2.3. The Contractor shall ensure that the Nurse Professionals hired meet applicable laws, regulations, and/or accreditation standards to be presented to facility administration upon request.

Cell Star, LLC

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- 2.4. The Contractor shall Hire Temporary Staff who are capable of duties that include, but are not limited to:
 - 2.4.1. Conducting physical assessments, excluding psychiatric or admission assessments.
 - 2.4.2. Administering medication.
 - 2.4.3. Processing of physician orders.
 - 2.4.4. Monitoring vital signs.
 - 2.4.5. Testing blood glucose levels.
 - 2.4.6. Completing treatments.
 - 2.4.7. Changing dressings.
 - 2.4.8. Communicating both verbally and in writing to report related findings.
- 2.5. The Contractor shall ensure all Temporary Staff attend a minimum of eight (8) hours of orientation that includes, but is not limited to:
 - 2.5.1. Specific information regarding infection prevention.
 - 2.5.2. Client confidentiality.
 - 2.5.3. Medical records and other documentation practices.
 - 2.5.4. Safety and emergency protocols including, but not limited to "Cues to Crisis" training regarding how to recognize and respond safely to patients who may be experiencing psychiatric crises.
- 2.6. The Contractor shall ensure Temporary Staff delegation duties are limited to simple tasks such as obtaining client vital signs or simple client assists.
- 2.7. The Contractor shall coordinate between the staffing needs of NHDH/Glandif and the available Temporary Staff.
- 2.8. The Contractor shall attempt to accommodate staffing requests for specific individual RNs and LPNs.
- 2.9. The Contractor shall be provided with a minimum of twenty-four (24) hours advance notice when Temporary Staff are needed.
- 2.10. The Contractor shall pay all Temporary Staff wages, which includes payments of federal and state taxes.
- 2.11. The Contractor's Short-Term Temporary Staffing Services for each Nurse Professional must be a minimum of a thirteen (13) week period (Staffing Period), without a gap in delivered services for the Staffing Period unless otherwise mutually agreed upon.
- 2.12. The Contractor shall provide replacement staffing for the remainder of the Staffing Period in the event a Temporary Staff is unable to fulfill the prescribed shift due to illness, injury or other unforeseen circumstance.

Cell Staff, LLC

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- 2.13. The Contractor shall provide alternative solutions, verbally and in writing, to NHH/Glendon who may, at its discretion, choose to accept the Vendor's alternative staffing solution. In the event the Vendor is unable to fulfill replacement staffing described in Paragraph 1.2.15.
- 2.14. The Contractor shall notify Temporary Staff of supervision by a NHH/Glendon-employed shift supervisor.
- 2.15. The Contractor shall accept Department verbal and written notification of the Department's request to cancel Staffing Services a minimum of two (2) hours prior to the start of the shift for which staff are scheduled to work.
- 2.16. The Contractor shall accept immediate verbal and written notification from the Department of any staffing dismissal from Glendon or NHH with or without cause, which provides reasonable detail the reason(s) for the dismissal, if applicable; which will result in compensation for all hours worked prior to dismissal.
- 2.17. The Contractor shall have the ability to receive notification from the Department of any unexpected incident known to involve a Temporary Staff including, but not limited to errors, safety hazards, or injury.
- 2.18. Background checks
 - 2.18.1. The Contractor shall obtain, at the Contractor's expense, a Criminal Background Check and shall release the results to the NHH Office of Human Resources to ensure no convictions for the following crimes:
 - 2.18.1.1. A felony for child abuse or neglect, spousal abuse, any crime against children or adults, including but not limited to: child pornography, rape, sexual assault, or homicide;
 - 2.18.1.2. A violent or sexually-related crime against a child or adult, or a crime which may indicate a person might be reasonably expected to pose a threat to a child or adult; and
 - 2.18.1.3. A felony for physical assault, battery, or a drug-related offense committed within the past five (5) years in accordance with 42 USC 871 (a)(2)(A)(ii).
 - 2.18.2. The Contractor shall authorize the Department to conduct a Bureau of Elderly and Adults Services (BEAS) State Registry check and a Division for Children Youth and Families (DCYF) Central Registry check at no cost to the Contractor.
 - 2.18.2.1. The BEAS State Registry check and DCYF Central Registry check confidential results are returned directly to the NHH Office of Human Resources.
 - 2.18.3. The Contractor shall not commence services prior to the required documentation in 2.18.1 and 2.18.2 being received and verified by the NHH Office of Human Resources.

Call Staff, LLC

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Temporary Nurse Staffing Services



Exhibit B

Methods and Conditions Precedent to Payment

1. Provisions Applicable to All Services

- 1.1. This Agreement is one (1) of multiple Agreements that will provide Temporary Nurse Staffing Services for the Department. No maximum or minimum service volume is guaranteed. Accordingly, the price limitation among all Agreements is identified in Form P-37, General Provisions, Block 1.8, Price Limitation.
- 1.2. The State shall pay the Contractors among all agreements an amount not to exceed \$1,200,000 for State Fiscal Year (SFY) 2020 and \$1,150,000 for SFY 2019, for the services provided by the Contractors pursuant to Exhibit A, Scope of Services, for a total contract value listed on the Form P-37, Block 1.8, Price Limitation of \$2,350,000, with consideration for paragraph 1.1 of this Exhibit B.
- 1.3. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 1.4. This contract is funded with:
 - 1.4.1. Other Funds from the Agency
 - 1.4.2. General Funds
- 1.5. Payment for said services shall be made monthly as follows:
 - 1.5.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 1.5.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth (20th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 1.5.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHMS-funded programs and services.
 - 1.5.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

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- 1.5.5. All invoices may be mailed as hard copy, or assigned an electronic signature and emailed to:
- 1.5.5.1. Department of Health and Human Services
Glendell Home
393 High Street
Glendon, NH 03238
Email address: Kevin.Lincoln@dhs.nh.gov
 - 1.5.5.2. Department of Health and Human Services
New Hampshire Hospital - Accounts Payable
38 Cotton St
Concord, NH 03301
Email address: NHFinancialServices@dhs.nh.gov
- 1.5.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 1.6. Shared housing will be provided for traveling nurses, if applicable.
- 1.7. In the event Temporary Staff is recruited, hired, and begins work at Glendell Home or New Hampshire Hospital on a full-time basis, the Department will:
- 1.7.1. Pay the Contractor a placement fee of \$2,500.00 if the Temporary Staff has provided services on a temporary basis for less than twenty-six (26) non-consecutive weeks.
 - 1.7.2. Pay no placement fee if the Temporary Staff has provided services on a temporary basis for a minimum of twenty-six (26) non-consecutive weeks.
- 1.8. Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between 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.
2. Shift Guidelines and Payment Schedules
- 2.1. The Vendor will be reimbursed for providing and delivering the described Temporary Staffing, on a per-diem deliverables basis, pursuant to the following rate schedules (Tables 1 and 2):

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Exhibit B

Table 1: Per Diem Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m. – 3:00 p.m.	\$46.00
2	Weekday, 3:00 p.m. – 11:00 p.m.	\$47.00
3	Weekday, 11:00 p.m. – 7:00 a.m.	\$48.00
4	Weekend, 7:00 a.m. – 3:00 p.m.	\$48.00
5	Weekend, 3:00 p.m. – 11:00 p.m.	\$49.00
6	Weekend, 11:00 p.m. – 7:00 a.m.	\$50.00

Table 2: Per Diem Rate Schedule for Licensed Practical Nurses (LPNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m. – 3:00 p.m.	\$30.00
2	Weekday, 3:00 p.m. – 11:00 p.m.	\$31.00
3	Weekday, 11:00 p.m. – 7:00 a.m.	\$32.00
4	Weekend, 7:00 a.m. – 3:00 p.m.	\$32.00
5	Weekend, 3:00 p.m. – 11:00 p.m.	\$33.00
6	Weekend, 11:00 p.m. – 7:00 a.m.	\$34.00

- 2.2. The Vendor will be reimbursed for providing and delivering Short-Term Temporary Staffing Services for a minimum of thirteen (13) weeks, and any extension thereof, on a deliverables basis pursuant to the following rate schedules (Tables 3 and 4):

Table 3: Short-Term Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m. – 3:00 p.m.	\$56.00
2	Weekday, 3:00 p.m. – 11:00 p.m.	\$57.00
3	Weekday, 11:00 p.m. – 7:00 a.m.	\$58.00
4	Weekend, 7:00 a.m. – 3:00 p.m.	\$58.00
5	Weekend, 3:00 p.m. – 11:00 p.m.	\$59.00
6	Weekend, 11:00 p.m. – 7:00 a.m.	\$60.00

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Table 4: Short-Term Rate Schedule for Licensed Practical Nurses (LPNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m. - 3:00 p.m.	\$40.00
2	Weekday, 3:00 p.m. - 11:00 p.m.	\$41.00
3	Weekday, 11:00 p.m. - 7:00 a.m.	\$42.00
4	Weekend, 7:00 a.m. - 3:00 p.m.	\$42.00
5	Weekend, 3:00 p.m. - 11:00 p.m.	\$43.00
6	Weekend, 11:00 p.m. - 7:00 a.m.	\$44.00

2.3. Shift rate and holiday differentials will apply as follows:

2.3.1. Weekend rates start at 3:00 p.m. on Friday and end at 7:00 a.m. on Monday.

2.3.2. Nurse Professionals who work holidays (listed below) will be paid one and one-half (1-1/2) times the rate in the schedules above. Holiday shifts begin with the 11:00 p.m. - 7:00 a.m. shift on the eve of the following holidays and end with the 3:00 p.m. - 11:00 p.m. shift on the day of the holiday, except for Christmas and New Year's holidays which begin with 3:00 p.m. - 11:00 p.m. shift on the eve of the holiday and end with the 11:00 p.m. - 7:00 a.m. shift on the day of the holiday.

New Year's Eve and Day	Easter Sunday	Labor Day
Martin Luther King Day	Memorial Day	Thanksgiving
President's Day	Independence Day	Christmas Eve and Day

2.4. Break and meal allowances will apply as follows for each shift consisting of a minimum of eight (8) hours:

2.4.1. Two (2) paid fifteen (15) minute breaks.

2.4.2. One (1) paid thirty (30) minute meal break.

2.5. Nurse Professionals who work over forty (40) hours in any week will be paid one and one-half (1-1/2) times the rate in the schedule above for hours worked over forty (40) hours.

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SPECIAL PROVISIONS

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

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

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

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

8. Maintenance of Records: In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. Fiscal Records: books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
 - 8.2. Statistical Records: Statistical enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
 - 8.3. Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. Audit: Contractor shall submit an annual audit to the Department within 90 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, Issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. Audit and Review: During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
 - 9.2. Audit Liabilities: In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. Confidentiality of Records: All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

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

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

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

- 17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13160, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1988 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
- 18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

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

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 628 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.808 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

- 19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:
 - 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
 - 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
 - 19.3. Monitor the subcontractor's performance on an ongoing basis

RF
Date: 4/24/19

New Hampshire Department of Health and Human Services
Exhibit C



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

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

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UMT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Whenever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act, NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

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



REVISIONS TO STANDARD CONTRACT LANGUAGE

1. Revisions to Form P-37, General Provisions

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

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

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishing a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

2. Renewal

2.1. The Department reserves the right to extend this agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, written agreement of the parties and approval of the Governor and Executive Council.

RI
Date 4/24/19

New Hampshire Department of Health and Human Services
Exhibit D



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor 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 23, 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

RI
Date 7/24/19

New Hampshire Department of Health and Human Services
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant:
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted:
 - 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.

4/24/19
Date

Contractor Name: CELL STAFF, LLC

Name: Rani Issa, managing Partner

Contractor Initials: RF
Date: 4/24/19

New Hampshire Department of Health and Human Services
Exhibit E



CERTIFICATION REGARDING LOBBYING

The Contractor 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-1.)
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.

Contractor Name: Cell STAFF, LLC

Date: 4/24/19

[Signature]
Name: Rami Isa, Managing Partner
Title:

Contractor Initials: RI
Date: 4/24/19

New Hampshire Department of Health and Human Services
Exhibit F



**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 Order 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

New Hampshire Department of Health and Human Services
Exhibit G



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

The 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 subcontractors 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 3789c) 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, 1685-88), 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 - OJDP 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. 13359, 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.

E-408 G

Certification of Compliance with requirements pertaining to Federal nondiscrimination, equal treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials

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Rev. 09/10

Page 1 of 2

Date: 4/24/19



New Hampshire Department of Health and Human Services
Exhibit C

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, the recipient will forward a copy of the finding to the Office for Civil Rights. In the event the 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: Cell Staff, LLC

Name: [Signature]

Title: Rami Issa, Managing Partner

Date: 4/24/19

02/11/19
Page 2 of 2
Contractor Name: [Signature]
Title: [Signature]

New Hampshire Department of Health and Human Services
EHS/SH M



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: Cell STAFF, LLC

Name: Rami Issa, managing Partner

4/24/19

Date

Contractor Initials: RI
Date: 4/24/19

New Hampshire Department of Health and Human Services



Exhibit I

**HEALTH INSURANCE PORTABILITY 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. "Branch" shall have the same meaning as the term "Branch" 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, Title XIII, 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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Exhibit I
Health Insurance Portability Act
Business Associate Agreement
Page 1 of 8

Contractor W2/21

Date

RI
4/24/19

New Hampshire Department of Health and Human Services.



Exhibit I

- 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

37014

Contract #

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Date 4/24/19

New Hampshire Department of Health and Human Services



Exhibit I

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

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of 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:

- o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- o The unauthorized person used the protected health information or to whom the disclosure was made;
- o Whether the protected health information was actually acquired or viewed;
- o 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 (f). 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

1/2014

Contractor Initials

25
Date 4/24/19

New Hampshire Department of Health and Human Services



Exhibit I

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

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfil 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 fulfil 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

3/2014

Contractor Initials

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Date 4/24/19

New Hampshire Department of Health and Human Services



Exhibit I

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

(4) Obligations of Covered Entity

- 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.

3/20/14

Covered Entity

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Date 4/24/14

New Hampshire Department of Health and Human Services



Exhibit I

- o. **Severability:** 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

The State

Lori Sabinette
Signature of Authorized Representative

Lori Sabinette
Name of Authorized Representative

CEO-NH
Title of Authorized Representative

5/14/19
Date

CELL STAFF LLC
Name of the Contractor

[Signature]
Signature of Authorized Representative

Rami Isa
Name of Authorized Representative

Managing Partner
Title of Authorized Representative

4/24/19
Date

New Hampshire Department of Health and Human Services
GcHsh 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 (OUINS #)
10. Total compensation and names of the top five executives #:
 - 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 this 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:

Cell STAFF, LLC

Date

4/24/19

Name:
Title:

Rami Issa, managing Partner

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4/24/19

New Hampshire Department of Health and Human Services
Exhibit J



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.

- The DUNS number for your entity is: 035714783
- In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

- 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(1) or 13(6) 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:

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

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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New Hampshire Department of Health and Human Services

Exhibit K

OHHS Information Security Requirements



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

- 7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential OHHS 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 OHHS 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

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Date 4/27/19

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

D. 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

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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/NITECH 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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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.

8. 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 security 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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New Hampshire Department of Health and Human Services
Exhibit K
DHMS Information Security Requirements



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Department's 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

New Hampshire Department of Health and Human Services

Exhibit K

DHMS Information Security Requirements



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

- 12. Contractor must comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and 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), DHMS 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/dot/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 DHMS 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 DHMS 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.

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Date 4/24/19

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

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Date 4/27/19

New Hampshire Department of Health and Human Services
Exhibit K
DHHS Information Security Requirements



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@dhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOfficer@dhs.nh.gov

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4/24/19

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

This Amendment to the Temporary Nursing Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and MAS Medical Staffing LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 5, 2019 (Item #23), and as amended on November, 25, 2019 (Item #11), and amended on December 2, 2020, (Item #17), and amended on August 18, 2021 (Item #37), and amended on June 15, 2022, (Item #16) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, 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 1.7, Completion Date, to read:
December 31, 2023
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$6,924,002
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Robert W. Moore, Director
4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 1, Provisions Applicable to all Services, Subsection 1.2., by adding Paragraph 1.2.5., to read:
1.2.5. SFY 2024 - \$530,000

DS
MW

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 July 1, 2023, subject to Governor and 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

6/13/2023

Date

DocuSigned by:

Ellen Marie Lapointe

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Name: Ellen Marie Lapointe

Title: Chief Executive officer

MAS Medical Staffing LLC

6/13/2023

Date

DocuSigned by:

Matt Wilterdink

7084780AAGF644D...

Name: Matt Wilterdink

Title: svp, Client Services

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

OFFICE OF THE ATTORNEY GENERAL

6/13/2023

Date

DocuSigned by:
Robyn Guarino

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:

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MAS MEDICAL STAFFING LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on June 03, 2002. 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: 404991

Certificate Number: 0006245752



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 9th day of June A.D. 2023.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan
Secretary of State

Certificate of Authority # 1

(Corporation of LLC- Non-specific, open-ended)

Corporate Resolution

I, Shannon Delage, hereby certify that I am duly elected Clerk/Secretary of
(Name)

MAS Medical Staffing. I hereby certify the following is a true copy of a
(Name of Corporation or LLC)

vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June
(Month)

12, 20 23 at which a quorum of the Directors/shareholders were present and voting.
(Day) (Year)

VOTED: That Shannon Delage, Sue Leary, or Matt Wilterdink (may list more than one person) is duly authorized to
(Name and Title)

enter into contracts or agreements on behalf of MAS Medical Staffing with
(Name of Corporation or LLC)

the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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 to which this certificate is attached. This authority was valid thirty (30) days prior to and 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: June 12, 2023

ATTEST: Shannon Delage
(Name and Title)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/9/2023

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.

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PRODUCER RBN & Associates, Inc. 303 E Wacker Dr Ste 650 Chicago IL 60601	CONTACT NAME: Kendylle Udaykee PHONE (A/C No, Ext): 312-856-9400 FAX (A/C No): 312-856-9425 E-MAIL ADDRESS: kundaykee@rbninsurance.com
MAS Medical Staffing LLC 175 Canal Street, Suite 200 Manchester NH 03101 <small>MASMED1-01</small>	INSURER(S) AFFORDING COVERAGE
	INSURER A: Evanston Insurance Company NAIC # 35378
	INSURER B: Great American Insurance Co. 16691
	INSURER C: Allied World Specialty Company 19489
	INSURER D: Arch Specialty Insurance
	INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: 220869266** **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														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Prof. Liab. E&O			MKLV3PHP000020	4/15/2023	4/15/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 4,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 4,000,000</td></tr> <tr><td>Medical E&O Occ/Agg</td><td style="text-align: right;">\$ 2M/4M</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 2,000,000	GENERAL AGGREGATE	\$ 4,000,000	PRODUCTS - COMP/OP AGG	\$ 4,000,000	Medical E&O Occ/Agg	\$ 2M/4M
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>PER STATUTE</td><td>OTH-ER</td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
PER STATUTE	OTH-ER																				
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D	<input checked="" type="checkbox"/> Cyber <input type="checkbox"/> Crime			C-4LPY-030132-CYBER-2023 SAA E717947 02 00	4/15/2023 4/15/2023	4/15/2024 4/15/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Aggregate</td><td style="text-align: right;">5,000,000</td></tr> <tr><td>Aggregate</td><td style="text-align: right;">1,000,000</td></tr> </table>	Aggregate	5,000,000	Aggregate	1,000,000										
Aggregate	5,000,000																				
Aggregate	1,000,000																				

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

CERTIFICATE HOLDER New Hampshire Hospital Dept of Health and Human SVCS 129 Pleasant St Concord NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/9/2023

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PRODUCER The Liberty Company Insurance Brokers Lic #0D79653 5955 De Soto Ave, Ste 250 Woodland Hills CA 91367	CONTACT NAME: Leidy Rivera PHONE (A/C, No, Ext): (888)918-3960 FAX (A/C, No): E-MAIL ADDRESS: leidy.rivera@libertycompany.com														
INSURED MAS Medical Staffing LLC 175 Canal Street, Suite 200 Manchester NH 03101	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Hartford Accident & Indemnity</td> <td style="text-align: center;">22357</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Accident & Indemnity	22357	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER: 23/24** **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 WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	72WBS79700	4/1/2023	4/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

New Hampshire Hospital Dept of Health and Human Services 129 Pleasant St. Concord, NH 03301	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 Kirk Aguilera/NGARC <i>K Aguilera</i>
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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Lori A. Sibillette
Commissioner

Ellen M. Lapointe
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 18, 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, New Hampshire Hospital, to enter into a new **Sole Source** contract with the vendor listed in **bold** below, which includes the option to renew for two (2) years, and amend existing contracts listed in regular text below, to expand temporary nursing services and increase the hourly rate for temporary nursing staff at New Hampshire Hospital and Glenclyff Home, with no change to the price limitation of \$6,394,002 and no change to the existing contract completion dates of June 30, 2023, effective upon Governor and Council approval. 34% General Funds. 66% Other Funds (Agency Fees & Intra-Department Transfer).

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

* Contractor Name	Vendor Code	Area Served	Budgeted Amount	G&C Approval
** Howroyd-Wright Employment Agency, Inc. dba All's Well (Glendale, CA)	759978	Statewide	\$6,394,002 of which \$5,674,002 is included in the shared price limitation	O: 8/23/17, (Item #17) A1: 11/22/17, (Item #17) A2: 6/5/19, (Item #23) A3: 12/02/20, (Item #17) A4: 8/18/21, (Item #37)
Cell Staff, LLC (Tampa, FL)	33607	Statewide	\$5,674,002	O: 6/5/19, (Item #23) A1: 12/2/20, (Item #17) A2: 8/18/21, (Item #37)
CMG CIT Acquisition, LLC, dba CoreMedical Group (Manchester, NH)	298667	Statewide	\$5,674,002	O: 8/5/19, (Item #23) A1: 12/2/20, (Item #17) A2: 8/18/21, (Item #37)
MAS Medical Staffing LLC (Londonderry, NH)	160689	Statewide	\$5,674,002	O: 6/5/19, (Item #23) A1: 11/25/19, (Item #11) A2: 12/2/20, (Item #17) A3: 8/18/21, (Item #37)
Worldwide Travel Staffing, Limited (Tonawanda, NY)	224259	Statewide	\$5,674,002	O: 3/11/20, (Item #12) A1: 6/24/20, (Item #12) A2: 12/2/20, (Item #17) A3: 8/18/21, (Item #37)
***SHC Services, Inc. dba Supplemental Health Care	209387	Statewide	\$1,473,941	
		Total:	\$6,394,002	

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

* The contracts above were originally awarded through a competitive bid process. Two contracts awarded through that process to Sunbelt Staffing LLC, and SHC Services, Inc., expired on June 30, 2021, and are not included in this table. The financial history for these two organizations is included in the attached Fiscal Details.

** Howroyd-Wright Employment Agency, dba All's Well, has an amount of \$720,000 that is not included in the shared price limitation above.

***SHC Services, Inc. dba Supplemental Health Care is a new Sole Source contract that is only participating in the State Fiscal Year 2023 shared price limitation for this request.

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, 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.

See attached fiscal details.

EXPLANATION

A portion of this request is **Sole Source** because the Contractor listed in **bold** above is uniquely qualified and able to provide temporary nursing staff. The Contractor, along with the existing Contractors listed above, represent the known viable options to securing critical temporary nursing staff.

Additionally, the purpose of this request is to increase the hourly per diem and short-term rates for contracted, temporary, Registered Nurse and Licensed Practical Nurse staffing that support New Hampshire Hospital and Glenciff Home. These requested actions are an essential factor in the Department's overall staffing strategy for these care facilities.

New Hampshire Hospital (NHH) and Glenciff Home continue to use professional staffing services through these contracts to locate and retain qualified temporary nursing staff. NHH and Glenciff Home have continued to struggle with attracting full-time nurses. The shortfall in permanent positions has required the facilities to reach out to nurse staffing agencies. However, the current contracted rate is at the bottom of the range paid by area hospitals. Due to the labor shortage coupled with the low pay rate, NHH and Glenciff Home are not able to backfill any of the permanent positions with qualified temporary agency staff.

The population served by this amendment are individuals from all communities within New Hampshire who are in need of the services offered at NHH and Glenciff Home.

The Department monitors services by screening all temporary staff for appropriate education, experience and health and response to corrective action requests involving agency placements.

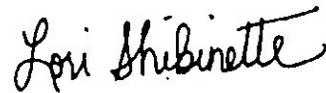
As referenced in Exhibit C-1, Revisions to Standard Contract Language, Paragraph 2., Renewal, of the original agreements, the Department has the option to extend four (4) of the agreements for up to four (4) additional years, and as referenced in Exhibit C-1, Revisions to General Provisions, Paragraph 3. Extension, of the original agreement, the Department has the option to extend the agreement with Howroyd-Wright Employment Agency, Inc. dba All's Well for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is not exercising its options to renew at this time. For the one (1) new Sole Source contract in this requested action, as referenced in Exhibit A, Revisions to Standard Agreement Provisions, Subparagraph 1.1., the Department has the option to extend the agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval.

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

Should the Governor and Executive Council not authorize this request, the Department may not have adequate staffing for NHH and Glenduff Home. Lack of staffing may result in a reduction in the number of beds available to clients due to state-mandated staffing ratios. Reducing the number of beds available to clients could potentially increase the number of patients on the NHH Waitlist.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric Services

0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name Howroyd-Wright Employment Agency, Inc. All's Well Vendor # 759978

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
Sub Total				\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric

0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name Cell Staff, LLC Vendor # 33607

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$ 800,000	\$0	\$ 800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
Sub Total				\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric

0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name CMG CIT Acquisition, LLC, dba CoreMedical Group Vendor # 296687

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
Sub Total				\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric

0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name MAS Medical Staffing Corporation Vendor # 160689

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
Sub Total				\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric

0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name Worldwide Travel Staffing, Limited Vendor # 224259

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
2023	102/500731	Contracts for Program Services	94050200	\$954,441	\$0	\$954,441
Sub Total				\$3,744,002	\$0	\$3,744,002

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric

0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name Sunbelt Staffing, LLC Vendor # 332980

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$750,000	\$0	\$750,000
2022	102/500731	Contracts for Program Services	94050200	\$0	\$0	\$0
2023	102/500731	Contracts for Program Services	94050200	\$0	\$0	\$0
Sub Total				\$1,550,000	\$0	\$1,550,000

05-95-094-940010-87500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute Psychiatric

0% Federal Funds,34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name SHC Services, Inc. dba Supplemental Health Care Vendor # 209387

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	94050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	94050200	\$750,000	\$0	\$750,000
2022	102/500731	Contracts for Program Services	94050200	\$0	\$0	\$0
2023	102/500731	Contracts for Program Services	94050200	\$0	\$954,441	\$954,441
Sub Total				\$1,550,000	\$954,441	\$2,504,441

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer) \$720,00 for this vendor was not included in the shared price limitation

Vendor Name: Howroyd-Wright Employment Agency, Inc. All's Well Vendor # 759978

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2018	101-500729	Medical Payments to Providers	94050200	\$360,000	\$0	\$360,000
2019	101-500729	Medical Payments to Providers	94050200	\$360,000	\$0	\$360,000
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$2,650,000	\$0	\$2,650,000

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: Cell Staff, LLC Vendor # 33607

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$1,930,000	\$0	\$1,930,000

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: CMG CIT Acquisition, LLC, dba CoreMedical Group Vendor # 296687

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$800,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$1,930,000	\$0	\$1,930,000

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: MAS Medical Staffing Corporation Vendor # 160689

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$800,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$1,930,000	\$0	\$1,930,000

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: Worldwide Travel Staffing, Limited Vendor # 224259

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$800,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$519,500	\$0	\$519,500
Sub Total				\$1,930,000	\$0	\$1,930,000

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: Sunbelt Staffing, LLC Vendor # 332980

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$ 800,000
2021	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2022	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
2023	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
Sub Total				\$800,000	\$0	\$800,000

05-95-091-910010-5710 HHS: Glenciff Home, Glenciff Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: SHC Services, Inc. dba Supplemental Health Care Vendor # 209387

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$ 600,000
2021	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2022	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
2023	101-500729	Medical Payments to Providers	94050200	\$0	\$519,500	\$519,500
Sub Total				\$800,000	\$519,500	\$1,319,500

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

This Amendment to the Temporary Nursing Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and MAS Medical Staffing Corporation ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 5, 2019 (Item #23), and as amended on November, 25, 2019 (Item #11), and amended on December 2, 2020, (Item #17), and amended on August 18, 2021 (Item #37), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, 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:
1.3. MAS Medical Staffing LLC
2. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.1., Table 1: Per Diem Rate Schedule for Registered Nurses (RNs), to read:

Table 1: Per Diem Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$75.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$76.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$77.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$77.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$78.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$79.00

3. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.1., Table 2: Per Diem Rate Schedule for Licensed Practical

MAS Medical Staffing Corporation

RFA-2020-NHH-01-TEMPO-02-A04
A-S-1.0

Contractor Initial D3.
EM

Date 5/27/2022

Nurses (LPNs), to read:

Table 2: Per Diem Rate Schedule for Licensed Practical Nurses (LPNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$60.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$61.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$62.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$62.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$63.00
6	Weekend, 11 p.m.-7:00 a.m.	\$64.00

4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.2., Table 3: Short-Term Rate Schedule for Registered Nurses (RNs), to read:

Table 3: Short-Term Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$85.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$86.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$87.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$87.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$88.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$89.00

5. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.2., Table 4: Short-Term Rate Schedule for Licensed Practical Nurses (LPNs), to read:

Table 4: Short-Term Rate Schedule for Licensed Practical Nurses (LPNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$70.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$71.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$72.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$72.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$73.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$74.00

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
Department of Health and Human Services

5/27/2022

Date

DocuSigned by:

Ellen Marie Lapointe

Name: Ellen Marie Lapointe

Title: Chief Executive Officer

MAS Medical Staffing Corporation

5/27/2022

Date

DocuSigned by:

Bill Murray

Name: Bill Murray

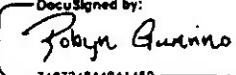
Title: Company Leader

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

OFFICE OF THE ATTORNEY GENERAL

5/27/2022

Date

DocuSigned by:

 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:

37 mac



Lori A. Shidmore
Commissioner

Heather M. Moquin
Chief Executive Officer

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

July 27, 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, New Hampshire Hospital, to amend existing contracts with the Contractors listed below in bold to increase the hourly rate for temporary nursing staff at New Hampshire Hospital and Glenclyff Home, by increasing the total shared price limitation for all vendors below by \$547,882 from \$5,126,120 to \$5,674,002, which increases the price limitation for Howroyd-Wright Employment Agency, Inc. dba All's Well from \$5,846,120 to \$6,394,002 with no change to the contract completion dates of June 30, 2023, effective upon Governor and Council approval. 34% General Funds. 66% Other Funds (Agency Fees & Intra-Department Transfer).

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

Contractor Name	Vendor Code	Area Served	Current Amount	Increase of Shared Price Limitation (Decrease)	Revised Amount	G&C Approval
Howroyd-Wright Employment Agency, Inc. dba All's Well	759978	Statewide	\$5,846,120 of which \$5,126,120 is included in the shared price limitation	\$547,882	\$6,394,002 of which \$5,674,002 is included in the shared price limitation	O: 8/23/17, #17 A1: 11/22/17, #17 A2: 6/5/19, #23 A3: 12/02/20 #17
Cell Staff, LLC	33607	Statewide	\$5,126,120	\$547,882	\$5,674,002	O: 6/5/19, #23 A1: 12/2/20, #17
CMG CIT Acquisition, LLC, dba CoreMedical Group	296687	Statewide	\$5,126,120	\$547,882	\$5,674,002	O: 6/5/19, #23 A1: 12/2/20, #17
MAS Medical Staffing Corporation	160689	Statewide	\$5,126,120	\$547,882	\$5,674,002	O: 6/5/19, #23 A1: 11/25/19, #11 A2: 12/2/20, #17
Worldwide Travel Staffing, Limited	224259	Statewide	\$5,126,120	\$547,882	\$5,674,002	O: 3/11/20, #12 A1: 6/24/20, #12 A2: 12/2/20, #17
		Total:	\$5,846,120	\$547,882	\$6,394,002	

* The contracts above were originally awarded through a competitive bid process. Two contracts awarded through that process to Sunbelt Staffing LLC, and SHC Services, Inc., expired on June 30, 2021, and are not included in this table. The financial history for these two organizations is included in the attached Fiscal Details.

** Howroyd-Wright Employment Agency, dba All's Well, has an amount of \$720,000 that is not included in the shared price limitation above.

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

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, 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.

See Fiscal Details Attached

EXPLANATION

The purpose of this request is to increase the hourly per diem and short-term rates for contracted, temporary, Registered Nurse and Licensed Practical Nurse staffing that support New Hampshire Hospital and Glenciff Home. These amendments are an essential factor in the Department's overall staffing strategy for these care facilities.

New Hampshire Hospital (NHH) and Glenciff Home use professional staffing services through these contracts to locate and retain qualified temporary nursing staff. Since the beginning of the pandemic, NHH and Glenciff Home have struggled to attract full-time nurses. The shortfall in permanent positions has required the facilities to reach out to nurse staffing agencies. However, the current contracted rate is at the bottom of the range paid by area hospitals. Due to the labor shortage coupled with the low pay rate, NHH and Glenciff are not able to backfill any of the permanent positions with qualified temporary agency staff.

The population served by this amendment are individuals from all communities within New Hampshire who are in need of the services offered at NHH and Glenciff Home.

The Department monitors services by screening all temporary staff for appropriate education, experience and health and response to corrective action requests involving agency placements.

As referenced in Exhibit C-1, Revisions to Standard Contract Language, Paragraph 2.; Renewal, of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services; available funding, agreement of the parties and Governor and Council approval. The Department is not exercising its option to renew at this time.

Should the Governor and Executive Council not authorize this request, the Department may not have adequate staffing for NHH and Glenciff Home. Lack of staffing may result in a reduction in the number of beds available to clients due to state-mandated staffing ratios. Reducing the number of beds available to clients could potentially increase the number of patients on the NHH Waitlist.

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

Respectfully submitted,



Heather M. Moquin

Chief Executive Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
Temporary Nurse Services - MHH Glenciti Home

05-95-091-910010-5710 HHS: Glenciti Home, Glenciti Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

\$720,000 for this vendor is not included in the Shared Price Limitation

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: Howroyd-Wright Employment Agency, Inc. All's We Vendor # 759978						
2018	101-500729	Medical Payments to Providers	94050200	\$360,000	\$0	\$360,000
2019	101-500729	Medical Payments to Providers	94050200	\$360,000	\$0	\$360,000
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
Sub Total				\$2,411,000	\$229,000	\$2,650,000

05-95-091-910010-5710 HHS: Glenciti Home, Glenciti Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: Cell Staff, LLC Vendor # 33607						
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
Sub Total				\$1,691,000	\$229,000	\$1,930,000

05-95-091-910010-5710 HHS: Glenciti Home, Glenciti Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: CMG CIT Acquisition, LLC, dba CoreMedical Group Vendor # 296667						
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
Sub Total				\$1,691,000	\$229,000	\$1,930,000

05-95-091-910010-5710 HHS: Glenciti Home, Glenciti Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: IMAS Medical Staffing Corporation Vendor # 160680						
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
Sub Total				\$1,691,000	\$229,000	\$1,930,000

05-95-091-910010-5710 HHS: Glenciti Home, Glenciti Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: Worldwide Travel Staffing, Limited Vendor # 224259						
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$491,000	\$0	\$491,000
2022	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
2023	101-500729	Medical Payments to Providers	94050200	\$400,000	\$119,500	\$519,500
Sub Total				\$1,691,000	\$229,000	\$1,930,000

05-95-091-910010-5710 HHS: Glenciti Home, Glenciti Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: Sunbelt Staffing, LLC Vendor # 332980						
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2022	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
2023	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
Sub Total				\$800,000	\$0	\$800,000

05-95-091-910010-5710 HHS: Glenciti Home, Glenciti Professional, Medical Providers
0% Federal Funds, 22% General Funds, 78% Other Funds (Agency Fees & Intra-Department Transfer)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Vendor Name: SHC Services, Inc. dba Supplemental Health Care Vendor # 209387						
2020	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2021	101-500729	Medical Payments to Providers	94050200	\$400,000	\$0	\$400,000
2022	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
2023	101-500729	Medical Payments to Providers	94050200	\$0	\$0	\$0
Sub Total				\$800,000	\$0	\$800,000

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
Temporary Nurse Services - NHH Glencloth Home**

05-05-094-040010-07500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute
Psychiatric Services
0% Federal Funds, 34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: **Howland-Wright Employment Agency, Inc. A/E's Web** Vendor #: **759978**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
2023	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
Sub Total				\$3,435,120	\$308,882	\$3,744,002

05-05-094-040010-07500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute
0% Federal Funds, 34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: **Cell Staff, LLC** Vendor #: **33607**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
2023	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
Sub Total				\$3,435,120	\$308,882	\$3,744,002

05-05-094-040010-07500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute
0% Federal Funds, 34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: **CMG CIT Acquisition, LLC, dba CoreMedical Group** Vendor #: **296667**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
2023	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
Sub Total				\$3,435,120	\$308,882	\$3,744,002

05-05-094-040010-07500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute
0% Federal Funds, 34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: **MAS Medical Staffing Corporation** Vendor #: **180689**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
2023	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
Sub Total				\$3,435,120	\$308,882	\$3,744,002

05-05-094-040010-07500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute
0% Federal Funds, 34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: **Worldwide Travel Staffing, Limited** Vendor #: **224258**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$1,035,120	\$0	\$1,035,120
2022	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
2023	102/500731	Contracts for Program Services	04050200	\$800,000	\$154,441	\$954,441
Sub Total				\$3,435,120	\$308,882	\$3,744,002

05-05-094-040010-07500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute
0% Federal Funds, 34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: **Sunbelt Staffing, LLC** Vendor #: **232980**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$750,000	\$0	\$750,000
2022	102/500731	Contracts for Program Services	04050200	\$0	\$0	\$0
2023	102/500731	Contracts for Program Services	04050200	\$0	\$0	\$0
Sub Total				\$1,550,000	\$0	\$1,550,000

05-05-094-040010-07500000 HHS:New Hampshire Hospital, New Hampshire Hospital, Acute
0% Federal Funds, 34% General Funds, 66% Other Funds (Agency Fees & Intra-Department Transfer)

Vendor Name: **SHC Services, Inc. dba Supplemental Health Care** Vendor #: **209367**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2020	102/500731	Contracts for Program Services	04050200	\$800,000	\$0	\$800,000
2021	102/500731	Contracts for Program Services	04050200	\$750,000	\$0	\$750,000
2022	102/500731	Contracts for Program Services	04050200	\$0	\$0	\$0
2023	102/500731	Contracts for Program Services	04050200	\$0	\$0	\$0
Sub Total				\$1,550,000	\$0	\$1,550,000

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

This Amendment to the Temporary Nurse Staffing Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and MAS Medical Staffing Corporation, ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 5, 2019 (Item #23), as amended on November 25, 2019, (Item #11), and as amended on December 2, 2020, (Item #17) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, 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 1.8, Price Limitation, to read:
\$5,674,002
2. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 1, Provisions Applicable to all Services, Subsection 1.2, Paragraph 1.2.3. to read:
1.2.3. SFY 2022 - \$1,473,941.
3. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 1, Provisions Applicable to all Services, Subsection 1.2, Paragraph 1.2.4. to read:
1.2.4. SFY 2023 - \$1,473,941.
4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.1., Table 1: Per Diem Rate Schedule for Registered Nurses (RNs), to read:

Table 1: Per Diem Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$70.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$71.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$72.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$72.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$73.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$74.00

5. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.2., Table 2: Per Diem Rate Schedule for Licensed Practical Nurses (LPNs), to read:

Table 2: Per Diem Rate Schedule for Licensed Practical Nurses (LPNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$55.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$56.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$57.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$57.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$58.00
6	Weekend, 11 p.m.-7:00 a.m.	\$59.00

6. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.2., Table 3: Short-Term Rate Schedule for Registered Nurses (RNs), to read:

Table 3: Short-Term Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$80.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$81.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$82.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$82.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$83.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$84.00

7. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Shift Guidelines and Payment Schedules, Subsection 2.2., Table : Short-Term Rate Schedule for Licensed Practical Nurses (LPNs), to read:

Table 4: Short-Term Rate Schedule for Licensed Practical Nurses (LPNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m.-3:00 p.m.	\$65.00
2	Weekday, 3:00 p.m.-11:00 p.m.	\$66.00
3	Weekday, 11:00 p.m.-7:00 a.m.	\$67.00
4	Weekend, 7:00 a.m.-3:00 p.m.	\$67.00
5	Weekend, 3:00 p.m.-11:00 p.m.	\$68.00
6	Weekend, 11:00 p.m.-7:00 a.m.	\$69.00

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

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

State of New Hampshire
Department of Health and Human Services

8/3/2021

Date

DocuSigned by:

Heather M. Moquin

EA2EAC109402

Name: Heather M. Moquin

Title: Chief Executive Officer, New Hampshire Hospital

MAS Medical Staffing Corporation

7/28/2021

Date

DocuSigned by:

Bill Murray

EA2EAC109402

Name: Bill Murray

Title: Company Leader

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

OFFICE OF THE ATTORNEY GENERAL

8/4/2021

Date

DocuSigned by:
Takmina Rakhmatova
Name: Takmina 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:



Lori A. Shibiante
Commissioner

Heather M. Mequin
Chief Executive Officer

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-851-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

November 16, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to amend existing contracts in bold, one of which is Sole Source as indicated by an asterisk (*), with the vendors listed below to further the Department's overall staffing strategy and provide temporary nurse staffing services to New Hampshire Hospital and Glenclyff Home by increasing hourly rates for staff and by exercising renewal options that are available and by increasing the total shared price limitation for all vendors below by \$2,776,120 from \$2,350,000 to \$5,126,120, which increases the price limitation for Howroyd-Wright Employment Agency, Inc. dba All's Well from \$3,070,000 to \$5,846,120, and by extending the completion dates from June 30, 2021 to June 30, 2023 effective upon Governor and Council approval. 34% General Funds. 66% Other Funds (Agency Fees & Intra-Department Transfer).

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

Vendor Name	Vendor Code	Area Served	Current Amount	Increase of Shared Price Limitation	Revised Amount	G&C Approval
*Howroyd-Wright Employment Agency, Inc. dba All's Well	759978	Statewide	\$3,070,000 of which \$2,350,000 is included in the shared price limitation	\$2,776,120	\$5,846,120, of which \$5,126,120 is included in the shared price limitation	O: 08/23/17, Item #17 A1: 11/22/17, Item #17 A2: 06/05/19, Item #23
Cell Staff, LLC	33607	Statewide	\$2,350,000	\$2,776,120	\$5,126,120	O: 06/05/2019, Item #23
CMG CIT Acquisition, LLC, dba CoreMedical Group	296667	Statewide	\$2,350,000	\$2,776,120	\$5,126,120	O: 06/05/2019, Item #23

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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MAS Medical Staffing Corporation	160689	Statewide	\$2,350,000	\$2,776,120	\$5,126,120	O: 06/05/2019, Item #23 A1: 11/25/19, Item #11
Sunbelt Staffing, LLC	332980	Statewide	\$2,350,000	\$0	\$5,126,120	O: 06/05/2019, Item #23 A1: 11/25/19, Item #11
SHC Services, Inc. dba Supplemental Health Care	209387	Statewide	\$2,350,000	\$0	\$5,126,120	O: 06/05/2019, Item #23
Worldwide Travel Staffing, Limited	224259	Statewide	\$2,350,000	\$2,776,120	\$5,126,120	O: 03/11/2020, Item #12 A1: 06/24/20, Item #12
Total			\$3,070,000	\$2,776,120	\$5,126,120	

- Hayward-Wright Employment Agency, dba All's Well has an amount of \$720,000 that is not included in the shared price limitation, above.

Funds are available in the following accounts for State Fiscal Years 2021, 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.

05-095-094-940010-87500000 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2018	102-500731	Contracts for Prog Svc	94050200	\$0	\$0	\$0
2019	102-500731	Contracts for Prog Svc	94050200	\$0	\$0	\$0
2020	102-500731	Contracts for Prog Svc	94050200	\$800,000	\$0	\$800,000
2021	102-500731	Contracts for Prog Svc	94050200	\$750,000	\$285,120	\$1,035,120
2022	102-500731	Contracts for Prog Svc	94050200	\$0	\$800,000	\$800,000
2023	102-500731	Contracts for Prog Svc	94050200	\$0	\$800,000	\$800,000
			Subtotal	\$1,550,000	\$1,885,120	\$3,435,120

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 4

05-095-091-910010-6710 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HMS: GLENCLIFF HOME, GLENCLIFF PROFESSIONAL, MEDICAL PROVIDERS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2018	101-500729	Contracts for Prog Svc	91000000	\$360,000	\$0	\$360,000
2019	102-500731	Contracts for Prog Svc	94050200	\$360,000	\$0	\$360,000
2020	102-500731	Contracts for Prog Svc	94050200	\$400,000	\$0	\$400,000
2021	102-500731	Contracts for Prog Svc	94050200	\$400,000	\$91,000	\$491,000
2022	102-500731	Contracts for Prog Svc	94050200	\$0	\$400,000	\$400,000
2023	102-500731	Contracts for Prog Svc	94050200	\$0	\$400,000	\$400,000
			<i>Subtotal</i>	\$1,520,000	\$891,000	\$2,411,000
			TOTAL	\$3,070,000	\$2,776,120	\$5,846,120

EXPLANATION

The Howroyd-Wright Employment Agency, Inc. dba All's Well is Sole Source because the Department is exercising an extension that exceeds the current contract period when there are no renewal options available.

The purpose of this request is to increase the hourly rate to secure temporary, contracted Registered Nurse staffing to support New Hampshire Hospital and Glencliff Home. These amendments are an integral factor in the Department's overall staffing strategy for New Hampshire Hospital and Glencliff Home. As the State plans to increase census at New Hampshire Hospital, it is imperative that these amendments be approved. Additionally, given the current pandemic, New Hampshire Hospital and Glencliff Home need to have such resources readily available to aide in potential surge planning, or to ensure proper staffing of facilities in the event a large portion of staff have to quarantine. The Temporary Nurse Staffing Services contracts provide professional staffing services through these contracts in order to locate and retain qualified temporary staff for Glencliff Home and New Hampshire Hospital. Due to the complex nature of the population and the administration of medicine, registered nurses are required to be part of the staffing mix.

This request represents five (5) of the seven (7) amendments for Temporary Nurse Staffing Services' contracts. The Department anticipates presenting the other two (2) amendments upon receipt of executed amendment documents.

Several vendors have expressed the inability to attract qualified staff based on the hourly rate offered in the current contract. After an analysis of the rates paid to comparable hospitals throughout New Hampshire, it was determined that the Department's contract was twelve dollars (\$12) per hour below the lowest rate paid within New Hampshire for nurses with no psychiatric experience. This amendment proposes a modest increase of ten dollars (\$10) per hour. The number of nurses provided through this contract has declined from an initial average of ten (10) nurses, to the current

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4 of 4

placement of five (5) nurses. In addition, during the early phase of the contract, vendors were able to identify a sufficient number of candidates, which enabled the Department to select the best candidate.

The population served by this amendment are patients from all communities within New Hampshire needing the services offered at New Hampshire Hospital and Glenclyff Home.

The Department will monitor contracted services by screening of all candidates for appropriate education, experience and health and response to corrective action requests involving agency placements.

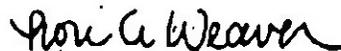
As referenced in Exhibit C-1, Revisions to Standard Contract Language, Paragraph 2., Renewal, of the original contracts, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for two (2) of the two (2) years available for four (4) of the contracts. One (1) of the contracts, Howroyd-Wright Employment Agency, Inc. dba All's Well, has no renewal options available. The Department is extending contract services with All's Well for an additional two (2) years at this time.

Should the Governor and Council not authorize this request, the Department may not have adequate staffing for New Hampshire Hospital and Glenclyff Home. Lack of staffing may result in a reduction in the number of beds available to clients due to state-mandated staffing ratios. Reducing the number of beds available to clients could potentially increase the number of patients on the New Hampshire Hospital waitlist.

Area served: Statewide

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

Respectfully submitted,



Lori A. Weaver
Deputy Commissioner



**New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services**

**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Temporary Nurse Staffing Services Contract**

This 2nd Amendment to the Temporary Nurse Staffing Services contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and MAS Medical Staffing Corporation, (hereinafter referred to as "the Contractor"), a for profit corporation with a place of business at 156 Harvey Road, Londonderry, NH 03053.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 5, 2019, (Item #23), as amended on November 25, 2019, (Item #11), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2023.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$5,126,120.
3. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 1. Provisions Applicable to All Services, Subsection 1.2., to read:
 - 1.2. The State shall pay the Contractors among all agreements an amount not to exceed Form P-37, Block 1.8, Price Limitation, with consideration for Subsection 1.1. of this Exhibit B, to provide services pursuant to Exhibit A – Amendment #1 Scope of Services. Shared price limitation amounts allocated per State Fiscal Year (SFY) are as follows:
 - 1.2.1. SFY 2020 - \$1,200,000.
 - 1.2.2. SFY 2021 - \$1,526,120.
 - 1.2.3. SFY 2022 - \$1,200,000.
 - 1.2.4. SFY 2023 - \$1,200,000.
4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2. Shift Guidelines and Payment Schedules, Subsection 2.1., Table 1: Per Diem Rate Schedule for Registered Nurses (RNs), to read:



**New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services**

Table 1: Per Diem Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m. – 3:00 p.m.	\$56.00
2	Weekday, 3:00 p.m. – 11:00 p.m.	\$57.00
3	Weekday, 11:00 p.m. – 7:00 a.m.	\$58.00
4	Weekend, 7:00 a.m. – 3:00 p.m.	\$58.00
5	Weekend, 3:00 p.m. – 11:00 p.m.	\$59.00
6	Weekend, 11:00 p.m. – 7:00 a.m.	\$60.00

5. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2. Shift Guidelines and Payment Schedules, Subsection 2.2., Table 3: Short-Term Rate Schedule for Registered Nurses (RNs), to read:

Table 3: Short-Term Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m. – 3:00 p.m.	\$66.00
2	Weekday, 3:00 p.m. – 11:00 p.m.	\$67.00
3	Weekday, 11:00 p.m. – 7:00 a.m.	\$68.00
4	Weekend, 7:00 a.m. – 3:00 p.m.	\$68.00
5	Weekend, 3:00 p.m. – 11:00 p.m.	\$69.00
6	Weekend, 11:00 p.m. – 7:00 a.m.	\$70.00



New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services

All terms and conditions of the Contract and prior amendment not inconsistent with this Amendment #2 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

10/26/2020

Date

DocuSigned by:

Heather M. Moquin

Name: Heather M. Moquin

Title: Chief Executive Officer, New Hampshire Hospital

MAS MEDICAL STAFFING CORPORATION

10/20/2020

Date

DocuSigned by:

Sara Moore

Name: Sara Moore

Title: HR Director



**New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services**

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

OFFICE OF THE ATTORNEY GENERAL

10/27/2020

Date

Digitized by:

DIGITIZED BY CALE

Name: Catherine Pinos

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

NOV04'19 pm 2:54 DAS

11
Maz



Jeffrey A. Meyers
Commissioner

Les A. Saltsome
Chief Executive Officer

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-1964
www.dhhs.nh.gov

October 21, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital and Glendiff Home, to retroactively amend existing agreements with the vendors listed in bold below to provide temporary nurse staffing services including licensed nursing assistants with no change to the completion date of June 30, 2021 or to the joint price limitation shared among the two (2) vendors of \$2,350,000, effective retroactive to September 1, 2019 upon Governor and Executive Council approval.

This agreement was originally approved by the Governor and Executive Council on June 5, 2019 (Item #23 Vote 5-0).

Agency Name	Vendor ID	Address	Current Modified Budget
Howroyd-Wright Employment Agency, Inc. dba All's Well	759978	327 W Broadway Glendale, CA 91204	\$3,070,000
Cell Staff	33607	1715 N Westshore Blvd Tampa, FL 33607	\$2,350,000
CMG CIT LLC, dba CoreMedical Group	296667	3000 Goffs Falls Rd., Manchester, NH 03103	\$2,350,000
MAS Medical Staffing	160689	156 Harvey Road Londonderry, NH 03053	\$2,350,000
Sunbelt Staffing	TBD	3687 Tampa Rd. Oldsmar, FL 34677	\$2,350,000
SHC Services, Inc. dba Supplemental Health Care	209387	95 John Muir Dr. Amherst, NY 14228	\$2,350,000

EXPLANATION

This request is retroactive because Glendiff Home required licensed nursing assistants (LNAs) be available through the temporary nurse staffing services by September 1, 2019 and entered the request to amend the contract to include LNAs as soon as was possible. Glendiff Home currently has thirteen (13) vacant LNA positions. The continual use of mandating staff to cover the vacancies to meet the required minimums is beginning to have a negative impact on staff. The use of contracted LNAs to meet required minimum staffing will reduce the possibility of staff burnout and help retain staff.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The purpose of this request is to add LNAs to the type of temporary nurse staffing services which the vendors can provide. Only two (2) of the original six (6) temporary nurse staffing agencies expressed interest in adding LNAs to their contract. Glendiff Home has established an LNA certification course to attract potential employees, but requires LNAs from temporary staffing agencies to cover the gap during the intervening period of time.

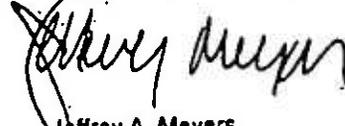
Glendiff Home and New Hampshire Hospital (NHH) use professional staffing services through these contracts to locate and retain qualified Temporary Staff. The local and State unemployment rates have remained low. Consequently, Glendiff and NHH are pursuing "passive" candidates who are not actively seeking employment for vacant positions. State-employed nursing staff are increasingly eligible for retirement, which adds to the vacancy rate concerns.

Glendiff and NHH will continue recruitment efforts, which include local, state, and nationwide advertising in newspapers, trade journals, and websites. Additionally, Glendiff will continue to serve as a Plymouth State University nursing clinical site, as well as attempt to develop an LPN program in-house.

Should the Governor and Executive Council not approve this request, the Department will be at risk of not being able to adequately staff its Glendiff and NHH facilities. Lack of staffing may result in a reduction in the number of beds available to clients based on available staffing ratios. Reducing the number of beds available to clients could potentially increase the rate of recidivism and increase the number of state residents on each facility's waitlist.

Area served: Glendiff Home and New Hampshire Hospital

Respectfully submitted,



Jeffrey A. Meyers
Commissioner



**New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services**

**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Temporary Nurse Staffing Services Contract**

This 1st Amendment to the Temporary Nurse Staffing Services contract (hereinafter referred to as "Amendment #1") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and MAS Medical Staffing Corporation, (hereinafter referred to as "the Contractor"), a for profit company with a place of business at 156 Harvey Road, Londonderry, NH 03053.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 5, 2019, (Item #23), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of services to support continued delivery of these services with no change to the price limitation or completion date; and

WHEREAS, all terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #1 remain in full force and effect; 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:

1. Delete Exhibit A, Scope of Services in its entirety and replace with Exhibit A, Amendment #1, Scope of Services.
2. Amend Exhibit B, Scope of Services, Section 2, Shift Guidelines and Payment Schedules, by inserting the following after Subsection 2.5:
 - 2.6 The Vendor will be reimbursed for Licensed Nursing Assistants (LNAs) at a rate of \$35.00 per hour for up to forty (40) hours per week, with no shift or weekend differential.
 - 2.7 The Vendor will be reimbursed for overtime (over forty (40) hours) and holiday pay for LNAs at a rate of \$52.50 per hour. Holidays are outlined as follows:

New Year's Eve and Day	Easter Sunday	Labor Day
Martin Luther King Day	Memorial Day	Thanksgiving
President's Day	Independence Day	Christmas Eve and Day



New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services

This amendment shall be retroactively effective to September 1, 2019 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

10/17/19
Date

Lori A. Shibinette
Name: Lori A. Shibinette
Title: Chief Executive Officer

MAS Medical Staffing Corporation

10/9/19
Date

William Murray
Name: William Murray
Title: Company Leader

Acknowledgement of Contractor's signature:

State of NH County of Rockingham on October 9, 2019, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that she executed this document in the capacity indicated above.

Sara Moore
Signature of Notary Public or Justice of the Peace

Sara Moore
Name and Title of Notary or Justice of the Peace
SARA MOORE

Notary Public - New Hampshire
My Commission Expires: June 21, 2022



**New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services**

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

OFFICE OF THE ATTORNEY GENERAL

Date 10/21/19

Name: *Catherine Pinos*
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____

New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services



Exhibit A - Amendment #1

Scope of Services

1. Provisions Applicable to All Services

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

2. Scope of Services

- 2.1. The Contractor shall secure temporary, contracted Registered Nurse (RN), Licensed Practical Nurse (LPN), and Licensed Nursing Associate (LNA) Professionals ("Temporary Staff") to support the Department's Glenclyff Home (Glenclyff) and New Hampshire Hospital (NHH).
- 2.2. The Contractor shall hire, maintain and provide properly licensed Temporary Staff, and ensure the Nurse Professionals performing services under this Agreement possess:
 - 2.2.1. Valid licenses issued by the New Hampshire Board of Nursing.
 - 2.2.2. CPR certification, as required by state law.
 - 2.2.3. Proof of pre-employment screening which includes, but is not limited to:
 - 2.2.3.1. A physical as applicable by state law which includes, but is not limited to the following immunizations:
 - 2.2.3.1.1. Hepatitis B.
 - 2.2.3.1.2. Influenza.
 - 2.2.3.1.3. MMR.
 - 2.2.3.1.4. Varicella (chickenpox).
 - 2.2.3.1.5. Tetanus, diphtheria, pertussis.
 - 2.2.3.2. TB skin test (Quantiferon TB gold).
 - 2.2.3.3. Professional references.
 - 2.2.3.4. Criminal background check(s).
 - 2.2.3.5. Drug screening as applicable.

New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services



Exhibit A - Amendment #1

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- 2.3. The Contractor shall ensure that the Temporary Staff hired meet applicable laws, regulations, and/or accreditation standards to be presented to facility administration upon request.
 - 2.4. The Contractor shall hire RNs and LPNs who are capable of duties that include, but are not limited to:
 - 2.4.1. Conducting physical assessments, excluding psychiatric or admission assessments.
 - 2.4.2. Administering medication.
 - 2.4.3. Processing of physician orders.
 - 2.4.4. Monitoring vital signs.
 - 2.4.5. Testing blood glucose levels.
 - 2.4.6. Completing treatments.
 - 2.4.7. Changing dressings.
 - 2.4.8. Communicating both verbally and in writing to report related findings.
 - 2.5. The Contractor shall hire LNAs who are capable of duties that include, but are not limited to:
 - 2.5.1. Providing residents/patients with basic information, assisting in interpersonal relationships, and facilitating the adjustment of residents/patients to their living environment.
 - 2.5.2. As directed by a nurse, assisting in planning and providing for daily needs of the residents/patients with ADLs (Activities of Daily Living) or minor treatment procedures.
 - 2.5.3. Supervising residents/patients in various groups for resident/patient enjoyment and maintenance of ADL (Activities of Daily Living) skills and current level of functioning.
 - 2.5.4. Assisting in coordinating staff schedules and weekly resident/patient assignment sheets for individualized resident/patient care.
 - 2.5.5. Reporting related findings through verbal and written communication to their shift supervisor.
 - 2.6. The Contractor shall ensure all Temporary Staff attend a minimum of eight (8) hours of orientation that includes, but is not limited to:
 - 2.6.1. Specific information regarding infection prevention.
 - 2.6.2. Client confidentiality.
 - 2.6.3. Medical records and other documentation practices.

[Handwritten Signature]

New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services



Exhibit A - Amendment #1

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- 2.6.4. Safety and emergency protocols including, but not limited to "Cues to Crisis" training regarding how to recognize and respond safely to patients who may be experiencing psychiatric crises.
- 2.7. The Contractor shall ensure Temporary Staff delegation duties are limited to simple tasks such as obtaining client vital signs or simple client assists.
- 2.8. The Contractor shall coordinate between the staffing needs of NHH/Glenclyff and the available Temporary Staff.
- 2.9. The Contractor shall attempt to accommodate staffing requests for specific individual Temporary Staff.
- 2.10. The Contractor shall be provided with a minimum of twenty-four (24) hours advance notice when Temporary Staff are needed.
- 2.11. The Contractor shall pay all Temporary Staff wages, which includes payments of federal and state taxes.
- 2.12. The Contractor's Short-Term Temporary Staffing Services for each Nurse Professional must be a minimum of a thirteen (13) week period (Staffing Period), without a gap in delivered services for the Staffing Period unless otherwise mutually agreed upon.
- 2.13. The Contractor shall provide replacement staffing for the remainder of the Staffing Period in the event a Temporary Staff is unable to fulfill the prescribed shift due to illness, injury or other unforeseen circumstance.
- 2.14. The Contractor shall provide alternative solutions, verbally and in writing, to NHH/Glenclyff who may, at its discretion, choose to accept the Vendor's alternative staffing solution, in the event the Vendor is unable to fulfill replacement staffing described in Paragraph 1.2.15.
- 2.15. The Contractor shall notify Temporary Staff of supervision by a NHH/Glenclyff-employed shift supervisor.
- 2.16. The Contractor shall accept Department verbal and written notification of the Department's request to cancel Staffing Services a minimum of two (2) hours prior to the start of the shift for which staff are scheduled to work.
- 2.17. The Contractor shall accept immediate verbal and written notification from the Department of any staffing dismissal from Glenclyff or NHH with or without cause, which provides reasonable detail the reason(s) for the dismissal, if applicable, which will result in compensation for all hours worked prior to dismissal.
- 2.18. The Contractor shall have the ability to receive notification from the Department of any unexpected incident known to involve a Temporary Staff including, but not limited to errors, safety hazards, or injury.

New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services



Exhibit A - Amendment #1

2.19. Background checks

2.19.1. The Contractor shall obtain, at the Contractor's expense, a Criminal Background Check and shall release the results to the NHH or Glenciff Office of Human Resources, depending on assignment to ensure no convictions for the following crimes:

2.19.1.1. A felony for child abuse or neglect, spousal abuse, any crime against children or adults, including but not limited to: child pornography, rape, sexual assault, or homicide;

2.19.1.2. A violent or sexually-related crime against a child or adult, or a crime which may indicate a person might be reasonably expected to pose a threat to a child or adult; and

2.19.1.3. A felony for physical assault, battery, or a drug-related offense committed within the past five (5) years in accordance with 42 USC 671 (a)(20)(A)(ii);

2.19.2. The Contractor shall authorize the Department to conduct a Bureau of Elderly and Adults Services (BEAS) State Registry check and a Division for Children Youth and Families (DCYF) Central Registry check at no cost to the Contractor.

2.19.2.1. The BEAS State Registry check and DCYF Central Registry check confidential results are returned directly to the NHH or Glenciff Office of Human Resources.

2.19.3. The Contractor shall not commence services prior to the required documentation in 2.19.1 and 2.19.2 being received and verified by the NHH Office of Human Resources or the Glenciff Office of Human Resources.



Jeffrey A. Blodgett
Comptroller

Lori A. Silberman
Chief Executive Officer

MAY 21 '19 PM 1:12 DRS
STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEW HAMPSHIRE HOSPITAL

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

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May 8, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital and Glenduff Home, to enter into new contracts with five (5) vendors and exercise a renewal option with Howroyd-Wright Employment Agency, Inc. dba All's Well for the provision of temporary nurse staffing services by increasing the shared price limitation by \$2,350,000 from \$720,000 to an amount not to exceed \$3,070,000, and to extend the completion date for Howroyd-Wright Employment Agency, Inc. dba All's Well of June 30, 2019 to June 30, 2021 with a completion date of June 30, 2021 for all new contracts, effective upon Governor and Executive Council approval. Payments to the vendors will be made unencumbered as the price limitation is shared among all contracts and no minimum or maximum service volume is guaranteed. Glenduff Home: 76% Other (Agency) and 24% General; New Hampshire Hospital: 34% General Funds, 46% Other Funds (Provider Fees) and 20% Federal Funds.

The agreement with Howroyd-Wright Employment Agency dba All's Well was originally approved by Governor and Council on August 23, 2017. (Item #17), and was amended on November 22, 2017 (Item #17).

Agency Name	Vendor ID	Address	Current Budget	Increase/ (Decrease)	Modified Budget
Howroyd-Wright Employment Agency, Inc. dba All's Well	759978	327 W Broadway Glendale, CA 91204	\$720,000	\$2,350,000	\$3,070,000
Cell-Staff	TBD	1715 N Westshore Blvd Tampa, FL 33607	\$0	\$2,350,000	\$2,350,000
CMG CIT LLC, dba CoreMedical Group	TBD	3000 Goffs Falls Rd., Manchester, NH 03103	\$0	\$2,350,000	\$2,350,000
MAS Medical Staffing	TBD	156 Harvey Road Londonderry, NH 03053	\$0	\$2,350,000	\$2,350,000
Sunbelt Staffing	TBD	3687 Tampa Rd. Odessa, FL 34677	\$0	\$2,350,000	\$2,350,000
SHC Services, Inc. dba Supplemental Health Care	TBD	95 John Muir Dr. Amherst, NY 14228	\$0	\$2,350,000	\$2,350,000

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Funds are anticipated to be available in State Fiscal Year (SFY) 2020 and SFY 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust budget line item amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

05-95-94-940010-87506000 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES

SFY	Class / Account	Class Title	Job Number	Total Amount	Increase /Decrease	Revised Amount
2018	102-500731	Contracts for Program Svcs	94050200	\$0	\$0	\$0
2019	102-500731	Contracts for Program Svcs	94050200	\$0	\$0	\$0
2020	102-500731	Contracts for Program Svcs	94050200	\$0	\$800,000	\$800,000
2021	102-500731	Contracts for Program Svcs	94050200	\$0	\$750,000	\$750,000
		Subtotal		\$0	\$1,550,000	\$1,550,000

05-095-91-910010-9710 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HHS: GLENCLIFF HOME, GLENCLIFF PROFESSIONAL, MEDICAL PROVIDERS

SFY	Class / Account	Class Title	Job Number	Total Amount	Increase/ Decrease	Revised Amount
2018	101-500729	Payment to Medical Providers	91000000	\$360,000	\$0	\$360,000
2019	101-500729	Payment to Medical Providers	91000000	\$360,000	\$0	\$360,000
2020	101-500729	Payment to Medical Providers	91000000	\$0	\$400,000	\$400,000
2021	101-500729	Payment to Medical Providers	91000000	\$0	\$400,000	\$400,000
		Subtotal		\$720,000	\$800,000	\$1,520,000
		Total		\$720,000	\$2,350,000	\$3,070,000

EXPLANATION

The purpose of this request is to ensure temporary contracted nursing staff is available to Glenciff Home (Glenciff) and New Hampshire Hospital (NHH). The price limitation is shared among all contractors and no minimum or maximum service volume is guaranteed. Glenciff and NHH continue to experience difficulty filling and retaining nursing positions in the current labor market as can be seen by the current vacancy rates in nursing positions in Table 1 and Table 2.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council.
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Table 1. Glenclyff Home Nurse Positions

Position Classification	Labor Grade	Authorized Number of Positions	Number of Vacant Positions			
			April 2019	July 2018	May 2017	July 2016
Nursing Director	34	1	0	0	0	0
Registered Nurse I-III	19-23	18	4	3	6	3
Licensed Practical Nurse I-II	21	8	1	2	3	2
Nursing Coordinator (Shift)	27	3	2	2	1	2
Nurse Coordinator (Training)	27	1	1	0	0	0
Total		31	8	7	10	7
Vacancy Rate			25.8%	22.6%	32.3%	22.6%

Table 2. New Hampshire Hospital Nurse Positions

Position Classification	Labor Grade	Authorized Number of Positions	Number of Vacant Positions			
			April 2019	Sept 2017	May 2017	Nov 2016
Nursing Director	34	1	0	1	1	0
Asst. Nursing Director	29	2	0	0	0	0
Registered Nurse I	19	17	3	3	4	4
Registered Nurse II	21	37	5	5	4	6
Registered Nurse III	23	34	4	1	1	4
Nurse Specialist	25	15	0	3	4	6
Nursing Coordinator	27	14	1	1	2	2
Nurse Practitioner	28	3	0	0	1	0
Licensed Practical Nurse	18	2	0	0	0	0
Total		125	13	14	17	22
Vacancy Rate			10%	12%	15%	19%

Glenclyff and NHH use professional staffing services through these contracts in order to locate and retain qualified Temporary Staff. The local and State unemployment rates have remained low. Consequently, Glenclyff and NHH are pursuing "passive" candidates who are not actively seeking employment for vacant positions. State-employed nursing staff are increasingly eligible for retirement, which adds to the vacancy rate concerns. Glenclyff has four (4) nurses (22% of its nursing staff) eligible for retirement in the next three (3) years. NHH also has at least six (6) nurses who are approaching retirement age.

Many factors contribute to the inability of Glenclyff and NHH to compete effectively in the nursing labor market, including the fact that salaries are not competitive with area employers. Both facilities offer compensation that is significantly low for Registered Nurses, especially nurses with experience (12-15% below State average). While Glenclyff appears comparable in compensation for licensed practical nurses (LPNs), LPNs are becoming scarce as most nursing educational institutions no longer offer LPN programs.

According to the Bureau of Labor Statistics, the RN workforce is expected to grow from 2.9 million to 3.4 million by 2026, which is a 15% increase. The Bureau also projects the need for 203,700 new RNs each year through 2026. The National Council of State Boards of Nursing predict that 50.9% of the RN workforce is age fifty (50) and older. NHH has many nurses that have tenure of 15-20 years with the expectation that six (6) nurses may retire within the next three (3) years. Also competing for

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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nursing staff in the Glenciff area are three (3) hospitals, including Dartmouth-Hitchcock Medical Center, a well-known teaching facility. New Hampshire has an even greater level of competition from southern New Hampshire hospitals whose nurse salaries are competitive with hospitals in Massachusetts.

Also complicating nurse staffing recruitment is the apparent reluctance of nursing staff candidates to seek employment at Glenciff and NHH, which deliver services within an industry often stigmatized by mental health stereotypes, prejudice, and discrimination. Many nurses are hesitant to apply for employment due to the perceived difficulty of working with individuals with mental health behaviors. Recent negative publicity about assaults and injuries to staff at NHH has had a negative effect in recruitment as well.

Glenciff and NHH will continue recruitment efforts, which include local, state, and nationwide advertising in newspapers, trade journals, and websites. Additionally, Glenciff will continue to serve as a Plymouth State University nursing clinical site, as well as attempt to develop an LPN program in-house.

The new contracts were competitively bid. The Department issued a Request for Applications from December 19, 2016 through January 22, 2019 for qualified organizations to provide Temporary Nursing Staff for NHH and Glenciff. The applications were reviewed by individuals qualified to make a determination of the vendors' ability to meet the needs of Glenciff and NHH. Five (5) of twelve (12) vendors were selected as listed in the Requested Action.

As referenced in Exhibit C-1 of the new agreements, the Department has the option to extend services for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

As referenced in Exhibit C-1 of the agreement with All's Well, the Department has the option to extend services for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. This request utilizes two (2) years of renewal, leaving no additional years of renewal for contract services.

The Department recognizes the shortage of nurses may lead to more vacancies, as nurses continue to take positions at other facilities because of the hours, compensation, and personal safety considerations. Glenciff a long-term care facility of last resort for residents. The facility only accepts applications from residents who have been rejected by at least two (2) other nursing facilities.

NHH cares for individuals who have been deemed too dangerous to manage in other settings. Without sufficient nursing staff, access to acute and long-term care by individuals with mental health needs is at risk. For these reasons, approval of temporary nurse staffing agency contracts to support nurse staffing services is critical.

Should the Governor and Executive Council not approve this request, the Department will be at risk of not being able to adequately staff its Glenciff and NHH facilities. Lack of staffing may result in a reduction in the number of beds available to clients based on available staffing ratios. Reducing the number of beds available to clients could potentially increase the rate of recidivism and increase the number of state residents on each facility's waitlist.

Area served: Glenciff Home and New Hampshire Hospital facilities

Source of funds: Glenciff Home: 76% Other (Agency) and 24% General; New Hampshire Hospital: 34% General Funds, 46% Other Funds (Provider Fees) and 20% Federal Funds made available under the Social Security Act, Section 1923, Payment for Inpatient Hospital Services Furnished by Disproportionate Share Hospitals

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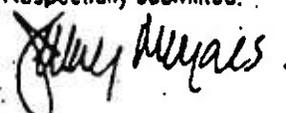
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His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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In the event that the Federal Funds or Other Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

Temporary Nurse Staffing Services

RFA-2020-NHM-01-TEMPO

RFP Name

RFP Number

Reviewer Names

- Bidder Name**
1. 22nd Century Technologies, Inc.
 2. ahs Staffing
 3. Cell Staff LLC
 4. CoreMedical Group
 5. Olshaker, Inc.
 6. InfoInl, Inc.
 7. Innovent Global, Inc
 8. Mas Medical Staffing Corporation
 9. Medafis, Inc.
 10. Sunbelt Staffing
 11. Supplemental Health Care Services, Inc.
 12. Worldwide Travel Staffing Limited

Pass/Fail	Maximum Points	Actual Points
	500	460
	500	480
	500	470
	500	500
	500	440
	500	483
	500	455
	500	475
	500	480
	500	480
	500	500
	500	500

1. Kevin Lincoln, Business Administrator III, Glendell Home
2. Lois Todd Bickford, Glendell Home Administrator, DHHS
3. Kris MacKay, Deputy Administrator
4. Elzen Moore, Nurse Coordinator, NHM
5. Carol DeLata, Asst. Director of Nursing, NHM
6. _____
7. _____
8. _____
9. _____

Subject: Temporary Nurse Staffing Services (REA-2010-NM-01-TEMPO-02)

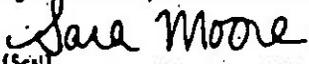
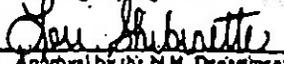
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name MAS Medical Staffing Corporation		1.4 Contractor Address 136 Harvey Road Londonderry, NH 03053	
1.5 Contractor Phone Number 603-263-9227	1.6 Account Number 03-93-91-910010-3710	1.7 Completion Date June 30, 2021	1.8 Price Limitation \$2,350,000
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number 603-271-9831	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory William Murray Company leader	
1.13 Acknowledgement: Subject of <u>NH</u> County of <u>Rockingham</u> On <u>April 4, 2019</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proved to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  (Seal)			
1.13.2 Name and Title of Notary or Justice of the Peace Sara Moore, HR			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lori Shabinette - CEO-NH	
1.16 Approved by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approved by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>5/24/2019</u>			
1.18 Approved by the Governor and Executive Council (if applicable) By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A, which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-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 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 opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly 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.

8. EVENT OF DEFAULT/REMEDIES

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (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 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulas, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

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

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

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

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

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

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, 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. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. **WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. **NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. **AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. **THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. **HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. **SPECIAL PROVISIONS.** Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. **SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. **ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services



Exhibit A

Scope of Services

1. Provisions Applicable to All Services

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

2. Scope of Services

- 2.1. The Contractor shall secure temporary, contracted Registered Nurse (RN) and Licensed Practical Nurse (LPN) Professionals ("Temporary Staff") to support the Department's Glenciff Home (Glenciff) and New Hampshire Hospital (NHH).
- 2.2. The Contractor shall hire, maintain and provide properly licensed Temporary Staff, and ensure the Nurse Professionals performing services under this Agreement possess:
 - 2.2.1. Valid licenses issued by the New Hampshire Board of Nursing.
 - 2.2.2. CPR certification, as required by state law.
 - 2.2.3. Proof of pre-employment screening which includes, but is not limited to:
 - 2.2.3.1. A physical as applicable by state law which includes, but is not limited to the following immunizations:
 - 2.2.3.1.1. Hepatitis B.
 - 2.2.3.1.2. Influenza.
 - 2.2.3.1.3. MMR.
 - 2.2.3.1.4. Varicella (chickenpox).
 - 2.2.3.1.5. Tetanus, diphtheria, pertussis.
 - 2.2.3.2. TB skin test.
 - 2.2.3.3. Professional references.
 - 2.2.3.4. Criminal background check(s).
 - 2.2.3.5. Drug screening as applicable.

New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services



Exhibit A

- 2.3. The Contractor shall ensure that the Nurse Professionals hired meet applicable laws, regulations, and/or accreditation standards to be presented to facility administration upon request.
- 2.4. The Contractor shall hire Temporary Staff who are capable of duties that include, but are not limited to:
 - 2.4.1. Conducting physical assessments, excluding psychiatric or admission assessments.
 - 2.4.2. Administering medication.
 - 2.4.3. Processing of physician orders.
 - 2.4.4. Monitoring vital signs.
 - 2.4.5. Testing blood glucose levels.
 - 2.4.6. Completing treatments.
 - 2.4.7. Changing dressings.
 - 2.4.8. Communicating both verbally and in writing to report related findings.
- 2.5. The Contractor shall ensure all Temporary Staff attend a minimum of eight (8) hours of orientation that includes, but is not limited to:
 - 2.5.1. Specific information regarding infection prevention.
 - 2.5.2. Client confidentiality.
 - 2.5.3. Medical records and other documentation practices.
 - 2.5.4. Safety and emergency protocols including, but not limited to "Cues to Crisis" training regarding how to recognize and respond safely to patients who may be experiencing psychiatric crises.
- 2.6. The Contractor shall ensure Temporary Staff delegation duties are limited to simple tasks such as obtaining client vital signs or simple client assists.
- 2.7. The Contractor shall coordinate between the staffing needs of NHH/Glencleft and the available Temporary Staff.
- 2.8. The Contractor shall attempt to accommodate staffing requests for specific individual RNs and LPNs.
- 2.9. The Contractor shall be provided with a minimum of twenty-four (24) hours advance notice when Temporary Staff are needed.
- 2.10. The Contractor shall pay all Temporary Staff wages, which includes payments of federal and state taxes.
- 2.11. The Contractor's Short-Term Temporary Staffing Services for each Nurse Professional must be a minimum of a thirteen (13) week period (Staffing Period), without a gap in delivered services for the Staffing Period unless otherwise mutually agreed upon.

New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services



Exhibit A

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- 2.12. The Contractor shall provide replacement staffing for the remainder of the Staffing Period in the event a Temporary Staff is unable to fulfill the prescribed shift due to illness, injury or other unforeseen circumstance.
 - 2.13. The Contractor shall provide alternative solutions, verbally and in writing, to NHH/Glenciff who may, at its discretion, choose to accept the Vendor's alternative staffing solution, in the event the Vendor is unable to fulfill replacement staffing described in Paragraph 1.2.15.
 - 2.14. The Contractor shall notify Temporary Staff of supervision by a NHH/Glenciff-employed shift supervisor.
 - 2.15. The Contractor shall accept Department verbal and written notification of the Department's request to cancel Staffing Services a minimum of two (2) hours prior to the start of the shift for which staff are scheduled to work.
 - 2.16. The Contractor shall accept immediate verbal and written notification from the Department of any staffing dismissal from Glenciff or NHH with or without cause, which provides reasonable detail the reason(s) for the dismissal, if applicable, which will result in compensation for all hours worked prior to dismissal.
 - 2.17. The Contractor shall have the ability to receive notification from the Department of any unexpected incident known to involve a Temporary Staff including, but not limited to errors, safety hazards, or injury.
 - 2.18. Background checks
 - 2.18.1. The Contractor shall obtain, at the Contractor's expense, a Criminal Background Check and shall release the results to the NHH Office of Human Resources to ensure no convictions for the following crimes:
 - 2.18.1.1. A felony for child abuse or neglect, spousal abuse, any crime against children or adults, including but not limited to: child pornography, rape, sexual assault, or homicide;
 - 2.18.1.2. A violent or sexually-related crime against a child or adult, or a crime which may indicate a person might be reasonably expected to pose a threat to a child or adult; and
 - 2.18.1.3. A felony for physical assault, battery, or a drug-related offense committed within the past five (5) years in accordance with 42 USC 671 (a)(20)(A)(ii).
 - 2.18.2. The Contractor shall authorize the Department to conduct a Bureau of Elderly and Adults Services (BEAS) State Registry check and a Division for Children Youth and Families (DCYF) Central Registry check at no cost to the Contractor.

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New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services



Exhibit A

2.18.2.1. The BEAS State Registry check and DCYF Central Registry check confidential results are returned directly to the NHM Office of Human Resources.

2.18.3. The Contractor shall not commence services prior to the required documentation in 2.18.1 and 2.18.2 being received and verified by the NHM Office of Human Resources.

New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services



Exhibit B

Methods and Conditions Precendent to Payment

1. Provisions Applicable to All Services

- 1.1. This Agreement is one (1) of multiple Agreements that will provide Temporary Nurse Staffing Services for the Department. No maximum or minimum service volume is guaranteed. Accordingly, the price limitation among all Agreements is identified in Form P-37, General Provisions, Block 1.8, Price Limitation.
- 1.2. The State shall pay the Contractors among all agreements an amount not to exceed \$1,200,000 for State Fiscal Year (SFY) 2020 and \$1,150,000 for SFY 2019, for the services provided by the Contractors pursuant to Exhibit A, Scope of Services, for a total contract value listed on the Form P-37, Block 1.8, Price Limitation of \$2,350,000, with consideration for paragraph 1.1 of this Exhibit B.
- 1.3. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 1.4. This contract is funded with:
 - 1.4.1. Other Funds from the Agency
 - 1.4.2. General Funds
- 1.5. Payment for said services shall be made monthly as follows:
 - 1.5.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 1.5.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth (20th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 1.5.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 1.5.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services



Exhibit B

- 1.5.5. All invoices may be mailed as hard copy, or assigned an electronic signature and emailed to:
 - 1.5.5.1. Department of Health and Human Services
Glenciff Home
393 High Street
Glenciff, NH 03238
Email address: Kevin.Lincoln@dhhs.nh.gov
 - 1.5.5.2. Department of Health and Human Services
New Hampshire Hospital - Accounts Payable
36 Clinton St
Concord, NH 03301
Email address: NHMFiscalServices@dhhs.nh.gov
- 1.5.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 1.6. Shared housing will be provided for traveling nurses, if applicable.
- 1.7. In the event Temporary Staff is recruited, hired, and begins work at Glenciff Home or New Hampshire Hospital on a full-time basis, the Department will:
 - 1.7.1. Pay the Contractor a placement fee of \$2,500.00 if the Temporary Staff has provided services on a temporary basis for less than twenty-six (26) non-consecutive weeks.
 - 1.7.2. Pay no placement fee if the Temporary Staff has provided services on a temporary basis for a minimum of twenty-six (26) non-consecutive weeks.
- 1.8. Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between 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.
2. Shift Guidelines and Payment Schedules
 - 2.1. The Vendor will be reimbursed for providing and delivering the described Temporary Staffing, on a per-diem deliverables basis, pursuant to the following rate schedules (Tables 1 and 2):

New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services



Exhibit B

Table 1: Per Diem Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m. – 3:00 p.m.	\$46.00
2	Weekday, 3:00 p.m. – 11:00 p.m.	\$47.00
3	Weekday, 11:00 p.m. – 7:00 a.m.	\$48.00
4	Weekend, 7:00 a.m. – 3:00 p.m.	\$48.00
5	Weekend, 3:00 p.m. – 11:00 p.m.	\$49.00
6	Weekend, 11:00 p.m. – 7:00 a.m.	\$50.00

Table 2: Per Diem Rate Schedule for Licensed Practical Nurses (LPNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m. – 3:00 p.m.	\$30.00
2	Weekday, 3:00 p.m. – 11:00 p.m.	\$31.00
3	Weekday, 11:00 p.m. – 7:00 a.m.	\$32.00
4	Weekend, 7:00 a.m. – 3:00 p.m.	\$32.00
5	Weekend, 3:00 p.m. – 11:00 p.m.	\$33.00
6	Weekend, 11:00 p.m. – 7:00 a.m.	\$34.00

- 2.2. The Vendor will be reimbursed for providing and delivering Short-Term Temporary Staffing Services for a minimum of thirteen (13) weeks, and any extension thereof, on a deliverables basis pursuant to the following rate schedules (Tables 3 and 4):

Table 3: Short-Term Rate Schedule for Registered Nurses (RNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m. – 3:00 p.m.	\$56.00
2	Weekday, 3:00 p.m. – 11:00 p.m.	\$57.00
3	Weekday, 11:00 p.m. – 7:00 a.m.	\$58.00
4	Weekend, 7:00 a.m. – 3:00 p.m.	\$58.00
5	Weekend, 3:00 p.m. – 11:00 p.m.	\$59.00
6	Weekend, 11:00 p.m. – 7:00 a.m.	\$60.00

[Handwritten Signature]
4/4/19

New Hampshire Department of Health and Human Services
Temporary Nurse Staffing Services



Exhibit B

Table 4: Short-Term Rate Schedule for Licensed Practical Nurses (LPNs)

ID	Shift	Hourly Rate
1	Weekday, 7:00 a.m. – 3:00 p.m.	\$40.00
2	Weekday, 3:00 p.m. – 11:00 p.m.	\$41.00
3	Weekday, 11:00 p.m. – 7:00 a.m.	\$42.00
4	Weekend, 7:00 a.m. – 3:00 p.m.	\$42.00
5	Weekend, 3:00 p.m. – 11:00 p.m.	\$43.00
6	Weekend, 11:00 p.m. – 7:00 a.m.	\$44.00

2.3. Shift rate and holiday differentials will apply as follows:

2.3.1. Weekend rates start at 3:00 p.m. on Friday and end at 7:00 a.m. on Monday.

2.3.2. Nurse Professionals who work holidays (listed below) will be paid one and one-half (1-1/2) times the rate in the schedules above. Holiday shifts begin with the 11:00 p.m. - 7:00 a.m. shift on the eve of the following holidays and end with the 3:00 p.m. - 11:00 p.m. shift on the day of the holiday, except for Christmas and New Year's holidays which begin with 3:00 p.m. - 11:00 p.m. shift on the eve of the holiday and end with the 11:00 p.m. - 7:00 a.m. shift on the day of the holiday.

New Year's Eve and Day	Easter Sunday	Labor Day
Martin Luther King Day	Memorial Day	Thanksgiving
President's Day	Independence Day	Christmas Eve and Day

2.4. Break and meal allowances will apply as follows for each shift consisting of a minimum of eight (8) hours:

2.4.1. Two (2) paid fifteen (15) minute breaks.

2.4.2. One (1) paid thirty (30) minute meal break.

2.5. Nurse Professionals who work over forty (40) hours in any week will be paid one and one-half (1-1/2) times the rate in the schedule above for hours worked over forty (40) hours.

New Hampshire Department of Health and Human Services
Exhibit C



SPECIAL PROVISIONS

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

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

5/12
4/19

New Hampshire Department of Health and Human Services
Exhibit C



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

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

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

New Hampshire Department of Health and Human Services
Exhibit C



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

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

New Hampshire Department of Health and Human Services
Exhibit C



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

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

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

- (a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.
- (b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712; as described in section 3.908 of the Federal Acquisition Regulation.
- (c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

- 19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:
 - 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
 - 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
 - 19.3. Monitor the subcontractor's performance on an ongoing basis

New Hampshire Department of Health and Human Services
Exhibit C



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

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

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act, NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

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



REVISIONS TO STANDARD CONTRACT LANGUAGE

1. Revisions to Form P-37, General Provisions

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

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

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishing a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

2. Renewal

2.1. The Department reserves the right to extend this agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, written agreement of the parties and approval of the Governor and Executive Council.

[Signature]
Date 4/4/19

New Hampshire Department of Health and Human Services
Exhibit D



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor 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

[Handwritten Signature]
4/4/19

New Hampshire Department of Health and Human Services
Exhibit D



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

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

Contractor Name:

4/4/19
Date

William Murray
Name: William Murray
Title: Company leader



New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Contractor 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-4.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards of all items (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.

Contractor Name:

4/4/19
Date

William Murray
Name: William Murray
Title: Company Leader

New Hampshire Department of Health and Human Services
Exhibit F



**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

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New Hampshire Department of Health and Human Services
Exhibit F



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

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

PRIMARY COVERED TRANSACTIONS

- 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 anti-trust 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 11(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:

4/4/19
Date

Name: William Murray
Title: Company Leader

New Hampshire Department of Health and Human Services
Exhibit G



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

The 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 subcontractors 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.

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections

Contractor's Signature

6/27/11
Rev. 10/1/04

Page 1 of 2

Date

4/4/19

New Hampshire Department of Health and Human Services
Exhibit G



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

The 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:

4/4/19
Date

Name: William Murray
Title: Company leader

Exhibit G

Contractor Initials

Certification of Compliance with non-discrimination provisions pertaining to Federal and State contracts, and to contracts of Federally-assisted Organizations and non-Federally-assisted organizations

4/4/19

New Hampshire Department of Health and Human Services
Exhibit H



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The 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:

4/4/19
Date


Name: William Murray
Title: Company Leader

New Hampshire Department of Health and Human Services



Exhibit I

HEALTH INSURANCE PORTABILITY 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.**

- b. "**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, Title XIII, 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.

New Hampshire Department of Health and Human Services



Exhibit I

- 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

New Hampshire Department of Health and Human Services



Exhibit I

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

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of 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:

- o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- o The unauthorized person used the protected health information or to whom the disclosure was made;
- o Whether the protected health information was actually acquired or viewed
- o 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 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

WJW
Date 4/4/19

New Hampshire Department of Health and Human Services



Exhibit I

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

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such 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

3/2014

Contractor Initials

Date 4/4/19

New Hampshire Department of Health and Human Services



Exhibit I

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

(4) Obligations of Covered Entity

- 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.

(6) 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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New Hampshire Department of Health and Human Services



Exhibit I

- e. Severability. 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
The State

Lori Shubinette
Signature of Authorized Representative

Lori Shubinette
Name of Authorized Representative

CEO-NH
Title of Authorized Representative

5/14/19
Date

MAS medical staffing
Name of the Contractor

William Murray
Signature of Authorized Representative

William Murray
Name of Authorized Representative

Company Leader
Title of Authorized Representative

4/4/19
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. Principal 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 readily 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:

4/4/19
Date

Name: William Mursky
Title: Company Leader



New Hampshire Department of Health and Human Services
Exhibit J

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: 94-347-39-88
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, 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: _____

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

New Hampshire Department of Health and Human Services

Exhibit K

DKHS Information Security Requirements



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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
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

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Date 4/4/19

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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.).

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

12. Contractor must comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and 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/doi/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - 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.

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Exhibit K

OHHS Information Security Requirements



- 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 OHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, 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. OHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

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

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 308. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
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

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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