

ARC

19



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES

Lori A. Weaver
Commissioner

Melissa A. Hardy
Director

105 PLEASANT STREET, CONCORD, NH 03301
603-271-5034 1-800-852-3345 Ext. 5034
Fax: 603-271-5166 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

October 2, 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, Division of Long Term Supports and Services, to enter into a grant agreement with Farmsteads of New England, Inc. (VC # 159007-B001), Hillsborough, NH in the amount of \$1,300,000, to increase housing capacity by nine beds for 1) three individuals who are eligible for one of New Hampshire's Home and Community Based 1915c Waivers, and 2) six individuals who are disabled and are experiencing homelessness and eligible to receive services through the Home Community Based Services State Plan 1915(i), effective upon Governor and Council approval, to remain in effect for no less than eight (8) years from the date the housing unit is placed in service. 100% Federal funds.

Funds are available in the following accounts for State Fiscal Years 2024 and 2025, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

05-95-093-930010-26060000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DIV OF DEVELOPMENTAL SVCS, HCBS ENHANCED FMAP - ARP

| State Fiscal Year | Class / Account | Class Title | Job Number | Total Amount |
|-------------------|-----------------|---------------------------|-----------------|--------------------|
| 2024 | 102-500731 | Contracts for Program Svc | 93009021 | \$1,000,000 |
| 2025 | 102-500731 | Contracts for Program Svc | 93009021 | \$300,000 |
| | | | Subtotal | \$1,300,000 |

EXPLANATION

The purpose of this request is to increase housing capacity for individuals who are eligible for one of New Hampshire's Home and Community Based 1915c Waivers and individuals or families that have an individual who is disabled and are experiencing homelessness. All housing must be compliant with the Centers for Medicare & Medicaid Services' Home and Community-Based Setting Requirements for Community First Choice and Home and Community-Based

Services (HCBS) Waivers rules. This request is one of nine requested actions that will significantly increase statewide capacity by an additional 114 beds to serve and support this population.

The Grantee will construct three homes in Epping, NH for two distinct populations, which include: 1) one home to provide housing for three individuals with a Developmental Disability or Acquired Brain Disorder who are eligible to receive services under a Home and Community Based 1915c Waiver and 2) two homes to provide housing for six individuals who are disabled and are experiencing homelessness and eligible to receive services through the Home Community-Based Services State Plan 1915(i).

Three individuals who need Intensive Treatment Services and are at risk of requiring out of state placement to receive the services, or are returning from out-of-state placement for intensive treatment services, and six individuals who are disabled and are experiencing homelessness and eligible to receive services through the Home Community-Based Services State Plan 1915(i) will be served on a continuous basis at the properties for a period of no less than eight (8) years from the date the new houses are placed in service.

The need for housing in specialized residences exceeds the number of placements available in New Hampshire. The likelihood of out of state placement increases significantly when the need for alternative residential options arises suddenly. This dynamic places additional strain on individuals and their families, community-based service providers, and hospitals. Based on these factors, additional in-state residential capacity is needed to provide Intensive Treatment Services. The need for housing for individuals that are disabled and experiencing homelessness exceeds the number of rental units available in New Hampshire. At last count there were approximately 1000 individuals statewide that meet this definition and are currently waiting for housing.

The Department will monitor services by:

- Approving, reviewing, and monitoring the required project plan and budget documentation.
- Ensuring the Grantee's adherence to their plan to complete construction of the property.
- Reviewing quarterly reports after the renovation is complete, including a list of expenses to sustain the property, and individual progress notes for each individual residing at the property.

The Department selected the Grantee through a competitive bid process using a Request for Grant Applications (RGA) that was posted on the Department's website from May 9, 2023 through June 13, 2023. The Department received 34 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

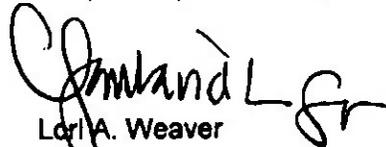
Should the Governor and Council not authorize this request, individuals with Developmental Disabilities and/or Acquired Brain Injuries may not be able to remain in or return to New Hampshire, or individuals currently residing in New Hampshire that require Intensive Treatment Services may not have access to their services in state, and individuals who are disabled and experiencing homelessness may not be able to find permanent housing.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number 93.778 Section 9817 of the American Rescue Plan Act of 2021.

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

Respectfully submitted,


Lori A. Weaver
Commissioner

New Hampshire Department of Health and Human Services
 Division of Finance and Procurement
 Bureau of Contracts and Procurement
 Scoring Sheet

Project ID # RGA-2024-DLTSS-01-INTEN

Project Title Intensive Treatment Services Housing and Homelessness Initiative

| <u>Intensive Treatment Services</u> | <u>Maximum Points Available</u> | <u>A.W. Holdings, LLC dba Benchmark Human Services Property #1</u> | <u>A.W. Holdings, LLC dba Benchmark Human Services Property #2</u> | <u>A.W. Holdings, LLC dba Benchmark Human Services Property #3</u> | <u>A.W. Holdings, LLC dba Benchmark Human Services Property #4</u> | <u>A.W. Holdings, LLC dba Benchmark Human Services Property #5</u> | <u>A.W. Holdings, LLC dba Benchmark Human Services Property #6</u> | <u>A.W. Holdings, LLC dba Benchmark Human Services Property #7</u> | <u>A.W. Holdings, LLC dba Benchmark Human Services Property #8</u> |
|--------------------------------------|---------------------------------|--|--|--|--|--|--|--|--|
| Technical | | | | | | | | | |
| Project Plan (Q1) | 70 | 63 | 63 | 63 | 63 | 63 | 63 | 60 | 60 |
| Experience with ITS Homes (Q2) | 30 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| Discharge and Stepdown (Q3) | 30 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| Experience with HCBS Compliance (Q4) | 30 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| Services (Q5) | 40 | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 31 |
| TOTAL POINTS | 200 | 169 | 169 | 169 | 169 | 169 | 169 | 166 | 166 |
| TOTAL PROPOSED VENDOR COST | | <i>Not Applicable - No Cost Proposal for RGA</i> | | | | | | | |

| <u>Reviewer Name</u> | <u>Title</u> |
|---------------------------|------------------------------|
| 1 <u>Gregory Prattell</u> | <u>Program Specialist IV</u> |
| 2 <u>Joshua Gehling</u> | <u>Administrator III</u> |
| 3 <u>Rachel DeVita</u> | <u>Administrator II</u> |
| 4 <u>Kyra Leonard</u> | <u>Finance Director</u> |

New Hampshire Department of Health and Human Services
 Division of Finance and Procurement
 Bureau of Contracts and Procurement
 Scoring Sheet

Project ID # RGA-2024-DLTSS-01-INTEN

Project Title Intensive Treatment Services Housing and Homelessness Initiative

| <u>Intensive Treatment Services</u> | <u>Maximum Points Available</u> | <u>A.W. Holdings, LLC dba Benchmark Human Services Property #9</u> | <u>A.W. Holdings, LLC dba Benchmark Human Services Property #10</u> | <u>Alternative Programs & Treatment</u> | <u>ARC of NH, Inc</u> | <u>Community Options, Inc (1) 2-Bedroom Hudson</u> | <u>Community Options, Inc (1) 2-Bedroom Derry</u> | <u>Community Options, Inc (1) 2-Bedroom Milford</u> | <u>Community Options, Inc(1) 2-Bedroom Salem</u> |
|--------------------------------------|---------------------------------|--|---|---|-----------------------|--|---|---|--|
| Technical | | | | | | | | | |
| Project Plan (Q1) | 70 | 60 | 60 | 30 | 62 | 58 | 58 | 58 | 58 |
| Experience with ITS Homes (Q2) | 30 | 25 | 25 | 17 | 16 | 22 | 22 | 22 | 22 |
| Discharge and Stepdown (Q3) | 30 | 25 | 25 | 15 | 20 | 27 | 27 | 27 | 27 |
| Experience with HCBS Compliance (Q4) | 30 | 25 | 25 | 16 | 22 | 27 | 27 | 27 | 27 |
| Services (Q5) | 40 | 31 | 31 | 25 | 30 | 32 | 32 | 32 | 32 |
| TOTAL POINTS | 200 | 166 | 166 | 103 | 150 | 166 | 166 | 166 | 166 |

| | |
|-----------------------------------|--|
| TOTAL PROPOSED VENDOR COST | <i>Not Applicable - No Cost Proposal for RGA</i> |
|-----------------------------------|--|

| <u>Reviewer Name</u> | <u>Title</u> |
|---------------------------|------------------------------|
| 1 <u>Gregory Prattell</u> | <u>Program Specialist IV</u> |
| 2 <u>Joshua Gehling</u> | <u>Administrator III</u> |
| 3 <u>Rachel DeVita</u> | <u>Administrator II</u> |
| 4 <u>Kyra Leonard</u> | <u>Finance Director</u> |

New Hampshire Department of Health and Human Services
 Division of Finance and Procurement
 Bureau of Contracts and Procurement
 Scoring Sheet

Project ID # RGA-2024-DLTSS-01-INTEN

Project Title Intensive Treatment Services Housing and Homelessness Initiative

| <i>Intensive Treatment Services</i> | Maximum Points Available | Community Options, Inc (1) 3-Bedroom Milford | Community Options, Inc (1) 3-Bedroom Nashua | Community Options, Inc (1of2) 3-Bedroom Derry | Community Options, Inc (1of2) 3-Bedroom Londonderry | Community Options, Inc (1of2) 3-Bedroom Salem | Community Options, Inc (2of2) 3-Bedroom Derry | Community Options, Inc (2of2) 3-Bedroom Londonderry | Community Options, Inc (2of2) 3-Bedroom Salem |
|--------------------------------------|--------------------------|--|---|---|---|---|---|---|---|
| Technical | | | | | | | | | |
| Project Plan (Q1) | 70 | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 |
| Experience with ITS Homes (Q2) | 30 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 |
| Discharge and Stepdown (Q3) | 30 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 |
| Experience with HCBS Compliance (Q4) | 30 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 |
| Services (Q5) | 40 | 32 | 32 | 32 | 32 | 32 | 32 | 32 | 32 |
| TOTAL POINTS | 200 | 171 | 171 | 171 | 171 | 171 | 171 | 171 | 171 |
| TOTAL PROPOSED VENDOR COST | | <i>Not Applicable - No Cost Proposal for RGA</i> | | | | | | | |

| <u>Reviewer Name</u> | <u>Title</u> |
|---------------------------|------------------------------|
| 1 <u>Gregory Prattell</u> | <u>Program Specialist IV</u> |
| 2 <u>Joshua Gehling</u> | <u>Administrator III</u> |
| 3 <u>Rachel DeVita</u> | <u>Administrator II</u> |
| 4 <u>Kyra Leonard</u> | <u>Finance Director</u> |

New Hampshire Department of Health and Human Services
 Division of Finance and Procurement
 Bureau of Contracts and Procurement
 Scoring Sheet

Project ID # RGA-2024-DLTSS-01-INTEN

Project Title Intensive Treatment Services Housing and Homelessness Initiative

| <u>Intensive Treatment Services</u> | <u>Maximum Points Available</u> | <u>Behavioral Health and Developmental Services of Strafford County, inc. d/b/a Community Partners</u> | <u>Easterseals NH</u> | <u>Farmsteads of New England</u> | <u>Gateway Community Services and Summit NH</u> | <u>Aspire Living & Learning</u> | <u>Next Steps Community Services LLC Proposal #1</u> | <u>Next Steps Community Services LLC Proposal #2</u> | <u>Next Steps Community Services LLC Proposal #3</u> |
|--------------------------------------|---------------------------------|--|-----------------------|----------------------------------|---|-------------------------------------|--|--|--|
| Technical | | | | | | | | | |
| Project Plan (Q1) | 70 | 65 | 55 | 53 | 35 | 55 | 67 | 66 | 64 |
| Experience with ITS Homes (Q2) | 30 | 27 | 29 | 17 | 22 | 26 | 28 | 28 | 28 |
| Discharge and Stepdown (Q3) | 30 | 28 | 27 | 9 | 16 | 25 | 27 | 27 | 27 |
| Experience with HCBS Compliance (Q4) | 30 | 25 | 26 | 16 | 20 | 26 | 23 | 23 | 23 |
| Services (Q5) | 40 | 37 | 36 | 20 | 32 | 37 | 37 | 37 | 37 |
| TOTAL POINTS | 200 | 182 | 173 | 115 | 125 | 169 | 182 | 181 | 179 |

TOTAL PROPOSED VENDOR COST

Not Applicable - No Cost Proposal for RGA

| <u>Reviewer Name</u> | <u>Title</u> |
|---------------------------|------------------------------|
| 1 <u>Gregory Prattell</u> | <u>Program Specialist IV</u> |
| 2 <u>Joshua Gehling</u> | <u>Administrator III</u> |
| 3 <u>Rachel DeVila</u> | <u>Administrator II</u> |
| 4 <u>Kyra Leonard</u> | <u>Finance Director</u> |

New Hampshire Department of Health and Human Services
 Division of Finance and Procurement
 Bureau of Contracts and Procurement
 Scoring Sheet

Project ID # RGA-2024-DLTSS-01-INTEN

Project Title Intensive Treatment Services Housing and Homelessness Initiative

| <i>Intensive Treatment Services</i> | Maximum Points Available | Next Steps Community Services LLC Proposal #4 |
|--|---------------------------------|---|
| Technical | | |
| Project Plan (Q1) | 70 | 64 |
| Experience with ITS Homes (Q2) | 30 | 28 |
| Discharge and Stepdown (Q3) | 30 | 27 |
| Experience with HCBS Compliance (Q4) | 30 | 23 |
| Services (Q5) | 40 | 37 |
| TOTAL POINTS | 200 | 179 |
| TOTAL PROPOSED VENDOR COST | <i>Not Applicable - No Cost</i> | |

| Reviewer Name | Title |
|---------------------------|------------------------------|
| 1 <u>Gregory Prattell</u> | <u>Program Specialist IV</u> |
| 2 <u>Joshua Gehling</u> | <u>Administrator III</u> |
| 3 <u>Rachel DeVita</u> | <u>Administrator II</u> |
| 4 <u>Kyra Leonard</u> | <u>Finance Director</u> |

New Hampshire Department of Health and Human Services
 Division of Finance and Procurement
 Bureau of Contracts and Procurement
 Scoring Sheet

Project ID # RGA-2024-DLTSS-01-INTEN

Project Title Intensive Treatment Services Housing and Homelessness Initiative

| <u>Homeless Housing Services</u> | <u>Maximum Points Available</u> | <u>Farmsteads of New England</u> |
|----------------------------------|---------------------------------|----------------------------------|
| <u>Technical</u> | | |
| Project Plan (Q1) | 70 | 63 |
| Real Estate Experience (Q2) | 30 | 27 |
| Operation Experience (Q3) | 30 | 25 |
| Coordinated Entry System (Q4) | 30 | 5 |
| Services (Q5) | 40 | 20 |
| TOTAL POINTS | 200 | 140 |

TOTAL PROPOSED VENDOR COST *Not Applicable - No Cost*

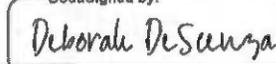
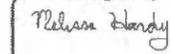
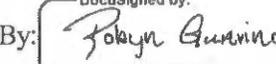
| <u>Reviewer Name</u> | <u>Title</u> |
|---------------------------|------------------------------|
| 1 <u>Gregory Prattell</u> | <u>Program Specialist IV</u> |
| 2 <u>Joshua Gehling</u> | <u>Administrator III</u> |
| 3 <u>Rachel DeVita</u> | <u>Administrator II</u> |
| 4 <u>Kyra Leonard</u> | <u>Finance Director</u> |

Subject: Intensive Treatment Services Housing and Homelessness Initiative RGA-2024-DLTSS-01-INTEN-01-07

GRANT AGREEMENT

The State of New Hampshire and the Grantee here mutually agree as follows:

GENERAL PROVISIONS**1. Identification and Definitions.**

| | | | |
|---|---|--|--------------------------------------|
| 1.1. State Agency Name New Hampshire Department of Health and Human Services | | 1.2. State Agency Address 129 Pleasant Street Concord, NH 03301-3857 | |
| 1.3. Grantee Name Farmsteads of New England, Inc. | | 1.4. Grantee Address 213 Center Road Hillsborough, NH, 03244, | |
| 1.5 Grantee Phone # 603-734-5383 | 1.6. Account Number 05-95-093-930010- 26060000-102-500731 | 1.7. Completion Date See Exhibit A, Section 1, Subsection 1.1 | 1.8. Grant Limitation \$1,300,000 |
| 1.9. Grant Officer for State Agency Robert W. Moore, Director | | 1.10. State Agency Telephone Number (603) 271-9631 | |
| If Grantee is a municipality or village district: "By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b." | | | |
| 1.11. Grantee Signature 1 DocuSigned by:  7FF2CE3A467743F... | | 1.12. Name & Title of Grantee Signor 1 Deborah DeScenza Executive Director | |
| Grantee Signature 2 | | Name & Title of Grantee Signor 2 | |
| Grantee Signature 3 | | Name & Title of Grantee Signor 3 | |
| 1.13 State Agency Signature(s) DocuSigned by:  1323A24040DF493... | | 1.14. Name & Title of State Agency Signor(s) Melissa Hardy Director, DLTSS | |
| 1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) DocuSigned by: By:  Assistant Attorney General, On: 9/19/2023 748734844941460 | | | |
| 1.16. Approval by Governor and Council (if applicable) By: _____ On: _____ | | | |

SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

3. **AREA COVERED.** Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. **EFFECTIVE DATE: COMPLETION OF PROJECT.**

4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").

4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").

5. **GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.**

5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.

5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.

5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5. Notwithstanding anything 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 Grant limitation set forth in block 1.8 of these general provisions.

6. **COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS.** In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.

7. **RECORDS and ACCOUNTS.**

7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Grantee in block 1.3 of these provisions

8. **PERSONNEL.**

8.1. The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized to perform such Project under all applicable laws.

8.2. The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm, or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.

8.3. The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.

9. **DATA: RETENTION OF DATA: ACCESS.**

9.1. As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations,

computer programs, computer printouts, notes, letters, memoranda, paper, and documents, all whether finished or unfinished.

9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4. On and after the Effective Date 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, whichever shall first occur.

9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. **CONDITIONAL NATURE OR AGREEMENT.** Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those 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 Grantee notice of such termination.

11. **EVENT OF DEFAULT: REMEDIES.**

11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

- 11.1.1 Failure to perform the Project satisfactorily or on schedule; or
 - 11.1.2 Failure to submit any report required hereunder; or
 - 11.1.3 Failure to maintain, or permit access to, the records required hereunder; or
 - 11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.
- 11.2. Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

11.2.1 Give the Grantee 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 Grantee notice of termination; and

11.2.2 Give the Grantee 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 Grant Amount which would otherwise accrue to the Grantee during the period from the date of such notice until such time as the State determines that the Grantee has cured the Event of Default shall never be paid to the Grantee; and

11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

12. **TERMINATION.**

12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. **CONFLICT OF INTEREST.** No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

- approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.
14. **GRANTEE'S RELATION TO THE STATE.** In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.
 15. **ASSIGNMENT AND SUBCONTRACTS.** The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.
 16. **INDEMNIFICATION.** The Grantee 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, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. 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 shall survive the termination of this agreement.
 17. **INSURANCE.**
 - 17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:
 - 17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and
 - 17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than \$1,000,000 per occurrence and \$2,000,000 aggregate for bodily injury or death any one incident, and \$500,000 for property damage in any one incident; and
 - 17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.
 18. **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, or any subsequent Event. No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure of waiver 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 default on the part of the Grantee.
 19. **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 first above given.
 20. **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 Council of the State of New Hampshire, if required or by the signing State Agency.
 21. **CONSTRUCTION OF AGREEMENT AND TERMS.** This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intent of the parties hereto.
 22. **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.
 23. **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.
 24. **SPECIAL PROVISIONS.** The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT A

Revisions to Standard Grant Agreement Provisions

1. Revisions to Form G-1, General Provisions

1.1. Paragraph 4, Effective Date: Completion of Project is deleted in its entirety and replaced with the following:

4.1 This Grant Agreement (the "Agreement"), and all obligations of the parties hereunder, shall become effective on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16) or upon signature by the State Agency as shown in blocks 1.13 and 1.14 (the "Effective Date").

4.2 The Grantee must ensure that no less than one (1) residential building constructed using funds provided by this agreement remains in service as a home for individuals with a Developmental Disability or Acquired Brain Disorder who are receiving services under the 1915c waiver, for a period of no less than eight (8) years from the date the property is first placed in service, as described in Exhibit B, Scope of Services, Section 1, Statement of Work.

4.3 The Grantee must ensure that no less than two (2) residential buildings constructed using funds provided by this agreement remain in service as homes for individuals who are disabled, or families that have an individual who is disabled, and are experiencing homelessness and where the individual is receiving services through the Home Community-Based Services State Plan 1915(i), for a period of no less than eight (8) years from the date the property is first placed in service, as described in Exhibit B, Scope of Services, Section 1, Statement of Work.

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

1.2. Paragraph 11, Event of Default: Remedies, Subparagraph 11.2.2, is amended as follows:

11.2.2 Give the Grantee a written notice specifying the Event of Default and suspending payments, in whole or in part, to be made under this Agreement, until the State determines the Event of Default is cured.

1.3 Paragraph 12, Termination, Subparagraph 12.4 is amended as follows:

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT A

- 12.4 Notwithstanding anything in this Agreement to the contrary, the State may terminate this Agreement without cause upon thirty (30) days written notice to the Grantee.
- 1.4 Paragraph 15, Assignment and Subcontracts, is amended by adding subparagraph 15.1 as follows:
- 15.1. Subcontractors are subject to the same contractual conditions as the Grantee and the Grantee is responsible to ensure subcontractor compliance with those conditions. The Grantee shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Grantee shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Grantee shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.
- 1.5 Paragraph 17, Insurance, Subparagraph 17.1, is amended by adding Subparagraphs 17.1.3, 17.1.4 and 17.1.5, to read:
- 17.1.3. Commercial umbrella liability insurance in amounts of not less than \$2,000,000 per occurrence and \$2,000,000 aggregate.
- 17.1.4 Builder's Risk Insurance (Fire and Extended Coverage) in the amount of no less than \$1,000,000 for the property described in Exhibit B, Scope of Services, Section 1, Statement of Work, from the Grant Effective Date until the date the final building is placed in service as ITS housing. Builder's Risk Insurance must include materials located at the Grantee's premises, on-site, in-transit, and at any temporary site. The policies shall provide for the inclusion of the names of all contractors, subcontractors, and others employed on the premises as additional insureds. The policies shall stipulate that the insurance companies shall have no right of subrogation against any contractors, subcontractors or other parties employed on the premises.

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. Homelessness Housing Services Requirements

1.1.1. The Grantee must construct two (2) residential housing units to be used as housing for three (3) individuals in each home who are disabled and are experiencing homelessness and receiving services through the Home Community-Based Services State Plan 1915(i) Supportive Housing Benefit, on property owned by the Grantee located at 38 Plumer Road in Epping, New Hampshire (target property), described as a certain tract or parcel of land with the buildings thereon, situated on the west side of Plumer Road, as recorded in Book 5786, Page 1666 of the Rockingham County Registry of Deeds.

1.1.2. The Grantee must submit a Project Plan for Phase I of development at the target properties no less than ten (10) business days after the Grant Effective Date. The Project Plan must include a detailed description of the Grantee's plan for Phase I development at the site and for the construction of the two (2) new residential dwellings as part of Phase I, which must be placed in service as homelessness housing units for three (3) individuals each. The Project Plan must include, but is not limited to:

1.1.2.1. Architectural drawings of the site and the planned new homes.

1.1.2.2. A detailed timeline with a narrative description of the plan for Phase I of development of the target properties.

1.1.2.3. A timeline for construction of the homelessness housing units in conjunction with the Phase I development plan, with a completion date for construction no later than June 30, 2024.

1.1.2.4. A detailed plan to provide comprehensive day and residential Intensive Treatment Services therein to individuals with Intellectual or Developmental Disabilities and/or Acquired Brain Disorders and complex presenting clinical needs.

1.1.3. The Grantee must submit a weekly report for the residences during the time the properties are undergoing construction, which must include, but is not limited to:

1.1.3.1. Date the property was approved for funding.

1.1.3.2. Start date for construction.

1.1.3.3. Approximate percent for project completion.

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

- 1.1.3.4. A narrative description of activity at the property during that past month, including:
- 1.1.3.4.1. Materials purchased.
 - 1.1.3.4.2. Permits received.
 - 1.1.3.4.3. Completed construction activities.
- 1.1.4. The Grantee must ensure the two (2) residences are placed in service no later than August 1, 2024, as residences for three (3) individuals in each home who are receiving services under Home Community-Based Services State Plan 1915(i) Supportive Housing Benefit, and who meet one or more of the following requirements:
- 1.1.4.1. Requires assistance with achieving and maintaining housing as a result of a disability or disabling condition, as indicated by a need for assistance with at least one of the following:
 - 1.1.4.1.1. Mobility;
 - 1.1.4.1.2. Decision-making;
 - 1.1.4.1.3. Maintaining healthy social relationships;
 - 1.1.4.1.4. Assistance with at least one basic need such as self-care, money management, bathing, changing clothes, toileting, getting food or preparing meals; or
 - 1.1.4.1.5. Managing challenging behaviors; and
 - 1.1.4.2. Is experiencing housing instability as evidenced by one of the following risk factors:
 - 1.1.4.2.1. Is chronically homeless – an individual is considered chronically homeless if they are living in a place not meant for human habitation or a shelter, have been continuously homeless for at least one (1) year or on at least four (4) separate occasions in the last three (3) years;
 - 1.1.4.2.2. Is at risk of chronic homelessness – an individual is considered at risk of chronic homelessness if they are living in a place not meant for human habitation or a shelter, have been continuously homeless for less than one (1) year and less than four (4) separate occasions in the last three (3) years, lack sufficient resources and support

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

- networks to assist them in obtaining permanent housing; or
- 1.1.4.2.3. Has a history of chronic homelessness – an individual is considered to have a history of chronic homelessness if they are currently housed, previously met the chronically homeless criteria, and is at risk of returning to homelessness without this 1915(i) benefit.
- 1.1.5. The Grantee must own, maintain, and utilize the property as residences for individuals that qualify for a period of not less than eight (8) years from the date the property is placed in service, defined as the day the first individual takes up residence.
- 1.1.6. The Grantee must be solely responsible for any costs associated with the provision of services to the individuals residing at the target properties.
- 1.1.7. The Grantee must be solely responsible for any costs associated with ongoing property maintenance and operations.
- 1.1.8. Basic Services Requirements
- 1.1.8.1. The Grantee must provide or refer individuals to services that include, but are not limited to:
- 1.1.8.1.1. Screening and diagnostic treatment services.
 - 1.1.8.1.2. Habilitation and rehabilitation services.
 - 1.1.8.1.3. Mental Health Services.
 - 1.1.8.1.4. Veteran services as appropriate.
 - 1.1.8.1.5. Alcohol and drug treatment services.
 - 1.1.8.1.6. Childcare.
- 1.1.8.2. The Grantee must provide or refer individuals to Case Management services including, but not limited to:
- 1.1.8.2.1. Assisting clients with obtaining income support services, including but not limited to:
 - 1.1.8.2.1.1. Housing assistance.
 - 1.1.8.2.1.2. Food stamps.
 - 1.1.8.2.1.3. Supplemental Nutrition Assistance Program (SNAP)
 - 1.1.8.2.1.4. Supplemental Security Income/Social Security Disability

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

- Insurance (SSI/SSDI) or other disability and financial benefits
- 1.1.8.2.1.5. Referrals for additional services as may be appropriate, including referrals to Primary Care Services.
- 1.1.8.2.2. Supportive services in residential settings.
- 1.1.8.2.3. Housing stability services including but not limited to:
 - 1.1.8.2.3.1. Continuum of Care programs.
 - 1.1.8.2.3.2. Assistance with housing applications through state or local housing authorities.
 - 1.1.8.2.3.3. Assistance with Security Deposit or first month's rent.
- 1.1.8.3. The Grantee must ensure onsite staff and are trained in and have an understanding of:
 - 1.1.8.3.1. Local housing resources;
 - 1.1.8.3.2. Program expectations;
 - 1.1.8.3.3. Mandated reporter training for both Child Protection and Adult Protective Services;
 - 1.1.8.3.4. Requirements for confidentiality and security safeguards of information including obtaining appropriate individual consent and providing adequate notice of nondisclosure prior to any referral in compliance with state and federal laws and regulations;
 - 1.1.8.3.5. Social Security Outreach, Access and Recovery (SOAR); and
 - 1.1.8.3.6. Trauma informed care, person centered practices, and harm reduction.
- 1.1.8.4. The Grantee must serve individuals who are eligible to receive services through the 1915i Supportive Housing Benefit, who are referred through the Coordinated Entry System.
- 1.1.8.5. The Grantee must serve individuals referred through the Coordinated Entry System. The Grantee must participate in meetings with the Department on a monthly basis, or as otherwise requested by the Department.

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

1.1.9. Reporting Requirements

1.1.9.1. The Grantee must submit a quarterly report for the homelessness housing units after the properties are placed in service, which must include, but is not limited to:

1.1.9.1.1. Number of residents living at property;

1.1.9.1.2. Any change to residents living at property since most recent quarterly report;

1.1.9.1.3. A list of expenses paid to sustain the property, including, but not limited to:

1.1.9.1.3.1. Taxes.

1.1.9.1.3.2. Maintenance and repairs.

1.1.9.1.3.3. Utilities.

1.1.9.1.4. A narrative description of any unusual events or activities at the property, including, but not limited, to law enforcement or medical personnel responding to a call at the property.

1.1.9.2. The Grantee will participate in meetings with the Department on a quarterly basis, or as otherwise requested by the Department.

1.2. Intensive Treatment Services Home Requirements

1.2.1. The Grantee must construct a residential home to be used as housing for three (3) individuals receiving Intensive Treatment Services (ITS home), on property owned by the Grantee located at 38 Plumer Road in Epping, New Hampshire (target property), described as certain tract or parcel of land with the buildings thereon, situated on the west side Plumer Road, as recorded in Book 5786, Page 1666 of the Rockingham County Registry of Deeds.

1.2.2. The Grantee must submit a development plan for Phase II of development at the target property no less than ten (10) business days after the Grant Effective Date. The project plan must include a detailed description of the Grantee's plan for Phase II development at the site, which must include construction of one (1) new residential dwelling to be placed in service as an ITS home for three (3) individuals. The development plan must include, but is not limited to:

1.2.2.1. Architectural drawings of the site and the planned new ITS home.

1.2.2.2. A detailed timeline with a narrative description of the plan for Phase II of development of the target property.

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

- 1.2.2.3. A timeline for construction of the ITS home in conjunction with the Phase II development plan, with a completion date for construction no later than March 1, 2025.
- 1.2.2.4. A detailed plan to provide comprehensive day and residential Intensive Treatment Services therein to individuals with Intellectual or Developmental Disabilities and/or Acquired Brain Disorders and complex presenting clinical needs.
- 1.2.3. The Grantee must submit a weekly report for the property during the time the property is undergoing construction or renovation, which must include, but is not limited to:
 - 1.2.3.1. Purchase or acquisition date of the target property.
 - 1.2.3.2. Start date for renovation of construction
 - 1.2.3.3. Approximate percent for project completion.
 - 1.2.3.4. A narrative description of activity at the target property during that past month, including:
 - 1.2.3.4.1. Materials purchases.
 - 1.2.3.4.2. Permits received.
 - 1.2.3.4.3. Completed construction activities.
- 1.2.4. The Grantee must ensure the target property is placed in service no later than June 1, 2025 as a residence for three (3) individuals with a Developmental Disability or Acquired Brain Disorder who are receiving services under a Home and Community Based 1915c Waiver, and meet who meet one or more of these requirements:
 - 1.2.4.1. Are returning from out-of-state placements;
 - 1.2.4.2. Have Intensive Treatment Service (ITS) needs and are at risk of requiring out of state placement to receive services; or
 - 1.2.4.3. Placement is considered appropriate based on the clinical complexity and person-centered needs of the individual as well as the prospective fit with other individuals, staff, and services of the proposed ITS home.
- 1.2.5. The Grantee must own, maintain, and utilize the property as ITS housing for a period of not less than eight (8) years from the date the property is placed in service.
- 1.2.6. The Grantee must ensure the target property is certified as a community residence pursuant to New Hampshire Administrative Rule He-M 1001.

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

-
- 1.2.7. The Grantee must maintain a current license issued by the Department in accordance with New Hampshire RSA 151 for each home; and
- 1.2.8. The Grantee must maintain licensure and certification as appropriate based on the number of individuals in the home for the required eight (8) year period.
- 1.2.9. The Grantee must be solely responsible for any costs associated with the provision of services to the individuals residing at the target properties.
- 1.2.10. The Grantee must be solely responsible for any costs associated with ongoing property maintenance and operations.
- 1.2.11. Services Provided
- 1.2.11.1. The Grantee must provide services in accordance with all applicable New Hampshire Administrative Rules, including; but not limited to as follows:
- 1.2.11.1.1. Certification Standards for Developmental Services Community Residences in accordance with New Hampshire Administrative Rule HE-M 1001;
- 1.2.11.1.2. Medical monitoring and medication administration in accordance with expectations outlined in New Hampshire Administrative Rule He-M 1201;
- 1.2.11.1.3. Rule He-M 310 (i.e., Right of Persons Receiving Developmental Services or Acquired Brain Disordered Services in the Community);
- 1.2.11.1.4. If the Grantee provides funded Community Participation Services, adherence to the expectations outlined in New Hampshire Administrative Rule He-M 507.
- 1.2.12. Clinical Treatment
- 1.2.12.1. The Grantee must provide clinical treatment to include, as appropriate based on person-centered need of each individual:
- 1.2.12.1.1. Individual and group therapeutic services as indicated by the presenting concerns of the proposed populace directed toward addressing each individual's challenge areas.

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

- 1.2.12.1.2. Evidence-based approaches such as that are adapted to the cognitive and person-centered needs of the individuals.
- 1.2.12.1.3. Modalities specialized to the treatment needs of the intended population as needed, which include but are not limited to:
 - 1.2.12.1.3.1. Sex offending behavior, such as Good Lives Model, and
 - 1.2.12.1.3.2. Intentional fire setting behavior, such as Fire Setting Intervention Program for Mentally Disordered Offenders (FIP-MO).
 - 1.2.12.1.3.3. Ensuring that all clinical services are implemented with an evidence based interpersonal approach.
 - 1.2.12.1.3.4. Monitoring the quality of services, enhancing the quality of services, and preventing treatment failure with the use of Feedback-Informed Treatment.
- 1.2.12.1.4. Development and implementation of person-centered behavior support plans to support the safety and individualized needs of population. All plans shall be reviewed with individuals, teams, and guardians, as applicable, and presented to the Area Agency's Human Rights Committees for approval. All plans must adhere to the expectations outlined in the applicable New Hampshire Administrative Rule(s).
- 1.2.12.1.5. Psychological and other clinical evaluations or linkage to consulting professionals, including alcohol or substance abuse evaluations, as determined necessary by an individual's treating clinicians.

1.2.13. Service Planning

- 1.2.13.1. The Grantee must work closely with the each individual's team, Area Agency, case management agency if applicable, and guardian if applicable, to address the responsibility for:

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

- 1.2.13.1.1. Service provision and planning in accordance with New Hampshire Administrative Rule He-M 503, and discharge planning responsibilities.
- 1.2.13.2. The Grantee must ensure all treatment planning includes:
 - 1.2.13.2.1. Access to safe specifically selected and approved supervised community outings at locations that afford individuals the ability to demonstrate community living skills and risk management replacement behaviors.
 - 1.2.13.2.2. Details of the anticipated time frame and an individualized discharge plan, as the first goal of any treatment planning.
 - 1.2.13.2.3. A collaborative effort between mental health providers, medical services, and each individual's multidisciplinary team.
 - 1.2.13.2.4. Opportunities to pursue community activities such as leisure, vocational, and volunteer efforts to demonstrate readiness and progress toward discharge planning.
 - 1.2.13.2.5. Monthly reports issued by the Grantee's clinicians to the members of each individual's team.
 - 1.2.13.2.6. Assessing all data for each individual, including clinician's notes and daily documentation to determine readiness for decreased supervision, and ultimately discharge.
- 1.2.14. Security and Safety
 - 1.2.14.1. The Grantee must ensure the following components are in place relative to safety and security:
 - 1.2.14.1.1. Upon admission, and until further assessments can be conducted and an individualized behavior plan is developed and implemented, provide all individuals with a minimum of 2:3 ratio staffing in the home and 1:1 ratio staffing in the community, including the property the home is located on. The Grantee must increase staffing should the individual's behavior indicate this is necessary to maintain safety and security.

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

- 1.2.14.1.2. Protocol for minimizing and safely responding to instances of an individual becoming absent without supervision (elopement) in each individual's person-centered behavior support plans for, as applicable.
- 1.2.14.1.3. A community trip planning procedure to ensure that, with minimal exceptions, typical outings are pre-planned and approved by appropriate staff. As a general practice, staff and the individual must review all aspects of the outing together prior to leaving, including the purpose and expectations for safety, as well as ramifications/contingencies that will be necessary in the event of unsafe behavior in the community.
- 1.2.14.1.4. Upon admission, and until further assessments can be conducted and an individual behavior plan refined and revised over time, ensure environmental restrictions based on the intended population indicated (with some variation) in each behavior plan. Common restrictions include, but are not limited to:
 - 1.2.14.1.4.1. Locked sharps, chemicals, and ignition materials.
 - 1.2.14.1.4.2. Restricted media access and limitations on media content to be accessed based on the person-centered needs of the intended populace served.
 - 1.2.14.1.4.3. Prohibition of alcohol and other controlled substances.
 - 1.2.14.1.4.4. Approved phone contact list and procedures governing safe use and potentially supervised use of the phone.
 - 1.2.14.1.4.5. Limitations on the location of community access, including, but not limited to, no access to locations where children frequent

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

- that are not incidental in nature, no contact with individuals under 18, and no contact with victims, for behavior plans that support individuals with a history of problematic sexual behavior.
 - 1.2.14.1.4.6. Random room searches, conducted on no less than a weekly basis.
 - 1.2.14.1.4.7. Door alarms, chimes, window alarms, and/or door locks.
 - 1.2.14.1.4.8. Delayed egress system, typically utilized in homes supporting individuals with a history of unsafe elopement.
 - 1.2.14.2. Upon completion of assessments and revision of the individualized behavior plan approved by each individual and/or his or her guardian and the local human rights committee, implement only those environmental restrictions included in the plan;
 - 1.2.14.3. All staff have access to emergency on call support, available twenty-four hours a day, seven days per week and a means of contacting management and additional support for consultation and assistance in the event of need for crisis prevention or intervention; and
 - 1.2.14.4. An Unsafe and Inappropriate Materials Policy and Procedure that provide guidelines with which all visitors and staff are to comply to ensure safety of individuals, staff, and visitors.
 - 1.2.15. Staffing
 - 1.2.15.1. The Grantee must provide the necessary staff in accordance with best practices for ITS homes that includes at a minimum:
 - 1.2.15.1.1. An administrator or director responsible for the overall operation of the ITS home;
 - 1.2.15.1.2. A clinical director or senior clinician responsible for all services provided to individuals admitted to the ITS home;

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

- 1.2.15.1.3. A program manager to serve as the liaison between the Grantee and external team for each individual served; and
- 1.2.15.1.4. Clinicians as are necessary to meet the treatment needs of the individuals served including a designated clinician with responsibility for each location to facilitate weekly individual and group therapy and provide a fully integrated milieu approach to meet the needs of individuals as well as staff.
- 1.2.15.2. The Grantee must ensure all incoming staff participate in an orientation and training process, including job shadowing as appropriate, and ensure no staff work directly with any individuals until this training is complete.
- 1.2.15.3. The Grantee must ensure all staff participate in professional development trainings. Examples of appropriate initial and ongoing trainings include, but are not limited to the following:
 - 1.2.15.3.1. General behavior plan to be followed upon each admission;
 - 1.2.15.3.2. Service agreement, behavior plan, risk management plan;
 - 1.2.15.3.3. Any other specific plans for each individual;
 - 1.2.15.3.4. Crisis Intervention System;
 - 1.2.15.3.5. Virtual Direct Support Professional Training using the Relias software application;
 - 1.2.15.3.6. Fire safety;
 - 1.2.15.3.7. Human rights and mandated reporting;
 - 1.2.15.3.8. Cardio Pulmonary Resuscitation (CPR)/First aid;
 - 1.2.15.3.9. Trainings specific to clinical approach/treatment modalities
 - 1.2.15.3.10. Positive Behavior Supports.
 - 1.2.15.3.11. Administrative Rule He-M 1201 relative to medication administration;
 - 1.2.15.3.12. Any other pertinent New Hampshire Administrative Rule based on services

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

1.2.15.3.13. Health Insurance Portability and Accountability Act (HIPPA); and

1.2.15.3.14. Contractor policies and procedures:

1.2.16. Policies and Procedures

1.2.16.1. The Grantee must:

1.2.16.1.1. Have written policies and procedures in accordance with New Hampshire Administrative Rules that include at a minimum:

1.2.16.1.1.1. Supervision levels and the monitoring of individuals, including the use of electronic or other security devices as applicable;

1.2.16.1.1.2. Accessing police and fire department and emergency medical technician (EMT) services; and

1.2.16.1.1.3. Investigation, review, and remediation of accidents, injuries, and safety hazards.

1.2.16.1.2. Have written policies that describe how discharge planning and transitioning individuals to less restrictive settings in the community will be achieved.

1.2.16.1.3. Have an emergency evacuation plan that ensures the rapid evacuation of the facility in the event of fire or other life threatening emergencies.

1.2.16.1.4. Have a policy for housing non-ambulatory individuals in wheelchair-accessible areas only, consistent with the Americans with Disabilities Act.

1.2.16.1.5. Have policies and procedures governing seclusion and restraint that shall be consistent with He-M 310.

1.2.17. Reporting

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

- 1.2.17.1. The Grantee must submit a quarterly report for each target property after the property is placed in service to provide services, which must include, but is not limited to:
 - 1.2.17.1.1. Number of residents living at property;
 - 1.2.17.1.2. Any change to residents living at property since most recent quarterly report;
 - 1.2.17.1.3. A list of expenses paid to sustain the property, including, but not limited to:
 - 1.2.17.1.3.1. Taxes.
 - 1.2.17.1.3.2. Maintenance and repairs.
 - 1.2.17.1.3.3. Utilities.
 - 1.2.17.1.4. A narrative description of any unusual events or activities pertaining to the property, including, but not limited to law enforcement or medical personnel responding to a call at the property.
 - 1.2.17.1.5. A description of each event resulting in an Incident Report, including a copy of the Incident Report.
 - 1.2.17.1.6. A description of any accidents of injuries occurring at the property;
 - 1.2.17.1.7. Individual progress notes for each individual residing at the property.
- 1.2.17.2. The Grantee will participate in meetings with the Department on a quarterly basis, or as otherwise requested by the Department.

2. Exhibits Incorporated

- 2.1. The Grantee must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit F, Business Associate Agreement, which has been executed by the parties.
- 2.2. The Grantee must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.
- 2.3. The Grantee must comply with all Exhibits D through F, which are attached hereto and incorporated by reference herein.

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

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

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

3.2.1. The Grantee must submit, within ten (10) business days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

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

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

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Grantee must not reproduce any materials produced under the Agreement without prior written approval from the Department.

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

3.4. Operation of Facilities: Compliance with Laws and Regulations

3.4.1. In the operation of any facilities for providing services, the Grantee must 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 must impose an order or duty upon the Grantee with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Grantee 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 Grantee hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

4. Records

4.1. The Grantee must keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Grantee in the performance of the Contract, and all income received or collected by the Grantee.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must 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.

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

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT B

records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts.

- 4.3. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Grantee as costs hereunder, the Department retains the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Grantee.

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
 - 1.1. 100% Federal funds, Section 9817 of the American Rescue Plan Act of 2021, by the Centers for Medicare and Medicaid Services, ALN #93.778.
2. For the purposes of this Agreement the Department has identified:
 - 2.1. The Grantee as a Subrecipient, in accordance with 2 CFR 200.331.
 - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. 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 items, as specified in Exhibit C-1, SFY 2024 Homelessness Housing Budget and Exhibit C-2, SFY 2025 ITS Housing Budget.
4. The Department may recoup payments made under this Agreement, in whole or in part, in the event of an Event of Default that is not timely cured in accordance with Paragraph 11 of the General Provisions.
5. The Grantee shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Grantee shall ensure each invoice:
 - 5.1. Includes the Grantee's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
 - 5.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
 - 5.3. Identifies and requests payment for allowable costs incurred in the previous month.
 - 5.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
 - 5.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
 - 5.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to dhhs.bdsinvoices@dhhs.nh.gov or mailed to:

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

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT C

6. The Department shall make payment to the Grantee within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
7. The Grantee shall not incur actual expenditures in the fulfillment of this Agreement after March 31, 2025. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the properties are placed in service, defined as the day the first individual takes up residence at the property, or no later than forty (40) days after March 31, 2025, whichever is earlier.
8. Notwithstanding Paragraph 20 of the Form G-1, General Provisions; changes limited to adjusting amounts within the Grant Limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
9. Audits
 - 9.1. The Grantee must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:
 - 9.1.1. Condition A - The Grantee expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 9.1.2. Condition B - The Grantee is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 9.1.3. Condition C - The Grantee is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 9.2. If Condition A exists, the Grantee shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Grantee's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 9.2.1. The Grantee shall submit a copy of any Single Audit findings and any associated corrective action plans. The Grantee shall submit quarterly progress reports on the status of implementation of the corrective action plan.
 - 9.3. If Condition B or Condition C exists, the Grantee shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Grantee's fiscal year.

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT C

- 9.4. Any Grantee that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Grantee is high-risk.
- 9.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Grantee that the Grantee 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. Property Standards
- 10.1. Real property.
- 10.1.1. Except as otherwise provided by State statutes or by the Department, the Grantee must use the real property for the purpose originally authorized by the State as long as needed for that purpose, during which time the Grantee must:
- 10.1.1.1. Not dispose of or encumber its title or other interests without prior State approval.
- 10.1.1.2. Submit an annual report to the State as required in Exhibit B, Scope of Services, Subsection 1.11. Reporting, to confirm the real property continues to be used for the originally authorized purpose. When real property is no longer needed for the originally authorized purpose, the Grantee must obtain disposition instructions from the State. The instructions must provide for one of the following alternatives:
- 10.1.1.2.1. Retain title after compensating the State. The amount paid to the State will be computed by applying the State's percentage of participation in the cost of the original purchase (and costs of any improvements) to the fair market value of the property; However, in those situations where the Grantee is disposing of real property acquired or improved with State funds and acquiring replacement real property prior to expiration of this Agreement and any amendment thereof, the net proceeds

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT C

from the disposition may be used as an offset to the cost of the replacement property;

10.1.1.2.2. Sell the property and compensate the State. The amount due to the State will be calculated by applying the State's percentage of participation in the cost of the original purchase (and cost of any improvements) to the proceeds of the sale after deduction of any actual and reasonable selling and fixing-up expenses. If the State appropriation funding this Agreement or any amendment thereof has not been closed out, the net proceeds from sale may be offset against the original cost of the property. When the Grantee is directed to sell property, sales procedures must be followed that provide for competition to the extent practicable and result in the highest possible return; or

10.1.1.2.3. Transfer title to a third party designated/approved by the State. The Grantee is entitled to be paid an amount calculated by applying the State's percentage of participation in the purchase of the real property (and cost of any improvements) to the current fair market value of the property.

10.2. Equipment.

10.2.1. Equipment means tangible personal property (including information technology systems) purchased in whole or in part with State funds and that has a useful life of more than one (1) year and a per-unit acquisition cost which equals or exceeds \$5,000.

10.2.2. Subject to the obligations and conditions set forth in this section, title to equipment acquired with State funds will vest upon acquisition in the Grantee subject to the following conditions. The Grantee must:

10.2.2.1. Use the equipment for the authorized purposes of the project during the period of performance, or until the

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT C

property is no longer needed for the purposes of the project.

- 10.2.2.2. Not encumber the property without approval of the State.
- 10.2.2.3. Use and dispose of the property in accordance with Paragraph 9.3., Paragraph 9.3.1. and Paragraph 9.3.5.

10.2.3. Use.

10.2.3.1. Equipment must be used by the Grantee in the program or project for which it was acquired as long as needed, whether or not the project or program continues to be supported by State funds, and the Grantee must not encumber the property without prior approval of the State. When no longer needed for the original program or project, the equipment may be used in other activities funded by the State.

10.2.3.2. During the time that equipment is used on the project or program for which it was acquired, the Grantee must also make equipment available for use on other projects or programs currently or previously supported by the State, provided that such use will not interfere with the work on the projects or program for which it was originally acquired. First preference for other use must be given to other programs or projects supported by the State that financed the equipment. Use for non-State-funded programs or projects is also permissible with approval from the State.

10.2.3.3. When acquiring replacement equipment, the Grantee may use the equipment to be replaced as a trade-in or sell the property and use the proceeds to offset the cost of the replacement property.

10.2.4. Management requirements. Procedures for managing equipment (including replacement equipment), whether acquired in whole or in part with State funding, until disposition takes place will, as a minimum, meet the following requirements:

10.2.4.1. Property records must be maintained that include a description of the property, a serial number or other identification number, the source of funding for the property, who holds title, the acquisition date, and

DD

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT C

cost of the property, percentage of State participation in the project costs for the Agreement under which the property was acquired, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property.

- 10.2.4.2. A physical inventory of the property must be taken and the results reconciled with the property records at least once every two (2) years.
- 10.2.4.3. A control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft must be investigated.
- 10.2.4.4. Adequate maintenance procedures must be developed to keep the property in good condition.
- 10.2.4.5. If the Grantee is authorized or required to sell the property, proper sales procedures must be established to ensure the highest possible return.
- 10.2.5. Disposition. When original or replacement equipment acquired with State funds is no longer needed for the original project or program or for other activities currently or previously supported by the State, except as otherwise provided by State statutes or in this Agreement, the Grantee must request disposition instructions from the State. Disposition of the equipment will be made as follows:
 - 10.2.5.1. Items of equipment with a current per unit fair market value of \$5,000 or less may be retained, sold or otherwise disposed of with no further obligation to the State.
 - 10.2.5.2. Items of equipment with a current per-unit fair-market value in excess of \$5,000 may be retained by the Grantee or sold. The State is entitled to an amount calculated by multiplying the current market value or proceeds from sale by the State's percentage of participation in the cost of the original purchase. If the equipment is sold, the State may permit the Grantee to deduct and retain from the State's share \$500 or ten (10) percent of the proceeds, whichever is less, for its selling and handling expenses.
 - 10.2.5.3. The Grantee may transfer title to the property to an eligible third party provided that, in such cases, the

DD

**New Hampshire Department of Health and Human Services
Intensive Treatment Services Housing and Homelessness Initiative**

EXHIBIT C

Grantee must be entitled to compensation for its attributable percentage of the current fair market value of the property.

10.2.5.4. In cases where the Grantee fails to take appropriate disposition actions, the State may direct the Grantee to take disposition actions.

11. Property Relationship and Liens

11.1. Real property, equipment, and intangible property, that are acquired or improved with State funds must be maintained and preserved in good order by the Grantee for the beneficiaries of the project or program under which the property was acquired or improved. The State may require the Grantee to record liens or other appropriate notices of record to indicate that personal or real property has been acquired or improved with State funds and that use and disposition conditions apply to the property.

| New Hampshire Department of Health and Human Services | | |
|---|----------------------------------|---|
| Contractor Name: <i>Farmsteads of New England, Inc</i> | | |
| Budget Request for: <i>Redberry Farm Apartments - Homelessness Housing Construction</i> | | |
| Budget Period: <i>SFY 2024</i> | | |
| Indirect Cost Rate (if applicable) <i>0.00%</i> | | |
| Line Item | Program Cost - Funded by DHHS | Budget Narrative <i>Explain specific line item costs included and their direct relationship to meeting the objectives of this solicitation.</i> |
| 1. General Conditions | \$0 | |
| 2. Site Work | \$50,000 | Site Work, Landscaping, Well expenses |
| 3. Construction | \$950,000 | Material and labor, including Concrete, Wood & Plastics, Thermal Moisture, Doors & Windows, Finishes, Specialties, Casework, Mechanical Systems, Fire Suppression, Electrical |
| 4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200. | \$0 | |
| 5.(a) Supplies - Educational | \$0 | |
| 5.(b) Supplies - Lab | \$0 | |
| 5.(c) Supplies - Pharmacy | \$0 | |
| 6. (a) Other - Marketing/ Communications | \$0 | |
| 7. (b) Other - Education and Training | \$0 | |
| 8. (c) Other - Other (specify below) | | |
| <i>Other (please specify)</i> | \$0 | |
| 9. Subrecipient Contracts | \$0 | |
| Total Direct Costs | \$1,000,000 | |
| Total Indirect Costs | \$0 | |
| TOTAL | \$1,000,000 | |

| New Hampshire Department of Health and Human Services | | |
|--|-------------------------------|---|
| Contractor Name: <i>Farmsteads of New England, Inc</i> | | |
| Budget Request for: <i>Redberry Farm Apartments - ITS Home Construction</i> | | |
| Budget Period: <i>SFY 2025</i> | | |
| Indirect Cost Rate (if applicable): <i>0.00%</i> | | |
| Line Item | Program Cost - Funded by DHHS | Budget Narrative <i>Explain specific line item costs included and their direct relationship to meeting the objectives of this solicitation.</i> |
| 1. General Conditions | \$0 | |
| 2. Site Work | \$50,000 | Site Work, Landscaping, Well expenses |
| 3. Construction | \$250,000 | Material and labor, including Concrete, Wood & Plastics, Thermal Moisture, Doors & Windows, Finishes, Specialties, Casework, Mechanical Systems, Fire Suppression, Electrical |
| 4. Equipment <i>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</i> | \$0 | |
| 5.(a) Supplies - Educational | \$0 | |
| 5.(b) Supplies - Lab | \$0 | |
| 5.(c) Supplies - Pharmacy | \$0 | |
| 5.(d) Supplies - Medical | \$0 | |
| 5.(e) Supplies Office | \$0 | |
| 6. (a) Other - Marketing/ Communications | \$0 | |
| 6. (b) Other - Education and Training | \$0 | |
| 6. (c) Other - Other (specify below) | | |
| <i>Other (please specify)</i> | \$0 | |
| 7. Subrecipient Contracts | \$0 | |
| Total Direct Costs | \$300,000 | |
| Total Indirect Costs | \$0 | |
| TOTAL | \$300,000 | |

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

SECTION A: 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 CONTRACTORS 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 contractors (and by inference, sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, 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 Agreement 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 Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, 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 Contractor 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 Contractor'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 Contractor'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 Agreement 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 Agreement, 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 contract officer on whose contract activity the convicted employee was working, unless the Federal

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

-
- agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;
- 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 Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

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.

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

SECTION B: 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, loan, or cooperative agreement (and by specific mention 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, loan, or cooperative agreement (and by specific mention sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see <https://omb.report/icr/201009-0348-022/doc/20388401>
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, 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.

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

SECTION C: 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 Agreement, 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 Agreement 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 <https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context>.
6. The prospective primary participant agrees by submitting this Agreement 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) at <https://www.ecfr.gov/current/title-22/chapter-V/part-513>.

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

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 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 (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
 - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to 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 (Agreement), 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 (Agreement).
14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) 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.

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

SECTION D: CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS, WHISTLEBLOWER PROTECTIONS, CLEAN AIR AND CLEAN WATER ACT

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 to comply, with any applicable federal nondiscrimination requirements, which may include:

1. 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;
2. 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;
3. 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);
4. 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;
5. 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;
6. 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;
7. 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;
8. 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;
9. 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

v1 6/23

Exhibit D
Federal Requirements

Contractor's Initials DD
Date 9/13/2023

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

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.

10. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.
11. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.

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

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

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

1. By signing and submitting this Agreement, the Contractor agrees to comply with the provisions indicated above.

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

SECTION E: 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 Agreement, 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.

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

SECTION F: 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 \$30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$30,000 or more. If the initial award is below \$30,000 but subsequent grant modifications result in a total award equal to or over \$30,000, 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 sub award 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 Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

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

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

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

FORM A

As the Grantee 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 UEI (SAM.gov) number for your entity is: QRFJ5FPNTFL7
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

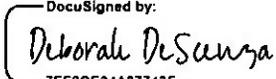
If the answer to #3 above is NO, please answer the following:

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

| | |
|-------------|---------------|
| Name: _____ | Amount: _____ |

Contractor Name:

9/13/2023
Date: _____

DocuSigned by:

 7EF2CE34A87743F...
 Name: Deborah DeScenza
 Title: Executive Director

DS

 Contractor's Initials
 Date 9/13/2023

New Hampshire Department of Health and Human Services

Exhibit E

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

Contractor Initials

DS
DD

New Hampshire Department of Health and Human Services

Exhibit E

DHHS Information Security Requirements

or misplacement of hardcopy documents, and misrouting of physical or electronic 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.

Contractor Initials

DS
DD

New Hampshire Department of Health and Human Services

Exhibit E

DHHS Information Security Requirements

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

Contractor Initials

DS
DD

New Hampshire Department of Health and Human Services

Exhibit E

DHHS Information Security Requirements

8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

Contractor Initials

DS
DD

New Hampshire Department of Health and Human Services

Exhibit E

DHHS Information Security Requirements

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.).

Contractor Initials

DS
DD

New Hampshire Department of Health and Human Services

Exhibit E

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

Contractor Initials

^{DS}
DD

New Hampshire Department of Health and Human Services

Exhibit E

DHHS Information Security Requirements

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

Contractor Initials

DS
DD

New Hampshire Department of Health and Human Services

Exhibit E

DHHS Information Security Requirements

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

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

V. LOSS REPORTING

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

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;

Contractor Initials

DS
DD

New Hampshire Department of Health and Human Services

Exhibit E

DHHS Information Security Requirements

4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

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

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov B.

DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

New Hampshire Department of Health and Human Services

Exhibit F

BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement (Form P-37) ("Agreement"), and any of its agents who receive use or have access to protected health information (PHI), as defined herein, shall be referred to as the "Business Associate." The State of New Hampshire, Department of Health and Human Services, "Department" shall be referred to as the "Covered Entity." The Contractor and the Department are collectively referred to as "the parties."

The parties agree, to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191, the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162, and 164 (HIPAA), provisions of the HITECH Act, Title XIII, Subtitle D, Parts 1&2 of the American Recovery and Reinvestment Act of 2009, 42 USC 17934, et sec., applicable to business associates, and as applicable, to be bound by the provisions of the Confidentiality of Substance Use Disorder Patient Records, 42 USC s. 290 dd-2, 42 CFR Part 2, (Part 2), as any of these laws and regulations may be amended from time to time.

(1) Definitions.

- a. The following terms shall have the same meaning as defined in HIPAA, the HITECH Act, and Part 2, as they may be amended from time to time:
 - "Breach," "Designated Record Set," "Data Aggregation," "Designated Record Set," "Health Care Operations," "HITECH Act," "Individual," "Privacy Rule," "Required by law," "Security Rule," and "Secretary."
- b. Business Associate Agreement, (BAA) means the Business Associate Agreement that includes privacy and confidentiality requirements of the Business Associate working with PHI and as applicable, Part 2 record(s) on behalf of the Covered Entity under the Agreement.
- c. "Constructively Identifiable," means there is a reasonable basis to believe that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information.
- d. "Protected Health Information" ("PHI") as used in the Agreement and the BAA, means protected health information defined in HIPAA 45 CFR 160.103, limited to the information created, received, or used by Business Associate from or on behalf of Covered Entity, and includes any Part 2 records, if applicable, as defined below.
- e. "Part 2 record" means any patient "Record," relating to a "Patient," and "Patient Identifying Information," as defined in 42 CFR Part 2.11.
- f. "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.

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

- a. Business Associate shall not use, disclose, maintain, store, or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under the Agreement. Further, Business Associate, including but not limited to all its directors,

Exhibit F

Contractor Initials 

New Hampshire Department of Health and Human Services

Exhibit F

officers, employees, and agents, shall protect any PHI as required by HIPAA and 42 CFR Part 2, and not use, disclose, maintain, store, or transmit PHI in any manner that would constitute a violation of HIPAA or 42 CFR Part 2.

- b. Business Associate may use or disclose PHI, as applicable:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, according to the terms set forth in paragraph c. and d. below;
 - III. According to the HIPAA minimum necessary standard;
 - IV. For data aggregation purposes for the health care operations of the Covered Entity; and
 - V. Data that is de-identified or aggregated and remains constructively identifiable may not be used for any purpose outside the performance of the Agreement.
- c. To the extent Business Associate is permitted under the BAA or the Agreement to disclose PHI to any third party or subcontractor prior to making any disclosure, the Business Associate must obtain, a business associate agreement with the third party or subcontractor, that complies with HIPAA and ensures that all requirements and restrictions placed on the Business Associate as part of this BAA with the Covered Entity, are included in those business associate agreements with the third party or subcontractor.
- d. The Business Associate shall not, disclose any PHI in response to a request or demand for disclosure, such as by a subpoena or court order, on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity can determine how to best protect the PHI. If Covered Entity objects to the disclosure, the Business Associate agrees to refrain from disclosing the PHI and shall cooperate with the Covered Entity in any effort the Covered Entity undertakes to contest the request for disclosure, subpoena, or other legal process. If applicable relating to Part 2 records, the Business Associate shall resist any efforts to access part 2 records in any judicial proceeding.

(3) Obligations and Activities of Business Associate.

- a. Business Associate shall implement appropriate safeguards to prevent unauthorized use or disclosure of all PHI in accordance with HIPAA Privacy Rule and Security Rule with regard to electronic PHI, and Part 2, as applicable.
- b. The Business Associate shall immediately notify the Covered Entity's Privacy Officer at the following email address, DHHSPrivacyOfficer@dhhs.nh.gov after the Business Associate has determined that any use or disclosure not provided for by its contract, including any known or suspected privacy or security incident or breach has occurred potentially exposing or compromising the PHI. This includes inadvertent or accidental uses or disclosures or breaches of unsecured protected health information.
- c. In the event of a breach, the Business Associate shall comply with the terms of this Business Associate Agreement, all applicable state and federal laws and regulations and any additional requirements of the Agreement.
- d. The Business Associate shall perform a risk assessment, based on the information available at the time it becomes aware of any known or suspected privacy or security breach as described above and communicate the risk assessment to the Covered Entity. The risk assessment shall include, but not be limited to:

- I. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;

Exhibit F

Contractor Initials DD

New Hampshire Department of Health and Human Services

Exhibit F

- II. The unauthorized person who accessed, used, disclosed, or received the protected health information;
 - III. Whether the protected health information was actually acquired or viewed; and
 - IV. How the risk of loss of confidentiality to the protected health information has been mitigated.
- e. The Business Associate shall complete a risk assessment report at the conclusion of its incident or breach investigation and provide the findings in a written report to the Covered Entity as soon as practicable after the conclusion of the Business Associate's investigation.
 - f. 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 US Secretary of Health and Human Services for purposes of determining the Business Associate's and the Covered Entity's compliance with HIPAA and the Privacy and Security Rule, and Part 2, if applicable.
 - g. Business Associate shall require all of its business associates that receive, use or have access to PHI under the BAA to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein and an agreement that the Covered Entity shall be considered a direct third party beneficiary of all the Business Associate's business associate agreements.
 - h. Within ten (10) 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 BAA and the Agreement.
 - i. 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.
 - j. 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.
 - k. Business Associate shall document any disclosures of PHI and information related to any 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.
 - l. 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.
 - m. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within five (5)

Exhibit F

Contractor Initials 

New Hampshire Department of Health and Human Services

Exhibit F

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.

- n. Within thirty (30) 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-ups of such PHI in any form or platform.
 - l. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, or if retention is governed by state or federal law, 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 as long as the Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

Covered Entity shall post a current version of the Notice of the Privacy Practices on the Covered Entity's website: <https://www.dhhs.nh.gov/oos/hipaa/publications.htm> in accordance with 45 CFR Section 164.520.

- a. 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 BAA, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- b. 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.

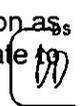
(5) Termination of Agreement for Cause

In addition to the General Provisions (P-37) of the Agreement, the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a material breach by Business Associate of the Business Associate Agreement. 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.

(6) Miscellaneous

- a. Definitions, Laws, and Regulatory References. All laws and regulations used, herein, shall refer to those laws and regulations as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in HIPAA or 42 Part 2, means the Section as in effect or as amended.
- b. Change in law. Covered Entity and Business Associate agree to take such action as is necessary from time to time for the Covered Entity and/or Business Associate to

Exhibit F

Contractor Initials 

New Hampshire Department of Health and Human Services

Exhibit F

comply with the changes in the requirements of HIPAA, 42 CFR Part 2 other 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 BAA and the Agreement shall be resolved to permit Covered Entity and the Business Associate to comply with HIPAA and 42 CFR Part 2.
- e. Segregation. If any term or condition of this BAA 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 BAA are declared severable.
- f. Survival. Provisions in this BAA regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the BAA in section (3) n.l., the defense and indemnification provisions of section (3) g. and Paragraph 13 of the General Provisions (P-37) of the Agreement, shall survive the termination of the BAA

IN WITNESS WHEREOF, the parties hereto have duly executed this Business Associate Agreement.

Department of Health and Human Services

The State

DocuSigned by:
Melissa Hardy
1323A24040DF495...

Signature of Authorized Representative

Melissa Hardy

Name of Authorized Representative

Director, DLTS

Title of Authorized Representative

9/19/2023

Date

Deborah DeScenza

Name of the Contractor

DocuSigned by:
Deborah DeScenza
7FE2CE34A87743F

Signature of Authorized Representative

Deborah DeScenza

Name of Authorized Representative

Executive Director

Title of Authorized Representative

9/13/2023

Date

Exhibit F

Contractor Initials 

9/13/2023
Date

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 FARMSTEADS OF NEW ENGLAND, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 31, 2000. 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: 342480

Certificate Number: 0006281370



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 18th day of July A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Matthew Cordaro, 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 Farmsteads of New England, Inc.
(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 September 13, 2023, at which a quorum of the Directors/shareholders were present and voting.
(Date)

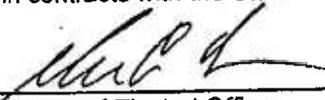
VOTED: That Deborah DeScenza, Executive Director (may list more than one person)
(Name and Title of Contract Signatory)

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

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

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

Dated: 9.18.23


Signature of Elected Officer
Name: Matthew Cordaro
Title: Board Clerk



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
09/08/2023

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.

| PRODUCER Cross Insurance-Laconia 155 Court Street Laconia NH 03246 | CONTACT NAME: Annette Kowalczyk PHONE (A.C. No. Exl): (603) 524-2425 FAX (A.C. No.): (603) 524-3666 E-MAIL ADDRESS: annette.kowalczyk@crossagency.com PRODUCER CUSTOMER ID: 00517104 | | | | | | | | | | | | | | |
|--|---|-------------------------------|--------|---------------------------------------|--|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| INSURED Farmsteads of New England Inc, Martini Northern, LLC, Any and All Subcontractors & Sub-Subcontractors 213 Center Road Hillsborough NH 03244 | <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 : Selective Insurance Group</td> <td></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 : Selective Insurance Group | | INSURER B : | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : Selective Insurance Group | | | | | | | | | | | | | | | |
| INSURER B : | | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** Builders Risk Redberry Fa **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 38 Plumer Road, Epping, NH, 03042 - Construction of two Frame Buildings each consisting of 4 Accessible apartments, Including Earthquake and Flood coverage

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 | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS |
|----------|---|---|------------------------------------|-------------------------------------|---|--|
| | <input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BUILDING <input type="checkbox"/> BROAD <input type="checkbox"/> CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD | | | | <input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP | \$ |
| A | <input checked="" type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> Completed Value | TYPE OF POLICY Installation/Builder Risk POLICY NUMBER PENDING | 09/18/2023 | 09/18/2024 | <input checked="" type="checkbox"/> Builders Risk - #1 <input checked="" type="checkbox"/> Builders Risk - #2 <input checked="" type="checkbox"/> Temp Storage <input checked="" type="checkbox"/> Transit | \$ 1,700,000 \$ 1,700,000 \$ 170,000 \$ 170,000 |
| | <input type="checkbox"/> CRIME TYPE OF POLICY | | | | | \$ |
| A | <input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN | Pending | 09/18/2023 | 09/18/2024 | <input checked="" type="checkbox"/> Equipment Testing | \$ to above Limits |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Deductible per loss is \$5,000 except \$25,000 for Flood & Earthquake

| | |
|--|--|
| CERTIFICATE HOLDER State of NH Department of Health & Human Services 129 Pleasant Street Concord NH 03301-3857 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|--|