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**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  
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February 12, 2024

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 contract with Anne Tumlinson Innovations, LLC. (VC#478101), Washington, DC, in the amount of \$916,210, to conduct feasibility studies to determine if New Hampshire has the capacity to develop a program that defers and delays institutional care for individuals dually-eligible for Medicare and Medicaid benefits, with the option to renew for up to two (2) additional years, effective upon Governor and Council approval through March 31, 2025. 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	93009020	\$529,111
2025	102-500731	Contracts for Program Svc	93009020	\$387,099
			<b>Subtotal</b>	<b>\$916,210</b>

**EXPLANATION**

The purpose of this request is to provide the Department with information, necessary to determine if a program which defers and delays institutional care for individuals who are dually eligible for Medicare and Medicaid benefits is feasible in New Hampshire. The Contractor will conduct this study for the Program of All-Inclusive Care for the Elderly (PACE) and Dual Eligible Special Needs (D-SNP), and ensure a review and assessment of a continuum of care which takes into account access to home and community-based services, hospitals, nursing facilities and other needs of the individuals that could be served by such a program. If either or both programs are deemed feasible, the Contractor will provide operational plans to the Department.

The population to be served includes individuals who are dually eligible for Medicare and Medicaid, to improve and maintain the individual's health and safety in the community.

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
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The Department will monitor services by:

- Reviewing monthly reports, including written updates on data access, collection, analysis, and the status of other activities completed during each month of the contract, and any difficulties encountered.
- Participating in meetings with the Contractor on a quarterly basis, or as otherwise requested by the Department.
- Conducting reviews of files on a semi-annual basis, or as otherwise requested by the Department.

The Department selected the Contractor through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from July 24, 2023 through August 25, 2023. The Department received three (3) responses that were reviewed and scored by a team of qualified individuals. This is not a low cost award. As shown in the attached Scoring Sheet, the selected Contractor received a higher score based on combined technical and cost criteria.

As referenced in Exhibit A of the attached agreement, the parties have the option to extend the agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

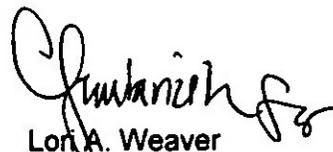
Should the Governor and Council not authorize this request, a determination of feasibility for the PACE and D-SNP programs for New Hampshire, for Medicare and Medicaid dually eligible individuals will not be conducted, which would impede the Department's effort to determine if these are feasible options for New Hampshire.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number #93.778.

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

Respectfully submitted,



Lon 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 #** RFP-2023-DLTSS-07-FEASI  
**Project Title** Feasibility Study to Develop Programming that Defers and Delays Institutional Care for Dual Eligible Individuals

	Maximum Points Available	PUBLIC KNOWLEDGE	Anne Tumlinson, Innovations, LLC	HEALTH DIMENSIONS
<b>Technical</b>				
Q1 - Detailed Feasibility Study/ Work Plan	400	250	365	235
Q2 - Experience and Capacity	200	75	185	140
Q3 - Data Utilization and Engagement	100	50	100	50
<b>Subtotal - Technical</b>	<b>700</b>	<b>375</b>	<b>650</b>	<b>425</b>
If a Vendor fails to achieve 400 minimum points in the preliminary scoring, it will receive no further consideration from the evaluation team and the Vendor's Cost Proposal will remain unopened.				
<b>Cost</b>				
Vendor Cost	150	X	14	150
Vendor Budget Evaluation	150	X	125	135
<b>Subtotal - Cost</b>	<b>300</b>	<b>X</b>	<b>139</b>	<b>285</b>
<b>TOTAL POINTS</b>	<b>1000</b>	<b>375</b>	<b>789</b>	<b>710</b>
<b>TOTAL PROPOSED VENDOR COST</b>		<b>N/A</b>	<b>\$916,226</b>	<b>\$84,894</b>

Reviewer Name	Title
1 Olivia May	Director
2 Wendi Aultman	Bureau Chief
3 Kyra Leonard	Financial Manager
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Subject: RFP-2023-DLTSS-07-FEASI-01 Feasibility Study for PACE/D-SNP

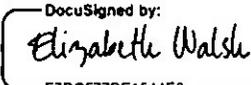
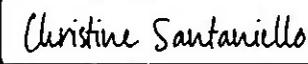
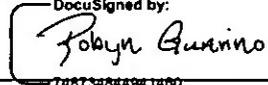
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Anne Tumlinson Innovations, LLC		1.4 Contractor Address 1 Thomas Circle NW, Suite 700 Washington, DC 20005	
1.5 Contractor Phone Number 202-505-9350	1.6 Account Unit and Class 05-95-093-930010-26060000	1.7 Completion Date March 31, 2025	1.8 Price Limitation \$916,210
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by:  Date: 2/27/2024		1.12 Name and Title of Contractor Signatory Elizabeth Walsh Chief Corp Development	
1.13 State Agency Signature DocuSigned by:  Date: 2/27/2024		1.14 Name and Title of State Agency Signatory Christine Santaniello Associate Commissioner	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)  By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable)  By:  On: 2/27/2024			
1.17 Approval by the Governor and Executive Council (if applicable)  G&C Item number: _____ G&C Meeting Date: _____			

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

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

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

3.3 Contractor must complete all Services by the Completion Date specified in block 1.7.

**4. CONDITIONAL NATURE OF AGREEMENT.**

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

**5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.**

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

5.2 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8. The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance

hereof, and shall be the only and the complete compensation to the Contractor for the Services.

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

5.4 The State's liability under this Agreement shall be limited to monetary damages not to exceed the total fees paid. The Contractor agrees that it has an adequate remedy at law for any breach of this Agreement by the State and hereby waives any right to specific performance or other equitable remedies against the State.

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws and the Governor's order on Respect and Civility in the Workplace, Executive order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

6.3 No payments or transfers of value by Contractor or its representatives in connection with this Agreement have or shall be made which have the purpose or effect of public or commercial bribery, or acceptance of or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business.

6.4. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with this Agreement and all rules, regulations and orders pertaining to the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**

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

7.2 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

**8. EVENT OF DEFAULT/REMEDIES.**

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

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

**9. TERMINATION.**

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

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) calendar days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

**10. PROPERTY OWNERSHIP/DISCLOSURE.**

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

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

10.3 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. - Disclosure requires prior written approval of the State.

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

**12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.**

12.1 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.3 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State.

12.4 The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

**13. INDEMNIFICATION.** The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the State's sovereign immunity, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

**14. INSURANCE.**

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

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

14.1.2 special cause of loss coverage form covering all Property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the Property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

**15. WORKERS' COMPENSATION.**

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

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or any successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

**16. WAIVER OF BREACH.** A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

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

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

**19. CHOICE OF LAW AND FORUM.**

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration, but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

**20. CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and any other portion of this Agreement including any attachments thereto, the terms of the P-37 (as modified in EXHIBIT A) shall control.

**21. THIRD PARTIES.** This Agreement is being entered into for the sole benefit of the parties hereto, and nothing herein, express or implied, is intended to or will confer any legal or equitable right, benefit, or remedy of any nature upon any other person.

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

**23. SPECIAL PROVISIONS.** Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

**24. FURTHER ASSURANCES.** The Contractor, along with its agents and affiliates, shall, at its own cost and expense, execute any additional documents and take such further actions as may be reasonably required to carry out the provisions of this Agreement and give effect to the transactions contemplated hereby.

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

**26. ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

**New Hampshire Department of Health and Human Services  
Feasibility Study to Develop Programming that Defers and Delays  
Institutional Care for Dual Eligible Individuals**

**EXHIBIT A**

**Revisions to Standard Agreement Provisions**

1. Revisions to Form P-37, General Provisions

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

3.3. The parties may extend the Agreement for up to two (2) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.5 as follows:

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

**New Hampshire Department of Health and Human Services**  
**Feasibility Study to Develop Programming that Defers and Delays Institutional Care for Dual Eligible Individuals**

**EXHIBIT B**

**Scope of Services**

**1. Statement of Work**

- 1.1. The Contractor must develop and conduct statewide feasibility studies, broken down by each county, for the Program of All-Inclusive Care for the Elderly (PACE) and the Dual Eligible Special Needs Program (D-SNP), to assist the Department in evaluating and determining if either or both is feasible in New Hampshire (NH), to assist in deferring and delaying institutional care for individuals who are dually eligible for Medicare and Medicaid benefits.
  - 1.1.1. If either PACE, D-SNP, or both programs are deemed feasible for implementation by the Department, the Contractor shall develop an operational plan for each program upon receipt of written approval from the Department.
- 1.2. The Contractor must consider, in its feasibility studies, a continuum of care that takes into account accessibility to home and community-based services, hospitals, behavioral health resources, supported apartment living, assisted living, nursing facilities, and other needs of the target population.
- 1.3. The Contractor must provide a comprehensive Work Plan and timeline for the project within thirty (30) days of the contract effective date.

**Task 1 - Develop PACE Feasibility Study**

- 1.4. The Contractor must develop and conduct a PACE Feasibility Study to evaluate the feasibility and likely reach of a PACE program in NH, statewide and by county, including, but not limited to:
  - 1.4.1. Drafting the PACE Feasibility Study Analysis Plan, which will outline the key questions the study will answer;
  - 1.4.2. Engaging with the Department and key stakeholders to secure approval for the direction of the analyses;
  - 1.4.3. Drafting an Informational Primer and Background Section of PACE Feasibility Study for the Department and stakeholders, including, but not limited to:
    - 1.4.3.1. A description of the PACE program;
    - 1.4.3.2. Providing insights on how the program typically operates in states similar to NH;
    - 1.4.3.3. Recent trends in PACE implementation and enrollment;
    - 1.4.3.4. Federal requirements for participating PACE organizations and for states implementing the program; and
    - 1.4.3.5. Reviewing the role PACE plays in integrating Medicare and Medicaid.

**New Hampshire Department of Health and Human Services**  
**Feasibility Study to Develop Programming that Defers and Delays Institutional Care for Dual Eligible Individuals**

**EXHIBIT B**

- 1.4.4. Conducting Market Analysis, which will identify hotspots of PACE eligibility to ultimately identify potential PACE Center locations and proposed service area(s), including but not limited to:
  - 1.4.4.1. Estimating PACE-eligible population as part of a total addressable market (TAM) analysis by each NH county and zip-code.
  - 1.4.4.2. Converting NH's Medicaid eligibility criteria into parameters to run through the Contractor's proprietary PACE eligibility model, ensuring NH-specific model inputs are combined with typical PACE eligibility criteria, such as being age 55+ and residing in the community.
  - 1.4.4.3. Applying, as needed, population-weighted allocations and geographic crosswalks to estimate county and ZIP code-level PACE eligible populations.
  - 1.4.4.4. Breaking the PACE-eligible population down into three (3) categories, including:
    - 1.4.4.4.1. Medicaid-Only;
    - 1.4.4.4.2. Full Dual-Eligible Individuals; and
    - 1.4.4.4.3. Medicare-Only (including partial dual-eligible individuals).
  - 1.4.4.5. Identifying proposed service areas, including:
    - 1.4.4.5.1. Leveraging TAM estimates, and creating maps illustrating potential PACE eligibility by ZIP code across NH;
    - 1.4.4.5.2. Identifying ZIP code clusters with a high density of PACE eligible individuals to determine potential areas best suited to support a PACE program; and
    - 1.4.4.5.3. Proposing service area(s) composed of various ZIP codes to the Department based on the identified clusters, with the goal of covering as many high-density ZIP codes as possible.
  - 1.4.4.6. Identifying potential PACE center locations, which serves as an important hub for coordinating and offering PACE services and socialization, including, but not limited to:
    - 1.4.4.6.1. New buildings;
    - 1.4.4.6.2. Former health care settings; or
    - 1.4.4.6.3. Existing non-clinical settings (other office spaces).

**New Hampshire Department of Health and Human Services**  
**Feasibility Study to Develop Programming that Defers and Delays Institutional Care for Dual Eligible Individuals**

**EXHIBIT B**

- 1.4.4.7. Providing feedback to ensure, in collaboration with the Department, that the transportation time from a participant's home to a PACE center is less than sixty (60) minutes.
- 1.4.4.8. Outlining criteria which will be useful to identify ideal PACE Center locations, including, but not limited to:
  - 1.4.4.8.1. Adequate square footage on a single floor;
  - 1.4.4.8.2. Parking for PACE staff and Center vans; and
  - 1.4.4.8.3. Other accessibility features (e.g., covered entrances, single floor access).
- 1.4.4.9. Providing example physical locations with a recent history of operating as Medicare- and Medicaid-certified care settings within potential PACE service area(s).
- 1.4.4.10. Conducting demographic analysis of PACE eligible population, including, but not limited to:
  - 1.4.4.10.1. Race;
  - 1.4.4.10.2. Ethnicity;
  - 1.4.4.10.3. Nationality of origin;
  - 1.4.4.10.4. Percentage of population age 65 and older (or age 55 and older, to align with PACE eligibility);
  - 1.4.4.10.5. Disability;
  - 1.4.4.10.6. Dually eligible for Medicare and Medicaid;
  - 1.4.4.10.7. Economic status;
  - 1.4.4.10.8. Housing/living arrangements;
  - 1.4.4.10.9. Family structure; and
  - 1.4.4.10.10. Religion, using a public data source.
- 1.4.4.11. Conducting additional analyses to inform PACE feasibility statewide and by county, including but not limited to:
  - 1.4.4.11.1. Workforce and Provider Assessment, including:
    - 1.4.4.11.1.1. Assessing whether there are sufficient provider networks available within the proposed PACE service area(s) to support a PACE Center;
    - 1.4.4.11.1.2. Identifying the number of hospitals and specialist physicians serving each county of the State using ATI's licensed Medicare Fee-

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for-Service (FFS) claims, enrollment data and public sources.

1.4.4.11.2. Health Plan alternatives, including, but not limited to:

1.4.4.11.2.1. Using Center for Medicaid Services (CMS) data to identify Medicaid and Medicare Advantage health plan choices (including other types of SNPs) that are serving or could serve potential PACE enrollees.

1.4.4.11.2.2. Individuals enrolling in PACE must un-enroll from their current health plan option, so understanding how these alternatives serve the PACE eligible population in NH will inform the feasibility of the program.

1.4.4.11.3. Impact on dual-eligible population, including, but not limited to:

1.4.4.11.3.1. Analyzing the overlap of PACE-eligible populations and full dual-enrollee population. The Contractor will establish the maximum reach of a PACE program in integrating Medicare and Medicaid for dual-eligible individuals.

1.4.4.11.3.2. In collaboration with the Department, the Contractor shall characterize the target population which could be served by PACE.

1.4.4.12. Performing financial analysis for the PACE Feasibility Study, by evaluating the financial implications to the Department of establishing a PACE program, including, but not limited to:

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- 1.4.4.12.1. Creating a model to forecast future PACE eligibility and estimates of potential enrollment in PACE, or demand, through 2028.
- 1.4.4.12.2. Modeling how much PACE might cost the Department, given expected demand and substitution of existing Medicaid DLTSS utilization when eligible individuals with Medicaid enroll in PACE, using its TAM model.
- 1.4.4.13. Using financial analysis to estimate PACE demand over the next five (5) years, by forecasting the PACE eligible population size through at least five years, leveraging the current PACE eligible population calculated, including, but not limited to:
  - 1.4.4.13.1. Using the Contractor's population model, which accounts for projected economic and demographic changes, and adjusts the PACE eligible population size accordingly, for use at the state and county level.
  - 1.4.4.13.2. Establishing estimates for reasonable demand for PACE, based on market factors (e.g. Medicare Advantage enrollment).
- 1.4.4.14. Using financial model of net state revenue and cost implications, including, but not limited to:
  - 1.4.4.14.1. Calculating a range of potential amounts the state would otherwise pay for a PACE program in NH.
  - 1.4.4.14.2. Conducting interviews with other states to obtain first-hand considerations and financial implications of implementing PACE.
  - 1.4.4.14.3. Identifying several rate-setting options and running the financial model under each rate-setting option, to inform the Department on how to pay the Medicaid share of the PACE program's capitation for Medicaid-enrolled PACE participants.
- 1.4.5. Assessing Operational Feasibility for PACE Feasibility Study, including, but not limited to:
  - 1.4.5.1. Developing a comprehensive and up-to-date understanding, not only of the operational efforts involved

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in launching a PACE program, but also any best practices and lessons of recent PACE states and any unexpected work faced by those states.

- 1.4.5.2. Assessment of operational steps based on statute, regulation, and guidance, including, but not limited to:
  - 1.4.5.2.1. Conducting a current review of federal policy – statute, regulation and guidance – to provide an assessment of how to operationalize the PACE program in NH;
  - 1.4.5.2.2. Monitoring and summarizing PACE policy updates during the project period; and
  - 1.4.5.2.3. Building a matrix detailing state operational steps under current and proposed policy.
- 1.4.5.3. Research on operational strategies by recent PACE states, including, but not limited to:
  - 1.4.5.3.1. Identifying differences in the approaches by recent PACE states in launching the PACE program, including, but not limited to:
    - 1.4.5.3.1.1. Considerations related to rate-setting;
    - 1.4.5.3.1.2. Issuing a competitive procurement process versus application; or
    - 1.4.5.3.1.3. Launching PACE statewide, as opposed to targeted regions.
  - 1.4.5.3.2. Summarizing differences in operational strategies, note the rationale for differences and applicability to NH; and
  - 1.4.5.3.3. Determining whether the level of effort associated with launching PACE differs depending on the approach used.
- 1.4.5.4. Key informant interviews of challenges, best practices, and learnings in recent PACE states, including ensuring NH decision makers approach PACE implementation and discussions with CMS, leveraging the knowledge and experiences of recent PACE states.
- 1.4.5.5. Gathering effort estimates from NH stakeholders, by collaborating with the Department to understand and estimate the typical amount of effort and State budget allocated to identified activities of the contract, including:

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- 1.4.5.5.1. Producing total estimates of state personnel required and state financial impacts, noting effort or financial items which depend on circumstance or state choices.
- 1.4.6. Drafting, revising and completing PACE Feasibility Study, including, but not limited to:
  - 1.4.6.1. Delivering a draft version of the feasibility study to the Department for review and discussion, in advance of a final version.
  - 1.4.6.2. Submitting the study components, including the informational primer on PACE, and each of the three (3) assessments, to the Department for discussion.
  - 1.4.6.3. Submitting the full feasibility study, informing the Department of key considerations for implementing a PACE program in NH based on market, financial and operational assessments conducted.
- 1.5. The Contractor understands and agrees that based on the results of the PACE Feasibility Study, the Department may determine it is not necessary for the Contractor to proceed with Task 3 - PACE Project Plan as stated below in Sections 1.8 through 1.12. If the services are not required, the Agreement will be terminated in whole or in part, in accordance with Exhibit A.

**Task 2 - Develop Dual Eligible Special Needs (D-SNP) Feasibility Study**

- 1.6. The Contractor must develop and conduct a D-SNP Feasibility Study, including, but not limited to:
  - 1.6.1. Providing a feasibility assessment for Medicaid Long Term Supports and Services (DLTSS) via Fee-for-Service (FFS), including, but not limited to:
    - 1.6.1.1. Drafting D-SNP Feasibility Study Analysis Plan outlining the key questions the analytics in the D-SNP feasibility study will answer.
    - 1.6.1.2. Drafting an informational primer and background section of the D-SNP Feasibility Study, including, but not limited to:
      - 1.6.1.2.1. Describing the D-SNP program;
      - 1.6.1.2.2. Providing insights on how the program typically operates in states similar to NH;
      - 1.6.1.2.3. Recent trends in D-SNP implementation and enrollment;



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- housing/living arrangements, and family structure.
- 1.6.1.3.7. Creating a profile of Medicare program options that compete with D-SNPs, including, but not limited to:
  - 1.6.1.3.7.1. Using licensed CMS data to identify Medicare Advantage Plan choices and Medicare Accountable Care Organization (ACO) attribution among full dual-eligible individuals and partial dual eligible individuals;
  - 1.6.1.3.7.2. Analyzing how these alternatives serve the D-SNP eligible population in NH will inform the feasibility of the program.
- 1.6.1.3.8. Comparing partial dual eligible individuals to inform the Department on whether to include as D-SNP eligible, including, but not limited to:
  - 1.6.1.3.8.1. Developing statewide and county-level comparisons between full and partial dual population;
  - 1.6.1.3.8.2. Estimating the rate at which partial dual eligible individuals gain full Medicaid coverage within a year;
  - 1.6.1.3.8.3. Comparing the two (2) groups in terms of existing Medicare program participation, demographics, institutionalization rates, and geography.
- 1.6.1.3.9. Performing financial analysis for D-SNP Feasibility Study, including, but not limited to:
  - 1.6.1.3.9.1. Evaluating the financial implications to the

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Department of establishing a D-SNP program.

- 1.6.1.3.10. Analyzing state budgets of peer states to evaluate D-SNP administrative costs, including, but not limited to:
  - 1.6.1.3.10.1. Modeling how much different D-SNP program decisions would cost the Department given expected demand;
  - 1.6.1.3.10.2. Using licensed CMS data as input to a state budget model based on D-SNP implementation.
- 1.6.1.3.11. Forecasting population change and demand analysis, including, but not limited to:
  - 1.6.1.3.11.1. Forecasting D-SNP demand by applying a reasonable D-SNP demand factor to a forecast of the D-SNP eligible population size over a five-year period;
  - 1.6.1.3.11.2. Identifying a cohort of comparison states which operate Medicaid DLTSS under FFS payment;
  - 1.6.1.3.11.3. Assessing the penetration of D-SNPs over the first five (5) years of program implementation.
- 1.6.1.3.12. Assessing potential effects of Medicare-Medicaid integration on Medicaid costs, including, but not limited to:
  - 1.6.1.3.12.1. Developing a model of potential costs and savings caused by D-SNP implementation and related integration;
  - 1.6.1.3.12.2. Upon Department approval, incorporating NH data on Medicaid spending to estimate the reduction in Medicaid spending

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expected from launching a D-SNP program.

- 1.6.1.3.13. Summarizing the financial assessment of launching a D-SNP in NH based on different decisions the state can make, as well as expected demand.
- 1.6.1.3.14. Capturing enrollment-dependent costs, start-up costs and recurring costs to the Department for monitoring and administration, evaluative literature on integration financial impacts, and the results of budgetary analysis of D-SNP program implementation.
- 1.6.1.4. Complete the D-SNP operational feasibility study, including, but not limited to:
  - 1.6.1.4.1. Utilizing targeted key informant interviews, as needed, to address nuances specific to NH;
  - 1.6.1.4.2. Assessing operational steps based on statute, regulation and guidance, including:
    - 1.6.1.4.2.1. Reviewing federal policy, statute, regulation, and guidance – to provide the Department with an assessment of how to operationalize a D-SNP program in NH;
    - 1.6.1.4.2.2. Monitoring and summarizing D-SNP policy updates during the project period;
    - 1.6.1.4.2.3. Building a matrix describing operational steps for the Department based on current and proposed policy, informed by NH-specific political, Department and stakeholder considerations.
  - 1.6.1.4.3. Researching operational strategies of D-SNP states, including, but not limited to:
    - 1.6.1.4.3.1. Identifying key states with similarities to NH in terms of Medicaid delivery system

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- models and Medicare market dynamics, in order to identify approaches taken to launch D-SNP programs;
- 1.6.1.4.3.2. Outlining level of effort associated with launching D-SNP programs depending on different approaches.
- 1.6.1.4.4. Estimating the total level of effort, including, but not limited to:
  - 1.6.1.4.4.1. Discussion with the Department about current staff and resources available to support the launch of a potential D-SNP program;
  - 1.6.1.4.4.2. Assessing key internal assets available and resources needed to support the launch and continued operationalization of a D-SNP program.
- 1.6.1.5. Draft, revise and complete the D-SNP Feasibility Study, including, but not limited to:
  - 1.6.1.5.1. Delivering a full feasibility study informing the Department of key considerations for implementing a D-SNP program in NH;
  - 1.6.1.5.2. Upon completion of each stage of the report, the Contractor shall share a draft with the Department for discussion; and
  - 1.6.1.5.3. Preparing summary material to be shared with stakeholders.
- 1.7. The Contractor understands and agrees that based on the results of the D-SNP Feasibility Study, the Department may determine it is not necessary for the Contractor to proceed with Task 4 - D-SNP Project Plan as stated below in Sections 1.13 through 1.22. If the services are not required, the Agreement will be terminated in whole or in part, in accordance with Exhibit A.

**Task 3 - Develop PACE Project Plan**

- 1.8. The Contractor must develop a PACE Project Plan, if deemed feasible, utilizing state Medicaid agency experts, PACE implementation experts, and experts on CMS program and policy.
- 1.9. The Contractor must collaborate with the Department to build an actionable,

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timing-conscious operational approach based on federal PACE policy structures and procedures, as well as anticipated state regulatory and stakeholder engagement processes, including, but not limited to:

1.9.1. Drafting, revising, and completing project plan for operationalizing PACE program, including but not limited to:

1.9.1.1. Collaborating with the Department to develop the PACE project plan for NH, to build on the operational feasibility assessment completed;

1.9.1.2. Addressing state goals in the context of capacity, federal policy, and timing of state and federal processes.

1.9.1.3. Identifying the following, or other activities that the Department will need to undertake, as well as the estimated timing required to achieve PACE implementation activities, which may include, but not be limited to:

1.9.1.3.1. Filing a SPA (State Plan Amendment) with CMS;

1.9.1.3.2. Establishing Medicaid capitated payment rates;

1.9.1.3.3. Developing PACE application/competitive procurement content and procedures;

1.9.1.3.4. Defining service area(s);

1.9.1.3.5. Developing PACE applications or proposal solicitation processes and reviewing submissions;

1.9.1.3.6. Reviewing compliance with required state licensures (such as adult day health centers, primary care clinics, etc.);

1.9.1.3.7. Conducting state readiness reviews of PACE organization policies and Centers to ensure compliance with CMS regulations;

1.9.1.3.8. Establishing processes to verify PACE participant eligibility (including Medicaid enrollment); and

1.9.1.3.9. Providing ongoing technical assistance to PACE organizations.

1.10. The Contractor must tailor the following state activities for NH, identified as key elements for an effective Project Plan:

1.10.1. Engaging in level setting with key Medicaid, aging network, and regulatory staff, including aligning incentives of PACE organizations with the Department's goals, and linking PACE to existing regulatory frameworks and aging network infrastructure.

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- 1.10.1.1. The Project Plan will pose key questions for the Department to consider if it pursues a PACE program to inform its planning and operationalization.
- 1.10.2. Outlining the Department's goals for integrated care, both in the near- and long-term, including the development of application materials, and working with the Department to identify priorities around keeping people in their homes and communities or improving care coordination for subpopulations of PACE-eligible individuals.
- 1.10.3. Identifying operational considerations related to PACE launch, including key systems changes that may be necessary. The Department will need to assess capacity to engage in operational, systems, information technology (IT), and/or other changes necessary to implement policy or programmatic changes.
- 1.10.4. Development of PACE resources for the Department to ensure efficient operationalization, including, but not limited to:
  - 1.10.4.1. Reporting templates; and
  - 1.10.4.2. Participant materials.
- 1.10.5. Submission of the Medicaid SPA to establish a PACE program, after final review by the Department and other key personnel, prior to CMS approval;
- 1.10.6. Liaising with CMS to discuss proposed policy and a draft of the SPA, to confirm compliance with federal regulations;
- 1.10.7. Proposing policy and program changes necessary to implement PACE;
- 1.10.8. Considering stakeholder engagement by establishing a collaborative process with prospective PACE organizations throughout program design and implementation phase, in collaboration with the Department.
- 1.10.9. Delivering a final version of the PACE project plan, preceded by a draft version for discussion with Department personnel.
- 1.10.10. Collaborating with the Department to develop the project plan to incorporate specific priorities, preferences and considerations.
- 1.11. The Contractor must, as part of project planning, identify critical considerations for the Department from the initial planning phase of developing integrated programs like PACE through to operation and maintenance. Examples of critical considerations for each phase include, but are not limited to:
  - 1.11.1. Initial Planning Phase, including, but not limited to:
    - 1.11.1.1. Determining who the internal and external stakeholders are, including sister agencies that need to be engaged

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throughout the process and at which stage(s) they need to be involved.

- 1.11.1.2. Determining how the State will engage related DLTSS providers and plans throughout the process, as well as the level of collaboration desired with prospective PACE organizations in policy and program development and decision making.
  - 1.11.1.3. Deciding what contracting strategy the Department will pursue, e.g., whether to issue a procurement RFP or a non-procurement application, and which state stakeholders may need to review or approve PACE applications to support the selected approach.
  - 1.11.1.4. Assessing which stakeholders will stand to “win” or “lose” from the Department’s approach and the corresponding relevant policy and program design tradeoffs.
- 1.11.2. Implementation phase, including, but not limited to:
- 1.11.2.1. Engaging stakeholders, such as prospective PACE organizations, DLTSS providers, managed care organizations (MCOs), PACE eligible individuals, and SHIPs, especially when designing complex program elements. This supports stakeholder buy-in and serves to establish a regular opportunity to understand what is working well and what may need to be reassessed and redesigned.
  - 1.11.2.2. Deciding on the exact types of stakeholder engagement and communication channels, including, but not limited to:
    - 1.11.2.2.1. SHIP and aging network training opportunities;
    - 1.11.2.2.2. Development of a new landing page on the Department’s website;
    - 1.11.2.2.3. Focused stakeholder workgroup meetings; and
    - 1.11.2.2.4. Memorandums to prospective PACE organizations.
- 1.11.3. Maintenance phase, including, but not limited to:
- 1.11.3.1. Determining the Department’s long-term capacity to monitor data, reports, and additional information, and how it will be used to support state oversight, rate-setting, and continuous program improvements; and

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- 1.11.3.2. Consideration of whether new processes or mechanisms need to be established, or what may already be integrated into existing workflows.
- 1.12. The Contractor must provide a final version of the PACE Project Plan, and must collaborate with the Department in order to incorporate Department-specific priorities, preferences and considerations.

**Task 4 - Developing D-SNP Project Plan**

- 1.13. The Contractor must develop a D-SNP Project Plan, if deemed feasible, including, but not limited to:
  - 1.13.1. Drafting, revising and completing project plan for operationalizing D-SNP Program, including, but not limited to:
    - 1.13.1.1. Outreaching to staff in other states to inform approached which may be specific to NH's unique needs and considerations;
    - 1.13.1.2. Developing a highly collaborative process with Department Medicaid staff to inform the project plan, which will address the Department's goals for capacity, federal policy, and timing of state and federal processes;
    - 1.13.1.3. Identification of key elements of an effective project plan, including, but not limited to:
      - 1.13.1.3.1. Level setting with key Medicaid staff, including leadership, to understand state priorities for the population;
      - 1.13.1.3.2. Explicitly outlining state goals for integrated care, to support detailed development of a multi-year D-SNP and accompanying State Medicaid Agency Contract (SMAC) strategy;
      - 1.13.1.3.3. Identifying key internal and external stakeholders to engage during planning and operationalization, including with the Department and partner agencies which interact with dual eligible individuals, such as SHIPs;
      - 1.13.1.3.4. Identifying operational considerations related to D-SNP launch, including key systems changes necessary;
      - 1.13.1.3.5. Liaising with CMS to discuss proposed policy, confirm compliance with federal regulations, and review draft SMAC language;

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- 1.13.1.3.6. Proposing policy and program changes necessary within the Medicaid delivery system for dual eligible individuals to Department leadership for buy-in and sign-off;
  - 1.13.1.3.7. Developing tools to support implementation, such as reporting templates, member materials, and guidelines for how D-SNPs will operationalize policies; and
  - 1.13.1.3.8. Drafting and reviewing the full SMAC, with consideration to the overall timeline to ensure Department staff can review prior to D-SNPs submitting the SMAC to CMS.
- 1.14. The Contractor must, as part of project planning, identify critical considerations for the Department from the initial planning phase of developing a D-SNP program, through the operation and maintenance phases. Examples of critical considerations for each phase include, but are not limited to:
- 1.14.1. Initial Planning Phase, including, but not limited to:
    - 1.14.1.1. Determining who internal and external stakeholders are, including sister agencies and community-based organizations to be engaged in process.
    - 1.14.1.2. Determining how the Department will engage D-SNPs in the process, including the level of collaboration in policy and program development and decision making.
    - 1.14.1.3. Deciding what contracting strategy the Department will pursue and which Medicaid program design changes may need to occur to support the selected approach.
    - 1.14.1.4. Assessing the relevant policy and program design tradeoffs.
  - 1.14.2. Implementation Phase, including, but not limited to:
    - 1.14.2.1. Engaging stakeholders, such as plans, beneficiaries, and SHIPs, especially when launching new and complex processes.
    - 1.14.2.2. Determining how the Department will engage D-SNPs in the process, including the level of collaboration in policy and program development and decision making.
    - 1.14.2.3. Deciding on types of stakeholder engagement and communication channels, including SHIP training opportunities, development of a new landing page on the Department's website, focused stakeholder workgroup meetings, and plan memorandums.

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1.14.3. Maintenance Phase, including, but not limited to:

1.14.3.1. Determining the Department's long-term capacity and processes to monitor data, reports, and CMS regulatory updates.

1.15. The Contractor must collaborate with the Department in development of the project plan to incorporate Department priorities, preferences and considerations.

1.16. The Contractor must provide a final version of the D-SNP Project Plan, and must collaborate with the Department, in order to incorporate Department-specific priorities, preferences and considerations.

**Project Management Tasks - applicable throughout the Contract.**

1.17. The Contractor must utilize project management expertise in order to meet the objectives of this Agreement, including, but not limited to:

1.17.1. Determining and following Quality Control and Evaluation Processes, including, but not limited to:

1.17.1.1. Providing high-quality, timely, and budget-consistent services and deliverables through its formalized and systematic quality control (QC) processes, including, but not limited to:

1.17.1.1.1. Qualitative and quantitative analytics;

1.17.1.1.2. Technical report writing;

1.17.1.1.3. Financial modeling; and

1.17.1.1.4. Meeting facilitation.

1.18. The Contractor must utilize chosen subcontractors to complete tasks in the fulfillment of the contract terms, as approved by the Department.

1.19. The Contractor must participate in meetings with the Department on a quarterly basis, or as otherwise requested by the Department, and must:

1.19.1. Develop an agenda for all meetings for the Department to review and approve in advance of the meeting;

1.19.2. Provide materials in advance of the meeting; and

1.19.3. Make sure the appropriate meeting attendees are invited and have the opportunity to participate fully.

1.20. The Contractor may be required to participate in on-site reviews conducted by the Department on a semi-annual basis, or as otherwise requested by the Department.

**Stakeholder Engagement**

1.21. The Contractor must engage stakeholders and utilize stakeholder feedback

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throughout the duration of the contract period.

- 1.22. The Contractor must conduct an assessment and gaps analysis by utilizing data, including, but not limited to:
  - 1.22.1. Drafting questions to stakeholders to discover nuances specific to NH that impact D-SNP and PACE feasibility in the state, as well as needs and preferences.
  - 1.22.2. Engaging with State Health Insurance Assistance Program (SHIP) director and key staff, as applicable, to educate on potential changes, solicit input on key considerations and potential concerns specific to individuals in NH, and consider solutions for the Department's project plan.
  - 1.22.3. Collaborating with the Department to develop supporting materials for dissemination, to help facilitate engagement.
  - 1.22.4. Collaborating with the Department to develop an interview protocol related to the PACE and D-SNP plans.
- 1.23. The Contractor must engage key stakeholders, including, but not limited to:
  - 1.23.1. Leveraging existing venues, such as the Medical Care Advisory Committee, the Alliance for Health Aging, State/County Finance Commissions, County Nursing Facility Associations, New Hampshire Health Care Association, and provider partners serving dual eligible individuals, convened by the Department, to access stakeholders.
  - 1.23.2. Providing up to four (4) in-person stakeholder engagement efforts with the Department and state stakeholders, and up to four (4) virtual engagements.
  - 1.23.3. Providing up to ten (10) interviews with strategically selected individuals or organizations, with consent of the Department.
- 1.24. The Contractor must incorporate stakeholder feedback, including, but not limited to:
  - 1.24.1. Identifying and summarizing key considerations surfacing from stakeholder meetings, including opportunities and recommendations applicable to the PACE and D-SNP feasibility study.
  - 1.24.2. Utilizing tracker templates to document comments, questions and concerns raised by stakeholders, to inform next steps, and leverage these to ensure feedback from stakeholders is appropriately captured and incorporated into the feasibility studies of PACE and D-SNP programs in NH.
  - 1.24.3. Using information from stakeholder engagement to inform the feasibility studies, project plans, and the summary of key findings. The Contractor shall share stakeholder feedback with the Department in

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an easily accessible format.

**Data Analysis Used in Feasibility Studies**

- 1.25. The Contractor must conduct data analysis for the Feasibility Study, including, but not limited to:
  - 1.25.1. Analyzing data from the CMS VRDC environment, including, but not limited to:
    - 1.25.1.1. Medicare beneficiary data, including dual eligible individuals;
    - 1.25.1.2. Medicare enrollment data; and
    - 1.25.1.3. Medicare FFS (fee-for-service) claims data.
  - 1.25.2. Assessing individuals in Medicare or Medicaid certified beds.
  - 1.25.3. Delivering data to the Department, which will assist in determining the feasibility of implementing PACE and D-SNP programs in NH.
- 1.26. The Contractor must identify the most precise possible PACE and D-SNP eligible populations based on licensed ACS microdata.
- 1.27. The Contractor must utilize data collected to help determine the feasibility of implementing PACE and D-SNP programs in NH.
- 1.28. The Contractor must utilize data provided by the Department and at the federal level to conduct accurate PACE and D-SNP feasibility studies.
- 1.29. The Contractor must access data from a Secure File Transfer Protocol (SFTP) site folder as set up by the Department.

**Reporting**

- 1.30. The Contractor must develop a monthly reporting template for Department review and approval before implementation.
- 1.31. The Contractor must submit monthly reports, which include, but are not limited to:
  - 1.31.1. Written updates to the Department on data access, collection, analysis, and the status of other activities completed during the month, and any difficulties encountered. These reports are due by the seventh (7th) business day following the end of the month that is being reported on.
  - 1.31.2. Comprehensive summary of key findings.
  - 1.31.3. Potential future short-term and long-term goals to more effectively incorporate the Department's current investments in whole person service delivery both in Medicaid and other Department services.
- 1.32. The Contractor must submit the final feasibility reports, as described above.
- 1.33. The Contractor may be required to provide other key data and metrics to the

**New Hampshire Department of Health and Human Services  
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Department in a format specified by the Department.

**2. Confidential Data**

- 2.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Information Security Requirements Exhibit as referenced below.
- 2.2. The Contractor must ensure any individuals involved in delivering services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Information Security Requirements Exhibit. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.
- 2.3. Contract End-of-Life Transition Services
  - 2.3.1. General Requirements
    - 2.3.1.1. If applicable, upon termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a smooth secure transition of the Services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the Services previously performed by the Contractor for this section the new Contractor shall be known as "Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.
    - 2.3.1.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and its End Users to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of any such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with and assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.

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- 2.3.1.3. If a system, database, hardware, software, and/or software licenses (Tools) was purchased or created to manage, track, and/or store Department Data in relationship to this contract said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of Department Data is complete.
- 2.3.1.4. The internal planning of the Transition Services by the Contractor and its End Users shall be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services shall be deemed to be Services for purposes of this Agreement.
- 2.3.1.5. Should the data Transition extend beyond the end of the Agreement, the Contractor agrees that the Information Security Requirements, and if applicable, the Department's Business Associate Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.
- 2.3.1.6. In the event where the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction, refer to the terms and conditions of the Department's DHHS Information Security Requirements Exhibit.

**2.3.2. Completion of Transition Services**

- 2.3.2.1. Each service or Transition phase shall be deemed completed (and the Transition process finalized) at the end of 15 business days after the product, resulting from the Service, is delivered to the Department and/or the Recipient in accordance with the mutually agreed upon Transition plan, unless within said 15 business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.
- 2.3.2.2. Once all parties agree the data has been migrated the Contractor will have 30 days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.

**2.3.3. Disagreement over Transition Services Results**

- 2.3.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department shall

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notify the Contractor, in writing, stating the reason for the lack of satisfaction within 15 business days of the final product or at any time during the data Transition process. The Parties shall discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department shall be entitled to initiate actions in accordance with the Agreement.

**3. Exhibits Incorporated**

- 3.1. The Contractor must comply with Exhibit D, Federal Requirements, which is attached hereto and incorporated by reference herein.
- 3.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.
- 3.3. The Contractor 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.

**4. Additional Terms**

**4.1. Impacts Resulting from Court Orders or Legislative Changes**

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

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

- 4.2.1. The Contractor must submit, within ten (10) 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.

**4.3. Credits and Copyright Ownership**

- 4.3.1. 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

**New Hampshire Department of Health and Human Services**  
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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.”

- 4.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 4.3.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to:
  - 4.3.3.1. Brochures.
  - 4.3.3.2. Resource directories.
  - 4.3.3.3. Protocols or guidelines.
  - 4.3.3.4. Posters.
  - 4.3.3.5. Reports.
- 4.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

**5. Records**

- 5.1. The Contractor must keep records that include, but are not limited to:
  - 5.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
  - 5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 5.2. 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 records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts.
- 5.3. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder, the Department retains the right, at its discretion, to deduct the amount of such expenses as

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are disallowed or to recover such sums from the Contractor.

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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 Contractor as a Contractor, 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, Budget through Exhibit C-2, Budget, based on satisfactory progress of Work Plan tasks in Exhibit B, Scope of Services, and approval from the Department.
4. The Contractor 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 Contractor shall ensure each invoice:
  - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
  - 4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
  - 4.3. Identifies and requests payment for allowable costs incurred in the previous month.
  - 4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, narrative on progress towards completion of work plan tasks, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
  - 4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
  - 4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to [beasinvoices@dhhs.nh.gov](mailto:beasinvoices@dhhs.nh.gov) or mailed to:

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

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**New Hampshire Department of Health and Human Services  
Feasibility Study to Develop Programming that Defers and Delays  
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5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
8. Audits
  - 8.1. The Contractor must email an annual audit to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) if any of the following conditions exist:
    - 8.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
    - 8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
    - 8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
  - 8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
  - 8.3. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

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**New Hampshire Department of Health and Human Services  
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EXHIBIT C**

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- 8.4. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 8.5. In addition to, and not in any way in limitation of obligations of the Agreement, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Agreement to which exception has been taken, or which have been disallowed because of such an exception.

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Exhibit C-1 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:	Anne Tumlinson Innovations LLC	
Budget Request for:	Feasibility Study to Develop Programming that Defers and Delays Institutional Care for Dual Eligible Individuals	
Budget Period:	Upon G+C Approval - June 30, 2024	
Indirect Cost Rate (if applicable)	10%	
Line Item	Program Cost - Funded by DHHS	
1. Salary & Wages	\$320,772.60	
2. Fringe Benefits	\$112,270.41	
3. Consultants	\$46,611.60	
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	
5.(d) Supplies - Medical	\$0	
5.(e) Supplies Office	\$0	
6. Travel	\$1,355.39	
7. Software	\$0	
8. (a) Other - Marketing/	\$0	
8. (b) Other - Education and Training	\$0	
8. (c) Other - Other (specify below)	\$0	
Other (please specify)	\$0	
9. Subrecipient Contracts	\$0	
<b>Total Direct Costs</b>	<b>\$481,010.00</b>	
<b>Total Indirect Costs</b>	<b>\$48,101.00</b>	
<b>TOTAL</b>	<b>\$529,111.00</b>	

### Exhibit C-2 Budget

New Hampshire Department of Health and Human Services		
<b>Contractor</b>	Anne Tumlinson Innovations LLC	
<b>Budget Request for:</b>	Feasibility Study to Develop Programming that Defers and Delays Institutional Care for Dual Eligible Individuals	
<b>Budget Period:</b>	July 1, 2024 - June 30, 2025	
<b>Indirect Cost Rate (applicable)</b>	10%	
<b>Line Item</b>	<b>Program Cost - Funded by DHHS</b>	
1. Salary & Wages	\$227,617	
2. Fringe Benefits	\$79,685	
3. Consultants	\$33,075	
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	
5.(d) Supplies - Medical	\$0	
5.(e) Supplies Office	\$0	
6. Travel	\$11,551	
7. Software	\$0	
8. (a) Other - Marketing/	\$0	
8. (b) Other - Education and	\$0	
8. (c) Other - Other (specify below)	\$0	
Other (please specify)	\$0	
9. Subrecipient Contracts	\$0	
<b>Total Direct Costs</b>	<b>\$351,908</b>	
<b>Total Indirect Costs</b>	<b>\$35,191</b>	
<b>TOTAL</b>	<b>\$387,099</b>	

# 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;

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

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- 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 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 Byrd Anti-Lobbying Amendment (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/ocr/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.

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# 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 12689 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) <https://www.ecfr.gov/current/title-22/chapter-V/part-513>.

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Exhibit D  
Federal Requirements

Contractor's Initials DS  
EU  
Date 2/26/2024

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

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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 FEDERAL REQUIREMENTS

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:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. 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;
3. 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;
4. 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);
5. 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;
6. 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;
7. 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;
8. 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;
9. 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;
10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. 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.

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Exhibit D  
Federal Requirements

Contractor's Initials DS  
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## New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

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12. 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.
  13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
  14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
  15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

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

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### 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

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### 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: H9ZYHTQETLN3
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: Anne Tumlinson Innovations LLC

2/26/2024

Date:

DocuSigned by:  
  
 Name: Elizabeth walsh  
 Title: Chief Corp Development

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 Contractor's Initials  
 Date 2/26/2024

# New Hampshire Department of Health and Human Services

## Exhibit E

### DHHS Information Security Requirements

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#### 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

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## New Hampshire Department of Health and Human Services

### Exhibit E

#### DHHS Information Security Requirements

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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.

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

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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.

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## New Hampshire Department of Health and Human Services

### Exhibit E

#### DHHS Information Security Requirements

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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.

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## New Hampshire Department of Health and Human Services

### Exhibit E

### DHHS Information Security Requirements

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

#### B. Disposition

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

#### IV. PROCEDURES FOR SECURITY

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

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## New Hampshire Department of Health and Human Services

### Exhibit E

#### DHHS Information Security Requirements

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

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

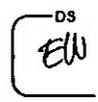
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future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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/doiit/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.

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## New Hampshire Department of Health and Human Services

### Exhibit E

#### DHHS Information Security Requirements

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- 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.

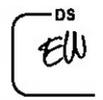
#### V. LOSS REPORTING

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;

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## New Hampshire Department of Health and Human Services

### Exhibit E

### DHHS Information Security Requirements

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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

Contractor Initials

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New Hampshire Department of Health and Human

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~~

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2/26/2024

Date \_\_\_\_\_



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limited to all its directors, 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 or other 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

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Date



## New Hampshire Department of Health and Human

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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;
  - 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.
  - 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.

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### Exhibit F

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) 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.
- VI. 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

- a. 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.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this BAA, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

#### (5) Termination of Agreement for Cause

- a. 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

Exhibit F

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New Hampshire Department of Health and Human

Exhibit F

herein, shall refer to those laws and regulations as amended from time to time. A reference in the Agreement, as amended to include this Business Associate Agreement, 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 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) g. and (3) n.l., and the defense and indemnification provisions 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

Anne Tumlinson Innovations LLC

The State

Name of the Contractor

DocuSigned by: Christine Santaniello

DocuSigned by: Elizabeth Walsh

Signature of Authorized Representative

Signature of Authorized Representative

Christine Santaniello

Elizabeth Walsh

Name of Authorized Representative

Name of Authorized Representative

Associate Commissioner

Chief Corp Development

Title of Authorized Representative

Title of Authorized Representative

2/27/2024

2/26/2024

Date

Date

Exhibit F

Contractor Initials

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# 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 ANNE TURLINSON INNOVATIONS, LLC is a District Of Columbia Limited Liability Company registered to transact business in New Hampshire on September 22, 2023. 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: 942881

Certificate Number: 0006332552



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 11th day of October 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, Anne Tumlinson, 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 Anne Tumlinson Innovations, LLC.  
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on February 12th, 2024, at which a quorum of the Directors/shareholders were present and voting.  
(Date)

**VOTED:** That Elizabeth walsh, Chief Corporate Development  
officer (may list more than one person)  
(Name and Title of Contract Signatory)

is duly authorized on behalf of Anne Tumlinson Innovations, LLC. to enter into contracts or agreements with the State  
(Name of Corporation/ LLC)

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

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

Dated: February 26, 2024

DocuSigned by:  
Anne Tumlinson  
Signature of Elected Officer  
Name: Anne Tumlinson  
Title: CEO



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/20/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 202-3007      FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com														
<b>INSURED</b> Anne Tumlinson Innovations, LLC 3505 Albermarle Street Washington, DC 20008	<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: Hiscox Insurance Company Inc</td> <td style="text-align: center;">10200</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: Hiscox Insurance Company Inc	10200	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CGL is on BOP Form  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	P100.243.114.5	05/02/2023	05/02/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ CGL HNOA Limit (per occurrence) \$ 1,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			P100.242.195.5	05/02/2023	05/02/2024	Each Claim: \$ 1,000,000 Aggregate: \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b> The State of New Hampshire Department of Health and Human Services 129 Pleasant Street Concord, NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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