



New Hampshire Veterans Home

139 Winter Street
Tilton, NH 03276-5415
www.nh.gov/veterans



Kimberly M. MacKay
Commandant

Telephone: (603) 527-4400
Fax: (603) 286-4242

104

May 29, 2024

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

REQUESTED ACTION

Authorize the New Hampshire Veterans Home (NHVH) to amend an existing contract with Northeast Mobile Dental Service, PLLC (VC#156895), Derry, NH for providing dental services on site to the NHVH residents, by exercising a contract renewal option by increasing the price limitation by \$99,000 from \$148,500 to \$247,500 and extending the completion date from June 30, 2024, to June 30, 2026, effective July 1, 2024, upon Governor and Council approval. The source of funds for this requested action is: 39% Federal Funds. 32% Other Funds. 29% General Funds.

The original contract was approved by Governor and Council on October 13, 2021, item #74.

Funds are available in the following account in State Fiscal Year 2025, to support this request, and are anticipated to be available in State Fiscal Year 2026, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-043-043-430010-5359 HEALTH AND SOCIAL SERVICES, NH VETERANS HOME, VETS HOME PROFESSIONAL CARE

State Fiscal Year	Class/Account	Class Title	Current Budget	Increased (Decreased) Amount	Revised Budget
SFY22	046-500462	Consultants	\$49,500	\$0	\$49,500
SFY23	046-500462	Consultants	\$49,500	\$0	\$49,500
SFY24	046-500462	Consultants	\$49,500	\$0	\$49,500
SFY25	046-500462	Consultants	\$0	\$49,500	\$49,500
SFY26	046-500462	Consultants	\$0	\$49,500	\$49,500
		Subtotal	\$148,500	\$99,000	\$247,500

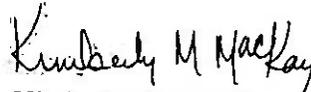
EXPLANATION

The purpose of this request is to continue providing dental services on site to the residents at NHVH in conformance with the U.S. Department of Veterans Affairs' regulation as listed in 38 CFR 51.170. The NHVH is confident in the credentials of this contractor and as such feels comfortable in extending the contract.

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

As referenced in Exhibit B, Scope of Services, of the original contract, the parties have the option to extend the agreement for up to two (2) additional years, contingent upon Governor and Council approval. NHVH is exercising its option to renew services for the two (2) additional years.

Respectfully Submitted,



**Kimberly M. MacKay
Commandant**

**State of New Hampshire
New Hampshire Veterans Home
Amendment #1**

The Amendment to the primary care and medical director services to the residents of the New Hampshire Veterans Home (NHVH) is between the State of New Hampshire, NHVH ("State") and Northeast Mobile Dental Service, PLLC. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the State and the Contractor on October 13, 2021 (Item #74); and

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

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2026
2. Form P-37 General Provisions, Block 1.8, Price Limitation, to read:
\$247,500
3. Amend Exhibit A, Special Provisions by adding #6, to read:
 6. Form P-37, General Provisions, Paragraph 7, Personnel, is amended by adding subparagraph 7.3 as follows:
 - 7.3 Service Provider Requirements to be presented upon initiation of services and by January 31st annually, including sending the information or results of information to the NHVH Credentialing email box: Credentialing@nhvh.nh.gov
 - 7.3.1 A valid license issued by the New Hampshire Office of Professional Licensure and Certification (NH OPLC).
 - 7.3.2 A valid license issued by the Drug Enforcement Administration (DEA), if applicable.
 - 7.3.3 A National Provider Identifier (NPI) number, if applicable.
 - 7.3.4 A criminal background check to include either the National Criminal Records Check or the completed State of NH Release of Criminal Record Authorization Form.
 - 7.3.5 An attestation of the applicant's fitness for duty, meaning the applicant is free of any known infectious diseases.
 - 7.3.6 An attestation of NHVH policies and procedures review upon hire and annually thereafter.
 - 7.3.7 A completed Conviction Disclosure Annual Attestation Form, Exhibit A-1. This attestation will ensure there has been no convictions for the following

Northeast Mobile Dental Service, PLLC

Contractors Initials JK

crimes: A felony for child abuse or neglect, spousal abuse, any crime against children or adults, including but not limited to: violent or sexually-related crime against a child or adult, or a crime which may indicate a person might be reasonably expected to pose a threat to an adult; and felony for physical assault, battery, or drug-related offense committed in the past five years.

- 7.3.8 A copy of Contractor's Certificate of Insurance, per section 14 of the P-37.
 - 7.3.9 A completed U.S. Department of Health and Human Services Office of the Inspector General (OIG) Exclusion List Screening Disclosure Statement Annual Attestation Form, Exhibit A-2, for the Contractor and all staff working at the NH Veterans Home.
 - 7.3.10 An attestation that the Contractor has completed a monthly OIG exclusion list check for the Contractor and all contracted staff working at the NHVH.
4. Add Exhibit A-1, NH Veterans Home – Conviction Disclosure Annual Attestation Form, which is attached hereto and incorporated by reference herein.
 5. Add Exhibit A-2, NH Veterans Home – OIG Exclusion List Screening Disclosure Statement, Annual Attestation Form, which is attached hereto and incorporated by reference herein.
 6. Amend Exhibit B, Scope of Services by revising #6, to read:
 - 6. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this contract may be withheld, in whole, or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
 7. Amend Exhibit B, Scope of Services by adding #7, to read:
 - 7. Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting encumbrances between State Fiscal Years may be made by written agreement of both parties and may be made without further approval of the Governor and Executive Council, if needed and justified.
 8. Replace Exhibit C, Method and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
 9. Add Exhibit E, Certification Regarding Debarment, Suspension and Other Responsibility Matters, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2024, subject to Governor and Executive Council approval.

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

State of New Hampshire
New Hampshire Veterans Home

5/8/2024
Date

Kimberly M. MacKay
Name: Kimberly MacKay
Title: Commandant

Northeast Mobile Dental Service, PLLC

5/7/24
Date

Daniel F. Kraus
Name: Daniel F. Kraus
Title: owner / NMDSS -

Northeast Mobile Dental Service, PLLC

Contractors Initials DK

Date 5/7/24

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

OFFICE OF THE ATTORNEY GENERAL

May 13, 2024

Date

Louise D. Williams

Name: Louise Williams

Title: Attorney

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

OFFICE OF SECRETARY OF STATE

Date

Name:

Title:

New Hampshire Veterans Home

Exhibit A-1



NH Veterans Home - Conviction Disclosure Annual Attestation Form

DANIEL F. KANA
Name

Northeast Mobile Dental Service, PLLC
Contracted Agency

Have you ever been convicted of a crime (felony or misdemeanor) that has not been officially annulled by a court since your last conviction disclosure statement?

No.

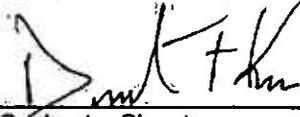
Yes (please answer the following question below):

If yes, please give the date, location and nature of the felony or misdemeanor conviction:

NA

I certify that the information provided in this conviction disclosure statement is complete, accurate and up to date on the date specified below. I certify that there are no willful misrepresentations of the above statement and the answer to the question herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that should I be convicted of a crime (felony or misdemeanor) after my signature dated below but prior to my next evaluation meeting, I must inform my supervisor immediately or face disciplinary action.

My signature below certifies that I have read and agreed to the above statement.


Contractor Signature

5/7/24
Date

Contractor Initials DK
Date 5/7/24

New Hampshire Veterans Home

Exhibit A-2



NH Veterans Home – OIG Exclusion List Screening Disclosure Statement
Annual Attestation Form

DANIEL F. KANA
Name

Northeast Mobile Dental Service, PLLC
Contracted Agency

1. Have you (business or individual) ever been excluded from participating in United States Government federally funded, including VA funded, programs or services?

No (please submit a screen shot of the results of entering your name, business or individual, at this link: <https://exclusions.oig.hhs.gov/>).

Yes (please answer the following question below):

If yes, please give the date, location and nature of the exclusion:

2. Are you (business or individual) currently excluded from participating in United States Government federally funded, including VA funded, programs or services?

No (please submit a screen shot of the results of entering your name, business or individual, at this link: <https://exclusions.oig.hhs.gov/>).

Yes (please do not provided services to NHVH and call your NHVH contact immediately):

I certify that the information provided in this OIG Exclusion Check Disclosure Statement is complete, accurate and up to date on the date specified below. I certify that there are no willful misrepresentations of the above statement and the answer to the questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that should I become excluded from participating in United States Government federally funded, including VA funded, programs or services, with my name listed on the OIG Exclusion list, after my signature dated below but prior to my next evaluation meeting, I must inform my supervisor immediately or face disciplinary action.

My signature below certifies that I have read and agreed to the above statement.

Daniel F. Kana
Contractor Signature

5/7/24
Date

New Hampshire Veterans Home



Exhibit C

Method and Conditions Precedent to Payment

1. The Contractor agrees to provide the services in Exhibit B, Scope of Services in compliance with funding requirements and will receive a \$4,125.00 payment per month beginning July 1, 2024, through June 30, 2026.
2. The Contractor is also authorized to receive third party payments for services rendered to residents, above and beyond those covered in this contract to the extent of any applicable insurance coverage, but not to exceed the Medicare Fee Schedule, of the year in which the service is provided, for the procedure code of the service provided.
3. The NHVH shall make available for the use of the Contractor a multipurpose treatment room acceptable to the Contractor and in conformity with the sanitary standards of the Department of Health and Human Services of the State of New Hampshire.
4. The Contractor is responsible for paying their own license, taxes, and insurance costs.
5. The Contractor will submit an invoice to NHVH no later than 30 days after the service is rendered, per Exhibit B, to the following:
 - 5.1. Email: Accounts.Payable@nhvh.nh.gov
 - 5.2. Mail: NH Veterans Home
139 Winter Street
Tilton, NH 03276
ATTN: Business Office
6. NHVH has up to 30 days to pay the Contractor, per invoice submission.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit C

Contractor Initials

DK
5/17/24

New Hampshire Veterans Home



Exhibit E

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Veterans Home (NHVH) 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 NHVH 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, NHVH may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the NHVH agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by NHVH.
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 NHVH, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Exhibit E – Certification Regarding Debarment, Suspension and Other Responsibility Matters

Vendor Initials AK

Date 5/7/24

New Hampshire Veterans Home



Exhibit E

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 Office of Inspector General Exclusion Database: <https://exclusions.oig.hhs.gov/>
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, NHVH may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
 12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).
- ### LOWER TIER COVERED TRANSACTIONS.

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

Exhibit E – Certification Regarding Debarment, Suspension and Other Responsibility Matters

Vendor Initials

XK

Date

5/7/24

New Hampshire Veterans Home



Exhibit E

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.

Vendor Name:

5/7/24
Date

Name:
Title:

DANIEL F. KANA

Exhibit E – Certification Regarding Debarment, Suspension and Other Responsibility Matters

Vendor Initials DK

Date 5/7/24

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 NORTHEAST MOBILE DENTAL SERVICE, PLLC is a New Hampshire Professional Limited Liability Company registered to transact business in New Hampshire on December 04, 2018. 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: 808165

Certificate Number: 0006684176



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of May A.D. 2024.

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

David M. Scanlan
Secretary of State

(Limited partnership, Limited liability professional partnership or LLC)

Certificate of Authority # 3

Limited Partnership or LLC Certification of Authority

I, DANIEL F. KANA, hereby certify that I am the sole Partner, Member or
(Name)
Manager and the sole officer of NORTHEAST MOBILE DATA SERVICES, PLLC a limited liability partnership
(Name of Partnership or LLC)

under RSA 304-B, a limited liability professional partnership under RSA 304-D, or a limited liability company under RSA 304-C.

I certify that I am authorized to bind the partnership or LLC. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the partnership or LLC and that this authorization **shall remain valid for thirty (30) days** from the date of this Corporate Resolution.

DATED: 5/17/24

ATTEST: DANIEL F. KANA
(Name & Title)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/6/2024

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Christine Holman, CPCU, CIC PHONE: (603) 224-2562 FAX: (603) 224-8012 E-MAIL: cholman@rowleyagency.com ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Ins</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Ins		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Cincinnati Ins														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Northeast Mobile Dental Service PLLC 42 Darby Lane Bedford NH 03110														

COVERAGES CERTIFICATE NUMBER: 24-25 all lines 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	ADD. INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ECP0518002	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OPAGG \$ 6,000,000 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ECP0518002	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			ECP0518002	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	EW0518008	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional			ECP0518002	1/1/2024	1/1/2025	Each Occurrence 2,000,000 Annual Aggregate 4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Covering dental operations of the insured during the policy period.

CERTIFICATE HOLDER

NH Veteran's Home
 139 Winter Street
 Tilton, NH 03276-0229

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 C Holman, CPCU, CIC/C *Christine Holman*

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Margaret D. LaBrecque
Commandant

New Hampshire Veterans Home

139 Winter Street
Tilton, NH 03276-5415



Telephone: (603) 527-4400
Fax: (603) 286-4242

September 7, 2021

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

REQUESTED ACTION

Authorize the New Hampshire Veterans Home to retroactively enter into a contract with Northeast Mobile Dental Service, (VC 156895), 30 Pinkerton Street, Derry NH, 03038 in the amount of \$148,500 for the sole purpose of providing dental services on site to the residents of the New Hampshire Veterans Home effective July 1, 2021 through June 30, 2024.

Funding source is 39% Federal, 32% Agency Income, and 29% General Funds.

Funds are available in account titled 05-43-43-430010-5359, New Hampshire Veterans Home Professional Services, as follows with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified.

	<u>FY 2022</u>	<u>FY2023</u>	<u>FY2024</u>	<u>Total</u>
#-046-500462 Non Benefited Med -Consultants	\$49,500.	\$49,500.	\$49,500.	\$148,500.

EXPLANATION

This contract is retroactive due to the time it took for the RFP completion. This contract provides for dental services on site to the residents of the Home. In July 2021, the New Hampshire Veterans Home advertised for bids on the state of NH Purchase and Property web site as well as the New Hampshire Veterans Home web site for mobile dental services. Northeast Mobile Dental Service was the only vendor to respond to the RFP. Northeast Mobile Dental has provided in-house dental service to all of the Homes residents. Dr. Kana has provided this service satisfactorily for eighteen years and has developed a professional relationship with the residents. Older adults are susceptible to oral conditions and diseases due to age-related changes and chronic diseases. Typically, elders use many medications to treat medical conditions. Unfortunately, these same drugs can result in soft tissue damage in the mouth, taste bud changes, and dry mouth. By providing regular dental care to our residents, the Home is helping to minimize many of the mentioned conditions. This contract includes a two-year extension option that may be exercised at the end of the three-year term with Governor and Council approval

Respectfully Submitted,

Margaret D LaBrecque

Margaret D. LaBrecque
Commandant

74 mll

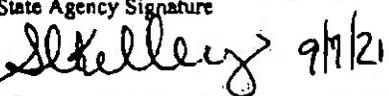
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

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 Veterans Home		1.2 State Agency Address 139 Winter Street, Tilton, NH 03276	
1.3 Contractor Name Northeast Mobile Dental Service PLLC		1.4 Contractor Address 42 Darby Lane, Bedford NH 03110	
1.5 Contractor Phone Number 603-493-6998	1.6 Account Number 043-010-53590000-046	1.7 Completion Date 6/30/2024	1.8 Price Limitation \$148,500
1.9 Contracting Officer for State Agency Stephanie Kelley		1.10 State Agency Phone Number 603-527-4838	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory DANIEL F. KANA, DDS - OWNER - DENTIST NEMDS, PLLC	
1.13 State Agency Signature Date:  9/1/21		1.14 Name and Title of State Agency Signatory Stephanie Kelley Business Administrator IV	
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: 9/10/2021			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

Aasha M. McCormack

9/1/21

SASHA McCORMACK, Notary Public
 State of New Hampshire
 My Commission Expires August 8, 2025

Contractor Initials DFK
 Date 9/1/21

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

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

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

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

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

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

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

7. PERSONNEL.

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

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

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

Contractor Initials

Date

DTK
9/4/21

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

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

9. TERMINATION.

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

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

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

Contractor Initials

Date

DJK
9/11/14

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

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

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

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

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

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

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

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

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

18. **CHOICE OF LAW AND FORUM.** This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

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

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

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

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

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

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

EXHIBIT A
SPECIAL PROVISIONS

1. Dentist represents and warrants that he has obtained and maintained in force all licenses and permits required by federal, state and local authorities for the performance of dental services.
2. This agreement may be cancelled by either party at any time without cause by giving a 30 day notice in writing to the other party.
3. Treatment of any injury sustained by a member or patient, which in the opinion of the Commandant, was caused by such member or patient's wanton or reckless conduct, will not be covered by this contract. These incidents will be treated as personal liabilities of the member or patient for the services rendered.
4. Contractor is aware of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and agrees to comply with its regulations concerning privacy and security.
5. Insurance and Bond: Subparagraph 14.1.1 of the General Provisions of this contract is deleted and the following subparagraph is added: "14.1.1 professional liability insurance:
 - Professional liability insurance in amounts of not less than \$1,000,000 per claim and \$3,000,000 per incident.

DAT K 9/9/21

EXHIBIT B
SCOPE OF SERVICES

A. Scope Of Services:

The New Hampshire Veterans Home proposes to enter into an agreement with a contractor to provide mobile dental services to all residents within the facility.

1. The Dentist shall provide the following services:
 - a) The NHVH hereby engages the Dentist and the Dentist hereby agrees to service the NHVH as an independent contractor and comply with the standards of professional practice of the Department of Health of the State of New Hampshire and the American Dental Association.
 - b) The Dentist shall perform those services customarily performed by a dentist engaged in general practice and have dental care responsibility for patients treated by him. The services are limited to examination, oral prophylaxis, scaling, fabrication and repair of dentures, restorations, oral hygiene instruction, and extractions within the limits of general practice. Compensation for dental services not provided by the Corporation shall be the responsibility of the NHVH.
 - c) The Dentist shall provide such dental equipment and supplies necessary for the provision of the dental services under the terms of this Agreement. At all times the Dentist shall remain the sole owner of said equipment.
 - d) The Dentist shall provide professional staff licensed by the State of New Hampshire for the provision of the dental services under this Agreement.
 - e) The Dentist shall pay laboratory fees incurred in the course of services provided under the terms of the Agreement.
 - f) The Dentist shall develop written dental services and oral hygiene policies and practices for the care of the patients.
 - g) The Dentist shall assure that a current record of the patient's dental status is included in the medical record within 14 days of admission, and that any emergency needs are met within 4 days of the initial resident assessment.
 - h) The Dentist shall provide at least two in-services for nursing and other appropriate personnel in carrying out the oral hygiene and dental services policies and practices per year.
 - i) The Dentist shall assure that dental care prescribed shall be within the physical and mental capacity of the patient to receive it.
 - j) The Dentist shall establish and maintain annual examinations and routine and emergency dental care.
 - k) The Dentist shall maintain a detailed list of both routine and emergency dental services.
 - l) The Dentist shall maintain adequate dental records of all dental care given as a part of the patient's medical record.

D. A. F. K. 9/17/21

- m) The Dentist shall comply with reasonable sanitary standards required by the Department of Health of the State of New Hampshire.
 - n) The Dentist shall provide approximately 26 dental service sessions per year. These sessions will be scheduled at least 2 per month. A session is a minimum of 4 hours and a maximum of 5 hours.
 - o) A Hygienist will provide approximately 12 dental visits per year for the purpose of patient prophylaxis, staff education, patient screenings and other administrative tasks. These visits will be on an alternating schedule with the Dentist.
 - p) The Dentist will insure that malpractice insurance is maintained by his professional staff, in the amount of \$1 million/\$3 million minimum.
 - q) The Dentist agrees to follow the non-discrimination policy of the NHVH, to discharge its obligations to treat all patients and to employ any and all persons without regard to race, creed, color, national origin, sex, sponsor or disability.
 - r) The Dentist shall make available, upon written request, the contract and books, documents and records of such Dentist, which are deemed necessary as determined by the Dentist to certify the nature and extent of expenses.
 - s) The Dentist will provide the attending physician with consultations, as necessary and appropriate for any resident examined by the Dentist.
2. The Dentist shall conduct his work so as to interfere as little as possible with State business, determine the State's normal working conditions and activities in progress and shall conduct the work in the least disruptive manner.
 3. The Dentist shall sign in and out every day as well as wear a contractors ID badge, provided by State.
 4. Unsatisfactory response to any or all of the listed services or requirements will be a basis for immediate termination of the contract.
 5. The New Hampshire Veterans Home reserves the right to terminate this contract at any given time with a 30 day written notice.
 6. The contract and all obligations of the parties there under, shall become effective upon acceptance by the State and shall be completed in their entirety prior to a specified date (Block 1.6). Any work undertaken by the contractor prior to the effective date shall be at his sole risk and, in the event that the contract shall not become effective, the State shall be under no obligation to reimburse the Contractor for any such work. The term of the contract shall be effective upon Governor and Executive Council Approval through June 30, 2019. With the option of extending for one (1) two (2) year period.

D. M. F. K. 9/1/19

EXHIBIT C
BUDGET AND METHOD OF PAYMENT

The Dentist hereby offers to provide mobile dental services to the NHVH in accordance with all of the requirements of this contract at the following prices for the entire contract term:

Year 1 (Total amount invoiced monthly) \$ <u>4,125.00 x 12 months =</u>	\$ <u>49,500.00</u>
Year 2 (Total amount invoiced monthly) \$ <u>4,125.00 x 12 months =</u>	\$ <u>49,500.00</u>
Year 3 (Total amount invoiced monthly) \$ <u>4,125.00 x 12 months =</u>	\$ <u>49,500.00</u>
Total not to exceed amount	\$ <u>148,500.00</u>

1. The Dentist is also authorized to receive third party payments for services rendered to residents above and beyond those covered in this contract to the extent of any applicable insurance coverage.
2. The NHVH remains responsible for ensuring that any service provided pursuant to this contract complies with all pertinent provisions of federal, state and local statutes, rules and regulations.
3. The NHVH shall make available for the use of the Dentist a multipurpose treatment room acceptable to the Dentist and in conformity with the sanitary standards of the Department of Health of the State of New Hampshire.

A. Invoicing:

The successful contractor shall agree to invoice the New Hampshire Veterans Home the amount equal to the total contract price divided by 36 months on a monthly basis. Please include one original invoice and one copy. Payment will not be due until thirty (30) days after the invoice has been received at the NH Veterans Home business office.

B. Payment:

Payment may be withheld if work is not performed as described under SCOPE OF SERVICES, and the immediate termination of this contract could occur.

Unless otherwise noted on the proposal, payment will be due thirty (30) days after invoicing. A check will be issued through the State Treasurer and forwarded to the Vendor within fourteen (14) days after processing begins at the agency level. Payments will be for only what has been agreed to in the RFP. The NHVH does not pay late charges or interest.

D. M. F. K. 9/12/14

NEW HAMPSHIRE VETERANS HOME

STANDARD EXHIBIT D
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D, Sec. 13400.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreasonable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402 of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- c. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.
- (3) Obligations and Activities of Business Associate.
- a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec. 13404.
- c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third-party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- f. 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.
- g. 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.

- h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

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

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used; but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, and the HITECH Act as amended from time to time. A reference in the Agreement, as amended to include this Exhibit D, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule and the HITECH Act.
- e. Segregation. If any term or condition of this Exhibit D or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit D are declared severable.
- f. Survival. Provisions in this Exhibit D regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3D, the defense and indemnification provisions of section 3D and standard contract provision #13, shall survive the termination of the Agreement.

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

<u>NEW HAMPSHIRE VETERANS HOME</u> The State Agency Name	<u>NORTHEAST MOBILE DENTAL SERVICE PLC</u> Name of the Contractor
<u>Margaret D LaBrecque</u> Signature of Authorized Representative	<u>Daniel F. Kama, DDS</u> Signature of Authorized Representative
<u>MARGARET D LABRECQUE</u> Name of Authorized Representative	<u>DANIEL F. KAMA DDS</u> Name of Authorized Representative
<u>Commandant</u> Title of Authorized Representative	<u>OWNER - DENTIST - NEMAS, PLC</u> Title of Authorized Representative
<u>9/7/2021</u> Date	<u>9/1/21</u> Date

Sasha McCormack
9/1/21

SASHA MCCORMACK, Notary Public
State of New Hampshire
My Commission Expires August 8, 2023

Contractor Initials: DK
Date: 9/1/21