



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF PUBLIC HEALTH SERVICES*

Lori A. Shibinette  
Commissioner

Patricia M. Tilley  
Director

29 HAZEN DRIVE, CONCORD, NH 03301  
603-271-4501 1-800-852-3345 Ext. 4501  
Fax: 603-271-4827 TDD Access: 1-800-735-2964  
[www.dhhs.nh.gov](http://www.dhhs.nh.gov)

December 5, 2022

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a **Sole Source** amendment to an existing contract with ICF Macro, Inc. (VC#175716-R001), Fairfax, VA to continue conducting the annual Behavioral Risk Factor Surveillance System and Asthma Callback Surveys, by increasing the price limitation by \$192,512 from \$2,759,545 to \$2,952,057 and by extending the completion date from December 31, 2022 to December 31, 2023, effective December 31, 2022, upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on December 21, 2016, item #22, amended on March 13, 2019, item #8, amended on October 7, 2020, item #11, amended on March 9, 2022, item #20, and most recently amended on November 22, 2022, item #19.

Funds are available in the following accounts for State Fiscal Year 2023 and are anticipated to be available in State Fiscal Year 2024, 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.

**See attached fiscal details.**

**EXPLANATION**

This request is **Sole Source** because the Department is seeking to extend the contract beyond the completion date, and there are no renewal options available. This request extends the contract until the end of 2023 calendar year, while the Department conducts a procurement for these services.

The Contractor will continue to complete the Behavioral Risk Factor Surveillance System and Asthma Callback Surveys. The Contractor completes the surveys, which is completely voluntary, to gather information used at state and local levels to identify emerging health problems, establish and track health objectives, and develop, implement, and evaluate a broad array of disease prevention activities. The Contractor collects information on uniform state-specific data on health risk behaviors, chronic diseases and conditions, access to health care, and use of preventive health services related to the leading causes of death and disability in the United States. The surveys provide one of the most important sources of health information in the state, and continues to serve as a foundation for state and local-level planning efforts. The surveys information helps to measure long-term changes in public health to inform state and local health promotion efforts.

The Contractor conducts more than 6,000 Behavioral Risk Factor Surveillance System surveys and approximately 500 Asthma Callback surveys annually, and produces statistically valid estimates of adult residents' health behaviors and practices and the prevalence of chronic diseases.

The Department will continue to monitor contracted services by ensuring:

- A minimum of 500 landline or cell phone interviews of randomly selected eligible New Hampshire adults 18 years of age or older, are completed each month contingent upon available funding; and
- Partially completed interviews (units) do not exceed three percent (3%) of the total monthly completed interviews.

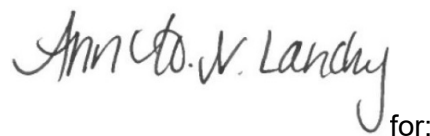
Should the Governor and Council not authorize this request; the Department will be unable to collect valuable data on the prevalence of diabetes, asthma, and arthritis, limiting the ability to provide outreach, education, intervention programs, and services to reduce the future impacts. The Behavioral Risk Factor Surveillance System Survey is the only comprehensive source of data for measuring general health status, behavior, prevention and screening in the adult population in New Hampshire.

Area served: Statewide

Source of Federal Funds: Adult Behavioral Risk Factor Survey Grant, CDFA #93.336, FAIN #NU58DP006030; CDFA #93.991 FAIN #NB01OT009381; CDFA # 93.945, FAIN #NU58DP006448.

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

Respectfully submitted,

A handwritten signature in cursive script that reads "Lori A. Shibinette". The signature is written in black ink and is positioned above the printed name and title.

for:

Lori A. Shibinette  
Commissioner

**ICF-Macro Amendment No. 5  
Fiscal Details**

**05-95-042-421010-2958 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD**

100% GENERAL FUNDS

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	643-504191	State General Funds for Placement	42105893	50,000.00	-	50,000.00
2022	643-504191	State General Funds for Placement	42105893	50,000.00	-	50,000.00
2023	643-504191	State General Funds for Placement	42105893	-	-	-
<b>Sub-Total</b>				<b>100,000.00</b>	<b>-</b>	<b>100,000.00</b>

**05-95-047-470010-7937 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: OFC OF MEDICAID SVS, MEDICAID**

50% FEDERAL FUNDS, 50% GENERAL FUNDS      CFDA 93.778      FAIN 2005NH5MAP      MEDICAID

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2020	102-500731	Contracts for Program Services	90016410	15,000.00		15,000.00
2021	102-500731	Contracts for Program Services	90016410	7,500.00		7,500.00
2022	102-500731	Contracts for Program Services	90016410	15,000.00		15,000.00
2023	102-500731	Contracts for Program Services	90016410	7,500.00		7,500.00
<b>Sub-Total</b>				<b>45,000.00</b>	<b>-</b>	<b>45,000.00</b>

**05-95-090-900510-5173 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, EPH TRACKING**

100% FEDERAL FUNDS      CFDA 93.070      FAIN NUE1EH001357      ENVIRONMENTAL PH TRACKING

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90016415	12,470.00		12,470.00
<b>Sub-Total</b>				<b>12,470.00</b>	<b>-</b>	<b>12,470.00</b>

**05-95-090-901510-7426 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, EPH TRACKING**

100% FEDERAL FUNDS      CFDA 93.070      FAIN NUE1EH001357

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2022	102-500731	Contracts for Program Services	90016415	-	-	-
2023	102-500731	Contracts for Program Services	90016415	-	-	-
<b>Sub-Total</b>				<b>-</b>	<b>-</b>	<b>-</b>

**05-95-090-900510-8667 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY**

100% FEDERAL FUNDS      CFDA 93.336      FAIN NU58DP006030

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2017	519-500360	BRFS-Behavior Risk Factor	90016400	111,919.00		111,919.00
2018	519-500360	BRFS-Behavior Risk Factor	90016400	156,000.00		156,000.00
2018	519-500360	BRFS-Behavior Risk Factor	90016400	50,250.00		50,250.00
2018	519-500360	BRFS-Behavior Risk Factor	90016400	15,000.00		15,000.00
2019	519-500360	BRFS-Behavior Risk Factor	90016400	187,259.00		187,259.00
2020	519-500360	BRFS-Behavior Risk Factor	90016400	224,567.59		224,567.59
2021	519-500360	BRFS-Behavior Risk Factor	90016400	150,416.00		150,416.00
2022	519-500360	BRFS-Behavior Risk Factor	90016400	345,000.00		345,000.00
2023	519-500360	BRFS-Behavior Risk Factor	90016400	207,250.00	178,750.00	386,000.00
<b>Sub-Total</b>				<b>1,447,661.59</b>	<b>178,750.00</b>	<b>1,626,411.59</b>

**05-95-090-900510-8667 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, BEHAVIORAL RISK**

100% OTHER FUNDS

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2017	519-500360	BRFS-Behavior Risk Factor	90016409	23,299.00		23,299.00
2017	519-500360	BRFS-Behavior Risk Factor	90016410	-		-
2017	519-500360	BRFS-Behavior Risk Factor	90016411	15,000.00		15,000.00
2017	519-500360	BRFS-Behavior Risk Factor	90016412	-		-
2017	519-500360	BRFS-Behavior Risk Factor	90016413	-		-
2017	519-500360	BRFS-Behavior Risk Factor	90016414	5,000.00		5,000.00
2017	519-500360	BRFS-Behavior Risk Factor	90016406	8,000.00		8,000.00
		<i>Subtotal SFY 2017</i>		51,299.00		51,299.00
2018	519-500360	BRFS-Behavior Risk Factor	90016411	15,000.00		15,000.00
2018	519-500360	BRFS-Behavior Risk Factor	90016412	38,000.00		38,000.00
2018	519-500360	BRFS-Behavior Risk Factor	90083200	19,000.00		19,000.00
2018	519-500360	BRFS-Behavior Risk Factor	90016414	30,000.00		30,000.00
2018	519-500360	BRFS-Behavior Risk Factor	90016406	8,000.00		8,000.00
		<i>Subtotal SFY 2018</i>		110,000.00		110,000.00
2019	519-500360	BRFS-Behavior Risk Factor	90016409	43,979.00		43,979.00
2019	519-500360	BRFS-Behavior Risk Factor	90016410	15,000.00		15,000.00
2019	519-500360	BRFS-Behavior Risk Factor	90016411	15,000.00		15,000.00
2019	519-500360	BRFS-Behavior Risk Factor	90016412	-		-
2019	519-500360	BRFS-Behavior Risk Factor	90083203	38,500.00		38,500.00
2019	519-500360	BRFS-Behavior Risk Factor	90016414	-		-
2019	519-500360	BRFS-Behavior Risk Factor	90017417	31,500.00		31,500.00
2019	519-500360	BRFS-Behavior Risk Factor	90016406	-		-
2019	519-500360	BRFS-Behavior Risk Factor	90082801	10,000.00		10,000.00
		<i>Subtotal SFY 2019</i>		153,979.00		153,979.00
2020	519-500360	BRFS-Behavior Risk Factor	90016409	31,897.41		31,897.41
2020	519-500360	BRFS-Behavior Risk Factor	90016410	15,000.00		15,000.00
2020	519-500360	BRFS-Behavior Risk Factor	90016411	15,000.00		15,000.00
2020	519-500360	BRFS-Behavior Risk Factor	90016414	26,500.00		26,500.00
2020	519-500360	BRFS-Behavior Risk Factor	90017417	-		-
2020	519-500360	BRFS-Behavior Risk Factor	90083200	38,500.00		38,500.00
2020	519-500360	BRFS-Behavior Risk Factor	90016406	-		-
2020	519-500360	BRFS-Behavior Risk Factor	90082801	-		-
		<i>Subtotal SFY 2020</i>		126,897.41		126,897.41
2021	519-500360	BRFS-Behavior Risk Factor	90016409	-		-
2021	519-500360	BRFS-Behavior Risk Factor	90016411	15,000.00		15,000.00
2021	519-500360	BRFS-Behavior Risk Factor	90017417	-		-
2021	519-500360	BRFS-Behavior Risk Factor	90016406	5,000.00		5,000.00
2021	519-500360	BRFS-Behavior Risk Factor	90082801	-		-
2021	519-500360	BRFS-Behavior Risk Factor	90016400	174,000.00		174,000.00
2021	519-500360	BRFS-Behavior Risk Factor	90086671	27,000.00		27,000.00
2021	519-500360	BRFS-Behavior Risk Factor	90016402	7,500.00		7,500.00
		<i>Subtotal SFY 2021</i>		228,500.00		228,500.00
2022	519-500360	BRFS-Behavior Risk Factor	90016414	-		-
2022	519-500360	BRFS-Behavior Risk Factor	90083204	-		-
2022	519-500360	BRFS-Behavior Risk Factor	90016409	-		-
2022	519-500360	BRFS-Behavior Risk Factor	90016406	15,000.00		15,000.00
2022	519-500360	BRFS-Behavior Risk Factor	90086671	-		-
2022	519-500360	BRFS-Behavior Risk Factor	90016402	15,000.00		15,000.00
		<i>Subtotal SFY 2022</i>		30,000.00		30,000.00
2023	519-500360	BRFS-Behavior Risk Factor	90016406	25,000.00	-	25,000.00
2023	519-500360	BRFS-Behavior Risk Factor	90016402	-	-	-
2023	519-500360	BRFS-Behavior Risk Factor	90086671	40,500.00	-	40,500.00
		<i>Subtotal SFY 2023</i>		65,500.00	-	65,500.00
		<b>Sub-total</b>		<b>766,175.41</b>	<b>-</b>	<b>766,175.41</b>

**05-95-090-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, RURAL HEALTH AND PRIMARY CARE**

100% FEDERAL FUNDS

CFDA 93.913

FAIN H95RH00149

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90073000	10,000.00		10,000.00
2022	102-500731	Contracts for Program Services	90073000	10,000.00		10,000.00
2023	102-500731	Contracts for Program Services	90073000	-	-	-
		<b>Sub-total</b>		<b>20,000.00</b>	<b>-</b>	<b>20,000.00</b>

**05-95-090-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, PREVENTIVE HEALTH BLOCK GRANT**

100% FEDERAL FUNDS

CFDA 93.991

NB01OT009381

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	900164009	106,250.00		106,250.00
2022	102-500731	Contracts for Program Services	900164009			-
2023	102-500731	Contracts for Program Services	900164009	96,988.00	9,262.00	106,250.00
			<b>Sub-total</b>	<b>203,238.00</b>	<b>9,262.00</b>	<b>212,500.00</b>

**05-95-090-902010-7422 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, CHRONIC DISEASE-ASTHMA**

100% FEDERAL FUNDS

CFDA 93.070

FAIN NU5EH001391

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90016414	15,000.00		15,000.00
2022	102-500731	Contracts for Program Services	90016414	-	-	-
2023	102-500731	Contracts for Program Services	90016414	15,000.00	-	15,000.00
			<b>Sub-Total</b>	<b>30,000.00</b>	<b>-</b>	<b>30,000.00</b>

**05-95-090-902010-1227 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, COMBINED CHRONIC DISEASE**

100% FEDERAL FUNDS

CFDA 93.426

FAIN NU58DP006515

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90016412	40,500.00		40,500.00
2022	102-500731	Contracts for Program Services	90016412	9,000.00		9,000.00
2023	102-500731	Contracts for Program Services	90016412	45,000.00	-	45,000.00
			<b>Sub-total</b>	<b>94,500.00</b>	<b>-</b>	<b>94,500.00</b>

**05-95-090-902010-5608 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, TOBACCO**

100% FEDERAL FUNDS

CFDA 93.387

FAIN NU58DP006786

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90018000	7,500.00		7,500.00
2022	102-500731	Contracts for Program Services	90018000	15,000.00		15,000.00
2023	102-500731	Contracts for Program Services	90018000	-	-	-
			<b>Sub-total</b>	<b>22,500.00</b>	<b>-</b>	<b>22,500.00</b>

**05-95-090-902010-7046 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, BUREAU OF COMM AND HEALTH SERVICES, ARTHRITIS**

100% FEDERAL FUNDS

CFDA 93.945

FAIN NU58DP006448

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2023	102-500731	Contracts for Program Services	90016418	18,000.00	4,500.00	22,500.00
			<b>Sub-total</b>	<b>18,000.00</b>	<b>4,500.00</b>	<b>22,500.00</b>
			<b>Total</b>	<b>2,759,545</b>	<b>192,512.00</b>	<b>2,952,057.00</b>

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

This Amendment to the Behavioral Risk Factor Surveillance System contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and ICF Macro, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 21, 2016, (Item #22), as amended on March 13, 2019, (Item #8), as amended on October 7, 2020, (Item #11), as amended on March 9, 2022, (Item #20), and most recently amended on November 22, 2022, (Item #19), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

1. Form P-37 General Provisions, Block 1.4, Contractor Address, to read:  
1902 Reston Metro Plaza  
Reston, VA 20190
2. Form P-37 General Provisions, Block 1.7, Completion Date, to read:  
December 31, 2023
3. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$2,952,057
4. Modify Exhibit B, Amendment #3, Methods and Conditions Precedent to Payment, Section 5, Subsection 5.1, to read:  
5.1 Payment shall be made on a cost reimbursement basis incurred in the fulfillment of this agreement in accordance with the Completed/Partially Completed Interview Unit Rates table below.

Interview Type	Completed/Partially Completed Interview Unit Rates				
	SFY 2021 7/1/20 – 6/30/21 Cost per Unit	SFY 2022 7/1/21 – 6/30/22 Cost per Unit	SFY 2023 7/1/22 – 12/31/22 Cost per Unit	SFY 2023 1/1/23 – 6/30/23 Cost per Unit	SFY 2024 7/1/23 – 12/31/23 Cost per Unit
Landlines	\$51.40	\$52.94	\$54.79	\$77.63	\$77.63
Cells	\$70.78	\$72.90	\$75.45	\$128.22	\$128.22
Asthma Callbacks (Adult & Childhood)	\$35.09	\$36.14	\$37.40	\$37.94	\$37.94

5. Modify Exhibit B, Amendment #4, Methods and Conditions Precedent to Payment, Section 2, to read:

2. This Contract is funded with:

2.1. 70% Federal Funds from the:

2.1.1. US Department of Health and Human Services, Centers for Disease Control and

Prevention, NH Statewide Surveillance: Adult Behavioral Risk Factor Survey Grant, Catalog of Federal Domestic Assistance (CFDA) #93.336, Federal Award Identification Number (FAIN) NU58DP006030;

- 2.1.2. US Department of Health and Human Services, Center for Medicaid Services, Medicaid Grant, CFDA #93.778, FAIN 2005NH5MAP;
  - 2.1.3. US Department of Health and Human Services, Centers for Disease Control and Prevention and Health Promotion, Diabetes and Heart Disease & Stroke Prevention Program, CFDA #93.426, FAIN NU58DP006515;
  - 2.1.4. US Department of Health and Human Services, Centers for Disease Control and Prevention, Preventive Health and Health Services Block Grant, CFDA #93.991, FAIN NB01OT009381; and
  - 2.1.5. US Department of Health and Human Services, Centers for Disease Control and Prevention, Awarded on July1, 2018 NH Public Health Approaches to Addressing Arthritis, CFDA 93.945, FAIN NU58DP006448.
  - 2.1.6 US Department of Health and Human Services, Centers for Disease Control and Prevention, Awarded on September 1, 2019, Improved Asthma Management, CFDA 93.070, FAIN NU5EH001391.
  - 2.1.7 Add New Funding Here for CDFA 93.336, FAIN NU58DP006886.
- 2.2. 4% General Funds.
- 2.3. 26% Other Funds from the University of New Hampshire (Institute on Disability and Disability and Health Program); and the Alzheimer's Association.

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 December 31, 2022, upon Governor and Council approval.

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

State of New Hampshire  
Department of Health and Human Services

12/6/2022  
\_\_\_\_\_  
Date

DocuSigned by:  
*Patricia M. Tilley*  
\_\_\_\_\_  
Name: Patricia M. Tilley  
Title: Director

ICF Macro, Inc.

12/6/2022  
\_\_\_\_\_  
Date

DocuSigned by:  
*kimberly kowalchik*  
\_\_\_\_\_  
Name: Kimberly Kowalchik  
Title: Senior Contracts Administrator



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

OFFICE OF THE ATTORNEY GENERAL

12/6/2022  
Date

DocuSigned by:  
*Robyn Guarino*  
748734865099  
Name: Robyn Guarino  
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:  
Title:

# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ICF MACRO, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on December 23, 1996. 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: **259980**

Certificate Number: **0005874274**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 22nd day of September A.D. 2022.

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

David M. Scanlan  
Secretary of State

**ICF MACRO, INC.  
ASSISTANT SECRETARY CERTIFICATE**

The undersigned, Rosemarie Jones, hereby certifies:

I am the duly elected and appointed Assistant Secretary of ICF Macro, Inc., a Delaware Corporation (the "Company"), and in that capacity I have access to the company records, minute books and tax records of the Company, and am familiar with the matters therein contained and herein certified.

ICF International, Inc., a Delaware corporation, is the ultimate parent company (the "Parent") to multiple subsidiaries worldwide (the "ICF Companies"), including ICF Macro, Inc.

Pursuant to resolutions adopted and approved by the Parent's Board of Directors, such Board expressly granted and delegated defined authorities to one or more senior executives of the Parent, who are empowered to further delegate signature and other operational authority for the ICF Companies.

ROBERT TOTH has been duly elected and appointed Senior Vice President, Contracts and Administration of the Company, has been duly authorized to bind the Company to terms and conditions of bids, proposals, contracts and other actions by the authorized senior management of the Company, has authority to sign any and all documents necessary to complete the aforementioned, and such authorization is presently in full force and effect.

ROBERT TOTH is authorized to delegate authority to authorize other Company officials to bind the Company to terms and conditions of bids, proposals, contracts, and other specific actions and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, related to New Hampshire Department of Health and Human Services Behavioral Risk Factor Surveillance System (#RFP-2017-DPHS-02-BRFSS-01-A05) ("Matter") with the State of New Hampshire and any of its agencies or departments ("Company Client").

ROBERT TOTH has delegated his signature authority and authority to bind the Company regarding the Matter to KIMBERLY KOWALCHIK, Senior Contracts Administrator. Ms. Kowalchik is duly authorized to sign alone on behalf of the Company regarding the Matter. This authority remains valid for thirty (30) days from the date of this Assistant Secretary Certificate. This Assistant Secretary Certificate is valid solely with respect to this Matter and this Company Client.

IN WITNESS WHEREOF, I have executed this Assistant Secretary Certificate on this 6<sup>th</sup> day of December, 2022.

**Rosemarie  
Jones**

Digitally signed by Rosemarie  
Jones  
Date: 2022.12.06 14:35:12  
-05'00'

---

Rosemarie Jones, Assistant Secretary  
ICF Macro, Inc.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
12/06/2022

**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> Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> ICF Macro, Inc. 1902 Reston Metro Plaza Reston VA 20190 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Great Northern Insurance Co.		20303
	INSURER B: ACE American Insurance Company		22667
	INSURER C: Federal Insurance Company		20281
	INSURER D: Continental Casualty Company		20443
	INSURER E:		
INSURER F:			

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER: 570096694646**      **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			35812409 Package - Domestic	07/01/2022	07/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			7352-29-55 Automobile - All States	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			71754337 Workers Compensation	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
D	E&O-MPL-Primary			652011911 E&O Includes Cyber	07/01/2022	07/01/2023	Prof Liab Agg - Cla \$3,000,000 Overall policy aggr \$3,000,000

Certificate No : 570096694646

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Re: Contract VC# 175716-R001 // New Hampshire BRFS // Contract 12/12/2016 to 12/31/23  
 State of New Hampshire is included as Additional Insured, as their interests may appear as respects to General Liability, and Automobile Liability.  
 Where additional Insured status is granted and subject to the standard terms and conditions of the individual policies, coverage is Primary and Non-Contributory.

**CERTIFICATE HOLDER**

**CANCELLATION**

State of New Hampshire Department of Health and Human Services 129 Pleasant Street Concord, NH 03301-3857 USA	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  
--	---



# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED ICF Macro, Inc.	
POLICY NUMBER See Certificate Number: 570096694646			
CARRIER See Certificate Number: 570096694646	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

As respects General Liability, Automobile Liability and workers' Compensation, A Waiver of subrogation is included, but only to the extent permitted by law.

OCT 27 '22 PM 2:48 RCVD

19



Lori A. Shibinette  
Commissioner

Patricia M. Tilley  
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

*DIVISION OF PUBLIC HEALTH SERVICES*

29 HAZEN DRIVE, CONCORD, NH 03301

603-271-4501 1-800-852-3345 Ext. 4501

Fax: 603-271-4827 TDD Access: 1-800-735-2964

www.dhhs.nh.gov

October 12, 2022

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend an existing agreement with ICF Macro, Inc. (VC#175716-R001), Fairfax, VA to continue conducting the annual Behavioral Risk Factor Surveillance System and Asthma Callback Surveys, by increasing the price limitation by \$148,738 from \$2,610,807 to \$2,759,545 with no change to the contract completion date of December 31, 2022, effective upon Governor and Council approval. 98% Federal Funds. 2% Other Funds (University of New Hampshire, Disability and Health Program, and Alzheimer's Association).

The original contract was approved by Governor and Council on December 21, 2016, item #22, amended on March 13, 2019, item #8, amended on October 7, 2020, item #11, and most recently amended on March 9, 2022, item #20.

Funds are available in the following accounts for State Fiscal Year 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

**See attached fiscal details.****EXPLANATION**

The purpose of this request is to continue to support the Department in administering the Centers for Disease Control and Prevention (CDC) supported New Hampshire Behavioral Risk Factor Surveillance System (BRFSS). BRFSS data is used at the state and local levels to identify emerging health problems, establish and track health objectives, and develop, implement, and evaluate a broad array of disease prevention activities. BRFSS data are one of the most important sources of health information in the state, and continue to serve as a foundation for state and local-level planning efforts. Funds added in this amendment will specifically support questions about Alzheimer's disease, diabetes, asthma, and the experience of people with arthritis and disabilities.

BRFSS's objective is to collect information on uniform state-specific data on health risk behaviors, chronic diseases and conditions, access to health care, and use of preventive health services related to the leading causes of death and disability in the United States. BRFSS data describes the prevalence of health risk behaviors among New Hampshire residents and measures long-term changes in public health to inform state and local health promotion efforts. Participation is completely voluntary. The additional funds will be applied to improve surveillance of diabetes, asthma, and arthritis information and prevalence.

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

The New Hampshire Behavioral Risk Factor Surveillance System conducts more than 6,000 interviews and approximately 500 Asthma Callback Interviews annually, and produces statistically valid estimates of adult residents' health behaviors and practices and the prevalence of chronic diseases.

The Department will continue to monitor contracted services by ensuring:

- A minimum of 500 landline or cell phone interviews of randomly selected eligible New Hampshire adults 18 years of age or older, are completed each month contingent upon available funding;
- Partially completed interviews (units) do not exceed three percent (3%) of the total monthly completed interviews; and

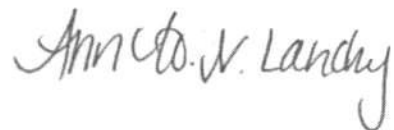
Should the Governor and Council not authorize this request; the Department will be unable to collect valuable data on the prevalence of diabetes, asthma, and arthritis, limiting the ability to provide outreach, education, intervention programs, and services to reduce the future impacts. The Behavioral Risk Factor Surveillance System Survey is the only comprehensive source of data for measuring general health status, behavior, prevention and screening in the adult population in New Hampshire.

Area served: Statewide.

Source of Federal Funds: Adult Behavioral Risk Factor Survey Grant, CFDA #93.36, FAIN #NU58DP006030; Center for Medicaid Services, Medicaid Grant, CFDA #93.778, FAIN 2005NH5MAP; Diabetes and Heart Disease & Stroke Prevention Program, CFDA #93.426, FAIN NU58DP006515; Preventive Health and Health Services Block Grant, CFDA #93.991, FAIN NB01OT009381; NH Public Health Approaches to Addressing Arthritis CFDA #93.945, FAIN # NU58DP006448 and Improved Asthma Management, CFDA 93.070, FAIN NU5EH001391.

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

Respectfully submitted,



for:

Lori A. Shibinette  
Commissioner

ICF-Macro Amend  
Fiscal Detail

05-95-042-421010-2958 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD

100% GENERAL FUNDS

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
		State General Funds for				
2021	643-504191	Placement	42105893	50,000.00	-	50,000.00
		State General Funds for				
2022	643-504191	Placement	42105893	50,000.00	-	50,000.00
		State General Funds for				
2023	643-504191	Placement	42105893	-	-	-
			<b>Sub-Total</b>	<b>100,000.00</b>	<b>-</b>	<b>100,000.00</b>

05-95-047-470010-7937 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: OFC OF MEDICAID SVS, MEDICAID

50% FEDERAL FUNDS, 50% GENERAL FUNDS      CFDA 93.778      FAIN 2005NH5MAP      MEDICAID

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2020	102-500731	Contracts for Program Services	90016410	15,000.00		15,000.00
2021	102-500731	Contracts for Program Services	90016410	7,500.00		7,500.00
2022	102-500731	Contracts for Program Services	90016410	15,000.00		15,000.00
2023	102-500731	Contracts for Program Services	90016410	7,500.00		7,500.00
			<b>Sub-Total</b>	<b>45,000.00</b>	<b>-</b>	<b>45,000.00</b>

05-95-090-900510-5173 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, EPH TRACKING

100% FEDERAL FUNDS      CFDA 93.070      FAIN NUE1EH001357      ENVIRONMENTAL PH TRACKING

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90016415	12,470.00		12,470.00
			<b>Sub-Total</b>	<b>12,470.00</b>	<b>-</b>	<b>12,470.00</b>

05-95-090-901510-7426 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, EPH TRACKING

100% FEDERAL FUNDS      CFDA 93.070      FAIN NUE1EH001357

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2022	102-500731	Contracts for Program Services	90016415	15,000.00	(15,000.00)	-
2023	102-500731	Contracts for Program Services	90016415	6,250.00	(6,250.00)	-
			<b>Sub-Total</b>	<b>21,250.00</b>	<b>(21,250.00)</b>	<b>-</b>

05-95-090-900510-8667 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

100% FEDERAL FUNDS      CFDA 93.336      FAIN NU58DP006030

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2017	519-500360	BRFS-Behavior Risk Factor	90016400	111,919.00		111,919.00
2018	519-500360	BRFS-Behavior Risk Factor	90016400	156,000.00		156,000.00
2018	519-500360	BRFS-Behavior Risk Factor	90016400	50,250.00		50,250.00
2018	519-500360	BRFS-Behavior Risk Factor	90016400	15,000.00		15,000.00
2019	519-500360	BRFS-Behavior Risk Factor	90016400	187,259.00		187,259.00
2020	519-500360	BRFS-Behavior Risk Factor	90016400	224,567.59		224,567.59
2021	519-500360	BRFS-Behavior Risk Factor	90016400	150,416.00		150,416.00
2022	519-500360	BRFS-Behavior Risk Factor	90016400	345,000.00		345,000.00
2023	519-500360	BRFS-Behavior Risk Factor	90016400	172,000.00	35,250.00	207,250.00
			<b>Sub-Total</b>	<b>1,412,411.59</b>	<b>35,250.00</b>	<b>1,447,661.59</b>

05-95-090-900510-8667 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

100% OTHER FUNDS

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2017	519-500360	BRFS-Behavior Risk Factor	90016409	23,299.00		23,299.00
2017	519-500360	BRFS-Behavior Risk Factor	90016410	-		-
2017	519-500360	BRFS-Behavior Risk Factor	90016411	15,000.00		15,000.00
2017	519-500360	BRFS-Behavior Risk Factor	90016412	-		-
2017	519-500360	BRFS-Behavior Risk Factor	90016413	-		-
2017	519-500360	BRFS-Behavior Risk Factor	90016414	5,000.00		5,000.00
2017	519-500360	BRFS-Behavior Risk Factor	90016406	8,000.00		8,000.00
		Subtotal SFY 2017		51,299.00		51,299.00
2018	519-500360	BRFS-Behavior Risk Factor	90016411	15,000.00		15,000.00
2018	519-500360	BRFS-Behavior Risk Factor	90016412	38,000.00		38,000.00
2018	519-500360	BRFS-Behavior Risk Factor	90083200	19,000.00		19,000.00



2018	519-500360	BRFS-Behavior Risk Factor	90016414	30,000.00		30,000.00
2018	519-500360	BRFS-Behavior Risk Factor	90016406	8,000.00		8,000.00
		<i>Subtotal SFY 2018</i>		110,000.00		110,000.00
2019	519-500360	BRFS-Behavior Risk Factor	90016409	43,979.00		43,979.00
2019	519-500360	BRFS-Behavior Risk Factor	90016410	15,000.00		15,000.00
2019	519-500360	BRFS-Behavior Risk Factor	90016411	15,000.00		15,000.00
2019	519-500360	BRFS-Behavior Risk Factor	90016412	-		-
2019	519-500360	BRFS-Behavior Risk Factor	90083203	38,500.00		38,500.00
2019	519-500360	BRFS-Behavior Risk Factor	90016414	-		-
2019	519-500360	BRFS-Behavior Risk Factor	90017417	31,500.00		31,500.00
2019	519-500360	BRFS-Behavior Risk Factor	90016406	-		-
2019	519-500360	BRFS-Behavior Risk Factor	90082801	10,000.00		10,000.00
		<i>Subtotal SFY 2019</i>		153,979.00		153,979.00
2020	519-500360	BRFS-Behavior Risk Factor	90016409	31,897.41		31,897.41
2020	519-500360	BRFS-Behavior Risk Factor	90016410	15,000.00		15,000.00
2020	519-500360	BRFS-Behavior Risk Factor	90016411	15,000.00		15,000.00
2020	519-500360	BRFS-Behavior Risk Factor	90016414	26,500.00		26,500.00
2020	519-500360	BRFS-Behavior Risk Factor	90017417	-		-
2020	519-500360	BRFS-Behavior Risk Factor	90083200	38,500.00		38,500.00
2020	519-500360	BRFS-Behavior Risk Factor	90016406	-		-
2020	519-500360	BRFS-Behavior Risk Factor	90082801	-		-
		<i>Subtotal SFY 2020</i>		126,897.41		126,897.41
2021	519-500360	BRFS-Behavior Risk Factor	90016409	-		-
2021	519-500360	BRFS-Behavior Risk Factor	90016411	15,000.00		15,000.00
2021	519-500360	BRFS-Behavior Risk Factor	90017417	-		-
2021	519-500360	BRFS-Behavior Risk Factor	90016406	5,000.00		5,000.00
2021	519-500360	BRFS-Behavior Risk Factor	90082801	-		-
2021	519-500360	BRFS-Behavior Risk Factor	90016400	174,000.00		174,000.00
2021	519-500360	BRFS-Behavior Risk Factor	90086671	27,000.00		27,000.00
2021	519-500360	BRFS-Behavior Risk Factor	90016402	7,500.00		7,500.00
		<i>Subtotal SFY 2021</i>		228,500.00		228,500.00
2022	519-500360	BRFS-Behavior Risk Factor	90016414	-		-
2022	519-500360	BRFS-Behavior Risk Factor	90083204	-		-
2022	519-500360	BRFS-Behavior Risk Factor	90016409	-		-
2022	519-500360	BRFS-Behavior Risk Factor	90016406	15,000.00		15,000.00
2022	519-500360	BRFS-Behavior Risk Factor	90086671	-		-
2022	519-500360	BRFS-Behavior Risk Factor	90016402	15,000.00		15,000.00
		<i>Subtotal SFY 2022</i>		30,000.00		30,000.00
2023	519-500360	BRFS-Behavior Risk Factor	90016406	15,000.00	10,000.00	25,000.00
2023	519-500360	BRFS-Behavior Risk Factor	90016402	7,500.00	(7,500.00)	-
2023	519-500360	BRFS-Behavior Risk Factor	90086671	40,500.00	-	40,500.00
		<i>Subtotal SFY 2023</i>		63,000.00	2,500.00	65,500.00
		<b>Sub-total</b>		<b>763,675.41</b>	<b>2,500.00</b>	<b>766,175.41</b>

05-95-090-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, RURAL HEALTH

100% FEDERAL FUNDS

CFDA 93.913

FAIN H95RH00149

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90073000	10,000.00		10,000.00
2022	102-500731	Contracts for Program Services	90073000	10,000.00		10,000.00
2023	102-500731	Contracts for Program Services	90073000	7,500.00	(7,500.00)	-
		<b>Sub-total</b>		<b>27,500.00</b>	<b>(7,500.00)</b>	<b>20,000.00</b>

05-95-090-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, PREVENTIVE

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	900164009	106,250.00		106,250.00
2022	102-500731	Contracts for Program Services	900164009			-
2023	102-500731	Contracts for Program Services	900164009		96,988.00	96,988.00
<b>Sub-total</b>				<b>106,250.00</b>	<b>96,988.00</b>	<b>203,238.00</b>

05-95-090-902010-7422 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, CHRONIC DISEASE-100% FEDERAL FUNDS

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90016414	15,000.00		15,000.00
2022	102-500731	Contracts for Program Services	90016414			-
2023	102-500731	Contracts for Program Services	90016414		15,000.00	15,000.00
<b>Sub-Total</b>				<b>15,000.00</b>	<b>15,000.00</b>	<b>30,000.00</b>

05-95-090-902010-1227 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, COMBINED

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90016412	40,500.00		40,500.00
2022	102-500731	Contracts for Program Services	90016412	9,000.00		9,000.00
2023	102-500731	Contracts for Program Services	90016412		45,000.00	45,000.00
<b>Sub-total</b>				<b>49,500.00</b>	<b>45,000.00</b>	<b>94,500.00</b>

05-95-090-902010-5608 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, TOBACCO

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90018000	7,500.00		7,500.00
2022	102-500731	Contracts for Program Services	90018000	15,000.00		15,000.00
2023	102-500731	Contracts for Program Services	90018000	35,250.00	(35,250.00)	-
<b>Sub-total</b>				<b>57,750.00</b>	<b>(35,250.00)</b>	<b>22,500.00</b>

05-95-090-902010-7046 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, BUREAU OF COMM

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2023	102-500731	Contracts for Program Services	90016418		18,000.00	18,000.00
<b>Sub-total</b>				<b>-</b>	<b>18,000.00</b>	<b>18,000.00</b>
<b>Total</b>				<b>2,610,807</b>	<b>148,738.00</b>	<b>2,759,545.00</b>

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

This Amendment to the Behavioral Risk Factor Surveillance System contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and ICF Macro, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 21, 2016, (Item #22), as amended on March 13, 2019, (Item #8), as amended on October 7, 2020, (Item #11), and most recently amended on March 9, 2022, (Item #20), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Paragraph 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to increase the price limitation to support continued delivery of these services; and

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$2,759,545
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:  
Robert W. Moore, Director
3. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 2, to read:
  2. This Contract is funded with:
    - 2.1. 68% Federal Funds from the:
      - 2.1.1. US Department of Health and Human Services, Centers for Disease Control and Prevention, NH Statewide Surveillance: Adult Behavioral Risk Factor Survey Grant, Catalog of Federal Domestic Assistance (CFDA) #93.336, Federal Award Identification Number (FAIN) NU58DP006030;
      - 2.1.2. US Department of Health and Human Services, Center for Medicaid Services, Medicaid Grant, CFDA #93.778, FAIN 2005NH5MAP;
      - 2.1.3. US Department of Health and Human Services, Centers for Disease Control and Prevention and Health Promotion, Diabetes and Heart Disease & Stroke Prevention Program, CFDA #93.426, FAIN NU58DP006515;
      - 2.1.4. US Department of Health and Human Services, Centers for Disease Control and Prevention, Preventive Health and Health Services Block Grant, CFDA #93.991, FAIN NB01OT009381; and
      - 2.1.5. US Department of Health and Human Services, Centers for Disease Control and Prevention, Awarded on July 1, 2018 NH Public Health Approaches to Addressing Arthritis, CFDA 93.945, FAIN NU58DP006448.
      - 2.1.6. US Department of Health and Human Services, Centers for Disease Control and Prevention, Awarded on September 1, 2019, Improved Asthma Management,

DS  
kk

CFDA 93.070, FAIN NU5EH001391.

2.2. 4% General Funds.

2.3. 28% Other Funds from the University of New Hampshire (Institute on Disability and Disability and Health Program); and the Alzheimer's Association.

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

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

State of New Hampshire  
Department of Health and Human Services

9/29/2022  
\_\_\_\_\_  
Date

DocuSigned by:  
*Patricia M. Tilley*  
\_\_\_\_\_  
Name: Patricia M. Tilley  
Title: Director

9/29/2022  
\_\_\_\_\_  
Date

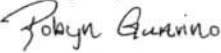
ICF Macro, Inc.  
DocuSigned by:  
*kimberly kowalchik*  
\_\_\_\_\_  
Name: Kimberly Kowalchik  
Title: Senior Contracts Administrator

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

OFFICE OF THE ATTORNEY GENERAL

10/4/2022

Date

DocuSigned by:  
  
 Name: ~~ROBYN~~ Guarino  
 Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:  
Title:

FEB24'22 PM 3:24 RCVD

20  
MAC

Lori A. Shibinette  
Commissioner

Patricia M. Tilley  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF PUBLIC HEALTH SERVICES*

29 HAZEN DRIVE, CONCORD, NH 03301  
603-271-4501 1-800-852-3345 Ext. 4501  
FAX: 603-271-4827 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

February 22, 2022

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend an existing agreement with ICF Macro, Inc. (VC#175716-R001), Fairfax, VA to continue conducting the annual Behavioral Risk Factor Surveillance System and Asthma Callback Surveys, by increasing the price limitation by \$27,500 from \$2,583,307 to \$2,610,807 with no change to the contract completion date of December 31, 2022, effective upon Governor and Council approval. 100% Other Funds (University of New Hampshire, Disability and Health Program, and Alzheimer's Association).

The original contract was approved by Governor and Council on December 16, 2016, item #22, amended on March 13, 2019, item #8, and most recently amended on October 7, 2020, item #11.

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

**See attached fiscal details.**

**EXPLANATION**

The purpose of this request is to conduct New Hampshire Behavioral Risk Factor Surveillance System Survey interviews that include an optional Caregiver Module and to continue conducting the annual Asthma Callback Survey. The Behavioral Risk Factor Surveillance System (BRFSS) is a Centers for Disease Control and Prevention (CDC) supported health-related telephone survey that collects information about health-related risk behaviors, chronic health conditions, and use of preventive health care services. BRFSS data describes the prevalence of health risk behaviors among New Hampshire residents and measures long-term changes in public health to inform state and local health promotion efforts. Participation is completely voluntary.

The additional funds will allow further questions to be asked of individuals who care to family members with chronic illnesses or disabilities. Caregivers are often at risk for increased stress, strain and reduced mental and physical health, as a result of their caregiving role. The Caregiver Module provides an outlet for caregivers to identify needs and concerns, while allowing the Department to collect public health data to aide in the development of appropriate strategies and policies to improve the health and overall well-being of caregivers. This data will inform programs and services to maintain caregiver health, maintain the health of the person receiving care, and postpone the costly alternative of placement in long-term care facilities.

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

The New Hampshire Behavioral Risk Factor Surveillance System conducts more than 6,000 interviews and approximately 500 Asthma Callback Interviews annually, and produces statistically valid estimates of adult residents' health behaviors and practices and the prevalence of chronic diseases.

The Department will continue to monitor contracted services by ensuring:

- A minimum of 500 landline or cell phone interviews of randomly selected eligible New Hampshire adults 18 years of age or older, are completed each month contingent upon available funding;
- Partially completed interviews (units) do not exceed three percent (3%) of the total monthly completed interviews; and
- A monthly random sample of 10 audio interviews is uploaded to the Contractor's web portal for Department review.

Should the Governor and Council not authorize this request, the Department will be unable to collect valuable data on the prevalence of caregivers' health, limiting the ability to provide outreach, education, intervention programs, and services to reduce the future impacts of dementia. The Behavioral Risk Factor Surveillance System Survey is the only comprehensive source of data for measuring general health status, behavior, prevention and screening in the adult population in New Hampshire.

Area served: Statewide

Source of Funds: 100% Other Funds (University of New Hampshire, Disability and Health Program, and Alzheimer's Association)

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

Respectfully submitted,



Lori A. Shabinette  
Commissioner





ICF-Macro Amend  
Fiscal Detail

05-95-042-421010-2958 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES  
DIV, CHILD PROTECTION, CHILD-FAMILY SERVICES

100% GENERAL FUNDS

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	643-504191	State General Funds for Placement	42105893	50,000.00	-	50,000.00
2022	643-504191	State General Funds for Placement	42105893	50,000.00	-	50,000.00
2023	643-504191	State General Funds for Placement	42105893			
			Sub-Total	100,000.00		100,000.00

05-95-047-470010-7937 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: OFC OF MEDICAID SVS, MEDICAID ADMINISTRATION

50% FEDERAL FUNDS, 50% GENERAL FUNDS CFDA 93.778 FAIN 2005NHSMAP MEDICAID

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90016410	7,500.00		7,500.00
2022	102-500731	Contracts for Program Services	90016410	15,000.00		15,000.00
2023	102-500731	Contracts for Program Services	90016410	7,500.00		7,500.00
			Sub-Total	30,000.00		30,000.00

2.1.3

05-95-090-900510-5173 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, EPH TRACKING

100% FEDERAL FUNDS CFDA 93.070 FAIN NUE1EH001357 ENVIRONMENTAL PH TRACKING

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90016415	12,470.00		12,470.00
2022	102-500731	Contracts for Program Services	90016415	15,000.00	(15,000.00)	
2023	102-500731	Contracts for Program Services	90016415	6,250.00	(6,250.00)	
			Sub-Total	33,720.00	(21,250.00)	12,470.00

2.1.7

05-95-090-900510-7426 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, EPH TRACKING

100% FEDERAL FUNDS CFDA 93.070 FAIN NUE1EH001357 ENVIRONMENTAL PH TRACKING

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2022	102-500731	Contracts for Program Services	90016415		15,000.00	15,000.00
2023	102-500731	Contracts for Program Services	90016415		6,250.00	6,250.00
			Sub-Total		21,250.00	21,250.00

2.1.7

05-95-090-900510-8667 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

100% FEDERAL FUNDS CFDA 93.336 FAIN NUS8DP006030 ADULT BEHAVIORAL RISK FACTOR SURVEY

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	519-500360	BRFS-Behavior Risk Factor	90016400	174,000.00		174,000.00
2022	519-500360	BRFS-Behavior Risk Factor	90016400	345,000.00		345,000.00
2023	519-500360	BRFS-Behavior Risk Factor	90016400	207,250.00		207,250.00
			Sub Total	726,250.00		726,250.00

2.1.1

05-95-090-900510-8667 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

100% OTHER FUNDS

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	519-500360	BRFS-Behavior Risk Factor	90086671	27,000.00		27,000.00
2021	519-500360	BRFS-Behavior Risk Factor	90016402	7,500.00		7,500.00
2021	519-500360	BRFS-Behavior Risk Factor	90016406	5,000.00		5,000.00

2022 519-500360	BRFS-Behavior Risk Factor	90086671	27,000.00	(27,000.00)		
2022 519-500360	BRFS-Behavior Risk Factor	90016402	15,000.00		15,000.00	
2022 519-500360	BRFS-Behavior Risk Factor	90016406	15,000.00		15,000.00	
2023 519-500360	BRFS-Behavior Risk Factor	90016402	7,500.00		7,500.00	
2023 519-500360	BRFS-Behavior Risk Factor	90016406	1,000.00	14,000.00	15,000.00	UNH
2023 519-500360	BRFS-Behavior Risk Factor	90086671		40,500.00	40,500.00	Alzheimers
Sub-total			105,000.00	27,500.00	132,500.00	

05-95-090-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, RURAL HEALTH AND PRIMARY CARE

100% FEDERAL FUNDS		CFDA 93.913	FAIN H95RH00149	STATE OFFICE OF RURAL HEALTH		
Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90073000	10,000.00		10,000.00
2022	102-500731	Contracts for Program Services	90073000	10,000.00		10,000.00
2023	102-500731	Contracts for Program Services	90073000			
Sub-total				20,000.00		20,000.00

05-95-090-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, PREVENTIVE HEALTH BLOCK GRANT

100% FEDERAL FUNDS		CFDA 93.991	FAIN N8010T009366	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT		
Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	900164009	106,250.00		106,250.00
2022	102-500731	Contracts for Program Services	900164009			
2023	102-500731	Contracts for Program Services	900164009			
Sub-total				106,250.00		106,250.00

05-95-090-901510-5667 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, CHRONIC DISEASE-ASTHMA

100% FEDERAL FUNDS		CFDA 93.070	FAIN NUSEH001391	IMPROVED ASTHMA MANAGEMENT		
Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90016414	15,000.00		15,000.00
2022	102-500731	Contracts for Program Services	90016414			
2023	102-500731	Contracts for Program Services	90016414			
Sub-Total				15,000.00		15,000.00

05-95-090-902010-1227 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, COMBINED CHRONIC DISEASE

100% FEDERAL FUNDS		CFDA 93.426	FAIN NUS8DP006515	PREVENTION AND MGMT OF DIABETES AD HEART DISEASE		
Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90016412	40,500.00		40,500.00
2022	102-500731	Contracts for Program Services	90016412	9,000.00		9,000.00
2023	102-500731	Contracts for Program Services	90016412			
Sub-total				49,500.00		49,500.00

05-95-090-902010-5608 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: PUBLIC HEALTH SVS, TOBACCO

100% FEDERAL FUNDS		CFDA 93.387	FAIN NUS8DP006786	TOBACCO PREVENTION AND CESSATION PROGRAM		
Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2021	102-500731	Contracts for Program Services	90018000	7,500.00		7,500.00
2022	102-500731	Contracts for Program Services	90018000	15,000.00		15,000.00
2023	102-500731	Contracts for Program Services	90018000	7,500.00		7,500.00
Sub-total				30,000.00		30,000.00

ff	995,720.00	gf	100,000.00	other	132,500.00	1,228,220.00
	81%		8%		11%	

	1,215,720		27,500.00		1,243,220.00	1,243,220
--	-----------	--	-----------	--	--------------	-----------

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

This Amendment to the Behavioral Risk Factor Surveillance System contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and ICF Macro, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 21, 2016, (Item #22), as amended on March 13, 2019, (Item #8), as amended on October 7, 2020, (Item #11), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Paragraph 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$2,610,807.
2. Modify Exhibit A, Scope of Services, Section 3. Scope of Services, by adding Subsection 3.8.,4.2, to read:  
Caregiver Module  
3.8.1. The Contractor shall incorporate a series of questions into the 2022 New Hampshire Behavioral Risk Factor Surveillance System (BRFSS) Survey, aimed at individuals that provide care to family members with chronic illness or disabilities. The Contractor shall implement a Caregiver Module by collecting data that includes, but is not limited to:
  - 3.8.1.1. Number of caregivers providing care to family members with disabilities.
  - 3.8.1.2. Characteristics of adult caregivers.
  - 3.8.1.3. Types of caregiving tasks performed.
  - 3.8.1.4. Frequency and duration of caregiver activities.
  - 3.8.1.5. Number of adults who expect to become caregivers in the near future.
3. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 2, to read:
  2. This Contract is funded with:
    - 2.1. 80% Federal Funds from the:
      - 2.1.1. US Department of Health and Human Services, Centers for Disease Control and Prevention, NH Statewide Surveillance: Adult Behavioral Risk Factor Survey Grant, Catalog of Federal Domestic Assistance (CFDA) #93.336, Federal Award Identification Number (FAIN) NU58DP006030;
      - 2.1.2. US Department of Health and Human Services, Center for Medicaid Services, Medicaid Grant, CFDA #93.778, FAIN 2005NH5MAP;
      - 2.1.3. US Department of Health and Human Services, Centers for Disease Control and Prevention, Asthma Prevention and Control Grant, CFDA #93.070, FAINs

*mk*

NUE1EH001357 and NU5EH001357;

- 2.1.4. US Department of Health and Human Services, Centers for Disease Control and Prevention and Health Promotion, Diabetes and Heart Disease & Stroke Prevention Program, CFDA #93.426, FAIN NU58DP006515;
- 2.1.5. US Department of Health and Human Services, Centers for Disease Control and Prevention, Preventative Health and Health Services Block Grant, CFDA#93.991, FAIN NB01OT009366;
- 2.1.6. US Department of Health and Human Services, Centers for Disease Control and Prevention, Grants to State for Operation of Offices of Rural Health, CFDA #93.913, FAIN H95RH00149; and
- 2.1.7. US Department of Health and Human Services, Centers for Disease Control and Prevention, National State-Based Tobacco Control Programs, CFDA #93.387, FAIN NU58DP006786.

2.2. 9% General Funds.

2.3. 11% Other Funds from the University of New Hampshire (NH Disability & PH Project and Occupational Safety & Health); Dartmouth Hitchcock (Colorectal Cancer Screening Program); and the Alzheimer's Association.

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

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

State of New Hampshire  
Department of Health and Human Services

2/22/2022

Date

DocuSigned by:  
*Patricia M. Tilley*  
Name: Patricia M. Tilley  
Title: Director

ICF Macro, Inc.

2/22/2022

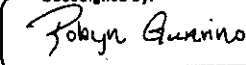
Date

DocuSigned by:  
*Jane M. Ketchum*  
Name: Jane M. Ketchum  
Title: Manager, Contracts

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

OFFICE OF THE ATTORNEY GENERAL

2/23/2022  
Date

DocuSigned by:  
  
Name: Robyn Guarino  
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:  
Title:

11  
mac

Lori A. Shibiante  
Commissioner

Lisa M. Morris  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301  
603-271-4501 1-800-852-3345 Ext. 4501  
Fax: 603-271-4827 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

September 22, 2020

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend an existing agreement with ICF Macro, Inc. (VC #175716-R001), Fairfax, VA, to continue conducting the annual Behavioral Risk Factor Surveillance System and Asthma Callback Surveys, by exercising a contract renewal option by increasing the price limitation by \$1,215,720 from \$1,367,587 to \$2,583,307, and extending the completion date from December 31, 2020 to December 31, 2022 effective upon Governor and Council approval. 83% Federal Funds. 8% General Funds. 9% Other Funds (University of New Hampshire, Dartmouth Hitchcock and the Alzheimer's Association).

The original contract was approved by Governor and Council on December 21, 2016, item #22, and most recently amended with Governor and Council approval on March 13, 2019, item #8.

Funds are available in the following accounts for State Fiscal Year 2021 and are anticipated to be available in State Fiscal Years 2022 and 2023, 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.

**See attached fiscal details.**

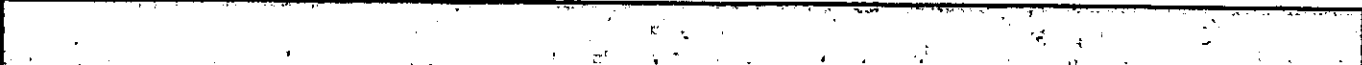
**EXPLANATION**

The purpose of this request is to continue conducting the annual Behavioral Risk Factor Surveillance System and Asthma Callback Surveys. These surveys collect information on the prevalence of health risk behaviors among New Hampshire residents and measure long-term changes in public health, which the Department in turn utilizes to target interventions and to evaluate public health programs and services.

The New Hampshire Behavioral Risk Factor Surveillance System conducts over 6,000 interviews and approximately 500 Asthma Callback Interviews annually, and produces statistically valid estimates of adult residents' health behaviors and practices and the prevalence of chronic diseases.

The Contractor will continue to conduct the Behavioral Risk Factor Surveillance System survey statewide. The random telephone survey of adults has been conducted each year in New Hampshire since 1987. The survey period begins in January each year and continues for the next twelve (12) consecutive calendar months without interruption. This survey is administered in all fifty (50) states and is in large part funded by the Centers for Disease Control. In addition to measuring the prevalence of specific health risk behaviors at the state and county levels, as well as for the cities of Manchester and Nashua, the survey helps the Department understand the health risks and benefits that can be influenced by individual behavior. Information is also collected on the prevalence of health conditions such as asthma, diabetes and cardiovascular disease. The Department will use the collected information to plan, implement and evaluate health programs and to identify high-risk segments of the population for focused education, outreach and other types of health promotion and disease prevention activities.

*The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.*



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

Additionally, the Behavioral Risk Factor Surveillance System is an efficient data-gathering tool during times of emergency to help residents of New Hampshire. For example, in 2020, questions were added to assess the impact of the COVID-19 pandemic on workers' safety.

The Department will continue to monitor contracted services by ensuring:

- A minimum of five hundred (500) landline or cell phone interviews of randomly selected eligible New Hampshire adults eighteen (18) years of age or older, are completed each month contingent upon available funding;
- Partially completed interviews (units) do not exceed three percent (3%) of the total monthly completed interviews; and
- A monthly random sample of ten (10) audio interviews is uploaded to the Contractor's web portal for Department review.

As referenced in Exhibit C-1 General Provisions of the original contract, the parties have the option to extend the agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for the remaining two (2) years available.

Should the Governor and Council not authorize this request, information on the prevalence of health risk behaviors among New Hampshire residents may not be available, limiting the ability of the Department to measure long-term changes in the health of the public and evaluate its health improvement programs. The Behavioral Risk Factor Surveillance System survey is the only comprehensive source of data for measuring general health status, behavior, prevention and screening in the adult population in New Hampshire. The suspension of the Behavioral Risk Factor Surveillance System survey could also impede the State's ability to gather information expeditiously to respond to emerging disease outbreaks or natural disasters.

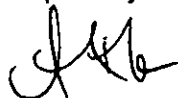
Area served: Statewide

Sources of Funds:

- CFDA #93.336, FAIN #NU58DP006886;
- CFDA #93.070, FAIN #U59EH000509 and #NUE1EH001391;
- CFDA #93.426, FAIN #NU58DP006515;
- CFDA #93.991, FAIN TBD;
- CFDA #93.913, FAIN #H95RH00149;
- CFDA #93.387, FAIN #NU58DP006786;
- CFDA #93.778, FAIN #2005NH5MAP;
- CFDA #93.243, FAIN #SP020796;
- CFDA #93.757, FAIN #58DP004821;
- State General Funds; and
- Other Funds.

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

Respectfully submitted,



Lori A. Shibinette  
Commissioner

FA





**Behavioral Risk Factor Surveillance System  
RFP-2017-DPHS-02-BRFSS-01-A02**

**Fiscal Details**

<b>05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRFSS (91% Federal Funds, 9% Other Funds)</b>						
<b>State Fiscal Year</b>	<b>Class / Account</b>	<b>Class Title</b>	<b>Job Number</b>	<b>Current Budget</b>	<b>Increased (Decreased) Amount</b>	<b>Modified Budget</b>
2017	519/500360	BRFSS Behavior Risk Factor	90016400	\$111,919.00	\$0.00	\$111,919.00
	519/500360	BRFSS Behavior Risk Factor	90016409	\$23,299.00	\$0.00	\$23,299.00
	519/500360	BRFSS Behavior Risk Factor	90016410	\$0.00	\$0.00	\$0.00
	519/500360	BRFSS Behavior Risk Factor	90016411	\$15,000.00	\$0.00	\$15,000.00
	519/500360	BRFSS Behavior Risk Factor	90016412	\$0.00	\$0.00	\$0.00
	519/500360	BRFSS Behavior Risk Factor	90016413	\$0.00	\$0.00	\$0.00
	519/500360	BRFSS Behavior Risk Factor	90016414	\$5,000.00	\$0.00	\$5,000.00
	519/500360	BRFSS Behavior Risk Factor	90016406	\$8,000.00	\$0.00	\$8,000.00
		<i>Subtotal SFY 2017</i>		\$163,218.00	\$0.00	\$163,218.00
2018	519/500360	BRFSS Behavior Risk Factor	90016400	\$156,000.00	\$0.00	\$156,000.00
	519/500360	BRFSS Behavior Risk Factor	90016400	\$50,250.00	\$0.00	\$50,250.00
	519/500360	BRFSS Behavior Risk Factor	90016400	\$15,000.00	\$0.00	\$15,000.00
	519/500360	BRFSS Behavior Risk Factor	90016411	\$15,000.00	\$0.00	\$15,000.00
	519/500360	BRFSS Behavior Risk Factor	90016412	\$38,000.00	\$0.00	\$38,000.00
	519/500360	BRFSS Behavior Risk Factor	90083200	\$19,000.00	\$0.00	\$19,000.00
	519/500360	BRFSS Behavior Risk Factor	90016414	\$30,000.00	\$0.00	\$30,000.00
	519/500360	BRFSS Behavior Risk Factor	90016406	\$8,000.00	\$0.00	\$8,000.00
		<i>Subtotal SFY 2018</i>		\$331,250.00	\$0.00	\$331,250.00
2019	519/500360	BRFSS Behavior Risk Factor	90016400	\$187,259.00	\$0.00	\$187,259.00
	519/500360	BRFSS Behavior Risk Factor	90016409	\$43,979.00	\$0.00	\$43,979.00
	519/500360	BRFSS Behavior Risk Factor	90016410	\$15,000.00	\$0.00	\$15,000.00
	519/500360	BRFSS Behavior Risk Factor	90016411	\$15,000.00	\$0.00	\$15,000.00
	519/500360	BRFSS Behavior Risk Factor	90016412	\$0.00	\$0.00	\$0.00
	519/500360	BRFSS Behavior Risk Factor	90083203	\$38,500.00	\$0.00	\$38,500.00
	519/500360	BRFSS Behavior Risk Factor	90016414	\$0.00	\$0.00	\$0.00
	519/500360	BRFSS Behavior Risk Factor	90017417	\$31,500.00	\$0.00	\$31,500.00
	519/500360	BRFSS Behavior Risk Factor	90016406	\$0.00	\$0.00	\$0.00
	519/500360	BRFSS Behavior Risk Factor	90082801	\$10,000.00	\$0.00	\$10,000.00
		<i>Subtotal SFY 2019</i>		\$341,238.00	\$0.00	\$341,238.00
2020	519/500360	BRFSS Behavior Risk Factor	90016400	\$224,567.59	\$0.00	\$224,567.59
	519/500360	BRFSS Behavior Risk Factor	90016409	\$31,897.41	\$0.00	\$31,897.41
	519/500360	BRFSS Behavior Risk Factor	90016410	\$15,000.00	\$0.00	\$15,000.00
	519/500360	BRFSS Behavior Risk Factor	90016411	\$15,000.00	\$0.00	\$15,000.00
	519/500360	BRFSS Behavior Risk Factor	90016414	\$26,500.00	\$0.00	\$26,500.00
	519/500360	BRFSS Behavior Risk Factor	90017417	\$0.00	\$0.00	\$0.00
	519/500360	BRFSS Behavior Risk Factor	90083200	\$38,500.00	\$0.00	\$38,500.00
	519/500360	BRFSS Behavior Risk Factor	90016406	\$0.00	\$0.00	\$0.00
	519/500360	BRFSS Behavior Risk Factor	90082801	\$0.00	\$0.00	\$0.00
		<i>Subtotal SFY 2020</i>		\$351,465.00	\$0.00	\$351,465.00

**Behavioral Risk Factor Surveillance System  
RFP-2017-DPHS-02-BRFSS-01-A02**

**Fiscal Details**

2021	519/500360	BRFSS Behavior Risk Factor	90016400	\$150,416.00	\$0.00	\$150,416.00
	519/500360	BRFSS Behavior Risk Factor	90016409	\$0.00	\$0.00	\$0.00
	519/500360	BRFSS Behavior Risk Factor	90016411	\$15,000.00	\$0.00	\$15,000.00
	519/500360	BRFSS Behavior Risk Factor	90017417	\$0.00	\$0.00	\$0.00
	519/500360	BRFSS Behavior Risk Factor	90016414	\$0.00	\$15,000.00	\$15,000.00
	519/500360	BRFSS Behavior Risk Factor	90016406	\$0.00	\$5,000.00	\$5,000.00
	519/500360	BRFSS Behavior Risk Factor	90082801	\$0.00	\$0.00	\$0.00
	519/500360	BRFSS Behavior Risk Factor	90016400	\$0.00	\$174,000.00	\$174,000.00
	519/500360	BRFSS Behavior Risk Factor	90016412	\$0.00	\$40,500.00	\$40,500.00
	519/500360	BRFSS Behavior Risk Factor	90016415	\$0.00	\$12,470.00	\$12,470.00
	519/500360	BRFSS Behavior Risk Factor	90016409	\$0.00	\$106,250.00	\$106,250.00
	519/500360	BRFSS Behavior Risk Factor	90073000	\$0.00	\$10,000.00	\$10,000.00
	519/500360	BRFSS Behavior Risk Factor	90018000	\$0.00	\$7,500.00	\$7,500.00
	519/500360	BRFSS Behavior Risk Factor	90086671	\$0.00	\$27,000.00	\$27,000.00
	519/500360	BRFSS Behavior Risk Factor	90016402	\$0.00	\$7,500.00	\$7,500.00
		<i>Subtotal SFY 2021</i>		\$165,416.00	\$405,220.00	\$570,636.00
2022	519/500360	BRFSS Behavior Risk Factor	90016400	\$0.00	\$345,000.00	\$345,000.00
	519/500360	BRFSS Behavior Risk Factor	90016414	\$0.00		\$0.00
	519/500360	BRFSS Behavior Risk Factor	90016412	\$0.00	\$9,000.00	\$9,000.00
	519/500360	BRFSS Behavior Risk Factor	90016415	\$0.00	\$15,000.00	\$15,000.00
	519/500360	BRFSS Behavior Risk Factor	90083204	\$0.00		\$0.00
	519/500360	BRFSS Behavior Risk Factor	90016409	\$0.00		\$0.00
	519/500360	BRFSS Behavior Risk Factor	90073000	\$0.00	\$10,000.00	\$10,000.00
	519/500360	BRFSS Behavior Risk Factor	90018000	\$0.00	\$15,000.00	\$15,000.00
	519/500360	BRFSS Behavior Risk Factor	90016406	\$0.00	\$15,000.00	\$15,000.00
	519/500360	BRFSS Behavior Risk Factor	90086671	\$0.00	\$27,000.00	\$27,000.00
	519/500360	BRFSS Behavior Risk Factor	90016402	\$0.00	\$15,000.00	\$15,000.00
		<i>Subtotal SFY 2022</i>		\$0.00	\$451,000.00	\$451,000.00
2023	519/500360	BRFSS Behavior Risk Factor	90016400	\$0.00	\$172,000.00	\$172,000.00
	519/500360	BRFSS Behavior Risk Factor	90016415	\$0.00	\$6,250.00	\$6,250.00
	519/500360	BRFSS Behavior Risk Factor	90073000	\$0.00	\$7,500.00	\$7,500.00
	519/500360	BRFSS Behavior Risk Factor	90018000	\$0.00	\$35,250.00	\$35,250.00
	519/500360	BRFSS Behavior Risk Factor	90016406	\$0.00	\$1,000.00	\$1,000.00
	519/500360	BRFSS Behavior Risk Factor	90016402	\$0.00	\$7,500.00	\$7,500.00
		<i>Subtotal SFY 2023</i>		\$0.00	\$229,500.00	\$229,500.00
			<b>Subtotal</b>	<b>\$1,352,587.00</b>	<b>\$1,085,720.00</b>	<b>\$2,438,307.00</b>

05-95-047-470010-7937 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF HUMAN SERVICES, HHS: OFFICE OF MEDICAID & BUS POLICY (50% Federal Funds, 50% General Funds)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Modified Budget
2020	102/500731	Contracts for Prog Svc	90016410	\$15,000.00	\$0.00	\$15,000.00
2021	102/500731	Contracts for Prog Svc	90016410	\$0.00	\$7,500.00	\$7,500.00
2022	102/500731	Contracts for Prog Svc	90016410	\$0.00	\$15,000.00	\$15,000.00
2023	102/500731	Contracts for Prog Svc	90016410	\$0.00	\$7,500.00	\$7,500.00
			<b>Subtotal</b>	<b>\$15,000.00</b>	<b>\$30,000.00</b>	<b>\$45,000.00</b>

**Behavioral Risk Factor Surveillance System  
RFP-2017-DPHS-02-BRFSS-01-A02  
Fiscal Details**

<b>05-95-42-42101-2958 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF HUMAN SERVICES, BUREAU OF CHILD PROTECTION, CHILD-FAMILY SERVICES (100% General Funds)</b>						
<b>State Fiscal Year</b>	<b>Class / Account</b>	<b>Class Title</b>	<b>Job Number</b>	<b>Current Budget</b>	<b>Increased (Decreased) Amount</b>	<b>Modified Budget</b>
2021	519/500360	Contracts for Prog Svc	42105893	\$0.00	\$50,000.00	\$50,000.00
2022	519/500360	Contracts for Prog Svc	42105893	\$0.00	\$50,000.00	\$50,000.00
2023	519/500360	Contracts for Prog Svc	42105893	\$0.00	\$0.00	\$0.00
			<b>Subtotal</b>	<b>\$0.00</b>	<b>\$100,000.00</b>	<b>\$100,000.00</b>
			<b>TOTAL</b>	<b>\$1,367,587.00</b>	<b>\$1,215,720.00</b>	<b>\$2,583,307.00</b>

**New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System**



**State of New Hampshire  
Department of Health and Human Services  
Amendment #2 to the Behavioral Risk Factor Surveillance System Contract**

This 2<sup>nd</sup> Amendment to the Behavioral Risk Factor Surveillance System contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and ICF Macro, Inc. (hereinafter referred to as "the Contractor"), a for-profit corporation with a place of business at 9300 Lee Highway, Fairfax, VA 22031.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 21, 2016 (Item #22), as amended on March 13, 2019 (Item #8), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Paragraph 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:  
December 31, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$2,583,307.
3. Modify Exhibit A, Scope of Services, Section 1, Provisions Applicable to All Services, by adding Subsection 1.3 as follows:
  - 1.3. For the purposes of this Contract, "unit" is defined as a completed/partially completed interview.
4. Modify Exhibit A, Scope of Services, Section 6. Reporting, by deleting Subsection 6.1 in its entirety and replacing with the following:
  - 6.1. The Contractor shall post/submit a monthly progress report by email or via a web site to Department indicating:
    - 6.1.1. The number of completed and partially completed interviews (units) by strata, by month and year-to-date.
    - 6.1.2. Final CDC Disposition Codes for all sample records, both complete and incomplete.
    - 6.1.3. The monthly and year-to-date response rates (Council of American Survey Research Organizations, Cooperation and Refusal).
    - 6.1.4. Average interview duration.
    - 6.1.5. An annual evaluation report of survey quality.
5. Modify Exhibit A, Scope of Services, Section 8. Performance Measures/Deliverables, Subsection 8.1, by deleting Paragraph 8.1.2 in its entirety and replacing with the following:
  - 8.1.2. Partially completed interviews (units) should not exceed 3.0% of the monthly total surveys completed.



**New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System**

---

6. Modify Exhibit B, Methods and Conditions Precedent to Payment, by replacing it in its entirety with Exhibit B – Amendment #2, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
7. Modify Exhibit B-5, Cost Bid Budget Amendment #1 by deleting it in its entirety.

**New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System**

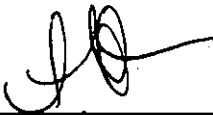


All terms and conditions of the Contract and prior amendment not inconsistent with this Amendment #2 remain in full force and effect. This amendment shall be effective upon the date of Governor and Executive Council approval.

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

State of New Hampshire  
Department of Health and Human Services

9/23/20  
Date

  
Name: Ann Landry  
Title: Assoc. Commissioner

ICF Macro, Inc.

9/22/2020  
Date

Maha Shah  
Name: Maha Shah  
Title: Contracts Administrator



**New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System**

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

OFFICE OF THE ATTORNEY GENERAL

09/23/20  
Date

Catherine Pinos  
Name: Catherine Pinos, Attorney  
Title:

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

OFFICE OF THE SECRETARY OF STATE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:  
Title:

New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System



**Exhibit B – Amendment #2**

**Method and Conditions Precedent to Payment**

1. The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This Contract is funded with:
  - 2.1. 83% Federal Funds from the:
    - 2.1.1. US Department of Health and Human Services, Centers for Disease Control and Prevention, NH Statewide Surveillance: Adult Behavioral Risk Factor Survey Grant, Catalog of Federal Domestic Assistance (CFDA) #93.336, Federal Award Identification Number (FAIN) NU58DP006886;
    - 2.1.2. US Department of Health and Human Services, Centers for Disease Control and Prevention, Preventive Health Services Grant, CFDA #93.758, FAIN B01OT009037;
    - 2.1.3. US Department of Health and Human Services, Center for Medicaid Services, Medicaid Grant, CFDA #93.778, FAIN 2005NH5MAP;
    - 2.1.4. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Partnership for Success 2015 Grant, CFDA #93.243, FAIN SP020796;
    - 2.1.5. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.757, FAIN 58DP004821;
    - 2.1.6. US Department of Health and Human Services, Health Resources and Services Administration, Home Visiting Grant CFDA #93.505, FAIN MC19420;
    - 2.1.7. US Department of Health and Human Services, Centers for Disease Control and Prevention, Asthma Prevention and Control Grant, CFDA #93.070, FAINs U59EH000509, NUE1EH001391 and NUE1EH001357;
    - 2.1.8. US Department of Health and Human Services, Centers for Disease Control and Prevention and Health Promotion, Diabetes and Heart Disease & Stroke Prevention Program, CFDA #93.426, FAIN NU58DP006515;
    - 2.1.9. US Department of Health and Human Services, Centers for Disease Control and Prevention, Preventive Health and Health Services Block Grant, CFDA #93.991, FAIN TBD;
    - 2.1.10. US Department of Health and Human Services, Centers for Disease Control and Prevention, Grants to States for Operation of Offices of Rural Health, CFDA #93.913, FAIN H95RH00149; and
    - 2.1.11. US Department of Health and Human Services, Centers for Disease Control and Prevention, National State-Based Tobacco Control Programs, CFDA #93.387, FAIN NU58DP006786.
  - 2.2. 8% General Funds.
  - 2.3. 9% Other Funds from the University of New Hampshire (NH Disability & PH Project and Occupational Safety & Health); Dartmouth Hitchcock (Colorectal Cancer Screening Program); and the Alzheimer's Association.



New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System



## Exhibit B – Amendment #2

3. For the purposes of this Agreement:

3.1. The Department has identified the Vendor as a Contractor, in accordance with 2 CFR 200.330.

3.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.

4. The Contractor agrees to provide the services in Exhibit A, Scope of Service, in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.

5. Payment for said services shall be made monthly as follows:

5.1 Payment shall be made on a cost reimbursement basis incurred in the fulfillment of this agreement in accordance with the Completed/Partially Completed Interview Unit Rates table below.

Completed/Partially Completed Interview Unit Rates			
Interview Type	SFY 2021 7/1/20 – 6/30/21 Cost per Unit	SFY 2022 7/1/21 – 6/30/22 Cost per Unit	SFY 2023 7/1/22 – 12/31/22 Cost per Unit
Landlines	\$51.40	\$52.94	\$54.79
Cells	\$70.78	\$72.90	\$75.45
Asthma Callbacks (Adult & Childhood)	\$35.09	\$36.14	\$37.40

5.2 The Contractor shall submit an invoice in a form satisfactory to the State by the twentieth (20<sup>th</sup>) working day of each month, which identifies and requests reimbursement for the number and type of surveys completed in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment.

5.3 The State will make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. The Contractor will keep detailed records of their activities related to DHHS-funded programs and services.

5.4 The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

5.5 In lieu of hard copies, invoices may be assigned an electronic signature and emailed. Hard copies shall be mailed to:

Department of Health and Human Services  
Division of Public Health Services  
29 Hazen Drive  
Concord, NH 03301  
Email address: [DPHScontractbilling@dhhs.nh.gov](mailto:DPHScontractbilling@dhhs.nh.gov)

6. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjust encumbrances between State Fiscal Years through the Budget Office if

New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System



**Exhibit B – Amendment #2**

---

needed and justified, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.



Jeffrey A. Meyers  
Commissioner

Lisa M. Morris  
Director

8  
Mac

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF PUBLIC HEALTH SERVICES*

29 HAZEN DRIVE, CONCORD, NH 03301  
603-271-4501 1-800-852-3345 Ext. 4501  
Fax: 603-271-4827 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

February 12, 2019

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to **retroactively** exercise a renewal option and amend an existing agreement with ICF Macro, Inc., Vendor # 175716-R001, 9300 Lee Highway, Fairfax, VA 22031, to plan, organize, test, and implement the annual Behavioral Risk Factor Surveillance System (BRFSS) survey questionnaire by increasing the price limitation by \$705,075, from \$662,512 to an amount not to exceed \$1,367,587 to and extending the completion date from December 31, 2018 to December 31, 2020 effective retroactive to January 1, 2019 upon Governor and Executive Council approval. Funds are 96.64% Federal, 2.19% General and 1.17% Other Funds.

The original agreement was approved by the Governor and Executive Council on December 21, 2016 (Item #22 – Vote 5-0).

Funds are available in the following accounts for State Fiscal Year (SFY) 2019 and are anticipated to be available in SFY 2020 and 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust encumbrances between State Fiscal Years through the Budget Office without approval from the Governor and Executive Council, if needed and justified.

05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRSS

Fiscal Year	Class / Account	Class Title	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2017	519/500360	Contracts for Prog Svc	\$163,218	\$0.00	\$163,218
SFY 2018	519/500360	Contracts for Prog Svc	\$331,250	\$0.00	\$331,250
SFY 2019	519/500360	Contracts for Prog Svc	\$168,044	\$173,194	\$341,238
SFY 2020	519/500360	Contracts for Prog Svc	\$0.00	\$351,465	\$351,465
SFY 2021	519/500360	Contracts for Prog Svc	\$0.00	\$180,416	\$180,416

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

			\$662,512	\$705,075	\$1,367,587

**SEE ATTACHED FISCAL DETAILS**

**EXPLANATION**

This request is **retroactive** because the Department did not receive the fully executed documents in time for the request to be heard at the December 19, 2018 meeting of the Governor and Executive Council. The purpose of this request is to ensure information on the prevalence of health risk behaviors among New Hampshire residents is available to the Department in order to measure long-term changes in health to the public, which in turn is used to target interventions, measure performance of public health programs and services.

The Behavioral Risk Factor Surveillance Survey is a statewide, random telephone survey of adults that has been conducted each year in New Hampshire for the past twenty years. The survey period begins in January of each year and continues for the next twelve consecutive calendar months without interruption. This survey is administered in all fifty (50) states and is in large part funded by the Centers for Disease Control.

The objective of the Behavioral Risk Factor Surveillance Survey is to measure the prevalence of specific health risk behaviors among New Hampshire citizens as well as to understand their knowledge of both the health risks and health benefits that can be influenced by individual behavior. The telephone survey provides information about health related behaviors at the state and county levels as well as for the Cities of Manchester and Nashua. Information is also collected about the prevalence of health conditions such as asthma, diabetes and cardiovascular disease. No personally identifiable information is collected, and the individuals contacted choose to participate, or to not participate, in the survey.

The information from the survey is used by the Department of Health and Human Services to plan, implement and evaluate health programs and to identify high-risk segments of the population for focused education, outreach and other types of health promotion and disease prevention activities. This information is also used to inform policy makers and the public to assist with setting health program priorities. The Behavioral Risk Factor Surveillance Survey is the only comprehensive source of data for measuring general health status, behavior, prevention and screening in the adult population in New Hampshire.

Should the Governor and Council not authorize this request, information on the prevalence of health risk behaviors among New Hampshire residents will not be available. Furthermore, the Department of Health and Human Services would not be able to measure long-term changes in the health of the public, and thus would be unable to evaluate the performance of its health improvement programs. In extreme situations, the suspension of the Behavioral Risk Factor Surveillance Survey could impede the State's ability to expeditiously gather information to respond to emerging disease outbreaks or natural disasters.

The NH BRFSS program is designed to generate state-wide estimates of NH residents' health behaviors and practices that are linked to the leading causes of morbidity and mortality. The statistics collected will be used by the Division of Public Health Services and other local health agencies for planning and implementing health promotion activities serving about 1.35 million New Hampshire residents.

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

Examples of State-Wide Usage of BRFSS data:

The BRFSS program is an efficient data gathering tool during times of emergency for assisting NH residents. For example: The 2007 BRFSS survey asked NH residents questions about personal preparedness during a natural disaster. The results indicated that only 54% of households have a three-day supply of water on hand. This information was used to craft outreach and education messages to NH residents and designated September as New Hampshire Preparedness Month.

In 2009 and 2010, questions were quickly added to the BRFSS to monitor vaccination rates for the 2009 H1N1 influenza outbreak as well as flu-like illness.

Area served: Statewide.

Source of Funds: 96.64% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicaid Services, Substance Abuse Block Grant, Substance Abuse and Mental Health Services Administration, and Health Resources and Services Administration, 2.19% General Funds and 1.17% Other Funds from the University of New Hampshire.

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

Respectfully submitted,



Jeffrey A. Meyers  
Commissioner

**NH Behavioral Risk Factor Surveillance System Contract  
SFY 2017 through SFY 2021 Financial Detail**

**05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRFSS**

**100% Federal Funds**

**CFDA # 93.336  
FAIN NU58DP006030**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increased (Decreased) Amount	Revised Modified Budget
2017	519/500360	BRFSS Behavior Risk Factor	90016400	111,919.00	-	111,919.00
2018	519/500360	BRFSS Behavior Risk Factor	90016400	156,000.00	-	156,000.00
2019	519/500360	BRFSS Behavior Risk Factor	90016400	112,000.00	75,259.00	187,259.00
2020	519/500360	BRFSS Behavior Risk Factor	90016400		224,567.59	224,567.59
2021	519/500360	BRFSS Behavior Risk Factor	90016400		150,416.00	150,416.00
		Sub Total		379,919.00	450,242.59	830,161.59

**05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRFSS**

**100% Federal Funds**

**CFDA # 93.758  
FAIN B01OT009037**

**JN90016409  
93.991  
NB01OT009205**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increased (Decreased) Amount	Revised Modified Budget
2017	519/500360	BRFSS Behavior Risk Factor	90016409	23,299.00	-	23,299.00
2018	519/500360	BRFSS Behavior Risk Factor	90016409	50,250.00	-	50,250.00
2019	519/500360	BRFSS Behavior Risk Factor	90016409	9,544.00	34,435.00	43,979.00
2020	519/500360	BRFSS Behavior Risk Factor	90016409		31,897.41	31,897.41
2021	519/500360	BRFSS Behavior Risk Factor	90016409		-	-
		Sub Total		83,093.00	66,332.41	149,425.41

**05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRFSS**

**50% Federal Funds - 50% General Funds**

**CFDA # 93.778  
FAIN 05NH5028**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increased (Decreased) Amount	Revised Modified Budget
2017	519/500360	BRFSS Behavior Risk Factor	90016410	-	-	-
2018	519/500360	BRFSS Behavior Risk Factor	90016410	15,000.00	-	15,000.00
2019	519/500360	BRFSS Behavior Risk Factor	90016410	15,000.00	-	15,000.00
2020	519/500360	BRFSS Behavior Risk Factor	90016410		15,000.00	15,000.00
2021	519/500360	BRFSS Behavior Risk Factor	90016410		15,000.00	15,000.00
		Sub Total		30,000.00	30,000.00	60,000.00

**05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRFSS**

**100% Federal Funds**

**CFDA # 93.959  
FAIN B1NHSAPT**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increased (Decreased) Amount	Revised Modified Budget
2017	519/500360	BRFSS Behavior Risk Factor	90016411	15,000.00	-	15,000.00
2018	519/500360	BRFSS Behavior Risk Factor	90016411	15,000.00	-	15,000.00
2019	519/500360	BRFSS Behavior Risk Factor	90016411	15,000.00	-	15,000.00
2020	519/500360	BRFSS Behavior Risk Factor	90016411		15,000.00	15,000.00
2021	519/500360	BRFSS Behavior Risk Factor	90016411		15,000.00	15,000.00
		Sub Total		45,000.00	30,000.00	75,000.00

**NH Behavioral Risk Factor Surveillance System Contract  
SFY 2017 through SFY 2021 Financial Detail**

**05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRFSS**

**100% Federal Funds**

CFDA # **93.757**  
FAIN **58DP004821**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increased (Decreased) Amount	Revised Modified Budget
2017	519/500360	BRFSS Behavior Risk Factor	90016412	-	-	-
2018	519/500360	BRFSS Behavior Risk Factor	90016412	38,000.00	-	38,000.00
2019	519/500360	BRFSS Behavior Risk Factor	90016412	2,500.00	(2,500.00)	-
2020	519/500360	BRFSS Behavior Risk Factor	90016412	-	-	-
2021	519/500360	BRFSS Behavior Risk Factor	90016412	-	-	-
		Sub Total		40,500.00	(2,500.00)	38,000.00

**05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRFSS**

**100% Federal Funds**

CFDA # **93.505**  
FAIN **MC19420**

**JN190083203**  
**93.870**  
**X10MC32206**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increased (Decreased) Amount	Revised Modified Budget
2017	519/500360	BRFSS Behavior Risk Factor	90016413	-	-	-
2018	519/500360	BRFSS Behavior Risk Factor	90083200	19,000.00	-	19,000.00
2019	519/500360	BRFSS Behavior Risk Factor	90083203	2,500.00	38,000.00	38,500.00
2020	519/500360	BRFSS Behavior Risk Factor	tbd	-	38,500.00	38,500.00
2021	519/500360	BRFSS Behavior Risk Factor	tbd	-	-	-
		Sub Total		21,500.00	74,500.00	96,000.00

**05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRFSS**

**100% Federal Funds**

CFDA # **93.070**  
FAIN **U59EH000509**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increased (Decreased) Amount	Revised Modified Budget
2017	519/500360	BRFSS Behavior Risk Factor	90016414	5,000.00	-	5,000.00
2018	519/500360	BRFSS Behavior Risk Factor	90016414	30,000.00	-	30,000.00
2019	519/500360	BRFSS Behavior Risk Factor	90016414	3,500.00	(3,500.00)	-
2020	519/500360	BRFSS Behavior Risk Factor	90016414	-	26,500.00	26,500.00
2021	519/500360	BRFSS Behavior Risk Factor	90016414	-	-	-
		Sub Total		38,500.00	23,000.00	61,500.00

**05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRFSS**

**100% Other Funds**

CFDA # **N/A**  
FAIN **N/A**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increased (Decreased) Amount	Revised Modified Budget
2017	519/500360	BRFSS Behavior Risk Factor	90016406	8,000.00	-	8,000.00
2018	519/500360	BRFSS Behavior Risk Factor	90016406	8,000.00	-	8,000.00
2019	519/500360	BRFSS Behavior Risk Factor	90016406	8,000.00	(8,000.00)	-
2020	519/500360	BRFSS Behavior Risk Factor	90016406	-	-	-
2021	519/500360	BRFSS Behavior Risk Factor	90016406	-	-	-
		Sub Total		24,000.00	(8,000.00)	16,000.00

**NH Behavioral Risk Factor Surveillance System Contract  
SFY 2017 through SFY 2021 Financial Detail**

**05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRFSS**

**100% Federal Funds**

CFDA # **93.426**  
FAIN **NU58DP006515**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increased (Decreased) Amount	Revised Modified Budget
2017	519/500360	BRFSS Behavior Risk Factor	90017417	-	-	-
2018	519/500360	BRFSS Behavior Risk Factor	90017417	-	-	-
2019	519/500360	BRFSS Behavior Risk Factor	90017417	-	31,500.00	31,500.00
2020	519/500360	BRFSS Behavior Risk Factor	90017417	-	-	-
2021	519/500360	BRFSS Behavior Risk Factor	90017417	-	-	-
Sub Total				-	31,500.00	31,500.00

**05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRFSS**

**100% Other Funds**

CFDA # **93.070**  
FAIN **NU88EH001142**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increased (Decreased) Amount	Revised Modified Budget
2017	519/500360	BRFSS Behavior Risk Factor	90082801	-	-	-
2018	519/500360	BRFSS Behavior Risk Factor	90082801	-	-	-
2019	519/500360	BRFSS Behavior Risk Factor	90082801	-	10,000.00	10,000.00
2020	519/500360	BRFSS Behavior Risk Factor	90082801	-	-	-
2021	519/500360	BRFSS Behavior Risk Factor	90082801	-	-	-
Sub Total				-	10,000.00	10,000.00
<b>TOTAL</b>				<b>662,512.00</b>	<b>705,075.00</b>	<b>1,367,587.00</b>

<b>GOAL</b>	<b>662,512.00</b>	<b>705,075.00</b>	<b>1,367,587.00</b>
SFY 17	163,218.00	-	163,218.00
SFY 18	331,250.00	-	331,250.00
SFY 19	168,044.00	173,194.00	341,238.00
SFY 20	-	351,465.00	351,465.00
SFY 21	-	180,416.00	180,416.00
	<b>662,512.00</b>	<b>705,075.00</b>	<b>1,367,587.00</b>





**New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System**

---

**State of New Hampshire  
Department of Health and Human Services  
Amendment #1 to the Behavioral Risk Factor Surveillance System**

This 1<sup>st</sup> Amendment to the Behavioral Risk Factor Surveillance System contract (hereinafter referred to as "Amendment #1") dated this 10th day of October, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and ICF Macro, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 9300 Lee Highway, Fairfax, VA 22031.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 21, 2016, (Item #22), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions Paragraph 3, Extensions, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to exercise a renewal option to the agreement, increase the price limitation, and modify the scope of services to support continued delivery of these services; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:  
December 31, 2020.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$1,367,587.
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:  
Nathan D. White, Director.
4. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:  
603-271-9631.
5. Exhibit A, Scope of Services, Section 3, Scope of Services, Subsection 3.4, Paragraph 3.4.3, to read:  
3.4.3. Conduct adult and childhood asthma call-backs within two (2) weeks of completing the main survey when adult asthma cases are identified through the interviews.
6. Exhibit A, Scope of Services, Section 3, Scope of Services, Subsection 3.7, Asthma Callback to Surveys, to read:  
3.7. Asthma Callback Surveys (Adult and Childhood Asthma Callbacks)



## New Hampshire Department of Health and Human Services Behavioral Risk Factor Surveillance System

---

- 3.7.1. Plan, organize, test and implement the Adult and Childhood Asthma Call-Back Survey for the State of New Hampshire under the direction of DHHS and according to specifications provided by the Centers for Disease Control and Prevention (CDC).
- 3.7.2. Call-backs shall be conducted by the Contractor by calling all adult respondents to the New Hampshire BRFSS who had agreed to participate in an in-depth follow-up asthma survey.
- 3.7.3. Ensure that written consent has been obtained prior to any sharing of protected health information.
- 3.7.4. Conduct interviews using the Adult and Childhood asthma questionnaire developed and provided by the CDC. <http://www.cdc.gov/brfss/acbs/index.htm>.
- 3.7.5. The Contractor shall perform the following activities:
  - 3.7.5.1. Program and test a CATI version of the adult and childhood asthma survey.
  - 3.7.5.2. Implement the necessary data processing programs and procedures.
  - 3.7.5.3. Train interviewers to conduct the callback surveys.
  - 3.7.5.4. Ensure that all training includes appropriate training to safeguard protected health information, and other confidential information as required by state and federal law.
  - 3.7.5.5. Administer English-language surveys according to all standard BRFSS Asthma Call-backs survey protocols.
  - 3.7.5.6. Process and submit un-weighted data to CDC on a monthly basis.
  - 3.7.5.7. Provide technical and data analysis assistance as needed.
7. Delete Exhibit B-3, Cost Bid Budget and replace with Exhibit B-3, Cost Bid Budget Amendment #1.
8. Add Exhibit B-4, Cost Bid Budget Amendment #1.
9. Add Exhibit B-5, Cost Bid Budget Amendment #1.
10. Add Exhibit K, DHHS Information Security Requirements.

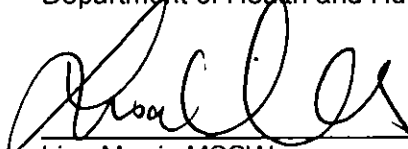


**New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System**

This amendment shall be effective upon the date of Governor and Executive Council approval.  
IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

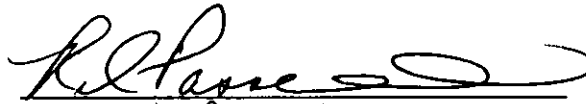
State of New Hampshire  
Department of Health and Human Services

2/11/19  
Date

  
\_\_\_\_\_  
Lisa Morris MSSW  
Director

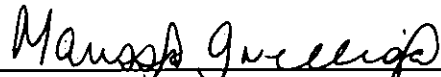
ICF Macro Inc.

1-8-2019  
Date

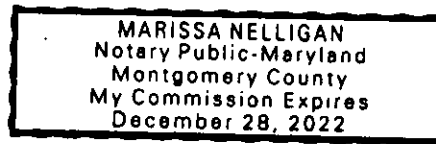
  
\_\_\_\_\_  
Name: Ricky Pannell  
Title: Senior Contracts Manager

Acknowledgement of Contractor's signature:

State of Maryland, County of Montgomery on January 8, 2019, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

  
\_\_\_\_\_  
Signature of Notary Public or Justice of the Peace

Marissa Nelligan  
\_\_\_\_\_  
Name and Title of Notary or Justice of the Peace



My Commission Expires: 12-28-2022






**New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System**

---

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

OFFICE OF THE ATTORNEY GENERAL

2/15/2019  
Date

  
Name: Nancy J. Smith  
Title: Senior Asst. Attorney General

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

OFFICE OF THE SECRETARY OF STATE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:  
Title:



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

Bidder Name: ICF Macro, Inc.

Budget Request for: Behavioral Risk Factor Surveillance System  
(Name of RFP)

Budget Period: SFY 19: July 1, 2018 - Jun 30, 2019

Line/Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$37,496		\$37,496	
2. Employee Benefits	\$14,178		\$14,178	
3. Consultants				
4. Equipment:				
Rental				
Repair and Maintenance				
Purchase/Depreciation				
5. Supplies:				
Educational				
Lab				
Pharmacy				
Medical				
Office				
6. Travel				
7. Occupancy				
8. Current Expenses				
Telephone				
Postage	\$9,141	\$1,129	\$10,270	G&A costs applied to Other Direct Costs
Subscriptions				
Audit and Legal				
Insurance				
Board Expenses				
9. Software				
10. Marketing/Communications				
11. Staff Education and Training				
12. Subcontracts/Agreements				
13. Other (specific details mandatory): CBOSS Costs (Programming, Telephone Data Collection, Letters, etc.)				
Landline Interviews - 350/mo x 6 mo = 2,100	\$178,595		\$178,595	
Cell phone Interviews - 150/mo x 6 mo = 900	\$91,085		\$91,085	
Asthma Callback Interviews - 42/mo x 6 mo = 250	\$11,814		\$11,814	
TOTAL	\$340,110	\$1,129	\$341,238	

Indirect As A Percent of Direct 12.35% \*Percentage of G&A applied to ODCs

INTERVIEWS	# OF INTERVIEWS	COST PER INTERVIEW	TOTAL INTERVIEW COST
Landline	2,100	\$49.30	\$103,536
Cell Phone	900	\$68.02	\$61,219
Adult Asthma Callback - estimate # of interviews	225	\$33.76	\$7,595
Child Asthma Callback - estimate # of interviews	25	\$33.76	\$844

*For DHHS use only*

Maximum Funds Available - (DHHS program to enter total funds available)

Reconciliation - (this line must be equal to or greater than \$0)



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

Bidder Name: ICF Macro, Inc.

Budget Request for: Behavioral Risk Factor Surveillance System  
(Name of RFP)

Budget Period: SFY 20: Jul 1, 2019 - Jun 30, 2020

Line/Item	Direct Incremental	Indirect /Fixed	Total	Allocation Method (for Indirect/Fixed Cost)
1. Total Salary/Wages	\$40,110		\$40,110	
2. Employee Benefits	\$14,701		\$14,701	
3. Consultants				
4. Equipment:				
Rental				
Repair and Maintenance				
Purchase/Depreciation				
5. Supplies:				
Educational				
Lab				
Pharmacy				
Medical				
Office				
6. Travel				
7. Occupancy				
8. Current Expenses				
Telephone				
Postage	\$9,818	\$1,344	\$11,162	G&A costs applied to Other Direct Costs
Subscriptions				
Audit and Legal				
Insurance				
Board Expenses				
9. Software				
10. Marketing/Communications				
11. Staff Education and Training				
12. Subcontracts/Agreements				
13. Other (specific details mandatory): CBOSS Costs (Programming, Telephone Data Collection, Letters, etc.)				
Landline Interviews - 350/mo x 12 mo = 4,200	\$179,877		\$179,877	
Cell phone Interviews - 150/mo x 12 mo = 1,800	\$93,855		\$93,855	
Asthma Callback Interviews - 42/mo x 12 mo = 500	\$11,960		\$11,960	
<b>   TOTAL</b>	<b>\$350,121</b>	<b>\$1,344</b>	<b>\$351,465</b>	

Indirect As A Percent of Direct 13.89% \*Percentage of G&A applied to ODCs

INTERVIEWS	# OF INTERVIEWS	COST PER INTERVIEW	TOTAL INTERVIEW COST
Landline	4,200	\$50.03	\$210,143
Cell Phone	1,800	\$69.00	\$124,205
Adult Asthma Callback - estimate # of interviews	450	\$34.23	\$15,405
Child Asthma Callback - estimate # of interviews	50	\$34.23	\$1,712

**For DHHS use only**

Maximum Funds Available - (DHHS program to enter total funds available)

Reconciliation - (this line must be equal to or greater than \$0)



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

Bidder Name: ICF Macro, Inc.

Budget Request for: Behavioral Risk Factor Surveillance System  
(Name of RFP)

Budget Period: SFY 21: Jul 1, 2020 - Dec 31, 2020

Line/Item	Direct		Total	Allocation Method for	
	Incremental	Fixed		Indirect	Fixed Cost
1. Total Salary/Wages	\$20,387		\$20,387		
2. Employee Benefits	\$7,472		\$7,472		
3. Consultants					
4. Equipment:					
Rental					
Repair and Maintenance					
Purchase/Depreciation					
5. Supplies:					
Educational					
Lab					
Pharmacy					
Medical					
Office					
6. Travel					
7. Occupancy					
8. Current Expenses					
Telephone					
Postage	\$4,908	\$672	\$5,581		
Subscriptions					
Audit and Legal					
Insurance					
Board Expenses					
9. Software					
10. Marketing/Communications					
11. Staff Education and Training					
12. Subcontracts/Agreements					
13. Other (specific details mandatory): CBOSS Costs (Programming, Telephone Data Collection, Letters, etc.)					
Landline Interviews - 350/mo x 8 mo = 2,100	\$92,481		\$92,481		
Cell phone Interviews - 150/mo x 8 mo = 900	\$48,335		\$48,335		
Asthma Callback Interviews - 42/mo x 8 mo = 250	\$8,180		\$8,180		
TOTAL	\$179,744	\$672	\$180,416		

G&A costs applied to Other Direct Costs

Indirect As A Percent of Direct

13.69%

\*Percentage of G&A applied to ODCs

INTERVIEWS	# OF INTERVIEWS	COST PER INTERVIEW	TOTAL INTERVIEW COST
Landline	2,100	\$51.40	\$107,939
Cell Phone	900	\$70.78	\$63,706
Adult Asthma Callback - estimate # of interviews	225	\$35.09	\$7,895
Child Asthma Callback - estimate # of interviews	25	\$35.09	\$877

For DHHS use only

Maximum Funds Available - (DHHS program to enter total funds available)  
Reconciliation - (this line must be equal to or greater than \$0)

# New Hampshire Department of Health and Human Services



## Exhibit K

### DHHS Information Security Requirements

#### A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic



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

**Exhibit K**

**DHHS Information Security Requirements**



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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

**I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR**

**A. Business Use and Disclosure of Confidential Information.**

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

# New Hampshire Department of Health and Human Services

## Exhibit K

### DHHS Information Security Requirements



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

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

## II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

---

- wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
  10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
  11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

**III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS**

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

**A. Retention**

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



whole, must have aggressive intrusion-detection and firewall protection.

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

---

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

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

---

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

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

## New Hampshire Department of Health and Human Services

### Exhibit K

### DHHS Information Security Requirements



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

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

#### V. LOSS REPORTING

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

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

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

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

**Exhibit K**

**DHHS Information Security Requirements**



- 
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

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

**VI. PERSONS TO CONTACT**

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov





Jeffrey A. Meyers  
Commissioner

Lisa Morris  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527  
603-271-9563 1-800-852-3345 Ext. 9563  
Fax: 603-271-8431 TDD Access: 1-800-735-2964



November 30, 2016

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into an agreement with ICF Macro, Inc., Vendor # 175716-R001, 9300 Lee Highway, Fairfax, VA 22031, in an amount not to exceed \$662,512, to plan, organize, test, and implement the annual Behavioral Risk Factor Surveillance System (BRFSS) survey questionnaire, to be effective January 1, 2017 or the date of Governor and Council approval, whichever is later, through December 31, 2018. Funds are 94.113% Federal, 2.264% General and 3.623% Other Funds (University of New Hampshire).

Funds are available in the following accounts for SFY 2017, and are anticipated to be available in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from the Governor and Executive Council.

05-95-90-900510-8667 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:  
DIV OF PUBLIC HEALTH SVCS, BUREAU OF INFORMATICS, BRFSS

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2017	519/500360	BRFSS Behavior Risk Factor	90016400	111,919.00
SFY 2017	519/500360	BRFSS Behavior Risk Factor	90016409	23,299.00
SFY 2017	519/500360	BRFSS Behavior Risk Factor	90016410	0
SFY 2017	519/500360	BRFSS Behavior Risk Factor	90016411	15,000.00
SFY 2017	519/500360	BRFSS Behavior Risk Factor	90016412	0
SFY 2017	519/500360	BRFSS Behavior Risk Factor	90016413	0
SFY 2017	519/500360	BRFSS Behavior Risk Factor	90016414	5,000.00
SFY 2017	519/500360	BRFSS Behavior Risk Factor	90016406	8,000.00
		Sub Total SFY 2017		\$163,218.00
SFY 2018	519/500360	BRFSS Behavior Risk Factor	90016400	156,000.00
SFY 2018	519/500360	BRFSS Behavior Risk Factor	90016409	50,250.00
SFY 2018	519/500360	BRFSS Behavior Risk Factor	90016410	15,000.00
SFY 2018	519/500360	BRFSS Behavior Risk Factor	90016411	15,000.00
SFY 2018	519/500360	BRFSS Behavior Risk Factor	90016412	38,000.00
SFY 2018	519/500360	BRFSS Behavior Risk Factor	90016413	19,000.00
SFY 2018	519/500360	BRFSS Behavior Risk Factor	90016414	30,000.00
SFY 2018	519/500360	BRFSS Behavior Risk Factor	90016406	8,000.00
		Sub Total SFY 2018		\$331,250.00

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
Page 2

SFY 2019	519/500360	BRFSS Behavior Risk Factor	90016400	112,000.00
SFY 2019	519/500360	BRFSS Behavior Risk Factor	90016409	9,544.00
SFY 2019	519/500360	BRFSS Behavior Risk Factor	90016410	15,000.00
SFY 2019	519/500360	BRFSS Behavior Risk Factor	90016411	15,000.00
SFY 2019	519/500360	BRFSS Behavior Risk Factor	90016412	2,500.00
SFY 2019	519/500360	BRFSS Behavior Risk Factor	90016413	2,500.00
SFY 2019	519/500360	BRFSS Behavior Risk Factor	90016414	3,500.00
SFY 2019	519/500360	BRFSS Behavior Risk Factor	90016406	8,000.00
Sub Total SFY 2019				\$168,044.00
<b>TOTAL</b>				<b>\$662,512.00</b>

### EXPLANATION

Funds in this agreement will be used to provide telephone survey data collection services as part of the annual Behavioral Risk Factor Surveillance Survey. The Behavioral Risk Factor Surveillance Survey is a statewide, random telephone survey of adults that has been conducted each year in New Hampshire for the past twenty years. The survey period begins in January of each year and continues for the next twelve consecutive calendar months without interruption. This survey is administered in all fifty states and is in large part funded by the Centers for Disease Control.

The objective of the Behavioral Risk Factor Surveillance Survey is to measure the prevalence of specific health risk behaviors among New Hampshire citizens as well as to understand their knowledge of both the health risks and health benefits that can be influenced by individual behavior. The telephone survey provides information about health related behaviors at the state and county levels as well as for the Cities of Manchester and Nashua. Information is also collected about the prevalence of health conditions such as asthma, diabetes and cardiovascular disease. No personally identifiable information is collected, and the individuals contacted choose to participate, or to not participate, in the survey.

The information from the survey is used by the Department of Health and Human Services to plan, implement and evaluate health programs and to identify high-risk segments of the population for focused education, outreach and other types of health promotion and disease prevention activities. This information is also used to inform policy makers and the public to assist with setting health program priorities. The Behavioral Risk Factor Surveillance Survey is the only comprehensive source of data for measuring general health status, behavior, prevention and screening in the adult population in New Hampshire.

In addition to administering the Behavioral Risk Factor Surveillance Survey, ICF Macro, Inc. will conduct a special project for a callback to Behavioral Risk Factor Surveillance Survey respondents who self-identify as asthmatics. The interview period for this asthma callback survey begins in January and continues through the following February.

Should the Governor and Council not authorize this request, information on the prevalence of health risk behaviors among New Hampshire residents will not be available. Furthermore, the Department of Health and Human Services would not be able to measure long-term changes in the health of the public, and thus would be unable to evaluate the performance of its health improvement programs. In extreme situations, the suspension of the Behavioral Risk Factor Surveillance Survey could impede the State's ability to expeditiously gather information to respond to emerging disease outbreaks or natural disasters.

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
Page 3

The Department received two (2) proposals. The proposals were reviewed and scored by a team of three (3) individuals with program specific knowledge. Their decision followed a thorough discussion of the strengths and weaknesses of the proposal. The final decision was made through consensus scoring. The Bid Summary is attached.

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

The following performance measures will be used to measure the effectiveness of the Agreement:

- Conduct 500 Behavioral Risk Factor Surveillance System interviews monthly (Land-lines & cellphones) of randomly selected eligible New Hampshire adults aged 18 and over.
- Partial completed interviews should not exceed 3.0% of the monthly total surveys completed.
- Maintain a monthly survey response rate of 45.0%.
- Upload a monthly random sample of 10 audio interviews on the ICF web portal to be reviewed by DHHS.

Area served: Statewide.

Source of Funds: 94.113% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicaid Services, Substance Abuse Block Grant, Substance Abuse and Mental Health Services Administration, and Health Resources and Services Administration, 2.264% General Funds and 3.623% Other Funds from the University of New Hampshire.

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

Respectfully submitted, .



Lisa Morris, MSSW  
Director, Division of Public Health Services



Katja S. Fox  
Director, Division for Behavioral Health

Approved by:



Jeffrey A. Meyers  
Commissioner



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

**Behavioral Risk Factor Surveillance System (BRFSS)**

**RFP-2017-DPHS-02-BRFSS**

RFP Name

RFP Number

Reviewer Names

	Bidder Name
1.	<b>ICF International</b>
2.	<b>Issues &amp; Answers GMR</b>
3.	<b>0</b>
4.	<b>0</b>

Pass/Fail	Maximum Points	Actual Points
93%	720	672.92
86%	720	620.62
	720	0
	720	0

1. Kim Lim, Program Planner DPHS - Tech
2. Brook Dupee, Administrator DPHS - Tech
3. Josephine Porter, Unv of NH - Tech
- 4.
- 5.
- 6.

Subject: Behavioral Risk Factor Surveillance System - RFP-2017-DPHS-02-BRFSS-01

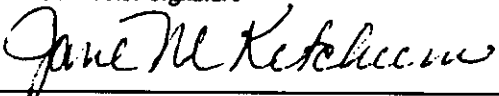
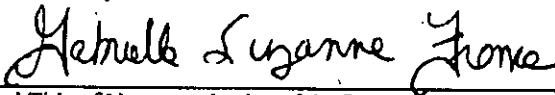
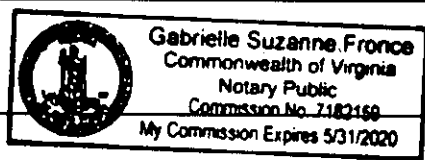


**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name ICF Macro, Inc.		1.4 Contractor Address 9300 Lee Highway Fairfax, VA 22031	
1.5 Contractor Phone Number 301-572-0530	1.6 Account Number 05-95-90-900510-8667-519-500360	1.7 Completion Date 12/31/18	1.8 Price Limitation \$662,512
1.9 Contracting Officer for State Agency Eric Borrin, Director of Contracts and Procurement		1.10 State Agency Telephone Number 603-271-9558	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jane M. Ketchum, Senior Manager, Contracts	
1.13 Acknowledgement: State of <u>VIRGINIA</u> , County of <u>FAIRFAX</u> On <u>11/15/2016</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace GABRIELLE SUZANNE FRONCE			
1.14 State Agency Signature  Date: <u>11/22/16</u>		1.15 Name and Title of State Agency Signatory Marcella Edmonkey, Acting Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>11/29/16</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

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

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

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

**4. CONDITIONAL NATURE OF AGREEMENT.**

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

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

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

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

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

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

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

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

**7. PERSONNEL.**

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

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

Contractor Initials OPK  
Date 7/11/16

Agreement. This provision shall survive termination of this Agreement.

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

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

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

**9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.**

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, 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.

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

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

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

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

**14. INSURANCE.**

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

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

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

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

Contractor Initials OM  
Date 11/15/16

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

**15. WORKERS' COMPENSATION.**

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

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

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

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

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

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

**19. CONSTRUCTION OF AGREEMENT AND TERMS.**

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

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

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

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

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

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

Contractor Initials JMK  
Date 11/15/16





## Scope of Services

### 1. Provisions Applicable to All Services

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

### 2. Covered Populations and Services

- 2.1. The Contractor shall, in cooperation with DHHS, and in accordance with US Centers for Disease Prevention and Control (CDC), BRFSS specifications, <http://www.cdc.gov/brfss/> conduct telephone interviews of non-institutionalized New Hampshire residents aged 18 and older using a DHHS approved BRFSS questionnaire to improve the health and well-being of New Hampshire residents and reduce health care costs. The area served is statewide.

### 3. Scope of Services

The Contractor shall:

- 3.1. Survey Methodology
  - 3.1.1. Utilize the most current version of the CDC Data Collector's Guide to conduct all BRFSS survey related activities.
  - 3.1.2. Use the CDC approved sampling plan provided by DHHS.
  - 3.1.3. Process and deliver data to the CDC in SAS format.
  - 3.1.4. Modify data collection methods as required by CDC and DHHS to potentially include mailed questionnaires or internet submissions.
- 3.2. Advance Notification Letters to Selected Respondents
  - 3.2.1. Prepare monthly Advance Notification Letters to selected respondents using addresses provided by the CDC to advise them they will be contacted to participate in the BRFSS survey.
  - 3.2.2. Print letters on NH DHHS letterhead, using text approved by the DHHS, label, and apply postage and mail to selected respondents three (3) weeks prior to being called for the BRFSS interview.
  - 3.2.3. Take necessary measures to keep addresses associated with the NH BRFSS sampling confidential and protect the identity of potential BRFSS respondents.

*QMK*  
Date 11/15/16

**New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System**

**Exhibit A**



**3.3. Questionnaire Development**

- 3.3.1. Utilize the CDC approved sampling plan.
- 3.3.2. Assemble the annual questionnaire consisting of the core, selected optional modules and NH state added questions.
- 3.3.3. Develop a process to accommodate annual changes and inclusion of state-added questions.
- 3.3.4. Assist the DHHS in assembling the three sections of the questionnaire to arrive at a final instrument.
- 3.3.5. Program and test all questions and response categories in an automated Computer Assisted Telephone Interview (CATI) system.
- 3.3.6. Pilot test the CATI system.
- 3.3.7. Provide the DHHS access to an electronic test version of the programmed CATI questionnaire for review a month (December 1st) before the start of the annual survey (January 2nd) for each contract year.
- 3.3.8. Be prepared to make changes to the questionnaire and CATI programming on short notice in the event of a public health emergency or other critical public health surveillance need.

**3.4. Data Collection**

- 3.4.1. Develop a data collection process that satisfies CDC requirements related to sampling, interviewing protocols, monitoring, data cleaning/editing, data delivery, reporting, and quality assurance.
- 3.4.2. Using telephone numbers provided by CDC, complete no fewer than 500 interviews per month (or other schedule if required by CDC), to 70% landline numbers and 30% cell phone numbers, across the 12 geographically defined strata (10 counties in New Hampshire and the cities of Manchester and Nashua), for a total of no fewer than 6,000 interviews during the 12-month period January 1 through December 31.
- 3.4.3. Conduct adult asthma call-backs within two (2) weeks of completing the main survey when adult asthma cases are identified through the interviews.
  - 3.4.3.1. In order to increase response rates for asthma call back interviews, offer respondents who are eligible for the asthma call back survey, the option to either continue immediately to complete the asthma survey following the main survey, or receive a call-back within two weeks of completing the main interview
- 3.4.4. Monitor and evaluate a minimum of 10% of randomly selected interviews (50 per month) for quality assurance.

**3.5. Interviewing Protocols**

- 3.5.1. Conduct the NH BRFSS telephone interviews in accordance with the scheduling guidelines and protocol provided by CDC, randomly selecting an adult respondent from each household.

**New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System**



**Exhibit A**

- 
- 3.5.2. Develop and initiate quality assurance (QA) procedures to be monitored by QA specialists. Shift supervisors shall be present or be available at all times during all interviewing hours.
  - 3.5.3. Collect data following CDC/BRFSS interviewing schedule; all calls for a given survey month should be completed in the same sample month if possible. In some cases samples begun in one month may be completed in the first 7-10 days of the next month.
  - 3.5.4. Conduct 20% of landline calling attempts on weekdays (before 5:00 PM EST).
  - 3.5.5. Conduct 80% of landline calling attempts on weeknights (after 5:00 PM EST) and weekends
  - 3.5.6. Conduct cell phone calling attempts during all three calling occasions (weekday, weeknight, and weekend), with approximately 30% on weekend calling occasions.
  - 3.5.7. Change schedules to accommodate holidays and special events.
  - 3.5.8. Make weeknight calls after 5:00 PM EST.
  - 3.5.9. Adhere to respondents' requests for specific callback/appointment times whenever possible.
  - 3.5.10. Develop and maintain procedures to ensure respondents' confidentiality, and document and assess the quality of the interviewing process, supervise and monitor the interviewers.
  - 3.5.11. Each telephone number in the CDC-provided sample must be assigned a final disposition code to describe the result of calling that number.
  - 3.5.12. Employ technology that would enable the DHHS to unobtrusively monitor actual interviews in progress from its office in Concord, New Hampshire without prior notification to the contractor.
- 3.6. Data Processing/Data Submission
- 3.6.1. Process and deliver data to the CDC in SAS format by the 20th day of each month following data collection.
  - 3.6.2. Develop a web portal and provide DHHS staff with access to monitor monthly progress.
  - 3.6.3. Use the CDC provided data layout file for monthly data submission.
  - 3.6.4. Use the BRFSS OneEdits software to run edit fix programs prior to submitting data.
  - 3.6.5. Data file submitted must contain information about all telephone numbers called, including complete and incomplete interviews. Use CDC provided computer software for detecting and correcting errors. Data must be provided to CDC according to coding instructions (to be supplied) in SAS format and submitted electronically via a secure web portal.
  - 3.6.6. Develop and maintain procedures to ensure the confidentiality of BRFSS respondents. Maintain confidentiality of all data, and maintain nightly backup discs for all data collected and archive offsite as appropriate.

Handwritten initials in black ink, appearing to be 'JMK'.

Handwritten date in black ink, appearing to be '11/15/16'.

**New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System**



**Exhibit A**

- 
- 3.6.7. Implement procedures for assuring and documenting the quality of the interviewing process and the data management steps taken. Provide supervision and monitoring of interviewers. Monitoring is to be conducted through the use of unobtrusive, electronic two-way audio and video means.
- 3.6.8. Randomly select 10.0% of completed interviews each month and validate the following data points: (1) respondent selection, (2) selected demographic characteristics, (3) selected behaviors, and (4) interviewer interaction with respondents. On request, provide to DHHS the actual sample of telephone numbers for crosschecking and validation. If providing ongoing, unobtrusive electronic monitoring, validation may not be required.
- 3.6.9. In the event that a systematic, recurring error is discovered in the sampling or interviewing operations, immediately notify DHHS of this error, correct the error at no cost to DHHS, and provide an error report to DHHS of both the occurrence and the correction of the errors. If necessary, submit a corrected, updated data file to DHHS.
- 3.6.10. If DHHS finds problems in reviewing datasets, correct these to the satisfaction of DHHS within four weeks of notification, at no cost to DHHS. DHHS may then require the Contractor to implement additional data consistency checks, as necessary.
- 3.7. Asthma Callback Surveys
- 3.7.1. Plan, organize, test and implement the Adult Asthma Call-Back Survey for the State of New Hampshire under the direction of DHHS and according to specifications provided by the Centers for Disease Control and Prevention (CDC).
- 3.7.2. Call-backs shall be conducted by the Contractor by calling all adult respondents to the New Hampshire BRFSS who had reported a lifetime prevalence of asthma and had agreed to participate in an in-depth follow-up asthma survey.
- 3.7.3. Conduct interviews using the adult asthma questionnaire developed and provided by the CDC. <http://www.cdc.gov/brfss/acbs/index.htm>.
- 3.7.4. The Contractor shall perform the following activities:
1. Program and test a CATI version of the adult asthma survey.
  2. Implement the necessary data processing programs and procedures.
  3. Train interviewers to conduct the callback surveys.
  4. Administer English-language surveys according to all standard BRFSS Asthma Call-backs survey protocols.
  5. Process and submit un-weighted data to CDC on a monthly basis.
  6. Provide technical and data analysis assistance as needed.

JMK  
4/15/16

New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System

Exhibit A



#### 4. Staffing

- 4.1. Guarantee that all personnel providing the services are qualified to perform their assigned tasks and possess the appropriate training required by CDC.
- 4.2. Describe the requirements and procedures for training interviewers, including criteria for assigning interviewers to the BRFSS project, plans for training new interviewers, plans for annual briefing on the new questionnaire and periodic refresher or updates.
- 4.3. Identify the roles of each staff member, identifying each staff member by name or by title if the position is vacant. Provide as attachments, current resumes for all program staff and job descriptions for vacant positions.
- 4.4. Provide proposed staffing plan and organization chart. Include resumes and qualifications of filled positions, and job descriptions and qualifications needed for vacant positions. Identify the roles and responsibilities of each staff member by name or title, if position is vacant.

#### 5. Delegation and Subcontractors

- 5.1. DHHS recognizes that Bidders may choose to use subcontractors with specific expertise to perform certain services or functions for efficiency or convenience. However, the Contractor shall retain the responsibility and accountability for all functions of this contract, per Exhibit C, #19 Subcontractors.
- 5.2. When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:
  - 5.2.1. Evaluate the prospective subcontractor's ability to perform the activities before delegating the function.
  - 5.2.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate.
  - 5.2.3. Monitor and report to the DHHS, the subcontractor's performance on an ongoing basis.
  - 5.2.4. Submit Bidder's proposed plans for subcontracting any of the required services, include proposed subcontracting agreements. Signed letters of commitment from subcontractors are required.
  - 5.2.5. Submit proposed subcontracting plans and signed letters of commitment.

#### 6. Reporting

- 6.1. The Contractor shall post/submit a monthly progress report by email or via a web site to Department indicating:
  1. The number of completed interviews by strata, by month, and year-to-date.
  2. Final CDC Disposition Codes for all sample records, both complete and incomplete.
  3. The monthly and year-to-date response rates (Council of American Survey Research Organizations, Cooperation and Refusal).

**New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System**



**Exhibit A**

- 
4. Average interview duration.
  5. An annual evaluation report of survey quality.
- 6.2. Technical assistance to DHHS regarding survey methods and resultant findings as requested by DHHS.
  - 6.3. The Contractor's project director shall meet annually with representatives from DHHS and CDC for project site visits, including project monitoring.
  - 6.4. The Contractor's project director or representative shall attend one national conference sponsored by CDC for BRFSS, as specified by CDC and DHHS.
  - 6.5. The Contractor's project director or representative shall assist in preparation of technical descriptions for annual funding proposals for New Hampshire's CDC Cooperative Agreement if needed.
  - 6.6. The Contractor shall communicate with, and provide written reports monthly throughout the year to DHHS staff on the status of the project, or more frequently as needed.
  - 6.7. The project manager for the Contractor shall communicate important issues to DHHS as they arise and seek input, clarification or approvals from DHHS staff.

**7. Workplan**

- 7.1. By October 31 of each contract year, create and submit a draft of the successive year NH BRFSS questionnaire (Core, Optional and State Added modules), for DHHS review.
- 7.2. Provide the time of completion by modules (Core/Optional/State Added).
- 7.3. Provide DHHS a test version of the CATI by December 1<sup>st</sup> of each contract year for testing.

**8. Performance Measures/Deliverables**

- 8.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly to measure the effectiveness of the agreement:
  - 8.1.1. Conduct 500 BRFSS interviews (Land-lines & cellphones) of randomly selected eligible New Hampshire adults aged 18 and over.
  - 8.1.2. Partial completed interviews should not exceed 3.0% of the monthly total surveys completed.
  - 8.1.3. Maintain a monthly CASRO rate of 45.0%
  - 8.1.4. Upload a monthly random sample of 10 audio interviews on to the ICF web portal to be reviewed by DHHS.
- 8.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

*OPK*  
9/15/16



New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System

**Exhibit B**

**Method and Conditions Precedent to Payment**

1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

1.1. This contract is funded with funds from the following Catalog of Federal Domestic Assistance (CFDA) numbers:

• 94.113% Federal Funds from the:

1. US Department of Health and Human Services, Centers for Disease Control and Prevention, NH Statewide Surveillance: Adult Behavioral Risk Factor Survey Grant, CFDA #93.336, Federal Award Identification Number (FAIN), NU58DP006030.
2. US Department of Health and Human Services, Centers for Disease Control and Prevention, Preventive Health Services Grant, CFDA #93.758, Federal Award Identification Number (FAIN), B01OT009037.
3. US Department of Health and Human Services, Center for Medicaid Services, Medicaid Grant, CFDA #93.778, Federal Award Identification Number (FAIN), 05NH5028.
4. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Partnership for Success 2015 Grant, CFDA #93.243, Federal Award Identification Number (FAIN) SP020796.
5. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.757, Federal Award Identification Number (FAIN), 58DP004821.
6. US Department of Health and Human Services, Health Resources and Services Administration, Home Visiting Grant CFDA #93.505, Federal Award Identification Number (FAIN), MC19420.
7. US Department of Health and Human Services, Centers for Disease Control and Prevention, Asthma Prevention and Control Grant, CFDA #93.070, Federal Award Identification Number (FAIN), U59EH000509.

• 2.264% General Funds.

• 3.623% Other Funds from the University of New Hampshire, Adult Behavioral Risk Factor Survey.

1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.

*JMK*

11/15/16



**New Hampshire Department of Health and Human Services  
Behavioral Risk Factor Surveillance System**

**Exhibit B**

- 2) Payment for said services shall be made monthly as follows:
- 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
  - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment.
  - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
  - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.
  - 2.5. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed. Hard copies shall be mailed to:

Department of Health and Human Services  
Division of Public Health Services  
29 Hazen Drive  
Concord, NH 03301  
Email address: [DPHScontractbilling@dhhs.nh.gov](mailto:DPHScontractbilling@dhhs.nh.gov)

- 3) Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

*JMC*

*11/15/16*



**Exhibit B-1 Cost Bid Budget**

New Hampshire Department of Health and Human Services				
Bidder Name: <u>ICF Macro, Inc.</u>				
Budget Request for: <u>Behavioral Risk Factor Surveillance System</u> (Name of RFP)				
Budget Period: <u>SFY 2017 (1/1/17 or date of G&amp;C Approval - 6/30/17)</u>				
Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$17,194.50	\$0.00	\$ 17,194.50	
2. Employee Benefits	\$6,723.48	\$0.00	\$ 6,723.48	
3. Consultants	\$0.00	\$0.00	\$ -	
4. Equipment:	\$0.00	\$0.00	\$ -	
Rental	\$0.00	\$0.00	\$ -	
Repair and Maintenance	\$0.00	\$0.00	\$ -	
Purchase/Depreciation	\$0.00	\$0.00	\$ -	
5. Supplies:	\$0.00	\$0.00	\$ -	
Educational	\$0.00	\$0.00	\$ -	
Lab	\$0.00	\$0.00	\$ -	
Pharmacy	\$0.00	\$0.00	\$ -	
Medical	\$0.00	\$0.00	\$ -	
Office	\$0.00	\$0.00	\$ -	
6. Travel	\$0.00	\$0.00	\$ -	
7. Occupancy	\$0.00	\$0.00	\$ -	
8. Current Expenses	\$0.00	\$0.00	\$ -	
Telephone	\$0.00	\$0.00	\$ -	
Postage	\$4,232.00	\$458.83	\$ 4,688.63	G&A costs applied to Other Direct Costs
Subscriptions	\$0.00	\$0.00	\$ -	
Audit and Legal	\$0.00	\$0.00	\$ -	
Insurance	\$0.00	\$0.00	\$ -	
Board Expenses	\$0.00	\$0.00	\$ -	
9. Software	\$0.00	\$0.00	\$ -	
10. Marketing/Communications	\$0.00	\$0.00	\$ -	
11. Staff Education and Training	\$0.00	\$0.00	\$ -	
12. Subcontracts/Agreements	\$0.00	\$0.00	\$ -	
13. Other (specific details mandatory): CBOSS Costs (Programming, Telephone Data Collection, Letters, etc.)	\$0.00	\$0.00	\$ -	*Percentage of G&A applied to ODCs
Landline Interviews - 350/mo x 6 mo = 2,100	\$85,512.00	\$0.00	\$ 85,512.00	
Cell phone Interviews - 150/mo x 6 mo = 900	\$43,544.00	\$0.00	\$ 43,544.00	
Asthma Callback Interviews - 42/mo x 6 mo = 250	\$5,555.00	\$0.00	\$ 5,555.00	
<b>TOTAL</b>	<b>\$ 162,761</b>	<b>\$ 457</b>	<b>\$ 163,218</b>	

Indirect As A Percent of Direct

0.3%

INTERVIEWS	# OF INTERVIEWS	COST PER INTERVIEW	TOTAL INTERVIEW COST
Landline	2,100	\$46.37	\$97,378.03
Cell Phone	900	\$64.33	\$57,894.79
Asthma Callback - estimate # of interviews	250	\$31.79	\$7,946.80

Contractor Initials: JMK  
Date: 11/15/16

### Exhibit B-2 Cost Bid Budget

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

Bidder Name: ICF Macro, Inc.

Budget Request for: Behavioral Risk Factor Surveillance System  
(Name of RFP)

Budget Period: SFY 2018 (7/1/17 through 6/30/18)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Costs
1. Total Salary/Wages	\$34,950.09	\$0.00	\$ 34,950.09	
2. Employee Benefits	\$13,666.38	\$0.00	\$ 13,666.36	
3. Consultants	\$0.00	\$0.00	\$ -	
4. Equipment:	\$0.00	\$0.00	\$ -	
Rental	\$0.00	\$0.00	\$ -	
Repair and Maintenance	\$0.00	\$0.00	\$ -	
Purchase/Depreciation	\$0.00	\$0.00	\$ -	
5. Supplies:	\$0.00	\$0.00	\$ -	
Educational	\$0.00	\$0.00	\$ -	
Lab	\$0.00	\$0.00	\$ -	
Pharmacy	\$0.00	\$0.00	\$ -	
Medical	\$0.00	\$0.00	\$ -	
Office	\$0.00	\$0.00	\$ -	
8. Travel	\$0.00	\$0.00	\$ -	
7. Occupancy	\$0.00	\$0.00	\$ -	
8. Current Expenses	\$0.00	\$0.00	\$ -	
Telephone	\$0.00	\$0.00	\$ -	
Postage	\$8,464.00	\$913.27	\$ 9,377.27	G&A costs applied to Other Direct Costs
Subscriptions	\$0.00	\$0.00	\$ -	
Audit and Legal	\$0.00	\$0.00	\$ -	
Insurance	\$0.00	\$0.00	\$ -	
Board Expenses	\$0.00	\$0.00	\$ -	
9. Software	\$0.00	\$0.00	\$ -	
10. Marketing/Communications	\$0.00	\$0.00	\$ -	
11. Staff Education and Training	\$0.00	\$0.00	\$ -	
12. Subcontracts/Agreements	\$0.00	\$0.00	\$ -	
13. Other (specific details mandatory): CBOSS Costs (Programming, Telephone Data Collection, Letters, etc.)	\$0.00	\$0.00	\$ -	*Percentage of G&A applied to ODCs
Landline Interviews - 350/mo x 6 mo = 4,200	\$173,585.68	\$0.00	\$ 173,585.68	
Cell phone Interviews - 150/mo x 6 mo = 1,800	\$88,394.32	\$0.00	\$ 88,394.32	
Asthma Callback Interviews - 42/mo x 6 mo = 500	\$11,276.65	\$0.00	\$ 11,276.65	
<b>TOTAL</b>	<b>\$330,337</b>	<b>\$913</b>	<b>\$331,250</b>	

Indirect As A Percent of Direct

0.3%

INTERVIEWS	# OF INTERVIEWS	COST PER INTERVIEW	TOTAL INTERVIEW COST
Landline	4,200	\$47.04	\$197,547.88
Cell Phone	1,800	\$65.31	\$117,564.19
Asthma Callback - estimate # of interviews	500	\$32.28	\$16,138.30

Contractor Initials: *[Signature]*  
Date: 7/11/18

**Exhibit B-3 Cost Bid Budget**

New Hampshire Department of Health and Human Services				
Bidder Name: <u>ICF Macro, Inc.</u>				
Budget Request for: <u>Behavioral Risk Factor Surveillance System</u> (Name of RFP)				
Budget Period: <u>SFY 2019 (7/1/18 through 12/31/18)</u>				
Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Costs
1. Total Salary/Wages	\$17,763.89	\$0.00	\$ 17,763.89	
2. Employee Benefits	\$8,948.13	\$0.00	\$ 6,948.13	
3. Consultants	\$0.00	\$0.00	\$ -	
4. Equipment:	\$0.00	\$0.00	\$ -	
Rental	\$0.00	\$0.00	\$ -	
Repair and Maintenance	\$0.00	\$0.00	\$ -	
Purchase/Depreciation	\$0.00	\$0.00	\$ -	
5. Supplies:	\$0.00	\$0.00	\$ -	
Educational	\$0.00	\$0.00	\$ -	
Lab	\$0.00	\$0.00	\$ -	
Pharmacy	\$0.00	\$0.00	\$ -	
Medical	\$0.00	\$0.00	\$ -	
Office	\$0.00	\$0.00	\$ -	
6. Travel	\$0.00	\$0.00	\$ -	
7. Occupancy	\$0.00	\$0.00	\$ -	
8. Current Expenses	\$0.00	\$0.00	\$ -	
Telephone	\$0.00	\$0.00	\$ -	
Postage	\$4,232.00	\$458.63	\$ 4,688.63	G&A costs applied to Other Direct Costs
Subscriptions	\$0.00	\$0.00	\$ -	
Audit and Legal	\$0.00	\$0.00	\$ -	
Insurance	\$0.00	\$0.00	\$ -	
Board Expenses	\$0.00	\$0.00	\$ -	
9. Software	\$0.00	\$0.00	\$ -	
10. Marketing/Communications	\$0.00	\$0.00	\$ -	
11. Staff Education and Training	\$0.00	\$0.00	\$ -	
12. Subcontracts/Agreements	\$0.00	\$0.00	\$ -	
13. Other (specific details mandatory): CBOSS Costs (Programming, Telephone Data Collection, Letters, etc.)	\$0.00	\$0.00	\$ -	*Percentage of G&A applied to ODCs
Landline Interviews - 350/mo x 6 mo = 2,100	\$88,073.68	\$0.00	\$ 88,073.68	
Cell phone Interviews - 150/mo x 6 mo = 900	\$44,850.32	\$0.00	\$ 44,850.32	
Asthma Callback Interviews - 42/mo x 6 mo = 250	\$5,721.85	\$0.00	\$ 5,721.85	
<b>TOTAL</b>	<b>\$ 167,888</b>	<b>\$ 467</b>	<b>\$ 168,044</b>	

Indirect As A Percent of Direct

0.3%

INTERVIEWS	# OF INTERVIEWS	COST PER INTERVIEW	TOTAL INTERVIEW COST
Landline	2,100	\$47.70	\$100,175.32
Cell Phone	900	\$66.31	\$59,876.33
Asthma Callback - estimate # of interviews	250	\$32.77	\$8,192.65

Exhibit B-3 Cost Bid Budget

Contractor Initials: JMK  
Date: 11/15/16

New Hampshire Department of Health and Human Services  
Exhibit C



**SPECIAL PROVISIONS**

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

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

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



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

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

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

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



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

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

Exhibit C – Special Provisions

Contractor Initials

*JAC*

06/27/14

Page 3 of 5

Date

11/15/16

New Hampshire Department of Health and Human Services  
Exhibit C



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

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

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

- (a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.
- (b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.
- (c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

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

New Hampshire Department of Health and Human Services  
Exhibit C



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

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

**DEFINITIONS**

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

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

**DEPARTMENT:** NH Department of Health and Human Services.

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

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

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

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

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

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

*[Handwritten Signature]*  
*[Handwritten Date: 11/15/16]*



## New Hampshire Department of Health and Human Services



## Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
  4. **CONDITIONAL NATURE OF AGREEMENT.**  
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.
  
2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
  - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
  - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
  - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
  - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
  - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
  
3. **Extension:**  
This agreement has the option-for a potential extension of up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

New Hampshire Department of Health and Human Services  
Exhibit D



**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

**ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS**

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS**  
**US DEPARTMENT OF EDUCATION - CONTRACTORS**  
**US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner  
NH Department of Health and Human Services  
129 Pleasant Street,  
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
  - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
    - 1.2.1. The dangers of drug abuse in the workplace;
    - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
    - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
    - 1.4.1. Abide by the terms of the statement; and
    - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

*JMK*  
*11/15/16*

New Hampshire Department of Health and Human Services  
Exhibit D



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
    - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
  - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check  if there are workplaces on file that are not identified here.

Contractor Name: ICF Macro, Inc.

11-15-2016  
Date

Jane M. Ketchum  
Name: Jane M. Ketchum  
Title: Senior Manager, Contracts

New Hampshire Department of Health and Human Services  
Exhibit E



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS  
US DEPARTMENT OF EDUCATION - CONTRACTORS  
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- \*Temporary Assistance to Needy Families under Title IV-A
- \*Child Support Enforcement Program under Title IV-D
- \*Social Services Block Grant Program under Title XX
- \*Medicaid Program under Title XIX
- \*Community Services Block Grant under Title VI
- \*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name: ICF Macro, Inc.

11-15-2016  
Date

Name: Jane M. Ketchum  
Title: Senior Manager, Contracts

New Hampshire Department of Health and Human Services  
Exhibit F



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION  
AND OTHER RESPONSIBILITY MATTERS**

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

**INSTRUCTIONS FOR CERTIFICATION**

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

New Hampshire Department of Health and Human Services  
Exhibit F



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

**PRIMARY COVERED TRANSACTIONS**

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State 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 (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
- 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
  - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: ICF Macro, Inc.

11-15-2016  
Date

Jane M. Ketchum  
Name: Jane M. Ketchum  
Title: Senior Manager, Contracts

New Hampshire Department of Health and Human Services  
Exhibit G



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

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

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials

*JMC*

6/27/14

Rev. 10/21/14

Page 1 of 2

Date

11/15/16

New Hampshire Department of Health and Human Services  
Exhibit G



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

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

- 1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name: ICF Macro, Inc.

11-15-2016  
Date

Jane M. Ketchum  
Name: Jane M. Ketchum  
Title: Senior Manager, Contracts

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials JMK

Date 11/15/16



New Hampshire Department of Health and Human Services  
Exhibit H



**CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

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

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name: ICF Macro, Inc.

11-15-2016  
Date

Jane M. Ketchum  
Name: Jane M. Ketchum  
Title: Senior Manager, Contracts

## New Hampshire Department of Health and Human Services



## Exhibit I

**HEALTH INSURANCE PORTABILITY ACT**  
**BUSINESS ASSOCIATE AGREEMENT**

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

(1) **Definitions.**

- a. **"Breach"** shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. **"Business Associate"** has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. **"Covered Entity"** has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. **"Designated Record Set"** shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. **"Data Aggregation"** shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. **"Health Care Operations"** shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. **"HITECH Act"** means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. **"HIPAA"** means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. **"Individual"** shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. **"Privacy Rule"** shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. **"Protected Health Information"** shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

3/2014

Contractor Initials

Date

New Hampshire Department of Health and Human Services



Exhibit I

- I. **"Required by Law"** shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. **"Secretary"** shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. **"Security Rule"** shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. **"Unsecured Protected Health Information"** means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. **Other Definitions** - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

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

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

## New Hampshire Department of Health and Human Services



## Exhibit I

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

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

**(3) Obligations and Activities of Business Associate.**

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
- o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
  - o The unauthorized person used the protected health information or to whom the disclosure was made;
  - o Whether the protected health information was actually acquired or viewed
  - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

3/2014

Contractor Initials

Date

## New Hampshire Department of Health and Human Services



## Exhibit I

- pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.
- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
  - g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
  - h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
  - i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
  - j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
  - k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
  - l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

3/2014

Contractor Initials

Date

*JAK*  
11/15/16

## New Hampshire Department of Health and Human Services



## Exhibit I

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

**(4) Obligations of Covered Entity**

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

**(5) Termination for Cause**

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

**(6) Miscellaneous**

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

3/2014

Contractor Initials

Date



New Hampshire Department of Health and Human Services

Exhibit I

- e. **Segregation.** If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. **Survival.** Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services

ICF Macro, Inc.

The State

Name of the Contractor

Signature of Authorized Representative

Signature of Authorized Representative

Marcella Bobresky  
Name of Authorized Representative

Jane Ketchum  
Name of Authorized Representative

Acting Director  
Title of Authorized Representative

Senior Manager, CONTRACTS  
Title of Authorized Representative

11/22/16  
Date

11-15-2016  
Date

JMK  
11/15/16

New Hampshire Department of Health and Human Services  
Exhibit J



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
  - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
  - 10.2. Compensation information is not 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.

Contractor Name: ICF Macro, Inc.

11-15-2016  
Date

Jane M. Ketchum  
Name: Jane M. Ketchum  
Title: Senior Manager, Contracts

Contractor Initials JMK  
Date 11/15/16



New Hampshire Department of Health and Human Services  
Exhibit J



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

- The DUNS number for your entity is: 06-6783-721
- 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                        X   YES

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

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

- Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(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                        X   YES

If the answer to #3 above is YES, stop here

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

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

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____