



Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

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

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May 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 amend an existing contract with Community Health Access Network (CHAN) (VC#162256-B001), Newmarket, NH, to continue to improve the prevention and management of cancer, arthritis, diabetes, and heart disease by exercising a contract renewal option by increasing the price limitation by \$2,166,000 from \$2,192,078 to \$4,358,078 and extending the completion date from June 30, 2022, to June 30, 2024, effective upon Governor and Council approval. 95% Federal Funds and 5% General Funds.

The original contract was approved by Governor and Council on January 23, 2019, item #29, amended on March 25, 2020, item #20, and most recently amended on October 07, 2020, item #08.

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

The purpose of this request is to exercise a renewal option to extend the contract for two (2) years and to expand the focus from improving chronic disease outcomes, such as hypertension, to also include cancer-focused outcomes. The Contractor provides Electronic Health Record system support to Federally Qualified Health Centers and leads quality improvement efforts within the statewide network, which includes over 67,000 patients. Electronic Health Record and quality improvement efforts will continue to identify and refer patients in primary care settings to other providers and programs in their communities, which can help to prevent and manage chronic diseases, including cancer. As the Health-Center Controlled Network for the state's Federally Qualified Health Centers, the Contractor has a unique ability to provide these services.

The Contractor supports Federally Qualified Health Centers by helping them improve documentation accuracy, reduce data entry burden, develop workflows, streamline billing

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His Excellency, Governor Christopher T. Sununu
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processes, evaluate health outcomes, and connect patients with community programs and resources. Some of the projects include:

- Identifying and referring patients for additional clinical and community services and supports to help prevent, detect and manage chronic diseases, including cancer.
- Promoting team-based care by involving non-physician team members to improve efficiency, quality, and patient experience with healthcare.

The Department will monitor the services by reviewing the number and types of patients served against 23 different contract benchmarks, which include:

- Number and percentage of patients in health system(s) with an implemented community referral system (through bi-directional referrals) for prevention or management programs/healthy behavior support services for people with high risk for cardiovascular disease;
- Number and percentage of patients in health system(s) referred to a evidence-based prevention or management/healthy behavior support service who attend at least one session; and
- Number and percentage of patients in health system(s) with known high blood pressure who have achieved blood pressure control;

As referenced in Exhibit C-1 of the original agreement, the parties have the option to extend the agreement for up to three (3) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for two (2) of the two (2) years available.

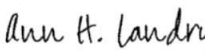
Should the Governor and Executive Council not authorize this request, the Department will be unable to support the state's Federally Qualified Health Centers in their efforts to improve care delivery for chronic disease among the state's most vulnerable populations.

Area served: Statewide

Source of Federal Funds: Assistance Listing Number #93.426, FAIN NU58DP006515; ALN #93.945, FAIN NU58DP006448; ALN #93.436, FAIN NU58DP006836 and ALN #93.898, FAIN NU58DP006298.

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

Respectfully submitted,

DocuSigned by:

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Lori A. Shibinette
Commissioner

05-95-90-902010-1227 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES: DIVISION OF PUBLIC HEALTH, Bureau of Community & Health Services, COMBINED CHRONIC DISEASE 100% FF

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2019	102-500731	Contracts for Program Services	90017317	\$110,000	\$0	\$110,000
2019	102-500731	Contracts for Program Services	90017417	\$140,000	\$0	\$140,000
2020	102-500731	Contracts for Program Services	90017003	\$181,039	\$0	\$181,039
2020	102-500731	Contracts for Program Services	90017002	\$181,039	\$0	\$181,039
2021	102-500731	Contracts for Program Services	90017003	\$390,000	\$0	\$390,000
2021	102-500731	Contracts for Program Services	90017002	\$320,000	\$0	\$320,000
2022	102-500731	Contracts for Program Services	90017003	\$390,000	\$0	\$390,000
2022	102-500731	Contracts for Program Services	90017002	\$320,000	\$0	\$320,000
2023	102-500731	Contracts for Program Services	90017003	\$0	\$390,000	\$390,000
2023	102-500731	Contracts for Program Services	90017002	\$0	\$320,000	\$320,000
2024	102-500731	Contracts for Program Services	90017003	\$0	\$390,000	\$390,000
2024	102-500731	Contracts for Program Services	90017002	\$0	\$320,000	\$320,000
			Subtotal	\$2,032,078	\$1,420,000	\$3,452,078

05-95-90-902010-7046 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES: DIVISION OF PUBLIC HEALTH, Bureau of Community & Health Services, ARTHRITIS 100% FF

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2019	102-500731	Contracts for Program Services	90017717	\$0	\$0	\$0
2020	102-500731	Contracts for Program Services	90017717	\$0	\$0	\$0
2021	102-500731	Contracts for Program Services	90017717	\$50,000	\$0	\$50,000
2022	102-500731	Contracts for Program Services	90017717	\$50,000	\$0	\$50,000
2023	102-500731	Contracts for Program Services	90017717	\$0	\$50,000	\$50,000
2024	102-500731	Contracts for Program Services	90017717	\$0	\$50,000	\$50,000
			Subtotal	\$100,000	\$100,000	\$200,000

05-95-90-902010-7045 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES: DIVISION OF PUBLIC HEALTH, Bureau of Community & Health Services, WISEWOMAN 100% FF

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2019	102-500731	Contracts for Program Services	90070450	\$0	\$0	\$0
2020	102-500731	Contracts for Program Services	90070450	\$0	\$0	\$0
2021	102-500731	Contracts for Program Services	90070450	\$30,000	\$0	\$30,000
2022	102-500731	Contracts for Program Services	90070450	\$30,000	\$10,000	\$40,000
2023	102-500731	Contracts for Program Services	90070450	\$0	\$215,000	\$215,000
2024	102-500731	Contracts for Program Services	90070450	\$0	\$50,000	\$50,000
			Subtotal	\$60,000	\$275,000	\$335,000

05-95-090-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, Bureau of Community & Health Services, COMPREHENSIVE CANCER 100% FF

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2021	102-500731	Contracts for Program Services	90080081	\$0	\$0	\$0
2022	102-500731	Contracts for Program Services	90080081	\$0	\$0	\$0
2023	102-500731	Contracts for Program Services	90080081	\$0	\$150,000	\$150,000
2024	102-500731	Contracts for Program Services	90080081	\$0	\$105,000	\$105,000
			Subtotal	\$0	\$255,000	\$255,000

05-95-090-902010-4527 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, Bureau of Community & Health Services, ORAL HEALTH PROGRAM 100% GF

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2023	102-500731	Contracts for Prog Svc	90072004	\$0	\$116,000	\$116,000
2024	102-500731	Contracts for Prog Svc	90072004	\$0	\$0	\$0
			Subtotal	\$0	\$116,000	\$116,000
			Total	\$2,192,078	\$2,166,000	\$4,358,078

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

This Amendment to the Diabetes and Heart Disease Clinical Quality Improvement and Referral contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Community Health Access Network ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 23, 2019 (Item #29), as amended on March 25, 2020 (Item #20), and as amended on October 07, 2020 (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:
June 30, 2024
 2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$4,358,078
 3. Replace Exhibit A – Amendment #2, Scope of Services in its entirety with Exhibit A – Amendment #3, Scope of Services, which is attached hereto and incorporated by reference herein.
- 1 Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 1, Subsection 1.1 to read:
- 1.1. This contract is funded with:
 - 1.1.1. 79% federal funds from the Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke Grant, as awarded on September 30, 2018 by the Centers for Disease Control and Prevention CFDA# 93.426, Federal Award Identification Number (FAIN) NU58DP006515;
 - 1.1.2. 5% federal funds from the Assistance Programs for Chronic Disease Prevention and Control Grant, NH Public Health Approaches to Addressing Arthritis, as awarded on July 1, 2018 by the Centers for Disease Control and Prevention CFDA# 93.945, FAIN NU58DP006448;
 - 1.1.3. 8% federal funds from the New Hampshire Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Grant, September 30, 2020 by the Centers for Disease Control and Prevention, CFDA #93.436, FAIN NU58DP006836; and
 - 1.1.4. 6% federal funds from the Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations Grant, , as awarded on September 20, 2021 by the Centers for Disease Control and Prevention CFDA #93.898, FAIN NU58DP006298.
 - 1.1.5. 3% General Funds.
 - 2 Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Subsection 2.1 to read:
 - 2.1 Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and in accordance with the approved line items in Exhibit B-1

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- Budget Sheet through Exhibit B-24 Budget, Amendment #3, which are attached hereto and incorporated by reference herein.
- 3 Modify Exhibit B-13 Budget, Amendment #2, in its entirety with Exhibit B-13 Budget, Amendment #3 which is attached hereto and incorporated by reference herein.
 - 4 Modify Exhibit B, Methods and Conditions Precedent to Payment, to add Sections 5 and 6, to read:
 5. The Contractor shall submit an invoice and supporting documents to the Department no later than the fifteenth (15th) working day of the following month. The Contractor shall:
 - 5.1 Ensure the invoice is presented in a form that is provided by the Department or is otherwise acceptable to the Department.
 - 5.2 Ensure the invoice identifies and requests payment for allowable costs incurred in the previous month.
 - 5.3 Provide supporting documentation of allowable costs that may include, but is not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as requested.
 - 5.4 Ensure the invoice is completed, dated and returned to the Department with the supporting documentation for authorized expenses, in order to initiate payment.
 6. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements, which includes a match from non-federal sources of an amount equal to a minimum of not less than one (1) dollar for every three (3) dollars of Federal funds, a ratio of 3:1, from the WISEWOMAN grant identified in Section 1.1.3
 - 6.1 The Contractor shall ensure the annual required match is in non-federal contributions either in cash, in-kind, or donated services related to directly carrying out WISEWOMAN project activities and goals and be approved by the Department.
 - 6.2 The Contractor shall provide bi-annual reports of itemized matching funds to the Department no later than December 15th and July 31st annually.
 - 6.3 The bi-annual match reports are to be provided in the line item budgets and budget narrative justifications.
 - 6.4 Matching funds may not include:
 - 6.4.1 Services assisted or subsidized by the Federal government; or
 - 6.4.2 Indirect or overhead costs of an organization.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2022, or upon Governor and Council approval, whichever is later.

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

State of New Hampshire
Department of Health and Human Services

5/4/2022

Date

DocuSigned by:

Patricia M. Tilley

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Name: Patricia M. Tilley

Title:
Director

Community Health Access Network

5/4/2022

Date

DocuSigned by:

Gary L. Noseworthy

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Name: Gary L. Noseworthy

Title:
Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

5/4/2022

Date

DocuSigned by:
Takhmina Rakhmatova
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Name: Takhmina Rakhmatova

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

New Hampshire Department of Health and Human Services
Diabetes and Heart Disease Clinical Quality Improvement and Referral



EXHIBIT A – Amendment #3

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall subcontract with a minimum of three (3) primary health care clinics to implement chronic disease prevention and management activities for each chronic disease listed in 1.1.1 through 1.1.6. The chronic diseases include:
 - 1.1.1. Prediabetes;
 - 1.1.2. Diabetes;
 - 1.1.3. High blood pressure (hypertension);
 - 1.1.4. High cholesterol (hypercholesterolemia);
 - 1.1.5. Arthritis; and
 - 1.1.6. Cancer.
- 1.2. The Contractor shall ensure:
 - 1.2.1. Diabetes and Heart Disease clinical quality improvement and referral activities apply to the adult patient population 18 years of age and older served by the partnering primary care clinical sites.
 - 1.2.2. Cancer clinical quality improvement activities apply to the adult female patient population 21 to 64 years of age and older served by the partnering primary care clinical sites.
- 1.3. The Contractor shall provide technical and administrative support to the clinics identified in Subsection 1.1 above. Technical and administrative activities must support:
 - 1.3.1. CVD risk screenings;
 - 1.3.2. Breast and cervical cancer screenings and diagnostics;
 - 1.3.3. Risk reduction counseling;
 - 1.3.4. Health risk assessment;
 - 1.3.5. Medication adherence and follow-up on abnormal values which may include, but are not limited to:
 - 1.3.5.1. Enhancements to the patient portal.
 - 1.3.5.2. Developing screening tools completed by patients prior to appointments.
 - 1.3.5.3. Creating alerts for follow-up counseling and abnormal/alert values, algorithms, registries and other clinical decision supports.

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**New Hampshire Department of Health and Human Services
Diabetes and Heart Disease Clinical Quality Improvement and Referral**



EXHIBIT A – Amendment #3

- 1.3.6. Collaborating with clinical representatives at participating health clinics to adopt standard cardiovascular risk screening tools;
- 1.3.7. Providing reports to monitor and track clinical data improvements that include:
 - 1.3.7.1. Identification;
 - 1.3.7.2. Management;
 - 1.3.7.3. Referrals
 - 1.3.7.4. Treatment; and
 - 1.3.7.5. Outcomes.
- 1.3.8. Implementing protocols for identifying undiagnosed and uncontrolled:
 - 1.3.8.1. Prediabetes;
 - 1.3.8.2. Diabetes;
 - 1.3.8.3. High blood pressure; and
 - 1.3.8.4. High cholesterol.
- 1.3.9. Implementing Team-Based Care, a multi-disciplinary team approach, to reduce the risk of CVD that includes, but is not limited to:
 - 1.3.9.1. Engaging non-physician team members to expand follow-up and support in community settings. Non-physician team members may include, but are not limited to:
 - 1.3.9.1.1. Community health workers.
 - 1.3.9.1.2. Social workers.
 - 1.3.9.1.3. Patient navigators.
 - 1.3.9.1.4. Pharmacists.
 - 1.3.9.1.5. Dietitians.
 - 1.3.9.1.6. Dentists and dental hygienists.
- 1.3.10. Implementing collaborative Pharmacy Practice Agreements between providers and pharmacists and/or partner with schools of pharmacies to:
 - 1.3.10.1. Provide medication therapy management (MTM);
 - 1.3.10.2. Reduce barriers to understanding the treatment regimen and accessing medication; and
 - 1.3.10.3. Improve medication adherence for patients with newly diagnosed and/or uncontrolled high blood pressure, high cholesterol and diabetes.

**New Hampshire Department of Health and Human Services
Diabetes and Heart Disease Clinical Quality Improvement and Referral**



EXHIBIT A – Amendment #3

- 1.3.11. Communicating and coordinating care among team members that includes:
 - 1.3.11.1. Coordination of community resource referrals;
 - 1.3.11.2. Evidence-based prevention and management programs/healthy behavior support services; and
 - 1.3.11.3. Clinical services.
- 1.3.12. Providing support for activities specific to care teams and breast and cervical cancer screening evidence based interventions including:
 - 1.3.12.1. Health center assessment;
 - 1.3.12.2. Planning;
 - 1.3.12.3. Training;
 - 1.3.12.4. Implementation; and
 - 1.3.12.5. Sustainability.
- 1.3.13. Improving Health Information Technology (HIT) entirely within their existing technology systems and submitting reports of aggregate data only to the Department for the purposes of:
 - 1.3.13.1. Tracking pre and post progress on Diabetes, Heart Disease (WISEWOMAN), and cancer screening quality measures that quantify healthcare processes, outcomes, and organizational structure;
 - 1.3.13.2. Assisting with state and federal reporting;
 - 1.3.13.3. Assuring quality product is produced by soliciting continuous feedback from the Department.
 - 1.3.13.4. No personally identifiable information (PII) or protected health information (PHI) will be shared with the Department.
- 1.3.14. Providing the clinics with continuous quality improvement support that may include, but are not limited to:
 - 1.3.14.1. Facilitating Quality Improvement Team Meetings, such as Chronic Disease Champions meetings.
 - 1.3.14.2. Providing expertise to improve & support clinics' quality improvement efforts.
 - 1.3.14.3. Leading quality improvement efforts specific to breast and cervical screening including implementation of at least two (2) evidence-based interventions per clinic, while providing

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**New Hampshire Department of Health and Human Services
Diabetes and Heart Disease Clinical Quality Improvement and Referral**



EXHIBIT A – Amendment #3

- services under the United States Preventive Services Task Force (USPSTF) guidelines.
- 1.3.14.4. Leading efforts to reduce data entry burden, streamlining entry for clinical teams (i.e. WISEWOMAN documentation to meet federal requirements).
 - 1.3.14.5. Assuring quality product is produced by soliciting continuous feedback from the Department and clinics.
 - 1.3.15. Training and/or scholarships for clinic staff to attend professional meetings.
 - 1.3.16. Developing a sustainability plan, in coordination with the Department, clinical sites, healthcare consulting organizations and other key stakeholders, as approved by the Department.
 - 1.3.17. Identifying and promoting the Department and Contractor services related to quality of care and health outcomes by engaging with the Department's clinical sites, healthcare consulting organization, as approved by the Department, and other key stakeholders.
 - 1.3.18. Increasing care coordination by implementing closed-loop referrals between clinical and community-based programs related to chronic disease prevention and management. The Contractor shall:
 - 1.3.18.1. Build interfaces between the clinics' Electronic Health Record (EHR) and a referral platform.
 - 1.3.18.2. Provide technical support, training and assistance to clinics on workflow redesign.
 - 1.3.18.3. Evaluate implementation in collaboration with the Department's evaluator.
 - 1.3.18.4. Share lessons learned at meetings with key stakeholders of clinical and community-based programs.
 - 1.4. The Contractor shall track the progress of quality improvement initiatives that include, but are not limited to:
 - 1.4.1. Health assessments.
 - 1.4.2. Changes implemented to current processes.
 - 1.4.3. Measurement plan to determine success.
 - 1.4.4. Sustainability plan.
 - 1.5. The Contractor shall offer scholarships to staff of participating clinical sites upon Department approval to promote professional development.

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**New Hampshire Department of Health and Human Services
Diabetes and Heart Disease Clinical Quality Improvement and Referral**



EXHIBIT A – Amendment #3

- 1.6. The Contractor shall provide support that enables the clinical sites to provide or refer to evidence-based disease prevention and management programs and services to the population in Subsection 1.2 above. Support activities include, but are not limited to:
 - 1.6.1. Improving access to and participation in Diabetes Self-Management Education and Support (DSMES) programs that are recognized and/or accredited by the Americans Diabetes Association (ADA) or Association of Diabetes Care and Education Specialists (ADCES) to establish new ADA-recognized/ADCES-accredited DSMES programs which may include, but are not limited to:
 - 1.6.1.1. Linking clinics to resources for recognition and/or accreditation.
 - 1.6.1.2. Providing access to consultants who are certified diabetes educators or other DSMES physical sites accredited/recognized in NH that can assist with the process.
 - 1.6.1.3. Obtaining a license from the ADA or ADCES to recognize and or accredit DSMES programs throughout the state.
 - 1.6.2. Integrating DSMES programs and/or referrals into coordinated care that may include but is not limited to Patient-Centered Medical Homes.
 - 1.6.3. Building EHR-generated or other systems to facilitate and track referrals and enhance decision support.
 - 1.6.4. Working with community and clinical partners as well as patients and caregivers to eliminate barriers to access to increase participation in DSMES programs.
 - 1.6.5. Working with health care providers to increase referrals to DSMES programs for individuals with diabetes.
 - 1.6.6. Assisting clinics with implementing activities that identify individuals with prediabetes to ensure referrals to the National Diabetes Prevention Program (NDPP).
 - 1.6.7. Facilitating systematic referrals of adults with hypertension and/or high blood cholesterol, and arthritis to community programs or resources that include, but are not limited to:
 - 1.6.7.1. YMCA's Blood Pressure Self-Monitoring program.
 - 1.6.7.2. Weight Watchers.
 - 1.6.7.3. Supplemental Nutrition and Assistance Program and Education (SNAP-ED).

**New Hampshire Department of Health and Human Services
Diabetes and Heart Disease Clinical Quality Improvement and Referral**



EXHIBIT A – Amendment #3

- 1.6.7.4. Expanded Food and Nutrition Education Program (EFNEP).
- 1.6.7.5. Taking Off Pounds Sensibly (TOPS).
- 1.6.7.6. Curves Complete.
- 1.6.7.7. Chronic Disease Self-Management Program (CDSMP).
- 1.6.8. Removing enrollment barriers to programs including, but not limited to, childcare or transportation.
- 1.7. The Contractor shall track and monitor clinical measures that have shown to improve healthcare quality and identify patients with Cardiovascular Disease (CVD) risk.
- 1.8. The Contractor shall link community resources and clinical services that support:
 - 1.8.1. Bi-directional referrals;
 - 1.8.2. Self-management; and
 - 1.8.3. Lifestyle change for adults at risk for CVD.
- 1.9. The Contractor shall:
 - 1.9.1. Work collaboratively with community-based organizations that provide evidence-based prevention and management programs/healthy behavior support services;
 - 1.9.2. Focus on removing enrollment barriers to programs that may include, but are not limited to childcare and transportation;
 - 1.9.3. Enhance or build electronic and/or paper-based systems within the clinics' existing EHR systems that facilitate exchange of information between medical and community-based organizations to support:
 - 1.9.3.1. Medical follow-up;
 - 1.9.3.2. Evidence-based prevention and management programs and/or healthy behavior support services; and
 - 1.9.3.3. Enable tracking of referrals, and other critical support services.
 - 1.9.4. Build interfaces between the clinics' existing EHR systems and a referral platform;
 - 1.9.5. Provide technical support, training and assistance with workflow redesign to clinics;
 - 1.9.6. Evaluate implementation in collaboration with the Department's evaluator;

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**New Hampshire Department of Health and Human Services
Diabetes and Heart Disease Clinical Quality Improvement and Referral**



EXHIBIT A – Amendment #3

- 1.9.7. Share lessons learned through meetings with key stakeholders of clinical sites and community providers;
- 1.9.8. Utilize health-coaching strategies to ensure participants are engaged in evidence-based prevention and management programs and services in the community;
- 1.9.9. Collaborate with health care systems and other stakeholders to expand use of tele-health technology to promote disease management and remote patient monitoring with clinical follow-up;
- 1.9.10. Make referrals to:
 - 1.9.10.1. The NDPP;
 - 1.9.10.2. DSMES programs;
 - 1.9.10.3. Community programs for high blood pressure and/or high cholesterol; and
 - 1.9.10.4. Community dental clinics.
- 1.9.11. Implement systems that may include but are not limited to Health Information Technology (HIT) policies and/or protocols for screening, testing and referring adults eighteen (18) years of age and older with prediabetes to NDPP that may include, but are not limited to:
 - 1.9.11.1. Retrospectively screen for and identify clients with prediabetes using EHRs and patient registries and generate health care provider NDPP referral letters for high-risk patients.
 - 1.9.11.2. Embed prediabetes algorithms in the EHR to assist in identifying and referring patients with prediabetes to NDPP.
 - 1.9.11.3. Incorporate prediabetes screening, testing, and referral into the clinical workflow.
- 1.9.12. Implement systems that may include, but are not limited to, HIT policies and/or protocols that ensure referrals to and participation in accredited/recognized DSMES programs at the "Four (4) Critical Times," including:
 - 1.9.12.1. At diagnosis;
 - 1.9.12.2. Annually and/or when not meeting treatment targets;
 - 1.9.12.3. When complicating factors develop; and
 - 1.9.12.4. When transitions in life and care occur.
- 1.9.13. Implement systems that may include, but are not limited, to HIT policies and/or protocols and systematic referral for:

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**New Hampshire Department of Health and Human Services
Diabetes and Heart Disease Clinical Quality Improvement and Referral**



EXHIBIT A – Amendment #3

- 1.9.13.1. Self-measured blood pressure monitoring (SMBP) with clinical support;
 - 1.9.13.2. YMCA Blood Pressure Self-Monitoring Program; and
 - 1.9.13.3. Other Center for Disease Control (CDC) approved programs for high blood pressure and high cholesterol.
- 1.10. The Contractor shall in collaboration with health care providers implement Exercise is Medicine (EIM) Physical Activity Vital Sign screening, counseling and referrals to evidence-based exercise programs.
- 1.11. The Contractor shall assist clinics with implementing activities to identify patients with adequate and insufficient physical activity that may include but are not limited to:
- 1.11.1. Screening patients for physical activity at well office visits.
 - 1.11.2. Documenting physical activity levels in EHR.
 - 1.11.3. Diagnosing patients with physical inactivity where appropriate.
 - 1.11.4. Generating a prescription for exercise to include referring participants to appropriate physical activity programs approved by the Department. Referrals for physical activity:
 - 1.11.4.1. Must include a printed or electronic prescription with location for referral; and
 - 1.11.4.2. May include an electronic referral through the Unite Us platform.
 - 1.11.5. Distributing funds to clinics for start-up costs or incentive payments upon Department approval. Start-up costs may include:
 - 1.11.5.1. Coach or participant teaching materials.
 - 1.11.5.2. Training.
 - 1.11.5.3. Distribution of funds to support a sustainability plan.
 - 1.11.5.4. Program support incentives that do not exceed a monetary value of \$20 per EIM participant.
- 1.12. The Contractor shall ensure clinics have a Department-approved sustainability plan in place prior to the distribution of funds.
- 1.13. The Contractor shall facilitate programming of automatic clinic referrals, within the clinics' existing EHR systems, to EIM Physical Activity Vital Sign, that includes, but are not limited to:
- 1.13.1. Implementing electronic capture and storage of physical activity levels using EIM in the EHR.

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Diabetes and Heart Disease Clinical Quality Improvement and Referral**



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- 1.13.2. Creating a clinical decision support flag system to prompt clinics to select one (1) of the physical inactivity supplemental diagnoses.
 - 1.13.3. Creating a re-screen EHR prompt at next annual well office visit for patients with adequate physical activity.
 - 1.13.4. Creating clinical prompts for patients with insufficient physical activity that include, but are not limited to:
 - 1.13.4.1. Triggering clinical decision support flags for ICD10 codes for physical activity supplied by the Department.
 - 1.13.4.2. Triggering patient counseling activities for physical activity, that includes:
 - 1.13.4.2.1. Approval by the Department and practice physicians before implementation;
 - 1.13.4.2.2. Writing at an appropriate reading level for commonly served patient demographics;
 - 1.13.4.2.3. Availability in print and digitally;
 - 1.13.4.2.4. Obtaining patient consent; and
 - 1.13.4.2.5. Educating patients on the benefits of increased physical activity, which includes preventing and/or managing chronic diseases including, but not limited to:
 - 1.13.4.2.5.1. Arthritis.
 - 1.13.4.2.5.2. Heart Disease.
 - 1.13.4.2.5.3. Diabetes.
 - 1.13.4.2.5.4. Obesity.
- 1.14. The Contractor shall attend annual in-person or electronic web-based meetings. In-person meetings shall take place at a location determined by the Department.
- 1.15. The Contractor shall participate in monthly in-person, conference-call or electronic web-based meetings with the Department to review contract performance in the areas of, but not limited to:
 - 1.15.1. Activities.
 - 1.15.2. Interventions.
 - 1.15.3. Challenges.
 - 1.15.4. Progress.
 - 1.15.5. Funding.

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- 1.16. The Contractor shall coordinate monthly in-person, conference call or electronic web-based meetings with subcontractors. Meeting topics will include, but are not limited to:
 - 1.16.1. Activities.
 - 1.16.2. Interventions.
 - 1.16.3. Challenges.
 - 1.16.4. Progress.
 - 1.16.5. Funding.
- 1.17. The Contractor shall submit a DRAFT Work Plan in accordance with the requirements in this Exhibit A, Scope of Services – Amendment #3 of the Contract, and a new DRAFT Work Plan upon any subsequent Amendments to the Scope of Services, for Department approval no later than fifteen (15) calendar days after the amendment Effective Date that includes, but is not limited to:
 - 1.17.1. Performance measures.
 - 1.17.2. Activities.
 - 1.17.3. Staff names, titles and responsibilities.
 - 1.17.4. Timelines.
- 1.18. The Contractor shall submit the FINAL Work Plan in accordance with the requirements in this Exhibit A, Scope of Services – Amendment #3 of the Contract, and a new FINAL approved Work Plan upon any subsequent Amendments to the Scope of Services, to the Department no later than thirty (30) calendar days after the amendment Effective Date.
- 1.19. The Contractor shall submit a DRAFT Work Plan on an annual basis, in accordance with Subsection 1.17 above, for Department approval no later than fifteen (15) calendar days after each State Fiscal Year end date.
- 1.20. The Contractor shall submit a FINAL Work Plan on an annual basis, in accordance with Subsection 1.18 above, for Department approval no later than thirty (30) calendar days after each State Fiscal Year end date.

2. Exhibits Incorporated

- 2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

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EXHIBIT A – Amendment #3

- 2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Reporting Requirements

- 3.1. The Contractor shall submit quarterly reports to the Department no later than thirty (30) calendar days after each quarter end date that must include:
 - 3.1.1. A brief narrative of work performed during the prior quarter;
 - 3.1.2. Documented achievements; and
 - 3.1.3. Progress towards meeting the performance measures.

4. Performance Measures

- 4.1. The Department will monitor Contractor performance based on the following performance measures:
 - 4.1.1. Number of pharmacy locations/pharmacists using patient care processes that promote medication management or DSMES for people with diabetes;
 - 4.1.2. Number and proportion of new accredited/recognized DSMES programs;
 - 4.1.3. Number of pharmacists engaged in the practice of MTM to promote medication self-management and lifestyle modification for high blood pressure and high cholesterol;
 - 4.1.4. Percentage of pharmacists engaged in the practice of MTM to promote medication self-management and lifestyle modification for high blood pressure and high cholesterol;
 - 4.1.5. Number of patients within health systems to report standardized clinical measures for the management of patients with high blood pressure;
 - 4.1.6. Percentage of patients within health systems to report standardized clinical measures for the management of patients with high blood pressure;
 - 4.1.7. Number of patients within health systems with high blood pressure and high cholesterol referred to an evidence-based lifestyle program;
 - 4.1.8. Percentage of patients within health systems with high blood pressure and high cholesterol referred to an evidence-based lifestyle program;

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Diabetes and Heart Disease Clinical Quality Improvement and Referral**



EXHIBIT A – Amendment #3

- 4.1.9. Number and percentage of patients in health system(s) referred to an appropriate evidence-based prevention or management/program/healthy behavior support service;
- 4.1.10. Number and percentage of at-risk women in WISEWOMAN referred to an appropriate prevention or management program/healthy behavior support service;
- 4.1.11. Number and percentage of patients in health system(s) with an implemented community referral system (through bi-directional referrals) for prevention or management programs/healthy behavior support services for people with high risk for cardiovascular disease;
- 4.1.12. Number and percentage of WISEWOMAN providers with an implemented community referral system (through bi-directional referrals) for healthy behavior support services for people with high risk for cardiovascular disease;
- 4.1.13. Number and percentage of patients in health system(s) referred to a evidence-based prevention or management/healthy behavior support service who attend at least one session;
- 4.1.14. Number and percentage of women in WISEWOMAN referred to a evidence-based prevention or management/healthy behavior support service who attend at least one session;
- 4.1.15. Number of individuals with diabetes with at least one (1) encounter at an ADA-recognized/ADCES-accredited DSMES program;
- 4.1.16. Number of WISEWOMAN participants with at least one encounter at an ADA-recognized/ADCES-accredited DSMES program;
- 4.1.17. Number of participants enrolled in CDC-recognized lifestyle change programs (NDPPs);
- 4.1.18. Number of WISEWOMAN participants enrolled in CDC-recognized lifestyle change programs (NDPPs);
- 4.1.19. Number of participants enrolled in the YMCA Blood Pressure Monitoring Program;
- 4.1.20. Number of WISEWOMAN participants enrolled in YMCA Blood Pressure Monitoring Program;
- 4.1.21. Number of patients enrolled in self-monitoring of blood pressure (SMBP) with clinical support;
- 4.1.22. Number of WISEWOMAN participants enrolled in SMBP with clinical support;
- 4.1.23. Number and percentage of patients in health system(s) with known high blood pressure who have achieved blood pressure control;

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EXHIBIT A – Amendment #3

- 4.1.24. Number and percentage of women in WISEWOMAN with known high blood pressure who have achieved or are currently maintaining blood pressure control;
 - 4.1.25. Number of patients screened for EIM Physical Activity Vital Sign;
 - 4.1.26. Number of patients diagnosed as inactive;
 - 4.1.27. Number of prescriptions generated for exercise;
 - 4.1.28. Number and percent of patients who are enrolled into the Breast and Cervical Cancer Program free screening as new patients, and returning patients;
 - 4.1.29. Number and percent of patients within health system who are considered screened for breast cancer according to USPSTF guidelines with at least a 7% increase during the program period;
 - 4.1.30. Number and percent of patients within health system who are considered screened for cervical cancer according to guidelines with at least a 7% increase during the program period;
 - 4.1.31. Number of clinics participating in breast and cervical cancer screening quality improvement/Evidence-based intervention projects each year; and
 - 4.1.32. Number of quality improvement activities and evidence-based interventions focused on breast and cervical cancer completed by each participating clinic.
- 4.2. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results and adjust program delivery and policy based on successful outcomes.
 - 4.3. The Contractor may be required to provide other key data and metrics to the Department, including aggregate demographic, performance and service data.
 - 4.4. Where applicable, the Contractor shall collect and share data with the Department in a format specified by the Department.

5. Additional Terms

- 5.1. Impacts Resulting from Court Orders or Legislative Changes
 - 5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 5.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services.

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EXHIBIT A – Amendment #3

5.2.1. The Contractor shall submit, within ten (10) days of the contract effective date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

5.3. Credits and Copyright Ownership

5.3.1. 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, "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."

5.3.2. All materials produced or purchased under the contract shall have prior approval from the Department before printing, production, distribution or use.

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

- 5.3.3.1. Brochures.
- 5.3.3.2. Resource directories.
- 5.3.3.3. Protocols or guidelines.
- 5.3.3.4. Posters.
- 5.3.3.5. Reports.

5.3.4. The Contractor shall not reproduce any materials produced under the contract without prior written approval from the Department.

6. Records

6.1. The Contractor shall keep records that include, but are not limited to:

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

6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the

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EXHIBIT A – Amendment #3

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.

- 6.2. 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. 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.

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: WiseWoman

Project Title

Budget Period: 07/01/2021-06/30/2022

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 1,000.00	\$ 100.00	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 100.00	\$ 1,100.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 1,000.00	\$ 100.00	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 100.00	\$ 1,100.00
12. Subcontracts/Agreements	\$ 29,876.00	\$ 2,987.00	\$ 32,863.00	\$ -	\$ -	\$ -	\$ 29,876.00	\$ 2,987.00	\$ 32,863.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reports	\$ 4,488.00	\$ 449.00	\$ 4,937.00	\$ -	\$ -	\$ -	\$ 4,488.00	\$ 449.00	\$ 4,937.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 36,364.00	\$ 3,636.00	\$ 40,000.00	\$ -	\$ -	\$ -	\$ 36,364.00	\$ 3,636.00	\$ 40,000.00

Indirect As A Percent of Direct

10.0%

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5/4/2022

Exhibit B-14 Budget, Amendment #3

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Arthritis

Project Title

Budget Period: 07/01/2022 - 06/30/2023

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 15,872.00	\$ 1,587.00	\$ 17,459.00	\$ -	\$ -	\$ -	\$ 15,872.00	\$ 1,587.00	\$ 17,459.00
2. Employee Benefits	\$ 3,460.00	\$ 346.00	\$ 3,806.00	\$ -	\$ -	\$ -	\$ 3,460.00	\$ 346.00	\$ 3,806.00
3. Consultants	\$ 1,000.00	\$ 100.00	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 100.00	\$ 1,100.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 300.00	\$ 30.00	\$ 330.00	\$ -	\$ -	\$ -	\$ 300.00	\$ 30.00	\$ 330.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 101.00	\$ 10.00	\$ 111.00	\$ -	\$ -	\$ -	\$ 101.00	\$ 10.00	\$ 111.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
12. Subcontracts/Agreements	\$ 23,500.00	\$ 2,350.00	\$ 25,850.00	\$ -	\$ -	\$ -	\$ 23,500.00	\$ 2,350.00	\$ 25,850.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reports	\$ 1,122.00	\$ 112.00	\$ 1,234.00	\$ -	\$ -	\$ -	\$ 1,122.00	\$ 112.00	\$ 1,234.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 45,455.00	\$ 4,545.00	\$ 50,000.00	\$ -	\$ -	\$ -	\$ 45,455.00	\$ 4,545.00	\$ 50,000.00

Indirect As A Percent of Direct

10.0%

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5/4/2022

Contractor Initials _____

Date _____

Exhibit B-15 Budget, Amendment #3

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Arthritis

Project Title

Budget Period: 07/01/2023 - 06/30/2024

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 17,349.00	\$ 1,735.00	\$ 19,084.00	\$ -	\$ -	\$ -	\$ 17,349.00	\$ 1,735.00	\$ 19,084.00
2. Employee Benefits	\$ 3,782.00	\$ 378.00	\$ 4,160.00	\$ -	\$ -	\$ -	\$ 3,782.00	\$ 378.00	\$ 4,160.00
3. Consultants	\$ 200.00	\$ 20.00	\$ 220.00	\$ -	\$ -	\$ -	\$ 200.00	\$ 20.00	\$ 220.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 102.00	\$ 10.00	\$ 112.00	\$ -	\$ -	\$ -	\$ 102.00	\$ 10.00	\$ 112.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 300.00	\$ 30.00	\$ 330.00	\$ -	\$ -	\$ -	\$ 300.00	\$ 30.00	\$ 330.00
12. Subcontracts/Agreements	\$ 22,500.00	\$ 2,250.00	\$ 24,750.00	\$ -	\$ -	\$ -	\$ 22,500.00	\$ 2,250.00	\$ 24,750.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reports	\$ 1,122.00	\$ 112.00	\$ 1,234.00	\$ -	\$ -	\$ -	\$ 1,122.00	\$ 112.00	\$ 1,234.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 45,455.00	\$ 4,545.00	\$ 50,000.00	\$ -	\$ -	\$ -	\$ 45,455.00	\$ 4,545.00	\$ 50,000.00

Indirect As A Percent of Direct

10.0%

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5/4/2022

Contractor Initials _____

Date _____

Exhibit B-16 Budget, Amendment #3

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Cancer

Project Title
Budget Period: 07/01/2022 - 06/30/2023

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 28,567.00	\$ 2,857.00	\$ 31,424.00	\$ -	\$ -	\$ -	\$ 28,567.00	\$ 2,857.00	\$ 31,424.00
2. Employee Benefits	\$ 6,228.00	\$ 623.00	\$ 6,851.00	\$ -	\$ -	\$ -	\$ 6,228.00	\$ 623.00	\$ 6,851.00
3. Consultants	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 500.00	\$ 50.00	\$ 550.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 50.00	\$ 550.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 722.00	\$ 72.00	\$ 794.00	\$ -	\$ -	\$ -	\$ 722.00	\$ 72.00	\$ 794.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 500.00	\$ 50.00	\$ 550.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 50.00	\$ 550.00
12. Subcontracts/Agreements	\$ 98,625.00	\$ 9,862.00	\$ 108,487.00	\$ -	\$ -	\$ -	\$ 98,625.00	\$ 9,862.00	\$ 108,487.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reports	\$ 1,122.00	\$ 112.00	\$ 1,234.00	\$ -	\$ -	\$ -	\$ 1,122.00	\$ 112.00	\$ 1,234.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 136,364.00	\$ 13,636.00	\$ 150,000.00	\$ -	\$ -	\$ -	\$ 136,364.00	\$ 13,636.00	\$ 150,000.00

Indirect As A Percent of Direct

10.0%

DS
GLN

5/4/2022

Contractor Initials _____

Date _____

Exhibit B-17 Budget, Amendment #3

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Cancer

Project Title

Budget Period: 07/01/2023 - 06/30/2024

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 29,328.00	\$ 2,933.00	\$ 32,261.00	\$ -	\$ -	\$ -	\$ 29,328.00	\$ 2,933.00	\$ 32,261.00
2. Employee Benefits	\$ 6,394.00	\$ 639.00	\$ 7,033.00	\$ -	\$ -	\$ -	\$ 6,394.00	\$ 639.00	\$ 7,033.00
3. Consultants	\$ 199.00	\$ 20.00	\$ 219.00	\$ -	\$ -	\$ -	\$ 199.00	\$ 20.00	\$ 219.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 154.00	\$ 15.00	\$ 169.00	\$ -	\$ -	\$ -	\$ 154.00	\$ 15.00	\$ 169.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 258.00	\$ 26.00	\$ 284.00	\$ -	\$ -	\$ -	\$ 258.00	\$ 26.00	\$ 284.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 500.00	\$ 50.00	\$ 550.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 50.00	\$ 550.00
12. Subcontracts/Agreements	\$ 57,500.00	\$ 5,750.00	\$ 63,250.00	\$ -	\$ -	\$ -	\$ 57,500.00	\$ 5,750.00	\$ 63,250.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reports	\$ 1,122.00	\$ 112.00	\$ 1,234.00	\$ -	\$ -	\$ -	\$ 1,122.00	\$ 112.00	\$ 1,234.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 95,455.00	\$ 9,545.00	\$ 105,000.00	\$ -	\$ -	\$ -	\$ 95,455.00	\$ 9,545.00	\$ 105,000.00

Indirect As A Percent of Direct

10.0%

DS
GLN

5/4/2022

Contractor Initials _____

Date _____

Exhibit B-18 Budget, Amendment #3

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Diabetes

Project Title

Budget Period: 07/01/2022 - 06/30/2023

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 27,729.00	\$ 2,773.00	\$ 30,502.00	\$ -	\$ -	\$ -	\$ 27,729.00	\$ 2,773.00	\$ 30,502.00
2. Employee Benefits	\$ 6,045.00	\$ 604.00	\$ 6,649.00	\$ -	\$ -	\$ -	\$ 6,045.00	\$ 604.00	\$ 6,649.00
3. Consultants	\$ 1,000.00	\$ 100.00	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 100.00	\$ 1,100.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 500.00	\$ 50.00	\$ 550.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 50.00	\$ 550.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 388.00	\$ 39.00	\$ 427.00	\$ -	\$ -	\$ -	\$ 388.00	\$ 39.00	\$ 427.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 1,000.00	\$ 100.00	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 100.00	\$ 1,100.00
12. Subcontracts/Agreements	\$ 243,027.00	\$ 24,303.00	\$ 267,330.00	\$ -	\$ -	\$ -	\$ 243,027.00	\$ 24,303.00	\$ 267,330.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reports	\$ 11,220.00	\$ 1,122.00	\$ 12,342.00	\$ -	\$ -	\$ -	\$ 11,220.00	\$ 1,122.00	\$ 12,342.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 290,909.00	\$ 29,091.00	\$ 320,000.00	\$ -	\$ -	\$ -	\$ 290,909.00	\$ 29,091.00	\$ 320,000.00

Indirect As A Percent of Direct

10.0%

DS
GLN

5/4/2022

Contractor Initials _____

Date _____

Exhibit B-19 Budget, Amendment #3

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Diabetes

Project Title

Budget Period: 07/01/2023 - 06/30/2024

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 37,216.00	\$ 3,722.00	\$ 40,938.00	\$ -	\$ -	\$ -	\$ 37,216.00	\$ 3,722.00	\$ 40,938.00
2. Employee Benefits	\$ 8,113.00	\$ 811.00	\$ 8,924.00	\$ -	\$ -	\$ -	\$ 8,113.00	\$ 811.00	\$ 8,924.00
3. Consultants	\$ 1,000.00	\$ 100.00	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 100.00	\$ 1,100.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 388.00	\$ 39.00	\$ 427.00	\$ -	\$ -	\$ -	\$ 388.00	\$ 39.00	\$ 427.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 800.00	\$ 80.00	\$ 880.00	\$ -	\$ -	\$ -	\$ 800.00	\$ 80.00	\$ 880.00
12. Subcontracts/Agreements	\$ 237,682.00	\$ 23,768.00	\$ 261,450.00	\$ -	\$ -	\$ -	\$ 237,682.00	\$ 23,768.00	\$ 261,450.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reports	\$ 5,610.00	\$ 561.00	\$ 6,171.00	\$ -	\$ -	\$ -	\$ 5,610.00	\$ 561.00	\$ 6,171.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 290,909.00	\$ 29,091.00	\$ 320,000.00	\$ -	\$ -	\$ -	\$ 290,909.00	\$ 29,091.00	\$ 320,000.00

Indirect As A Percent of Direct

10.0%

DS
GLN

5/4/2022

Contractor Initials _____

Date _____

Exhibit B-20 Budget, Amendment #3

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Heart Disease

Project Title

Budget Period: 07/01/2022 - 06/30/2023

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 38,929.00	\$ 3,893.00	\$ 42,822.00	\$ -	\$ -	\$ -	\$ 38,929.00	\$ 3,893.00	\$ 42,822.00
2. Employee Benefits	\$ 8,486.00	\$ 849.00	\$ 9,335.00	\$ -	\$ -	\$ -	\$ 8,486.00	\$ 849.00	\$ 9,335.00
3. Consultants	\$ 1,000.00	\$ 100.00	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 100.00	\$ 1,100.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 500.00	\$ 50.00	\$ 550.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 50.00	\$ 550.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 568.00	\$ 57.00	\$ 625.00	\$ -	\$ -	\$ -	\$ 568.00	\$ 57.00	\$ 625.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 1,000.00	\$ 100.00	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 100.00	\$ 1,100.00
12. Subcontracts/Agreements	\$ 292,842.00	\$ 29,284.00	\$ 322,126.00	\$ -	\$ -	\$ -	\$ 292,842.00	\$ 29,284.00	\$ 322,126.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reports	\$ 11,220.00	\$ 1,122.00	\$ 12,342.00	\$ -	\$ -	\$ -	\$ 11,220.00	\$ 1,122.00	\$ 12,342.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 354,545.00	\$ 35,455.00	\$ 390,000.00	\$ -	\$ -	\$ -	\$ 354,545.00	\$ 35,455.00	\$ 390,000.00

Indirect As A Percent of Direct

10.0%

DS
GLN

5/4/2022

Contractor Initials _____

Date _____

Exhibit B-21 Budget, Amendment #3

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Heart Disease

Project Title

Budget Period: 07/01/2023 - 06/30/2024

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 42,261.00	\$ 4,226.00	\$ 46,487.00	\$ -	\$ -	\$ -	\$ 42,261.00	\$ 4,226.00	\$ 46,487.00
2. Employee Benefits	\$ 9,213.00	\$ 921.00	\$ 10,134.00	\$ -	\$ -	\$ -	\$ 9,213.00	\$ 921.00	\$ 10,134.00
3. Consultants	\$ 1,000.00	\$ 100.00	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 100.00	\$ 1,100.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 568.00	\$ 57.00	\$ 625.00	\$ -	\$ -	\$ -	\$ 568.00	\$ 57.00	\$ 625.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 500.00	\$ 50.00	\$ 550.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 50.00	\$ 550.00
12. Subcontracts/Agreements	\$ 295,293.00	\$ 29,530.00	\$ 324,823.00	\$ -	\$ -	\$ -	\$ 295,293.00	\$ 29,530.00	\$ 324,823.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reports	\$ 5,610.00	\$ 561.00	\$ 6,171.00	\$ -	\$ -	\$ -	\$ 5,610.00	\$ 561.00	\$ 6,171.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 354,545.00	\$ 35,455.00	\$ 390,000.00	\$ -	\$ -	\$ -	\$ 354,545.00	\$ 35,455.00	\$ 390,000.00

Indirect As A Percent of Direct

10.0%

DS
GLN

5/4/2022

Contractor Initials _____

Date _____

Exhibit B-22 Budget, Amendment #3

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Oral Health

Project Title

Budget Period: 07/01/2022 - 06/30/2023

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 19,824.00	\$ 1,982.00	\$ 21,806.00	\$ -	\$ -	\$ -	\$ 19,824.00	\$ 1,982.00	\$ 21,806.00
2. Employee Benefits	\$ 4,322.00	\$ 432.00	\$ 4,754.00	\$ -	\$ -	\$ -	\$ 4,322.00	\$ 432.00	\$ 4,754.00
3. Consultants	\$ 621.00	\$ 62.00	\$ 683.00	\$ -	\$ -	\$ -	\$ 621.00	\$ 62.00	\$ 683.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 500.00	\$ 50.00	\$ 550.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 50.00	\$ 550.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 20.00	\$ 220.00	\$ -	\$ -	\$ -	\$ 200.00	\$ 20.00	\$ 220.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 500.00	\$ 50.00	\$ 550.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 50.00	\$ 550.00
12. Subcontracts/Agreements	\$ 75,000.00	\$ 7,500.00	\$ 82,500.00	\$ -	\$ -	\$ -	\$ 75,000.00	\$ 7,500.00	\$ 82,500.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reports	\$ 4,488.00	\$ 449.00	\$ 4,937.00	\$ -	\$ -	\$ -	\$ 4,488.00	\$ 449.00	\$ 4,937.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 105,455.00	\$ 10,545.00	\$ 116,000.00	\$ -	\$ -	\$ -	\$ 105,455.00	\$ 10,545.00	\$ 116,000.00

Indirect As A Percent of Direct

10.0%

DS
GLN

5/4/2022

Contractor Initials _____

Date _____

Exhibit B-23 Budget, Amendment #3

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: WiseWoman

Project Title

Budget Period: 07/01/2022 - 06/30/2023

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 24,481.00	\$ 2,448.00	\$ 26,929.00	\$ 5,200.00	\$ 520.00	\$ 5,720.00	\$ 19,281.00	\$ 1,928.00	\$ 21,209.00
2. Employee Benefits	\$ 5,337.00	\$ 533.00	\$ 5,870.00	\$ 1,134.00	\$ 113.00	\$ 1,247.00	\$ 4,203.00	\$ 420.00	\$ 4,623.00
3. Consultants	\$ 1,000.00	\$ 100.00	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 100.00	\$ 1,100.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 200.00	\$ 20.00	\$ 220.00	\$ -	\$ -	\$ -	\$ 200.00	\$ 20.00	\$ 220.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 20.00	\$ 220.00	\$ -	\$ -	\$ -	\$ 200.00	\$ 20.00	\$ 220.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
12. Subcontracts/Agreements	\$ 227,045.00	\$ 22,705.00	\$ 249,750.00	\$ 58,818.00	\$ 5,882.00	\$ 64,700.00	\$ 168,227.00	\$ 16,823.00	\$ 185,050.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reports	\$ 2,244.00	\$ 224.00	\$ 2,468.00	\$ -	\$ -	\$ -	\$ 2,244.00	\$ 224.00	\$ 2,468.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 260,607.00	\$ 26,060.00	\$ 286,667.00	\$ 65,152.00	\$ 6,515.00	\$ 71,667.00	\$ 195,455.00	\$ 19,545.00	\$ 215,000.00
Indirect As A Percent of Direct		10.0%							

DS
GLN

5/4/2022

Contractor Initials _____

Date _____

Exhibit B-24 Budget, Amendment #3

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: WiseWoman

Project Title

Budget Period: 07/01/2023 - 06/30/2024

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 25,930.00	\$ 2,592.00	\$ 28,522.00	\$ 13,684.00	\$ 1,368.00	\$ 15,052.00	\$ 12,246.00	\$ 1,224.00	\$ 13,470.00
2. Employee Benefits	\$ 5,653.00	\$ 565.00	\$ 6,218.00	\$ 2,983.00	\$ 298.00	\$ 3,281.00	\$ 2,670.00	\$ 267.00	\$ 2,937.00
3. Consultants	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 20.00	\$ 220.00	\$ -	\$ -	\$ -	\$ 200.00	\$ 20.00	\$ 220.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 350.00	\$ 45.00	\$ 395.00	\$ -	\$ -	\$ -	\$ 450.00	\$ 45.00	\$ 495.00
12. Subcontracts/Agreements	\$ 28,667.00	\$ 2,867.00	\$ 31,534.00	\$ -	\$ -	\$ -	\$ 28,667.00	\$ 2,867.00	\$ 31,534.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reports	\$ 1,122.00	\$ 112.00	\$ 1,234.00	\$ -	\$ -	\$ -	\$ 1,122.00	\$ 112.00	\$ 1,234.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 62,122.00	\$ 6,211.00	\$ 68,333.00	\$ 16,667.00	\$ 1,666.00	\$ 18,333.00	\$ 45,455.00	\$ 4,545.00	\$ 50,000.00
Indirect As A Percent of Direct		10.0%							

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GLN

5/4/2022

Contractor Initials _____

Date _____

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that COMMUNITY HEALTH ACCESS NETWORK is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 26, 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: **248463**

Certificate Number: **0005768320**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 28th day of April A.D. 2022.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Kris McCracken, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Community Health Access Network.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on May 2, 2022, at which a quorum of the Directors/shareholders were present and voting.
(Date)


VOTED: Gary Noseworthy, Executive Director (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Community Health Access Network to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

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

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

05/03/22
Date



Signature of Elected Officer
Name: Kris McCracken
Title: Board Chair



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/28/2022

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).

PRODUCER License # 1780862 HUB International New England 275 US Route 1 Cumberland Foreside, ME 04110
CONTACT NAME: Lauren Stiles
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS: Lauren.Stiles@hubinternational.com
INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: American Fire and Casualty Company 24066
INSURED Community Health Access Network 207 South Main Street Newmarket, NH 03857
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, and Workers Compensation and Employers' Liability.

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

CERTIFICATE HOLDER CANCELLATION

State of New Hampshire Department of Health and Human Services 129 Pleasant Street Concord, NH 03301
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE (Signature)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/28/2022

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

PRODUCER PAYCHEX INSURANCE AGENCY INC 76210705 215 KENNETH DR ROCHESTER NY 14623	CONTACT NAME:	
	PHONE (877) 266-6850 (A/C, No, Ext):	FAX (585) 389-7894 (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Twin City Fire Insurance Company	
INSURED COMMUNITY HEALTH ACCESS NETWORK K 207 S MAIN ST NEWMARKET NH 03857	NAIC#	29459
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	76 WEG NS8383	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE -EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Those usual to the Insured's Operations.

CERTIFICATE HOLDER State of New Hampshire Department of Health and Human Services 129 PLEASANT ST CONCORD NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Susan L. Castaneda</i>
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Community Health Access Network (CHAN)

Mission Statement

CHAN's mission is to enable our member agencies to develop the programs and resources necessary to assure access to efficient, effective health care for all clients in our communities, particularly the uninsured, Medicaid, and medically underserved populations.



COMMUNITY HEALTH ACCESS NETWORK

**FINANCIAL STATEMENTS
SEPTEMBER 30, 2021 AND 2020**

COMMUNITY HEALTH ACCESS NETWORK

Contents
September 30, 2021 and 2020

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Statements of Financial Position	2
Statements of Activities and Changes in Net Assets	3
Statements of Cash Flows	4
Statements of Functional Expenses	5
Notes to Financial Statements	6 - 13



50 Washington Street
Westborough, MA 01581
508.366.9100
aafcpa.com

Independent Auditor's Report

To the Board of Directors of
Community Health Access Network:

Report on the Financial Statements

We have audited the accompanying financial statements of Community Health Access Network (a New Hampshire corporation, not for profit) which comprise the statements of financial position as of September 30, 2021 and 2020, and the related statements of activities and changes in net assets, cash flows and functional expenses for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Health Access Network as of September 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

AAFCPAs, Inc.

Westborough, Massachusetts
February 9, 2022

COMMUNITY HEALTH ACCESS NETWORK

Statements of Financial Position
September 30, 2021 and 2020

<u>Assets</u>	<u>2021</u>	<u>2020</u>
Current Assets:		
Cash	\$ 401,373	\$ 272,686
Grants receivable	186,813	101,564
Membership and other receivables	13,110	46,858
Prepaid expenses	<u>260,398</u>	<u>250,634</u>
Total current assets	861,694	671,742
Restricted Cash	678,807	622,161
Computer Systems in Process	42,412	-
Furniture and Equipment, net	<u>173,572</u>	<u>248,162</u>
Total assets	<u>\$ 1,756,485</u>	<u>\$ 1,542,065</u>
<u>Liabilities and Net Assets</u>		
Current Liabilities:		
Accounts payable and accrued expenses	\$ 317,974	\$ 187,906
Deferred revenue	<u>23,684</u>	<u>35,101</u>
Total liabilities	<u>341,658</u>	<u>223,007</u>
Net Assets:		
Without donor restrictions:		
Operating	526,799	476,918
Furniture and equipment	209,221	219,979
Board designated	<u>678,807</u>	<u>622,161</u>
Total net assets without donor restrictions	<u>1,414,827</u>	<u>1,319,058</u>
Total liabilities and net assets	<u>\$ 1,756,485</u>	<u>\$ 1,542,065</u>

The accompanying notes are an integral part of these statements.

COMMUNITY HEALTH ACCESS NETWORKStatements of Activities and Changes in Net Assets
For the Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Operating Revenue:		
Grant funds used to defray operating expenses	\$ 2,821,284	\$ 1,441,389
Shared services income	1,368,637	1,407,289
Interest and other income	244,946	112,444
Membership dues	131,335	127,765
Licenses - electronic prescribing	48,723	-
Consulting income	13,838	48,190
	<u>4,628,763</u>	<u>3,137,077</u>
Operating Expenses:		
Program services	4,366,846	2,701,869
General and administrative	301,912	304,140
	<u>4,668,758</u>	<u>3,006,009</u>
Changes in net assets without donor restrictions from operations	(39,995)	131,068
Non-Operating Revenue:		
Member and shared services funding for capital acquisitions	84,354	67,727
Grant funding for capital acquisitions	51,410	14,694
Realized loss on investment in limited liability company	-	(6,877)
	<u>95,769</u>	<u>206,612</u>
Changes in net assets without donor restrictions	95,769	206,612
Net Assets Without Donor Restrictions:		
Beginning of year	<u>1,319,058</u>	<u>1,112,446</u>
End of year	<u>\$ 1,414,827</u>	<u>\$ 1,319,058</u>

COMMUNITY HEALTH ACCESS NETWORK

Statements of Cash Flows

For the Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Cash Flows from Operating Activities:		
Changes in net assets without donor restrictions	\$ 95,769	\$ 206,612
Adjustments to reconcile changes in net assets without donor restrictions to net cash and restricted cash provided by operating activities:		
Depreciation	167,942	197,252
Member and shared services funding for capital acquisitions	(84,354)	(67,727)
Grant funding for capital acquisitions	(51,410)	(14,694)
Realized loss on investment in limited liability company	-	6,877
Changes in operating assets and liabilities:		
Grants receivable	(85,249)	14,234
Membership and other receivables	33,748	(10,003)
Prepaid expenses	(9,764)	(79,122)
Accounts payable and accrued expenses	151,488	8,331
Deferred revenue	(11,417)	25,767
	<u>206,753</u>	<u>287,527</u>
Cash Flows from Investing Activities:		
Acquisition of furniture and equipment	(114,772)	(72,052)
Increase in computer systems in process	(42,412)	-
Withdrawal on investment in limited liability company	-	12,223
	<u>(157,184)</u>	<u>(59,829)</u>
Cash Flows from Financing Activities:		
Member and shared services funding for capital acquisitions	84,354	67,727
Grant funding for capital acquisitions	51,410	14,694
	<u>135,764</u>	<u>82,421</u>
Net Change in Cash and Restricted Cash	<u>185,333</u>	<u>310,119</u>
Cash and Restricted Cash:		
Beginning of year	<u>894,847</u>	<u>584,728</u>
End of year	<u>\$ 1,080,180</u>	<u>\$ 894,847</u>
Reconciliation of Cash and Restricted Cash Reported Within the Statements of Financial Position:		
Cash	\$ 401,373	\$ 272,686
Restricted cash	678,807	622,161
Total cash and restricted cash	<u>\$ 1,080,180</u>	<u>\$ 894,847</u>
Supplemental Disclosure of Cash Flow Information:		
Furniture and equipment financed through accounts payable	<u>\$ 6,763</u>	<u>\$ 28,183</u>

The accompanying notes are an integral part of these statements.

Page 4

COMMUNITY HEALTH ACCESS NETWORK

Statements of Functional Expenses

For the Years Ended September 30, 2021 and 2020

	2021			2020		
	Program Services	General and Administrative	Total	Program Services	General and Administrative	Total
Salaries and Related:						
Salaries	\$ 752,712	\$ 202,033	\$ 954,745	\$ 607,053	\$ 204,574	\$ 811,627
Fringe benefits	88,133	23,655	111,788	68,509	23,194	91,703
Payroll taxes	56,295	15,110	71,405	43,989	14,892	58,881
Total salaries and related	897,140	240,798	1,137,938	719,551	242,660	962,211
Operating Expenses:						
Pass-through expenses	2,084,479	-	2,084,479	830,904	-	830,904
Computer operations	830,411	-	830,411	648,745	-	648,745
Contracted staff	180,478	-	180,478	161,220	-	161,220
Occupancy	46,878	12,583	59,461	43,123	14,600	57,723
Other	57,860	937	58,797	52,093	443	52,536
Consulting	49,800	-	49,800	7,800	-	7,800
Legal and accounting	-	39,040	39,040	-	23,254	23,254
Insurance	17,979	4,826	22,805	14,300	4,841	19,141
Staff training, conferences and recruiting	19,908	-	19,908	10,282	14,294	24,576
Postage and printing	7,755	2,082	9,837	6,775	2,295	9,070
Office supplies	5,013	1,345	6,358	1,353	459	1,812
Telephone	1,119	301	1,420	1,174	398	1,572
Travel and transportation	84	-	84	7,297	896	8,193
Total operating expenses	3,301,764	61,114	3,362,878	1,785,066	61,480	1,846,546
Depreciation	167,942	-	167,942	197,252	-	197,252
Total expenses	\$ 4,366,846	\$ 301,912	\$ 4,668,758	\$ 2,701,869	\$ 304,140	\$ 3,006,009

The accompanying notes are an integral part of these statements.

COMMUNITY HEALTH ACCESS NETWORK

Notes to Financial Statements
September 30, 2021 and 2020

1. OPERATIONS AND NONPROFIT STATUS

Community Health Access Network (the Organization) is a non-stock, nonprofit corporation organized in New Hampshire. The Organization is a member organization composed of seven members and three affiliate members who are nonprofit Federally Qualified Health Center providers. The Organization's primary purpose is to enable member agencies to develop the program and other resources necessary to assure access to efficient, effective quality health care for all clients in agency communities, particularly the uninsured, Medicaid, and medically underserved populations. The Organization hosts a central Electronic Health Record (EHR), Practice Management billing system and a data warehouse to support the member reporting needs and facilitates shared learning of best practices among its members.

The Organization is exempt from Federal income taxes as an organization (not a private foundation) formed for charitable purposes under Section 501(c)(3) of the Internal Revenue Code (IRC). The Organization is also exempt from state income taxes. Donors may deduct contributions made to the Organization within the requirements of the IRC.

2. SIGNIFICANT ACCOUNTING POLICIES

The Organization's financial statements have been prepared in accordance with generally accepted accounting standards and principles (U.S. GAAP) established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FASB Accounting Standards Codification (ASC).

Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates.

Grants Receivable

The Organization receives grants from various donors. The Organization writes off uncollectible grants receivable upon determining they will not be collected. There was no allowance for uncollectible accounts for grants receivable as of September 30, 2021 and 2020.

Membership and Other Receivables

The Organization's membership receivables consist of amounts due for membership fees and shared services fees and are stated at unpaid balances of the amount of consideration to which the Organization expects to be entitled in exchange for the services provided. The Organization receives implicit price concessions based upon management's experience and other circumstances which may affect the ability of members to meet the obligations. Receivables are considered impaired if payment is not received in accordance with the contractual terms. The Organization writes off uncollectible membership and other receivables account balances upon determining they will not be collected.

COMMUNITY HEALTH ACCESS NETWORK

Notes to Financial Statements
September 30, 2021 and 2020

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Furniture and Equipment and Depreciation

Furniture and equipment are recorded at cost when purchased. Donated furniture and equipment are recorded at fair value at the time of the donation. Renewals and betterments are capitalized, while repairs and maintenance are expensed as they are incurred.

Depreciation is computed using the straight-line method over the estimated useful lives of three to five years.

Fair Value Measurements

The Organization follows the accounting and disclosure standards pertaining to *Fair Value Measurements* for qualifying assets and liabilities. Fair value is defined as the price that the Organization would receive upon selling an asset or pay to settle a liability in an orderly transaction between market participants.

The Organization uses a framework for measuring fair value that includes a hierarchy that categorizes and prioritizes the sources used to measure and disclose fair value. This hierarchy is broken down into three levels based on inputs that market participants would use in valuing the financial instruments based on market data obtained from sources independent of the Organization. Inputs refer broadly to the assumptions that market participants would use in pricing the financial instrument, including assumptions about risk. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the financial instrument developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset developed based on the best information available. The three-tier hierarchy of inputs is summarized in the three broad levels as follows:

- Level 1: Inputs that reflect unadjusted quoted prices in active markets for identical assets at the measurement date.
- Level 2: Inputs other than quoted prices that are observable for the asset either directly or indirectly, including inputs in markets that are not considered to be active.
- Level 3: Inputs that are unobservable and which require significant judgment or estimation.

An asset or liability's level within the framework is based upon the lowest level of any input that is significant to the fair value measurement.

Investment in Limited Liability Company

The Organization had a 12.5% investment interest in Primary Health Care Partners, LLC (PHCP). The investment was recorded on the equity method and was recorded in the financial statements at fair value. The Organization valued their investment in the PHCP using Level 3 inputs, as the valuation was based on their cost of acquiring the investment plus any gain or loss incurred in the period. During fiscal year 2020, PHCP ceased operations and made a final distribution of \$12,223 to the Organization. The Organization had shares of realized losses of \$6,877 in PHCP for the year ended September 30, 2020.

All Other Assets and Liabilities

The carrying value of all other qualifying assets and liabilities does not differ materially from its estimated fair value and are considered Level 1 in the fair value hierarchy.

COMMUNITY HEALTH ACCESS NETWORK

Notes to Financial Statements
September 30, 2021 and 2020

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)**Expense Classification**

Certain categories of expenses are attributable to both program services and general and administrative and are allocated on a reasonable basis that is consistently applied. The expenses that are allocated are salaries, fringe benefits and payroll taxes, which are allocated on the basis of time and effort; occupancy costs, which are allocated based on square footage; and other expenses, which are allocated based on a pro-rata percentage of the overall expenses of the Organization.

Revenue Recognition*Grant Funds Used to Defray Operating Expenses*

In accordance with ASC Subtopic 958-605, *Revenue Recognition*, the Organization must determine whether a contribution (or a promise) is conditional or unconditional for transactions deemed to be a contribution. A contribution is considered to be a conditional contribution if an agreement includes a barrier that must be overcome, and either a right of return of assets or a right of release of a promise to transfer assets exists. Indicators of a barrier include measurable performance-related barrier or other measurable barriers, a stipulation that limits discretion by the recipient on the conduct of an activity, and stipulations that are related to the purpose of the agreement. Topic 958 prescribes that the Organization should not consider probability of compliance with the barrier when determining if such awards are conditional and should be reported as conditional grant advance liabilities until such conditions are met. For contributions that have been recognized prior to adoption of Topic 958, the standard is not required to be retrospectively applied. See Note 8 for disclosure of the Organization's conditional grants at September 30, 2021.

The Organization's primary source of revenue is from various Federal and New Hampshire state agencies and is shown as grant funds used to defray operating expenses in the accompanying statements of activities and changes in net assets. Amounts received under these grants have been recorded in accordance with ASC Subtopic 958. These conditional contributions are recognized as services are provided or as costs are incurred, as the conditions are satisfied.

Membership Dues and Shared Services Income

The Organization generally measures revenue for qualifying exchange transactions based on the amount of consideration the Organization expects to be entitled for the transfer of goods or services to a client, then recognizes this revenue when or as the Organization satisfies its performance obligations under a contract, except in transactions where U.S. GAAP provides other applicable guidance. The Organization evaluates its revenue contracts with customers based on the five-step model under Topic 606: (1) Identify the contract with the customer; (2) Identify the performance obligations in the contract; (3) Determine the transaction price; (4) Allocate the transaction price to separate performance obligations; and (5) Recognize revenue when (or as) each performance obligation is satisfied.

Within the accompanying statements of activities and changes in net assets, membership dues revenue based on prices quoted in the individual member contracts, is recognized in accordance with Topic 606. Services are generally provided on an annual basis incident to separate membership agreements with each member. The Organization records any membership dues received before services are performed in deferred revenue. The Organization has an obligation to host information technology infrastructure and provide data warehousing for each affiliate. This is considered a single performance obligation and the performance obligations under the agreements are satisfied evenly over the year as the affiliate receives the benefits provided by the Organization.

COMMUNITY HEALTH ACCESS NETWORK

Notes to Financial Statements
September 30, 2021 and 2020

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue Recognition (Continued)

Membership Dues and Shared Services Income (Continued)

Shared services revenue is also recognized in accordance with Topic 606. Services are generally provided on an annual basis incident to separate agreements with each member defining the required services. The Organization has an obligation to provide access, data storage and reporting in the Electronic Health Records (EHR) system for patients and billing processing software for services provided for members' patients. The transaction price is calculated annually based on the Organization's estimated budgeted expenses. Management determines the history of payments and assesses any implicit price considerations at that time. If additional licenses are purchased by a member, the cost of their portion of shared services increases while other members' fees remain the same. These fees are allocated to the members based on the number of licenses purchased for EHR and any other software usage or licenses. The Organization records any shared services income received before services are performed in deferred revenue. The performance obligations are satisfied and the revenue is recognized monthly as individual invoices are issued to members, and as members receive the benefits provided by the Organization.

Consulting Income

Consulting income is also recognized in accordance with Topic 606. This consists of various additional consulting projects that the Organization completes for members from time to time and as requested. There are separate contracts for these projects which outline the performance obligations to be completed by the Organization. The price for these projects can either be set at a fixed fee or may be based on time incurred on the project. Revenue is recognized over the course of the project through completion based on the performance obligations outlined in the contracts.

Licenses - Electronic Prescribing

Licenses - electronic prescribing is also recognized in accordance with Topic 606. This consists of fees for licenses issued for electronic prescribing. There are separate agreements for these licenses which outline the time period the license is to be provided. The price for these fees is fixed and revenue is recognized over the term of the licensing agreement.

Interest and Other Income

Interest and other income are recorded when earned. During fiscal years 2021 and 2020, there was \$985 and \$2,313, respectively, of interest recorded. Included in other income is \$231,586 and \$99,755 for the years ended September 30, 2021 and 2020, respectively, for fees earned for additional licenses that the Organization provides to its members when needed. These fees for additional licenses are recognized in accordance with Topic 606.

Deferred Revenue

Deferred revenue consists of membership dues received in advance of the membership effective date and shared services income received in advance of the services provided.

COMMUNITY HEALTH ACCESS NETWORK

Notes to Financial Statements
September 30, 2021 and 2020

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Net Assets

Net Assets Without Donor Restrictions

Net assets without donor restrictions represent resources which bear no external donor restrictions and are available to carry out the Organization's programs. Net assets without donor restrictions have been categorized as follows:

Operating - represents funds available to carry on the operations of the Organization.

Furniture and Equipment - reflect and account for the activities relating to the Organization's furniture and equipment and computer systems in process, net of related debt, if any.

Board Designated - represents funds set aside by the Board of Directors to fund future capital acquisitions. These funds are included in restricted cash in the accompanying statements of financial position.

Net Assets With Donor Restrictions

Net assets with donor restrictions include amounts received with donor restrictions which have not yet been expended for their designated purposes. There were no net assets with donor restrictions at September 30, 2021 or 2020.

Income Taxes

The Organization accounts for uncertainty in income taxes in accordance with ASC Topic, *Income Taxes*. This standard clarifies the accounting for uncertainty in tax positions and prescribes a recognition threshold and measurement attribute for the financial statements regarding a tax position taken or expected to be taken in a tax return. The Organization has determined that there are no uncertain tax positions which qualify for either recognition or disclosure in the financial statements at September 30, 2021 and 2020. The Organization's information returns are subject to examination by Federal and state jurisdictions.

Funding

The Organization received 100% and 87% of grant funds used to defray operating expenses for the years ended September 30, 2021 and 2020, respectively, from the U.S. Department of Health and Human Services directly, or through subcontract agreements. Grants receivable is 100% due from the U.S. Department of Health and Human services at September 30, 2021 and 2020. Payments to the Organization are subject to audit by the appropriate government agency. In the opinion of management, such audits, if any, will not have a material effect on the financial position of the Organization as of September 30, 2021 and 2020, or on its changes in net assets for the years then ended.

Statements of Activities and Changes in Net Assets

Transactions deemed by management to be ongoing, major or central to the provision of program services are reported as operating revenue and operating expenses in the accompanying statements of activities and changes in net assets. Non-operating revenue includes realized loss on investment in limited liability company and member and other funding for capital acquisitions.

COMMUNITY HEALTH ACCESS NETWORKNotes to Financial Statements
September 30, 2021 and 2020**2. SIGNIFICANT ACCOUNTING POLICIES (Continued)****Cash and Restricted Cash**

For the purpose of the statements of cash flows, cash consists of various checking accounts and restricted cash consists of a money market account that is board designated for future capital acquisitions (see page 10).

Subsequent Events

Subsequent events have been evaluated through February 9, 2022, which is the date the financial statements were available to be issued. There were no events that met the criteria for recognition or disclosure in the financial statements.

3. FURNITURE AND EQUIPMENT

Furniture and equipment consist of the following at September 30:

	<u>2021</u>	<u>2020</u>
Equipment	\$ 3,292,691	\$ 3,199,339
Furniture and fixtures	<u>19,562</u>	<u>19,562</u>
	3,312,253	3,218,901
Less - accumulated depreciation	<u>3,138,681</u>	<u>2,970,739</u>
	<u>\$ 173,572</u>	<u>\$ 248,162</u>

The Organization also has \$42,412 of computer systems in process as of September 30, 2021. These computer system projects started during fiscal year 2021 and will be fully implemented and begin depreciating in fiscal year 2022.

4. LINE OF CREDIT

The Organization has available up to \$50,000 under a line of credit agreement. Borrowings under the agreement are due on demand and interest is payable monthly at the *Wall Street Journal's* prime rate (3.25% at September 30, 2021 and 2020), plus 1%. The interest rate is subject to a floor of 4.25%. The line of credit is secured by all furniture and equipment and accounts receivable of the Organization. As of September 30, 2021 and 2020, there were no outstanding balances under this agreement. The Organization was in compliance with certain covenants as specified in the agreement as of September 30, 2021 and 2020. The line of credit is renewable annually.

5. FACILITY LEASE

The Organization leases office space from a related party (see Note 9) under an operating lease that expires on September 30, 2022. Total rent expense, including certain utilities and maintenance fees (CAM charges), under the lease was \$59,461 and \$57,723 for the years ended September 30, 2021 and 2020, respectively, and is shown as occupancy in the accompanying statements of functional expenses. Future approximate annual minimum facility lease payments and CAM charges under this agreement are \$61,245 for 2022.

6. CONCENTRATION OF CREDIT RISK

The Organization maintains its cash balances in a financial institution in New Hampshire. At certain times during the year, the balances in some of these accounts exceeded the maximum amount of insurance provided by the Federal Deposit Insurance Corporation. The Organization has not experienced any losses in such accounts. The Organization believes it is not exposed to any significant credit risk on cash.

COMMUNITY HEALTH ACCESS NETWORK

Notes to Financial Statements
September 30, 2021 and 2020

7. RETIREMENT PLAN

The Organization maintains a tax-sheltered annuity plan (TSA) covered under Section 403(b) of the IRC. The Organization contributes 3% to 7% of each employee's annual compensation based on years of service. Retirement contributions totaled \$35,871 and \$30,433 for the years ended September 30, 2021 and 2020, respectively, which are included in fringe benefits in the accompanying statements of functional expenses.

8. CONDITIONAL GRANTS

During fiscal year 2020, the Organization applied for, and was awarded, a loan of \$161,625 from the Paycheck Protection Program established by the Coronavirus Aid, Relief and Economic Security Act (CARES Act). The funds were used to pay certain payroll costs and benefits during a covered period as defined in the CARES Act. The Organization believed there was more than a remote chance the loan would not be forgiven and, therefore, accounted for it as a conditional grant under ASC Subtopic 958-605. It is determined that this grant is conditional upon certain performance requirements and the incurrence of eligible expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with the application of CARES Act requirements and conditions are substantially met. As of September 30, 2020, the Organization recognized \$161,625 of grant revenue, which is included in grant funds used to defray operating expenses in the accompanying statement of activities and changes in net assets for the year ended September 30, 2020. During fiscal year 2021, the Organization applied for, and was awarded, forgiveness for the full amount of the loan.

During fiscal years 2021 and 2020, the Organization was awarded multiple other conditional commitments from various Federal and New Hampshire state agencies, which contain funder-imposed conditions that represent a barrier that must be overcome, as well as a release from obligations. The Organization recognizes related revenue from these government contracts when funder-imposed conditions are substantially met (see Note 2). The funder-imposed conditions for these contract revenues include the requirement for the Organization to incur qualifying expenses. These commitments are not included in the accompanying financial statements.

Total amounts committed for specific purposes, but not recognized as of September 30, 2021 and 2020, summarized by type of organization, are as follows:

	<u>2021</u>	<u>2020</u>
Federal agencies	\$ 1,228,489	\$ 2,102,596
New Hampshire state agencies	780,554	336,236
Private grants	<u>53,269</u>	<u>54,685</u>
Total	<u>\$ 2,062,312</u>	<u>\$ 2,493,517</u>

9. RELATED PARTY

In the normal course of business, the Organization purchases information technology and specific administrative services from certain members. For the years ended September 30, 2021 and 2020, these services totaled \$180,478 and \$161,220, respectively, which are shown as contracted staff in the accompanying statements of functional expenses. The Organization also leases space from a member (see Note 5).

The Organization's revenue generated from member dues, purchased services and member funded capital acquisitions totaled approximately \$1,864,313 and \$1,779,962 for the years ended September 30, 2021 and 2020, respectively.

COMMUNITY HEALTH ACCESS NETWORK

Notes to Financial Statements
September 30, 2021 and 2020

10. CONTINGENCY

During fiscal year 2021, COVID-19 continued to be recognized as a global pandemic. Federal, state and local governments in the United States have imposed restrictions on travel and business operations. While the business disruption is currently expected to be temporary, there is considerable uncertainty around the duration and the impact it will have on the Organization's operations and financial position. As a result, the adverse impact COVID-19 will have on the Organization's businesses, operating results, cash flows and financial condition is uncertain.

11. LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The Organization's financial assets available for use within one year from the statements of financial position date are as follows as of September 30:

	<u>2021</u>	<u>2020</u>
Cash	\$ 401,373	\$ 272,686
Grants receivable	186,813	101,564
Membership and other receivables	<u>13,110</u>	<u>46,858</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 601,296</u>	<u>\$ 421,108</u>

The Organization's financial assets are available for use to cover its obligations as they become due. As of September 30, 2021 and 2020, the Organization has financial assets equal to approximately two months of operating expenses. The Organization also has board designated assets of \$678,807 and \$622,161 as of September 30, 2021 and 2020, respectively, which are available for use with Board approval. Additionally, in the event of an unanticipated liquidity need, management has available a \$50,000 line of credit as discussed in Note 4.

Community Health Access Network
Board Members

Russell Keene, Secretary
Health First Family Care Center

Janet Laatsch
Greater Seacoast Community Health

Kris McCracken, Board Chair/President
Amoskeag Health Center

Gregory White, Treasurer
Lamprey Health Center

Meagan Marshall
Shackelford County Community Health Center

Rossana Goding
Healthcare for the Homeless, Manchester

6 voting members
0 independent voting members

Gary L. Noseworthy

Analytical Business Strategy & Operations Executive

Authentic executive leader with a powerful work ethic and exceptional critical thinking and communication skills with extensive experience positioning companies for rapid growth. Skilled in change management, identifying and maturing key strategic alliances, and merger and acquisition transactions. Diverse industry experience including technology, healthcare, clinical research, and government contracting/ grants. Known for rapidly assessing leading-edge technologies' applications and leveraging them to enhance business performance.

- Operations Management
- Strategic Planning
- Information Systems
- Continuous Improvement
- KPIs & Goal Setting
- Change Management
- Mergers & Acquisitions
- Resource Management
- Fiscal Management

Career Highlights

Turnarounds & Startups

- Rebuilt and positioned a government and commercial systems integration organization with global presence, increasing revenue 80% in 6 years with a 15% EBITDA.
- Founded business process automation startup, achieving successive year growth of doubling revenue during years 2 through 5, and selling assets for a tenfold ROI.
- Led enterprise systems transformation, location expansion, and staff growth of a research firm, resulting in a 42% revenue increase with 21% EBITDA in 5 years.

Mergers & Acquisitions – Due Diligence

- Participated in 13 M&A transactions (4 as the buyer), leading due diligence and negotiations for 7.
- Successfully negotiated the purchase of intellectual property, other selected assets, and key customers and vendors of boutique software firm that resulted in doubling purchasing company's revenue in 2 years.
- Developed reusable systems and tools, and defined repeatable processes for buyer or seller, resulting in streamlined transaction time and improved efficiency of 20%.

Employee Development

- Implemented standardized job descriptions for leadership positions with career pathway and hired a leadership trainer, reducing turnover by 10% in 2 years.
- Led creation of new employee handbook reflecting updated laws and including new policies, procedures and forms for performance reviews, corrective action, and Earned Time Off (ETO) calculation. This reduced errors with sick and vacation time by an average of five hours per pay cycle.
- Oversaw project to implement compensation management that included local pay-rate ranging. 15% of employees enjoyed pay-rate increases and revealed 20% of staff were paid above their range.

Strategic Planning

- Identified and negotiated key partner alliances with large businesses, e.g., IBM, Lockheed, Harris, and SAIC, to secure long-term government contracts. Awarded 7 task order contracts funding hundreds of tasks.
- Changed from C-Corp to S-Corp election and realigned company FY with calendar FY. This allowed owners to enjoy improved tax position and implement 401k matching.

Professional Experience

ActivMed Practices & Research, Inc., Methuen, MA

2015-2020

Chief Business Officer

Led a team of 50, with 10 direct reports, that were responsible for development, communication, and implementation of growth strategies and processes including due diligence activities.

- Successfully led transaction to sell ActivMed to Boston Clinical Trials.
- Led enterprise digital transformation: email system, secure online file sharing, VoIP phone system, CRM, and the legacy migration of a clinical trials management system.
- Transitioned from manual, paper-based payroll to web-based service integrated with new time and attendance tool, cyber security, and employee training and handbook.
- Revamped benefits and employee policies, employee performance review processes.
- Developed Key Performance Indicators (KPIs) and implemented departmental budgeting process with measurement of plan versus actual.
- Implemented new A/R collections processes reducing A/R to revenue % by 10 points.
- Introduced government grants for Workforce Training & National Institutes of Health.
- Led 5 facilities growth projects to relocate and expand the company's market presence.

Eclipse Enterprise Solutions, LLC, Exeter, NH

2013-2014

Vice President – Partner & Government Program Development

Led a team of 30, with 5 direct reports, that were responsible for leveraging knowledge and expertise in government contracting and program development. Implemented strategic growth initiatives and grew the business by selecting and managing strategic partners and by M&A and technology application.

- Introduced government contracting through grants, SBIRs, set-asides and full-and-open competitions - assisted with 5 SBIR grants and three competitive proposals.
- Managed the due diligence process through offer for an M&A transaction and conducted preliminary reviews of two other candidate firms.
- Reviewed and negotiated contracts ultimately securing 2 digital imaging solutions partners. Directed business development resources.
- Developed framework for regional center of excellence for life sciences and biomedical technology.

OnPoint Demand, Newmarket, NH

2003-2012

Chief Executive Officer

Self-funded, launched, and built a sustainable business with transferrable intellectual property and a web-based delivery model to enhance shareholder value for eventual merger.

- Grew knowledge management services business around IBM collaboration workflow software through customized solutions development and software license reselling.
- Acquired selected key assets, rights to intellectual property, skills and selected customers of a Houston, TX print workflow firm.
- Oversaw development of subscription-based, integration Platform as a Service (iPaaS) for a shipping and transportation management solution.
- Secured partnerships, integrations, and reseller relationships with more than a dozen of the world's leading web-to-print technology companies.
- Transitioned products to a freemium sales model that resulted in expanding to 60 countries, 60 carriers, and 8 languages.

Education & Certifications

- **University of Massachusetts Amherst, Amherst, MA**, MS, Applied Mathematics.
- **Plymouth State University, Plymouth, NH**, BA, Mathematics.
- **Clinical Research Quality Manager, U.S. Intelligence Community, ELINT Analysis** Certifications.

Keywords: innovative information systems; data support; quality improvement; Board of Directors support; strategic plan; continuous improvement; collaboration; fiscal management; resource management; strategic support; operations management; community relations; strategic objectives; regulatory

JOAN M. TULK, RN, MPH, CPHIMS

✉ jtulk@chan-nh.org

Skills

PCMH
 Strategic Planning
 Predictive Modeling
 Healthcare Business Intelligence
 Clinical Transformation
 Quality Improvement
 Accountable Care Organization
 Population Health
 Project Management
 Change Management
 Care Management
 Health Coaching
 Process Improvement models –
 Lean, Six Sigma, PDSA
 Meaningful Use
 ICD10

Overview

Health Care Leader who leverages expertise in healthcare systems planning and execution, population health management, quality improvement and healthcare business intelligence to accomplish system-wide performance improvement. Demonstrated ability to respond to rapidly changing healthcare environments, to manage high-value projects, maximize available resources and attain outstanding results. Provides creative solutions to customers' challenges.

Experience

COMMUNITY HEALTH ACCESS NETWORK (CHAN), NEWMARKET, NH

present

Health Center Controlled Network, providing EHR, practice management, business intelligence systems, and quality improvement technical assistance to Federally Qualified Health Centers and Healthcare for Homeless Organizations

QUALITY IMPROVEMENT DIRECTOR

Responsible for the overall administration of the clinical quality improvement program. Advisor to CHAN health center members including: QI best practices and techniques, workflow analysis, Meaningful Use, Patient-Centered Medical Home. Coordination of grant-funded initiatives, oversight of grant subcontractors; reporting and data analysis; Strategic planning for CHAN Quality Improvement Program; Clinical quality liaison with health plans.

CHIEF INFORMATION OFFICER

Responsible for oversight of all general information systems functions, to include long term information systems strategic planning and development.

CAPE COD HEALTHCARE – Hyannis, MA

Integrated Delivery System - two hospitals, commercial lab, physician practices, ACO; >5000 employees 2013-2015

EXECUTIVE DIRECTOR INFORMATION SYSTEMS

Responsible for all software applications, including multiple EMRs, health information exchange (HIE), patient portals, data integration and business intelligence

Direct staff of ~60

MOFFITT CANCER CENTER AND RESEARCH INSTITUTE – Tampa, FL

2012 to 2013

Academic, Comprehensive Cancer Center – research, teaching, acute care, physician practices

DIRECTOR, APPLICATIONS SYSTEMS

Rapidly took on increased responsibility, from clinical applications to all applications for the Center. Achieved the "smoothest implementations ever" of Cerner and Siemens clinical, imaging, management and revenue management systems.

Appointed CIO liaison to the Alliance of Dedicated Cancer Centers Quality and Value Committee.

Directed staff of 65+

DARTMOUTH-HITCHCOCK HEALTH – Lebanon, NH

2005 to 2012

Academic medical center and integrated health system.

DIRECTOR, CLINICAL PERFORMANCE MANAGEMENT & PROJECT DIRECTOR FOR CLINICAL TRANSFORMATION/EPIC IMPLEMENTATION

Spearheaded clinical improvement, quality reporting, and pay for performance initiatives. Advisor to performance measurement and reporting staff. Supervised quality managers, care coordinators, health coaches; oversaw patient safety event reporting.

Drove implementation of Epic ambulatory electronic medical records to streamline clinical operations. Lead project management initiatives, recommended workflow changes and oversaw training and the incorporation of clinical protocols. Utilized change management strategies to achieve optimal technology integration into daily clinical practices. Continuously sought methods to optimize EMR capabilities to improve quality and patient safety.

- Contributed to success of CMS PGP demonstration project (precursor to Pioneer ACO), achieving multi-million dollar incentive payments by: 1) introduction of risk adjustment models, 2) data integration with external company and development of patient stratification process, 3) development of patient registries and 4) development of care management/health coaching program

- **Assisted 26 Primary Care Practices to achieve NCQA Level III PCMH Recognition**
- **Managed Clinical Transformation collaborative conferences**
- **Successfully deployed Epic ambulatory electronic medical record (EMR) system and patient portal to support 750+ physicians and their staff, incorporating Clinical Transformation and Medical Home requirements**

DxCG INC. – Boston, MA

2003 to 2005

For-profit company providing predictive models and healthcare data analytics applications. Currently operating as Verisk Health.

VICE PRESIDENT OF CLIENT SOLUTIONS

Directed Research, Consulting, Client Support, Software Implementation, and Account Management departments to ensure smooth and streamlined operations. Drove efficiency of technical activities including supervision of data loading/ETL and quality assurance process for 10M+ records. Ensured timely deployment of new software and updates for clients. Developed strategy, defined requirements for care and disease management product. Developed proposals for consulting projects and software contracts. Conducted negotiations. Managed local and remote staff; nationwide implementations.

- **Improved product development process, coordinating research model development with product management, software development to ensure a successful product roll-out.**
- **Successfully completed company's first ASP model predictive modeling application, managing product offering plans and SLA development.**
- **Deployed effective customer relationship management system.**
- **Oversaw rapid growth, more than doubling the size of the company**
- **100% customer retention**

CATHOLIC MEDICAL CENTER – Manchester, NH

1999 through 2003

Acute care hospital with ~330 beds, physician practices and ambulatory surgery center

CHIEF INFORMATION OFFICER (CIO) & VICE PRESIDENT

Directed establishment and efficient operation of Information Systems department. Created information systems strategic plans and developed all processes, procedures, and long-term goals. Recruited and developed top-flight Information Technology team encompassing project managers, application and data reporting analysts, programmers, network engineers, telecom professionals, and technical support technicians. Managed multi-million dollar department budget. Instituted process and workflow improvement initiatives to support all IT implementation projects.

Implemented applications to support physician practice management, web-based portals, decision support, diagnostic imaging, laboratory, OR scheduling, capital budgeting, human resources, payroll, general ledger. Supervised design and build of state-of-the-art data center. Managed 50+ staff.

- **Built Information Systems department from inception creating all policies, practices and goals; managing all hiring.**
- **Headed project to separate and rebuild all information systems due to hospital de-merger. Successfully separated all applications and networks, on-time, under budget.**
- **Attained notable cost savings by expertly negotiating multiple software, hardware, and maintenance contracts.**
- **Created long-term strategy and RFP for clinical information system, spearheading selection process and vendor negotiations.**
- **Drove implementation of HIPAA requirements for privacy, security, and electronic transactions.**
- **Developed and installed comprehensive disaster recovery and business continuity plan.**
- **Oversaw cost-effective design and build of a new data center and network**

Education

Master of Public Health, Health Services Administration –Johns Hopkins School of Hygiene and Public Health

Bachelor of Science in Nursing Boston College – Chestnut Hill, MA

Certified Professional Health Information and Management Systems Health Information and Management Systems
Registered Nurse, Currently licensed in Massachusetts and New Hampshire

- Interacted with patients to gain valuable feedback, used to enhance the myriad of services offered and ensure the organization welcomed a diverse audience.
- PHA and LAB focused

Senior Consultant

DELL - Knoxville, TN

April 2008 to September 2012

Provided organizations with the leadership and guidance to implement their EMR the best for their organizations. Provider the clients with as many options within the project guidelines to assist them in the completion of their initiatives.

Key Contributions:

- Managed multi-hospital Software Implementations that also cross state lines and regulations for the laboratory module.

Education

Project Management Certification

University of Villanova - Knoxville, TN

2011

Master of Healthcare Administration & Informatics in Healthcare Administration & Informatics

University of Phoenix - Phoenix, AZ

2009

Bachelor of Science in Communication in Communication

Plymouth State University - Plymouth, NH

Skills

- IT Advisor
- EMR Systems
- Executive Management
- Project Management

Georgette M. Verhelle RN, BSN, CPHQ

12/31/2019 to 7/2019 **Healthcentric Advisors/New England QIN-QIO** **Providence, RI**
Program Administrator – New Hampshire and Vermont State Lead for the Quality Payment Program serving small, underserved, rural provider practices under the SURS contract for Medicare and Medicaid Services (CMS)

- Provide technical assistance and educational opportunities to providers and their staff regarding the Quality Payment Program (QPP) including selecting quality measures, reporting advancing care information, and implementing improvement activities
- Conduct self-management workshops for diabetic and pre-diabetic individuals and train new leaders as a Master Trainer through the Self-Management Resource Center (formerly Stanford University Diabetes Self-Management Program)
- Conduct self-management workshops for individuals with chronic pain and train new program leaders as a Master Trainer through the Self-Management Resource Center

9/2014 to 12/2018 **Qualidigm/New England QIN-QIO** **Wethersfield, CT**
Project Coordinator – New Hampshire State Lead for the Quality Payment Program, Improving Cardiac Health Initiative, and Transforming Clinical Practices Initiative under the 11th Statement of Work contract for the Centers for Medicare & Medicaid Services (CMS)

- Provide technical assistance and educational opportunities to providers regarding the Quality Payment Program (QPP) including selecting quality measures, reporting advancing care information, and implementing improvement activities
- Provide support and technical assistance to provider practices and home health agencies to improve quality of care, clinical outcomes and patient satisfaction, and provide access to best practices including the Million Hearts ® initiative
- Conduct workshops for pre-diabetic and diabetic patients and train new leaders as a Master Trainer for the Stanford University Diabetes Self-Management Program

6/2012 to 7/31/2014 **Northeast Health Care Quality Foundation** **Dover, NH**
Quality Improvement Specialist – Transitions of Care Project under the 10th Statement of Work contract for CMS for the states of Maine, New Hampshire, and Maine

Georgette M. Verhelle RN, BSN, CPHQ

- Coordinate and facilitate community-wide Transitions of Care meetings in Maine, New Hampshire and Vermont, with hospitals, skilled nursing facilities, home health care agencies, physician practices, community based organizations, EMTs, etc. to improve patient care, improve communication between care settings, and reduce readmissions
- Using evidence based best practices, educate and assist care providers with implementing quality improvement projects to improve patient care
- Perform chart review and consult with physicians for patients and families disputing Advance Beneficiary Notices for discharge
- Collect and analyze data to measure improvement

1/2012 to 6/2012

Amedisys Home Care

Portsmouth, NH

Case Manager RN – Home Care

- Responsible for all levels of home care, including but not limited to; wound care, coordination of services, physician communication, assessment and evaluation, education, and coordination of other home care disciplines; OASIS proficient

6/2010 to 12/2011

The Boulders at RiverWoods

Exeter, NH

RN – Wellness Clinic

- Emergency-call responder when on-site for in home pendant activation by residents
- Coordinate doctor office visits and maintain follow-up care, aid with medication dispensing and/or refills, assist with lab work requests and follow-up, provide wound care/dressing changes
- Coordinate and facilitate educational opportunities for nursing and ancillary staff

9/2003 to 6/2010

Core Physician Services, LLC

Exeter, NH

RN/Clinical Leader – Family Practice

- Provide clinical support to the provider(s) and staff on a day-to-day basis with an emphasis on quality patient care and safety
- Additional duties include member of the Core immunization Task Team and State of New Hampshire liaison; Practice vaccine Manager; Safety Committee member; EMR Super-User; supervised and trained Hesser College Medical Assistant students in obtaining the clinical training needed for graduation

Georgette M. Verhelle RN, BSN, CPHQ

2/2003 to 9/2003

Sunbridge of Exeter

Exeter, NH

RN/MDS Coordinator

- Responsible for maintaining the MDS/Resident Assessment Plan
- Member of the Quality Improvement and Fun Teams; created first facility newsletter

11/2001 to 1/2003

Elliott Hospital

Manchester, NH

RN – Neonatal Intensive Care Unit

- Staff nurse; responsible for all levels of patient care in a Level III NICU; provided support and training to student nurses fulfilling their clinical rotation

5/1997 to 11/2001

Exeter Hospital

Exeter, NH

RN – Medical/Surgical Unit (5/2001 – 11/2001)

- Staff nurse, maintained full patient load

Tumor Registrar/Medical Information Technician (5/1997 – 5/2001)

- Maintained tumor registry; attended Tumor Board meetings; participated in the design, implementation, and publishing of the Annual Tumor Board Report
- Responsible for chart analysis for inpatient hospitalizations

Education

Franklin Pierce University

Bachelor of Science Degree in Nursing

January 2012

New Hampshire Community Technical College

Associate of Science Degree in Nursing

May 2001

Southern New Hampshire University

Master of Science Degree in Nursing – Patient Safety & Quality

9 credits

Certifications

Chronic Pain Self-Management Master Trainer

June 2019

Team STEPPS® Master Trainer

August 2018

Chronic Pain Self-Management Leader

October 2018

Lean Six Sigma Green Belt

March 2017

Diabetes Self-Management Master Trainer

June 2015

Georgette M. Verhelle RN, BSN, CPHQ
Diabetes Self-Management Leader
Chronic Disease Self-Management Leader
Certified Professional in Healthcare Quality
Respecting Choices POLST Facilitator
INTERACT Instructor

March 2015
March 2015
September 2014
November 2013
January 2013

References Available Upon Request

Rebecca Roosevelt

Experience

2015-Present CHAN Newmarket, NH

EHR Clinical Systems/Report Manager

- Oversight of EHR system and peripheral modules training program development
- Coordination of EHR Clinical Systems maintenance, to include oversight and mentoring for staff with systems maintenance responsibilities
- Support health centers in realizing both Meaningful Use incentive payments and Patient Centered Medical Home (PCMH) recognition.
- Oversight and management of Reporting Department
- Oversight, design, maintain and troubleshoot clinical and non-clinical reports using Crystal Report writer v8.5 and v9 and v11

2005-2015 CHAN Newmarket, NH

EHR Clinical Systems Coordinator/Report Specialist

- Train clinical and non-clinical staff to use Centricity EHR
- Coordinate implementation of new software and assist in workflow development
- Support "go-live" periods with on-site and telephone access
- Report Development and maintenance using industry standard software
- Design, maintain and troubleshoot clinical and non-clinical reports using Crystal Report writer v8.5 and v9 and v11
- Support health center members in realizing both MU incentive payments and PMCH recognition.

2000-2005 Appledore Medical Group Portsmouth, NH

Accounts Receivable Manager

- Managed over 1 million dollars in receivables
- Facilitated and analyzed month end reporting
- Recommended and implemented short and long-term work plans for a Central Business office supporting 31 physicians
- Direct supervision of 13 Accounts Receivable Specialists and 2 Reimbursement Analysts
- Physician and mid-level provider billing and coding auditing and education

1998-2000 Atlantic Plastic Surgery Assoc. Portsmouth, NH

Financial Services Representative

- Internal software maintenance
- Daily deposit and reconciliation of journal entries
- Managed Accounts Payable & Accounts Receivable using Quickbooks software
- Monthly Financial reporting to the medical director

- Annual financial reporting to the accountant
- Payroll reporting and tracking

Education

1988-1994 New Hampshire College Portsmouth, NH

Major: Accounting

Relevant Course Work:

- Elementary, Intermediate Accounting I & II
- Cost Accounting I & II

Community Health Access Network
Key Personnel
Chronic Disease - Arthritis

July 1, 2022 - June 30, 2023

Name	Job title	Salary	% Paid from Contract	Amount Paid from Contract
Gary Noseworthy	Executive Director	163,592	2.27%	3,714
Joan Tulk	VP Strategic Organizational Initiatives	168,168	1.25%	2,102
Georgette Verhelle	QI	88,296	4.75%	4,194
Rebecca Roosevelt	Director of Informatics	104,520	1.87%	1,954

Community Health Access Network
Key Personnel
Chronic Disease - Arthritis

July 1, 2023 - June 30, 2024

Name	Job title	Salary	% Paid from Contract	Amount Paid from Contract
Gary Noseworthy	Executive Director	168,501	2.31%	3,892
Joan Tulk	VP Strategic Organizational Initiatives	173,222	2.50%	4,331
Georgette Verhelle	QI	90,875	4.75%	4,317
Rebecca Roosevelt	Director of Informatics	105,040	1.81%	1,901

Community Health Access Network
Key Personnel
Chronic Disease - Cancer

July 1, 2022 - June 30, 2023

Name	Job title	Salary	% Paid from Contract	Amount Paid from Contract
Gary Noseworthy	Executive Director	163,592	2.50%	4,090
Joan Tulk	VP Strategic Organizational Initiatives	168,168	1.25%	2,102
Georgette Verhelle	QI	88,296	14.10%	12,450
Rebecca Roosevelt	Director of Informatics	104,520	1.87%	1,954

Community Health Access Network
Key Personnel
Chronic Disease - Cancer

July 1, 2023 - June 30, 2024

Name	Job title	Salary	% Paid from Contract	Amount Paid from Contract
Gary Noseworthy	Executive Director	168,501	2.50%	4,213
Joan Tulk	VP Strategic Organizational Initiatives	173,222	1.25%	2,165
Georgette Verhelle	QI	90,875	14.67%	13,331
Rebecca Roosevelt	Director of Informatics	105,040	1.10%	1,155

Community Health Access Network
 Key Personnel
 Chronic Disease - Diabetes

July 1, 2022 - June 30, 2023

Name	Job title	Salary	% Paid from Contract	Amount Paid from Contract
Gary Noseworthy	Executive Director	163,592	2.50%	4,090
Joan Tulk	VP Strategic Organizational Initiatives	168,168	1.25%	2,102
Georgette Verhelle	QI	88,296	14.23%	12,565
Rebecca Roosevelt	Director of Informatics	104,520	1.87%	1,954

Community Health Access Network
 Key Personnel
 Chronic Disease - Diabetes

July 1, 2023 - June 30, 2024

Name	Job title	Salary	% Paid from Contract	Amount Paid from Contract
Gary Noseworthy	Executive Director	168,501	2.50%	4,213
Joan Tulk	VP Strategic Organizational Initiatives	173,222	1.25%	2,165
Georgette Verhelle	QI	90,875	14.25%	12,950
Rebecca Roosevelt	Director of Informatics	105,040	1.91%	2,006

Community Health Access Network
 Key Personnel
 Chronic Disease - Heart Disease

July 1, 2022 - June 30, 2023

Name	Job title	Salary	% Paid from Contract	Amount Paid from Contract
Gary Noseworthy	Executive Director	163,592	2.50%	4,090
Joan Tulk	VP Strategic Organizational Initiatives	168,168	1.25%	2,102
Georgette Verhelle	QI	88,296	14.23%	12,565
Rebecca Roosevelt	Director of Informatics	104,520	1.87%	1,954

Community Health Access Network
 Key Personnel
 Chronic Disease - Heart Disease

July 1, 2023 - June 30, 2024

Name	Job title	Salary	% Paid from Contract	Amount Paid from Contract
Gary Noseworthy	Executive Director	168,501	2.50%	4,213
Joan Tulk	VP Strategic Organizational Initiatives	173,222	2.50%	4,331
Georgette Verhelle	QI	90,875	14.25%	12,950
Rebecca Roosevelt	Director of Informatics	105,040	1.91%	2,006

Community Health Access Network
 Key Personnel
 Chronic Disease - Oral Health

July 1, 2022 - June 30, 2023

Name	Job title	Salary	% Paid from Contract	Amount Paid from Contract
Gary Noseworthy	Executive Director	163,592	1.25%	2,045
Joan Tulk	VP Strategic Organizational Initiatives	168,168	1.25%	2,102
Georgette Verhelle	QI	88,296	7.59%	6,702
Rebecca Roosevelt	Director of Informatics	104,520	1.40%	1,463

Community Health Access Network
 Key Personnel
 Chronic Disease - Oral Health

July 1, 2023 - June 30, 2024

Name	Job title	Salary	% Paid from Contract	Amount Paid from Contract
Gary Noseworthy	Executive Director			N/A
Joan Tulk	VP Strategic Organizational Initiatives			N/A
Georgette Verhelle	QI			N/A
Rebecca Roosevelt	Director of Informatics			N/A

Community Health Access Network
 Key Personnel
 Chronic Disease - WISEWOMAN

July 1, 2022 - June 30, 2023

Name	Job title	Salary	% Paid from Contract	Amount Paid from Contract
Gary Noseworthy	Executive Director	163,592	2.31%	3,779
Joan Tulk	VP Strategic Organizational Initiatives	168,168	1.06%	1,783
Georgette Verhelle	QI	88,296	4.75%	4,194
Rebecca Roosevelt	Director of Informatics	104,520	1.87%	1,954

Community Health Access Network
 Key Personnel
 Chronic Disease - WISEWOMAN

July 1, 2023 - June 30, 2024

Name	Job title	Salary	% Paid from Contract	Amount Paid from Contract
Gary Noseworthy	Executive Director	168,501	2.50%	4,213
Joan Tulk	VP Strategic Organizational Initiatives	173,222	2.50%	4,331
Georgette Verhelle	QI	90,875	4.73%	4,298
Rebecca Roosevelt	Director of Informatics	105,040	1.91%	2,006



Lori A. Shibinette
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 **Sole Source** contract with Community Health Access Network (VC #162256-B001), Newmarket, NH, to continue improving prevention and management of diabetes, prediabetes, high blood pressure, high cholesterol and arthritis, by exercising a contract renewal option by increasing the price limitation by \$1,300,000 from \$892,078 to \$2,192,078 and extending the completion date from June 29, 2021 to June 30, 2022 effective upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on January 23, 2019, item #29 and most recently amended with Governor and Council approval on March 25, 2020, item #20.

Funds are available in the following accounts for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-90-902010-1227 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMBINED CHRONIC DISEASE

State Fiscal Year	Class/ Object	Class Title	Activity Code	Current (Modified) Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Program Services	90017317	\$110,000	\$0	\$110,000
2019	102-500731	Contracts for Program Services	90017417	\$140,000	\$0	\$140,000
2020	102-500731	Contracts for Program Services	90017003	\$181,039	\$0	\$181,039
2020	102-500731	Contracts for Program Services	90017002	\$181,039	\$0	\$181,039
2021	102-500731	Contracts for Program Services	90017003	\$140,000	\$250,000	\$390,000
2021	102-500731	Contracts for Program Services	90017002	\$140,000	\$180,000	\$320,000

2022	102-500731	Contracts for Program Services	90017003	\$0	\$390,000	\$390,000
2022	102-500731	Contracts for Program Services	90017002	\$0	\$320,000	\$320,000
			<i>Subtotal</i>	<i>\$892,078</i>	<i>\$1,140,000</i>	<i>\$2,032,078</i>

05-95-90-902010-7046 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, ARTHRITIS

State Fiscal Year	Class/ Object	Class Title	Activity Code	Current (Modified) Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Program Services	90017717	\$0	\$0	\$0
2020	102-500731	Contracts for Program Services	90017717	\$0	\$0	\$0
2021	102-500731	Contracts for Program Services	90017717	\$0	\$50,000	\$50,000
2022	102-500731	Contracts for Program Services	90017717	\$0	\$50,000	\$50,000
			<i>Subtotal</i>	<i>\$0</i>	<i>\$100,000</i>	<i>\$100,000</i>

05-95-90-902010-7045 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, WISEWOMAN

State Fiscal Year	Class/ Object	Class Title	Activity Code	Current (Modified) Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Program Services	90007045	\$0	\$0	\$0
2020	102-500731	Contracts for Program Services	90007045	\$0	\$0	\$0
2021	102-500731	Contracts for Program Services	90007045	\$0	\$30,000	\$30,000
2022	102-500731	Contracts for Program Services	90007045	\$0	\$30,000	\$30,000
			<i>Subtotal</i>	<i>\$0</i>	<i>\$60,000</i>	<i>\$60,000</i>
			TOTAL	\$892,078	\$1,300,000	\$2,192,078

EXPLANATION

This request is **Sole Source** because the Community Health Access Network is New Hampshire's only Health Center Controlled Network, making them uniquely qualified to continue to expand the work that has taken place for the last several years to improve prevention and management of diabetes, prediabetes, high blood pressure, high cholesterol and arthritis. The Contractor supports Federally Qualified Health Centers (FQHCs), including healthcare for the homeless programs by providing specialized training and technical assistance, leveraging shared

resources and offering data analytics expertise to support quality measurement and improvement. They also share and apply key lessons learned across FQHC providers. Contractor sites serve New Hampshire's most vulnerable populations, including nearly 70,000 patients statewide, many of whom are Medicaid recipients.

The purpose of this request is to enhance efforts to maximize the use of healthcare information technology to increase patient engagement in self-management, including telehealth and remote patient monitoring, and use of an easy-to-access patient portal which has become essential during the COVID-19 pandemic. Funding is being added to include a new population for diabetes and heart disease work: uninsured/underinsured women enrolled in the Breast and Cervical Cancer Screening Program (BCCP) who participate in the new, supplemental funded WISEWOMAN program, designed to reduce cardiovascular disease risk. Funding is being added to include screening for physical activity as a vital sign, assessment of patient physical activity and referrals to community based programming to increase physical activity. In addition, arthritis funding is being added to support physical activity as an alternative to medication/opioids for pain management.

The Contractor assisted the Federally Qualified Health Centers to become accredited Diabetes Self-Management Education and Support (DSMES) Programs that provide high quality services through the patients' medical home. This past August, Lamprey Health Care became the first Federally Qualified Health Center to achieve Diabetes Self-Management Education and Support accreditation in New Hampshire, with very few Federally Qualified Health Centers achieving this accreditation at a national level. Additionally, the Contractor supports sites to provide Diabetes Self-Management Education and Support via telehealth, as well as assists the Department with evaluating the new telehealth process for Diabetes Self-Management Education and Support including challenges, facilitators, lessons learned and important tools and resources provided to enhance the patient experience.

The Contractor is leading quality improvement efforts to improve chronic disease clinical quality measures. Eight (8) contractor sites are engaged in a self-measured blood pressure (SMBP) project that includes distribution of blood pressure cuffs to some of New Hampshire's most vulnerable patients, in order to support better self-manage high blood pressure at home.

The Contractor will increase its support of Federally Qualified Health Centers health information technology to continue providing services via telehealth as well as patient supports for remote monitoring of blood pressure, blood glucose, etc. This support has become essential during the COVID-19 pandemic and is expected to continue as the pandemic has likely permanently changed the way healthcare is delivered and how patients expect to engage in their care. Of particular importance is the access to care by vulnerable populations with chronic disease who need to engage in regular appointments, work with allied team members to avoid costly complications and disability associated with poor disease management.

The Contractor will continue to support implementation of the Unite Us platform selected by the Integrated Delivery Networks for bi-directional referrals between clinical and community programs. The goal is to maximize the use of healthcare information technology to increase patient self-management.

The Department will monitor contracted services utilizing the following performance measures:

- Number of pharmacy locations/pharmacists using patient care processes that promote medication management or DSMES for people with diabetes;
- Number and proportion of new accredited/recognized DSMES programs;

- Number of pharmacists engaged in the practice of MTM to promote medication self-management and lifestyle modification for high blood pressure and high cholesterol;
- Percentage of pharmacists engaged in the practice of MTM to promote medication self-management and lifestyle modification for high blood pressure and high cholesterol;
- Number of patients served within healthcare organizations with systems to identify people with prediabetes and refer them to NDPP;
- Number of patients within health systems to report standardized clinical measures for the management of patients with high blood pressure;
- Percentage of patients within health systems to report standardized clinical measures for the management of patients with high blood pressure;
- Number of patients within health systems with high blood pressure and high cholesterol referred to an evidence-based lifestyle program;
- Percentage of patients within health systems with high blood pressure and high cholesterol referred to an evidence-based lifestyle program;
- Number and percentage of patients in health system(s) with a protocol for identifying patients with undiagnosed high blood pressure;
- Number and percentage of patients in health system(s) that have policies or systems to implement a multi-disciplinary team approach to blood pressure control;
- Number and percentage of patients in health care systems implementing new or enhanced team-based approaches or policies to address blood pressure control;
- Number and percentage of patients in health system(s) referred to an appropriate evidence-based prevention or management/program/healthy behavior support service;
- Number and percentage of patients in health system(s) with an implemented community referral system (through bi-directional referrals) for prevention or management programs/healthy behavior support services for people with high risk for cardiovascular disease;
- Number and percentage of patients in health system(s) referred to a evidence-based prevention or management/healthy behavior support service who attend at least one session;
- Number of individuals with diabetes with at least one (1) encounter at an ADA-recognized/ADCES-accredited DSMES program;
- Number of participants enrolled in CDC-recognized lifestyle change programs (NDPPs);
- Number of participants enrolled in the YMCA Blood Pressure Monitoring Program;
- Number of patients enrolled in self-monitoring of blood pressure (SMBP) with clinical support;
- Number and percentage of patients in health system(s) with known high blood pressure who have achieved blood pressure control;
- Number of patients screened for EIM Physical Activity Vital Sign;
- Number of patients diagnosed as inactive; and
- Number of prescriptions generated for exercise.

As referenced in Exhibit C-1 Revisions to General Provisions of the original contract, the parties have the option to extend the agreement for up to three (3) 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 one (1) of the three (3) years available.

Should the Governor and Council not authorize this request, the Department may be unable to support chronic disease clinical quality improvement; referral to evidence-based prevention and management programs and barrier reduction to participation in prevention and management programs by Federally Qualified Health Center patients.

Area served: Statewide

Source of Funds: Federal Funds from the US Department of Health and Human Services, Centers for Disease Control, CFDA #93.426, FAIN NU58DP006515; CFDA #93.945, FAIN NU58DP006448 and CFDA #93.436, FAIN NU58DP006836.

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

Respectfully submitted,


Lori A. Shibinette
Commissioner

**New Hampshire Department of Health and Human Services
Diabetes and Heart Disease Clinical Quality Improvement and Referral**



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

Diabetes and Heart Disease Clinical Quality Improvement and Referral Contract

This 2nd Amendment to the Diabetes and Heart Disease Clinical Quality Improvement and Referral 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 Community Health Access Network (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 207 S. Main Street, Newmarket, NH 03857.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 23, 2019 (Item #29), as amended on March 25, 2020 (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 extend the term of the agreement, increase the price limitation and modify the scope of services to support continued delivery of these services; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,192,078.
3. Modify Exhibit A, Scope of Services by replacing in its entirety with Exhibit A – Amendment #2, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 1, to read:
 - 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 100% federal funds from the Centers for Disease Control and Prevention: Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke, CFDA# 93.426, Federal Award Identification Number (FAIN) NU58DP006515; New Hampshire Public Health Approaches to Addressing Arthritis, CFDA# 93.945, FAIN NU58DP006448; and New Hampshire Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) CFDA #93.436, FAIN NU58DP006836.
 - 1.2 The Contractor agrees to provide the services in Exhibit A – Amendment #2, Scope of Services, in compliance with funding requirements. Failure to meet the scope of services may jeopardize the Contractor's current and/or future funding.
5. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2, Subsection 2.1 to read:
 - 2.1 Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and in accordance with the approved line items in Exhibit B-1 Budget Sheet through Exhibit B-13 Budget, Amendment #2.

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6. Modify Exhibit B, Methods and Conditions Precedent to Payment, to add Section 4, to read:
 - 4) 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.
7. Modify Exhibit B-3, Budget Sheet (Amendment #1) by deleting in its entirety.
8. Add Exhibit B-6 Budget, Amendment #2.
9. Add Exhibit B-7 Budget, Amendment #2.
10. Add Exhibit B-8 Budget, Amendment #2.
11. Add Exhibit B-9 Budget, Amendment #2.
12. Add Exhibit B-10 Budget, Amendment #2.
13. Add Exhibit B-11 Budget, Amendment #2.
14. Add Exhibit B-12 Budget, Amendment #2.
15. Add Exhibit B-13 Budget, Amendment #2.

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All terms and conditions of the Contract and prior amendments 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

September 21, 2020

Date

Handwritten signature of Lisa Morris in cursive script.

Name: Lisa Morris

Title: Director, Division of Public Health Services

Community Health Access Network

9/18/2020

Date

Handwritten signature of Joan M. Tulk in cursive script.

Name: Joan M. Tulk

Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

09/22/20
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:



EXHIBIT A – Amendment #2

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall subcontract with a minimum of three (3) primary health care clinics to implement chronic disease prevention and management activities. The chronic diseases include:
 - 1.1.1. Prediabetes;
 - 1.1.2. Diabetes;
 - 1.1.3. High blood pressure (hypertension);
 - 1.1.4. High cholesterol (hypercholesterolemia); and
 - 1.1.5. Arthritis.
- 1.2. The Contractor shall ensure Diabetes and Heart Disease clinical quality improvement and referral activities apply to the adult patient population eighteen (18) years of age and older served by the partnering primary care clinical sites.
- 1.3. The Contractor shall provide technical and administrative support to the clinics identified in Subsection 1.1 above. Technical and administrative activities must support:
 - 1.3.1. CVD risk screenings;
 - 1.3.2. Risk reduction counseling;
 - 1.3.3. Health risk assessment;
 - 1.3.4. Medication adherence and follow-up on abnormal values which may include, but are not limited to:
 - 1.3.4.1. Enhancements to the patient portal.
 - 1.3.4.2. Developing screening tools completed by patients prior to appointments.
 - 1.3.4.3. Creating alerts for follow-up counseling and abnormal/alert values, algorithms, registries and other clinical decision supports.
 - 1.3.5. Collaborating with clinical representatives at participating health clinics to adopt standard cardiovascular risk screening tools;
 - 1.3.6. Providing reports to monitor and track clinical data improvements that include:
 - 1.3.6.1. Identification;
 - 1.3.6.2. Management;

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- 1.3.6.3. Treatment; and
- 1.3.6.4. Outcomes.
- 1.3.7. Implementing protocols for identifying undiagnosed and uncontrolled:
 - 1.3.7.1. Prediabetes;
 - 1.3.7.2. Diabetes;
 - 1.3.7.3. High blood pressure; and
 - 1.3.7.4. High cholesterol.
- 1.3.8. Implementing Team-Based Care, a multi-disciplinary team approach, to reduce the risk of CVD that includes, but is not limited to:
 - 1.3.8.1. Engaging non-physician team members to expand follow-up and support expanded health team members in community settings. Non-physician team members may include, but are not limited to:
 - 1.3.8.1.1. Community health workers.
 - 1.3.8.1.2. Social workers.
 - 1.3.8.1.3. Patient navigators.
 - 1.3.8.1.4. Pharmacists.
 - 1.3.8.1.5. Dietitians.
- 1.3.9. Implementing collaborative Pharmacy Practice Agreements between providers and pharmacists and/or partner with schools of pharmacies to:
 - 1.3.9.1. Provide medication therapy management (MTM);
 - 1.3.9.2. Reduce barriers to understanding the treatment regimen and accessing medication; and
 - 1.3.9.3. Improve medication adherence for patients with newly diagnosed and/or uncontrolled high blood pressure, high cholesterol and diabetes.
- 1.3.10. Communicating and coordinating care among team members that includes:
 - 1.3.10.1. Coordination of community resource referrals;
 - 1.3.10.2. Evidence-based prevention and management programs/healthy behavior support services; and
 - 1.3.10.3. Clinical services.

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- 1.3.11. Providing support for activities including:
 - 1.3.11.1. Health center assessment;
 - 1.3.11.2. Planning;
 - 1.3.11.3. Training;
 - 1.3.11.4. Implementation; and
 - 1.3.11.5. Sustainability of care teams.
- 1.3.12. Improving Health Information Technology (HIT) entirely within their existing technology systems and submitting reports of aggregate data only to the Department. No personally identifiable information (PII) or protected health information (PHI) will be shared with the Department;
- 1.3.13. Assisting with continuous quality improvement efforts that may include, but are not limited to:
 - 1.3.13.1. Facilitating Quality Improvement Team Meetings.
 - 1.3.13.2. Utilizing quality improvement tools that may include, but are not limited to fishbone diagram and 5 Whys.
- 1.3.14. Tracking pre and post progress on Diabetes and Heart Disease quality measures that quantify healthcare processes, outcomes, and organizational structure;
- 1.3.15. Assisting with state and federal reporting;
- 1.3.16. Training and/or scholarships for clinic staff to attend professional meetings;
- 1.3.17. Development of a sustainability plan;
- 1.3.18. Increasing care coordination by implementing closed-loop referrals between clinical and community-based programs related to chronic disease prevention and management. The Contractor shall:
 - 1.3.18.1. Build interfaces between the clinics' Electronic Health Record (EHR) and a referral platform.
 - 1.3.18.2. Provide technical support, training and assistance to clinics on workflow redesign.
 - 1.3.18.3. Evaluate implementation in collaboration with the Department's evaluator.
 - 1.3.18.4. Share lessons learned at meetings with key stakeholders of clinical and community-based programs.



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- 1.4. The Contractor shall track the progress of quality improvement initiatives that include, but are not limited to:
 - 1.4.1. Health assessments.
 - 1.4.2. Changes implemented to current processes.
 - 1.4.3. Measurement plan to determine success.
 - 1.4.4. Sustainability plan.
- 1.5. The Contractor shall offer scholarships to staff of participating clinical sites upon Department approval to promote professional development.
- 1.6. The Contractor shall provide support that enables the clinical sites to provide or refer to evidence-based disease prevention and management programs and services to the population in Subsection 1.2 above. Support activities include, but are not limited to:
 - 1.6.1. Improving access to and participation in Diabetes Self-Management Education and Support (DSMES) programs that are recognized and/or accredited by the Americans Diabetes Association (ADA) or Association of Diabetes Care and Education Specialists (ADCES) to establish new ADA-recognized/ADCES-accredited DSMES programs which may include, but are not limited to:
 - 1.6.1.1. Linking clinics to resources for recognition and/or accreditation.
 - 1.6.1.2. Providing access to consultants who are certified diabetes educators or other DSMES physical sites accredited/recognized in NH that can assist with the process.
 - 1.6.1.3. Obtaining a license from the ADA or ADCES to recognize and or accredit DSMES programs throughout the state.
 - 1.6.2. Integrating DSMES programs and/or referrals into coordinated care that may include but is not limited to Patient-Centered Medical Homes.
 - 1.6.3. Building EHR-generated or other systems to facilitate and track referrals and enhance decision support.
 - 1.6.4. Working with community and clinical partners as well as patients and caregivers to eliminate barriers to access to increase participation in DSMES programs.
 - 1.6.5. Working with health care providers to increase referrals to DSMES programs for individuals with diabetes.



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- 1.6.6. Assisting clinics with implementing activities that identify individuals with prediabetes to ensure referrals to the National Diabetes Prevention Program (NDPP).
- 1.6.7. Facilitating systematic referrals of adults with hypertension and/or high blood cholesterol, and arthritis to community programs or resources that include, but are not limited to:
 - 1.6.7.1. YMCA's Blood Pressure Self-Monitoring program.
 - 1.6.7.2. Weight Watchers.
 - 1.6.7.3. Supplemental Nutrition and Assistance Program and Education (SNAP-ED).
 - 1.6.7.4. Expanded Food and Nutrition Education Program (EFNEP).
 - 1.6.7.5. Taking Off Pounds Sensibly (TOPS).
 - 1.6.7.6. Curves Complete.
 - 1.6.7.7. Chronic Disease Self Management Program (CDSMP).
- 1.6.8. Removing enrollment barriers to programs including, but not limited to, childcare or transportation.
- 1.7. The Contractor shall track and monitor clinical measures that have shown to improve healthcare quality and identify patients with Cardiovascular Disease (CVD) risk.
- 1.8. The Contractor shall link community resources and clinical services that support:
 - 1.8.1. Bi-directional referrals;
 - 1.8.2. Self-management; and
 - 1.8.3. Lifestyle change for adults at risk for CVD.
- 1.9. The Contractor shall:
 - 1.9.1. Work collaboratively with community-based organizations that provide evidence-based prevention and management programs/healthy behavior support services;
 - 1.9.2. Focus on removing enrollment barriers to programs that may include, but are not limited to childcare and transportation;
 - 1.9.3. Enhance or build electronic and/or paper-based systems within the clinics' existing EHR systems that facilitate exchange of information between medical and community-based organizations to support:
 - 1.9.3.1. Medical follow-up;

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- 1.9.3.2. Evidence-based prevention and management programs and/or healthy behavior support services; and
- 1.9.3.3. Enable tracking of referrals, and other critical support services.
- 1.9.4. Build interfaces between the clinics' existing EHR systems and a referral platform;
- 1.9.5. Provide technical support, training and assistance with workflow redesign to clinics;
- 1.9.6. Evaluate implementation in collaboration with the Department's evaluator;
- 1.9.7. Share lessons learned through meetings with key stakeholders of clinical sites and community providers;
- 1.9.8. Utilize health-coaching strategies to ensure participants are engaged in evidence-based prevention and management programs and services in the community;
- 1.9.9. Collaborate with health care systems and other stakeholders to expand use of tele-health technology to promote disease management and remote patient monitoring with clinical follow-up;
- 1.9.10. Make referrals to:
 - 1.9.10.1. The NDPP;
 - 1.9.10.2. DSMES programs; and
 - 1.9.10.3. Community programs for high blood pressure and/or high cholesterol.
- 1.9.11. Implement systems that may include but are not limited to Health Information Technology (HIT) policies and/or protocols for screening, testing and referring adults eighteen (18) years of age and older with prediabetes to NDPP that may include, but are not limited to:
 - 1.9.11.1. Retrospectively screen for and identify clients with prediabetes using EHRs and patient registries and generate health care provider NDPP referral letters for high-risk patients.
 - 1.9.11.2. Embed prediabetes algorithms in the EHR to assist in identifying and referring patients with prediabetes to NDPP.
 - 1.9.11.3. Incorporate prediabetes screening, testing, and referral into the clinical workflow.
- 1.9.12. Implement systems that may include, but are not limited to, HIT policies and/or protocols that ensure referrals to and participation in



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- accredited/recognized DSMES programs at the "Four (4) Critical Times," including:
- 1.9.12.1. At diagnosis;
 - 1.9.12.2. Annually and/or when not meeting treatment targets;
 - 1.9.12.3. When complicating factors develop, and
 - 1.9.12.4. When transitions in life and care occur.
- 1.9.13. Implement systems that may include, but are not limited, to HIT policies and/or protocols and systematic referral for:
- 1.9.13.1. Self-measured blood pressure monitoring (SMBP) with clinical support;
 - 1.9.13.2. YMCA Blood Pressure Self-Monitoring Program; and
 - 1.9.13.3. Other Center for Disease Control (CDC) approved programs for high blood pressure and high cholesterol.
- 1.10. The Contractor shall in collaboration with health care providers implement Exercise is Medicine (EIM) Physical Activity Vital Sign screening, counseling and referrals to evidence-based exercise programs.
- 1.11. The Contractor shall assist clinics with implementing activities to identify patients with adequate and insufficient physical activity that may include but are not limited to:
- 1.11.1. Screening patients for physical activity at well office visits.
 - 1.11.2. Documenting physical activity levels in EHR.
 - 1.11.3. Diagnosing patients with physical inactivity where appropriate.
 - 1.11.4. Generating a prescription for exercise to include referring participants to appropriate physical activity programs approved by the Department. Referrals for physical activity:
 - 1.11.4.1. Must include a printed or electronic prescription with location for referral; and
 - 1.11.4.2. May include an electronic referral through the Unite Us platform.
 - 1.11.5. Distributing funds to clinics for start-up costs or incentive payments upon Department approval. Start-up costs may include:
 - 1.11.5.1. Coach or participant teaching materials.
 - 1.11.5.2. Training.
 - 1.11.5.3. Distribution of funds to support a sustainability plan.



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- 1.11.5.4. Program support incentives that do not exceed a monetary value of \$20 per EIM participant.
- 1.12. The Contractor shall ensure clinics have a Department-approved sustainability plan in place prior to the distribution of funds.
- 1.13. The Contractor shall facilitate programming of automatic clinic referrals, within the clinics' existing EHR systems, to EIM Physical Activity Vital Sign, that includes, but are not limited to:
 - 1.13.1. Implementing electronic capture and storage of physical activity levels using EIM in the EHR.
 - 1.13.2. Creating a clinical decision support flag system to prompt clinics to select one (1) of the physical inactivity supplemental diagnoses.
 - 1.13.3. Creating a re-screen EHR prompt at next annual well office visit for patients with adequate physical activity.
 - 1.13.4. Creating clinical prompts for patients with insufficient physical activity that include, but are not limited to:
 - 1.13.4.1. Triggering clinical decision support flags for ICD10 codes for physical activity supplied by the Department.
 - 1.13.4.2. Triggering patient counseling activities for physical activity, that includes:
 - 1.13.4.2.1. Approval by the Department and practice physicians before implementation;
 - 1.13.4.2.2. Writing at an appropriate reading level for commonly served patient demographics;
 - 1.13.4.2.3. Availability in print and digitally;
 - 1.13.4.2.4. Obtaining patient consent; and
 - 1.13.4.2.5. Educating patients on the benefits of increased physical activity, which includes preventing and/or managing chronic diseases including, but not limited to:
 - 1.13.4.2.5.1. Arthritis.
 - 1.13.4.2.5.2. Heart Disease.
 - 1.13.4.2.5.3. Diabetes.
 - 1.13.4.2.5.4. Obesity.
- 1.14. The Contractor shall attend annual in-person or electronic web-based meetings. In-person meetings shall take place at a location determined by the Department.

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- 1.15. The Contractor shall participate in monthly in-person, conference-call or electronic web-based meetings with the Department to review contract performance in the areas of, but not limited to:
 - 1.15.1. Activities.
 - 1.15.2. Interventions.
 - 1.15.3. Challenges.
 - 1.15.4. Progress.
 - 1.15.5. Funding.
- 1.16. The Contractor shall coordinate monthly in-person, conference call or electronic web-based meetings with subcontractors. Meeting topics will include, but are not limited to:
 - 1.16.1. Activities.
 - 1.16.2. Interventions.
 - 1.16.3. Challenges.
 - 1.16.4. Progress.
 - 1.16.5. Funding.
- 1.17. The Contractor shall submit a DRAFT Work Plan in accordance with the requirements in this Exhibit A, Scope of Services – Amendment #2 of the Contract, and a new DRAFT Work Plan upon any subsequent Amendments to the Scope of Services, for Department approval no later than fifteen (15) calendar days after the amendment Effective Date that includes, but is not limited to:
 - 1.17.1. Performance measures.
 - 1.17.2. Activities.
 - 1.17.3. Staff names, titles and responsibilities.
 - 1.17.4. Timelines.
- 1.18. The Contractor shall submit the FINAL Work Plan in accordance with the requirements in this Exhibit A, Scope of Services – Amendment #2 of the Contract, and a new FINAL approved Work Plan upon any subsequent Amendments to the Scope of Services, to the Department no later than thirty (30) calendar days after the amendment Effective Date.
- 1.19. The Contractor shall submit a DRAFT Work Plan on an annual basis, in accordance with Subsection 1.17 above, for Department approval no later than fifteen (15) calendar days after each State Fiscal Year end date.



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1.20. The Contractor shall submit a FINAL Work Plan on an annual basis, in accordance with Subsection 1.18 above, for Department approval no later than thirty (30) calendar days after each State Fiscal Year end date.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Reporting Requirements

3.1. The Contractor shall submit quarterly reports to the Department no later than thirty (30) calendar days after each quarter end date that must include:

- 3.1.1. A brief narrative of work performed during the prior quarter;
- 3.1.2. Documented achievements; and
- 3.1.3. Progress towards meeting the performance measures.

4. Performance Measures

4.1. The Department will monitor Contractor performance based on the following performance measures:

- 4.1.1. Number of pharmacy locations/pharmacists using patient care processes that promote medication management or DSMES for people with diabetes;
- 4.1.2. Number and proportion of new accredited/recognized DSMES programs;
- 4.1.3. Number of pharmacists engaged in the practice of MTM to promote medication self-management and lifestyle modification for high blood pressure and high cholesterol;
- 4.1.4. Percentage of pharmacists engaged in the practice of MTM to promote medication self-management and lifestyle modification for high blood pressure and high cholesterol;
- 4.1.5. Number of patients served within healthcare organizations with systems to identify people with prediabetes and refer them to NDPP;



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- 4.1.6. Number of patients within health systems to report standardized clinical measures for the management of patients with high blood pressure;
- 4.1.7. Percentage of patients within health systems to report standardized clinical measures for the management of patients with high blood pressure;
- 4.1.8. Number of patients within health systems with high blood pressure and high cholesterol referred to an evidence-based lifestyle program;
- 4.1.9. Percentage of patients within health systems with high blood pressure and high cholesterol referred to an evidence-based lifestyle program;
- 4.1.10. Number and percentage of patients in health system(s) with a protocol for identifying patients with undiagnosed high blood pressure;
- 4.1.11. Number and percentage of WISEWOMAN participants with a protocol for identifying patients with undiagnosed high blood pressure;
- 4.1.12. Number and percentage of patients in health system(s) that have policies or systems to implement a multi-disciplinary team approach to blood pressure control;
- 4.1.13. Number and percentage of WISEWOMAN participants within WISEWOMAN providers that have policies or systems to implement a multi-disciplinary team approach to blood pressure control;
- 4.1.14. Number and percentage of patients in health care systems implementing new or enhanced team-based approaches or policies to address blood pressure control;
- 4.1.15. Number and percentage of patients in health system(s) referred to an appropriate evidence-based prevention or management/program/healthy behavior support service;
- 4.1.16. Number and percentage of at-risk women in WISEWOMAN referred to an appropriate prevention or management program/healthy behavior support service;
- 4.1.17. Number and percentage of patients in health system(s) with an implemented community referral system (through bi-directional referrals) for prevention or management programs/healthy behavior support services for people with high risk for cardiovascular disease;
- 4.1.18. Number and percentage of WISEWOMAN providers with an implemented community referral system (through bi-directional referrals) for healthy behavior support services for people with high risk for cardiovascular disease;



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- 4.1.19. Number and percentage of patients in health system(s) referred to a evidence-based prevention or management/healthy behavior support service who attend at least one session;
- 4.1.20. Number and percentage of women in WISEWOMAN referred to a evidence-based prevention or management/healthy behavior support service who attend at least one session;
- 4.1.21. Number of individuals with diabetes with at least one (1) encounter at an ADA-recognized/ADCES-accredited DSMES program;
- 4.1.22. Number of WISEWOMAN participants with at least one encounter at an ADA-recognized/ADCES-accredited DSMES program;
- 4.1.23. Number of participants enrolled in CDC-recognized lifestyle change programs (NDPPs);
- 4.1.24. Number of WISEWOMAN participants enrolled in CDC-recognized lifestyle change programs (NDPPs);
- 4.1.25. Number of participants enrolled in the YMCA Blood Pressure Monitoring Program;
- 4.1.26. Number of WISEWOMAN participants enrolled in YMCA Blood Pressure Monitoring Program;
- 4.1.27. Number of patients enrolled in self-monitoring of blood pressure (SMBP) with clinical support;
- 4.1.28. Number of WISEWOMAN participants enrolled in SMBP with clinical support;
- 4.1.29. Number and percentage of patients in health system(s) with known high blood pressure who have achieved blood pressure control;
- 4.1.30. Number and percentage of women in WISEWOMAN with known high blood pressure who have achieved or are currently maintaining blood pressure control;
- 4.1.31. Number of patients screened for EIM Physical Activity Vital Sign;
- 4.1.32. Number of patients diagnosed as inactive; and
- 4.1.33. Number of prescriptions generated for exercise.
- 4.2. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results and adjust program delivery and policy based on successful outcomes.
- 4.3. The Contractor may be required to provide other key data and metrics to the Department, including aggregate demographic, performance and service data.



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- 4.4. Where applicable, the Contractor shall collect and share data with the Department in a format specified by the Department.

5. Additional Terms

- 5.1. Impacts Resulting from Court Orders or Legislative Changes
- 5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 5.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services
- 5.2.1. The Contractor shall submit, within ten (10) days of the contract effective date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.
- 5.3. Credits and Copyright Ownership
- 5.3.1. 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, "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."
- 5.3.2. All materials produced or purchased under the contract shall have prior approval from the Department before printing, production, distribution or use.
- 5.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:
- 5.3.3.1. Brochures.
 - 5.3.3.2. Resource directories.
 - 5.3.3.3. Protocols or guidelines.
 - 5.3.3.4. Posters.
 - 5.3.3.5. Reports.

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5.3.4. The Contractor shall not reproduce any materials produced under the contract without prior written approval from the Department.

6. Records

6.1. The Contractor shall keep records that include, but are not limited to:

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

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

6.2. 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. 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.

Exhibit B-6 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Chronic Disease - Heart Disease

Project Title

Budget Period: July 1, 2020 - June 30, 2021

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 55,413.00	\$ 5,541.00	\$ 60,954.00	\$ -	\$ -	\$ -	\$ 55,413.00	\$ 5,541.00	\$ 60,954.00
2. Employee Benefits	\$ 11,063.00	\$ 1,106.00	\$ 12,191.00	\$ -	\$ -	\$ -	\$ 11,063.00	\$ 1,106.00	\$ 12,191.00
3. Consultants	\$ 1,137.00	\$ 114.00	\$ 1,251.00	\$ -	\$ -	\$ -	\$ 1,137.00	\$ 114.00	\$ 1,251.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 123.00	\$ 12.00	\$ 135.00	\$ -	\$ -	\$ -	\$ 123.00	\$ 12.00	\$ 135.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 275.00	\$ 28.00	\$ 303.00	\$ -	\$ -	\$ -	\$ 275.00	\$ 28.00	\$ 303.00
12. Subcontracts/Agreements	\$ 284,171.00	\$ 28,417.00	\$ 312,588.00	\$ -	\$ -	\$ -	\$ 284,171.00	\$ 28,417.00	\$ 312,588.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other: Reports	\$ 2,244.00	\$ 224.00	\$ 2,468.00	\$ -	\$ -	\$ -	\$ 2,244.00	\$ 224.00	\$ 2,468.00
TOTAL	\$ 354,548.00	\$ 35,454.00	\$ 390,002.00	\$ -	\$ -	\$ -	\$ 354,548.00	\$ 35,454.00	\$ 390,002.00

Indirect As A Percent of Direct 10.0%

Exhibit B-6 Budget, Amendment #2
Community Health Access Network
SS-2019-DPHS-19-DIABE-01-A02

Contractor Initials *J*
Date 9/18/2020

Exhibit B-7 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Chronic Disease - Diabetes

Project Title

Budget Period: July 1, 2020 - June 30, 2021

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 45,338.00	\$ 4,534.00	\$ 49,872.00	\$ -	\$ -	\$ -	\$ 45,338.00	\$ 4,534.00	\$ 49,872.00
2. Employee Benefits	\$ 9,068.00	\$ 907.00	\$ 9,975.00	\$ -	\$ -	\$ -	\$ 9,068.00	\$ 907.00	\$ 9,975.00
3. Consultants	\$ 930.00	\$ 93.00	\$ 1,023.00	\$ -	\$ -	\$ -	\$ 930.00	\$ 93.00	\$ 1,023.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 101.00	\$ 10.00	\$ 111.00	\$ -	\$ -	\$ -	\$ 101.00	\$ 10.00	\$ 111.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 225.00	\$ 23.00	\$ 248.00	\$ -	\$ -	\$ -	\$ 225.00	\$ 23.00	\$ 248.00
12. Subcontracts/Agreements	\$ 232,903.00	\$ 23,290.00	\$ 256,193.00	\$ -	\$ -	\$ -	\$ 232,903.00	\$ 23,290.00	\$ 256,193.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other: Reports	\$ 2,244.00	\$ 224.00	\$ 2,468.00	\$ -	\$ -	\$ -	\$ 2,244.00	\$ 224.00	\$ 2,468.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 290,909.00	\$ 29,091.00	\$ 320,000.00	\$ -	\$ -	\$ -	\$ 290,909.00	\$ 29,091.00	\$ 320,000.00

Indirect As A Percent of Direct

10.0%

Exhibit B-7 Budget - Amendment #2
Community Health Access Network
SS-2019-OPHS-19-DIABE-01-A02

Contractor Initials *J*
Date 9/18/2020

Exhibit B-8 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Chronic Disease - Arthritis

Project Title

Budget Period: Effective Date - June 30, 2021

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 3,544.00	\$ 354.00	\$ 3,898.00	\$ -	\$ -	\$ -	\$ 3,544.00	\$ 354.00	\$ 3,898.00
2. Employee Benefits	\$ 709.00	\$ 71.00	\$ 780.00	\$ -	\$ -	\$ -	\$ 709.00	\$ 71.00	\$ 780.00
3. Consultants	\$ 1,216.00	\$ 122.00	\$ 1,338.00	\$ -	\$ -	\$ -	\$ 1,216.00	\$ 122.00	\$ 1,338.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 176.00	\$ 17.00	\$ 193.00	\$ -	\$ -	\$ -	\$ 176.00	\$ 17.00	\$ 193.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 35,222.00	\$ 3,522.00	\$ 38,744.00	\$ -	\$ -	\$ -	\$ 35,222.00	\$ 3,522.00	\$ 38,744.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other: Reports	\$ 4,488.00	\$ 449.00	\$ 4,937.00	\$ -	\$ -	\$ -	\$ 4,488.00	\$ 449.00	\$ 4,937.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 45,455.00	\$ 4,545.00	\$ 50,000.00	\$ -	\$ -	\$ -	\$ 45,455.00	\$ 4,545.00	\$ 50,000.00

Indirect As A Percent of Direct 10.0%

Exhibit B-8 Budget, Amendment #2
Community Health Access Network
SS-2019-OPHS-19-DIABE-01-A02

Contractor Initials *g*
Date 9/18/2020

Exhibit B-9 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Chronic Disease - WiseWoman

Project No.

Budget Period: Effective Date - June 30, 2021

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repairs and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 20,541.00	\$ 2,054.00	\$ 22,595.00	\$ -	\$ -	\$ -	\$ 20,541.00	\$ 2,054.00	\$ 22,595.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other: Reports	\$ 6,732.00	\$ 673.00	\$ 7,405.00	\$ -	\$ -	\$ -	\$ 6,732.00	\$ 673.00	\$ 7,405.00
TOTAL	\$ 27,273.00	\$ 2,727.00	\$ 30,000.00	\$ -	\$ -	\$ -	\$ 27,273.00	\$ 2,727.00	\$ 30,000.00

Indirect As A Percent of Direct 10.0%

Exhibit B-9 Budget - Amendment #2
Community Health Access Network
SS-2019-DPHS-19-DIABE-01-A02

Contractor Initials *J*
Date 9/18/2020

Exhibit B-10 Budget, Amendment #2

New Hampshire Department of Health and Human Services											
Contractor Name: Community Health Access Network											
Budget Request for: Chronic Disease - Heart Disease											
Project Title:											
Budget Period: July 1, 2021 - June 30, 2022											
Line Item	- Total Program Cost			Contractor Share / Match			Funded by DHH\$ contract share				
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total		
1. Total Salary/Wages	\$ 57,297.00	\$ 5,730.00	\$ 63,027.00	\$ -	\$ -	\$ -	\$ 57,297.00	\$ 5,730.00	\$ 63,027.00		
2. Employee Benefits	\$ 11,459.00	\$ 1,146.00	\$ 12,605.00	\$ -	\$ -	\$ -	\$ 11,459.00	\$ 1,146.00	\$ 12,605.00		
3. Consultants	\$ 1,171.00	\$ 117.00	\$ 1,288.00	\$ -	\$ -	\$ -	\$ 1,171.00	\$ 117.00	\$ 1,288.00		
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Educational	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00		
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
6. Travel	\$ 124.00	\$ 12.00	\$ 136.00	\$ -	\$ -	\$ -	\$ 124.00	\$ 12.00	\$ 136.00		
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
11. Staff Education and Training	\$ 275.00	\$ 29.00	\$ 303.00	\$ -	\$ -	\$ -	\$ 275.00	\$ 29.00	\$ 303.00		
12. Subcontracts/Agreements	\$ 281,875.00	\$ 28,188.00	\$ 310,063.00	\$ -	\$ -	\$ -	\$ 281,875.00	\$ 28,188.00	\$ 310,063.00		
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Other- Reports	\$ 2,244.00	\$ 224.00	\$ 2,468.00	\$ -	\$ -	\$ -	\$ 2,244.00	\$ 224.00	\$ 2,468.00		
TOTAL	\$ 354,545.00	\$ 35,455.00	\$ 390,000.00	\$ -	\$ -	\$ -	\$ 354,545.00	\$ 35,455.00	\$ 390,000.00		

Indirect As A Percent of Direct 10.0%

Exhibit B-10, Amendment #2
Community Health Access Network
SS-2019-DPHS-19-DIABE-01-A02

Contractor Initials *J*
Date 9/18/2020

Exhibit B-11 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Chronic Disease - Diabetes

Project Title

Budget Period: July 1, 2021 - June 30, 2022

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 45,547.00	\$ 4,555.00	\$ 50,102.00	\$ -	\$ -	\$ -	\$ 45,547.00	\$ 4,555.00	\$ 50,102.00
2. Employee Benefits	\$ 9,109.00	\$ 911.00	\$ 10,020.00	\$ -	\$ -	\$ -	\$ 9,109.00	\$ 911.00	\$ 10,020.00
3. Consultants	\$ 958.00	\$ 96.00	\$ 1,054.00	\$ -	\$ -	\$ -	\$ 958.00	\$ 96.00	\$ 1,054.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 101.00	\$ 10.00	\$ 111.00	\$ -	\$ -	\$ -	\$ 101.00	\$ 10.00	\$ 111.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 225.00	\$ 22.00	\$ 247.00	\$ -	\$ -	\$ -	\$ 225.00	\$ 22.00	\$ 247.00
12. Subcontracts/Agreements	\$ 232,625.00	\$ 23,263.00	\$ 255,888.00	\$ -	\$ -	\$ -	\$ 232,625.00	\$ 23,263.00	\$ 255,888.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other: Reports	\$ 2,244.00	\$ 224.00	\$ 2,468.00	\$ -	\$ -	\$ -	\$ 2,244.00	\$ 224.00	\$ 2,468.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 299,809.00	\$ 29,091.00	\$ 328,900.00	\$ -	\$ -	\$ -	\$ 299,809.00	\$ 29,091.00	\$ 328,900.00

Indirect As A Percent of Direct 10.0%

Exhibit B-11 Budget, Amendment #2
Community Health Access Network
SS-2019-OPHS-19-DIABE-01-A02

Contractor Initials *J*
Date 9/18/2020

Exhibit B-12 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Chronic Disease - Arthritis

Project Title
Budget Period: July 1, 2021 - June 30, 2022

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 3,850.00	\$ 368.00	\$ 4,018.00	\$ -	\$ -	\$ -	\$ 3,850.00	\$ 368.00	\$ 4,018.00
2. Employee Benefits	\$ 730.00	\$ 73.00	\$ 803.00	\$ -	\$ -	\$ -	\$ 730.00	\$ 73.00	\$ 803.00
3. Consultants	\$ 1,217.00	\$ 122.00	\$ 1,339.00	\$ -	\$ -	\$ -	\$ 1,217.00	\$ 122.00	\$ 1,339.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 178.00	\$ 17.00	\$ 195.00	\$ -	\$ -	\$ -	\$ 178.00	\$ 17.00	\$ 195.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 37,337.00	\$ 3,734.00	\$ 41,071.00	\$ -	\$ -	\$ -	\$ 37,337.00	\$ 3,734.00	\$ 41,071.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other: Reports	\$ 2,244.00	\$ 224.00	\$ 2,468.00	\$ -	\$ -	\$ -	\$ 2,244.00	\$ 224.00	\$ 2,468.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 45,454.00	\$ 4,544.00	\$ 50,000.00	\$ -	\$ -	\$ -	\$ 45,454.00	\$ 4,544.00	\$ 50,000.00

Indirect As A Percent of Direct

10.0%

Exhibit B-12 Budget, Amendment #2
Community Health Access Network
SS-2019-DPHS-19-DIABE-01-A02

Contractor Initials *JF*
Date 9/18/2020

Exhibit B-13 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: Community Health Access Network

Budget Request for: Chronic Disease - WiseWoman

Project #:

Budget Period: July 1, 2021 - June 30, 2022

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 22,785.00	\$ 2,278.00	\$ 25,063.00	\$ -	\$ -	\$ -	\$ 22,785.00	\$ 2,278.00	\$ 25,063.00
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other: Reports	\$ 4,488.00	\$ 449.00	\$ 4,937.00	\$ -	\$ -	\$ -	\$ 4,488.00	\$ 449.00	\$ 4,937.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 27,273.00	\$ 2,727.00	\$ 30,000.00	\$ -	\$ -	\$ -	\$ 27,273.00	\$ 2,727.00	\$ 30,000.00

Indirect As A Percent of Direct 10.0%

20 mac



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

Lori A. Shibinette
 Commissioner

Lisa M. Morris
 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

March 3, 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 sole source agreement with Community Health Access Network, 207 South Main Street, Newmarket, NH, (Vendor #162256-B001) to improve prevention and management of diabetes, prediabetes, high blood pressure, and high cholesterol by increasing the price limitation by \$142,078 from \$750,000 to \$892,078 with no change to the completion date of June 29, 2021, effective upon Governor and Executive Council approval. 100% Federal Funds.

This agreement was originally approved by the Governor and Executive Council on January 23, 2019 (Item #29).

Funds are available in the following account for State Fiscal Years 2020 and 2021, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

05-95-90-902010-1227 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMBINED CHRONIC DISEASE

State Fiscal Year	Class/ Object	Class Title	Activity Code	Current (Modified) Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Program Services	90017317	\$110,000	\$0	\$110,000
2019	102-500731	Contracts for Program Services	90017417	\$140,000	\$0	\$140,000
2020	102-500731	Contracts for Program Services	90017003	\$110,000	\$30,000	\$140,000
2020	102-500731	Contracts for Program Services	90017002	\$140,000	\$0	\$140,000
2020	102-500731	Contracts for Program Services	90017003	\$0	\$41,039	\$41,039
2020	102-500731	Contracts for Program Services	90017002	\$0	\$41,039	\$41,039

2021	102-500731	Contracts for Program Services	90017003	\$110,000	\$30,000	\$140,000
2021	102-500731	Contracts for Program Services	90017002	\$140,000	\$0	\$140,000
			Total	\$750,000	\$142,078	\$892,078

EXPLANATION

This request is sole source because Community Health Access Network is New Hampshire's only Health Center Controlled Network, which makes them uniquely qualified to continue to expand the work that has taken place for the last several years to re-design clinic workflow to improve diabetes, prediabetes and high blood pressure and high cholesterol management.

The purpose of this request is to implement a care coordination and closed-loop referral system to connect clinical and community-based organizations for clients that have diabetes, prediabetes and high blood pressure and high cholesterol. By implementing this referral method, the goal is to increase referrals to and participation in evidence-based services, improve efficiency through better coordinations.

Community Health Access Network sites serves approximately 70,000 patients, statewide, many of whom are Medicaid recipients

The original agreement included language in Exhibit C-1 Revisions to General Provisions, Paragraph 3, Renewal, that allows the Department to renew the contract for up to three (3) years, subject to the continued availability of funding, satisfactory performance of services, parties' written authorization and approval from the Governor and Executive Council. The Department is not exercising a renewal option at this time.

The Community Health Access Network provides technical support, training and assistance with workflow redesign that allows Federally Qualified Health Centers to utilize the platform selected by the Integrated Delivery Networks. The additional funds will support use of healthcare information technology in order to maximize patient self-management.

Currently, Contractor is supporting Federally Qualified Health Centers to become accredited Diabetes Self-Management Education Programs, allowing high quality services to be provided on-site. Federally Qualified Health Centers are working with the Manchester Health Department to develop a value-based payment model to increase enrollment in the National Diabetes Prevention Program and the YMCA Blood Pressure Self-Monitoring Program by underserved populations. The Contractor is leading quality improvement efforts to improve chronic disease clinical quality measures.

The Department measures the effectiveness of the contracted services through the following

- The Contractor must provide the number of pharmacists or pharmacies engaged in community clinical linkage work
- The Contractor must provide the number and proportion of new accredited or recognized Diabetes self-management education and support (DSMES) programs.
- The Contractor must provide number of patients served within healthcare organizations with systems to identify people with prediabetes and refer them to National Diabetes Prevention Programs.
- The Contractor must provide the number and percentage of patients within health systems to report standardized clinical measures for the management of patients with high blood pressure.

- The Contractor must provide the number and percentage of patients within health systems with high blood pressure and high cholesterol referred to an evidence-based lifestyle program.
- The Contractor must provide the percentage of clinics that report improving patient engagement by advancing health information technology
- The Contractor must provide the percentage of clinics that report improving care coordination through health information exchange

Should the Governor and Executive Council not authorize this request, the Department may be unable to support chronic disease clinical quality improvement; referral to evidence-based prevention and management programs; and barrier reduction to participation in prevention and management programs by Federally Qualified Health Center patients.

Area served: Statewide

Source of Funds: 100% Federal Funds from the Catalog of Federal Domestic Assistance (CFDA) # 93.426, US. Department of Health and Human Services, CDC, Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke Cooperative Agreement, Federal Award Identification Number NU58DP006515.

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

Respectfully submitted,



Lori A. Shubinette
Commissioner



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Diabetes and Heart Disease Clinical
Quality Improvement and Referral Contract

This 1st Amendment to the Diabetes and Heart Disease Clinical Quality Improvement and Referral contract (hereinafter referred to as "Amendment #1") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Community Health Access Network, (hereinafter referred to as "the Contractor"), a nonprofit with a place of business at 207 S Main St Newmarket, NH 03857.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council January 23, 2019, (Item #29),) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract in consideration of certain sums specified; and

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

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

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

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

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$892,078.
2. Modify Exhibit A Scope of Work, Section 2.1 to read as follows:
 - 2.1. The Contractor shall coordinate an interactive network of clinics through subcontracts or MOUs that will implement Quality Improvement (QI) activities including but not limited to:
 - 2.1.1. Assisting clinics with utilizing Electronic Health Records (EHR) and Health Information Technology (HIT) to improve patient health outcomes including but not limited to:
 - 2.1.1.1. Development and implementation of algorithms.
 - 2.1.1.2. Clinical decision support.
 - 2.1.1.3. Registries.
 - 2.1.1.4. Electronic referrals to evidence based programs.
 - 2.1.1.5. Patient engagement strategies based on clinic needs and



priorities, which may include but are not limited to:

- 2.1.1.5.1. Portals.
- 2.1.1.5.2. Mobile health technologies.
- 2.1.1.5.3. Remote monitoring.

2.1.2. Increasing care coordination by implementing closed-loop referrals between clinical and community-based programs for the prevention and management of diabetes and heart disease. The Contractor shall:

- 2.1.2.1. Build interfaces between the clinics' electronic health record and a referral platform.
- 2.1.2.2. Provide technical support, training, and assistance with workflow redesign to clinics.
- 2.1.2.3. Work with the Department's evaluator to evaluate implementation.
- 2.1.2.4. Share lessons learned through meetings with key stakeholders, which include, but are not limited to the following:
 - 2.1.2.4.1. Clinics
 - 2.1.2.4.2. Community Providers

2.1.3. Extracting clinical performance data, as approved by the Department, to identify and track progress of continuous QI initiatives.

2.1.4. Reporting performance data outcomes annually, no later than July 30th.

2.1.5. Recruiting clinics to participate in, coordinate and fund quality improvement projects that lead to measurable improvements in identifying undiagnosed and uncontrolled and management of:

- 2.1.5.1. Prediabetes
- 2.1.5.2. Diabetes
- 2.1.5.3. High blood pressure (hypertension); and
- 2.1.5.4. High cholesterol (hypercholesterolemia)

3. Modify Exhibit A Scope of Work, Section 5, Performance Measures, to read as follows:

5.1 The Contractor shall identify target and baseline performance measurements with feedback provided by the Department, in the timeframe specified in Section 7, Deliverables, which include but are not limited to:

5.1.1. Number of pharmacists and/or pharmacies engaged in community



clinical linkage work.

- 5.1.2. Number and proportion of new accredited or recognized DSMES programs.
 - 5.1.3 Number of patients served within healthcare organizations with systems that can identify patients with prediabetes and refer them to National Diabetes Prevention Programs.
 - 5.1.4 Number and percentage of patients within health systems to report standardized clinical measures for the management of patients with high blood pressure.
 - 5.1.5 Percentage of patients within health systems to report standardized clinical measures for the management of patients with high blood pressure.
 - 5.1.6 Number of patients within health systems with high blood pressure and high cholesterol referred to an evidence-based lifestyle program.
 - 5.1.7 Percentage of patients within health systems with high blood pressure and high cholesterol referred to an evidence-based lifestyle program.
 - 5.1.8 Percentage of clinics that report improving patient engagement by advancing health information technology.
 - 5.1.9 Percentage of clinics that report improving care coordination through health information exchange.
4. Modify Exhibit B-2, Budget by replacing it in its entirety with Exhibit B-2, Amendment #1.
 5. Modify Exhibit B-3, Budget by replacing it in its entirety with Exhibit B-3, Amendment #1
 6. Add Exhibit B-4, Amendment #1.
 7. Add Exhibit B-5, Amendment #1.



New Hampshire Department of Health and Human Services
Diabetes and Heart Disease Clinical Quality Improvement and Referral Contract

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

2/27/20
Date

[Signature]
Name: Lisa Morris
Title: Director

Community Health Access Network

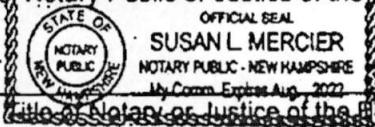
1/30/2020
Date

[Signature]
Name: Joan M. Tulk
Title: Executive Director

Acknowledgement of Contractor's signature:

State of NH, County of Rockingham on 1/30/2020 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]
Signature of Notary Public or Justice of the Peace



Name and Title of Notary or Justice of the Peace

My Commission Expires: August 2022

**New Hampshire Department of Health and Human Services
Diabetes and Heart Disease Clinical Quality Improvement and Referral Contract**



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

OFFICE OF THE ATTORNEY GENERAL

3/16/20
Date

[Signature]
Name:
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:

Exhibit B-2, Budget Sheet

New Hampshire Department of Health and Human Services

Bidder/Program Name: Community Health Access Network

Budget Request for: Comprehensive Diabetes Prevention and Management Strategies

Budget Period: 8/7/17/2019 - 8/30/2023

Line Item	Agency Total Program Cost	Agency Total	Contractor Share / Match	Funded by Direct Contract Share	Total
1. Total Salary/Wages	70,907.00	7,091.00	77,998.00	70,907.00	77,998.00
2. Employee Benefits	14,182.00	1,418.00	15,600.00	14,182.00	15,600.00
3. Consultants	306.00	37.00	403.00	306.00	403.00
4. Equipment	-	-	-	-	-
Rental	-	-	-	-	-
Repair and Maintenance	-	-	-	-	-
Purchase/Depreciation	-	-	-	-	-
5. Supplies	-	-	-	-	-
Educational	-	-	-	-	-
Lab	-	-	-	-	-
Pharmacy	-	-	-	-	-
Medical	-	-	-	-	-
Office	-	-	-	-	-
6. Travel	1,819.00	181.90	1,781.00	1,819.00	1,781.00
7. Occupancy	-	-	-	-	-
8. Current Expenses	-	-	-	-	-
Telephone	-	-	-	-	-
Postage	-	-	-	-	-
Subscriptions	-	-	-	-	-
Audit and Legal	-	-	-	-	-
Insurance	-	-	-	-	-
Board Expenses	-	-	-	-	-
9. Software	-	-	-	-	-
10. Marketing/Communications	-	-	-	-	-
11. Staff Education and Training	1,383.00	129.00	1,389.00	1,383.00	1,389.00
12. Subcontract/Agreements	137,398.00	13,780.00	151,358.00	137,398.00	151,358.00
13. Other (specific details mandatory)	-	-	-	-	-
Reports	5,818.00	581.80	6,171.00	5,818.00	6,171.00
Public Event/Event Costs	23,800.00	2,380.00	25,300.00	23,800.00	25,300.00
TOTAL	254,543.00	25,453.80	280,000.00	254,543.00	280,000.00

Indirect As A Percent of Direct

10.0%

Contractor Initial *JJ*
 Date *1/30/20*

New Hampshire Department of Health and Human Services

State/Program Name: Community Health Access Network

Budget Request for: Cardiovascular Disease Prevention and Management Strategies

Budget Period: 8/1/2020 - 8/31/2021

Line Item	Total Program Cost				Contractor Share / Match				Funded by DHHS contract share			
	Direct	Indirect	Total	Match	Contractor Share	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	73,034.00	7,303.00	80,337.00	-	-	80,337.00	73,034.00	7,303.00	80,337.00	-	-	-
2. Employee Benefits	14,007.00	1,401.00	15,408.00	-	-	15,408.00	14,007.00	1,401.00	15,408.00	-	-	-
3. Consultants	308.00	31.00	403.00	-	-	403.00	308.00	31.00	403.00	-	-	-
4. Equipment	-	-	-	-	-	-	-	-	-	-	-	-
Rents	-	-	-	-	-	-	-	-	-	-	-	-
Repair and Maintenance	-	-	-	-	-	-	-	-	-	-	-	-
Purchase/Depreciation	-	-	-	-	-	-	-	-	-	-	-	-
5. Supplies	-	-	-	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-	-	-	-
Office	-	-	-	-	-	-	-	-	-	-	-	-
6. Travel	800.00	80.00	880.00	-	-	880.00	800.00	80.00	880.00	-	-	-
7. Occupancy	-	-	-	-	-	-	-	-	-	-	-	-
8. Camps/Expenses	-	-	-	-	-	-	-	-	-	-	-	-
Telephone	-	-	-	-	-	-	-	-	-	-	-	-
Postage	-	-	-	-	-	-	-	-	-	-	-	-
Subscriptions	-	-	-	-	-	-	-	-	-	-	-	-
Audit and Legal	-	-	-	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-	-	-	-
Board Expenses	-	-	-	-	-	-	-	-	-	-	-	-
9. Subgrants	-	-	-	-	-	-	-	-	-	-	-	-
10. Marketing/Communications	-	-	-	-	-	-	-	-	-	-	-	-
11. Staff Education and Training	1,000.00	100.00	1,100.00	-	-	1,100.00	1,000.00	100.00	1,100.00	-	-	-
12. Subcontractor/Agreements	139,494.00	13,949.00	153,444.00	-	-	153,444.00	139,494.00	13,949.00	153,444.00	-	-	-
13. Other (specific details mandatory):	-	-	-	-	-	-	-	-	-	-	-	-
Reports	2,244.00	224.00	2,468.00	-	-	2,468.00	2,244.00	224.00	2,468.00	-	-	-
Patient Enrollment Costs	75,000.00	7,500.00	82,500.00	-	-	82,500.00	75,000.00	7,500.00	82,500.00	-	-	-
TOTAL	254,545.80	25,454.58	280,000.38	-	-	280,000.38	254,545.80	25,454.58	280,000.38	-	-	-

Indirect As A Percent of Direct 10.0%

Contractor Initial: *DI*
 Date: *9/30/20*

New Hampshire Department of Health and Human Services

Major/Program Name: Community Health Access Network

Budget Request for: Disease Status Prevention and Management Strategies

Compared Budget from Year 1

Budget Period: 01/01/2020 - 09/30/2020

Line Item	01/01/2020	01/01/2021	01/01/2022	01/01/2023	01/01/2024	01/01/2025	01/01/2026	01/01/2027	01/01/2028	01/01/2029	01/01/2030
1. Personnel	1,211,000	1,211,000	1,211,000	1,211,000	1,211,000	1,211,000	1,211,000	1,211,000	1,211,000	1,211,000	1,211,000
2. Contract Services	1,487,000	1,487,000	1,487,000	1,487,000	1,487,000	1,487,000	1,487,000	1,487,000	1,487,000	1,487,000	1,487,000
3. Materials	-	-	-	-	-	-	-	-	-	-	-
4. Travel	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000
5. Other	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
6. Information Systems	-	-	-	-	-	-	-	-	-	-	-
7. Capital Equipment	-	-	-	-	-	-	-	-	-	-	-
8. Depreciation	-	-	-	-	-	-	-	-	-	-	-
9. Grants	-	-	-	-	-	-	-	-	-	-	-
10. Other	-	-	-	-	-	-	-	-	-	-	-
11. Total Available and Available	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000
12. Other Available and Available	1,425,000	1,425,000	1,425,000	1,425,000	1,425,000	1,425,000	1,425,000	1,425,000	1,425,000	1,425,000	1,425,000
13. Total Available and Available	3,184,000	3,184,000	3,184,000	3,184,000	3,184,000	3,184,000	3,184,000	3,184,000	3,184,000	3,184,000	3,184,000
14. Total Available and Available	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000	1,759,000
TOTAL	11,295,000	11,295,000	11,295,000	11,295,000	11,295,000	11,295,000	11,295,000	11,295,000	11,295,000	11,295,000	11,295,000

Approved: *[Signature]*
Date: 4/30/20

New Hampshire Department of Health and Human Services

Division/Program Name: Community Health Access Network

Budget Request for: Comprehensive Disease Prevention and Management Strategies

Fiscal Year: 2019

Budget Period: 01/01/2019 - 06/30/2019

Line Item	Description	2019			2018			2017		
		Request	Change	Total	Request	Change	Total	Request	Change	Total
1.0000	Salaries	8,711,000		8,711,000	8,711,000		8,711,000	8,711,000		8,711,000
1.0000	Travel	1,800,000		1,800,000	1,800,000		1,800,000	1,800,000		1,800,000
1.0000	Contractors	1,200,000		1,200,000	1,200,000		1,200,000	1,200,000		1,200,000
1.0000	Materials									
1.0000	Supplies									
1.0000	Utilities									
1.0000	Telephone									
1.0000	Printing									
1.0000	Postage									
1.0000	Information Technology									
1.0000	Professional Services									
1.0000	Other									
1.0000	Subtotal	11,711,000		11,711,000	11,711,000		11,711,000	11,711,000		11,711,000
2.0000	Travel	25,000		25,000	25,000		25,000	25,000		25,000
2.0000	Contractors	30,000		30,000	30,000		30,000	30,000		30,000
2.0000	Materials									
2.0000	Supplies									
2.0000	Utilities									
2.0000	Telephone									
2.0000	Printing									
2.0000	Postage									
2.0000	Information Technology									
2.0000	Professional Services									
2.0000	Other									
2.0000	Subtotal	55,000		55,000	55,000		55,000	55,000		55,000
3.0000	Travel	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
3.0000	Contractors	10,000,000		10,000,000	10,000,000		10,000,000	10,000,000		10,000,000
3.0000	Materials									
3.0000	Supplies									
3.0000	Utilities									
3.0000	Telephone									
3.0000	Printing									
3.0000	Postage									
3.0000	Information Technology									
3.0000	Professional Services									
3.0000	Other									
3.0000	Subtotal	11,000,000		11,000,000	11,000,000		11,000,000	11,000,000		11,000,000
4.0000	Travel	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
4.0000	Contractors	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
4.0000	Materials									
4.0000	Supplies									
4.0000	Utilities									
4.0000	Telephone									
4.0000	Printing									
4.0000	Postage									
4.0000	Information Technology									
4.0000	Professional Services									
4.0000	Other									
4.0000	Subtotal	2,000,000		2,000,000	2,000,000		2,000,000	2,000,000		2,000,000
5.0000	Travel	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
5.0000	Contractors	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
5.0000	Materials									
5.0000	Supplies									
5.0000	Utilities									
5.0000	Telephone									
5.0000	Printing									
5.0000	Postage									
5.0000	Information Technology									
5.0000	Professional Services									
5.0000	Other									
5.0000	Subtotal	2,000,000		2,000,000	2,000,000		2,000,000	2,000,000		2,000,000
6.0000	Travel	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
6.0000	Contractors	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
6.0000	Materials									
6.0000	Supplies									
6.0000	Utilities									
6.0000	Telephone									
6.0000	Printing									
6.0000	Postage									
6.0000	Information Technology									
6.0000	Professional Services									
6.0000	Other									
6.0000	Subtotal	2,000,000		2,000,000	2,000,000		2,000,000	2,000,000		2,000,000
7.0000	Travel	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
7.0000	Contractors	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
7.0000	Materials									
7.0000	Supplies									
7.0000	Utilities									
7.0000	Telephone									
7.0000	Printing									
7.0000	Postage									
7.0000	Information Technology									
7.0000	Professional Services									
7.0000	Other									
7.0000	Subtotal	2,000,000		2,000,000	2,000,000		2,000,000	2,000,000		2,000,000
8.0000	Travel	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
8.0000	Contractors	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
8.0000	Materials									
8.0000	Supplies									
8.0000	Utilities									
8.0000	Telephone									
8.0000	Printing									
8.0000	Postage									
8.0000	Information Technology									
8.0000	Professional Services									
8.0000	Other									
8.0000	Subtotal	2,000,000		2,000,000	2,000,000		2,000,000	2,000,000		2,000,000
9.0000	Travel	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
9.0000	Contractors	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
9.0000	Materials									
9.0000	Supplies									
9.0000	Utilities									
9.0000	Telephone									
9.0000	Printing									
9.0000	Postage									
9.0000	Information Technology									
9.0000	Professional Services									
9.0000	Other									
9.0000	Subtotal	2,000,000		2,000,000	2,000,000		2,000,000	2,000,000		2,000,000
10.0000	Travel	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
10.0000	Contractors	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
10.0000	Materials									
10.0000	Supplies									
10.0000	Utilities									
10.0000	Telephone									
10.0000	Printing									
10.0000	Postage									
10.0000	Information Technology									
10.0000	Professional Services									
10.0000	Other									
10.0000	Subtotal	2,000,000		2,000,000	2,000,000		2,000,000	2,000,000		2,000,000
11.0000	Travel	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
11.0000	Contractors	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
11.0000	Materials									
11.0000	Supplies									
11.0000	Utilities									
11.0000	Telephone									
11.0000	Printing									
11.0000	Postage									
11.0000	Information Technology									
11.0000	Professional Services									
11.0000	Other									
11.0000	Subtotal	2,000,000		2,000,000	2,000,000		2,000,000	2,000,000		2,000,000
12.0000	Travel	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
12.0000	Contractors	1,000,000		1,000,000	1,000,000		1,000,000	1,000,000		1,000,000
12.0000	Materials									
12.0000	Supplies									

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

Jeffrey A. Meyers
Commissioner

Lisa M. Morris
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

December 7, 2018

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 agreement with the Community Health Access Network (CHAN), 207 South Main Street, Newmarket, NH, (Vendor #162256-B001) to improve prevention and management of diabetes, prediabetes, high blood pressure, and high cholesterol in an amount not to exceed \$750,000 effective upon Governor and Executive Council approval through June 29, 2021. 100% Federal Funds.

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

05-95-90-902010-1227 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMBINED CHRONIC DISEASE

SFY	Class/ Object	Class Title	Activity Code	Total Amount
2019	102-500731	Contracts for Program Services	90017317	\$110,000
2019	102-500731	Contracts for Program Services	90017417	\$140,000
2020	102-500731	Contracts for Program Services	90017317	\$110,000
2020	102-500731	Contracts for Program Services	90017417	\$140,000
2021	102-500731	Contracts for Program Services	90017317	\$110,000
2021	102-500731	Contracts for Program Services	90017417	\$140,000
			Total	\$750,000

EXPLANATION

This request is **sole source** in order to continue working with CHAN under a new Center for Disease Control and Prevention (CDC) grant that started in September 2018. The contract with CHAN ended in June 2018. DPHS needs to continue and expand work that has taken place for the last four (4) years to re-design clinic workflow to improve diabetes, prediabetes, and high blood pressure management.

For example, sites implemented processes to improve blood pressure control. Under the new grant, projects will expand the focus from improving blood pressure control to identifying undiagnosed high blood pressure and managing high cholesterol, using similar processes developed under the previous contract. Diabetes and prediabetes work would expand to enroll more patients in evidence-based Diabetes Self-Management Education and National Diabetes Prevention Programs. These efforts are supported by the Centers for Disease Control and Prevention (CDC) to improve delivery of care, patient outcomes, and reduce healthcare costs. CHAN is the only entity in the state with this unique relationship with Federally Qualified Health Centers (FQHC).

Underserved populations, including low-income and minority groups, are at increased risk for chronic diseases and associated complications. Services under this contract are offered primarily through a network of FQHCs that reach the underserved. CHAN provides Electronic Health Record system support and leads quality improvement efforts within this network that includes over 67,000 patients' locations throughout the state.

CHAN will manage chronic disease quality improvement projects and work with FQHCs to reach patients with undiagnosed and uncontrolled diabetes, prediabetes, high blood pressure, and high cholesterol, and refer them to evidence-based prevention and management programs, with the goal of improving patient health outcomes and reducing healthcare costs. CHAN will partner with the Manchester Health Department's Chronic Disease Prevention and Neighborhood Health unit to develop partnerships and linkages to care between the local hospitals, medical and behavioral health providers and increase referrals and participation in the above mentioned programs.

This agreement includes Exhibit C-1 Revisions to General Provisions, Paragraph 3, Renewal, which states that the Department reserves the right to extend contract services for up to three (3) additional years contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval from the Governor and Executive Council.

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 29, 2021, and the Department shall not be liable for any payments for services provided after June 29, 2021, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 biennia.

Should the Governor and Executive Council not authorize this request, the Department may be unable to support chronic disease clinical quality improvement, referral to evidence-based prevention and management programs, and reduce barriers to participation in prevention and management programs by FQHCs patients. Without this contract the ability to prevent and manage chronic disease in underserved populations may be jeopardized. The result could be an unnecessary increase in New Hampshire's health and economic burden, which would negatively impact citizens statewide.

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

Area to be served: Statewide.

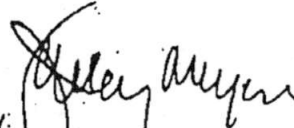
Source of Funds: 100% Federal Funds from the Catalog of Federal Domestic Assistance (CFDA) # 93.426, US. Department of Health and Human Services, CDC, Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke Cooperative Agreement, Federal Award Identification Number NU58DP006515.

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

Respectfully submitted,



Lisa Morris
Director, Division of Public Health



Approved by:

Jeffrey A. Meyers
Commissioner

Subject: SS-2019-DPHS-19-DIABE Diabetes and Heart Disease Clinical Quality Improvement and Referral Contract

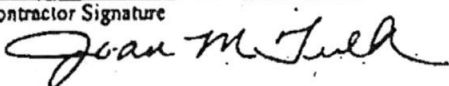

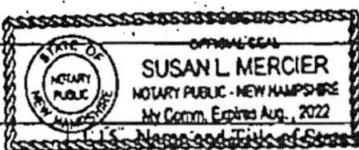

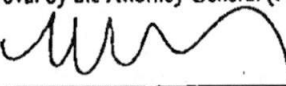
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Community Health Access Network		1.4 Contractor Address 207 S Main St Newmarket, NH 03857	
1.5 Contractor Phone Number 603-292-7294	1.6 Account Number 090-12270000-102-500731	1.7 Completion Date 06/29/2021	1.8 Price Limitation \$750,000
1.9 Contracting Officer for State Agency Nathan D. White Director of Contracts and Procurement		1.10 State Agency Telephone Number 603-271-9631	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Joan M. Tulk Executive Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Roxbury</u> On <u>12/13/2012</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 			
1.13.2 Name and Title of Notary or Justice of the Peace <div style="display: flex; align-items: center;">  SUSAN L. MERCIER NOTARY PUBLIC - NEW HAMPSHIRE My Comm. Expires Aug. 2022 </div>			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Date: <u>12/28/18</u> <u>LISA MORRIS, Director DPHS</u>	
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:  Op: <u>Attorney</u> <u>1/9/19</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

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.

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.



Exhibit A

Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 29, 2021, and the Department shall not be liable for any payments for services provided after June 29, 2021, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2022-2023 biennia.
- 1.4. The Contractor shall monitor the work of the Manchester Health Department's Chronic Disease Prevention and Neighborhood Health unit to develop linkages to care between local hospitals, medical and behavioral health providers to increase referrals and participation in evidence based programs for diabetes, prediabetes, hypertension and hypercholesterolemia.

2. Scope of Services

- 2.1. The Contractor shall coordinate an interactive network of clinics through subcontracts or MOUs that will implement Quality Improvement (QI) activities including but not limited to:
 - 2.1.1. Assisting clinics in utilizing Electronic Health Records (EHR) and Health Information Technology (HIT) to improve patient health outcomes including but not limited to:
 - 2.1.1.1. Development and implementation of algorithms,
 - 2.1.1.2. Clinical decision support
 - 2.1.1.3. Registries
 - 2.1.1.4. Electronic referrals to evidence based programs
 - 2.1.2. Extracting clinical performance data as approved by the Department to be used to identify and subsequently track progress of continuous QI initiatives.
 - 2.1.3. Reporting performance data outcomes, on an annual basis, within thirty (30) days of the completion of the each State Fiscal Year.
 - 2.1.4. Recruiting clinics to participate in, coordinate and fund quality improvement projects that lead to measurable improvements in identifying undiagnosed and uncontrolled and management of:
 - 2.1.4.1. Prediabetes
 - 2.1.4.2. Diabetes

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Exhibit A

- 2.1.4.3. High blood pressure
- 2.1.4.4. High cholesterol
- 2.2. The Contractor shall review the Departments charter template and provide feedback in order to develop a mechanism to record subcontractors quality improvement projects data, including but not limited to:
 - 2.2.1. Assessment of health problems
 - 2.2.2. Identification of patients with undiagnosed or uncontrolled prediabetes, diabetes, high blood pressure and/or high cholesterol and referral made to evidence based intervention (may be clinical guidelines, referrals to evidence-based programs, etc.)
 - 2.2.3. Changes implemented to current process
 - 2.2.4. Measurement plan to determine success
 - 2.2.5. Sustainability plan
- 2.3. The Contractor shall provide scholarships, subject to Department approval, for professional development opportunities for staff at participating clinical sites.
- 2.4. The Contractor shall provide evidence-based disease prevention and management programs and services, including but not limited to:
 - 2.4.1. Improving access to and participation in Diabetes Self-Management Education and Support (DSMES) programs that are recognized and/or accredited by the Americans Diabetes Association (ADA) or American Association of Diabetes Educators (AADE). Activities may include, but are not limited to:
 - 2.4.1.1. Providing support to clinics to establish new ADA-recognized/AADE-accredited DSMES programs which may include but are not limited to:
 - 2.4.1.1.1. Providing support to resources for recommendation/accreditation.
 - 2.4.1.1.2. Access to consultants or other DSMES physical sites:
<https://www.dhhs.nh.gov/dphs/cdpc/diabetes/documents/dsme-map.pdf>.
 - 2.4.1.2. Obtaining a license from the (ADA) or (AADE) to recognize and or accredit DSMES programs throughout the state.
 - 2.4.1.3. Integrating DSMES programs and or referrals into coordinated care (e.g., Patient-Centered Medical Homes).
 - 2.4.1.4. Building EHR-generated or other systems to facilitate and track referrals and enhance decision support.
 - 2.4.1.5. Working with partners to eliminate barriers to access to increase participation in DSMES programs.
 - 2.4.1.6. Working with health care providers to increase referrals of people with diabetes to DSMES programs.



Exhibit A

- 2.4.2. Assisting clinics in implementing systems to identify people with prediabetes and referring them to National Diabetes Prevention Programs (NDPP). Activities may include but are not limited to:
 - 2.4.2.1. Piloting NDPP at clinics, activities may include but are not limited to:
 - 2.4.2.1.1. Distributing funds for start-up costs per Department approval. Costs may include but are not limited to:
 - 2.4.2.1.1.1. Space rental
 - 2.4.2.1.1.2. Coach or participant teaching materials
 - 2.4.2.1.1.3. Lifestyle coach training
 - 2.4.2.1.1.4. Medicare DPP application fees, and related costs
 - 2.4.2.1.1.5. Distribution of funds to support sustainability plan approved by the Department.
 - 2.4.2.1.1.6. Program support incentives cannot exceed a monetary value of \$20 per NDPP participant.
 - 2.4.2.1.2. Clinics must have a Department approved plan for sustainability in place prior to funds being issued
 - 2.4.2.1.3. Developing means by which to remove enrollment barriers which may include childcare or transportation vouchers
 - 2.4.2.1.4. Supporting incentives to increase participant involvement in the National Diabetes Prevention Program (NDPP) and completion, which may include but is not limited to distributing the following:
 - 2.4.2.1.4.1. Pedometers
 - 2.4.2.1.4.2. Measuring Cups
 - 2.4.2.1.4.3. Calorie King fat/calorie counting books
 - 2.4.2.1.4.4. Stretch Bands
 - 2.4.2.1.5. Training for providers and clinical teams on NDPPs.
 - 2.4.2.2. Developing workflow to refer patients to NDPPs
 - 2.4.2.2.1. Contractor may cover enrollment costs for participants for a maximum of two (2) years, with Department approval. Pay for performance or value-based methods must be utilized to determine participant payment reimbursement structure.
 - 2.4.2.3. Contractor shall utilize guidance provided by the Centers for Disease Control and Prevention for these activities.
- 2.4.3. Facilitating systematic referrals of adults with hypertension and/or high blood cholesterol to community programs or resources, including but not limited to:
 - 2.4.3.1. YMCA's Blood Pressure Self-Monitoring program
 - 2.4.3.2. Weight Watchers



Exhibit A

- 2.4.3.3. Supplemental Nutrition and Assistance Program and Education (SNAP-ED)
- 2.4.3.4. Expanded Food and Nutrition Education Program (EFNEP)
- 2.4.3.5. Taking Off Pounds Sensibly (TOPS)
- 2.4.3.6. Curves Complete
- 2.4.4. Developing strategies that focus on removing enrollment barriers to programs, including but not limited to childcare or transportation.
- 2.4.5. Supporting incentives to increase program participant retention and completion.
- 2.4.6. Increasing engagement of pharmacists in management of diabetes, high blood pressure and high cholesterol including but not limited to:
 - 2.4.6.1. Promoting the adoption of Medication Therapy Management between pharmacists and physicians.
 - 2.4.6.2. Involving pharmacists in the provision of DSMES.
- 2.5. The Contractor shall coordinate population-based interventions through the development and administration of subcontracts and/or MOUs with partner organizations and consultants to support:
 - 2.5.1. The Manchester Health Department in developing linkages to care between local hospitals, medical and behavioral health providers to increase referrals and participation in evidence based programs for diabetes, prediabetes, hypertension and hypercholesterolemia for underserved populations.
- 2.6. The Contractor shall identify target and baseline performance measurements, per Department approval in the timeframe specified in Section 7, Deliverables.

3. Meeting and Reporting Requirements.

- 3.1. The Contractor shall attend annual in-person meetings at a location determined by the Department.
- 3.2. The Contractor shall participate in monthly in person or conference call meetings with the Department to review Contract performance in the areas of, but not limited to:
 - 3.2.1. Activities
 - 3.2.2. Interventions
 - 3.2.3. Challenges
 - 3.2.4. Progress
 - 3.2.5. Funding
- 3.3. The Contractor shall coordinate monthly in-person or conference call meetings with the Manchester Health Department to review areas such as but not limited to activities, interventions, challenges, progress and funding.
- 3.4. The Contractor shall submit quarterly reports, to be approved by the Department, within thirty (30) days following the end of each quarter. Reports shall include:
 - 3.4.1. Brief narrative of work performed during the prior quarter;



Exhibit A

- 3.4.2. Summary of work plans for the upcoming quarter, including challenges and/or barriers to completing requirements described in this Exhibit A.
- 3.4.3. Documented achievements.
- 3.4.4. Progress towards meeting the performance measures.

4. Work Plan

- 4.1. The Contractor shall be required to provide an annual Work Plan in accordance with the requirements of Exhibit A of this Contract.
- 4.2. The Contractor shall submit a Work Plan draft to the Department within fifteen (15) days of the contract effective date. Work plan shall include but not be limited to:
 - 4.2.1. Performance measures
 - 4.2.2. Activities
 - 4.2.3. Staff names, titles and responsibilities
 - 4.2.4. Timelines
- 4.3. The Contractor shall submit a Work Plan for Department approval within thirty (30) days of the Contract effective date.
- 4.4. The Contractor shall submit annual Work Plans to the Department within thirty (30) days following the end of each State Fiscal Year.

5. Performance Measures

- 5.1. The Contractor shall identify target and baseline performance measurements with feedback provided by the Department, in the timeframe specified in Section 7, Deliverables. Performance measures shall include but not limited to the following:
 - 5.1.1. Number of pharmacy locations/pharmacists using patient care processes that promote medication management or DSMES for people with diabetes.
 - 5.1.2. Number and proportion of new accredited/recognized DSMES programs.
 - 5.1.3. Number of pharmacists engaged in the practice of MTM to promote medication self-management and lifestyle modification for high blood pressure and high cholesterol.
 - 5.1.4. Percentage of pharmacists engaged in the practice of MTM to promote medication self-management and lifestyle modification for high blood pressure and high cholesterol.
 - 5.1.5. Number of patients served within healthcare organizations with systems to identify people with prediabetes and refer them to National Diabetes Prevention Programs.
 - 5.1.6. Number and of patients within health systems to report standardized clinical measures for the management of patients with high blood pressure.
 - 5.1.7. Percentage of patients within health systems to report standardized clinical measures for the management of patients with high blood pressure.



Exhibit A

- 5.1.8. Number of patients within health systems with high blood pressure and high cholesterol referred to an evidence-based lifestyle program.
- 5.1.9. Percentage of patients within health systems with high blood pressure and high cholesterol referred to an evidence-based lifestyle program.

6. Deliverables

- 6.1. The Contractor shall develop in collaboration with the Department, performance measure targets and benchmarks within 30 days of the contract effective date.



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.

This contract is funded with federal funds from the Centers for Disease Control and Prevention, Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke, CFDA# 93.428, Federal Award Identification Number (FAIN): NU58DP006515.

- 1.1. 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.
- 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
- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services.
- 2.7. Payment to the Manchester Health Department's Chronic Disease Prevention and Neighborhood Health unit shall not exceed \$140,000 annually.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, an agreement 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, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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Table S-1, Budget Sheet

New Hampshire Department of Health and Human Services

State/Program Area: Community Health Access Network

Budget Request for: Continuity of Care, Prevention and Management Strategy

Budget Period: 08/01/18 - 07/31/19

Line Item	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25
1.0000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
1.0001	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
1.0002								
1.0003								
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1.0043								
1.0044								
1.0045								
1.0046								
1.0047								
1.0048								
1.0049								
1.0050								
TOTAL	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000

[Signature]
 12/13/18

6400 0-1 Budget Sheet

New Hampshire Department of Health and Human Services

State/Program Name: Community Health Access Network

Budget Request for Cardiovascular Disease Prevention and Management through

Budget Period: 07/01/19 - 06/30/20

Line Item	07/01/19	08/01/19	09/01/19	10/01/19	11/01/19	12/01/19	01/01/20	02/01/20	03/01/20	04/01/20	05/01/20	06/30/20	TOTAL
1. Personnel	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	14,400,000
2. Fringe Benefits	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	1,800,000
3. Contractual Services	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	6,000,000
4. Materials and Supplies	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	1,200,000
5. Travel	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	2,400,000
6. Other	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	1,200,000
TOTAL	2,150,000	2,150,000	2,150,000	2,150,000	2,150,000	2,150,000	2,150,000	2,150,000	2,150,000	2,150,000	2,150,000	2,150,000	25,800,000

[Signature]
 Date: 12/13/18

Exhibit 9-4, Budget Sheet

New Hampshire Department of Health and Human Services

Division/Program Name: Community Health Access Network
 Budget Request for: Performance System Promotion and Management Strategy
 Budget Period: 1/1/18 - 12/31/18

Line Item	1/1/18	2/1/18	3/1/18	4/1/18	5/1/18	6/1/18	7/1/18	8/1/18	9/1/18	10/1/18	11/1/18	12/31/18
1. Personnel												
2. Fringe Benefits												
3. Contractual Services												
4. Materials and Supplies												
5. Travel												
6. Other												
Subtotal	8,797,451	7,143,100	4,101,100					3,797,451	7,143,100	4,101,100		15,742,601
7. Capital Equipment												
8. Construction												
9. Information Systems												
10. Other												
Subtotal												
TOTAL	8,797,451	7,143,100	4,101,100					3,797,451	7,143,100	4,101,100		15,742,601

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SPECIAL PROVISIONS

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

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



- 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 (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



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

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.

18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

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

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

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

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

New Hampshire Department of Health and Human Services
Exhibit C



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



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. **Renewal:**
The Department reserves the right to extend this Agreement for up to three (3) additional years contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor 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

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.

Vendor Name: Community Health Access Network

12/13/2018
Date

Joan M Tulk
Name: Joan M. Tulk
Title: Executive Director



CERTIFICATION REGARDING LOBBYING

The Vendor 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.

Vendor Name: Community Health Access Network

12/13/2018
Date

Joan M. Tulk
Name: Joan M. Tulk
Title: Executive Director



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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 (1)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
- 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Vendor Name: Community Health Access Network

12/13/2018
Date

Joan M. Tulk
Name: Joan M. Tulk
Title: Executive Director



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

The Vendor 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:

Vendor 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

Vendor Initials

JT

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

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 Vendor 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 Vendor agrees to comply with the provisions indicated above.

Vendor Name: Community Health Access Network

12/13/2018
Date

Juan M. Tulk
Name: Juan M. Tulk
Title: Executive Director

Exhibit G

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

Vendor Initials JT



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 Vendor 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 Vendor 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.

Vendor Name: Community Health Access Network

12/13/2018
Date

Joan M. Tulk
Name: Joan M. Tulk
Title: Executive Director



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Vendor 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 Vendor and subcontractors and agents of the Vendor 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.



Exhibit I

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

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

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



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



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



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.



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

The State

[Handwritten Signature]

Signature of Authorized Representative

LISA MORRIS

Name of Authorized Representative

DIRECTOR, DPHS

Title of Authorized Representative

12/28/18

Date

Community Health Access Network

Name of the Vendor

[Handwritten Signature]

Signature of Authorized Representative

Joan M. Tulk

Name of Authorized Representative

Executive Director

Title of Authorized Representative

12/13/2018

Date



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 Vendor 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 Vendor 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.

Vendor Name: Community Health Access Network

12/13/2018
Date

Joan M. Tulk
Name: Joan M. Tulk
Title: Executive Director

New Hampshire Department of Health and Human Services
Exhibit J



FORM A

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

1. The DUNS number for your entity is: 133 570 395
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

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

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

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

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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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

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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

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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

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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.).

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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

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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 additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. 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, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

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 contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov