



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF LONG TERM SUPPORTS AND SERVICES

BUREAU OF ELDERLY AND ADULT SERVICES

Jeffrey A. Meyers  
Commissioner

Christine Santaniello  
Director

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March 18, 2019

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Office of Human Services, to **retroactively** amend and exercise a renewal option to an existing agreement with the vendor listed below in bold for the provision of the ServiceLink Resource Center programs by increasing the price limitation by \$483,483 from \$8,029,367.28 to an amount not to exceed \$8,512,850.28 and by extending the completion date from June 30, 2019 to June 30, 2020, effective retroactive to January 1, 2019 upon Governor and Executive Council approval. 58% Federal Funds, 42% General Funds.

This agreement was originally approved by Governor and Executive Council on December 21, 2016 (Item #14-Vote 5-0) and amended on June 20, 2018 (Item #44F – Vote 5-0)

Vendor Name	Vendor Number	Location	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
<b>Behavioral Health &amp; Developmental Services of Strafford County, Inc. dba Community Partners of Strafford County</b>	<b>177278</b>	<b>Rochester, NH</b>	<b>\$587,377.16</b>	<b>\$483,483</b>	<b>\$1,070,860.16</b>
Community Action Program Belknap and Merrimack Counties, Inc.	177203	Concord, NH	\$870,786.25	\$0.00	\$870,786.25
Crotched Mountain Community Care, Inc.	177293	Portsmouth and Atkinson, NH	\$1,433,441.23	\$0.00	\$1,433,441.23
Easter Seals New Hampshire, Inc.	177204	Manchester and Nashua, NH	\$1,077,352.21	\$0.00	\$1,077,352.21
Grafton County Senior Citizens Council, Inc.	177675	Lebanon and Littleton, NH	\$865,101.39	\$0.00	\$865,101.39
Lakes Region Partnership for Public Health, Inc.	165635	Laconia and Tamworth, NH	\$1,170,924.42	\$0.00	\$1,170,924.42

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Monadnock Collaborative	159303	Keene and Claremont, NH	\$1,517,076.05	\$0.00	\$1,517,076.05
Tri-County Community Action Program, Inc.	177195	Berlin, NH	\$507,308.57	\$0.00	\$507,308.57
<b>TOTAL:</b>			<b>\$8,029,367.28</b>	<b>\$483,483</b>	<b>\$8,512,850.28</b>

Funds to support this request are available in State Fiscal Year 2019 and are anticipated to be available in State Fiscal Year 2020 upon the availability and continued appropriation of funds in the future operating budget.

**FISCAL DETAILS ATTACHED**

**EXPLANATION**

This request is **retroactive** because the Department needed to receive Medicaid funding approval prior to moving forward with the implementation of the amendment. Medicaid funding approval was not received until February 15<sup>th</sup>, 2019.

The purpose of this request is to continue offering access to information and support on a full range of long-term support service options. The Contractor is one of NH's Aging & Disability Resource Centers, ServiceLink, which serves as a single point of entry for Medicaid and Medicare long-term support programs.

The ServiceLink program includes:

- Information, Referral and Assistance support;
- Person Centered Options Counseling;
- Assistance with understanding and accessing Medicare through the State Health Insurance and Assistance Program;
- Senior Medicare Patrol;
- Medicare Improvements for Patients and Providers Act program;
- Veterans Directed Care Program; and
- Medicare Comparison and Training.

The Contractor continues to demonstrate the ability to carry out the mission and vision of ServiceLink and national Aging & Disability Resource Center model as a core partner of the No Wrong Door system of access, which for NH, is NHCarePath. The Contractor continues to meet all federal and state reporting requirements and the scope of services outlined within their contract.

This contract is being amended prior to the other ServiceLink contracts, because funding was added to SFY 2019 to secure two (2) full time Eligibility Coordinators, who work to streamline access for clients who are involved in our NHCarePath system.

The contractors listed above provide services through the ServiceLink program, which includes the provision of information, referral to assistance; person-centered Options Counseling; assistance

with understanding and accessing Medicare through the State Health Insurance and Assistance Program; Senior Medicare Patrol Services; Medicare Improvements for Patients and Providers Act program; and Veterans Directed and Community Based Program.

The contractors utilize the No Wrong Door and Person Centered Option Counseling models to operate as full service access points for individuals in New Hampshire so they can experience a streamlined process for eligibility screening, determination, options counseling and program enrollment. Additionally, the contractors follow standardized processes established by the Department to ensure individuals accessing the system experience the same process and receive the same information about publicly funded Long Term Services and Supports through any of the ServiceLink access point locations.

Based on the previous years' data, it is anticipated that ServiceLinks across NH will provide approximately 105,214 information and assistance referrals with New Hampshire residents from October 1, 2018 through September 30, 2019. Also, in calendar year 2018, ServiceLink Offices throughout NH made contact with and provided support to 34,481 unduplicated clients, statewide. It is anticipated that ServiceLink offices across NH will see an increase in the amount of information and assistance referrals made throughout NH and also will have an increase in the amount of unduplicated clients served statewide.

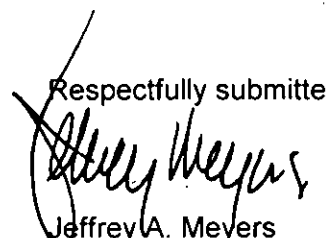
Should the Governor and Executive Council not approve this request, there may be an increase in hospital and nursing home admissions as individuals would not have access to the information on community based options and the ways to access these options, which would increase Medicaid costs. Also, there would no longer be Eligibility Coordinators who currently collaborate with ServiceLink and other NHCarePath partners to help guide and support potentially eligible individuals through the eligibility and enrollment process for Medicaid-funded Long Term Community-Based Supports and Services (LTCSS) and make referrals to available community supported programs and manage and inform on data collected.

Area Served: Statewide

Source of Funds: 58% Federal Funds and 42% General Funds from the United States Department of Health and Human Services, Centers for Medicare and Medicaid, Administration for Children and Families, and Administration for Community Living.

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

Respectfully submitted,



Jeffrey A. Meyers  
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET  
SFY17 Q3-Q4, SFY 2018, SFY 2019 & SFY20**

**05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT  
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500734	Contracts for Program Services	2017	\$12,345.32	\$0.00	\$12,345.32
102-500734	Contracts for Program Services	2018	\$280,799.45	\$0.00	\$280,799.45
545-500387	I & R Contracts	2018	\$15,685.18	\$0.00	\$15,685.18
570-500928	Family Caregiver	2018	\$54,000.00	\$0.00	\$54,000.00
102-500734	Contracts for Program Services	2019	\$265,995.95	\$0.00	\$265,995.95
545-500387	I & R Contracts	2019	\$15,685.16	\$0.00	\$15,685.16
570-500928	Family Caregiver	2019	\$54,000.00	\$0.00	\$54,000.00
102-500734	Contracts for Program Services	2020	\$0.00	\$0.00	\$0.00
545-500387	I & R Contracts	2020	\$0.00	\$0.00	\$0.00
570-500928	Family Caregiver	2020	\$0.00	\$0.00	\$0.00
		<b>Subtotal</b>	<b>\$698,511.06</b>	<b>\$0.00</b>	<b>\$698,511.06</b>

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500734	Contracts for Program Services	2017	\$8,665.47	\$0.00	\$8,665.47
102-500734	Contracts for Program Services	2018	\$198,575.17	\$0.00	\$198,575.17
545-500387	I & R Contracts	2018	\$11,009.79	\$0.00	\$11,009.79
570-500928	Family Caregiver	2018	\$27,000.00	\$0.00	\$27,000.00
102-500734	Contracts for Program Services	2019	\$187,548.12	\$0.00	\$187,548.12
545-500387	I & R Contracts	2019	\$11,009.80	\$0.00	\$11,009.80
570-500928	Family Caregiver	2019	\$27,000.00	\$0.00	\$27,000.00
102-500734	Contracts for Program Services	2020	\$0.00	\$182,718.00	\$182,718.00
545-500387	I & R Contracts	2020	\$0.00	\$11,010.00	\$11,010.00
570-500928	Family Caregiver	2020	\$0.00	\$27,000.00	\$27,000.00
		<b>Subtotal</b>	<b>\$470,808.35</b>	<b>\$220,728.00</b>	<b>\$691,536.35</b>

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500734	Contracts for Program Services	2017	\$20,773.35	\$0.00	\$20,773.35
102-500734	Contracts for Program Services	2018	\$483,324.51	\$0.00	\$483,324.51
545-500387	I & R Contracts	2018	\$26,393.33	\$0.00	\$26,393.33
570-500928	Family Caregiver	2018	\$67,000.00	\$0.00	\$67,000.00
102-500734	Contracts for Program Services	2019	\$457,796.23	\$0.00	\$457,796.23
545-500387	I & R Contracts	2019	\$26,393.32	\$0.00	\$26,393.32
570-500928	Family Caregiver	2019	\$67,000.00	\$0.00	\$67,000.00
102-500734	Contracts for Program Services	2020	\$0.00	\$0.00	\$0.00
545-500387	I & R Contracts	2020	\$0.00	\$0.00	\$0.00
570-500928	Family Caregiver	2020	\$0.00	\$0.00	\$0.00
		<b>Subtotal</b>	<b>\$1,148,680.74</b>	<b>\$0.00</b>	<b>\$1,148,680.74</b>

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500734	Contracts for Program Services	2017	\$12,760.79	\$0.00	\$12,760.79
102-500734	Contracts for Program Services	2018	\$354,647.07	\$0.00	\$354,647.07
545-500387	I & R Contracts	2018	\$16,213.04	\$0.00	\$16,213.04
570-500928	Family Caregiver	2018	\$54,000.00	\$0.00	\$54,000.00
102-500734	Contracts for Program Services	2019	\$337,386.92	\$0.00	\$337,386.92
545-500387	I & R Contracts	2019	\$16,213.04	\$0.00	\$16,213.04
570-500928	Family Caregiver	2019	\$54,000.00	\$0.00	\$54,000.00
102-500734	Contracts for Program Services	2020	\$0.00	\$0.00	\$0.00
545-500387	I & R Contracts	2020	\$0.00	\$0.00	\$0.00
570-500928	Family Caregiver	2020	\$0.00	\$0.00	\$0.00
		<b>Subtotal</b>	<b>\$845,220.86</b>	<b>\$0.00</b>	<b>\$845,220.86</b>

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500734	Contracts for Program Services	2017	\$13,888.49	\$0.00	\$13,888.49
102-500734	Contracts for Program Services	2018	\$291,106.45	\$0.00	\$291,106.45
545-500387	I & R Contracts	2018	\$17,645.82	\$0.00	\$17,645.82
570-500928	Family Caregiver	2018	\$40,500.00	\$0.00	\$40,500.00
102-500734	Contracts for Program Services	2019	\$275,654.26	\$0.00	\$275,654.26
545-500387	I & R Contracts	2019	\$17,645.84	\$0.00	\$17,645.84
570-500928	Family Caregiver	2019	\$40,500.00	\$0.00	\$40,500.00
102-500734	Contracts for Program Services	2020	\$0.00	\$0.00	\$0.00
545-500387	I & R Contracts	2020	\$0.00	\$0.00	\$0.00
570-500928	Family Caregiver	2020	\$0.00	\$0.00	\$0.00
		<b>Subtotal</b>	<b>\$696,940.86</b>	<b>\$0.00</b>	<b>\$696,940.86</b>

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500734	Contracts for Program Services	2017	\$17,093.52	\$0.00	\$17,093.52
102-500734	Contracts for Program Services	2018	\$369,028.10	\$0.00	\$369,028.10
545-500387	I & R Contracts	2018	\$21,717.93	\$0.00	\$21,717.93
570-500928	Family Caregiver	2018	\$81,000.00	\$0.00	\$81,000.00
102-500734	Contracts for Program Services	2019	\$350,362.72	\$0.00	\$350,362.72
545-500387	I & R Contracts	2019	\$21,717.92	\$0.00	\$21,717.92
570-500928	Family Caregiver	2019	\$81,000.00	\$0.00	\$81,000.00
102-500734	Contracts for Program Services	2020	\$0.00	\$0.00	\$0.00
545-500387	I & R Contracts	2020	\$0.00	\$0.00	\$0.00
570-500928	Family Caregiver	2020	\$0.00	\$0.00	\$0.00
		<b>Subtotal</b>	<b>\$941,920.19</b>	<b>\$0.00</b>	<b>\$941,920.19</b>

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500734	Contracts for Program Services	2017	\$24,987.41	\$0.00	\$24,987.41
102-500734	Contracts for Program Services	2018	\$514,051.79	\$0.00	\$514,051.79
545-500387	I & R Contracts	2018	\$31,747.40	\$0.00	\$31,747.40
570-500928	Family Caregiver	2018	\$67,500.00	\$0.00	\$67,500.00
102-500734	Contracts for Program Services	2019	\$485,319.06	\$0.00	\$485,319.06
545-500387	I & R Contracts	2019	\$31,747.40	\$0.00	\$31,747.40
570-500928	Family Caregiver	2019	\$67,500.00	\$0.00	\$67,500.00
102-500734	Contracts for Program Services	2020	\$0.00	\$0.00	\$0.00
545-500387	I & R Contracts	2020	\$0.00	\$0.00	\$0.00
570-500928	Family Caregiver	2020	\$0.00	\$0.00	\$0.00
		<b>Subtotal</b>	<b>\$1,222,853.06</b>	<b>\$0.00</b>	<b>\$1,222,853.06</b>

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500734	Contracts for Program Services	2017	\$8,190.65	\$0.00	\$8,190.65
102-500734	Contracts for Program Services	2018	\$167,450.00	\$0.00	\$167,450.00
545-500387	I & R Contracts	2018	\$10,406.51	\$0.00	\$10,406.51
570-500928	Family Caregiver	2018	\$27,000.00	\$0.00	\$27,000.00
102-500734	Contracts for Program Services	2019	\$158,874.74	\$0.00	\$158,874.74
545-500387	I & R Contracts	2019	\$10,406.52	\$0.00	\$10,406.52
570-500928	Family Caregiver	2019	\$27,000.00	\$0.00	\$27,000.00
102-500734	Contracts for Program Services	2020	\$0.00	\$0.00	\$0.00
545-500387	I & R Contracts	2020	\$0.00	\$0.00	\$0.00
570-500928	Family Caregiver	2020	\$0.00	\$0.00	\$0.00
		<b>Subtotal</b>	<b>\$409,328.42</b>	<b>\$0.00</b>	<b>\$409,328.42</b>

<b>Total 9565</b>	<b>\$6,434,263.54</b>	<b>\$220,728.00</b>	<b>\$6,654,991.54</b>
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05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT  
 ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND COUNSELING  
 (50% Federal Funds; 50% General Funds)

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
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550-500398	Assessment & Counseling	2017	\$96,724.05		\$96,724.05
		Subtotal	\$96,724.05	\$0.00	\$96,724.05

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
550-500398	Assessment & Counseling	2017	\$67,892.85		\$67,892.85
		Subtotal	\$67,892.85	\$0.00	\$67,892.85

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
550-500398	Assessment & Counseling	2017	\$162,756.84		\$162,756.84
		Subtotal	\$162,756.84	\$0.00	\$162,756.84

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
550-500398	Assessment & Counseling	2017	\$99,979.19		\$99,979.19
		Subtotal	\$99,979.19	\$0.00	\$99,979.19

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
550-500398	Assessment & Counseling	2017	\$108,814.56		\$108,814.56
		Subtotal	\$108,814.56	\$0.00	\$108,814.56

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
550-500398	Assessment & Counseling	2017	\$133,925.61		\$133,925.61
		Subtotal	\$133,925.61	\$0.00	\$133,925.61

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
550-500398	Assessment & Counseling	2017	\$195,773.21		\$195,773.21
		Subtotal	\$195,773.21	\$0.00	\$195,773.21

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
550-500398	Assessment & Counseling	2017	\$64,172.69		\$64,172.69
		Subtotal	\$64,172.69	\$0.00	\$64,172.69

<b>Total 6180</b>			<b>\$930,039.00</b>	<b>\$0.00</b>	<b>\$930,039.00</b>
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05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT  
(46% Federal Funds; 54% General Funds)

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
545-500387	I & R Contracts	2017	\$8,017.46		\$8,017.46
		Subtotal	\$8,017.46	\$0.00	\$8,017.46

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
545-500387	I & R Contracts	2017	\$5,627.64		\$5,627.64
		Subtotal	\$5,627.64	\$0.00	\$5,627.64

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
545-500387	I & R Contracts	2017	\$13,490.93		\$13,490.93
		Subtotal	\$13,490.93	\$0.00	\$13,490.93

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
545-500387	I & R Contracts	2017	\$8,287.28		\$8,287.28
		Subtotal	\$8,287.28	\$0.00	\$8,287.28

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
545-500387	I & R Contracts	2017	\$9,019.65		\$9,019.65
		Subtotal	\$9,019.65	\$0.00	\$9,019.65

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
545-500387	I & R Contracts	2017	\$11,101.11		\$11,101.11
		Subtotal	\$11,101.11	\$0.00	\$11,101.11

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
545-500387	I & R Contracts	2017	\$16,227.65		\$16,227.65
		Subtotal	\$16,227.65	\$0.00	\$16,227.65

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
545-500387	I & R Contracts	2017	\$5,319.28		\$5,319.28
		Subtotal	\$5,319.28	\$0.00	\$5,319.28

Total 9255	\$77,091.00	\$0.00	\$77,091.00
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05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, IHHS: ELDERLY AND ADULT ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS (86% Federal Funds; 14% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
570-500928	Family Caregiver	2017	\$27,000.00		\$27,000.00
		Subtotal	\$27,000.00	\$0.00	\$27,000.00

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
570-500928	Family Caregiver	2017	\$13,500.00		\$13,500.00
		Subtotal	\$13,500.00	\$0.00	\$13,500.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
570-500928	Family Caregiver	2017	\$33,500.00		\$33,500.00
		Subtotal	\$33,500.00	\$0.00	\$33,500.00

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
072-500575	Grants - Federal	2017	\$15,000.00		\$15,000.00
570-500928	Family Caregiver	2017	\$27,000.00		\$27,000.00
		Subtotal	\$42,000.00	\$0.00	\$42,000.00

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
570-500928	Family Caregiver	2017	\$20,250.00		\$20,250.00

		<b>Subtotal</b>	<b>\$20,250.00</b>	<b>\$0.00</b>	<b>\$20,250.00</b>
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**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
570-500928	Family Caregiver	2017	\$40,500.00		\$40,500.00
		<b>Subtotal</b>	<b>\$40,500.00</b>	<b>\$0.00</b>	<b>\$40,500.00</b>

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
570-500928	Family Caregiver	2017	\$33,750.00		\$33,750.00
		<b>Subtotal</b>	<b>\$33,750.00</b>	<b>\$0.00</b>	<b>\$33,750.00</b>

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
570-500928	Family Caregiver	2017	\$13,500.00		\$13,500.00
		<b>Subtotal</b>	<b>\$13,500.00</b>	<b>\$0.00</b>	<b>\$13,500.00</b>

<b>Total 7872-072 &amp; 570</b>	<b>\$224,000.00</b>	<b>\$0.00</b>	<b>\$224,000.00</b>
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**05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS (100% Federal Funds)**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$10,245.00		\$10,245.00
		<b>Subtotal</b>	<b>\$10,245.00</b>	<b>\$0.00</b>	<b>\$10,245.00</b>

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$7,525.09		\$7,525.09
		<b>Subtotal</b>	<b>\$7,525.09</b>	<b>\$0.00</b>	<b>\$7,525.09</b>

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$19,311.38		\$19,311.38
		<b>Subtotal</b>	<b>\$19,311.38</b>	<b>\$0.00</b>	<b>\$19,311.38</b>

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$22,756.60		\$22,756.60
		<b>Subtotal</b>	<b>\$22,756.60</b>	<b>\$0.00</b>	<b>\$22,756.60</b>

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$6,799.78		\$6,799.78
		<b>Subtotal</b>	<b>\$6,799.78</b>	<b>\$0.00</b>	<b>\$6,799.78</b>

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$10,335.67		\$10,335.67
		<b>Subtotal</b>	<b>\$10,335.67</b>	<b>\$0.00</b>	<b>\$10,335.67</b>

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$10,517.00		\$10,517.00
		<b>Subtotal</b>	<b>\$10,517.00</b>	<b>\$0.00</b>	<b>\$10,517.00</b>



**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$3,173.23		\$3,173.23
		<b>Subtotal</b>	\$3,173.23	\$0.00	\$3,173.23

<b>Total 8925</b>	<b>\$90,663.75</b>	<b>\$0.00</b>	<b>\$90,663.75</b>
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05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - SMPP  
(75% Federal Funds; 25% General Funds)

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$19,010.74		\$19,010.74
		<b>Subtotal</b>	\$19,010.74	\$0.00	\$19,010.74

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$13,739.44		\$13,739.44
		<b>Subtotal</b>	\$13,739.44	\$0.00	\$13,739.44

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$34,442.87		\$34,442.87
		<b>Subtotal</b>	\$34,442.87	\$0.00	\$34,442.87

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$34,057.30		\$34,057.30
		<b>Subtotal</b>	\$34,057.30	\$0.00	\$34,057.30

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$15,791.19		\$15,791.19
		<b>Subtotal</b>	\$15,791.19	\$0.00	\$15,791.19

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$21,764.10		\$21,764.10
		<b>Subtotal</b>	\$21,764.10	\$0.00	\$21,764.10

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$26,377.78		\$26,377.78
		<b>Subtotal</b>	\$26,377.78	\$0.00	\$26,377.78

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$8,321.78		\$8,321.78
		<b>Subtotal</b>	\$8,321.78	\$0.00	\$8,321.78

<b>Total 3317 SMPP</b>	<b>\$173,505.20</b>	<b>\$0.00</b>	<b>\$173,505.20</b>
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05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - MIPPA  
(100% Federal Funds)

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$11,277.94		\$11,277.94
		Subtotal	\$11,277.94	\$0.00	\$11,277.94

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$8,283.79		\$8,283.79
		Subtotal	\$8,283.79	\$0.00	\$8,283.79

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$21,258.47		\$21,258.47
		Subtotal	\$21,258.47	\$0.00	\$21,258.47

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$25,050.98		\$25,050.98
		Subtotal	\$25,050.98	\$0.00	\$25,050.98

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$7,485.35		\$7,485.35
		Subtotal	\$7,485.35	\$0.00	\$7,485.35

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$11,377.74		\$11,377.74
		Subtotal	\$11,377.74	\$0.00	\$11,377.74

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$11,577.35		\$11,577.35
		Subtotal	\$11,577.35	\$0.00	\$11,577.35

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$3,493.17		\$3,493.17
		Subtotal	\$3,493.17	\$0.00	\$3,493.17

<b>Total 8888</b>			\$99,804.79	\$0.00	\$99,804.79
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05-95-48-481010-8920 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MONEY FOLLOWS THE PERSON  
(100% Federal Funds)

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500734	Contracts for Program Services	2019		\$87,585.00	\$87,585.00
102-500734	Contracts for Program Services	2020		\$175,170.00	\$175,170.00
		Subtotal	\$0.00	\$262,755.00	\$262,755.00

<b>Total 8920</b>			\$0.00	\$262,755.00	\$262,755.00
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**Summary by Vendor by Year**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
		2017	\$184,620.51	\$0.00	\$184,620.51

		2018	\$350,484.63	\$0.00	\$350,484.63
		2019	\$335,681.11	\$0.00	\$335,681.11
		2020	\$0.00	\$0.00	\$0.00
		Subtotal	\$870,786.25	\$0.00	\$870,786.25

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
		2017	\$125,234.28	\$0.00	\$125,234.28
		2018	\$236,584.96	\$0.00	\$236,584.96
		2019	\$225,557.92	\$87,585.00	\$313,142.92
		2020	\$0.00	\$395,898.00	\$395,898.00
		Subtotal	\$587,377.16	\$483,483.00	\$1,070,860.16

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
		2017	\$305,533.84	\$0.00	\$305,533.84
		2018	\$576,717.84	\$0.00	\$576,717.84
		2019	\$551,189.55	\$0.00	\$551,189.55
		2020	\$0.00	\$0.00	\$0.00
		Subtotal	\$1,433,441.23	\$0.00	\$1,433,441.23

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
		2017	\$244,892.14	\$0.00	\$244,892.14
		2018	\$424,860.11	\$0.00	\$424,860.11
		2019	\$407,599.96	\$0.00	\$407,599.96
		2020	\$0.00	\$0.00	\$0.00
		Subtotal	\$1,077,352.21	\$0.00	\$1,077,352.21

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
		2017	\$182,049.02	\$0.00	\$182,049.02
		2018	\$349,252.27	\$0.00	\$349,252.27
		2019	\$333,800.10	\$0.00	\$333,800.10
		2020	\$0.00	\$0.00	\$0.00
		Subtotal	\$865,101.39	\$0.00	\$865,101.39

**Lakes Region Partnership for Public Health (Vendor # 165635)**

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
		2017	\$246,097.75	\$0.00	\$246,097.75
		2018	\$471,746.03	\$0.00	\$471,746.03
		2019	\$453,080.64	\$0.00	\$453,080.64
		2020	\$0.00	\$0.00	\$0.00
		Subtotal	\$1,170,924.42	\$0.00	\$1,170,924.42

**Monadnock Collaborative (Vendor # 159303)**

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
		2017	\$319,210.40	\$0.00	\$319,210.40
		2018	\$613,299.19	\$0.00	\$613,299.19
		2019	\$584,566.46	\$0.00	\$584,566.46
		2020	\$0.00	\$0.00	\$0.00
		Subtotal	\$1,517,076.05	\$0.00	\$1,517,076.05

**Tri County Community Action Program, Inc. (Vendor # 177195)**

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
		2017	\$106,170.80	\$0.00	\$106,170.80
		2018	\$204,856.51	\$0.00	\$204,856.51
		2019	\$196,281.26	\$0.00	\$196,281.26
		2020	\$0.00	\$0.00	\$0.00
		Subtotal	\$507,308.57	\$0.00	\$507,308.57

Grand Total SFY17	2017	\$1,713,808.74	\$0.00	\$1,713,808.74
Grand Total SFY18	2018	\$3,227,801.54	\$0.00	\$3,227,801.54
Grand Total SFY19	2019	\$3,087,757.00	\$87,585.00	\$3,175,342.00
Grand Total SFY20	2020	\$0.00	\$395,898.00	\$395,898.00
Total Contract		\$8,029,367.28	\$483,483.00	\$8,512,850.28

ACCOUNTING UNIT SUMMARY

05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT  
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500734	Contracts for Program Services	2017	\$118,705.00	\$0.00	\$118,705.00
102-500734	Contracts for Program Services	2018	\$2,658,982.54	\$0.00	\$2,658,982.54
545-500387	I & R Contracts	2018	\$150,819.00	\$0.00	\$150,819.00
570-500928	Family Caregiver	2018	\$418,000.00	\$0.00	\$418,000.00
102-500734	Contracts for Program Services	2019	\$2,518,938.00	\$0.00	\$2,518,938.00
545-500387	I & R Contracts	2019	\$150,819.00	\$0.00	\$150,819.00
570-500928	Family Caregiver	2019	\$418,000.00	\$0.00	\$418,000.00
102-500734	Contracts for Program Services	2020	\$0.00	\$182,718.00	\$182,718.00
545-500387	I & R Contracts	2020	\$0.00	\$11,010.00	\$11,010.00
570-500928	Family Caregiver	2020	\$0.00	\$27,000.00	\$27,000.00
		Subtotal	\$6,434,263.54	\$220,728.00	\$6,654,991.54

05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT  
ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND COUNSELING  
(50% Federal Funds; 50% General Funds)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
550-500398	Assessment & Counseling	2017	\$930,039.00	\$0.00	\$930,039.00
		Subtotal	\$930,039.00	\$0.00	\$930,039.00

05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT  
(46% Federal Funds; 54% General Funds)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
545-500387	I & R Contracts	2017	\$77,091.00	\$0.00	\$77,091.00
		Subtotal	\$77,091.00	\$0.00	\$77,091.00

05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS  
(86% Federal Funds; 14% General Funds)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
072-500575	Grants - Federal	2017	\$15,000.00		\$15,000.00
570-500928	Family Caregiver	2017	\$209,000.00		\$209,000.00
		Subtotal	\$224,000.00	\$0.00	\$224,000.00

05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS  
(100% Federal Funds)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$90,663.75		\$90,663.75
		Subtotal	\$90,663.75	\$0.00	\$90,663.75

05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - SMPP  
(75% Federal Funds; 25% General Funds)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$173,505.20		\$173,505.20
		Subtotal	\$173,505.20	\$0.00	\$173,505.20

05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, IHHS:  
 ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - MIPPA  
 (100% Federal Funds)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$99,804.79		\$99,804.79
		Subtotal	\$99,804.79	\$0.00	\$99,804.79

05-95-48-481010-8920 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, IHHS:  
 ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MONEY FOLLOWS THE PERSON  
 (100% Federal Funds)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
102-500734	Contracts for Program Services	2019		\$87,585.00	\$87,585.00
102-500734	Contracts for Program Services	2020		\$175,170.00	\$175,170.00
		Subtotal	\$0.00	\$262,755.00	\$262,755.00

Grand Total SFY17	2017	\$1,713,808.74	\$0.00	\$1,713,808.74
Grand Total SFY18	2018	\$3,227,801.54	\$0.00	\$3,227,801.54
Grand Total SFY19	2019	\$3,087,757.00	\$87,585.00	\$3,175,342.00
Grand Total SFY20	2020	\$0.00	\$395,898.00	\$395,898.00
Total Contract		\$8,029,367.28	\$483,483.00	\$8,512,850.28



**NH Department of Health & Human Services**  
**ServiceLink Resource Center**

**State of New Hampshire**  
**Department of Health and Human Services**  
**Amendment #2 to the ServiceLink Resource Center Contract**

This 2<sup>nd</sup> Amendment to the ServiceLink Resource Center contract (hereinafter referred to as "Amendment #2") dated this 27<sup>th</sup> day of November 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Behavioral Health & Development Services of Strafford County, Inc. dba Community Partners of Strafford County, (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 113 Crosby Road, Dover, NH 03820.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 21, 2016 (Item #14), and amended on June 20, 2018 (Item #44F) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the parties agree to extend the term of the agreement and 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, 2020.
1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$1,070,860.16.
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:  
Nathan D. White, Director.
3. Form P-37, General Provisions, Block 1.10 State Agency Telephone Number, to read:  
(603) 271-9631.
4. Delete Exhibit A, Scope of Services, and replace with Exhibit A, Amendment #2, Scope of Services.
5. Delete Exhibit B, Methods and Conditions Precedent to Payment, Section 3, in its entirety and replace with the following:
  3. Payment for expenses shall be on a cost reimbursement basis only for actual expenditures. Expenditures shall be in accordance with the approved line item budgets shown in Exhibits B-1, B-2 Amendment #1, B-3 Amendment #2 and Exhibit B-4, Amendment #2.
6. Delete Exhibit B-3, Amendment #1 and replace with Exhibit B-3, Amendment #2.
7. Add Exhibit B-4, Budget Sheet, Amendment #2.

K.B.  
2/22/19



NH Department of Health & Human Services  
ServiceLink Resource Center

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

3/19/19  
Date

*Christine Tappan*  
Christine Tappan  
Associate Commissioner

Behavioral Health & Development Services of  
Strafford County, Inc.

2/20/19  
Date

*Kathleen Boisclair*  
NAME Kathleen Boisclair  
TITLE President

Acknowledgement:

State of New Hampshire, County of Strafford on February 20, 2019 before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

*Darlene E Moore Notary Public*  
Name and Title of Notary or Justice of the Peace  
*Darlene E, Moore*






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

OFFICE OF THE ATTORNEY GENERAL

3/20/2019  
Date

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

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

OFFICE OF THE SECRETARY OF STATE

\_\_\_\_\_  
Date

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





## Scope of Services

### 1. Provisions Applicable to All Services

- 1.1. 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 as to achieve compliance therewith.
- 1.2. The Contractor shall serve as a New Hampshire ServiceLink Contractor to provide long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.
- 1.3. The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long-term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community Long Term Support Service (LTSS) options.
- 1.4. The Contractor shall develop and implement a locally based Quality Assurance and Continuous Improvement Plan to ensure ServiceLink services are of high quality, meet the needs of individuals, are sustained throughout the geographic service and produce measurable results.
- 1.5. The Contractor shall utilize the Refer 7 database to support all business functions related to the Scope of Services as designated by the Department.
- 1.6. The Contractor shall maintain a wait list when funding or resources are not available to provide the requested services for care recipients who are newly eligible and are ready to receive services.

### 2. Scope of Services

#### 2.1. ServiceLink Administrative Requirements

- 2.1.1. The Contractor shall adhere to ServiceLink administrative requirements, standards of practice approached, and methods of services. The Contractor shall:
  - 2.1.1.1. Operate as an independent program. All marketing materials written/verbal shall be approved by the Department before public release.
  - 2.1.1.2. Provide a minimum of forty (40) hours of operation per week. Hours of operation shall include weekend and evening coverage.



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- 2.1.1.3. Ensure ServiceLink Resource Centers operational and program requirements are met.
- 2.1.2. The Contractor shall occupy independent office space which meets the following requirements:
  - 2.1.2.1. Located in easily accessible areas.
  - 2.1.2.2. Provide sufficient space which shall include:
    - 2.1.2.2.1. Adequate office space to accommodate staff, volunteers, visitors, and supplies necessary to meet the scope of services;
    - 2.1.2.2.2. A confidential meeting rooms to accommodate a minimum of three (3) individuals;
    - 2.1.2.2.3. Barrier-free/handicap access;
    - 2.1.2.2.4. Ensure the facility meets all state and local rules and ordinances; and
    - 2.1.2.2.5. Appropriate space, supplies and access to equipment for outside team members such as the Division of Client Services (DCS) staff and the NH State Office of Veterans Services.
  - 2.1.2.3. Display a visible, Department approved "ServiceLink Aging and Disability Center" sign on the exterior of the building.
  - 2.1.2.4. Assume responsibility for all costs associated with establishing and operating phone/fax lines including necessary equipment which shall include:
    - 2.1.2.4.1. Operate a minimum of 3 phone numbers/lines and 1 fax line;
    - 2.1.2.4.2. Configure one main phone line (Line #1) to route to the national toll-free ServiceLink program number;
    - 2.1.2.4.3. Configure phone system(s) to allow for individual voicemail capabilities for each staff person; and
    - 2.1.2.4.4. Work with the Department to ensure consistent phone numbers are available to the public, and assume responsibility for existing phone numbers as appropriate.
- 2.1.3. The Contractor shall collaborate with stakeholders in the design, implementation, ongoing administration and evaluation which shall include:
  - 2.1.3.1. Develop a formal process to involve stakeholders in the ongoing development and implementation the program.
  - 2.1.3.2. Develop partnerships with other NHCarePath Partners.
  - 2.1.3.3. Assist with coordination of quarterly NHCarePath Regional Partner meetings within the region.
  - 2.1.3.4. Develop communications with NHCarePath referral sources, including but not limited to; State or regional hospital, senior centers, physician practices, home health agencies, community mental health centers, municipal health and welfare, Brain Injury Associations, Centers for Independent Living, Departments of



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Veteran Affairs, Adult Protective Services, information and referral/2-1-1 programs, Regional Public Health Networks, and other community-based organizations.

- 2.1.3.5. Collaborate with Assistive Technology in New Hampshire (ATinNH) to improve assistive technology for individuals with disabilities and their families as follows:
  - 2.1.3.5.1. Explore possible benefits and needs for assistive technology devices.
  - 2.1.3.5.2. Provide devices for demonstration and loan to clients in order to maximize the client's independence.
  - 2.1.3.5.3. Train clients on assistive technology and provide technical assistance.
  - 2.1.3.5.4. Demonstrate appropriate equipment and document outcome.
  - 2.1.3.5.5. Document follow-up conversations with clients regarding appropriateness of device.
- 2.1.3.6. Participate in strategic planning of the Department's No Wrong Door (NWD) approach.
- 2.1.3.7. Collaborate with partners, stakeholders and other local and regional initiatives that provide and inform healthcare reform and social determinants of health.
- 2.1.3.8. Revise or modify deliverables and work plan in order to meet primary objectives defined by federal grantors and state initiatives.

**2.2. Required Services**

- 2.2.1. The Contractor shall provide Consumer Information, Referral and Counseling Services with the person centered planning approach which shall include:
  - 2.2.1.1. Develop and maintain an Information and Referral/Assistance (I&R/A) Plan which describes systematic processes.
  - 2.2.1.2. Assist clients with appropriate services and supports through referrals to agencies and organizations.
  - 2.2.1.3. Maintain appropriate records of client contact as well as follow-up contacts in accordance with the policy and procedures of the Refer 7.5 Manual.
  - 2.2.1.4. Comply with the Alliance of Information and Referral Standards (AIRS).
  - 2.2.1.5. Provide accurate up-to-date information to clients through the use of the Refer 7 database.
  - 2.2.1.6. Provide Refer 7 Administration with updated accurate agency information which complies with the established inclusion/exclusion policies in the Refer 7.5 manual.



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- 2.2.1.7. Ensure staff attends outreach and education trainings as directed by the Department.
- 2.2.1.8. Ensure that staff is appropriately trained in safeguarding the confidentiality of all clients as required by state and federal laws.
- 2.2.1.9. Conduct Person-Centered Options Counseling in accordance with the federal NWD System guidelines, Section III.
- 2.2.2. The Contractor shall assist individuals using standardized process to determine eligibility for all LTSS programs. The Contractor shall:
  - 2.2.2.1. Follow the processes to access LTSS in accordance with Department policies.
  - 2.2.2.2. Determine eligibility in accordance with Person-Centered Options Counseling protocols and procedures which shall include:
    - 2.2.2.2.1. Assist individuals to determine appropriate payment and delivery of services.
    - 2.2.2.2.2. Provide individuals with financial assessment, if applicable.
    - 2.2.2.2.3. Assist clients in accessing community-based LTSS.
    - 2.2.2.2.4. Develop processes for accessing public LTSS programs.
    - 2.2.2.2.5. Ensure completion and submission of applications and eligibility determination documents.
    - 2.2.2.2.6. Coordinate with the Department to assess and determine client's eligibility.
    - 2.2.2.2.7. Track client's eligibility status through the process of eligibility and redetermination using the Department's intake/eligibility determination systems.
    - 2.2.2.2.8. Provide appropriate access and training to staff necessary to provide services.
    - 2.2.2.2.9. Provide additional Person-Centered Options Counseling to individuals determined ineligible for LTSS.
    - 2.2.2.2.10. Participate in Department trainings regarding screening protocols which facilitate the financial eligibility process.
    - 2.2.2.2.11. Comply with the Department policies and procedures in the Medicaid eligibility determination process.
- 2.2.3. The Contractor shall increase collaboration with state and community programs serving Medicare Beneficiaries with limited income and in rural areas including, but not limited to:



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- 2.2.3.1. NH Family Caregiver Program
- 2.2.3.2. State Nutrition consultant for New Hampshire Meals on Wheels and Congregate Meals State Nutrition consultant for New Hampshire Meals on Wheels and Congregate Meals.
- 2.2.4. The Contractor shall expand outreach to specific target populations in order to establish a consistent and continuous presence in areas that include, but are not limited to:
  - 2.2.4.1. Parish Nurse.
  - 2.2.4.2. Social Security Administration.
  - 2.2.4.3. Low income housing sites.
  - 2.2.4.4. Senior centers.
- 2.2.5. The Contractor shall provide Family Caregiver Support Program services, which includes, but is not limited to:
  - 2.2.5.1. Providing staffing according to Section 5, Staffing, Subsection 5.7, Paragraph 5.7.1.
  - 2.2.5.2. Ensuring staff has appropriate knowledge of community resources.
  - 2.2.5.3. Providing information, assistance and Person-Centered Options Counseling to caregivers.
  - 2.2.5.4. Providing appropriate referrals and assist with access to community resources.
  - 2.2.5.5. Providing appropriate training to staff on all Family Caregiver Support Program services, policies and procedures.
  - 2.2.5.6. Conducting assessments and assist in determining eligibility for respite and/or supplemental services.
  - 2.2.5.7. Providing copies of approved service plans and budgets to the Department's Financial Management Contractor.
  - 2.2.5.8. Complying with the Department's fiscal management policies and procedures for bill paying and employer of record services.
  - 2.2.5.9. Providing adequate staff for assessment and ongoing home visits.
  - 2.2.5.10. Ensuring a minimum of one (1) staff member is trained as a class leader in evidence-based curriculum Powerful Tools for Caregivers (PTC) or a minimum of two (2) individuals in each geographic area are trained in the PTC curriculum.
  - 2.2.5.11. Coordinating a minimum of one (1) six-week session of Powerful Tools for Caregiver Training to a minimum of ten (10) caregivers.
  - 2.2.5.12. Facilitating a caregiver support group as needed.
  - 2.2.5.13. Collaborating with other caregiver support service agencies within the geographic area.



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- 2.2.5.14. Ensuring staff attends the Department's Family Caregiver Support Program meetings.
- 2.2.5.15. Providing a minimum of six (6) formal outreach activities and/or presentations to community partners specifically targeted to the informal caregiver population.
- 2.2.5.16. Monitoring caregiver spending to ensure grants are spent prior to the end of each state fiscal year and in accordance with the caregiver's plan.
- 2.2.5.17. Participating in an annual program review as decided by the Department's Family Caregiver program staff.
- 2.2.6. The Contractor shall provide Veteran Directed Home and Community-Based Services (VD-Care), also known as Veterans Independence Program (VIP), which includes, but is not limited to:
  - 2.2.6.1. Complying with the Veteran Affairs Medical Center (VAMC) National VD-Care Program staffing requirements and procedures.
  - 2.2.6.2. Working in conjunction with and accepting referrals from the White River Junction Veterans Affairs Medical Center and/or the Manchester Veterans Affairs Medical Center.
  - 2.2.6.3. Establishing and maintaining an advisory board that includes representatives from veterans groups, veterans and families for the purpose of providing oversight of the VD-Care program, receiving feedback and providing ongoing continuous improvement of the program.
  - 2.2.6.4. Establishing service plans and budgets for approval by the referring VAMC.
  - 2.2.6.5. Maintaining veteran's budgets for ongoing implementation of the services by monitoring available funding and expenditures in order not to exceed the budget amount.
  - 2.2.6.6. Providing financial management services for bill paying and/or employer of record services in accordance with Department policies and procedures, directly or through a subcontract with another agency.
  - 2.2.6.7. Maintaining compliance with staff training to provide the VD-Care and to provide Financial Management Services program requirements, as applicable.
  - 2.2.6.8. Providing strictly dedicated staff at a minimum of one part time staff to assist veterans in arranging consumer-directed services and ensure an increase of FTE% to meet the needs of VD-Care caseload without impacting the minimum staffing requirements and resources for ServiceLink Core Services.
  - 2.2.6.9. Counseling veterans and their families in the use of flexible home and community-based VAMC approved services budget to meet individual needs and goals.



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- 2.2.6.10. Assisting veterans in meeting LTSS needs and identify a backup plan for support.
- 2.2.6.11. Contacting veterans referred to the VD-Care program within three (3) business days of receiving the referral from the VAMC.
- 2.2.6.12. Assisting veterans to determine the most appropriate services that will meet their needs.
- 2.2.6.13. Maintaining a minimum of ninety percent (90%) consumer satisfaction rate measured through the VAMC's facilitated quality review process.
- 2.2.6.14. Participating in continuous program quality improvement activities with the Department and/or with the VAMC to evaluate and improve the effectiveness and quality of the program and its policies and processes that include monthly VD-Care calls, VD-Care sponsored trainings and webinars.
- 2.2.6.15. Participating in VAMC program meetings.
- 2.2.6.16. Participating in trainings that aim to improve knowledge of military culture and enhance competencies required to serve veterans and families served in VD-Care.
- 2.2.7. The Contractor shall provide Medicare health insurance counseling with staff trained and certified staff through the State Health Insurance Assistance Program (SHIP). The Contractor shall:
  - 2.2.7.1. Provide staffing according to section 5.7.2 of Statement of Work;
  - 2.2.7.2. Provide personalized counseling services.
  - 2.2.7.3. Provide targeted community outreach to increase consumer understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
  - 2.2.7.4. Provide an increased counselor workforce that is trained, fully-equipped, and proficient in providing a full range of services, including enrollment assistance into appropriate benefit plans and continued enrollment assistance in Medicare prescription drug coverage.
  - 2.2.7.5. Facilitate recruitment, training, and maintenance of a network of volunteers to assist in providing services.
  - 2.2.7.6. Report accurately, and within the timeline requested by Administration for Community Living (ACL), on all efforts using the most recent ACL, or other federal entity, reporting site, forms, and guidelines. Currently; SHIP Training and Reporting System (STARS).
  - 2.2.7.7. Report accurately, and within the timeline requested, on information requested by the SHIP State Director. Currently; SHIP Progress Reports quarterly, MIPPA/Outreach Excel Report monthly.



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- 2.2.8. The Contractor shall provide Senior Medicare Patrol (SMP) services to increase community awareness and prevention of health care fraud and abuse through education, counseling, assistance and outreach for individuals with Medicare. The Contractor shall:
- 2.2.8.1. Partner with organizations to provide the use of toll-free lines, web based strategies through local and statewide media channels and educational outreach planning.
  - 2.2.8.2. Provide beneficiary education and inquiry resolution of health care of billing errors and suspected fraudulent practices by working with local and statewide resources to support expanded awareness and coverage.
  - 2.2.8.3. Collaborate with community-based providers.
  - 2.2.8.4. Conduct reporting to the Administration for Community Living (ACL) and in the SMP Information and Reporting System (SIRS) using the SMP Resource Center's resources.
  - 2.2.8.5. Report accurate activities in SIRS to meet the performance measures required by the Office of Inspector General (OIG).
  - 2.2.8.6. Provide training and education to isolated populations by providing SMP outreach materials and informational services, expanding partnerships and maintenance of a trained volunteer network.
  - 2.2.8.7. Implement the Volunteer Risk Program Management Program as developed by the SMP Resource Center and approved by the ACL.
  - 2.2.8.8. Recruit, train and maintain staff and volunteers to assist health care consumers on how to protect personal health information, detect payment errors, and report questionable Medicare billing situations.
- 2.2.9. The Contractor shall provide Transition Support Services to assist individuals in unnecessary placements into nursing homes or institutional settings. The Contractor shall:
- 2.2.9.1. Assist individuals with the transition from acute care settings into their homes/communities.
  - 2.2.9.2. Assist individuals with arranging community services and supports needed to remain at home and avoid unnecessary hospital readmissions.
  - 2.2.9.3. Assist individuals regardless of income or eligibility in avoiding unnecessary placements into nursing homes or other institutionalized settings.
  - 2.2.9.4. Assist individuals with accessing LTSS in order to transition back to the community.
  - 2.2.9.5. Provide outreach and education for facility administrators and discharge planners regarding ServiceLink and any protocols and





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- formal processes that are in place between the ServiceLink Contractors and their respective organizations.
- 2.2.9.6. Serve as a Local Contact Agency (LCA) to provide transition services for institutionalized individuals who indicate a desire to return to the community through the clinical assessment tool, MDS 3.0 Section Q.
  - 2.2.10. The Contractor shall provide Specialized Care Transition Counseling and Support services which shall include:
    - 2.2.10.1. Ensuring a subset of ServiceLink staff doing Person-Centered Counseling have the experience and skills required to successfully facilitate the transition of individuals from acute care settings back to their homes.
    - 2.2.10.2. Demonstrating development and implementation of a collaborative relationship with acute care entities that define the role of ServiceLink staff in facilitating hospital-to-home transitions for individuals with LTSS needs that include plans to:
      - 2.2.10.2.1. Implement interdisciplinary communication across acute, primary care and LTSS service providers/systems.
      - 2.2.10.2.2. Establish a process for identifying individuals and caregivers in need of transition support services.
      - 2.2.10.2.3. Develop protocols for referring individuals to the local ServiceLink Contractor for Person-Centered Options Counseling, transition support, and coordination.
      - 2.2.10.2.4. Perform consultation services for hospital staff regarding available LTSS in the community.
      - 2.2.10.2.5. Deliver regular training and in-service sessions to facility administrators and discharge planners about ServiceLink programs and any protocols and processes in place between ServiceLink and their respective organizations.
      - 2.2.10.2.6. Involve stakeholders in the quality improvement process for enhanced care transitions and coordination services.
      - 2.2.10.2.7. Engage individuals while in acute care setting to assist in transitioning to home and community based settings. This shall include facilitating the coordination of services and supports needed for transition, provide individuals with a safe and secure setting, and prevent hospital readmission.
    - 2.2.10.3. Ensuring staff performing Specialized Care Transition Counseling and Support are equipped to provide the following services:
      - 2.2.10.3.1. Participate in hospital discharge planning meetings.



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- 2.2.10.3.2. Meet with individuals and family members according to their preferences and goals for transition.
  - 2.2.10.3.3. Provide post-discharge follow up as needed, requested and appropriate in adherence to Follow-up Procedures and Protocols to assure successful transitions to home.
  - 2.2.10.3.4. Document related contacts on behalf of transitioning individuals in the Refer 7 database.
  - 2.2.10.3.5. Develop transition plans for clients and assist individuals with finding and accessing home and community-based services according to the transition plan.
  - 2.2.10.3.6. Provide intensive post-discharge follow-up for a minimum of three (3) months to assure a successful transition to include; short term case management services, problem solving assistance, referrals, and ensuring the transition plan is in place and is adequate to meet the individual's needs.
- 2.2.11. The Contractor shall deliver outreach and education services to promote ServiceLink services. The Contractor shall:
- 2.2.11.1. Submit an Outreach and Marketing Plan to the Department for review and approval within 60 days of the contract effective date which shall include;
    - 2.2.11.1.1. A focus on overall scope of services, and the process to establish ServiceLink as a highly visible and trusted place that provides, information and one-on-one counseling to assist individuals with learning about and accessing the LTSS options available in their communities.
    - 2.2.11.1.2. Consideration of all populations served, including different age groups, income levels and types of disabilities, cultural diversities, those underserved and unserved, individuals at risk of nursing home placement, family caregivers, advocates, and professionals who serve these populations and private payers who want to plan for long-term care needs.
    - 2.2.11.1.3. Strategies to assess the effectiveness of outreach and marketing activities.
    - 2.2.11.1.4. Feedback loops to monitor and modify outreach and marketing activities as needed.
  - 2.2.11.2. Partner with other ServiceLink Contractors to learn their outreach and marketing best practices.



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2.2.12. The Contractor shall provide the Medicare Program Promotion services in accordance with Medicare Improvements for Patients and Providers Act (MIPPA). The Contractor shall:

2.2.12.1. Provide public awareness regarding beneficiary eligibility for reduced Medicare cost share expenses for individuals with limited income by screening and assisting in enrollment of eligible beneficiaries in Medicare prescription drug coverage to include Low-Income Subsidy (LIS) and Medicare Savings Programs (MSP).

2.2.12.2. Provide awareness and availability of Medicare preventive services, such as wellness prevention screenings and flu shots for Medicare beneficiaries through distribution of promotional materials developed by CMS, ACL and the Department.

2.2.12.3. Implement a communications and media schedule to conduct outreach campaigns at a minimum of one (1) per month which shall include:

2.2.12.3.1. Mailing introductory letters to town offices, housing sites, home health agencies, parish nurses, public libraries, fuel assistance agencies, hospital public affairs managers, pharmacies, medical practices, and other community partners.

2.2.12.3.2. Conduct follow-up contacts.

2.2.12.3.3. Arrange face-to-face meetings to educate community partners.

2.2.12.3.4. Develop a media list for the geographic area served.

2.2.12.3.5. Prepare scripts for radio, newspapers, and public service announcements for Department approval prior to publication.

2.2.12.4. Be responsible for purchasing media in their local area.

2.2.12.5. Comply with procedures for reporting defined by the Department.

2.2.12.6. Be required to meet or exceed the following performance measures:

Performance Measure	Reporting Method
1. Increase the number of individuals provided with education about; LIS, MSP, and Medicare prescription drug coverage by five (5) percent of the total number enrolled in the programs in the previous 12 months.	To include; Monthly Outreach Activities Reports sent to the Department by the 15 <sup>th</sup> of each month. SHIP Beneficiary Forms imbedded in Refer 7 SHIP Group, Team and Medicare forms in STARS
2. Implementation of promotional activities for Medicare's Wellness and Preventive Screening Services.	Monthly Outreach Activities Report STARS reports to include Client Contacts, Outreach and other activity.



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<p>3. Effectively advertise, promote, and conduct educational outreach and/or enrollment event activities at a minimum of 1 time per month.</p>	<p>Monthly Outreach Activities report to the Department and entries into STARS reports to the Department.</p>
<p>4. Demonstrate partnerships and evaluate effectiveness and lessons learned.</p>	<p>SHIP reports, partnership, and satellite office listings, as required by ACL for quarterly Progress Reports to the Department.</p>

**3. Reporting Requirements**

- 3.1. The Contractor shall track individuals served and make data reporting information available to the Department in a Department approved format.
- 3.2. The Contractor shall track client data including, but not limited to:
  - 3.2.1. Number of individuals served.
  - 3.2.2. Types of information/referrals provided to individuals.
  - 3.2.3. Follow-up services performed and frequency of services delivered.
  - 3.2.4. Length of contact.
  - 3.2.5. Number of individuals who answered yes or no to the following question: Have you or a family member ever served in the military?
- 3.3. The Contractor shall track and monitor consumer demographics and individual level referral data which shall include, but not limited to:
  - 3.3.1. Consumer demographics such as contact type, client type by target population, residence location, gender, and age.
  - 3.3.2. Person-Centered Options Counseling related activities and transition support services delivered to clients.
  - 3.3.3. Systems-level outcomes to include; ServiceLink number of individuals served by core service, community partnerships, and staff knowledge, skills, and abilities.
- 3.4. The Contractor shall provide comprehensive quarterly reports to the Department within 30 days of the close of the quarter.
- 3.5. The Contractor shall provide quarterly reports to the Department that includes, but not limited to, any in-kind services and funding provided to support contract services.

**4. Performance Measures**

- 4.1. The Contractor shall meet at a minimum the following performance measures:
  - 4.1.1. The Contractor shall provide follow-up to 100% of individuals who meet the standard for required follow-up.
  - 4.1.2. The Contractor shall provide screening to 100% of individuals under the No Wrong Door process.



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- 4.1.3. The Contractor shall provide Family Caregiver Support respite services to 100% of individuals who are eligible.
- 4.1.4. The Contractor shall ensure that 100% of staff is certified in options counseling training within one year of hire.
- 4.1.5. The Contractor shall ensure staff scores a minimum of 80% on Person Centered Counseling Training.
- 4.1.6. The Contractor shall ensure staff ask and record a "yes" or "no" answer of all clients contacting ServiceLink for the following question: Have you or a family member ever served in the military?

**5. Staffing**

- 5.1. The Contractor shall ensure ServiceLink management staff has appropriate credentials.
- 5.2. The Contractor shall ensure counseling staff have the requisite skills to perform Person-Centered Options Counseling consistent with the NWD System.
- 5.3. The Contractor shall follow the National Association of Social Workers Standards for Social Work Personnel Practices.
- 5.4. The Contractor shall ensure all staff is certified in Person-Centered Option Counseling within one year of hire.
- 5.5. The Contractor shall ensure that staff scores a minimum of 80% on the certification test in Person-Centered Options Counseling.
- 5.6. The Contractor shall provide staff for the following positions/criteria:
  - 5.6.1. **Program Manager** – 1 FTE to be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the Department's ServiceLink Resource Center Program Manager. The Program Manager must meet the following required certifications:
    - 5.6.1.1. Alliance of Information Referral Specialist in Aging and Disability (AIRS A/D) certification within one year of hire.
    - 5.6.1.2. Obtain training and certification in Person-Centered Counseling within one year of hire.
    - 5.6.1.3. SHIP/SMP certification training and certification within one year of hire.
    - 5.6.1.4. SMP Foundations training and assessment within one year of hire.
  - 5.6.2. **Information and Referral Staff** – links individuals requiring assistance with appropriate service providers and/or supplies descriptive information



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regarding the agencies or organizations who offer services. Information and Referral Staff must meet the following requirements:

- 5.6.2.1. Alliance of Information Referral Specialist in Aging and Disability (AIRS A/D) certification within one year of hire.
- 5.6.2.2. Obtain training in Person-Centered Counseling within one year of hire.
- 5.6.2.3. Obtain certification as a State Health Insurance Assistance (SHIP) within one year of hire.
- 5.6.2.4. SMP Foundations training and assessment within one year of hire.
- 5.6.3. **Person-Centered Options Counseling and Person-Centered Transition Support Staff** – Provides person-centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for individuals in need of long-term supports and services. Staff must meet the following requirements:
  - 5.6.3.1. Alliance of Information Referral Specialist in Aging and Disability (AIRS A/D) certification within one year of hire.
  - 5.6.3.2. Obtain training and Certification in Person-Centered Counseling within one year of hire.
  - 5.6.3.3. Obtain certification as a State Health Insurance Assistance (SHIP) within one year of hire.
  - 5.6.3.4. SMP Foundations training and assessment within one year of hire.
- 5.6.4. **Person-Centered Options Counseling Caregiver Staff** – Provide person-centered needs assessments, Person-Centered Options Counseling and referrals, one on one support and consumer directed services based on the needs and preferences of the caregiver. This position also shall provide:
  - 5.6.4.1. One-on-one counseling with caregivers to help them problem-solve their unique situation.
  - 5.6.4.2. Offer education, support, advocacy and follow-up.
  - 5.6.4.3. Facilitate training related to assisting family caregivers which includes detailed knowledge of issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
  - 5.6.4.4. Data collection, reporting.
  - 5.6.4.5. This position must meet the following requirements:
    - 5.6.4.5.1. Alliance of Information Referral Specialist in Aging and Disability (AIRS A/D) certification within one year of hire.
    - 5.6.4.5.2. Obtain training and certification in Person-Centered Counseling within one year of hire.



Exhibit A, Amendment #2

- 5.6.4.5.3. Trained/Licensed in Powerful Tools for Caregivers curriculum.
- 5.6.4.5.4. Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor within one year of hire.
- 5.6.4.5.5. SMP Foundations training and assessment within one year of hire.
- 5.6.5. **State Health Insurance Assistance Program (SHIP) Staff**—Provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse, and safeguarding confidential information or protected health information. Under the direction of the Program Management, oversee the development and implementation of the State Health Insurance Assistance Program's and MIPPA Programs goals and performance measures for their county/region. Minimum required certification:
  - 5.6.5.1. Alliance of Information Referral Specialist in Aging and Disability (AIRS A/D) certification within one year of hire; and
  - 5.6.5.2. Within 6 months of hire:
    - 5.6.5.2.1. SHIP training and assessments;
    - 5.6.5.2.2. SMP foundations training and assessment within one year of hire; and
    - 5.6.5.2.3. Obtain training in Person-centered Counseling within one year and a half of hire.
- 5.6.6. **Senior Medicare Patrol (SMP) Staff** - Provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/County/Region. Minimum required certification:
  - 5.6.6.1. Alliance of Information Referral Specialist in Aging and Disability (AIRS A/D) certification within one year of hire;
  - 5.6.6.2. Obtain certification as SMP Counselor certification, within 6 months of hire; and
  - 5.6.6.3. Obtain training in Person-centered Counseling within one year and a half of hire.
- 5.6.7. The Contractor shall procure two (2) FTE Eligibility Coordinators to assist the Department in providing streamlined eligibility for Medicaid LTSS.
- 5.6.8. **Eligibility Coordinator Staff** –under the direction of the Department supports streamlined access and eligibility for Medicaid LTSS through eligibility coordination as follows:



**Exhibit A, Amendment #2**

- 5.6.8.1. Maintain individual caseload of persons seeking to apply for Medicaid LTSS.
  - 5.6.8.2. Assist clients transitioning from institutions to community
  - 5.6.8.3. Assist clients navigating Medicaid eligibility process
  - 5.6.8.4. Reports directly to the Division of Client Services for daily job duties.
  - 5.6.8.5. .5 of FTE to the Departments LTC Medical unit.
  - 5.6.8.6. .5 of FTE to community based casework and collaboration in conjunction with NWD partners.
- 5.7. The Contractor shall provide the following Minimum Staffing Requirements per designated catchment areas:
- 5.7.1. Minimum Staffing Requirements by Catchment Area for the NH Family Caregiver Program Functions are as follows:
    - 5.7.1.1. Carroll and Sullivan .25 FTE;
    - 5.7.1.2. Coos, Strafford, Monadnock .5 FTE;
    - 5.7.1.3. Grafton .75 FTE;
    - 5.7.1.4. Hillsborough, Belknap, Merrimack 1 FTE;
    - 5.7.1.5. Rockingham 1.25 FTE.
  - 5.7.2. Minimum Staffing Requirements by Catchment Area for the combined functions of SHIP, SMP, and MIPPA are as follows:
    - 5.7.2.1. Carroll 0.5 FTE , Belknap 0.5 FTE, Coos 0.25 FTE, and Sullivan 0.25 FTE;
    - 5.7.2.2. Monadnock 0.75 FTE, Grafton 0.75 FTE, and Strafford 0.75 FTE;
    - 5.7.2.3. Merrimack County 1.25 FTE; and
    - 5.7.2.4. Hillsborough 2.25 FTE and Rockingham 1.75 FTE

**6. Deliverables**

- 6.1. The Contractor shall provide a detailed work plan that identifies deliverables and includes reasonable timelines for operationalizing the scope of work to the Department within sixty (60) days of contract approval.
- 6.2. The Contractor shall provide Quarterly Reports to the Department within thirty (30) days of the close of the quarter.



Exhibit B-3, Amendment #2, Budget Sheet

New Hampshire Department of Health and Human Services

Behavioral Health & Developmental Services of Bradford County d/b/a  
 Bidder/Program Name: Community Partners

Family Heading Long Term Supports and Services:  
 New Hampshire ServiceLink Program

Budget Request for: \_\_\_\_\_

Budget Period: 7/1/18 - 6/30/19, updated 1/09/19 to include Elg. Coordinators from 1/1/18 - 6/30/18

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 208,300.00	\$ 7,800.00	\$ 214,300.00	\$ 8,000.00	-	\$ 8,000.00	\$ 108,500.00	\$ 7,800.00	\$ 208,300.00
2. Employee Benefits	\$ 98,375.00	\$ 3,795.00	\$ 100,370.00	\$ 3,000.00	-	\$ 3,000.00	\$ 63,375.00	\$ 3,795.00	\$ 67,370.00
3. Consultants	-	-	-	-	-	-	-	-	-
4. Equipment	-	-	-	-	-	-	-	-	-
Rental	-	-	-	-	-	-	-	-	-
Repair and Maintenance	-	-	-	-	-	-	-	-	-
Purchase/Depreciation	-	-	-	-	-	-	-	-	-
5. Supplies	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-
Office	-	2,050.00	2,050.00	-	1,500.00	1,500.00	-	500.00	500.00
6. Travel	\$ 1,700.00	-	\$ 1,700.00	\$ 1,500.00	-	\$ 1,500.00	\$ 200.00	-	\$ 200.00
7. Occupancy	\$ 2,800.92	\$ 13,800.00	\$ 16,700.92	-	\$ 11,888.00	\$ 11,888.00	\$ 2,800.92	\$ 1,914.00	\$ 4,714.92
8. Current Expenses	-	-	-	-	-	-	-	-	-
Telephone	\$ 7,000.00	-	\$ 7,000.00	\$ 2,842.00	-	\$ 2,842.00	\$ 4,058.00	-	\$ 4,058.00
Postage	-	-	-	-	-	-	-	-	-
Subscriptions	-	-	-	-	-	-	-	-	-
Audit and Legal	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-
Bond Expenses	-	-	-	-	-	-	-	-	-
9. Software	-	-	-	-	-	-	-	-	-
10. Marketing/Communications	-	-	-	-	-	-	-	-	-
11. Staff Education and Training	-	-	-	-	-	-	-	-	-
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (specific details mandatory):	-	-	-	-	-	-	-	-	-
<b>YOYAL</b>	\$ 314,978.92	\$ 27,495.00	\$ 342,873.92	\$ 16,442.00	\$ 13,488.00	\$ 28,978.00	\$ 208,133.92	\$ 14,808.00	\$ 313,142.92

Indirect As A Percent of Direct

8.7%

87.5%

2.7%

Contractor Invoice: K.B.  
 Date: 2/20/19

Exhibit B-4, Amendment #2, Budget Sheet

New Hampshire Department of Health and Human Services

Behavioral Health & Developmental Services of Bradford County d/b/a  
 Bidder/Program Name: Community Partners

Improving Access to Information and Services for Individuals and  
 Families Needing Long Term Supports and Services:  
 New Hampshire ServiceLink Program, Eligibility Coordinator

Budget Request for:

Budget Period: 7/1/18 - 6/30/20

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHB contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 255,310.00	\$ 16,075.00	\$ 271,385.00	\$ 8,000.00	\$ -	\$ 8,000.00	\$ 247,310.00	\$ 16,075.00	\$ 263,385.00
2. Employee Benefits	\$ 118,385.00	\$ 7,820.00	\$ 126,185.00	\$ 3,000.00	\$ -	\$ 3,000.00	\$ 115,385.00	\$ 7,820.00	\$ 123,185.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ 2,328.00	\$ 2,328.00	\$ -	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 828.00	\$ 828.00
6. Travel	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 500.00	\$ -	\$ 500.00	\$ 2,000.00	\$ -	\$ 2,000.00
7. Occupancy	\$ 3,500.00	\$ 13,000.00	\$ 16,500.00	\$ 1,000.00	\$ 12,000.00	\$ 13,000.00	\$ 2,500.00	\$ 1,000.00	\$ 3,500.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 7,000.00	\$ -	\$ 7,000.00	\$ 4,000.00	\$ -	\$ 4,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 384,678.34	\$ 30,223.00	\$ 425,898.00	\$ 18,500.00	\$ 13,500.00	\$ 30,000.00	\$ 376,175.04	\$ 25,723.04	\$ 385,208.00
Indirect As A Percent of Direct		10.1%			61.8%			8.9%	

Contractor Initials: K.B.  
 Date: 2/20/19

**State of New Hampshire**  
**Department of State**

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 24, 1982. 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: 62273

Certificate Number : 0004074066



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 2nd day of April A.D. 2018.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

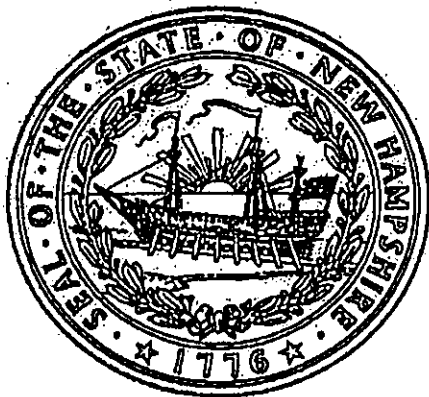
**State of New Hampshire**  
**Department of State**

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COMMUNITY PARTNERS OF STRAFFORD COUNTY is a New Hampshire Trade Name registered to transact business in New Hampshire on October 27, 2003. 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: 455172

Certificate Number : 0004074061



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 2nd day of April A.D. 2018.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

# CERTIFICATE OF VOTE

I, Ann Landry, do hereby certify that:  
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners.  
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Executive Board of the Agency duly held on February 20, 2019:  
(Date)

**RESOLVED:** That the President  
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 20<sup>th</sup> day of February, 2019.  
(Date Contract Signed)

4. Kathleen Boisclair is the duly elected President  
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

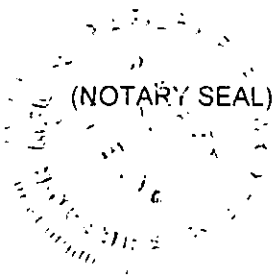
Ann Landry  
(Signature of the Elected Officer)

STATE OF New Hampshire  
County of Strafford

The forgoing instrument was acknowledged before me this 20<sup>th</sup> day of February, 2019.

By Ann Landry  
(Name of Elected Officer of the Agency)

Darlene E Moore  
(Notary Public/Justice of the Peace)



Commission Expires: April 8, 2020



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/15/2019

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

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


<b>PRODUCER</b> FIA/Cross Insurance 1100 Elm Street  Manchester NH 03101		<b>CONTACT NAME:</b> Hellen Hill <b>PHONE (A/C, No, Ext):</b> (803) 689-3218 <b>FAX (A/C, No):</b> (803) 645-4331 <b>E-MAIL ADDRESS:</b> hhill@crossagency.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Philadelphia Indemnity Ins Co	<b>NAIC #</b> 18058
		<b>INSURER B:</b> Granite State Health Care and Human Services Self-	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 19-20 All                      **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK1902228	11/01/2018	11/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits \$ 1,000,000	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		PHPK1902225	11/01/2018	11/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB653220	11/01/2018	11/01/2019	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$	
B	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	N/A	HCHS20190000097 (3a.) NH	02/01/2019	02/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Directors & Officers		PHSD1393734	11/01/2018	11/01/2019	Limit 5,000,000 Deductible 35,000	

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

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

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113 Crosby Road  
Suite 1  
Dover, NH 03820  
(603) 516-9300  
Fax: (603) 743-3244

50 Chestnut Street  
Dover, NH 03820  
(603) 516-9300  
Fax: (603) 743-1850

25 Old Dover Road  
Rochester, NH 03867  
(603) 516-9300  
Fax: (603) 335-9278

A United Way  
Partner Agency



**Mission:** Community Partners connects our clients and their families to the opportunities and possibilities for full participation in their communities.

**Vision:** We serve those who experience emotional distress, mental illnesses, substance use disorders, developmental disabilities, chronic health needs, acquired brain disorder, as well as those who are in need of information and referral to access long-term supports and services.

We strive to be an organization that consistently delivers outstanding services and supports that are person-focused and dedicated to full participation in communities.

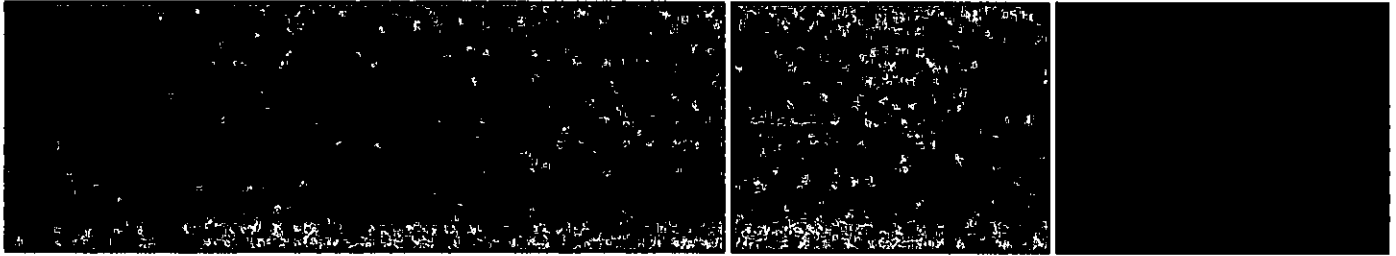
We will take leadership roles in educating our community network, families, and the public to reduce stigma and to increase self-determination and personal empowerment.

We are committed to evidence-based and outcome-driven practices.

We will invest in our staff to further professional development and foster an environment of innovation.

**Community Partners**

Behavioral Health & Developmental Services of Strafford County, Inc.



**CONSOLIDATED FINANCIAL STATEMENTS**

and

**SUPPLEMENTARY INFORMATION**

**June 30, 2018 and 2017**

**With Independent Auditor's Report**







## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Behavioral Health & Developmental Services of Strafford County, Inc.  
d/b/a Community Partners and Subsidiaries

We have audited the accompanying consolidated financial statements of Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners and Subsidiaries (the Organization), which comprise the consolidated statements of financial position as of June 30, 2018 and 2017, and the related consolidated statements of activities, functional revenue and expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### ***Management's Responsibility for the Consolidated Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated 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 consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 consolidated 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 consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Organization, as of June 30, 2018 and 2017, and the changes in their net assets and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

***Other Matter***

***Supplementary Information***

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statements of financial position and consolidating statements of activities are presented for purposes of additional analysis, rather than to present the financial position and changes in net assets of the individual entities, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

*Berry Dunn McNeil & Parker, LLC*

Manchester, New Hampshire  
October 23, 2018

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A  
COMMUNITY PARTNERS AND SUBSIDIARIES**

**Consolidated Statements of Financial Position**

**June 30, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 3,653,350	\$ 3,476,548
Restricted cash	93,425	99,423
Accounts receivable, net of allowance for doubtful accounts	888,387	1,025,322
Grants receivable	58,222	50,341
Prepaid expenses	379,559	360,389
Property and equipment, net	<u>2,064,440</u>	<u>2,147,443</u>
<b>Total assets</b>	<b><u>\$ 7,137,383</u></b>	<b><u>\$ 7,159,466</u></b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Liabilities</b>		
Accounts payable and accrued expenses	\$ 2,134,786	\$ 1,963,800
Estimated third-party liability	1,121,051	1,311,720
Loan fund	89,383	89,294
Notes payable	<u>845,882</u>	<u>1,083,830</u>
<b>Total liabilities</b>	<b><u>4,191,102</u></b>	<b><u>4,448,644</u></b>
<b>Net assets</b>		
Unrestricted	2,862,889	2,593,985
Temporarily restricted	<u>83,392</u>	<u>116,837</u>
<b>Total net assets</b>	<b><u>2,946,281</u></b>	<b><u>2,710,822</u></b>
<b>Total liabilities and net assets</b>	<b><u>\$ 7,137,383</u></b>	<b><u>\$ 7,159,466</u></b>

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The accompanying notes are an integral part of these consolidated financial statements.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A  
COMMUNITY PARTNERS AND SUBSIDIARIES**

**Consolidated Statements of Activities**

**Years Ended June 30, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
Changes in unrestricted net assets		
Public support and revenue		
Medicaid revenue	\$ 26,026,898	\$ 23,324,616
Medicare revenue	161,239	184,278
Client resources	1,685,020	1,613,918
Contract revenue	1,517,328	1,461,970
Grant income	579,929	613,657
Interest income	209	46
Other program revenue	376,241	328,173
Public support	81,380	71,576
Other revenue	<u>86,683</u>	<u>173,780</u>
Total public support and revenue	30,514,927	27,772,014
Net assets released from restrictions	<u>42,366</u>	<u>47,114</u>
Total public support, revenue, and releases	<u>30,557,293</u>	<u>27,819,128</u>
Expenses		
Program services		
Case management	938,043	854,809
Day programs and community support	4,429,035	3,984,617
Early support services and youth and family	3,751,013	3,290,272
Family support	530,399	562,283
Residential services	5,316,539	4,873,525
Combined residential, day and consolidated services	7,662,051	7,100,007
Adult services	2,443,596	2,241,375
Emergency services	561,016	399,991
Other	<u>1,516,784</u>	<u>1,195,379</u>
Total program expenses	27,148,476	24,502,258
Supporting services		
General management	<u>3,139,913</u>	<u>3,063,444</u>
Total expenses	<u>30,288,389</u>	<u>27,565,702</u>
Change in unrestricted net assets	<u>268,904</u>	<u>253,426</u>
Changes in temporarily restricted net assets		
United Way allocation	8,921	17,251
Grant income - New Hampshire Department of Transportation	-	146,374
Net assets released from restrictions	<u>(42,366)</u>	<u>(47,114)</u>
Change in temporarily restricted net assets	<u>(33,445)</u>	<u>116,511</u>
Change in net assets	235,459	369,937
Net assets, beginning of year	<u>2,710,822</u>	<u>2,340,885</u>
Net assets, end of year	<u>\$ 2,946,281</u>	<u>\$ 2,710,822</u>

The accompanying notes are an integral part of these consolidated financial statements.

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statement of Functional Revenue and Expenses

Year Ended June 30, 2018

	Case Management	Day Programs and Community Support	Early Support Services and Youth and Family	Family Support	Residential Services	Outpatient Residential, Day and Consolidated Services	Adult Services	Emergency Services	Other	Total Program	General Management	Total
<b>Public support and revenue</b>												
Medicaid revenue	\$ 928,867	\$ 2,667,191	\$ 1,764,871	\$ 289,436	\$ 6,146,361	\$ 1,367,230	\$ 2,261,490	\$ 48,878	\$ 41,463	\$ 16,826,886	\$ -	\$ 16,826,886
Medicare revenue	18,867	18,867	-	-	-	-	169,542	-	-	161,238	-	161,238
Client resources	22,806	64,442	544,211	-	788,266	342,363	169,263	22,867	2,982	1,869,828	-	1,869,828
Grant revenue	76,354	217,264	482,268	76,178	11,220	46,478	42,274	176,268	160,666	1,366,688	211,819	1,578,507
Grant income	-	38,188	87,798	16,868	-	984	64,738	1,137	373,276	578,878	2,688	679,528
Interest income	-	-	-	-	-	-	-	-	-	-	288	288
Other program revenue	-	62,876	26,878	-	-	-	751	-	298,462	378,241	8,000	376,241
Public support	16,844	4,287	2,265	19,247	77	2,881	2,486	-	30,286	72,861	7,428	80,289
Other revenue	1,188	2,868	182	88	24,861	24	11,268	-	26,128	78,284	18,818	97,102
<b>Total functional public support and revenue</b>	<b>1,048,987</b>	<b>4,418,968</b>	<b>4,538,886</b>	<b>371,878</b>	<b>6,866,546</b>	<b>6,369,641</b>	<b>2,441,494</b>	<b>346,886</b>	<b>482,872</b>	<b>38,274,791</b>	<b>248,228</b>	<b>38,514,827</b>
Net assets released from revaluations	1,277	-	7,844	-	-	-	-	-	23,485	47,288	-	47,288
<b>Total public support, revenue and releases</b>	<b>1,042,264</b>	<b>4,418,968</b>	<b>4,537,548</b>	<b>371,878</b>	<b>6,866,546</b>	<b>6,369,641</b>	<b>2,441,494</b>	<b>346,886</b>	<b>476,357</b>	<b>38,321,079</b>	<b>248,228</b>	<b>38,569,307</b>
<b>Expenses</b>												
Salaries and wages	671,862	1,328,388	3,263,378	128,468	662,221	1,847,748	1,724,818	224,888	777,873	16,796,116	1,913,816	12,747,624
Employee benefits	127,288	181,533	611,268	80,732	148,144	388,882	178,488	43,268	226,287	2,282,843	491,827	2,774,670
Payroll taxes	42,988	188,228	175,514	16,426	46,234	148,668	67,416	12,267	74,478	798,176	126,188	924,364
Contracted substitute staff	-	3,388	2,888	-	-	-	2,888	-	-	13,888	-	16,776
Client treatment services	-	9,212	3,818	222,841	2,838,788	1,863,288	2,298	2	11,288	6,169,288	247	6,169,535
Client therapies	16,827	68,287	113,227	1,828	788	141,888	82,988	-	-	378,818	8	379,636
Professional fees and consultants	27,881	63,882	88,728	8,748	23,882	41,488	88,878	228,748	27,788	478,148	88,287	566,435
Subscriptions	-	384,887	-	-	1,341,288	2,787,823	-	-	-	4,443,888	-	4,443,888
Staff development and training	4,188	17,878	26,738	2,788	6,842	12,888	12,888	988	6,274	78,777	88,288	148,888
Rent	-	88,488	64,886	-	3,188	27,818	61,828	8,864	38,182	388,418	16,844	378,564
Utilities	2,884	44,274	18,888	1,812	6,247	11,482	11,888	4,714	38,238	128,288	27,822	156,110
Building maintenance and repairs	22,214	88,614	48,288	3,882	27,188	82,827	18,888	812	28,888	283,884	38,848	322,732
Other emergency costs	3,823	42,838	15,823	644	3,823	8,864	6,713	-	23,783	182,482	6,482	199,264
Office	12,181	88,288	17,182	2,888	18,878	18,828	22,784	4,728	28,728	287,798	78,672	366,470
Building and heating	3,288	28,864	16,478	888	7,881	8,782	7,878	888	6,811	82,288	8,782	91,070
Client commodities	1,888	18,288	4,263	3,583	4,878	61,884	3,428	87	8,747	168,288	3,888	172,176
Medical	-	881	888	-	372	-	887	-	848	2,881	-	3,729
Equipment maintenance	11,886	44,282	37,422	2,286	7,817	18,882	28,818	2,888	12,884	163,784	28,888	192,672
Depreciation	22,881	113,882	4,282	4,882	23,488	28,788	48,138	8,718	22,218	384,284	23,881	408,165
Advertising	448	1,734	877	887	34	218	1,888	13	348	8,818	888	9,606
Printing	-	-	3,783	-	-	-	-	-	-	4,178	38	4,216
Telephone and communications	9,888	28,828	38,827	1,884	3,814	6,814	22,188	3,714	16,288	123,884	24,878	148,762
Postage and shipping	888	4,788	2,834	183	678	1,231	3,228	478	3,888	18,418	1,827	21,245
Transportation	14,822	388,881	41,848	4,887	11,728	182,283	22,987	2,778	22,888	482,843	16,888	500,243
Activities & Supplies	18,284	1,271	1,814	17,878	1,877	88,248	838	97	28,787	188,888	1,888	190,776
Insurance	12,211	88,614	48,288	3,888	12,471	18,881	22,138	3,831	11,488	188,884	38,844	227,728
Membership dues	47	1,487	4,747	18	48	73	3,882	18	87,788	98,231	12,288	110,519
Interest	2,184	8,718	3,884	487	2,887	4,734	2,847	237	3,778	28,118	3,488	31,606
Other	-	1,181	-	-	1,887	-	3	(288)	18,278	21,824	4,288	26,112
<b>Total expenses</b>	<b>278,843</b>	<b>4,479,878</b>	<b>3,751,813</b>	<b>838,288</b>	<b>8,218,828</b>	<b>7,887,861</b>	<b>2,441,886</b>	<b>841,818</b>	<b>1,818,784</b>	<b>27,148,478</b>	<b>3,128,813</b>	<b>30,277,291</b>
Income (losses) in consolidated net assets	\$ 184,241	\$ (15,889)	\$ 848,224	\$ (158,228)	\$ 1,878,841	\$ 718,999	\$ 888,888	\$ (218,288)	\$ (888,787)	\$ 2,148,891	\$ (2,888,887)	\$ 208,884

The accompanying notes are an integral part of these consolidated financial statements.

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. DB/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statement of Functional Revenue and Expenses

Year Ended June 30, 2017

	Case Management	Day Programs and Community Support	Early Support Services and Youth and Family	Family Support	Residential Services	Outpatient Residential, Day and Community Services	Adult Services	Emergency Services	Other	Total Program	General Management	Total
<b>Public support and revenue</b>												
Municipal revenues	\$ 545,260	\$ 3,788,182	\$ 3,228,888	\$ 264,287	\$ 5,385,260	\$ 7,181,646	\$ 3,826,483	\$ 71,200	\$ 36,492	\$ 23,224,810	\$ -	\$ 23,224,810
Industry revenues	-	14,282	-	-	-	-	198,886	-	-	184,278	-	184,278
Client resources	28,896	96,711	382,264	-	881,833	348,283	177,280	20,226	-	1,846,484	(32,000)	1,814,484
Outpatient revenues	86,212	294,842	372,377	76,872	-	36,122	12,400	142,961	176,821	1,188,800	261,982	1,450,782
Grant income	-	79,182	79,983	29,971	4,866	-	60,262	-	347,798	682,246	10,411	1,011,697
Interest income	-	-	-	-	-	-	-	-	-	-	96	96
Other program revenue	-	79,287	-	-	-	-	-	-	342,660	322,173	8,000	330,173
Public support	14,880	6,768	2,473	11,818	-	800	900	-	20,184	62,887	7,000	71,876
Other revenues	651	4,288	84	-	23,126	1,841	12,843	20	119,791	181,830	12,244	173,799
<b>Total functional public support and revenue</b>	<b>869,209</b>	<b>4,289,839</b>	<b>4,043,163</b>	<b>306,916</b>	<b>6,074,664</b>	<b>7,626,906</b>	<b>3,964,672</b>	<b>343,781</b>	<b>946,983</b>	<b>27,488,246</b>	<b>306,700</b>	<b>27,779,914</b>
Net assets released from restatements	4,187	-	13,984	-	-	-	-	-	29,983	47,114	-	47,114
<b>Total public support, revenue and releases</b>	<b>873,396</b>	<b>4,289,839</b>	<b>4,057,147</b>	<b>306,916</b>	<b>6,074,664</b>	<b>7,626,906</b>	<b>3,964,672</b>	<b>343,781</b>	<b>976,966</b>	<b>27,511,262</b>	<b>306,700</b>	<b>27,817,919</b>
<b>Expenses</b>												
Salaries and wages	823,316	2,884,823	2,883,488	137,828	882,872	1,788,818	1,483,731	263,288	642,244	6,648,815	1,828,861	11,266,672
Employee benefits	122,476	888,247	478,848	34,888	141,293	194,172	288,787	96,999	211,886	1,828,281	429,110	2,257,471
Payroll taxes	28,874	183,361	198,111	16,281	44,964	128,281	82,178	10,888	63,248	788,626	133,822	922,457
Contracted substitute staff	-	7,882	-	-	-	-	-	-	-	7,882	16,889	24,771
Client treatment services	-	7,119	4,888	249,482	2,824,262	1,744,782	1,178	-	23,981	4,888,222	428	4,889,650
Client therapies	23,872	187	83,882	1,844	13,284	11,881	47,884	-	-	326,888	1,784	328,672
Professional fees and consultants	46,178	86,343	86,473	4,377	21,242	32,884	77,884	31,476	21,228	321,461	17,881	339,313
Subcontractors	-	888,871	-	-	1,818,731	2,631,887	-	-	-	4,847,788	-	4,847,788
Staff development and training	2,884	12,728	17,872	2,817	2,721	4,888	12,171	1,313	8,772	81,777	31,822	113,600
Rent	-	81,788	86,978	-	2,788	39,888	71,788	8,448	32,882	288,882	18,351	307,213
Utilities	-	43,788	16,472	1,827	4,148	17,718	21,288	8,226	38,824	123,328	43,822	167,172
Building maintenance and repairs	787	41,473	37,648	8,487	8,818	87,428	48,711	648	16,284	221,821	42,281	264,222
Other occupancy costs	3,884	38,888	12,488	777	3,328	8,178	8,142	-	18,882	94,823	8,884	103,707
Office	7,781	41,888	48,843	2,884	8,184	2,277	29,188	1,181	12,888	148,888	82,188	231,076
Building and heating	87	18,888	8,818	728	1,841	8,221	7,881	882	4,842	42,488	14,424	56,912
Client consumables	382	28,226	2,882	6,882	4,284	79,882	8,827	187	1,281	138,847	8,888	147,122
Medical	-	387	481	-	23	-	786	88	228	2,122	174	2,296
Equipment maintenance	3,888	32,843	26,778	2,888	4,818	7,747	18,112	3,281	16,872	118,487	28,248	146,713
Depreciation	38,282	12,881	82,882	6,778	38,813	38,814	37,817	8,188	34,441	282,228	88,324	462,782
Advertising	132	821	888	48	148	224	948	78	2,188	4,824	3,288	3,288
Printing	388	871	4,884	771	121	388	338	71	388	7,444	1,174	8,618
Telephone and communications	12,888	34,446	34,818	2,818	3,148	7,841	24,746	2,888	12,884	128,846	31,488	160,334
Postage and shipping	728	4,887	4,884	218	881	1,818	2,888	848	3,284	17,882	8,184	25,966
Transportation	13,822	188,842	37,828	3,878	14,413	132,484	82,727	2,882	18,881	442,284	21,888	464,172
Assistance to individuals	13,484	28,214	1,773	88,228	2,448	18,222	987	88	28,288	178,917	1,918	179,835
Insurance	6,221	28,188	28,888	7,487	8,122	11,888	22,288	2,844	6,488	128,784	11,787	140,571
Membership dues	122	1,488	1,228	48	388	188	2,482	184	177	128,784	88,182	216,966
Interest	888	18,228	4,788	813	2,788	8,278	4,288	818	4,222	48,282	4,884	53,166
Other	38	182	182	8	28	37	82	18	28,227	28,128	888	29,016
<b>Total expenses</b>	<b>864,888</b>	<b>3,884,817</b>	<b>3,298,271</b>	<b>882,273</b>	<b>4,873,871</b>	<b>7,188,887</b>	<b>2,341,278</b>	<b>388,881</b>	<b>1,188,278</b>	<b>24,882,258</b>	<b>3,882,444</b>	<b>28,764,702</b>
Increase (decrease) in unrestricted net assets	\$ 107,507	\$ 275,222	\$ 784,888	\$ (183,287)	\$ 1,200,793	\$ 438,019	\$ 717,297	\$ (184,299)	\$ (224,233)	\$ 2,611,104	\$ (2,787,878)	\$ 283,226

The accompanying notes are an integral part of these consolidated financial statements.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A  
COMMUNITY PARTNERS AND SUBSIDIARIES**

**Consolidated Statements of Cash Flows**

**Years Ended June 30, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
Cash flows from operating activities		
Change in net assets	\$ 235,459	\$ 369,937
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	436,895	442,753
Change in allowance for doubtful accounts	44,946	(180,000)
Grant revenue for capital purchases	-	(146,374)
Gain on sale of assets	(775)	-
(Increase) decrease in		
Restricted cash	5,998	3,234
Accounts receivable, trade	91,989	684,425
Grants receivable	(7,881)	200,495
Prepaid expenses	(19,170)	(168,374)
Increase (decrease) in		
Accounts payable and accrued expenses	170,986	(35,598)
Estimated third-party liability	(190,669)	930,248
Loan fund	89	90
Net cash provided by operating activities	<u>767,867</u>	<u>2,100,836</u>
Cash flows from investing activities		
Acquisition of equipment	(353,892)	(605,971)
Proceeds from sale of equipment	<u>775</u>	<u>-</u>
Net cash used by investing activities	<u>(353,117)</u>	<u>(605,971)</u>
Cash flows from financing activities		
Proceeds from long-term borrowings	-	321,350
Principal payments on long-term borrowings	(237,948)	(366,763)
Grant revenue for capital purchases	<u>-</u>	<u>146,374</u>
Net cash used by financing activities	<u>(237,948)</u>	<u>100,961</u>
Net increase in cash and cash equivalents	176,802	1,595,826
Cash and cash equivalents, beginning of year	<u>3,476,548</u>	<u>1,880,722</u>
Cash and cash equivalents, end of year	<u>\$ 3,653,350</u>	<u>\$ 3,476,548</u>

The accompanying notes are an integral part of these consolidated financial statements.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A  
COMMUNITY PARTNERS AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**June 30, 2018 and 2017**

**Nature of Activities**

Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners (Community Partners) is a New Hampshire nonprofit corporation providing a wide range of community-based services (see consolidated statement of functional revenue and expenses for programs offered) for individuals with developmental disabilities and/or mental illness and their families. Community Partners also supports families with children who have chronic health needs. Community Partners is currently operating as two divisions: Developmental Services and Behavioral Health Services.

Community Partners is the sole shareholder of Lighthouse Management Services, Inc., which was organized to perform accounting and management functions for other not-for-profit entities.

Community Partners is the sole beneficiary of the Community Partners Foundation (the Foundation), which was established exclusively for the benefit and support of Community Partners. To that end, the Foundation receives and accepts gifts and funds.

The Foundation received and disbursed the following funds:

	<u>2018</u>	<u>2017</u>
Funds received	\$ 30,156	\$ 25,074
Funds disbursed	<u>19,685</u>	<u>23,131</u>
	<u>\$ 10,471</u>	<u>\$ 1,943</u>

The Foundation has received and disbursed the following funds since its inception in 2007:

Funds received	\$ 370,780
Funds disbursed	<u>277,309</u>
	<u>\$ 93,471</u>

**1. Summary of Significant Accounting Policies**

**Principles of Consolidation**

The consolidated financial statements include the accounts of Community Partners, Lighthouse Management Services, Inc., and the Foundation (collectively, the Organization). All material intercompany balances and transactions have been eliminated in consolidation.

The Organization prepares its consolidated financial statements in accordance with U.S. generally accepted accounting 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).



**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A  
COMMUNITY PARTNERS AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**June 30, 2018 and 2017**

**Use of 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. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Basis of Presentation**

Net assets and revenues, expenses, gains, and losses are classified as follows based on the existence or absence of donor-imposed restrictions:

Unrestricted net assets - Net assets that are not subject to donor-imposed stipulations.

Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may be or will be met by actions of the Organization and/or the passage of time. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities as net assets released from restrictions.

Permanently restricted net assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. As of June 30, 2018 and 2017, the Organization had no permanently restricted net assets.

**Contributions**

~~Contributions are considered to be available for unrestricted use unless specifically restricted by~~ the donor. Amounts received that are designated for future periods or restricted by the donor for a specific purpose are reported as increases in temporarily or permanently restricted net assets, depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. The Organization records donor-restricted contributions whose restrictions are met in the same reporting period as unrestricted support in the year of the gift.

**Income Taxes**

The Organization is exempt from federal income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code to operate as a not-for-profit organization.

FASB ASC Topic 740, *Income Taxes*, establishes financial accounting and disclosure requirements for recognition and measurement of tax positions taken or expected to be taken. Management has reviewed the tax provisions for the Organization under FASB ASC Topic 740 and determined it did not have a material impact on the Organization's consolidated financial statements.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A  
COMMUNITY PARTNERS AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**June 30, 2018 and 2017**

**Cash and Cash Equivalents**

The Organization considers all highly liquid investments with an original maturity date of less than three months to be cash equivalents. The cash equivalents represent repurchase agreements as of June 30, 2018 and 2017.

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. It has not experienced any losses in such accounts. Management believes it is not exposed to any significant risk on cash and cash equivalents.

**Accounts Receivable**

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year-end. Management provides for probable uncollectible accounts after considering each category of receivable individually, and estimates an allowance according to the nature of the receivable. Allowances are estimated from historical performance and projected trends. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to trade accounts receivable. As of June 30, 2018 and 2017, allowances were recorded in the amount of \$416,046 and \$371,100, respectively.

**Property and Equipment**

Property and equipment are recorded at cost, while donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Expenditures for repairs and maintenance are charged against operations. Renewals and betterments which materially extend the life of the assets are capitalized. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions over the assets' useful lives. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time. Depreciation is provided on the straight-line method in amounts designed to amortize the costs of the assets over their estimated lives as follows:

Buildings and improvements	5-39 years
Equipment and furniture	3-7 years
Vehicles	5 years

During 2017, the Organization updated its fixed asset capitalization policy from \$500 to \$2,000.

**Estimated Third-Party Liability**

The Organization's estimated third-party liability consist of funds received in advance for services to be performed at a later date, amounts due to Medicaid and estimated amounts due to Medicaid from eligibility, certification and other audits, and certain pass-through funds.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A  
COMMUNITY PARTNERS AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**June 30, 2018 and 2017**

**Functional Allocation of Expenses**

The costs of providing various programs and activities are summarized on a functional basis in the consolidated statements of activities and functional revenue and expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

**2. Restricted Cash**

The Organization serves as a pass-through entity for the Council for Children and Adolescents with Chronic Health Conditions Loan Guaranty Program. This program is operated and administered by a New Hampshire bank. As of June 30, 2018 and 2017, the Organization held cash totaling \$89,383 and \$89,294, respectively, which was restricted for this program. A corresponding amount has been recorded as a liability.

Additionally, the Organization administers the Council for Children and Adolescents with Chronic Health Conditions Program. As of June 30, 2018 and 2017, the Organization held cash totaling \$4,042 and \$10,129, respectively, which was restricted for this program. A corresponding amount has been recorded as a liability.

**3. Property and Equipment**

Property and equipment consisted of the following:

	<u>2018</u>	<u>2017</u>
Land and buildings	\$ 1,908,893	\$ 1,859,893
Building improvements	1,687,705	1,713,390
Vehicles	848,507	912,549
Equipment and furniture	<u>2,831,525</u>	<u>3,051,825</u>
	<u>7,276,630</u>	<u>7,537,657</u>
Less accumulated depreciation	<u>5,212,190</u>	<u>5,390,214</u>
	<u>\$ 2,064,440</u>	<u>\$ 2,147,443</u>

**4. Line of Credit**

The Organization has a revolving line of credit agreement with a bank amounting to \$1,500,000, collateralized by a security interest in all business assets. Monthly interest payments on the unpaid principal balance are required at the rate of 0.5%-1% over the bank's stated index, which was 2.85% and 5.25% at June 30, 2018 and 2017, respectively. The Organization is required to annually observe 30 consecutive days without an outstanding balance. At June 30, 2018 and 2017, there was no outstanding balance on the line of credit.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A  
COMMUNITY PARTNERS AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**June 30, 2018 and 2017**

The Organization has an equipment line of credit agreement with a bank amounting to \$250,000, collateralized by a security interest in equipment obtained by advances on the line. Advances are limited to 80% of the invoice price. Monthly interest payments on the unpaid principal balance are required at the rate of .5% over the Federal Home Loan Bank of Boston (FHLB) five-year index through October 6, 2019, at which time it increases to 1.75% over the FHLB index., which was 2.85% at June 30, 2018. The line of credit has a maturity date of October 6, 2024.

**6. Notes Payable**

Notes payable consisted of the following:

	<u>2018</u>	<u>2017</u>
Note payable to a bank, payable in monthly installments of \$4,029, including interest at 3.92%, through July 2022; collateralized by certain real estate. The note is a participating loan with the New Hampshire Health and Education Facilities Authority (NHHEFA).	\$ 181,885	\$ 222,513
Note payable to a bank, payable in monthly installments of \$9,985, including interest at 3.37%, through September 2019 with one final payment which shall be the unpaid balance at maturity; collateralized by certain equipment.	146,556	259,252
Note payable to NHHEFA, payable in monthly installments of \$3,419, including interest at 1.00%, through April 2021 with one final payment of all unpaid principal and interest due at maturity; collateralized by certain real estate.	114,621	154,285
Mortgage note payable to a bank, payable in monthly installments of \$1,580, including interest at 4.12%, through April 2026 with one final payment which shall be the unpaid balance at maturity; collateralized by certain real estate.	125,060	140,053
Note payable to a bank, payable in monthly interest only installments through January 2018 at which time monthly principal and interest payments totaling \$2,413 are due through February 2023; the note bears interest at 4.50%; collateralized by all assets.	117,996	131,350
Note payable to a bank, payable in monthly installments totaling \$1,882, including interest at 3.49%, through August 2026; collateralized by all the rights and benefits under the leases attached to the related real estate.	<u>159,764</u>	<u>176,377</u>
	<u>\$ 845,882</u>	<u>\$ 1,083,830</u>

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A  
COMMUNITY PARTNERS AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2018 and 2017

5. Notes Payable (continued)

The scheduled maturities of long-term debt are as follows:

2019	\$	253,825
2020		171,365
2021		139,294
2022		109,582
2023		59,322
Thereafter		<u>112,494</u>
	\$	<u>845,882</u>

Cash paid for interest approximates interest expense.

6. Temporarily Restricted Net Assets

At June 30, 2018 and 2017, temporarily restricted net assets were \$83,392 and \$98,127, respectively. The Organization's restricted assets consist of vehicles and equipment contributed to the Organization from the State of New Hampshire under grant programs. The contributed vehicles are to be used for the transportation of the Organization's clients.

7. Commitments and Contingencies

Operating Leases

The Organization leases various office facilities and equipment under operating lease agreements. Expiration dates range from August 2018 through March 2033. Total rent expense charged to operations was \$275,954 in 2018 and \$266,914 in 2017.

Future minimum operating lease payments are as follows:

2019	\$	378,399
2020		387,467
2021		370,685
2022		355,091
2023		289,787
Thereafter		<u>2,473,650</u>
	\$	<u>4,255,079</u>

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A  
COMMUNITY PARTNERS AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2018 and 2017

Litigation

The Organization is involved in litigation from time to time arising in the normal course of business. After consultation with legal counsel, management estimates these matters will be resolved without a material adverse effect on the Organization's future financial position or results of operations.

8. Concentrations

For the years ended June 30, 2018 and 2017, approximately 85% and 84%, respectively, of public support and revenue of the Organization was derived from Medicaid. The future existence of the Organization is dependent upon continued support from Medicaid.

Accounts receivable due from Medicaid were as follows:

	<u>2018</u>	<u>2017</u>
Developmental Services	\$ 549,635	\$ 834,364
Behavioral Health Services	<u>115,373</u>	<u>106,029</u>
	<u>\$ 665,008</u>	<u>\$ 940,393</u>

In order for the Developmental Services division of the Organization to receive this support, it must be formally approved by the State of New Hampshire, Department of Health and Human Services, Bureau of Developmental Services, as the provider of services for developmentally disabled individuals for Strafford County in New Hampshire. This designation is received by the Organization every five years. The current designation expires in September 2022. The Organization is currently in the process of extending its designation with the Bureau of Developmental Services.

In order for the Behavioral Health Services division of the Organization to receive this support, it must be formally approved by the State of New Hampshire, Department of Health and Human Services, Bureau of Behavioral Health, as the community mental health provider for Strafford County in New Hampshire. This designation is received by the Organization every five years. The current designation expires in August 2021.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A  
COMMUNITY PARTNERS AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**June 30, 2018 and 2017**

**9. Retirement Plan**

The Organization maintains a tax-sheltered annuity plan that is offered to all eligible employees. The plan includes a discretionary employer contribution equal to 3% of each eligible employee's salary. During 2018 and 2017, the Organization made an additional discretionary contribution equal to 1% of each eligible employee's salary. Total costs incurred for the plan during the year ended June 30, 2018 were \$231,226 and during the year ended June 30, 2017 were \$223,108. The total expense for the year ended June 30, 2018 for the Developmental Services division was \$126,015, and for the Behavioral Health Services division was \$105,211. The total expense for the year ended June 30, 2017 for the Developmental Services division was \$124,981, and for the Behavioral Health Services division was \$98,127.

**10. Subsequent Events**

For purposes of the preparation of these consolidated financial statements in conformity with U.S. GAAP, management has considered transactions or events occurring through October 23, 2018, which is the date that the consolidated financial statements were available to be issued.

**SUPPLEMENTARY INFORMATION**



BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidating Statements of Financial Position

June 30, 2018 and 2017

	2018					2017						
	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	Consolidated Totals	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	Consolidated Totals
<b>ASSETS</b>												
Cash and cash equivalents	\$ 1,761,659	\$ 1,797,812	\$ 799	\$ 93,471	\$ -	\$ 3,653,380	\$ 2,346,428	\$ 1,038,263	\$ 8,857	\$ 83,000	\$ -	\$ 3,476,548
Restricted cash	83,425	-	-	-	-	83,425	89,423	-	-	-	-	89,423
Accounts receivable, net of allowance for doubtful accounts	699,793	249,878	75	-	(81,164)	868,387	862,881	1,199,946	61	-	(1,037,566)	1,025,322
Grants receivable	11,646	47,178	-	-	-	58,824	12,451	37,890	-	-	-	50,341
Prepaid expenses	212,190	167,368	-	-	-	379,558	186,522	173,667	-	-	-	360,189
Interest in net assets of subsidiaries	81,649	-	-	-	(91,649)	-	81,974	-	-	-	(81,974)	-
Property and equipment, net	1,718,822	245,818	-	-	-	1,964,640	1,792,316	385,093	-	-	-	2,177,409
<b>Total assets</b>	<b>\$ 4,839,492</b>	<b>\$ 2,009,281</b>	<b>\$ 784</b>	<b>\$ 93,471</b>	<b>\$ (119,210)</b>	<b>\$ 7,127,281</b>	<b>\$ 5,352,077</b>	<b>\$ 2,835,061</b>	<b>\$ 8,818</b>	<b>\$ 83,000</b>	<b>\$ (1,118,540)</b>	<b>\$ 7,129,499</b>
<b>LIABILITIES AND NET ASSETS (DEFICIT)</b>												
<b>Liabilities</b>												
Accounts payable and accrued expenses	\$ 1,749,974	\$ 443,272	\$ 2,896	\$ -	\$ (81,164)	\$ 2,114,798	\$ 2,559,068	\$ 432,354	\$ 8,944	\$ -	\$ (1,037,566)	\$ 1,983,800
Refundable advances	848,787	186,264	-	-	-	1,035,051	1,063,873	227,647	-	-	-	1,311,720
Loans held	59,283	-	-	-	-	59,283	89,294	-	-	-	-	89,294
Notes payable	733,299	114,822	-	-	-	848,121	929,344	134,269	-	-	-	1,063,613
<b>Total liabilities</b>	<b>3,811,493</b>	<b>738,192</b>	<b>2,896</b>	<b>-</b>	<b>(81,164)</b>	<b>4,131,192</b>	<b>4,651,779</b>	<b>814,487</b>	<b>8,944</b>	<b>-</b>	<b>(1,037,566)</b>	<b>4,418,844</b>
<b>Net assets (deficit)</b>												
Unrestricted	994,896	1,066,193	(1,812)	83,471	(91,649)	2,052,049	573,411	2,020,574	(1,026)	83,000	(81,974)	2,583,885
Temporarily restricted	83,282	-	-	-	-	83,282	118,837	-	-	-	-	118,837
<b>Total net assets (deficit)</b>	<b>1,078,178</b>	<b>1,066,193</b>	<b>(1,812)</b>	<b>83,471</b>	<b>(91,649)</b>	<b>2,135,331</b>	<b>692,248</b>	<b>2,020,574</b>	<b>(1,026)</b>	<b>83,000</b>	<b>(81,974)</b>	<b>2,710,822</b>
<b>Total liabilities and net assets (deficit)</b>	<b>\$ 4,839,492</b>	<b>\$ 2,009,281</b>	<b>\$ 784</b>	<b>\$ 93,471</b>	<b>\$ (119,210)</b>	<b>\$ 7,127,281</b>	<b>\$ 5,352,077</b>	<b>\$ 2,835,061</b>	<b>\$ 8,818</b>	<b>\$ 83,000</b>	<b>\$ (1,118,540)</b>	<b>\$ 7,129,499</b>

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES**  
**Consolidating Statements of Activities**  
**Years Ended June 30, 2018 and 2017**

	2018					Consolidated Total	2017					Consolidated Total
	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations		Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	
<b>Changes in unrestricted net assets (deficit)</b>												
Public support and revenue												
Medicaid revenue	\$ 19,481,832	\$ 6,646,899	\$ -	\$ -	\$ -	\$ 26,128,731	\$ 17,477,740	\$ 5,648,876	\$ -	\$ -	\$ -	\$ 23,126,616
Medicare revenue	-	181,239	-	-	-	181,239	-	184,278	-	-	-	184,278
Client resources	1,314,618	370,802	-	-	-	1,685,420	1,223,082	380,858	-	-	-	1,603,940
Contract revenue	848,738	871,892	-	-	-	1,720,630	801,151	880,819	-	-	-	1,681,970
Grant income	189,782	430,177	-	-	-	619,959	221,885	381,772	-	-	-	603,657
Interest income	-	399	-	-	-	399	-	46	-	-	-	46
Other program income	378,241	-	-	-	-	378,241	328,173	-	-	-	-	328,173
Public support	42,887	6,637	-	38,166	-	87,690	40,255	8,247	-	25,074	-	73,576
Other revenue	88,812	49,238	9,092	-	(19,822)	127,320	128,712	29,010	100,302	-	(192,245)	173,769
<b>Total public support and revenue</b>	<b>22,879,788</b>	<b>8,418,467</b>	<b>9,092</b>	<b>38,166</b>	<b>(19,822)</b>	<b>30,814,927</b>	<b>20,028,979</b>	<b>7,719,904</b>	<b>100,302</b>	<b>25,074</b>	<b>(192,245)</b>	<b>27,772,014</b>
Net assets released from restrictions	62,288	-	-	-	-	62,288	41,358	5,758	-	-	-	47,116
<b>Total public support, revenue and reclassifications</b>	<b>22,942,076</b>	<b>8,418,467</b>	<b>9,092</b>	<b>38,166</b>	<b>(19,822)</b>	<b>30,877,215</b>	<b>20,070,337</b>	<b>7,725,662</b>	<b>100,302</b>	<b>25,074</b>	<b>(192,245)</b>	<b>27,819,130</b>
<b>Expenses</b>												
Program services												
Case management	938,843	-	-	-	-	938,843	654,808	-	-	-	-	654,808
Day programs and community support	2,821,228	887,887	-	-	-	3,709,115	3,287,428	887,188	-	-	-	4,174,616
Early support services and youth and family	1,254,198	2,816,913	-	-	-	4,071,111	3,781,875	2,374,387	-	-	-	6,156,262
Family support	630,399	-	-	-	-	630,399	882,283	-	-	-	-	882,283
Residential services	8,316,839	-	-	-	-	8,316,839	4,873,525	-	-	-	-	4,873,525
Combined residential, day and consolidated services	7,882,861	-	-	-	-	7,882,861	7,100,007	-	-	-	-	7,100,007
Adult services	184,446	2,289,158	-	-	-	2,473,604	192,802	2,048,773	-	-	-	2,241,575
Emergency services	488,204	881,816	9,948	19,812	(9,848)	1,389,922	389,961	-	-	-	-	389,961
Other	19,948,818	1,009,828	9,948	19,812	(9,848)	21,078,568	409,109	789,128	101,271	23,131	(101,271)	1,192,338
<b>Total program expenses</b>	<b>19,948,818</b>	<b>7,183,781</b>	<b>9,948</b>	<b>19,812</b>	<b>(9,848)</b>	<b>27,148,478</b>	<b>18,192,838</b>	<b>6,286,488</b>	<b>101,271</b>	<b>23,131</b>	<b>(101,271)</b>	<b>24,502,258</b>
Supporting services												
General management	1,782,898	1,397,897	-	-	-	3,180,795	1,888,194	1,397,340	-	-	-	3,285,534
<b>Total expenses</b>	<b>21,731,716</b>	<b>8,581,678</b>	<b>9,948</b>	<b>19,812</b>	<b>(9,848)</b>	<b>28,228,301</b>	<b>19,658,742</b>	<b>7,683,828</b>	<b>101,271</b>	<b>23,131</b>	<b>(101,271)</b>	<b>27,969,702</b>
<b>Change in unrestricted net assets (deficit)</b>	<b>421,295</b>	<b>(163,211)</b>	<b>(856)</b>	<b>18,354</b>	<b>(9,826)</b>	<b>248,800</b>	<b>211,597</b>	<b>41,834</b>	<b>(939)</b>	<b>1,943</b>	<b>(874)</b>	<b>253,428</b>
<b>Changes in temporarily restricted net assets</b>												
United Way allocation	8,921	-	-	-	-	8,921	11,493	9,758	-	-	-	17,251
Grant income	-	-	-	-	-	-	146,374	-	-	-	-	146,374
Net assets released from restrictions	(52,288)	-	-	-	-	(52,288)	(41,358)	(5,758)	-	-	-	(47,116)
<b>Change in temporarily restricted net assets</b>	<b>(43,367)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(43,367)</b>	<b>116,509</b>	<b>4,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>120,509</b>
<b>Change in net assets (deficit)</b>	<b>377,928</b>	<b>(163,211)</b>	<b>(856)</b>	<b>18,354</b>	<b>(9,826)</b>	<b>205,432</b>	<b>168,838</b>	<b>45,834</b>	<b>(939)</b>	<b>1,943</b>	<b>(874)</b>	<b>373,937</b>
Net assets (deficit), beginning of year	870,248	2,829,474	(1,828)	83,890	(91,374)	2,710,822	302,144	1,878,741	(57)	81,937	(81,937)	2,340,185
<b>Net assets (deficit), end of year</b>	<b>1,248,176</b>	<b>2,666,263</b>	<b>(2,684)</b>	<b>102,244</b>	<b>(101,200)</b>	<b>2,916,252</b>	<b>470,982</b>	<b>1,924,575</b>	<b>(1,476)</b>	<b>83,880</b>	<b>(82,811)</b>	<b>2,714,122</b>



## Community Partners BOARD OF DIRECTORS 2018-2019

**PRESIDENT**

Kathleen Boisclair (Joined 9/25/12)

**TREASURER**

Anthony Demers (Joined 01/20/15)

**VICE PRESIDENT**

Wayne Goss (Joined 1/28/14)

**SECRETARY**

Ann Landry (Joined 08/23/2005)

Ken Muske (Joined 03/05/02)	Kristine Baber (Joined 4/26/13)	John Lowy (Joined 09/13/99)
Phillip Vancelette (Joined 5/31/17)	Judge Daniel Cappiello (Joined 03/22/14)	Bryant Hardwick (Joined 2/22/11)
Kerri Larkin (C) (Joined 11/23/10)	Tracy Hayes (Joined 12/15/15)	Sharon Reynolds (Joined 8/23/16)
Gary Gletow (Joined 10/23/18)	Paula McWilliam (Joined 12/18/18)	

## **BRIAN J. COLLINS**

### **Summary:**

A seasoned Executive Director with broad experience in managing complex nonprofit organizations; manages with a hands-on, approachable style and a strong, mission-driven value system.

### **Experience:**

1995 - Present

#### **Executive Director**

**Behavioral Health & Developmental Services of Strafford County, Inc.,  
D/B/A Community Partners of Strafford County, Dover, NH**

CEO of a designated regional Area Agency for Developmental Disabilities and Community Mental Health Center serving over 3200 people with 350 staff and \$25 million budget; implemented needed programmatic changes stemming from long-term financial losses, including negative fund balances; vastly improved quality outcomes after assuming the position in 1995; report to a 15 member Board of Directors.

- Turned around agency's \$324K negative total net assets upon arrival to \$3.6 million positive total net assets today.
- Successfully implemented corrective administrative measures, resulting in removal of conditions imposed by the State of NH as a result of the impending bankruptcy coupled with unsatisfactory programming through FY95.
- Provided 150 new services to waitlist consumers during the first 4 years with no additional resources.
- Merged a bankrupt mental health center into organization in 2001, creating one of only two organizational models in New Hampshire.
- Expanded agency mission, including becoming a Partners in Health site serving children with chronic illness and their families, running State-wide loan program for families with chronically ill members and expanded business office operations through contractual means with other not for profit organizations.
- Statewide Leadership role as a founder of both the Community Support Network Inc., a trade organization for the Area Agency system, and the NH Community Behavioral Health Association, a trade organization for the mental health system.
- Regional leader in a variety of social service organizations and associations that advance human service causes including chronic illness, elder services, supporting families of children with chronic illness, mental health court, sexual assault victims, employment for people with disabilities and work with schools and pre-schools.

Area Agency responsibilities include Early Supports and Services for children birth-three, Family Support Services for all families of children with disabilities (including respite,

parent to parent, transition supports, benefits application assistance, support groups, clinical education), Adult Services including Service Coordination, employment and day habilitation, residential, community and in-home supports, contract administration of provider organizations, consumer directed programs.

Community Mental Health Centers serve individuals with severe and persistent mental illness including psychiatry, case management, community functional supports, therapy,

and medication management. For children and families this includes an at risk category, but the same types of intervention as for adults, providing 24 hour/7 day emergency services, working in local hospitals assessing at risk to the individual or the community.

1989 - 1995

**Executive Director  
The Plus Company, Nashua, NH**

Chief Executive Officer of a non-profit human service agency serving over 150 people with disabilities in New Hampshire and Massachusetts. Agency provides residential, vocational, and medical supports in over 50 locations. Agency employs 125 staff with a total budget of \$4.5 million. Report to a 15 member Board of Directors.

- Eliminated debt service after Agency had lost \$500,000 over a prior five-year period. Agency's surplus exceeded \$600,000 over five year tenure.
- Increased operational budget over \$1 million. Contract with 25 funding streams, which include three states, numerous non-profit agencies, school systems, and private companies.
- Eliminated the need for a sheltered workshop by developing community jobs and individualized day options for over 75 consumers. Negotiated the sale of the sheltered workshop building and relocated the agency headquarters. The move retired all debt service.
- Downsized all group home populations by developing individualized and small group options. Grew the number of consumers living in small group settings from 45 to 70 people during a five-year period.
- Increased fund raising and public relation, including a high profile annual breakfast with over 400 people in attendance.

1985 - 1989

**Program Planning and Review Specialist  
New Hampshire DMHDS, Concord, NH**

Responsible for managing \$13 million of State and Federal funds, covering one-quarter of the service system; areas of responsibilities include case management, housing, vocational programming, respite care, early childhood intervention and family support services. Reported to the Assistant Director of Developmental Services.

- Monitor contract compliance to ensure cost effective service delivery system. Oversee implementation of Supported Employment Initiative to establish program models, funding stream, staff re-education and training, and business and industry liaisons.
- Analyze budgets to determine maximum revenue sources and maintain controls over expenditures.
- Ensure that the Board of Directors policies and staff procedures enhance community presence of people with severe disabilities.
- Liaison for regional area agencies and State agencies to Division of Vocational Rehabilitation.
- Ensure compliance with \$2 million federal grant, to fund a five-year plan to create employment opportunities.
- Member of Governor's Task Force on Employment.

**Brian Collins**

**Page 3**

1982 - 1985

**Quality Assurance Administrator,  
Training Coordinator, New Hampshire DMHDS**

**Quality:** Responsible for quality assurance function statewide for Community Service Delivery System. Led seven-person team in annual reviews of each regional area agency. Reported to the Director of Quality Assurance.

**Training:** Responsible for the coordination of statewide and regional training for Community Service Deliver System; designed Training Needs Inventory using regional priorities to establish training needs; procured funding to provide consultants for specific regional training and technical assistance; originated special projects, including training annual, audio visual training packages and leisure skills handbook.

**Education:**

**Masters in Public Administration, University of New Hampshire  
BA, Communications, Boston College Evening School**

**Advisory Boards:**

Advisory Board, University of New Hampshire Institute on Disability (UAP)  
University of Hartford Rehabilitation Training Program  
Virginia Commonwealth University Rehabilitation Research and Training Center.  
New Hampshire Governor's Appointment to Inter-Agency Coordinating Council.  
Overseeing services to children with disabilities from birth to age three.  
HHS Commissioner Stephen's Advisory Council focused on increasing employment for people with disabilities

**Memberships:**

The Association for Persons with Severe Handicaps (TASH)  
American Association on Mental Retardation (AAMR)  
National Rehabilitation Association (NRA)  
New Hampshire Rehabilitation Association (NHRA)  
American Network of Community Options and Resources

# Christopher D. Kozak

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## SENIOR MANAGEMENT

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### Profile

High-performance executive providing leadership, innovation and direction to support infrastructure change and development to maximize profitability. Proven ability to develop and implement strategic approaches and methodologies to create a highly effective organization that operates at or below budgetary requirements. Excel in understanding the insurance industry and the challenges faced by insurers and providers. Skilled in identifying and capitalizing on technology to solve business problems. Demonstrate broad-based strengths and accomplishments in:

- Leadership & Accountability
- P & L Responsibility
- Strategic Planning
- Staff Development and Team Building
- MCO Contracting
- Rate Negotiation
- Process and Quality Improvement
- Corporate Presentations & Marketing

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### Professional Experience

#### Community Partners

Dover, NH October 2010 – Present

*A State designated Community Mental Health Program providing services to individuals*

**Chief Operating Officer (4/12 – present)**

**Director of Quality Improvement (10/10 – 4/12)**

Senior member of the management team with responsibility for oversight of the Behavioral Health Services Division.

#### *Accomplishments*

- Successfully navigated the organization through the State's re-designation process. Preliminary feedback indicated that the State will award the organization with another full 5-year designation as a community mental health program.
- Developed and implemented several new reports, forms and other management tools that created efficiencies in daily paper work as well as providing managers with a dashboard-like view of data about their specific staff/program simply by opening a Microsoft Excel file.
- Engaged in a major change management process that has challenged veteran staff to rethink and analyze nearly every facet of their program operation.

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#### Dynamic Solutions NE, LLC

Portsmouth, NH September 2008 – Present

*Independent consulting company specializing in revenue enhancement strategies, operational automation and small application development for behavioral health practices and small health plans.*

#### *Consultant*

Founded Dynamic Solutions NE, LLC after spending nearly two decades in leadership positions in the insurance, case management and technology fields.

#### *Accomplishments*

- Developed proposal for a custom web-based outcome measurement application to be used by 14 psychiatric treatment centers spanning six states.
- Provided expert witness consultation in a case related to software pirating.
- Provide ad hoc consultation to information technology firms relative to healthcare informatics.

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#### Casenet Inc.

Bedford, MA August 2006 – July 2008

*A startup software company offering a platform care management solution for commercial insurance carriers as well as Medicaid / Medicare care management programs.*

#### *Vice President of Product Management*

Key member of the management team with responsibility for developing client specific solutions as well as creating the vision driving overall product direction.

#### *Accomplishments*

- Visionary behind the base business solution platform for the care management marketplace.
- Developed messaging that was instrumental in landing first commercial payer accounts (>\$9 million).
- Member of the Senior Management Team that successfully secured \$7.5 million of B-round

financing.

**Landmark Solutions, LLC (A.K.A. BHN)**

Concord, NH September 1998 – September 2006

*A regional managed behavioral healthcare company, national employee assistance program, and IT consulting group.*

*Vice President of Managed Care Services (7/03 – 8/06)*

*Director of Behavioral Health Services (8/98 – 7/03)*

Complete responsibility for the managed care product including \$3.5 million operating budget, \$18 million clinical capitation, strategic planning, vision, provider contracting, and oversight of five departments. Worked closely with IT to develop and implement innovative and efficient processes and systems to support process improvement, operational compliance, reporting and analysis, and workflow integration.

**Accomplishments**

- Re-contracted provider network to simplify contracts and maximize flexibility in bringing on new business lines.
- Initiated and implemented on-line patient registration process and automated attendant resulting in net operational savings of 3.5%.
- Implemented a new Outpatient Treatment Report to reign in escalating outpatient claims costs resulting in clinical savings of 4.5%.
- Met aggressive budget requirements by implementing tighter monitors on inpatient utilization resulting in a net savings of 10.6%.
- Brought credentialing process in-house resulting in a 66% reduction in operating costs.
- Initiated and successfully implemented a complete overhaul of the utilization management program resulting in improved NCQA delegation scoring from the low 60's to 100 percent.
- Collaborated with the director of information and technology to develop and implement a provider Web portal allowing providers to submit updated clinical information directly to BHN/Landmark Solutions'.

**CNR Health, Inc.**

Milwaukee, WI August 1991 – September 1998

*A national company offering medical, behavioral health, disability, and worker's compensation management services, employee assistance programs, and software development.*

*Director of Case Management*

Directly responsible for the care management business unit including medical and behavioral health utilization management, case management, disability management and workers compensation management.

**Accomplishments**

- Numerous positions of increasing responsibility during seven-year tenure: Behavioral Health Case Manager, Clinical Operations Manager, Director of Behavioral Health, Director of Case Management.
- Directly responsible for a \$2.5 million dollar operating budget.

**Education**

**North Dakota State University, Fargo, ND**

**Bachelor of Science in Psychology, 5/87**

Minor: Statistics

**Marquette University, Milwaukee, WI**

**Master of Science in Clinical Psychology, 8/89**

Thesis: Self-control deficits in depression: The contingent relationship between expectancies, evaluations and reinforcements.

**References**

Available upon request



## **Suzanne Bagdasarian**



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### **Business Experience**

**2001 – Present Behavioral Health & Developmental Services of Strafford County, Inc., D/B/A Community Partners of Strafford County, Dover, New Hampshire**

Chief Financial Officer 2019 – Present

Responsible for directing the overall financial and administrative management of this \$35 million agency, including Facilities, and IT.

Controller 2001 – 2018

- Responsible for the fiscal start of a new agency division including policy, procedures, compliance, training, accounting & billing systems, payroll, and reporting.
- Responsible for the conversion of financial software package including AR/AP/GL
- Accomplished “clean” annual external audits.
- Accountable for monthly financial statements in accordance to GAAP.
- Manage a team of 14 billing and accounting personnel with oversight for cash management, accounts payable, billing & collections, payroll and accounts receivable functions.
- Developed the agency budget including reporting functionality for monitoring performance.
- Project Manager for conversion of electronic health record.

**1994-2001 Harvard Pilgrim Health Care, Wellesley, MA**

Accounting Director - 2000-2001

- Responsible for all internal and external financial functions including general accounting, financial analysis, system operations, and reporting for Hospitals and Physicians.
- Reorganized and redesigned department staff functions, improved quality of provider financial reporting and reduced monthly financial close and reporting time by 30%.
- Responsible for the quality and integrity of medical expense data representing 85% of the company's expenses.

Budget Manager – 1999- 2000

- Developed and prepared \$1.7 billion medical care and \$65 million Network Management administrative budget in collaboration with department Directors and Vice Presidents.
- Prepared scenario analysis, year-end, and multi-year financial projections and established cost allocations for administrative budget.

Supervisor NNE- Financial & Utilization Analysis Department – 1997-1999

- Established and supervised a new department responsible for financial and utilization analysis for Hospitals and Physicians located in Maine and New Hampshire.
- Created financial models and scenario analysis supporting contract negotiations with Hospitals and Physicians.

**Financial & Utilization Analyst- 1994 – 1997**

- Monitored medical expenses and utilization patterns identifying cost saving opportunities.
- Produced, analyzed, and presented financial and utilization data to Senior Management and external Hospitals and Physicians.

**1993 – 1994 Federal Deposit Insurance Corporation, Franklin MA**

**Staff Accountant**

- Responsible for daily and monthly account receivable posting and reconciliation.
- Performed internal audits of field offices and external bank audits.

**Education**

M.B.A., Economics, 1999, Bentley College, Waltham MA

B.S., Accounting & Business Management, 1991, Rivier College, Nashua, NH

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# JANET SCOTT SALSURY, MSW, LICSW

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**OBJECTIVE:** To obtain lasting human services experience by working with diverse populations in a progressive social environment. My focus includes striving to eliminate structural, cultural, and interpersonal oppression and societal barriers that exist in people's lives.

## EDUCATION

1995 Master of Social Work, University of New England  
1989 Bachelors of Arts: Psychology Major, University of New Hampshire

## EMPLOYMENT

2018 – Present *Chief Clinical Officer: Community Partners*

2013 – 2018 *QI Director: Community Partners*

Responsibilities include quality oversight of all CMHC programming

2010 – 2013 *Acute Care Services Director: Community Partners*

Responsibilities include clinical, financial and quality oversight of the AOP Department, Acute Care Department and the Admissions Department at a Community Mental Health Center

2008 – 2014 *Director Of Clinical Services: Community Partners*

Responsibilities include clinical, financial and quality oversight of the AOP Department and the Children's Department at a Community Mental Health Center

2007 – 2008 *Director of Clinical Services: Community Partners*

Responsibilities include clinical, financial and quality oversight of the CSP Department and the Children's Department at a Community Mental Health Center

2002- 2006 *Director of Youth & Family Services: Community Partners*

Responsibilities include oversight and management of the Children's Department at a Community Mental Health Center

2001-2002 *Assistant Director of Youth & Family Services: Behavioral Health & Developmental Services of Strafford County*

2000-2001 *Assistant Director of Youth & Family Services: Strafford Guidance Center, Inc.*

1998-2000 *Manager of Children's Crisis Services: Strafford Guidance Center, Inc.*

Responsibilities include management of Adolescent Partial Hospitalization Program, the Crisis and Respite Beds and the Family and Community Support Programs.

- Provide clinical and administrative supervision to direct care staff
- Program development within the Youth and Family Department
- Triage referrals for Children's crisis services and home based services

1995-1998 *Intensive Family Stabilization Therapist: Strafford Guidance Center, Inc.*

Provided intensive home based therapy services to families with a child in crisis.

- Home based therapy with a variety of families
- Crisis Intervention and stabilization
- Case Management
- Member – Internal Planning Committee

*1994-1995 Therapist – Social Work Internship: Child and Family Services*

This program provides counseling services to children and families in Rockingham County, NH.

- Provided counseling to various populations, including families, couples, children and individuals
- Developed and facilitated parent education groups in the community
- Community outreach work
- Conducted telephone intake screenings
- Grant writing

*1993-1994 School Social Worker – Social Work Internship: Winnacunnet High School, Special Services Department, Hampton NH*

This program serves the educational and emotional needs of students who are identified as having special learning, emotional or developmental needs.

- Provided individual counseling to adolescents
- Facilitated a year long girls' support group
- Co-facilitated a weekly parent support group
- Provided home based family therapy
- Case Management

*1993 (Summer) Crisis Intervention Counselor: Commonworks School/ Harbor Schools and Family Services, Merrimac MA*

This program serves the educational, social and emotional needs of adolescents with emotional and/or behavioral difficulties.

- Developed and implemented individual students' educational goals
- Intervened, assessed and resolved crisis situations in the school

*1990-1993 Child Care Counselor: The Spurwink School, Portland ME*

This residential program served youth ages 10 to 18 with emotional and behavioral difficulties. The children have histories of severe family trauma, including physical, emotional and sexual abuse

- Developed and implemented residents' case plans
- Case Management
- Program development
- House management and supervision
- Trained new employees

## **PROFESSIONAL ASSOCIATIONS**

Member, National Association of Social Workers

Licensed in New Hampshire as a Master of Social Work

Steering Committee Member, Seacoast Response Team through the Center for Trauma Intervention. This Team provides CISM following traumatic events involving youth in Strafford, Rockingham and York counties from 2000 to 2005

## **PROFESSIONAL TRAINING/SPECIALITIES**

Therapy with children, families and couples

CISM Trained & CISM Trainer

EMDR Trained – Level I

TFT trained – Levels I & 2

# Tammy Smith

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Objective: To obtain a full time position.

## Experience:

### Life Coach

4/2010 - present

*LifeShare Dover, NH*

- Provide day program services to adults with disabilities.
- Mandt Certified
- Responsible for writing activity schedules.

(additional job responsibilities:6/25/2012-7/31/2012 Temporary Program Manager

As well as 8/1/2012-9/7/2012 Temporary Associate Director.)

### Homemaker

1/2009 - 4/2010

*Area Homecare Portsmouth, NH*

- Provided support to elderly and or disabled people in their homes.
- Conducted safety Assessments.
- Wrote daily contact notes, highlighted areas of concern.

### Case Manager

3/1999- 9/2002

*Strafford Guidance Center - Rochester, NH*

- Managed a case load of 30 plus individuals with chronic mental illness.
- Provided supportive counseling and crisis intervention.
- Wrote treatment plans based on clients goals.

### Sales Clerk

2/03-11/10

*Liar's Paradise-Nottingham, NH*

### Skills Instructor / Paraprofessional

1/97 - 3/99

*Easter Seals - Portsmouth, NH and Epping NH*

- Supported students through a school to work program.
- Provided day program services to adults with disabilities.
- Facilitated group activities to increase peer socialization.

**Education**

*UNH Durham, NH*

1994 - 1996

Bachelors Degree in Social Work

Transferred to UNH with an Associate Degree in Human Services.

**References:**

Alden Gregory

-Former supervisor at Lifeshare.

Phone: 802-282-9928

Jaylon Curry

-Former Supervisor at Lifeshare.

Phone: 802-578-3174

Steve Ballou

-Former supervisor at Strafford Guidance Center.

Phone: 603-315-5182

Maureen McCarthy



860-505-9003

**OBJECTIVE:** To obtain a challenging position as an advocate for individuals with disabilities.

**PROFESSIONAL QUALIFICATIONS:**

**Case Management:** Managed a case load of 70 clients. Facilitated meetings with service providers, families, attorneys and clients to ensure the client received appropriate services. Provided representation of the clients' best interests in Court hearings.

**Communications:** Excellent organization, analytical and multi-tasking skills. Excellent oral and written communication skills. Co-wrote and edited a state-wide newsletter ("The Blue Sheet") on disability policy and advocacy issues. Co-wrote the City of Manchester's ADA Transition Plan and Self-Evaluation.

**Policy and Advocacy:** Nationally Certified Public Guardian. In-depth knowledge of New Hampshire's Developmental Services, Traumatic Brain Injury and Mental Health service provision network. Extensive experience working with Area Agencies, Mental Health Centers and other non-profit organizations throughout the state. Detailed knowledge of State and Federal laws and regulations regarding disability policy and benefits, including New Hampshire Medicaid and Social Security Disability Insurance provisions. Organized and facilitated more than 600 volunteers for the "Get Out The Vote" effort for President Obama's reelection campaign for Wards 3 and 4 in Dover, New Hampshire.

**Training and Instructional Design:** Designed, presented and facilitated numerous training programs in the areas of Strategic Planning, Employee Orientation, Time Management, Disability Awareness, Employee Motivation and Recognition, Sexual Harassment, Stress Management, Effective Communication and Customer Service.

**EMPLOYMENT HISTORY:**

**TRI-COUNTY CAP, INC.,** Concord, NH  
NATIONALLY CERTIFIED GUARDIAN 2013-2015

**ORGANIZING FOR AMERICA,** Dover, NH  
ORGANIZING FELLOW, 2012

**MARCAM ASSOCIATES,** Somersworth, NH  
ACCOUNT MANAGER, 2011-2013

**LIBERTY MUTUAL INSURANCE COMPANY,** Dover, NH  
LONG TERM DISABILITY CLAIMS MANAGER, 2005-2011

**TRI-COUNTY CAP, INC.,** Concord, NH  
NATIONALLY CERTIFIED GUARDIAN 2003-2005

**CITY OF MANCHESTER, NH HUMAN RESOURCES DEPARTMENT**  
HUMAN RESOURCES ANALYST/ ADA & TRAINING COORDINATOR, 1998 - 2002

**DISABILITIES RIGHTS CENTER, INC.,** Concord, NH  
CASE ADVOCATE, 1994 -1998

**OFFICE OF THE GOVERNOR,** Concord, NH  
GOVERNOR'S COMMISSION ON DISABILITY CLIENT ASSISTANCE PROGRAM ADVOCATE, 1993-1997

**EDUCATION:**

University of New Hampshire (UNH) Durham, NH Bachelor of Arts, Political Science

PROFESSIONAL AFFILIATIONS

~~CONFIDENTIAL~~  
~~CONFIDENTIAL~~  
~~CONFIDENTIAL~~  
National Guardianship Foundation, Member, Nationally Certified Guardian  
New Beginnings: A Women's Crisis Center, Past Member, Board of Directors  
American Society of Training and Development: Past Member  
Society of Human Resources Management: Past Member  
New Hampshire Mediators Association: Past Member, Board of Directors  
Parent Information Center, Past Member, Board of Directors  
State Advisory and Oversight Committee on Special Education: Past Member, appointed by Governor  
Stephen Merrill

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## KEY ADMINISTRATIVE PERSONNEL

### NH Department of Health and Human Services

Behavioral Health & Developmental Services of Strafford County, Inc.  
d/b/a Community Partners

Vendor Name:

Name of Program/Service: ServiceLink

BUDGET PERIOD:	FY19 - FY20		
Name & Title Key Administrative Personnel	Annual Salary of Key Administrative Personnel	Percentage of Salary Paid by Contract	Total Salary Amount Paid by Contract
Collins, Brian, Executive Director	\$213,000	0.00%	\$0.00
Kozak, Christopher, C. O. O.	\$89,610	0.00%	\$0.00
Bagdasarian, Suzanne, C.F.O.	\$105,000	0.00%	\$0.00
Salsbury, Janet, Chief Clinical Officer	\$84,460	0.00%	\$0.00
Smith, Tammy, Resource Center Program Director	\$60,900	43.00%	\$26,187.00
McCarthy, Maureen, Manager ServiceLink	\$44,554	100.00%	\$44,554.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
<b>TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)</b>			<b>\$70,741.00</b>

Key Administrative Personnel are top-level agency leadership (Executive Director, CEO, CFO, etc.). These personnel **MUST** be listed, even if no salary is paid from the contract. Provide their name, title, annual salary and percentage of annual salary paid from the agreement.

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF LONG TERM SUPPORTS AND SERVICES

BUREAU OF ELDERLY & ADULT SERVICES

Jeffrey A. Meyers  
Commissioner

Christine L. Santanella  
Director

105 PLEASANT STREET, CONCORD, NH 03301-3587

603-271-9203 1-800-351-1888

Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

June 6, 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 Long Term Supports and Services, to enter into agreements with the vendors listed below for the provision of the ServiceLink Resource Center programs in an amount not to exceed \$8,029,367.28 and extending the completion date from September 30, 2018 to June 30, 2019 for the provision of the ServiceLink programs effective June 1, 2018 or upon Governor and Executive Council approval, whichever is later through June 30, 2019. 58% Federal Funds, 42% General Funds.

Vendor Name	Vendor Number	Location	Amount
Community Action Program Belknap and Merrimack Counties, Inc.	177203	Concord, NH	\$870,786.25
Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners of Strafford County	177278	Rochester, NH	\$587,377.16
Crotched Mountain Community Care, Inc.	177293	Portsmouth and Atkinson, NH	\$1,433,441.23
Easter Seals New Hampshire, Inc.	177204	Manchester and Nashua, NH	\$1,077,352.21
Grafton County Senior Citizens Council, Inc.	177675	Lebanon and Littleton, NH	\$865,101.39
Lakes Region Partnership for Public Health, Inc.	165635	Laconia and Tamworth, NH	\$1,170,924.42
Monadnock Collaborative	159303	Keene and Claremont, NH	\$1,517,076.05
Tri-County Community Action Program, Inc.	177195	Berlin, NH	\$507,308.57
<b>TOTAL:</b>			<b>\$8,029,367.28</b>

Funds to support this request are available in the following accounts in State Fiscal Year 2018 and are anticipated to be available in State Fiscal Year 2019 upon the availability and continued appropriation of funds in the future operating budget, with the ability to adjust encumbrances between

state fiscal years through the Budget Office without Governor and Executive Council approval, if needed and justified.

## FISCAL DETAILS ATTACHED

### EXPLANATION

The purpose of this agreement is to execute our authority to amend and extend all 8 ServiceLink contracts for the purpose of raising the limitation for Medicare Improvements for Patients and Providers Act funds and funding to increase activity relative to ensuring that ServiceLink is able to continue its work supporting NH's Medicare Beneficiaries and those needing support and guidance to access and enroll in publicly funded community based services as an alternative to nursing facility care. This request also includes the extension of ServiceLink contracts from September 30, 2018 to June 30, 2019 for the provisions of the ServiceLink programs. These Contractors serve as highly visible and trusted places where people of all incomes and ages access information on the full range of long-term support and service options as well as serving as the single point of entry for Medicaid long-term support and services programs and benefits. The ServiceLink program includes: Serving as the Aging and Disability Resource Center, provision of Information, Referral and Assistance, Person Centered Options Counseling, assistance with accessing Medicare through the State Health Insurance and Assistance Program, Senior, Medicare Patrol, Medicare Improvements for Patients and Providers Act program, and Veterans Directed and Community Based Program.

The services are collectively provided by ServiceLink Contractors that utilize the No Wrong Door and Person Centered Option Counseling models. ServiceLink Contractors operate as full service access points for individuals in New Hampshire so they can experience a streamlined process for eligibility screening, determination, options counseling and program enrollment. The Contractors follow standardized processes established by the Department to ensure that individuals accessing the system experience the same process and receive the same information about publicly funded Long Term Supports and Services through any of the ServiceLink access point locations.

The Department of Health and Human Services solicited applications to provide ServiceLink program services through the Request for Proposal process. The Request for Proposal was posted to the Department's website on July 15, 2016 through August 30, 2016. Ten (10) proposals were received from eight (8) vendors. A team of individuals with program knowledge and experience reviewed the proposals. All eight (8) vendors were awarded contracts as presented in this package.

As referenced in the Request for Proposals and in Exhibit C-1 of these contracts, these Agreements have the option to extend for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. These eight (8) amendments are requested for that purpose.

Funds in this agreement will be used to allow each contractor to continue to provide ServiceLink services throughout the State of New Hampshire.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 biennia.

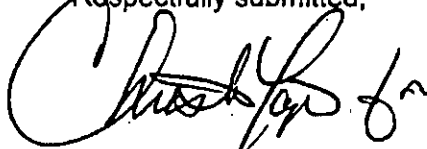
Should the Governor and Executive Council not approve this request, the Department would have to design and implement an alternative method of complying with RSA 151-E:5, which mandates the establishment of a system of community based information and referral services for elderly and chronically ill adults. In addition, there may be an increase in hospital and nursing home admissions as individuals would not have access to the information on community based options and ways to access these options which would increase Medicaid expenditures.

Area Served: Statewide

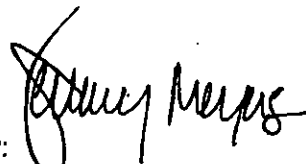
Source of Funds: 58% General Funds and 42% Federal Funds from the United States Department of Health and Human Services, Centers for Medicare and Medicaid, Administration for Children and Families, and Administration for Community Living.

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

Respectfully submitted,



Christine Santaniello  
Director



Approved by:

Jeffrey A. Meyers  
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET  
SFY17 Q3-Q4, SFY 2018 and SFY 2019**

**05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,  
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500734	Contracts for Program Services	2017	\$12,345.32		\$12,345.32
102-500734	Contracts for Program Services	2018	\$278,577.45	\$2,222.00	\$280,799.45
545-500387	I & R Contracts	2018	\$15,685.18		\$15,685.18
570-500928	Family Caregiver	2018	\$54,000.00		\$54,000.00
102-500734	Contracts for Program Services	2019	\$69,992.19	\$196,003.76	\$265,995.95
545-500387	I & R Contracts	2019	\$3,921.29	\$11,763.87	\$15,685.16
570-500928	Family Caregiver	2019	\$13,500.00	\$40,500.00	\$54,000.00
		<b>Subtotal</b>	<b>\$448,021.43</b>	<b>\$250,489.63</b>	<b>\$698,511.06</b>

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500734	Contracts for Program Services	2017	\$8,665.47		\$8,665.47
102-500734	Contracts for Program Services	2018	\$197,242.17	\$1,333.00	\$198,575.17
545-500387	I & R Contracts	2018	\$11,009.79		\$11,009.79
570-500928	Family Caregiver	2018	\$27,000.00		\$27,000.00
102-500734	Contracts for Program Services	2019	\$49,508.75	\$138,039.37	\$187,548.12
545-500387	I & R Contracts	2019	\$2,752.45	\$8,257.35	\$11,009.80
570-500928	Family Caregiver	2019	\$6,750.00	\$20,250.00	\$27,000.00
		<b>Subtotal</b>	<b>\$302,928.63</b>	<b>\$167,879.72</b>	<b>\$470,808.35</b>

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500734	Contracts for Program Services	2017	\$20,773.35		\$20,773.35
102-500734	Contracts for Program Services	2018	\$479,324.51	\$4,000.00	\$483,324.51
545-500387	I & R	2018	\$26,393.33		\$26,393.33

	Contracts				
570-500928	Family Caregiver	2018	\$67,000.00		\$67,000.00
102-500734	Contracts for Program Services	2019	\$120,131.25	\$337,664.98	\$457,796.23
545-500387	I & R Contracts	2019	\$6,598.33	\$19,794.99	\$26,393.32
570-500928	Family Caregiver	2019	\$16,750.00	\$50,250.00	\$67,000.00
		<b>Subtotal</b>	<b>\$736,970.77</b>	<b>\$411,709.97</b>	<b>\$1,148,680.74</b>

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500734	Contracts for Program Services	2017	\$12,760.79		\$12,760.79
102-500734	Contracts for Program Services	2018	\$349,981.07	\$4,666.00	\$354,647.07
545-500387	I & R Contracts	2018	\$16,213.04		\$16,213.04
570-500928	Family Caregiver	2018	\$54,000.00		\$54,000.00
102-500734	Contracts for Program Services	2019	\$86,180.59	\$251,206.33	\$337,386.92
545-500387	I & R Contracts	2019	\$4,053.26	\$12,159.78	\$16,213.04
570-500928	Family Caregiver	2019	\$13,500.00	\$40,500.00	\$54,000.00
		<b>Subtotal</b>	<b>\$536,688.75</b>	<b>\$308,532.11</b>	<b>\$845,220.86</b>

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500734	Contracts for Program Services	2017	\$13,888.49		\$13,888.49
102-500734	Contracts for Program Services	2018	\$289,306.45	\$1,800.00	\$291,106.45
545-500387	I & R Contracts	2018	\$17,645.82		\$17,645.82
570-500928	Family Caregiver	2018	\$40,500.00		\$40,500.00
102-500734	Contracts for Program Services	2019	\$73,368.22	\$202,286.04	\$275,654.26
545-500387	I & R Contracts	2019	\$4,411.46	\$13,234.38	\$17,645.84
570-500928	Family Caregiver	2019	\$10,125.00	\$30,375.00	\$40,500.00
		<b>Subtotal</b>	<b>\$449,245.44</b>	<b>\$247,695.42</b>	<b>\$696,940.86</b>

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
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102-500734	Contracts for Program Services	2017	\$17,093.52		\$17,093.52
102-500734	Contracts for Program Services	2018	\$366,096.10	\$2,932.00	\$369,028.10
545-500387	I & R Contracts	2018	\$21,717.93		\$21,717.93
570-500928	Family Caregiver	2018	\$81,000.00		\$81,000.00
102-500734	Contracts for Program Services	2019	\$92,535.39	\$257,827.33	\$350,362.72
545-500387	I & R Contracts	2019	\$5,429.48	\$16,288.44	\$21,717.92
570-500928	Family Caregiver	2019	\$20,250.00	\$60,750.00	\$81,000.00
		<b>Subtotal</b>	<b>\$604,122.42</b>	<b>\$337,797.77</b>	<b>\$941,920.19</b>

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500734	Contracts for Program Services	2017	\$24,987.41		\$24,987.41
102-500734	Contracts for Program Services	2018	\$511,751.79	\$2,300.00	\$514,051.79
545-500387	I & R Contracts	2018	\$31,747.40		\$31,747.40
570-500928	Family Caregiver	2018	\$67,500.00		\$67,500.00
102-500734	Contracts for Program Services	2019	\$130,048.20	\$355,270.86	\$485,319.06
545-500387	I & R Contracts	2019	\$7,936.85	\$23,810.55	\$31,747.40
570-500928	Family Caregiver	2019	\$16,875.00	\$50,625.00	\$67,500.00
		<b>Subtotal</b>	<b>\$790,846.65</b>	<b>\$432,006.41</b>	<b>\$1,222,853.06</b>

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500734	Contracts for Program Services	2017	\$8,190.65		\$8,190.65
102-500734	Contracts for Program Services	2018	\$166,350.00	\$1,100.00	\$167,450.00
545-500387	I & R Contracts	2018	\$10,406.51		\$10,406.51
570-500928	Family Caregiver	2018	\$27,000.00		\$27,000.00
102-500734	Contracts for Program Services	2019	\$42,316.94	\$116,557.80	\$158,874.74
545-500387	I & R	2019	\$2,601.63	\$7,804.89	\$10,406.52

	Contracts				
570-500928	Family Caregiver	2019	\$6,750.00	\$20,250.00	\$27,000.00
		Subtotal	\$263,615.73	\$145,712.69	\$409,328.42

Total 9565	\$4,132,439.82	\$2,301,823.72	\$6,434,263.54
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**05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT  
ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND COUNSELING  
(50% Federal Funds; 50% General Funds)**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
550-500398	Assessment & Counseling	2017	\$96,724.05		\$96,724.05
		Subtotal	\$96,724.05	\$0.00	\$96,724.05

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
550-500398	Assessment & Counseling	2017	\$67,892.85		\$67,892.85
		Subtotal	\$67,892.85	\$0.00	\$67,892.85

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
550-500398	Assessment & Counseling	2017	\$162,756.84		\$162,756.84
		Subtotal	\$162,756.84	\$0.00	\$162,756.84

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
550-500398	Assessment & Counseling	2017	\$99,979.19		\$99,979.19
		Subtotal	\$99,979.19	\$0.00	\$99,979.19

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
550-500398	Assessment & Counseling	2017	\$108,814.56		\$108,814.56
		Subtotal	\$108,814.56	\$0.00	\$108,814.56

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
550-500398	Assessment & Counseling	2017	\$133,925.61		\$133,925.61
		Subtotal	\$133,925.61	\$0.00	\$133,925.61

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
550-500398	Assessment &	2017	\$195,773.21		\$195,773.21



	Counseling				
		Subtotal	\$195,773.21	\$0.00	\$195,773.21

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
550-500398	Assessment & Counseling	2017	\$64,172.69		\$64,172.69
		Subtotal	\$64,172.69	\$0.00	\$64,172.69

<b>Total 6180</b>	<b>\$930,039.00</b>	<b>\$0.00</b>	<b>\$930,039.00</b>
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**05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT  
(46% Federal Funds; 54% General Funds)**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
545-500387	I & R Contracts	2017	\$8,017.46		\$8,017.46
		Subtotal	\$8,017.46	\$0.00	\$8,017.46

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
545-500387	I & R Contracts	2017	\$5,627.64		\$5,627.64
		Subtotal	\$5,627.64	\$0.00	\$5,627.64

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
545-500387	I & R Contracts	2017	\$13,490.93		\$13,490.93
		Subtotal	\$13,490.93	\$0.00	\$13,490.93

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
545-500387	I & R Contracts	2017	\$8,287.28		\$8,287.28
		Subtotal	\$8,287.28	\$0.00	\$8,287.28

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
545-500387	I & R Contracts	2017	\$9,019.65		\$9,019.65
		Subtotal	\$9,019.65	\$0.00	\$9,019.65

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
545-500387	I & R Contracts	2017	\$11,101.11		\$11,101.11

		<b>Subtotal</b>	<b>\$11,101.11</b>	<b>\$0.00</b>	<b>\$11,101.11</b>
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**Monadnock Collaborative (Vendor # 159303)**

<b>Class/Account</b>	<b>Class Title</b>	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
545-500387	I & R Contracts	2017	\$16,227.65		\$16,227.65
		<b>Subtotal</b>	<b>\$16,227.65</b>	<b>\$0.00</b>	<b>\$16,227.65</b>

**Tri County Community Action Program, Inc. (Vendor # 177195)**

<b>Class/Account</b>	<b>Contracts for Program Svcs</b>	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
545-500387	I & R Contracts	2017	\$5,319.28		\$5,319.28
		<b>Subtotal</b>	<b>\$5,319.28</b>	<b>\$0.00</b>	<b>\$5,319.28</b>

<b>Total 9255</b>	<b>\$77,091.00</b>	<b>\$0.00</b>	<b>\$77,091.00</b>
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05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
 ELDERLY AND ADULT  
 ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS  
 (86% Federal Funds; 14% General Funds)

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

<b>Class/Account</b>	<b>Class Title</b>	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
570-500928	Family Caregiver	2017	\$27,000.00		\$27,000.00
		<b>Subtotal</b>	<b>\$27,000.00</b>	<b>\$0.00</b>	<b>\$27,000.00</b>

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

<b>Class/Account</b>	<b>Class Title</b>	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
570-500928	Family Caregiver	2017	\$13,500.00		\$13,500.00
		<b>Subtotal</b>	<b>\$13,500.00</b>	<b>\$0.00</b>	<b>\$13,500.00</b>

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

<b>Class/Account</b>	<b>Class Title</b>	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
570-500928	Family Caregiver	2017	\$33,500.00		\$33,500.00
		<b>Subtotal</b>	<b>\$33,500.00</b>	<b>\$0.00</b>	<b>\$33,500.00</b>

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

<b>Class/Account</b>	<b>Class Title</b>	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
072-500575	Grants - Federal	2017	\$15,000.00		\$15,000.00
570-500928	Family Caregiver	2017	\$27,000.00		\$27,000.00
		<b>Subtotal</b>	<b>\$42,000.00</b>	<b>\$0.00</b>	<b>\$42,000.00</b>

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

<b>Class/Account</b>	<b>Class Title</b>	<b>State Fiscal</b>	<b>Current</b>	<b>Increase/</b>	<b>Modified Budget</b>
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		Year	Budget	(Decrease)	
570-500928	Family Caregiver	2017	\$20,250.00		\$20,250.00
		Subtotal	\$20,250.00	\$0.00	\$20,250.00

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
570-500928	Family Caregiver	2017	\$40,500.00		\$40,500.00
		Subtotal	\$40,500.00	\$0.00	\$40,500.00

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
570-500928	Family Caregiver	2017	\$33,750.00		\$33,750.00
		Subtotal	\$33,750.00	\$0.00	\$33,750.00

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
570-500928	Family Caregiver	2017	\$13,500.00		\$13,500.00
		Subtotal	\$13,500.00	\$0.00	\$13,500.00

Total 7872-072 & 570	\$224,000.00	\$0.00	\$224,000.00
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**05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS  
(100% Federal Funds)**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$10,245.00		\$10,245.00
		Subtotal	\$10,245.00	\$0.00	\$10,245.00

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$7,525.09		\$7,525.09
		Subtotal	\$7,525.09	\$0.00	\$7,525.09

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$19,311.38		\$19,311.38
		Subtotal	\$19,311.38	\$0.00	\$19,311.38

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$22,756.60		\$22,756.60
		<b>Subtotal</b>	<b>\$22,756.60</b>	<b>\$0.00</b>	<b>\$22,756.60</b>

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$6,799.78		\$6,799.78
		<b>Subtotal</b>	<b>\$6,799.78</b>	<b>\$0.00</b>	<b>\$6,799.78</b>

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$10,335.67		\$10,335.67
		<b>Subtotal</b>	<b>\$10,335.67</b>	<b>\$0.00</b>	<b>\$10,335.67</b>

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$10,517.00		\$10,517.00
		<b>Subtotal</b>	<b>\$10,517.00</b>	<b>\$0.00</b>	<b>\$10,517.00</b>

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Svcs	2017	\$3,173.23		\$3,173.23
		<b>Subtotal</b>	<b>\$3,173.23</b>	<b>\$0.00</b>	<b>\$3,173.23</b>

<b>Total 8925</b>	<b>\$90,663.75</b>	<b>\$0.00</b>	<b>\$90,663.75</b>
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**05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - SMPP (75%  
Federal Funds; 25% General Funds)**

(75% Federal Funds; 25% General Funds)

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$19,010.74		\$19,010.74
		<b>Subtotal</b>	<b>\$19,010.74</b>	<b>\$0.00</b>	<b>\$19,010.74</b>

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$13,739.44		\$13,739.44
		<b>Subtotal</b>	<b>\$13,739.44</b>	<b>\$0.00</b>	<b>\$13,739.44</b>

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$34,442.87		\$34,442.87
		<b>Subtotal</b>	<b>\$34,442.87</b>	<b>\$0.00</b>	<b>\$34,442.87</b>

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$34,057.30		\$34,057.30
		<b>Subtotal</b>	<b>\$34,057.30</b>	<b>\$0.00</b>	<b>\$34,057.30</b>

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$15,791.19		\$15,791.19
		<b>Subtotal</b>	<b>\$15,791.19</b>	<b>\$0.00</b>	<b>\$15,791.19</b>

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$21,764.10		\$21,764.10
		<b>Subtotal</b>	<b>\$21,764.10</b>	<b>\$0.00</b>	<b>\$21,764.10</b>

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$26,377.78		\$26,377.78
		<b>Subtotal</b>	<b>\$26,377.78</b>	<b>\$0.00</b>	<b>\$26,377.78</b>

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$8,321.78		\$8,321.78
		<b>Subtotal</b>	<b>\$8,321.78</b>	<b>\$0.00</b>	<b>\$8,321.78</b>

<b>Total 3317 SMPP</b>	<b>\$173,505.20</b>	<b>\$0.00</b>	<b>\$173,505.20</b>
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05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
 ELDERLY AND ADULT SERVICES; GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - MIPPA (100%  
 Federal Funds)

(100% Federal Funds)

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$11,277.94		\$11,277.94
		Subtotal	\$11,277.94	\$0.00	\$11,277.94

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$8,283.79		\$8,283.79
		Subtotal	\$8,283.79	\$0.00	\$8,283.79

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$21,258.47		\$21,258.47
		Subtotal	\$21,258.47	\$0.00	\$21,258.47

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$25,050.98		\$25,050.98
		Subtotal	\$25,050.98	\$0.00	\$25,050.98

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$7,485.35		\$7,485.35
		Subtotal	\$7,485.35	\$0.00	\$7,485.35

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$11,377.74		\$11,377.74
		Subtotal	\$11,377.74	\$0.00	\$11,377.74

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$11,577.35		\$11,577.35

		<b>Subtotal</b>	<b>\$11,577.35</b>	<b>\$0.00</b>	<b>\$11,577.35</b>
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**Tri County Community Action Program, Inc. (Vendor # 177195)**

<b>Class/Account</b>	<b>Contracts for Program Svcs</b>	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
102-500731	Contracts for Program Services	2017	\$3,493.17		\$3,493.17
		<b>Subtotal</b>	<b>\$3,493.17</b>	<b>\$0.00</b>	<b>\$3,493.17</b>

<b>Total 8888</b>	<b>\$99,804.79</b>	<b>\$0.00</b>	<b>\$99,804.79</b>
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**Summary by Vendor by Year**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
	2017	\$184,620.51	\$0.00	\$184,620.51
	2018	\$348,262.63	\$2,222.00	\$350,484.63
	2019	\$87,413.48	\$248,267.63	\$335,681.11
	<b>Subtotal</b>	<b>\$620,296.62</b>	<b>\$250,489.63</b>	<b>\$870,786.25</b>

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
	2017	\$125,234.28	\$0.00	\$125,234.28
	2018	\$235,251.96	\$1,333.00	\$236,584.96
	2019	\$59,011.20	\$166,546.72	\$225,557.92
	<b>Subtotal</b>	<b>\$419,497.44</b>	<b>\$167,879.72</b>	<b>\$587,377.16</b>

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
	2017	\$305,533.84	\$0.00	\$305,533.84
	2018	\$572,717.84	\$4,000.00	\$576,717.84
	2019	\$143,479.58	\$407,709.97	\$551,189.55
	<b>Subtotal</b>	<b>\$1,021,731.26</b>	<b>\$411,709.97</b>	<b>\$1,433,441.23</b>

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
	2017	\$244,892.14	\$0.00	\$244,892.14
	2018	\$420,194.11	\$4,668.00	\$424,860.11
	2019	\$103,733.85	\$303,866.11	\$407,599.96
	<b>Subtotal</b>	<b>\$768,820.10</b>	<b>\$308,532.11</b>	<b>\$1,077,352.21</b>

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
	2017	\$182,049.02	\$0.00	\$182,049.02
	2018	\$347,452.27	\$1,800.00	\$349,252.27
	2019	\$87,904.68	\$245,895.42	\$333,800.10
	<b>Subtotal</b>	<b>\$617,405.97</b>	<b>\$247,695.42</b>	<b>\$865,101.39</b>

**Lakes Region Partnership for Public Health (Vendor # 165635)**

	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
	2017	\$246,097.75	\$0.00	\$246,097.75

	2018	\$468,814.03	\$2,932.00	\$471,746.03
	2019	\$118,214.87	\$334,865.77	\$453,080.64
	<b>Subtotal</b>	<b>\$833,126.65</b>	<b>\$337,797.77</b>	<b>\$1,170,924.42</b>

**Monadnock Collaborative (Vendor # 159303)**

	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
	2017	\$319,210.40	\$0.00	\$319,210.40
	2018	\$610,999.19	\$2,300.00	\$613,299.19
	2019	\$154,860.05	\$429,706.41	\$584,566.46
	<b>Subtotal</b>	<b>\$1,085,069.64</b>	<b>\$432,006.41</b>	<b>\$1,517,076.05</b>

**Tri County Community Action Program, Inc. (Vendor # 177195)**

	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
	2017	\$106,170.80	\$0.00	\$106,170.80
	2018	\$203,756.51	\$1,100.00	\$204,856.51
	2019	\$51,668.57	\$144,612.69	\$196,281.26
	<b>Subtotal</b>	<b>\$361,595.88</b>	<b>\$145,712.69</b>	<b>\$507,308.57</b>

<b>Grand Total SFY17</b>	2017	<b>\$1,713,808.74</b>	<b>\$0.00</b>	<b>\$1,713,808.74</b>
<b>Grand Total SFY18</b>	2018	<b>\$3,207,448.54</b>	<b>\$20,353.00</b>	<b>\$3,227,801.54</b>
<b>Grand Total SFY19</b>	2019	<b>\$806,286.28</b>	<b>\$2,281,470.72</b>	<b>\$3,087,757.00</b>
<b>Total Contract</b>		<b>\$5,727,543.56</b>	<b>\$2,301,823.72</b>	<b>\$8,029,367.28</b>

**ACCOUNTING UNIT SUMMARY**

**05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,  
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500734	Contracts for Program Services	2017	\$118,705.00	\$0.00	\$118,705.00
102-500734	Contracts for Program Services	2018	\$2,638,629.54	\$20,353.00	\$2,658,982.54
545-500387	I & R Contracts	2018	\$150,819.00	\$0.00	\$150,819.00
570-500928	Family Caregiver	2018	\$418,000.00	\$0.00	\$418,000.00
102-500734	Contracts for Program Services	2019	\$664,081.53	\$1,854,856.47	\$2,518,938.00
545-500387	I & R Contracts	2019	\$37,704.75	\$113,114.25	\$150,819.00
570-500928	Family Caregiver	2019	\$104,500.00	\$313,500.00	\$418,000.00
	<b>Subtotal</b>		<b>\$4,132,439.82</b>	<b>\$2,301,823.72</b>	<b>\$6,434,263.54</b>

**05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT**



**ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND COUNSELING (50%  
Federal Funds; 50% General Funds)  
(50% Federal Funds; 50% General Funds)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
550-500398	Assessment & Counseling	2017	\$930,039.00	\$0.00	\$930,039.00
		<b>Subtotal</b>	<b>\$930,039.00</b>	<b>\$0.00</b>	<b>\$930,039.00</b>

**05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT  
(46% Federal Funds; 54% General Funds)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
545-500387	I & R Contracts	2017	\$77,091.00	\$0.00	\$77,091.00
		<b>Subtotal</b>	<b>\$77,091.00</b>	<b>\$0.00</b>	<b>\$77,091.00</b>

**05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS  
(86% Federal Funds; 14% General Funds)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
072-500575	Grants - Federal	2017	\$15,000.00		\$15,000.00
570-500928	Family Caregiver	2017	\$209,000.00		\$209,000.00
		<b>Subtotal</b>	<b>\$224,000.00</b>	<b>\$0.00</b>	<b>\$224,000.00</b>

**05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS  
(100% Federal Funds)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$90,663.75		\$90,663.75
		<b>Subtotal</b>	<b>\$90,663.75</b>	<b>\$0.00</b>	<b>\$90,663.75</b>

**05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - SMPP (75%  
Federal Funds; 25% General Funds)  
(75% Federal Funds; 25% General Funds)**

Class/Account	Class Title	State Fiscal Year	Current Budget	Increase/ (Decrease)	Modified Budget
102-500731	Contracts for Program Services	2017	\$173,505.20		\$173,505.20
		<b>Subtotal</b>	<b>\$173,505.20</b>	<b>\$0.00</b>	<b>\$173,505.20</b>

**05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - MIPPA (100%**

**Federal Funds)**  
**(100% Federal Funds)**

<b>Class/Account</b>	<b>Class Title</b>	<b>State Fiscal Year</b>	<b>Current Budget</b>	<b>Increase/ (Decrease)</b>	<b>Modified Budget</b>
102-500731	Contracts for Program Services	2017	\$99,804.79		\$99,804.79
		<b>Subtotal</b>	<b>\$99,804.79</b>	<b>\$0.00</b>	<b>\$99,804.79</b>

<b>Grand Total SFY17</b>	2017	<b>\$1,713,808.74</b>	<b>\$0.00</b>	<b>\$1,713,808.74</b>
<b>Grand Total SFY18</b>	2018	<b>\$3,207,448.54</b>	<b>\$20,353.00</b>	<b>\$3,227,801.54</b>
<b>Grand Total SFY19</b>	2019	<b>\$806,286.28</b>	<b>\$2,281,470.72</b>	<b>\$3,087,757.00</b>
<b>Total Contract</b>		<b>\$5,727,543.56</b>	<b>\$2,301,823.72</b>	<b>\$8,029,367.28</b>



State of New Hampshire  
Department of Health and Human Services  
Amendment #1 to the Service Link Resource Center Contract

This 1<sup>st</sup> Amendment to the Service Link Resource Center contract (hereinafter referred to as "Amendment 1") dated this 29th day of May 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Behavioral Health & Development of Strafford Inc., hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 113 Crosby Road, Dover, NH 03820.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 21, 2016 (Item #14), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, from September 30, 2018, to read:  
June 30, 2019.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, increase by \$167,879.72, to read:  
\$587,377.16.
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:  
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
4. Form P-37, General Provisions, Block 1.10 State Agency Telephone Number, to read:  
(603) 271-9330.
5. Exhibit A, Statement of Work, to read:
  - A. Required Services
    - a. A.1 ServiceLink Network will increase collaboration with state and community programs serving Medicare Beneficiaries with limited income and in rural areas to include but not limited to:
      - i. NH Family Caregiver Program
      - ii. State Nutrition consultant for New Hampshire Meals on Wheels and Congregate Meals
    - A.2 ServiceLink Network will expand outreach to specific target populations to establish a consistent and continual presence including but not limited to:



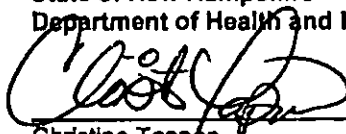
- i. NH Family Caregiver Program
  - ii. State Nutrition consultant for New Hampshire Meals on Wheels and Congregate Meals
- A.2 ServiceLink Network will expand outreach to specific target populations to establish a consistent and continual presence including but not limited to:
- i. Parish Nurse
  - ii. SS Administration
  - iii. Low income housing sites and senior centers
6. Delete Exhibit B, Methods and Conditions Precedent to Payment, Item #3, in its entirety and replace with the following:
- Payment for expenses shall be on a cost reimbursement basis only for actual expenditures. Expenditures shall be in accordance with the approved line item budgets shown in Exhibits B-1, B-2 Amendment #1, and B-3 Amendment #1.
7. Delete Exhibit B-2, Budget, in its entirety and replace with Exhibit B-2, Budget – Amendment #1.
8. Delete Exhibit B-3, Budget, in its entirety and replace with Exhibit B-3, Budget – Amendment #1.
9. Add Exhibit K, DHHS Information Security Requirements.

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,


6/5/18  
Date

State of New Hampshire  
Department of Health and Human Services

  
\_\_\_\_\_  
Christine Tappan  
Associate Commissioner

5/22/18  
Date

Behavioral Health & Development of Strafford, Inc.

  
\_\_\_\_\_  
NAME Kathleen Boisclair  
TITLE President

NH Department of Health & Human Services  
Service Link Resource Center



Acknowledgement:

State of NH, County of Strafford on 5/22/18, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Pamela B Thynng  
Name and Title of Notary or Justice of the Peace

Pamela B Thynng  
Grant writer

PAMELA BECKER THYNG, Notary Public  
State of New Hampshire  
My Commission Expires April 19, 2022




NH Department of Health & Human Services  
Service Link Resource Center

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

OFFICE OF THE ATTORNEY GENERAL

Date 4/7/16

  
Name: Megan A. Kelly  
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  
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Behavioral Health & Developmental Services of Strafford County Clinic  
 (State/Program Name)

Improving Access to Information and Services for Individuals and  
 Families Requiring Long Term Support and Services:

Budget Request for: State Hampshire Service Unit Program  
 (Item #)

Budget Period: 7/1/17 - 6/30/18

Line Item	Total Program Cost			Director Share / Match			Funded by DHH if covered share		
	Direct Program	Indirect FTE	Total	Direct Program	Indirect FTE	Total	Direct Program	Indirect FTE	Total
1. Total Appropriation	148,333.00	-	148,333.00	13,000.00	-	13,000.00	138,333.00	-	138,333.00
2. Personnel Services	78,200.00	-	78,200.00	4,500.00	-	4,500.00	73,700.00	-	73,700.00
3. Contractual	-	-	-	-	-	-	-	-	-
4. Equipment	-	-	-	-	-	-	-	-	-
5. Travel	-	-	-	-	-	-	-	-	-
6. Printing and Reproduction	-	-	-	-	-	-	-	-	-
7. Information Technology	-	-	-	-	-	-	-	-	-
8. Other	-	-	-	-	-	-	-	-	-
9. Materials/Supplies	-	-	-	-	-	-	-	-	-
10. Other (Specify)	-	-	-	-	-	-	-	-	-
11. Total	148,333.00	-	148,333.00	13,000.00	-	13,000.00	135,333.00	-	135,333.00
12. Contractual	-	-	-	-	-	-	-	-	-
13. Equipment	-	-	-	-	-	-	-	-	-
14. Travel	-	-	-	-	-	-	-	-	-
15. Printing and Reproduction	-	-	-	-	-	-	-	-	-
16. Information Technology	-	-	-	-	-	-	-	-	-
17. Other	-	-	-	-	-	-	-	-	-
18. Materials/Supplies	-	-	-	-	-	-	-	-	-
19. Other (Specify)	-	-	-	-	-	-	-	-	-
20. Total	148,333.00	-	148,333.00	13,000.00	-	13,000.00	135,333.00	-	135,333.00

Indirect As A Percent of Direct 5.4% 5.4%

Contract Number: **K.B**  
 Date: **3/22/18**

Appendix G - Budget Form  
 Exhibit B3 - Amendment #1

New Hampshire Department of Health and Human Services  
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Behavioral Health & Development Services of Rock County #16  
 Program/Project Name: Community Partners  
 Impending Action to Information and Services for Individuals and  
 Families Requiring Long Term Support and Services:  
 Budget Request for New Hampshire Services/Initiatives  
 (Date of 10/17)  
 Budget Period: 7/1/18 - 6/30/19

Line Item	Total Program Cost			Contractor (Hour / Month)			Funded by (NHHS) (Contract / Hour)		
	Direct Investment	Indirect Fixed	Total	Direct Investment	Indirect Fixed	Total	Direct Investment	Indirect Fixed	Total
1. Local Organizations	150,000.00	-	150,000.00	1,000.00	-	1,000.00	1,000.00	-	1,000.00
2. Employee Salaries	75,000.00	-	75,000.00	2,000.00	-	2,000.00	2,000.00	-	2,000.00
3. Contractual	-	-	-	-	-	-	-	-	-
4. Equipment	-	-	-	-	-	-	-	-	-
5. Travel	-	-	-	-	-	-	-	-	-
6. Support and Maintenance	-	-	-	-	-	-	-	-	-
7. Professional/Consultation	-	-	-	-	-	-	-	-	-
8. Supplies	-	-	-	-	-	-	-	-	-
9. Materials	-	-	-	-	-	-	-	-	-
10. Fuel	-	-	-	-	-	-	-	-	-
11. Telephone	-	-	-	-	-	-	-	-	-
12. Medical	-	-	-	-	-	-	-	-	-
13. Other	-	2,000.00	2,000.00	-	1,200.00	1,200.00	-	600.00	600.00
14. Total	150,000.00	2,000.00	152,000.00	3,000.00	1,200.00	4,200.00	3,000.00	600.00	3,600.00
15. CONTRACTS	-	1,000.00	1,000.00	-	22,000.00	22,000.00	-	-	-
16. Contract Expenses	-	-	-	-	-	-	-	-	-
17. Supplies	7,000.00	-	7,000.00	2,000.00	-	2,000.00	2,000.00	-	2,000.00
18. Utilities	-	-	-	-	-	-	-	-	-
19. Subscriptions	-	-	-	-	-	-	-	-	-
20. Fuel and Other	-	-	-	-	-	-	-	-	-
21. Insurance	-	-	-	-	-	-	-	-	-
22. Bond Premium	-	-	-	-	-	-	-	-	-
23. Other	-	-	-	-	-	-	-	-	-
24. Printing/Communication	-	-	-	-	-	-	-	-	-
25. Travel Expenses and Training	-	-	-	-	-	-	-	-	-
26. Contractual Agreements	-	-	-	-	-	-	-	-	-
27. Other (Specify in Remarks)	-	-	-	-	-	-	-	-	-
TOTAL	157,000.00	3,000.00	160,000.00	5,000.00	23,200.00	28,200.00	5,000.00	600.00	5,600.00

K.B.  
 Controller Initials  
 Date: 10/18



# New Hampshire Department of Health and Human Services

## Exhibit K



### 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 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

# New Hampshire Department of Health and Human Services

## Exhibit K



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 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 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 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

New Hampshire Department of Health and Human Services

Exhibit K



- 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.).
  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.

New Hampshire Department of Health and Human Services

Exhibit K



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 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.
- 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
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 program and policy:

(Insert Office or Program Name)

(Insert Title)

DHHS-Contracts@dhhs.nh.gov

### B. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

### C. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

### D. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

### E. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov



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**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF HUMAN SERVICES**

Jeffrey A. Meyers  
 Commissioner

Maureen Ryan  
 Director

129 PLEASANT STREET, CONCORD, NH 03301  
 603-271-9646 1-800-852-3346 Ext. 9646  
 Fax: 603-271-4232 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

November 7, 2016

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Office of Human Services, to enter into agreements with the vendors listed below for the provision of the ServiceLink Resource Center programs in an amount not to exceed \$5,727,543.33 effective January 1, 2017 or upon Governor and Executive Council approval, whichever is later through September 30, 2018. 58% Federal Funds, 42% General Funds.

Vendor Name	Vendor Number	Location	Amount
Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners of Strafford County	177278	Rochester, NH	\$419,498.28
Community Action Program Belknap and Merrimack Counties, Inc.	177203	Concord, NH	\$620,296.52
Crotched Mountain Community Care, Inc.	177293	Portsmouth and Atkinson, NH	\$1,021,731.42
Easter Seals New Hampshire, Inc.	177204	Manchester and Nashua, NH	\$768,819.13
Grafton County Senior Citizens Council, Inc.	177675	Lebanon and Littleton, NH	\$617,406.03
Lakes Region Partnership for Public Health, Inc.	165635	Laconia and Tamworth, NH	\$833,125.75
Monadnock Collaborative	159303	Keene and Claremont, NH	\$1,085,069.40
Tri-County Community Action Program, Inc.	177195	Berlin, NH	\$361,596.80
		<b>TOTAL:</b>	<b>\$5,727,543.33</b>

Funds to support this request are available in the following accounts in State Fiscal Year 2017 and are anticipated to be available in State Fiscal Year 2018 and 2019 upon the availability and continued appropriation of funds in the future operating budget, with the ability to adjust encumbrances between state fiscal years through the Budget Office without Governor and Executive Council approval, if needed and justified.

## FISCAL DETAILS ATTACHED

### EXPLANATION

The purpose of this agreement is for the provision of the ServiceLink programs. These Contractors serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and also serve as a sing point of entry for Medicaid long-term support programs and benefits. The ServiceLink program includes: Information, Referral and Assistance, Person Centered Options Counseling, help understanding and accessing Medicare through the State Health Insurance and Assistance Program, Senior Medicare Patrol, Medicare Improvements for Patients and Providers Act program, Veterans Directed and Community Based Program.

The services are collectively provided by ServiceLink Contractors that utilize the No Wrong Door and Person Centered Option Counseling models. ServiceLink Contractors operate as full service access points for individuals in New Hampshire so they can experience a streamlined process for eligibility screening, determination, options counseling and program enrollment. The Contractors follow standardized processes established by the Department to ensure that individuals accessing the system experience the same process and receive the same information about publicly funded Long Term Services and Supports through any of the ServiceLink access points locations.

The Department of Health and Human Services solicited applications to provide ServiceLink program services through the Request for Proposal process. The Request for Proposal was posted to the Department's website on July 15, 2016 through August 30, 2016. Ten (10) proposals were received from eight (8) vendors. A team of individuals with program knowledge and experience reviewed the proposals. All eight (8) vendors were awarded contracts as presented in this package.

This contract contains language which reserves the right to renew the Contract for up to two additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

Should the Governor and Executive Council not approve this request, the Department would have to design and implement an alternative method of complying with RSA 151-E:5, which mandates the establishment of a system of community based information and referral services for elderly and chronically ill adults. In addition, there may be an increase in hospital and nursing home admissions as individuals would not have access to the information on community based options and ways to access these options which would increase Medicaid expenditures.

Area Served: Statewide

Source of Funds: 58% General Funds and 42% Federal Funds from the United States Department of Health and Human Services, Centers for Medicare and Medicaid, Administration for Children and Families, and Administration for Community Living.


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

Respectfully submitted,



Maureen U. Ryan  
Director

Approved by:



Jeffrey A. Meyers  
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET**

SFY17 Q3-Q4, SFY 2018 and SFY 2019

05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,  
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK (100% General Funds)

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500734	Contracts for Program Services	2017	\$12,345.32
102-500734	Contracts for Program Services	2018	\$278,577.45
545-500387	I & R Contracts	2018	\$15,685.18
570-500928	Family Caregiver	2018	\$54,000.00
102-500734	Contracts for Program Services	2019	\$69,992.19
545-500387	I & R Contracts	2019	\$3,921.29
570-500928	Family Caregiver	2019	\$13,500.00
		<b>Subtotal</b>	<b>\$448,021.43</b>

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500734	Contracts for Program Services	2017	\$8,665.47
102-500734	Contracts for Program Services	2018	\$197,242.17
545-500387	I & R Contracts	2018	\$11,009.79
570-500928	Family Caregiver	2018	\$27,000.00
102-500734	Contracts for Program Services	2019	\$49,508.75
545-500387	I & R Contracts	2019	\$2,752.45
570-500928	Family Caregiver	2019	\$6,750.00
		<b>Subtotal</b>	<b>\$302,928.63</b>

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500734	Contracts for Program Services	2017	\$20,773.35
102-500734	Contracts for Program Services	2018	\$479,324.51
545-500387	I & R Contracts	2018	\$26,393.33
570-500928	Family Caregiver	2018	\$67,000.00
102-500734	Contracts for Program Services	2019	\$120,131.25
545-500387	I & R Contracts	2019	\$6,598.33
570-500928	Family Caregiver	2019	\$16,750.00
		<b>Subtotal</b>	<b>\$736,970.77</b>

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500734	Contracts for Program Services	2017	\$12,760.79
102-500734	Contracts for Program Services	2018	\$349,981.07
545-500387	I & R Contracts	2018	\$16,213.04
570-500928	Family Caregiver	2018	\$54,000.00
102-500734	Contracts for Program Services	2019	\$86,180.59

545-500387	I & R Contracts	2019	\$4,053.26
570-500928	Family Caregiver	2019	\$13,500.00
		<b>Subtotal</b>	<b>\$536,688.75</b>

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500734	Contracts for Program Services	2017	\$13,888.49
102-500734	Contracts for Program Services	2018	\$289,306.45
545-500387	I & R Contracts	2018	\$17,645.82
570-500928	Family Caregiver	2018	\$40,500.00
102-500734	Contracts for Program Services	2019	\$73,368.22
545-500387	I & R Contracts	2019	\$4,411.46
570-500928	Family Caregiver	2019	\$10,125.00
		<b>Subtotal</b>	<b>\$449,245.44</b>

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500734	Contracts for Program Services	2017	\$17,093.52
102-500734	Contracts for Program Services	2018	\$366,096.10
545-500387	I & R Contracts	2018	\$21,717.93
570-500928	Family Caregiver	2018	\$81,000.00
102-500734	Contracts for Program Services	2019	\$92,535.39
545-500387	I & R Contracts	2019	\$5,429.48
570-500928	Family Caregiver	2019	\$20,250.00
		<b>Subtotal</b>	<b>\$604,122.42</b>

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500734	Contracts for Program Services	2017	\$24,987.41
102-500734	Contracts for Program Services	2018	\$511,751.79
545-500387	I & R Contracts	2018	\$31,747.40
570-500928	Family Caregiver	2018	\$67,500.00
102-500734	Contracts for Program Services	2019	\$130,048.20
545-500387	I & R Contracts	2019	\$7,936.85
570-500928	Family Caregiver	2019	\$16,875.00
		<b>Subtotal</b>	<b>\$790,846.65</b>

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Budget
102-500734	Contracts for Program Services	2017	\$8,190.65
102-500734	Contracts for Program Services	2018	\$166,350.00
545-500387	I & R Contracts	2018	\$10,406.51
570-500928	Family Caregiver	2018	\$27,000.00
102-500734	Contracts for Program Services	2019	\$42,316.94
545-500387	I & R Contracts	2019	\$2,601.63
570-500928	Family Caregiver	2019	\$6,750.00
		<b>Subtotal</b>	<b>\$263,615.73</b>

<b>Total 9565</b>	<b>\$4,132,439.82</b>
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**05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND COUNSELING (50%  
(50% Federal Funds; 50% General Funds)**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Budget
550-500398	Assessment & Counseling	2017	\$96,724.05
		Subtotal	\$96,724.05

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Budget
550-500398	Assessment & Counseling	2017	\$67,892.85
		Subtotal	\$67,892.85

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Budget
550-500398	Assessment & Counseling	2017	\$162,756.84
		Subtotal	\$162,756.84

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Budget
550-500398	Assessment & Counseling	2017	\$99,979.19
		Subtotal	\$99,979.19

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Budget
550-500398	Assessment & Counseling	2017	\$108,814.56
		Subtotal	\$108,814.56

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Budget
550-500398	Assessment & Counseling	2017	\$133,925.61
		Subtotal	\$133,925.61

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Budget
550-500398	Assessment & Counseling	2017	\$195,773.21
		Subtotal	\$195,773.21

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Budget
550-500398	Assessment & Counseling	2017	\$64,172.69
		Subtotal	\$64,172.69

<b>Total 6180</b>	<b>\$930,039.00</b>
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**05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT  
(46% Federal Funds; 54% General Funds)**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Budget
545-500387	I & R Contracts	2017	\$8,017.46
		Subtotal	\$8,017.46

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Budget
545-500387	I & R Contracts	2017	\$5,627.64
		Subtotal	\$5,627.64

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Budget
545-500387	I & R Contracts	2017	\$13,490.93
		Subtotal	\$13,490.93

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Budget
545-500387	I & R Contracts	2017	\$8,287.28
		Subtotal	\$8,287.28

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Budget
545-500387	I & R Contracts	2017	\$9,019.65
		Subtotal	\$9,019.65

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Budget
545-500387	I. & R Contracts	2017	\$11,101.11
		Subtotal	\$11,101.11

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Budget
545-500387	I & R Contracts	2017	\$16,227.65
		Subtotal	\$16,227.65

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Budget
545-500387	I & R Contracts	2017	\$5,319.28
		Subtotal	\$5,319.28

<b>Total 9255</b>	<b>\$77,091.00</b>
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05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
 ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS  
 (86% Federal Funds; 14% General Funds)

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Budget
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570-500928	Family Caregiver	2017	\$27,000.00
		Subtotal	\$27,000.00

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Budget
570-500928	Family Caregiver	2017	\$13,500.00
		Subtotal	\$13,500.00

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Budget
570-500928	Family Caregiver	2017	\$33,500.00
		Subtotal	\$33,500.00

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Budget
072-500575	Grants - Federal	2017	\$15,000.00
570-500928	Family Caregiver	2017	\$27,000.00
		Subtotal	\$42,000.00

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Budget
570-500928	Family Caregiver	2017	\$20,250.00
		Subtotal	\$20,250.00

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Budget
570-500928	Family Caregiver	2017	\$40,500.00
		Subtotal	\$40,500.00

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Budget
570-500928	Family Caregiver	2017	\$33,750.00
		Subtotal	\$33,750.00

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Budget
570-500928	Family Caregiver	2017	\$13,500.00
		Subtotal	\$13,500.00

<b>Total 7872-072-545</b>	<b>\$224,000.00</b>
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**05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS  
(100% Federal Funds)**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$10,245.00
		Subtotal	\$10,245.00

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	- 2017	\$7,525.09
		Subtotal	\$7,525.09

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$19,311.38
		Subtotal	\$19,311.38

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$22,756.60
		Subtotal	\$22,756.60

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Revised Modified Budget
102-500731	Contracts for Program Services	2017	\$6,799.78
		Subtotal	\$6,799.78

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$10,335.67
		Subtotal	\$10,335.67

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$10,517.00
		Subtotal	\$10,517.00

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$3,173.23
		Subtotal	\$3,173.23

<b>Total 8925</b>	<b>\$90,663.75</b>
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**05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - SMPP  
(75% Federal Funds; 25% General Funds)**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$19,010.74
		Subtotal	\$19,010.74

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$13,739.44
		Subtotal	\$13,739.44

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$34,442.87
		Subtotal	\$34,442.87

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$34,057.30
		Subtotal	\$34,057.30

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$15,791.19
		Subtotal	\$15,791.19

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$21,764.10
		Subtotal	\$21,764.10

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$26,377.78
		Subtotal	\$26,377.78

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Svcs	2017	\$8,321.78
	Contracts for Program Services	2017	\$8,321.78
		Subtotal	\$8,321.78

<b>Total 3317 SMPP</b>	<b>\$173,505.20</b>
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05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - MIPPA  
(100% Federal Funds)

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$11,277.94
		Subtotal	\$11,277.94

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$8,283.79
		Subtotal	\$8,283.79

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$21,258.47
		Subtotal	\$21,258.47

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$25,050.98
		Subtotal	\$25,050.98

**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$7,485.35
		Subtotal	\$7,485.35

**Lakes Region Partnership for Public Health (Vendor # 165635)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$11,377.74
		Subtotal	\$11,377.74

**Monadnock Collaborative (Vendor # 159303)**

Class/Account	Class Title	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$11,577.35
		Subtotal	\$11,577.35

**Tri County Community Action Program, Inc. (Vendor # 177195)**

Class/Account	Contracts for Program Svcs	State Fiscal Year	Budget
102-500731	Contracts for Program Services	2017	\$3,493.17
		Subtotal	\$3,493.17

<b>Total 8888</b>	<b>\$99,804.79</b>
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**Summary by Vendor by Year**

**Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)**

	State Fiscal Year	Budget
	2017	\$184,620.51
	2018	\$348,262.63
	2019	\$87,413.48
	Subtotal	\$620,296.62

**Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)**

	State Fiscal Year	Budget
	2017	\$125,234.28
	2018	\$235,251.96
	2019	\$59,011.20
	Subtotal	\$419,497.44

**Crotched Mountain Community Care, Inc. (Vendor # 177293)**

	State Fiscal Year	Budget
	2017	\$305,533.84
	2018	\$572,717.84
	2019	\$143,479.58
	Subtotal	\$1,021,731.26

**Easter Seals New Hampshire, Inc. (Vendor # 177204)**

	State Fiscal Year	Budget
	2017	\$244,892.14
	2018	\$420,194.11
	2019	\$103,733.85

		<b>Subtotal</b>	<b>\$768,820.10</b>
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**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

		<b>State Fiscal Year</b>	<b>Budget</b>
		2017	\$182,049.02
		2018	\$347,452.27
		2019	\$87,904.68
		<b>Subtotal</b>	<b>\$617,405.97</b>

**Lakes Region Partnership for Public Health (Vendor # 165635)**

		<b>State Fiscal Year</b>	<b>Budget</b>
		2017	\$246,097.75
		2018	\$468,814.03
		2019	\$118,214.87
		<b>Subtotal</b>	<b>\$833,126.65</b>

**Monadnock Collaborative (Vendor # 159303)**

		<b>State Fiscal Year</b>	<b>Budget</b>
		2017	\$319,210.40
		2018	\$610,999.19
		2019	\$154,860.05
		<b>Subtotal</b>	<b>\$1,085,069.64</b>

**Tri County Community Action Program, Inc. (Vendor # 177195)**

		<b>State Fiscal Year</b>	<b>Budget</b>
		2017	\$106,170.80
		2018	\$203,756.51
		2019	\$51,668.57
		<b>Subtotal</b>	<b>\$361,595.88</b>

<b>Grand Total SFY17</b>	2017	<b>\$1,713,808.74</b>
<b>Grand Total SFY18</b>	2018	<b>\$3,207,448.54</b>
<b>Grand Total SFY19</b>	2019	<b>\$806,286.28</b>
<b>Total Contract</b>		<b>\$5,727,543.33</b>

		<b>Subtotal</b>	<b>\$768,820.10</b>
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**Grafton County Senior Citizens Council, Inc. (Vendor # 177675)**

		<b>State Fiscal Year</b>	<b>Budget</b>
		2017	\$182,049.02
		2018	\$347,452.27
		2019	\$87,904.68
		<b>Subtotal</b>	<b>\$617,405.97</b>

**Lakes Region Partnership for Public Health (Vendor # 165635)**

		<b>State Fiscal Year</b>	<b>Budget</b>
		2017	\$246,097.75
		2018	\$468,814.03
		2019	\$118,214.87
		<b>Subtotal</b>	<b>\$833,126.65</b>

**Monadnock Collaborative (Vendor # 159303)**

		<b>State Fiscal Year</b>	<b>Budget</b>
		2017	\$319,210.40
		2018	\$610,999.19
		2019	\$154,860.05
		<b>Subtotal</b>	<b>\$1,085,069.64</b>

**Tri County Community Action Program, Inc. (Vendor # 177195)**

		<b>State Fiscal Year</b>	<b>Budget</b>
		2017	\$106,170.80
		2018	\$203,756.51
		2019	\$51,668.57
		<b>Subtotal</b>	<b>\$361,595.88</b>

<b>Grand Total SFY17</b>	2017	<b>\$1,713,808.74</b>
<b>Grand Total SFY18</b>	2018	<b>\$3,207,448.54</b>
<b>Grand Total SFY19</b>	2019	<b>\$806,286.28</b>
<b>Total Contract</b>		<b>\$5,727,543.33</b>

Subject: ServiceLink Resource Center (RFP-2017-OHS-01-Servi-01)

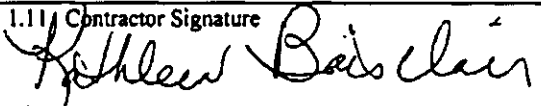
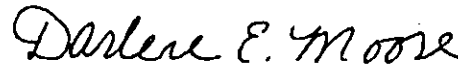
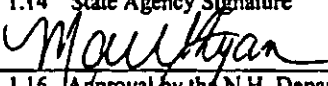
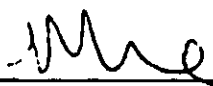
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Behavioral Health & Developmental Services of Strafford County, Inc		1.4 Contractor Address 113 Crosby Road Dover, NH 03820	
1.5 Contractor Phone Number 603-516-9300	1.6 Account Number 05-95-48-481010-95650000, 05-95-48-481010-92550000, 05-95-48-481510-61800000, 05-95-48-481010-78720000, 05-95-48-481010-33170000, 05-95-48-481010-89250000, 05-95-48-481010-88860000	1.7 Completion Date September 30, 2018	1.8 Price Limitation \$419,498.28
1.9 Contracting Officer for State Agency Eric D. Borrin, Director		1.10 State Agency Telephone Number 603-271-9558	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Kathleen Boisclair, Vice President	
1.13 Acknowledgement: State of <i>New Hampshire</i> County of <i>Strafford</i> On <i>November 15, 2016</i> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace (Seal) 			
1.13.2 Name and Title of Notary or Justice of the Peace Darlene E. Moore, Notary Public			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Maureen Ryan, Director OHS	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <i>Megan A. Cole - Attorney</i> <i>11/29/16</i>			
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 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 as to achieve compliance therewith.
- 1.2. The Contractor shall serve as a New Hampshire ServiceLink Contractor to provide long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.
- 1.3. The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long-term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community Long Term Support Service (LTSS) options.
- 1.4. The Contractor shall develop and implement a locally based Quality Assurance and Continuous Improvement Plan to ensure ServiceLink services are of high quality, meet the needs of individuals, are sustained throughout the geographic service and produce measurable results.
- 1.5. The Contractor shall utilize the Refer 7 database to support all business functions related to the Scope of Services as designated by the Department.

2. Statement of Work

2.1. ServiceLink Administrative Requirements

- 2.1.1. The Contractor shall adhere to ServiceLink administrative requirements, standards of practice approached, and methods of services. The Contractor shall:
  - 2.1.1.1. Operate as an independent program. All marketing materials written/verbal shall be approved by the Department before public release.
  - 2.1.1.2. Provide a minimum of forty (40) hours of operation per week. Hours of operation shall include weekend and evening coverage.
  - 2.1.1.3. Ensure ServiceLink Resource Centers operational and program requirements are met.
- 2.1.2. The Contractor shall occupy independent office space which meets the following requirements:
  - 2.1.2.1. Located in easily accessible areas.



Exhibit A

- 2.1.2.2. Provide sufficient space which shall include:
  - 2.1.2.2.1. Adequate office space to accommodate staff, volunteers, visitors, and supplies necessary to meet the scope of services;
  - 2.1.2.2.2. A confidential meeting rooms to accommodate a minimum of three (3) individuals;
  - 2.1.2.2.3. Barrier-free/handicap access;
  - 2.1.2.2.4. Ensure the facility meets all state and local rules and ordinances; and
  - 2.1.2.2.5. Appropriate space and supplies for outside team members such as the Division of Client Services (DCS) staff and the NH State Office of Veterans Services.
- 2.1.2.3. Display a visible, Department approved "ServiceLink Aging and Disability Center" sign on the exterior of the building.
- 2.1.2.4. Assume responsibility for all costs associated with establishing and operating phone/fax lines including necessary equipment which shall include:
  - 2.1.2.4.1. Operate a minimum of 3 phone numbers/lines and 1 fax line;
  - 2.1.2.4.2. Configure one main phone line (Line #1) to route to the national toll-free ServiceLink program number;
  - 2.1.2.4.3. Configure phone system(s) to allow for individual voicemail capabilities for each staff person; and
  - 2.1.2.4.4. Work with the Department to ensure consistent phone numbers are available to the public, and assume responsibility for existing phone numbers as appropriate.
- 2.1.3. The Contractor shall collaborate with stakeholders in the design, implementation, ongoing administration and evaluation which shall include:
  - 2.1.3.1. Develop a formal process to involve stakeholders in the ongoing development and implementation the program.
  - 2.1.3.2. Develop partnerships with other NHCarePath Partners.
  - 2.1.3.3. Assist with coordination of quarterly NHCarePath Regional Partner meetings within the region.
  - 2.1.3.4. Develop communications with NHCarePath referral sources, including but not limited to; State or regional hospital, senior centers, physician practices, home health agencies, community mental health centers, municipal health and welfare, Brain Injury Associations, Centers for Independent Living, Departments of Veteran Affairs, Adult Protective Services, information and referral/2-1-1 programs, Regional Public Health Networks, and other community-based organizations.
  - 2.1.3.5. Collaborate with Assistive Technology in New Hampshire (ATinNH) to improve assistive technology for individuals with disabilities and their families as follows:



Exhibit A

- 2.1.3.5.1. Explore possible benefits and needs for assistive technology devices.
  - 2.1.3.5.2. Provide devices for demonstration and loan to clients in order to maximize the client's independence.
  - 2.1.3.5.3. Train clients on assistive technology and provide technical assistance.
  - 2.1.3.5.4. Demonstrate appropriate equipment and document outcome.
  - 2.1.3.5.5. Document follow-up conversations with clients regarding appropriateness of device.
  - 2.1.3.6. Participate in strategic planning of the Department's No Wrong Door (NWD) approach.
  - 2.1.3.7. Collaborate with partners, stakeholders and other local and regional initiatives that provide and inform healthcare reform and social determinants of health.
  - 2.1.3.8. Revise or modify deliverables and work plan in order to meet primary objectives defined by federal grantors and state initiatives.
- 2.2. Required Services
- 2.2.1. The Contractor shall provide Consumer Information, Referral and Counseling Services with the person centered planning approach which shall include:
    - 2.2.1.1. Develop and maintain an Information and Referral/Assistance (I&R/A) Plan which describes systematic processes.
    - 2.2.1.2. Assist clients with appropriate services and supports through referrals to agencies and organizations.
    - 2.2.1.3. Maintain appropriate records of client contact as well as follow-up contacts in accordance with the policy and procedures of the Refer 7.5 Manual.
    - 2.2.1.4. Comply with the Alliance of Information and Referral Standards (AIRS).
    - 2.2.1.5. Provide accurate up-to-date information to clients through the use of the Refer 7 database.
    - 2.2.1.6. Provide Refer 7 Administration with updated accurate agency information which complies with the established inclusion/exclusion policies in the Refer 7.5 manual.
    - 2.2.1.7. Ensure staff attends outreach and education trainings as directed by the Department.
    - 2.2.1.8. Conduct Person-Centered Options Counseling in accordance with the federal NWD System guidelines, Section III.
  - 2.2.2. The Contractor shall assist individuals using standardized process to determine eligibility for all LTSS programs. The Contractor shall:



Exhibit A

- 2.2.2.1. Follow the processes to access LTSS in accordance with Department policies.
- 2.2.2.2. Determine eligibility in accordance with Person-Centered Options Counseling protocols and procedures which shall include:
  - 2.2.2.2.1. Assist individuals to determine appropriate payment and delivery of services.
  - 2.2.2.2.2. Provide individuals with financial assessment, if applicable.
  - 2.2.2.2.3. Assist clients in accessing community-based LTSS.
  - 2.2.2.2.4. Develop processes for accessing public LTSS programs.
  - 2.2.2.2.5. Ensure completion and submission of applications and eligibility determination documents.
  - 2.2.2.2.6. Coordinate with the Department to assess and determine client's eligibility.
  - 2.2.2.2.7. Track client's eligibility status through the process of eligibility and redetermination using the Department's intake/eligibility determination systems.
  - 2.2.2.2.8. Provide appropriate access and training to staff necessary to provide services.
  - 2.2.2.2.9. Provide additional Person-Centered Options Counseling to individuals determined ineligible for LTSS.
  - 2.2.2.2.10. Participate in Department trainings regarding screening protocols which facilitate the financial eligibility process.
  - 2.2.2.2.11. Comply with the Department policies and procedures in the Medicaid eligibility determination process.
- 2.2.3. The Contractor shall provide Family Caregiver Support Program services which shall include:
  - 2.2.3.1. Provide staffing according to section 5.7.1 of the Statement of Work geographic area.
  - 2.2.3.2. Ensure staff has appropriate knowledge of community resources.
  - 2.2.3.3. Provide information, assistance and Person-Centered Options Counseling to caregivers.
  - 2.2.3.4. Provide appropriate referrals and assist with access to community resources.
  - 2.2.3.5. Provide appropriate training to staff on all Family Caregiver Support Program services, policies and procedures.
  - 2.2.3.6. Conduct assessments and assist in determining eligibility for respite and/or supplemental services.
  - 2.2.3.7. Provide copies of approved service plans and budgets to the Department's Financial Management Contractor.
  - 2.2.3.8. Comply with the Department's fiscal management policies and procedures for bill paying and employer of record services.



Exhibit A

- 2.2.3.9. Provide adequate staff for assessment and ongoing home visits.
  - 2.2.3.10. Ensure a minimum of one (1) staff member is trained as a class leader in evidence-based curriculum Powerful Tools for Caregivers (PTC) or a minimum of two (2) individuals in each geographic area are trained in the PTC curriculum.
  - 2.2.3.11. Coordinate a minimum of one (1) six-week session of Powerful Tools for Caregiver Training to a minimum of ten (10) caregivers.
  - 2.2.3.12. Facilitate a caregiver support group as needed.
  - 2.2.3.13. Collaborate with other caregiver support service agencies within the geographic area.
  - 2.2.3.14. Ensure staff attends the Department's Family Caregiver Support Program meetings.
  - 2.2.3.15. Provide a minimum of six (6) formal outreach activities and/or presentations to community partners specifically targeted to the informal caregiver population.
  - 2.2.3.16. Monitor caregiver spending to ensure grants are spent prior to the end of each state fiscal year and in accordance with the caregiver's plan.
- 2.2.4. The Contractor shall provide Veteran Directed Home and Community-Based Services (VD-HCBS) also known as Veterans Independence Program (VIP). The Contractor shall:
- 2.2.4.1. Comply with the Veteran Affairs Medical Center (VAMC) National VD-HCBS Program staffing requirements and procedures.
  - 2.2.4.2. Work in conjunction with and accept referrals from the White River Junction Veterans Affairs Medical Center and/or the Manchester Veterans Affairs Medical Center.
  - 2.2.4.3. Establish and maintain an advisory board that includes representatives from veterans groups, veterans and families for the purpose of providing oversight of the VD-HCBS program, receiving feedback and providing ongoing continuous improvement of the program.
  - 2.2.4.4. Establish service plans and budgets for approval by the referring VAMC.
  - 2.2.4.5. Maintain the veteran's budget for ongoing implementation of the services by monitoring available funding and expenditures in order not to exceed the budget amount.
  - 2.2.4.6. Provide financial management services for bill paying and/or employer of record services in accordance with Department policies and procedures, directly or through a subcontract with another agency.



Exhibit A

- 2.2.4.7. Maintain compliance with staff training to provide the VD-HCBS and to provide Financial Management Services program requirements, as applicable.
- 2.2.4.8. Provide strictly dedicated staff at a minimum of one part time staff to assist veterans in arranging consumer-directed services and ensure an increase of FTE% to meet the needs of VD-HCBS caseload without impacting the minimum staffing requirements and resources for ServiceLink Core Services.
- 2.2.4.9. Counsel veterans and their families in the use of flexible home and community-based VAMC approved services budget to meet individual needs and goals.
- 2.2.4.10. Assist veterans in meeting LTSS needs and identify a backup plan for support.
- 2.2.4.11. Contact veterans referred to the VD-HCBS program within three (3) business days of receiving the referral from the VAMC.
- 2.2.4.12. Assist veterans to determine the most appropriate services that will meet their needs.
- 2.2.4.13. Maintain a minimum of ninety percent (90%) consumer satisfaction rate measured through the VAMC's facilitated quality review process.
- 2.2.4.14. Participate in continuous program quality improvement activities with the Department and/or with the VAMC to evaluate and improve the effectiveness and quality of the program and its policies and processes that include monthly VD-HCBS calls, VD-HCBS sponsored trainings and webinars.
- 2.2.4.15. Participate in VAMC program meetings.
- 2.2.4.16. Participate in trainings that aim to improve knowledge of military culture and enhance competencies required to serve veterans and families served in VD-HCBS.
- 2.2.5. The Contractor shall provide Medicare health insurance counseling with staff trained and certified staff under the State Health Insurance Assistance Program (SHIP). The Contractor shall:
  - 2.2.5.1. Provide staffing according to section 5.7.2 of Statement of Work;
  - 2.2.5.2. Provide personalized counseling services.
  - 2.2.5.3. Provide targeted community outreach to increase consumer understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
  - 2.2.5.4. Provide an increased counselor workforce that is trained, fully-equipped, and proficient in providing a full range of services, including enrollment assistance into appropriate benefit plans and continued enrollment assistance in Medicare prescription drug coverage.





Exhibit A

- 2.2.5.5. Facilitate recruitment, training, and maintenance of a network of volunteers to assist in providing services.
- 2.2.6. The Contractor shall provide Senior Medicare Patrol (SMP) services to increase community awareness and prevention of health care fraud and abuse through education, counseling, assistance and outreach for individuals with Medicare. The Contractor shall:
  - 2.2.6.1. Partner with organizations to provide the use of toll-free lines, web based strategies through local and statewide media channels and educational outreach planning.
  - 2.2.6.2. Provide beneficiary education and inquiry resolution of health care of billing errors and suspected fraudulent practices by working with local and statewide resources to support expanded awareness and coverage.
  - 2.2.6.3. Collaborate with community-based providers.
  - 2.2.6.4. Conduct reporting to the Administration for Community Living (ACL) and in the SMP Information and Reporting System (SIRS) using the SMP Resource Center's resources.
  - 2.2.6.5. Report accurate activities in SIRS to meet the performance measures required by the Office of Inspector General (OIG).
  - 2.2.6.6. Provide training and education to isolated populations by providing SMP outreach materials and informational services, expanding partnerships and maintenance of a trained volunteer network.
  - 2.2.6.7. Implement the Volunteer Risk Program Management Program as developed by the SMP Resource Center and approved by the ACL.
  - 2.2.6.8. Recruit, train and maintain staff and volunteers to assist health care consumers on how to protect personal health information, detect payment errors, and report questionable Medicare billing situations.
- 2.2.7. The Contractor shall provide Transition Support Services to assist individuals in unnecessary placements into nursing homes or institutional settings. The Contractor shall:
  - 2.2.7.1. Assist individuals with the transition from acute care settings into their homes/communities.
  - 2.2.7.2. Assist individuals with arranging community services and supports needed to remain at home and avoid unnecessary hospital readmissions.
  - 2.2.7.3. Assist individuals regardless of income or eligibility in avoiding unnecessary placements into nursing homes or other institutionalized settings.
  - 2.2.7.4. Assist individuals with accessing LTSS in order to transition back to the community.



Exhibit A

- 2.2.7.5. Provide outreach and education for facility administrators and discharge planners regarding ServiceLink and any protocols and formal processes that are in place between the ServiceLink Contractors and their respective organizations.
- 2.2.7.6. Serve as a Local Contact Agency (LCA) to provide transition services for institutionalized individuals who indicate a desire to return to the community through the clinical assessment tool, MDS 3.0 Section Q.
- 2.2.8. The Contractor shall provide Specialized Care Transition Counseling and Support services which shall include:
  - 2.2.8.1. Ensure a subset of ServiceLink staff doing Person-Centered Counseling have the experience and skills required to successfully facilitate the transition of individuals from acute care settings back to their homes.
  - 2.2.8.2. Demonstrate development and implementation of a collaborative relationship with acute care entities that define the role of ServiceLink staff in facilitating hospital-to-home transitions for individuals with LTSS needs that include plans to:
    - 2.2.8.2.1. Implement interdisciplinary communication across acute, primary care and LTSS service providers/systems.
    - 2.2.8.2.2. Establish a process for identifying individuals and caregivers in need of transition support services.
    - 2.2.8.2.3. Develop protocols for referring individuals to the local ServiceLink Contractor for Person-Centered Options Counseling, transition support, and coordination.
    - 2.2.8.2.4. Perform consultation services for hospital staff regarding available LTSS in the community.
    - 2.2.8.2.5. Deliver regular training and in-service sessions to facility administrators and discharge planners about ServiceLink programs and any protocols and processes in place between ServiceLink and their respective organizations.
    - 2.2.8.2.6. Involve stakeholders in the quality improvement process for enhanced care transitions and coordination services.
    - 2.2.8.2.7. Engage individuals while in acute care setting to assist in transitioning to home and community based settings. This shall include facilitating the coordination of services and supports needed for transition, provide individuals with a safe and secure setting, and prevent hospital readmission.
  - 2.2.8.3. Ensure staff performing Specialized Care Transition Counseling and Support are equipped to provide the following services:



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- 2.2.8.3.1. Participate in hospital discharge planning meetings.
  - 2.2.8.3.2. Meet with individuals and family members according to their preferences and goals for transition.
  - 2.2.8.3.3. Provide post-discharge follow up as needed, requested and appropriate in adherence to Follow-up Procedures and Protocols to assure successful transitions to home.
  - 2.2.8.3.4. Document related contacts on behalf of transitioning individuals in the Refer 7 database.
  - 2.2.8.3.5. Develop transition plans for clients and assist individuals with finding and accessing home and community-based services according to the transition plan.
  - 2.2.8.3.6. Provide intensive post-discharge follow-up for a minimum of three (3) months to assure a successful transition to include; short term case management services, problem solving assistance, referrals, and ensuring the transition plan is in place and is adequate to meet the individual's needs.
- 2.2.9. The Contractor shall deliver outreach and education services to promote ServiceLink services. The Contractor shall:
- 2.2.9.1. Submit an Outreach and Marketing Plan to the Department for review and approval within 60 days of the contract effective date which shall include:
    - 2.2.9.1.1. A focus on overall scope of services, and the process to establish ServiceLink as a highly visible and trusted place that provides, information and one-on-one counseling to assist individuals with learning about and accessing the LTSS options available in their communities.
    - 2.2.9.1.2. Consideration of all populations served, including different age groups, income levels and types of disabilities, cultural diversities, those underserved and unserved, individuals at risk of nursing home placement, family caregivers, advocates, and professionals who serve these populations and private payers who want to plan for long-term care needs.
    - 2.2.9.1.3. Strategies to assess the effectiveness of outreach and marketing activities.
    - 2.2.9.1.4. Feedback loops to monitor and modify outreach and marketing activities as needed.



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- 2.2.9.2. Partner with other ServiceLink Contractors to learn their outreach and marketing best practices.
- 2.2.10. The Contractor shall provide the Medicare Program Promotion services in accordance with Medicare Improvements for Patients and Providers Act (MIPPA). The Contractor shall:
  - 2.2.10.1. Provide public awareness regarding beneficiary eligibility for reduced Medicare cost share expenses for individuals with limited income by screening and assisting in enrollment of eligible beneficiaries in Medicare prescription drug coverage to include Low-Income Subsidy (LIS) and Medicare Savings Programs (MSP).
  - 2.2.10.2. Provide awareness and availability of Medicare preventive services, such as wellness prevention screenings and flu shots for Medicare beneficiaries through distribution of promotional materials developed by CMS, ACL and the Department.
  - 2.2.10.3. Implement a communications and media schedule to conduct outreach campaigns at a minimum of one (1) per month which shall include:
    - 2.2.10.3.1. Mailing introductory letters to town offices, housing sites, home health agencies, parish nurses, public libraries, fuel assistance agencies, hospital public affairs managers, pharmacies, medical practices, and other community partners.
    - 2.2.10.3.2. Conduct follow-up contacts.
    - 2.2.10.3.3. Arrange face-to-face meetings to educate community partners.
    - 2.2.10.3.4. Develop a media list for the geographic area served.
    - 2.2.10.3.5. Prepare scripts for radio, newspapers, and public service announcements for Department approval prior to publication.
  - 2.2.10.4. Be responsible for purchasing media in their local area.
  - 2.2.10.5. Comply with procedures for reporting defined by the Department.



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2.2.10.6. Be required to meet or exceed the following performance measures:

Performance Measure	Reporting Method
1. Increase the number of individuals enrolled in; LIS, MSP, and Medicare prescription drug coverage by five (5) percent of the total number enrolled in the programs in the previous 12 months.	Monthly Outreach Activities Reports sent to the Department by the 15 <sup>th</sup> of each month.
2. Implementation of promotional activities for Medicare's Wellness and Preventive Screening Services.	Monthly Outreach Activities Report SHIP-NPR reports to include Client Contacts and Public and Media Activities (PAM).
3. Effectively advertise, promote, and conduct educational outreach and/or enrollment event activities at a minimum of 1 time per month.	Monthly Outreach Activities report to the Department and entries into SHIP-NPR reporting system reports to the Department.
4. Demonstrate partnerships and evaluate effectiveness and lessons learned.	SHIP reports, partnership, and satellite office listings, as required by ACL for the SHIP Mid-Term and Annual Progress Reports to the Department.

3. Reporting Requirements

- 3.1. The Contractor shall track individuals served and make data reporting information available to the Department in a Department approved format.
- 3.2. The Contractor shall track client data including, but not limited to:
  - 3.2.1. Number of individuals served.
  - 3.2.2. Types of information/referrals provided to individuals.
  - 3.2.3. Follow-up services performed and frequency of services delivered.
  - 3.2.4. Length of contact.
  - 3.2.5. Number of individuals who answered yes or no to the following question: Have you or a family member ever served in the military?
- 3.3. The Contractor shall track and monitor consumer demographics and individual level referral data which shall include, but not limited to:
  - 3.3.1. Consumer demographics such as contact type, client type by target population, residence location, gender, and age.
  - 3.3.2. Person-Centered Options Counseling related activities and transition support services delivered to clients.
  - 3.3.3. Systems-level outcomes to include: ServiceLink number of individuals served by core service, community partnerships, and staff knowledge, skills, and abilities.



Exhibit A

- 3.4. The Contractor shall provide comprehensive quarterly reports to the Department within 30 days of the close of the quarter.
- 3.5. The Contractor shall provide quarterly reports to the Department that includes, but not limited to, any in-kind services and funding provided to support contract services.

**4. Performance Measures**

- 4.1. The Contractor shall meet at a minimum the following performance measures:
  - 4.1.1. The Contractor shall provide follow-up to 100% of individuals who meet the standard for required follow-up.
  - 4.1.2. The Contractor shall provide screening to 100% of individuals under the No Wrong Door process.
  - 4.1.3. The Contractor shall provide Family Caregiver Support respite services to 100% of individuals who are eligible.
  - 4.1.4. The Contractor shall ensure that 100% of staff is certified in options counseling training within one year of hire.
  - 4.1.5. The Contractor shall ensure staff scores a minimum of 80% on Person Centered Counseling Training.
  - 4.1.6. The Contractor shall ensure staff ask and record a "yes" or "no" answer of all clients contacting ServiceLink for the following question: Have you or a family member ever served in the military?

**5. Staffing**

- 5.1. The Contractor shall ensure ServiceLink management staff has appropriate credentials.
- 5.2. The Contractor shall ensure counseling staff have the requisite skills to perform Person-Centered Options Counseling consistent with the NWD System.
- 5.3. The Contractor shall follow the National Association of Social Workers Standards for Social Work Personnel Practices.
- 5.4. The Contractor shall ensure all staff is certified in Person-Centered Option Counseling within one year of hire.
- 5.5. The Contractor shall ensure that staff scores a minimum of 80% on the certification test in Person-Centered Options Counseling.
- 5.6. The Contractor shall provide staff for the following positions/criteria:
  - 5.6.1. **Program Manager** – 1 FTE to be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight.



Exhibit A

The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the Department's ServiceLink Resource Center Program Manager. The Program Manager must meet the following required certifications:

- 5.6.1.1. Alliance of Information Referral Specialist in Aging and Disability (AIRS A/D) certification within one year of hire.
- 5.6.1.2. Obtain training and certification in Person-Centered Counseling within one year of hire.
- 5.6.1.3. SHIP/SMP certification training and certification within one year of hire.
- 5.6.1.4. SMP Foundations training and assessment within one year of hire.
- 5.6.2. **Information and Referral Staff** – links individuals requiring assistance with appropriate service providers and/or supplies descriptive information regarding the agencies or organizations who offer services. Information and Referral Staff must meet the following requirements:
  - 5.6.2.1. Alliance of Information Referral Specialist in Aging and Disability (AIRS A/D) certification within one year of hire.
  - 5.6.2.2. Obtain training in Person-Centered Counseling within one year of hire.
  - 5.6.2.3. Obtain certification as a State Health Insurance Assistance (SHIP) within one year of hire.
  - 5.6.2.4. SMP Foundations training and assessment within one year of hire.
- 5.6.3. **Person-Centered Options Counseling and Person-Centered Transition Support Staff** – Provides person-centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for individuals in need of long-term supports and services. Staff must meet the following requirements:
  - 5.6.3.1. Alliance of Information Referral Specialist in Aging and Disability (AIRS A/D) certification within one year of hire.
  - 5.6.3.2. Obtain training and Certification in Person-Centered Counseling within one year of hire.
  - 5.6.3.3. Obtain certification as a State Health Insurance Assistance (SHIP) within one year of hire.
  - 5.6.3.4. SMP Foundations training and assessment within one year of hire.
- 5.6.4. **Person-Centered Options Counseling Caregiver Staff** – Provide person-centered needs assessments, Person-Centered Options Counseling and referrals, one on one support and consumer directed services based on the needs and preferences of the caregiver. This position also shall provide:



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- 5.6.4.1. One-on-one counseling with caregivers to help them problem-solve their unique situation.
- 5.6.4.2. Offer education, support, advocacy and follow-up.
- 5.6.4.3. Facilitate training related to assisting family caregivers which includes detailed knowledge of issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- 5.6.4.4. Data collection, reporting.
- 5.6.4.5. This position must meet the following requirements:
  - 5.6.4.5.1. Alliance of Information Referral Specialist in Aging and Disability (AIRS A/D) certification within one year of hire.
  - 5.6.4.5.2. Obtain training and certification in Person-Centered Counseling within one year of hire.
  - 5.6.4.5.3. Trained/Licensed in Powerful Tools for Caregivers curriculum.
  - 5.6.4.5.4. Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor within one year of hire.
  - 5.6.4.5.5. SMP Foundations training and assessment within one year of hire.
- 5.6.5. **State Health Insurance Assistance Program (SHIP) Staff**—Provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the State Health Insurance Assistance Program's and MIPPA Programs goals and performance measures for their county/region. Minimum required certification:
  - 5.6.5.1. Alliance of Information Referral Specialist in Aging and Disability (AIRS A/D) certification within one year of hire; and
  - 5.6.5.2. Within 6 months of hire:
    - 5.6.5.2.1. SHIP training and assessments;
    - 5.6.5.2.2. SMP foundations training and assessment within one year of hire; and
    - 5.6.5.2.3. Obtain training in Person-centered Counseling within one year and a half of hire.
- 5.6.6. **Senior Medicare Patrol (SMP) Staff** - Provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's





Exhibit A

deliverables, goals and performance measures for the State/County/Region. Minimum required certification:

- 5.6.6.1. Alliance of Information Referral Specialist in Aging and Disability (AIRS A/D) certification within one year of hire;
  - 5.6.6.2. Obtain certification as SMP Counselor certification, within 6 months of hire; and
  - 5.6.6.3. Obtain training in Person-centered Counseling within one year and a half of hire.
- 5.7. The Contractor shall provide the following Minimum Staffing Requirements per designated catchment areas:
- 5.7.1. Minimum Staffing Requirements by Catchment Area for the NH Family Caregiver Program Functions are as follows:
    - 5.7.1.1. Carroll and Sullivan .25 FTE;
    - 5.7.1.2. Coos, Strafford, Monadnock .5 FTE;
    - 5.7.1.3. Grafton .75 FTE;
    - 5.7.1.4. Hillsborough, Belknap, Merrimack 1 FTE;
    - 5.7.1.5. Rockingham 1.25 FTE.
  - 5.7.2. Minimum Staffing Requirements by Catchment Area for the combined functions of SHIP, SMP, and MIPPA are as follows:
    - 5.7.2.1. Carroll, Belknap, Coos, and Sullivan 1.5 FTE;
    - 5.7.2.2. Monadnock, Grafton, and Strafford 2 FTE;
    - 5.7.2.3. Merrimack County 2 FTE; and
    - 5.7.2.4. Hillsborough and Rockingham 3 FTE

6. Deliverables

- 6.1. The Contractor shall provide a detailed work plan that identifies deliverables and includes reasonable timelines for operationalizing the scope of work to the Department within sixty (60) days of contract approval.
- 6.2. The Contractor shall provide Quarterly Reports to the Department within thirty (30) days of the close of the quarter.



## Method and Conditions Precedent to Payment

1. This contract is funded to provide services pursuant to Exhibit A, Scope of Services. The contractor agrees to provide the services in Exhibit A, Scope of Services in compliance with funding requirements from the following Catalog of Federal Domestic Assistance:
  - CFDA #93.778, United States Department of Health and Human Services, Administration for Children and Families, Office of Community Services Social Services Block Grant.
  - CFDA #93.052, United States Department of Health and Human Services, Administration for Community Living, Office of Community Services NH Family Caregiver Support Title III E.
  - CFDA #93.667, United States Department of Health and Human Services, Administration for Community Living, Social Services Block Grant.
  - CFDA #93.517, United States Department of Health and Human Services, Administration for Community Living, NH ADRC Options Counseling Enhancement Program/NH No Wrong Door System of Access to LTSS Enhancement Program
  - CFDA #93.779, United States Department of Health and Human Services, Centers for Medicare & Medicaid Services, State Health Insurance and Assistance Program.
  - CFDA #93.408, United States Department of Health and Human Services, Centers for Medicare & Medicaid Services, and Administration for Community Living.
  - CFDA #93.071 United States Department of Health and Human Services, Centers for Medicare & Medicaid Services, CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA).
2. The State shall pay the Contractor an amount not to exceed the Price Limitation on Form P37, Block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
3. Payment for expenses shall be on a cost reimbursement basis only for actual expenditures. Expenditures shall be in accordance with the approved line item budgets shown in Exhibits B-1, B-2 and B-3.
4. Payment for services shall be made as follows:
  - 4.1. The Contractor must submit monthly invoices for reimbursement by the 20<sup>th</sup> of each month for services specified in Exhibit A, Scope of Services on Department forms. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
  - 4.2. The invoices must:
    - 3.2.1 Clearly identify the amount requested and the services performed during that period.
    - 3.2.2 Include a detailed account of the work performed, and a list of deliverables completed during that prior month, as outlined in Exhibit A, Scope of Services.
    - 3.2.3 Separately identify any work, time sheets and amount of attributable and performed by an approved contractor, if applicable.
  - 4.3. Invoices and reports identified in Section 4.1 and 4.2 must be submitted to:

Attn: ServiceLink Financial Manager  
NH Department of Health and Human Services  
Office of Human Services  
129 Pleasant Street  
Concord, NH 03301

New Hampshire Department of Health and Human Services  
Service Link Resource Centers



Exhibit B

- 
5. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A.
  6. A final payment request shall be submitted no later than sixty (60) days after the Contract ends. Failure to submit the invoice, and accompanying documentation could result in nonpayment.
  7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
  8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
  9. Notwithstanding paragraph 18 of Form P-37, General Provisions, an amendment limited to the adjustment of the amounts between budget line items below ten percent (10%) of the total corresponding State Fiscal Year budget can be made up to two (2) times per fiscal year by written agreement of both parties without additional approval of the Governor and Executive Council.

EXHIBIT B-1

**New Hampshire Department of Health and Human Services  
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Behavioral Health & Developmental Services of Rockingham County 2016  
Fiscal Year: 2017-2017

Operating Account to Information and Services for Individuals and Families Needing Long Term Support and Services:  
Budget Request for: New Hampshire Services/2017 Program

Budget Period: 2017 - 2017

Line Item	2017		2018		2019		2020		2021		2022	
	Original	Amended	Original	Amended	Original	Amended	Original	Amended	Original	Amended	Original	Amended
1. Total Expenditures	14,801.00	-	14,801.00	-	14,801.00	-	14,801.00	-	14,801.00	-	14,801.00	-
1. Employee Services	10,000.00	-	10,000.00	-	10,000.00	-	10,000.00	-	10,000.00	-	10,000.00	-
2. Capital	-	-	-	-	-	-	-	-	-	-	-	-
3. Contract	-	-	-	-	-	-	-	-	-	-	-	-
4. Travel	-	-	-	-	-	-	-	-	-	-	-	-
5. Other	-	-	-	-	-	-	-	-	-	-	-	-
6. Interest	-	-	-	-	-	-	-	-	-	-	-	-
7. Contingency	-	-	10,000.00	-	10,000.00	-	1,120.00	-	1,120.00	-	1,120.00	-
8. Grants & Services	4,801.00	-	4,801.00	-	4,801.00	-	700.00	-	700.00	-	3,200.00	-
9. Materials	-	-	-	-	-	-	-	-	-	-	-	-
10. Printing	-	-	-	-	-	-	-	-	-	-	-	-
11. Postage	-	-	-	-	-	-	-	-	-	-	-	-
12. Reproduction	-	-	-	-	-	-	-	-	-	-	-	-
13. Other (if not listed elsewhere)	-	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>14,801.00</b>	<b>-</b>	<b>14,801.00</b>	<b>-</b>	<b>14,801.00</b>	<b>-</b>	<b>15,921.00</b>	<b>-</b>	<b>15,921.00</b>	<b>-</b>	<b>14,801.00</b>	<b>-</b>

Percent as a Percent of Base: 7.2%

Contractor Initial: K.S.  
Date: 3/1/16/16

Contractor Initial: R.B.  
Date: 3/1/16/16

EXHIBIT B-2

**New Hampshire Department of Health and Human Services  
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Behavioral Health & Developmental Services of Stafford County #66  
 Address/Program Name: Community Partners  
 Improving Access to Information and Services for Individuals and Families Requiring Long Term Research and Services  
 Budget Request for: New Hampshire Product Life Program  
 Fiscal Year: \_\_\_\_\_  
 Budget Period: 2/1/17 - 1/31/18

Category	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
1. Personnel Services	17,800.00	-	17,800.00	18,800.00	-	18,800.00	-	18,800.00	-	18,800.00	-	18,800.00	-	18,800.00
2. Franchise Fees	25,400.00	-	25,400.00	4,600.00	-	4,600.00	-	4,600.00	-	4,600.00	-	4,600.00	-	4,600.00
3. Contractual	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Travel	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Information Technology	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Depreciation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Training	1,200.00	-	1,200.00	100.00	-	100.00	-	100.00	-	100.00	-	100.00	-	100.00
9. Contractual Services	9,200.00	-	9,200.00	300.00	-	300.00	-	300.00	-	300.00	-	300.00	-	300.00
10. Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>53,400.00</b>	<b>0.00</b>	<b>53,400.00</b>	<b>23,700.00</b>	<b>0.00</b>	<b>23,700.00</b>	<b>0.00</b>	<b>23,700.00</b>	<b>0.00</b>	<b>23,700.00</b>	<b>0.00</b>	<b>23,700.00</b>	<b>0.00</b>	<b>23,700.00</b>

Contract Manager: K.B./ib  
 Date: 1/16/16

Contract Manager: K.B./ib  
 Date: 1/16/16

EXHIBIT B-3

**New Hampshire Department of Health and Human Services  
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Subfederal Health & Developmental Services of Stratford County State  
 Budget/Program Name: Community Partners

Improving Access to Information and Services for Individuals and Families Requiring Long Term Supports and Services:  
 Budget Request for: Person Support Services

Budget Period: 2014 - 2015      \$1,000,000

Category	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Personnel	5,700.00	-	5,700.00	5,700.00	-	5,700.00	5,700.00	-	5,700.00
2. Materials	10,000.00	-	11,000.00	12,000.00	-	13,000.00	14,000.00	-	15,000.00
3. Contract	-	-	-	-	-	-	-	-	-
4. Services	-	-	-	-	-	-	-	-	-
5. Supplies	-	-	-	-	-	-	-	-	-
6. Travel	711.00	-	711.00	711.00	-	711.00	711.00	-	711.00
7. Contingency	-	4,000.00	4,000.00	4,000.00	-	4,000.00	4,000.00	-	4,000.00
8. Capital Expenses	3,000.00	-	3,000.00	3,000.00	-	3,000.00	3,000.00	-	3,000.00
9. Other	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>10,411.00</b>	<b>4,000.00</b>	<b>14,411.00</b>	<b>15,411.00</b>	<b>15,411.00</b>	<b>15,411.00</b>	<b>15,411.00</b>	<b>15,411.00</b>	<b>15,411.00</b>

Indicate As A Percent of Direct      7.4%      7.4%      7.4%

Comptroller Initial: K.B.  
Date: 11/10/14



**SPECIAL PROVISIONS**

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

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



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

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

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

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

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

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

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

New Hampshire Department of Health and Human Services  
Exhibit C



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

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

**DEFINITIONS**

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

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

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

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

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

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

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

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

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



**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. The Department reserves the right to renew the contract for up to two additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

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

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

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

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

Commissioner  
NH Department of Health and Human Services  
129 Pleasant Street,  
Concord, NH 03301-8505

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.

Behavioral Health + Developmental Services of  
Contractor Name: Stratford County, Inc.

11/10/16  
Date

Kathleen Boisclair  
Name: Kathleen Boisclair  
Title: Vice President



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name: Behavioral Health + Developmental Services  
of Strafford County, Inc.

11/10/16  
Date

Kathleen Boisclair  
Name: Kathleen Boisclair  
Title: Vice President



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

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

**INSTRUCTIONS FOR CERTIFICATION**

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH 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.

Contractor Name: Behavioral Health + Developmental Services  
of Stratford County, Inc.

  
Name: Kathleen Boisclair  
Title: Vice President

11/10/16  
Date



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

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

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

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

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

Exhibit G

Contractor Initials

K.B.

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



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

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

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

Contractor Name: Behavioral Health + Developmental Services  
of Strafford County, Inc.

11/10/16  
Date

Kathleen Boisclair  
Name: Kathleen Boisclair  
Title: Vice President

Exhibit G

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

Contractor Initials

K.B

Date

11/10/16



**CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

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

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

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

11/10/16  
Date

Contractor Name: Behavioral Health + Developmental Services  
of Stafford County, Inc.  
Kathleen Boisclair  
Name: Kathleen Boisclair  
Title: Vice President



Exhibit I

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

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

(1) **Definitions.**

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



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) l, 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.

\_\_\_\_\_  
The State

Maureen Ryan  
Signature of Authorized Representative

Maureen Ryan  
Name of Authorized Representative

Director, OHS  
Title of Authorized Representative

11/18/16  
Date

Behavioral Health + Developmental Services of  
Stafford County, Inc.  
Name of the Contractor

Kathleen Beisclair  
Signature of Authorized Representative

Kathleen Beisclair  
Name of Authorized Representative

Vice President  
Title of Authorized Representative

11/10/16  
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 Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

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

Contractor Name: *Behavioral Health + Developmental  
Services of Stafford County, Inc.*

*Kathleen Boisclair*  
Name: *Kathleen Boisclair*  
Title: *Vice President*

*11/10/16*  
Date



**FORM A**

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

1. The DUNS number for your entity is: 149406691
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: _____