



Jeffrey A. Meyers  
Commissioner

Marcella J. Bobinsky  
Acting Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527  
603-271-5934 1-800-852-3345 Ext. 5934  
Fax: 603-271-4506 TDD Access: 1-800-735-2964



10 mac

April 1, 2016

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend a contract to exercise a renewal option with JSI Research and Training Institute, Inc. dba Community Health Institute, Purchase Order #, 1038916, Vendor #161611-B001, 501 South Street, Bow, NH 03304, by increasing the Price Limitation by \$63,760 from \$71,260 to an amount not to exceed \$135,020 to conduct an overall statewide primary care assessment, and extend the Completion Date from June 30, 2016 to June 30, 2018, effective July 1, 2016, or the date of Governor and Council approval, whichever is later. This agreement was originally approved by Governor and Council on July 16, 2014, Item #8. 100% General Funds.

Funds are available in the following account for SFY 2017, and are anticipated to be available in SFY 2018, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation, if needed and justified, without approval from Governor and Executive Council.

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

State Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2015	102-500731	Contracts for Prog Svc	90073000	10,000	0	10,000
2015	102-500731	Contracts for Prog Svc	90072009	29,380	0	29,380
			Sub Total	39,380	0	39,380
2016	102-500731	Contracts for Prog Svc	90073000	10,000	0	10,000
2016	102-500731	Contracts for Prog Svc	90072009	21,880	0	21,880
			Sub Total	31,880	0	31,880
2017	102-500731	Contracts for Prog Svc	90072009	0	31,880	31,880
			Sub Total	0	31,880	31,880
2018	102-500731	Contracts for Prog Svc	90072009	0	31,880	31,880
			Sub Total	0	31,880	31,880
			Total	\$71,260	\$63,760	\$135,020

### EXPLANATION

This request amends and extends the contract completion date for this contract.

This agreement is used to carry out work required by the United States Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce under the Primary Care Services Resources Coordination and Development Program.

By supporting a state Primary Care Office, this program facilitates the coordination of activities within a state that relate to the delivery of primary care services and the recruitment and retention of critical health care providers. There are four key areas of focus for this contract: 1) identification of areas of the state that meet the federal criteria for Health Professional Shortage Areas, Mental Health Professional Shortage Areas, Dental Health Professional Shortage Areas, Medically Underserved Areas/Populations, and Governor's Exceptional Medically Underserved Population Areas; 2) organization and prioritization of the designation and re-designation process, and prepare the shortage designation applications for review and signature by DHHS staff; 3) assisting with the development and implementation of the Health Professions Workforce Data Center, which will capture the supply and capacity of licensed healthcare providers in the state; and 4) conducting an overall primary care needs assessment, annually, that will include identifying geographic areas and populations at county and sub-county levels.

The identification and processing of shortage designations will benefit communities across New Hampshire that face barriers to accessing primary care, especially rural, low-income, uninsured, and Medicaid and Medicare populations. Designation as a Health Professional Shortage Area (HPSA) is a factor used to determine eligibility for a number of federal and state programs that improve access to health care, such as the National Health Service Corps, Exchange Visitor Program and Conrad State 30 Program. Medicare also makes bonus payments to primary medical care physicians and psychiatrists working in designated Health Professional Shortage Areas. The Medically Underserved Area/Population (MUA/MUP) designation is used as a basis for awarding grants to Federally Qualified Health Centers. A variety of other federal and state programs, including the State Loan Repayment Program and grant funding opportunities, also use these designations to target resources to areas of need. Collecting primary care workforce data will support an analysis of primary care capacity that could lead to health care shortage designations and strengthen recruitment/retention initiatives including the NH State Loan Repayment Program. Health workforce data will help target finite public resources, inform the expansion of educational programs and employment training programs, and help New Hampshire prepare for, and respond to, emergency and disaster situations. This work aligns with Department of Health and Human Services and legislative objectives because it supports the health care workforce programs needed to increase workforce supply and decrease barriers to care for all residents.

As referenced in the original letter approved by Governor and Council on July 16, 2014, Item #8, and in the Exhibit C-1 of the Contract, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Division is exercising this renewal option.

JSI Research and Training Institute, Inc. dba Community Health Institute was originally selected for this project through a competitive bid process.

The current agreement between the Rural Health and Primary Care Section and JSI is the fourteenth in a series of contracts, covering more than a decade, in support of the state Primary Care Office. These contracts have included a range of services related to evaluating and expanding primary care access in New Hampshire. The key tasks involved have included:

- Analysis of licensure data bases of health care providers, including physicians, dentists, hygienists, psychiatrists, physician assistants, and nurses.
- Development and analysis of statewide physician surveys.
- Assisting with the development and implementation of the Health Professions Data Center.
- Conducting an overall statewide primary care needs assessment, including assessments at a statewide and various sub-state level (county, public health regions, rural/urban, Primary Care Service Areas).
- Extraction and analysis of NH Medicaid medical and dental claims, and other state and locally provided data to use in the analyses of service areas.
- Analysis of primary care patient flow patterns using origin and destination matrices of claims derived from the NH All Payer Claims Data.
- Geographic analysis of these data using GIS tools.
- Developing options for designation renewals and new service areas, as measured by the data available.
- Developing policy options and language related to the Governor's Designated Secretary Certified designation process supporting Rural Health Clinics
- Submitting of designation applications into the federal shortage designation system and responding to federal inquiries about the requests.

The following performance measures are being used to measure the effectiveness of the initial agreement:

- Perform annual updates to the statewide primary care needs assessment, by the given federal deadline. The deadline is May 31, 2016 so this has not been completed but work is progressing satisfactorily.
- Complete shortage designations and re-designations, as appropriate, by the given federal deadline. This has occurred and resulted in two applications being submitted.
- On an ongoing basis, or at intervals specified by the DHHS, provide an analysis of demographic data and renewal dates to determine other areas for shortage designation or re-designation. This has occurred and currently three areas are being analyzed.
- At intervals specified by the DHHS, develop and submit to the DHHS, recurrent health professional workforce surveys for the Health Professions Workforce Data Center. This has occurred and resulted in two types of provider surveys being approved for use.
- Upload accurate Health Professions Workforce Data Center data into the Shortage Designation Management System, by the given federal deadline. This has occurred.
- Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved. All performance measures have been achieved.

Should Governor and Executive Council not authorize this Request, the State of New Hampshire would not have the ability to identify areas of the state where there are shortages of primary care providers, or collect information on whether people are able to access primary care services, which may result in individuals not having access to necessary healthcare services.

Area served: statewide.

Source of Funds: 100% General Funds.

Respectfully submitted,



Marcella J. Bobinsky, MPH  
Acting Director

Approved by:



Jeffrey A. Meyers  
Commissioner



**State of New Hampshire  
Department of Health and Human Services  
Amendment #1 to the  
NH Health Workforce and Primary Care Access Data Contract**

This 1<sup>st</sup> Amendment to the NH Health Workforce and Primary Care Access Data contract (hereinafter referred to as "Amendment One") dated this 12<sup>th</sup> day of February, 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and JSI Research and Training Institute, Inc., dba Community Health Services, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 501 South Street, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 16, 2014, Item #8, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, 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 the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

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

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

1. Amend Form P-37, Block 1.7, to read June 30, 2018.
2. Amend Form P-37, Block 1.8, to read \$135,020.
3. Amend Form P-37, Block 1.9, to read Eric Borrin, Director of Contracts and Procurement.
4. Amend Form P-37, Block 1.10 to read 603-271-9558.
5. Delete Exhibit A in its entirety and replace with Exhibit A Amendment #1.
6. Delete Exhibit B in its entirety and replace with Exhibit B Amendment #1.
7. Delete Exhibit C in its entirety and replace with Exhibit C Amendment #1.
8. Delete Exhibit G in its entirety and replace with Exhibit G Amendment #1.
9. Amend Budget to add:
  - Exhibit B-1 Amendment #1 Budget SFY 2017
  - Exhibit B-1 Amendment #1 Budget SFY 2018

This amendment shall be effective upon the date of Governor and Executive Council approval.

New Hampshire Department of Health and Human Services



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

State of New Hampshire  
Department of Health and Human Services

2/22/16

Date

Brook Dupee  
Brook Dupee  
Bureau Chief

JSI Research and Training Institute, Inc., dba Community Health Services

2.22.16

Date

Jonathan Stewart  
Name: Jonathan Stewart  
Title: Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 22<sup>nd</sup> of Feb, 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.

Sarah E. Moekkel  
Signature of Notary Public or Justice of the Peace

Sarah E. Moekkel  
Name and Title of Notary or Justice of the Peace

SARAH E. MOECKEL, Notary Public  
My Commission Expires September 17, 2019

My Commission Expires: \_\_\_\_\_

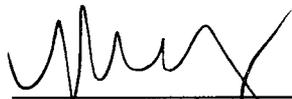
Contractor Initials: JK

Date: 2.22.16



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.  
OFFICE OF THE ATTORNEY GENERAL

Date 4/28/16

  
Name: Megan A. Yague  
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: \_\_\_\_\_

Contractor Initials:   
Date: 2.22.16



## Exhibit A Amendment #1

### SCOPE OF SERVICES

#### 1. Covered Populations and Services

- 1.1. The Contractor will conduct annual needs assessment updates, as needed, to identify communities statewide with the greatest unmet healthcare needs, disparities, and health workforce shortages, and also identify key barriers to access to health care for these communities.
- 1.2. The Contractor will process new and existing shortage area designation requests, as needed by the Rural Health and Primary Care Section (RHPC), using the Health Resources and Services Administration's (HRSA's) Shortage Designation Management System (SDMS).
- 1.3. The Contractor will assist with the development of either Primary Care Service Areas (PCSAs) or Predetermined Rational Service Areas (PRSAs) that could be the basis for shortage designation applications submitted to the Health Resources and Services Administration (HRSA).
- 1.4. The Contractor will support the Health Professions Data Center (HPDC) by assisting the Primary Care Workforce Coordinator with provider survey development, analysis, and issue briefs.

#### 2. Provisions Applicable to All Services

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

#### 3. Required Services

The contract shall:

- 3.1. Consult with the Rural Health and Primary Care Section (RHPC) to coordinate and prioritize new shortage area designation requests, and re-designations.
- 3.2. Prepare all necessary documentation, using the Bureau of Health Workforce's (BHW), Shortage Designation Management System (SDMS), to support designation and re-



## Exhibit A Amendment #1

- designation requests to the Health Resources and Services Administration (HRSA), for review and approval by the NH DHHS.
- 3.3. Issue targeted-area surveys to collect provider Full-Time Equivalent (FTE) data to upload in the SDMS for designation purposes.
  - 3.4. Produce colored GIS-type maps noting shortage areas, at the town level, and list towns, hospitals, health centers, and other health facilities within each type of shortage area. Maps must be compatible with Microsoft and PDF formats.
  - 3.5. Provide information, assistance or updates to interested parties in areas under review for shortage designations. Notify all known interested parties following the (HPSA and MUA/P) determined designation. Be available for follow-up questions or inquiries regarding a completed shortage designation application.
  - 3.6. Pursue and update Medically Underserved Area/Population (MUA/P) and Health Professional Shortage Area (HPSA) designations for RHCs, as needed.
  - 3.7. Evaluate and process Governor-Designated and Secretary-Certified (GDSC) shortage area designations for Rural Health Clinics (RHCs) by applying the approved policy and renewing designations four years from the date of approval.
  - 3.8. Prior to the cycle opening date determined by the BHW, submit all data and FTEs associated with a shortage designation update cycle.
  - 3.9. Analyze annual physician workforce survey data collected by the Health Professions Workforce Data Center (HPWDC) and enter data into HRSA's Shortage Designation Management System (SDMS) to determine NH shortage areas;
  - 3.10. Assist the DHHS/DPHS with the development of annual health professional workforce issue briefs for electronic and hardcopy publication.
  - 3.11. Work with the DHHS/DPHS and the NH health professions licensing boards, as appropriate, and develop recurrent health workforce surveys of licensed, primary care providers in NH.
  - 3.12. Work with DHHS/DPHS to obtain Medicaid Claims data in order to determine FTEs to enter into the SDMS and to cross-reference with the HPWDC data for accuracy.
  - 3.13. Correct National Provider Identification (NPI) data in SDMS to ensure data is current.
  - 3.14. Participate in other health workforce activities as determined in conjunction with DHHS/DPHS.
  - 3.15. Provide an annual update of the statewide primary care assessment to DHHS/DPHS, as needed.



## Exhibit A Amendment #1

### 4. Meetings and Reporting

The Contractor shall:

- 4.1. Attend at the minimum, one in-person meeting at the DHHS annually to review contract details.
- 4.2. Participate in monthly conference calls to review activities, interventions, progress and funding.
- 4.3. Submit progress reports to the DHHS/DPHS, when requested, for each of the DHHS program areas in order to monitor program performance as follows:
  - 4.3.1. Fulfillment of program activities conducted for the selected time period, and activities planned for the upcoming period, in a format developed and approved by the DHHS/DPHS. Reports shall include the following:
    - 4.3.2. Brief narrative of work performed during the time period;
    - 4.3.3. Summary of work plans for the time period, including challenges and/or barriers to completing requirements described in this Exhibit A.
    - 4.3.4. Documented achievements.
- 4.4. Final cumulative report on progress meeting deliverables and accomplishments, in a format developed and approved by DHHS/DPHS. The report will be due 45 days following the end of the contract term.
- 4.5. Attend meetings with representatives from DHHS/DPHS and/or other state officials to report on program progress and financial accountability;
- 4.6. Provide a written progress report on a semi-annual and annual basis, as well as at the end of the contract. The report should outline progress on all deliverables, goals, objectives, and performance measures, and define any problems with attaining desired results.

### 5. Work Plan

- 5.1. The Contractor will be required to provide a yearly Workplan that demonstrates their plan for the contract required activities. The work plan template will be provided by the DHHS, and will include performance measures, (i.e. baseline and targets), activities, person(s) responsible, timeline, and target population, and will be used to assure progress towards meeting the performance measures and the overall program objectives and goals.
- 5.2. Upon the effective date of the Contract Amendment approval, the Contractor shall work with the DHHS to finalize the SFY 2017 Workplan within 30 days.



## Exhibit A Amendment #1

- 5.3. Quarterly, or at intervals specified by DHHS, the Contractor will report on their Workplan progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the proposal.

## 6. Performance Indicators/Measures

- 6.1. The Contractor shall ensure that following performance measures are annually achieved and monitored quarterly to measure the effectiveness of the agreement:
- 6.1.1. Perform annual updates to the statewide primary care needs assessment, by the given federal deadline.
  - 6.1.2. Complete shortage designations and re-designations, as appropriate, by the given federal deadline.
  - 6.1.3. On an ongoing basis, or at intervals specified by the DHHS, provide an analysis of demographic data and renewal dates to determine other areas for shortage designation or re-designation.
  - 6.1.4. At intervals specified by the DHHS, develop and submit to the DHHS, recurrent health professional workforce surveys for the Health Professions Workforce Data Center.
  - 6.1.5. Upload accurate Health Professions Workforce Data Center data into the Shortage Designation Management System, by the given federal deadline.
- 6.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

## 7. Staffing

The Contractor shall:

- 7.1. Provide staffing to meet the requirements of this Contract;
- 7.2. Provide sufficient staff to perform tasks specified in the contract and maintain a level of staffing necessary to perform all functions, requirements, roles and duties in a timely manner.
- 7.3. Ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.



### Exhibit A Amendment #1

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- 7.4. Notify the DHHS in writing within one month of hire when any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.
  
- 7.5. Notify the DHHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month.



**Exhibit B Amendment #1**  
**Method and Conditions Precedent to Payment**

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
  - 1.1. This contract is funded with general funds.
    - \$31,880. – 100% general funds SFY 2017
    - \$31,880. – 100% general funds SFY 2018

\$63,760 - Total
  - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
  
- 2) Payment for said services shall be made monthly as follows:
  - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item budgets shown in Exhibits B-1 Amendment #1 SFY 2017 and 2018.
  - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment.
  - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
  - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.
  - 2.5. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed. Hard copies shall be mailed to:

Department of Health and Human Services  
Division of Public Health Services  
29 Hazen Drive  
Concord, NH 03301  
Email address: DPHScontractbilling@dhhs.state.nh.us
  
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

**Exhibit B-1 (SFY 2017)  
Amendment #1 Budget Form**

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

JSI Research and Training Institute, Inc., dba

**Bidder/Contractor Name:** Community Health Services

NH Health Workforce and Primary Care Access

**Budget Request for:** Data

*(Name of RFP)*

**Budget Period:** SFY 2017

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 17,484.78	\$ -	\$ 17,484.78	
2. Employee Benefits	\$ 6,644.22	\$ -	\$ 6,644.22	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ 524.54	\$ -	\$ 524.54	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 874.15	\$ -	\$ 874.15	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ 1,748.48	\$ -	\$ 1,748.48	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 47.93	\$ -	\$ 47.93	
Postage	\$ 10.00	\$ -	\$ 10.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 349.70	\$ -	\$ 349.70	
Insurance	\$ 349.70	\$ -	\$ 349.70	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 349.70	\$ -	\$ 349.70	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Information Systems	\$ -	\$ 1,049.04	\$ 1,049.04	
Human Resources	\$ -	\$ 699.36	\$ 699.36	
General Administration	\$ -	\$ 699.36	\$ 699.36	
Payroll and Accounting	\$ -	\$ 1,049.04	\$ 1,049.04	
	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ 28,383.20</b>	<b>\$ 3,496.80</b>	<b>\$ 31,880.00</b>	

Indirect costs equate to 12.3% of direct incremental costs, and cover information systems and payroll/accounting support, each at 3.7 % of total direct costs or 6% of direct salaries, and human resources and general administration staff costs, each at 2.5% of total direct costs or 4% of salaries. The Indirect Cost Line Item represents a portion of JSI Research & Training Institute's federal Negotiated Indirect Cost Rate Agreement covering Information Systems, Accounting, Payroll, Human Resources and Administrative Staff Costs. These costs are derived from JSI's NICRA, but can fluctuate under this contract's budget structure as JSI's Indirect Costs are calculated as a proportion of salary/wage only.

Indirect As A Percent of Direct

12.3%

Exhibit B-1 - Budget

Contractor Initials:                     

Date:                     

*Handwritten initials and date: [Signature] 2/22/16*

**Exhibit B-1 (SFY 2018)  
Amendment #1 Budget Form**

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

JSI Research and Training Institute, Inc., dba

**Bidder/Contractor Name:** Community Health Services

NH Health Workforce and Primary Care Access

**Budget Request for:** Data  
(Name of RFP)

**Budget Period:** SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 17,479.78	\$ -	\$ 17,479.78	
2. Employee Benefits	\$ 6,642.32	\$ -	\$ 6,642.32	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ 524.39	\$ -	\$ 524.39	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 873.99	\$ -	\$ 873.99	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ 1,747.75	\$ -	\$ 1,747.75	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 56.17	\$ -	\$ 56.17	
Postage	\$ 10.00	\$ -	\$ 10.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 349.60	\$ -	\$ 349.60	
Insurance	\$ 349.60	\$ -	\$ 349.60	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 349.60	\$ -	\$ 349.60	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Information Systems	\$ -	\$ 1,049.04	\$ 1,049.04	
Human Resources	\$ -	\$ 699.36	\$ 699.36	
General Administration	\$ -	\$ 699.36	\$ 699.36	
Payroll and Accounting	\$ -	\$ 1,049.04	\$ 1,049.04	
	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ 28,383.20</b>	<b>\$ 3,496.80</b>	<b>\$ 31,880.00</b>	

Indirect costs equate to 12.3% of direct incremental costs, and cover information systems and payroll/accounting support, each at 3.7 % of total direct costs or 6% of direct salaries, and human resources and general administration staff costs, each at 2.5% of total direct costs or 4% of salaries. The Indirect Cost Line Item represents a portion of JSI Research & Training Institute's federal Negotiated Indirect Cost Rate Agreement covering Information Systems, Accounting, Payroll, Human Resources and Administrative Staff Costs. These costs are derived from JSI's NICRA, but can fluctuate under this contract's budget structure as JSI's Indirect Costs are calculated as a proportion of salary/wage only.

Indirect As A Percent of Direct

12.3%

Exhibit B-1 - Budget

Contractor Initials:     

Date:



**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;

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- 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.

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

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



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

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

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

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

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

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

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis



- 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.



**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- Amendment #1

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

Contractor Initials

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

Date

Handwritten date in black ink, appearing to be '7.22.14'.

New Hampshire Department of Health and Human Services  
Exhibit G – Amendment #1



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: **JSI Research & Training Institute, Inc.  
dba Community Health Institute**

2-22-14  
Date

  
Name: **Jonathan Stewart**  
Title: **Director**

Exhibit G- Amendment #1

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

Contractor Initials 

Date 2-22-14

# 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 JSI Research & Training Institute, Inc., a(n) Massachusetts nonprofit corporation, registered to do business in New Hampshire on February 17, 2016. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 4<sup>th</sup> day of April, A.D. 2016

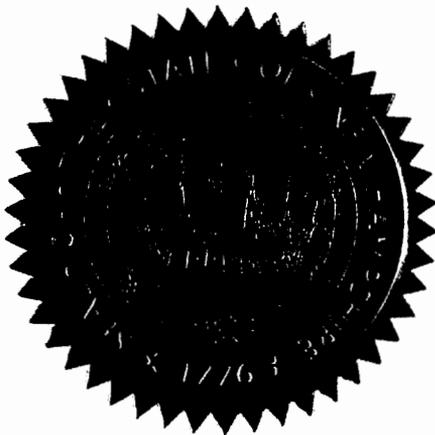
A handwritten signature in cursive script, appearing to read "William M. Gardner".

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 HEALTH INSTITUTE is a New Hampshire trade name registered on April 12, 2016 and that JSI Research & Training Institute, Inc. presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 21<sup>st</sup> day of April, A.D. 2016

A handwritten signature in cursive script, reading "William M. Gardner".

William M. Gardner  
Secretary of State

**CERTIFICATE OF VOTE/AUTHORITY**

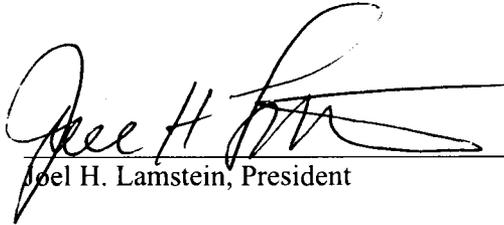
I, Joel H. Lamstein, of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, do hereby certify that:

1. I am the duly elected President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute;
2. By Unanimous Consent in Writing of the Board of Directors in Lieu of the 2008 Annual Meeting, the following is true copy of one resolution duly adopted by the Board of Directors of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, duly dated October 24, 2008;

RESOLVED: Appointment of Jonathan Stewart as Director of the Community Health Institute with the authority to enter into contracts and agreements binding the Corporation.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of February 22, 2016.

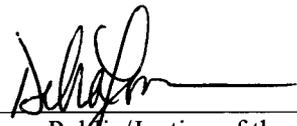
IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 22nd day of February, 2016.

  
\_\_\_\_\_  
Joel H. Lamstein, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 22<sup>nd</sup> day of February, 2016 by Joel H. Lamstein.

  
\_\_\_\_\_  
Notary Public/Justice of the Peace  
My Commission Expires: \_\_\_\_\_

**DEBRA L. LOVE, Notary Public**  
My Commission Expires October 16, 2018



JOHNSNO-01

DMEANEY

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/20/2015

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

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

<b>PRODUCER</b> Mason & Mason Technology Insurance Services, Inc. 458 South Ave. Whitman, MA 02382	<b>CONTACT NAME:</b> Judy Yeary <b>PHONE (A/C, No, Ext):</b> (781) 447-5531 <b>FAX (A/C, No):</b> (781) 447-7230 <b>E-MAIL ADDRESS:</b> info@masoninsure.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b>  JSI d/b/a Community Health Institute 501 South Street 2nd Floor Bow, NH 03304	<b>INSURER A:</b> Federal Insurance Company <b>NAIC #</b> 20281
	<b>INSURER B:</b> Executive Risk Indemnity <b>NAIC #</b> 35181
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			35873320	09/09/2015	09/09/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73546634	09/09/2015	09/09/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
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			79861066	09/09/2015	09/09/2016	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	71733182	09/09/2015	09/09/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	ERRORS & OMISSIONS			82120859	09/09/2015	09/09/2016	EACH OCC/GEN AGG 1,000,000

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

It is understood and agreed that NH Department of Health and Human Services is included as an additional insured as respects general liability as required by written contract per the terms and conditions of the policy.

**CERTIFICATE HOLDER****CANCELLATION**

NH Department of Health and Human Services 129 Pleasant Street Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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# JSI Research and Training

## Mission Statement

JSI Research and Training Institute was incorporated in 1987 as a 501©3 non-profit organization in the Commonwealth of Massachusetts. Our mission is to alleviate public health problems both in the United States and in developing countries around the world through applied research, technical assistance and training. JSI maintains offices in Boston, Massachusetts; Washington, D.C.; Denver, Colorado and Concord, New Hampshire; as well as seven overseas offices in developing nations. Since its inception, JSI has successfully completed more than 400 contracts in the health and human service fields.

# Community Health Institute

## Mission Statement

The Community Health Institute's mission is to support and strengthen New Hampshire's health care system by providing coordinated information dissemination and technical assistance resources to health care providers, managers, planners, and policy makers, statewide. Our success translates into improved access to quality health and social services for all New Hampshire residents.

**JSI RESEARCH AND TRAINING INSTITUTE, INC.  
AND  
AFFILIATE**

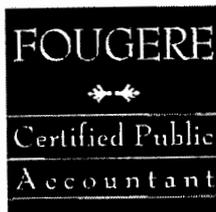
**Audited Consolidated Financial Statements and Reports  
Required by Government Auditing Standards and OMB Circular A-133**

**September 30, 2014**

**JSI Research and Training Institute, Inc. and Affiliate  
September 30, 2014**

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## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
JSI Research and Training Institute, Inc. and Affiliate

### **Report on the Consolidated Financial Statements**

We have audited the accompanying consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate (both non-profit organizations), which comprise the consolidated statement of financial position as of September 30, 2014, and the related consolidated statements of activities, functional expenses, and cash flows for the year 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 accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of 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 audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of 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 financial position of JSI Research and Training Institute, Inc. and Affiliate as of September 30, 2014, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Other Matters**

#### **Other Information**

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is 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 audit 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

#### **Report on Summarized Comparative Information**

We have previously audited the JSI Research and Training Institute, Inc. and Affiliate consolidated financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated March 17, 2014. In our opinion, the summarized consolidated comparative information presented herein as of and for the year ended September 30, 2013 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued a report dated February 12, 2015, on our consideration of JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and compliance.

A handwritten signature in black ink, reading "Ronald J. Foye CPA". The signature is written in a cursive style with a large, stylized initial "R".

Duxbury, Massachusetts  
February 12, 2015

**JSI Research and Training Institute, Inc. and Affiliate**  
**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
September 30, 2014  
(With Comparative Totals for 2013)

	<b>2014</b>	<b>2013</b>
<b>ASSETS</b>		
Current Assets:		
Cash and cash equivalents	\$ 29,466,831	\$ 40,491,257
Receivables for program work	12,193,072	5,530,251
Loans receivable	425,470	330,711
Field advances - program	2,612,580	2,855,789
Employee advances	221,271	181,854
Prepaid expenses	3,700	3,864
Total Current Assets	44,922,924	49,393,726
Property and Equipment:		
Furniture and equipment	625,913	625,102
Leasehold improvements	30,355	30,355
	656,268	655,457
Less: Accumulated depreciation	(603,262)	(585,250)
Net Property and Equipment	53,006	70,207
Other Assets	83,336	80,198
<b>TOTAL ASSETS</b>	<b>\$ 45,059,266</b>	<b>\$ 49,544,131</b>
 <b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities:		
Accounts payable and payroll withholdings	\$ 5,026,325	\$ 4,013,743
Accrued vacation	1,563,950	1,456,613
Advances for program work	14,217,480	24,753,370
Loans payable	-	-
Notes payable	-	-
Contingencies	-	-
Total Current Liabilities	20,807,755	30,223,726
Net Assets:		
Unrestricted	24,246,511	19,315,405
Temporarily restricted	5,000	5,000
Total Net Assets	24,251,511	19,320,405
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 45,059,266</b>	<b>\$ 49,544,131</b>

See notes to consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliate**  
**CONSOLIDATED STATEMENT OF ACTIVITIES**  
Year Ended September 30, 2014  
(With Comparative Totals for 2013)

	<b>2014</b>	<b>2013</b>
<b>UNRESTRICTED NET ASSETS:</b>		
<b>Public Support and Revenue</b>		
Public Support:		
Government grants and contracts:		
U.S. Government	\$ 173,962,790	\$ 151,661,231
Commonwealth of Massachusetts	5,842,551	5,293,338
Other grants and contracts	44,450,878	40,181,675
Program income	95,478	125,762
Contributions	2,061,708	261,260
In kind project contributions	7,244,720	10,537,825
Interest income	12,236	47,775
<b>Total Unrestricted Support and Revenue</b>	<b>233,670,361</b>	<b>208,108,866</b>
 <b>Expenses</b>		
Program Services:		
International programs	190,033,358	171,082,230
Domestic programs	14,255,597	12,226,257
<b>Total Program Services</b>	<b>204,288,955</b>	<b>183,308,487</b>
Supporting Services:		
Management and General	24,224,914	21,788,613
Fundraising	225,386	219,210
<b>Total Supporting Services</b>	<b>24,450,300</b>	<b>22,007,823</b>
<b>Total Expenses</b>	<b>228,739,255</b>	<b>205,316,310</b>
 Increase (Decrease) in Unrestricted Net Assets	 4,931,106	 2,792,556
 <b>Net Assets at Beginning of Year</b>	 <b>19,320,405</b>	 <b>16,527,849</b>
 <b>Net Assets at End of Year</b>	 <b>\$ 24,251,511</b>	 <b>\$ 19,320,405</b>

See notes to consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliate**  
**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES**  
Year Ended September 30, 2014  
(With Comparative Totals for 2013)

	PROGRAM SERVICES			SUPPORTING SERVICES			TOTAL EXPENSES	
	International Programs	Domestic Programs	Total	Management And General	Fundraising	Total	2014	2013
Salaries	\$ 20,457,182	\$ 6,609,295	\$ 27,066,477	\$ 5,705,147	\$ 150,040	\$ 5,855,187	\$ 32,921,664	\$ 29,361,382
Consultants	11,720,327	3,862,158	15,582,485	666,153	29,400	695,553	16,278,038	15,167,039
Cooperating National Salaries	29,311,608	-	29,311,608	532,134	-	532,134	29,843,742	25,610,137
Travel	11,824,448	558,707	12,383,155	604,462	127	604,589	12,987,744	11,206,790
Allowance & Training	7,576,320	2,165	7,578,485	218,327	-	218,327	7,796,812	6,290,231
Sub-contracts	47,859,375	1,805,034	49,664,409	-	-	-	49,664,409	39,388,618
Equipment, Material and Supplies	5,458,019	31,814	5,489,833	187,477	80	187,557	5,677,390	4,794,885
Other Costs	48,581,359	1,386,424	49,967,783	16,293,202	45,739	16,338,941	66,306,724	62,947,371
In-kind project expenses	7,244,720	-	7,244,720	-	-	-	7,244,720	10,537,825
Depreciation	-	-	-	18,012	-	18,012	18,012	12,032
<b>TOTAL EXPENSE</b>	<b>\$ 190,033,358</b>	<b>\$ 14,255,597</b>	<b>\$ 204,288,955</b>	<b>\$ 24,224,914</b>	<b>\$ 225,386</b>	<b>\$ 24,450,300</b>	<b>\$ 228,739,255</b>	<b>\$ 205,316,310</b>

See notes to consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliate**  
**CONSOLIDATED STATEMENT OF CASH FLOWS**  
Year Ended September 30, 2014  
(With Comparative Totals for 2013)

	<b>2014</b>	<b>2013</b>
<b>Cash Flows From Operating Activities:</b>		
Increase (Decrease) in net assets	\$ 4,931,106	\$ 2,792,556
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	18,012	12,032
(Increase) Decrease in receivables for program work	(6,662,821)	(2,979,106)
(Increase) Decrease in loans receivable	(94,759)	(330,711)
(Increase) Decrease in field advances - program	243,209	(706,652)
(Increase) Decrease in employee advances	(39,417)	3,766
(Increase) Decrease in prepaid expenses	164	-
(Increase) Decrease in other assets - deposits	(3,138)	762
Increase (Decrease) in accounts payable and payroll withholdings	1,012,582	1,203,439
Increase (Decrease) in accrued vacation	107,337	93,070
Increase (Decrease) in advances for program work	<u>(10,535,890)</u>	<u>2,883,650</u>
Net Cash Provided (Used) By Operating Activities	(11,023,615)	2,972,806
 <b>Cash Flows From Investing Activities:</b>		
Acquisition of property and equipment	<u>(811)</u>	<u>(34,047)</u>
Net Cash Provided (Used) By Investing Activities	(811)	(34,047)
 <b>Cash Flows From Financing Activities:</b>		
Proceeds from loans payable	4,046,996	2,910,553
Payments of loans payable	<u>(4,046,996)</u>	<u>(3,395,271)</u>
Net Cash Provided (Used) By Financing Activities	<u>-</u>	<u>(484,718)</u>
 Net Increase (Decrease) in Cash and Cash Equivalents	(11,024,426)	2,454,041
 Cash and Cash Equivalents at Beginning of Year	<u>40,491,257</u>	<u>38,037,216</u>
 Cash and Cash Equivalents at End of Year	<u>\$ 29,466,831</u>	<u>\$ 40,491,257</u>

See notes to consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**September 30, 2014**

**NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES**

JSI Research and Training Institute, Inc. is the sole member of World Education, Inc. (Affiliate) with such powers as are typically accorded to a sole member including the power of appointment and removal of the World Education, Inc. board of trustees, the right to approve amendments to the bylaws and certificate of incorporation of World Education, Inc., and the right to approve any merger, consolidation, dissolution or transfer of substantial assets of World Education, Inc.

JSI Research and Training Institute, Inc. was incorporated in the Commonwealth of Massachusetts on April 11, 1979. JSI Research and Training Institute, Inc. provides education and research primarily to non-profit health and human service agencies both in the United States and abroad. Current funding is principally from the United States Agency for International Development and the United States Department of Health and Human Services (HHS).

World Education, Inc. (Affiliate) was founded in 1951 and incorporated in the state of New Jersey. Working in partnership with community, national, and international agencies in Asia, Africa, and the United States, it provides professional assistance in the design and implementation of non-formal adult education programs. These programs integrate functional education with relevant problem-solving aspects of individual growth and national development such as health, nutrition, family planning, childcare, refugee education, agricultural practices, literacy, and income generation.

JSI Research and Training Institute, Inc. and its affiliate are tax exempt organizations under 501 (c) (3) of the Internal Revenue Code and file separate unconsolidated tax returns.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Principles of Consolidation**

The consolidated financial statements include the accounts of JSI Research and Training Institute, Inc. and World Education, Inc., its affiliate, (collectively referred to as the Organization). Significant intra-entity accounts and transactions have been eliminated in consolidation.

**Basis of Accounting**

The consolidated financial statements of the Organization have been prepared utilizing the accrual basis of accounting and include the accounts of JSI Research and Training Institute, Inc. and its affiliate in conformity with accounting principles generally accepted in the United States of America.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

**Use of Estimates**

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Fair Value**

The Organization values its qualifying assets and liabilities under a fair value hierarchy that prioritizes the inputs and assumptions used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and liabilities and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Organization uses appropriate valuation techniques based on the available inputs to measure the fair value of its assets and liabilities. When available, the Organization measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

**Cash and Cash Equivalents**

The Organization considers all monies in banks and highly liquid investments with maturity dates of three months or less to be cash equivalents. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

**Investments**

Investments in marketable securities with readily determinable fair values and all investments in debt securities (marketable investments) are measured at fair values based on quoted market prices in the consolidated statement of financial position. Unrealized gains and losses are included in the statement of activities.

**Property and Equipment**

Property and equipment is reported on the basis of cost less accumulated depreciation. Acquisitions of property and equipment in excess of \$1,500 are capitalized. Depreciation is computed using the straight-line method calculated to extinguish the book value of the respective assets over their estimated useful lives (5 - 7 years) of the related assets.

**Revenue Recognition**

Unrestricted and restricted contributions are recognized as revenue at the date the pledge is made or the gift is received, whichever is earlier. Revenue from cost reimbursement contracts and grants is recorded as the related expenditures are incurred.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

**Contributions**

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Contributions are reported as temporarily restricted support and are then reclassified to unrestricted net assets upon expiration of the time restriction. Temporarily restricted support, whose restrictions are met in the same reporting period, is shown as unrestricted support.

**Donated Materials and Services**

Donated materials and services are recorded as in kind project contributions at their estimated fair market value as of the date of receipt and as an expense in the accompanying consolidated statement of activities. Donated services are recognized if the services received create or enhance non-financial assets or require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

**Income Taxes**

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and is not a private foundation as described in Section 509. Accordingly, no provision for income taxes is included in the accompanying consolidated financial statements.

The Organization has evaluated its tax positions and believes that there would be no material changes to the results of its operations or financial position as a result of an audit by the applicable taxing authorities, federal or state. The Organization has filed all of its known and required returns in a timely manner including as permitted allowed extensions. Following administrative practice of the taxing authorities, the tax years 2011, 2012 and 2013, remain open years subject to examination and review.

JSI Research and Training Institute, Inc. and World Education, Inc. (Affiliate) file separate unconsolidated tax returns. JSI Research and Training Institute, Inc. files tax returns based on a September 30<sup>th</sup> year end and its affiliate files tax returns based on a June 30<sup>th</sup> year end.

**Functional Allocation of Expenses**

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

**Financial Statement Presentation**

In accordance with accounting principles generally accepted in the United States of America, the Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets based upon the existence or absence of donor imposed restrictions. For the

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

year ended September 30, 2014 there was no activity in temporarily restricted or permanently restricted net assets.

**NOTE 3 – CONCENTRATION OF CREDIT RISK**

The Organization maintains demand deposits and money market funds at financial institutions. At times, certain balances held in these accounts may not be fully guaranteed by the United States Government. The uninsured portions of cash and money market accounts are backed solely by the assets of the financial institution. Therefore, the failure of a financial institution could result in a financial loss to the Organization. However, the Organization has not experienced losses on these accounts in the past and management believes the risk of loss, if any, to be minimal.

**NOTE 4 – INVESTMENTS**

**Fair Value**

In accordance with accounting principles generally accepted in the United States of America, the Organization values its qualifying assets and liabilities under a fair value hierarchy that prioritizes the inputs and assumptions used to measure fair value. The three levels of the fair value hierarchy are as follows:

- Level 1 – Observable inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date.
- Level 2 – Inputs other than quoted prices in active markets that are observable for the asset either directly or indirectly, including inputs from markets that are not considered to be active.
- Level 3 – Unobservable inputs which reflect the Organization's assessment of the assumptions that market participants would use in pricing the asset or liability including assumptions about risk.

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

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 4 – INVESTMENTS - continued**

The following is a summary of fair values of investments which are measured on a recurring basis using Level 1 inputs as recorded in the Consolidated Statement of Financial Position at September 30, 2014:

Current assets:	
Cash and cash equivalents (invested)	<u>\$ 14,500,645</u>
	<u>\$ 14,500,645</u>

No assets or liabilities were measured at Level 2 or Level 3.

The following schedule summarizes the investment return and its classification in the Consolidated Statement of Activities for the year ended September 30, 2014:

	<u>Unrestricted</u>
Interest income	<u>\$ 12,236</u>
Total investment return	<u>\$ 12,236</u>

**NOTE 5 – RECEIVABLES FOR PROGRAM WORK**

Receivables for program work are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectable amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. 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 accounts receivable. The allowance for doubtful accounts at September 30, 2014 was \$0.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 5 – RECEIVABLES FOR PROGRAM WORK - continued**

Receivables for program work consist of the following at September 30, 2014:

U.S. Agency for International Development	\$ 7,422,214
U.S. Department of Health and Human Services	379,820
U.S. Department of State	215,127
U.S. Department of Labor	61,542
U.S. Department of Education	8,756
Commonwealth of Massachusetts	295,121
Other - non-governmental	<u>3,810,492</u>
	<b><u>\$ 12,193,072</u></b>

**NOTE 6 – LOANS RECEIVABLE**

Loans receivable consist of various unsecured short-term loans, due on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans receivable balance at September 30, 2014 is \$425,470.

**NOTE 7 – PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION**

Property and equipment and accumulated depreciation account balances are as follows:

	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net</u>
Furniture and equipment	\$ 625,913	\$ (574,806)	\$ 51,107
Leasehold Improvements	<u>30,355</u>	<u>(28,456)</u>	<u>1,899</u>
	<b><u>\$ 656,268</u></b>	<b><u>\$ (603,262)</u></b>	<b><u>\$ 53,006</u></b>

Depreciation expense was \$18,012 for the year ended September 30, 2014.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 8 – OTHER ASSETS**

Other assets consist of the following at September 30, 2014:

Deposits	\$ 46,391
Artwork - donated	<u>36,945</u>
	<u>\$ 83,336</u>

**NOTE 9 – ACCRUED VACATION**

In accordance with formal policies, vacation was accrued at September 30, 2014 as follows:

JSI Research and Training Institute, Inc.	\$ 1,262,970
World Education, Inc. (Affiliate)	<u>300,980</u>
	<u>\$ 1,563,950</u>

**NOTE 10 – ADVANCES FOR PROGRAM WORK**

Advances for program work consist of the following at September 30, 2013:

Other - non-governmental	<u>\$ 14,217,480</u>
	<u>\$ 14,217,480</u>

**NOTE 11 – LOANS PAYABLE**

Loans payable consist of various unsecured short-term loans, payable on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans payable balance at September 30, 2014 is \$0.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 12 – NOTES PAYABLE**

Citizens Bank

World Education, Inc. (Affiliate) has a revolving line of credit established February 3, 2004 with Citizens Bank of Massachusetts with a borrowing limit of up to \$500,000. The revolving line of credit was renewed on April 1, 2014. The loan is payable on demand. Interest is charged by utilizing a fluctuating rate based on the LIBOR (Advantage) rate plus 2.50%. The line of credit remains in effect until December 31, 2014 and annually thereafter contingent upon performance. The loan is collateralized by a first priority interest in all the assets of World Education, Inc. No funds were borrowed during the year and as a result, as of September 30, 2014, the outstanding balance is \$0 and no interest was incurred on this loan during the year ended September 30, 2014.

John Snow, Inc.

World Education, Inc. (Affiliate) has an unsecured revolving line of credit established September 1, 2007 with John Snow, Inc. (a related party) with a borrowing limit of up to \$1,000,000. The loan was renewed on July 1, 2013. Interest is charged by utilizing a fluctuating rate based on the current prime rate plus 0.25%. The loan is payable on demand and, in any event, on or prior to June 30, 2016. The loan is not collateralized. No funds were borrowed during the year and as a result, as of September 30, 2014, the outstanding balance is \$0. No interest was incurred on this loan during the year ended September 30, 2014. (See NOTE 17)

**NOTE 13 – CONTINGENCIES**

In accordance with the terms of its federal and state grants and contracts, the records of the Organization are subject to audit. The Organization is, therefore, contingently liable for any disallowed costs. Management believes that any adjustment, which might result from such an audit, would be immaterial.

JSI Research and Training Institute, Inc. is a co-borrower of a demand loan with no balance due at September 30, 2014. Management believes that the co-borrower is current on the loan and that its collateral exceeds the balance due. (See NOTE 17)

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 14 – TEMPORARILY RESTRICTED NET ASSETS**

At September 30, 2014, the Welthy Fisher Fund of World Education, Inc. is the beneficiary of an irrevocable life income trust agreement. Under the terms of the agreement, the donor will receive either a fixed percentage of the initial fair market value of the gift or the actual income earned by the trust. Upon the death of the donor, the funds are released to World Education, Inc. for its unrestricted use.

No assets were released from donor restriction by occurrence of events specified by the donor during the year ended September 30, 2014. The temporarily restricted net assets balance at September 30, 2014 is \$5,000.

**NOTE 15 – SURPLUS REVENUE RETENTION**

In accordance with the Massachusetts Division of Purchased Services (DPS) Regulation, 808 CMR 1.19 (3), a nonprofit provider of services is allowed to retain a portion of its excess of support and revenue over expenses in a fiscal year (the “surplus”). A nonprofit provider may retain as its surplus up to 5% of its total revenue from Commonwealth of Massachusetts purchasing agencies during any fiscal year. In addition, a nonprofit provider may retain a cumulative amount of surplus over a period of years not to exceed 20% of the prior year’s total support and revenue from Commonwealth of Massachusetts purchasing agencies and the cumulative surplus must be segregated as surplus retention net assets. A current year surplus which exceeds the 5% level or a cumulative surplus exceeding the 20% amount may be: 1) reinvested in program services as stipulated by the purchasing agencies; 2) recouped or; 3) used by the Commonwealth to reduce the price of future contracts.

The following summarizes the Company’s calculation of the surplus for fiscal year 2014 and on a cumulative basis:

	<b>Commonwealth Surplus Retention Net Assets</b>	<b>Other Net Assets</b>	<b>Total Net Assets</b>
Beginning of Year	\$ 647,090	\$ 18,673,315	\$ 19,320,405
Current Year	<u>172,416</u>	<u>4,758,690</u>	<u>4,931,106</u>
End of Year	<u>\$ 819,506</u>	<u>\$ 23,432,005</u>	<u>\$ 24,251,511</u>

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 16 – COMMONWEALTH OF MASSACHUSETTS**

The following is a schedule of expenditures with the Commonwealth of Massachusetts:

Accrued (deferred) Revenue at October 1, 2013	\$ 827,417
Receipts	(6,374,847)
Disbursements/expenditures	<u>5,842,551</u>
Accrued (deferred) Revenue at September 30, 2014	<u>\$ 295,121</u>

**NOTE 17 – RELATED PARTY TRANSACTIONS**

**John Snow, Inc.**

JSI Research and Training Institute, Inc. (an exempt organization) and John Snow, Inc. (a non-exempt corporation) purchase consulting services from each other. Mr. Joel Lamstein is President and Director of both organizations, and is the sole stockholder of John Snow, Inc. The two companies bill each other at the same rates that they bill the federal and state governments. During the year ended September 30, 2014, John Snow, Inc. billed JSI Research and Training Institute, Inc. \$18,635,515 for consulting services (technical support). This amount is reflected under the program services-consulting line item (\$11,424,234) and program services – other costs line item (\$7,211,281) on the statement of functional expenses. In addition, JSI Research and Training Institute, Inc. performed consulting services (technical support) for John Snow, Inc. totaling \$8,962,419.

The two companies also share facilities and pool various overhead expenses. For the year ended September 30, 2014, JSI Research and Training Institute, Inc. incurred \$18,024,907 of overhead expenses (supporting services), of which \$5,162,195 was its share of John Snow, Inc. incurred costs.

JSI Research and Training Institute, Inc. is a co-borrower with John Snow, Inc. on a commercial demand loan-revolving line of credit with an expiration date of February 28, 2015, which allows for borrowings up to \$6,500,000. The loan is collateralized by a security agreement with a first position lien on all corporate assets of JSI Research and Training Institute, Inc. and John Snow, Inc. including assignment of promissory notes and security documents between the two companies. Interest is charged by utilizing a fluctuating rate based on LIBOR (Advantage) plus two percent (2.00%) payable monthly in arrears, which at September 30, 2014 was 2.234%. At September 30, 2014, a balance of \$0 was outstanding on the loan. Management believes the loan payable will be extended, when due, under similar terms and conditions.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 17 – RELATED PARTY TRANSACTIONS – continued**

**John Snow, Inc. - continued**

During the year, the Company had various loans receivable due from, and various loans payable due to John Snow, Inc. At September 30, 2014, the loan receivable balance is \$425,479 and the loan payable balance is \$0.

World Education, Inc. (Affiliate) has an agreement with John Snow, Inc. whereby John Snow, Inc. will provide administrative and technical support as deemed necessary by World Education, Inc.'s Board of Trustees. Transactions with John Snow, Inc. for the year ended September 30, 2014 are summarized as follows:

Administrative and technical support	\$ 343,644
Other direct charges (including rent of \$694,897)	<u>932,966</u>
	<u><b>\$ 1,276,610</b></u>

The agreement is on a year-to-year basis and can be terminated by either party upon ninety days written notice to the other.

World Education, Inc. provided services to John Snow, Inc. during the year ended September 30, 2014 totaling \$256,252 and was recorded as revenue in the consolidated statement of activities.

World Education, Inc. has an unsecured line of credit with John Snow, Inc. with a borrowing limit of up to \$1,000,000. (See Footnote 12)

**Partnership for Supply Chain Management, Inc.**

Partnership for Supply Chain Management, Inc. (PSCM) (an exempt organization) was incorporated on February 14, 2005 by JSI Research and Training Institute, Inc. and Management Sciences for Health, Inc.

PSCM has been awarded a U.S. government contract to procure and deliver life-saving medicines and medical supplies to treat HIV/AIDS patients worldwide. The contract for the Supply Chain Management System project was awarded through the U.S. Agency for the International Development as part of the U.S. government's \$15 billion President's Emergency Plan for AIDS Relief.

Mr. Joel Lamstein, President and Director of JSI Research and Training Institute, Inc., is President and Director of PSCM.

During the year ended September 30, 2014, JSI Research and Training Institute, Inc. billed PSCM \$55,743,613 for services performed.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 17 – RELATED PARTY TRANSACTIONS – continued**

**Partnership for Supply Chain Management, Inc. - continued**

During the year ended September 30, 2014, PSCM made an unrestricted contribution of \$2,000,000 to the Company.

**Other**

The Organization has an agreement with a certain related company to purchase services. Transactions with this company were charged to sub-contracts expense and are as follows:

The Manoff Group, Inc. (a non-exempt corporation; 40% owned by John Snow, Inc.)	\$ <u>1,226,711</u>
	\$ <u>1,226,711</u>

**NOTE 18 – RETIREMENT PLANS**

JSI Research and Training Institute, Inc. has a defined contribution profit sharing/401(K) plan covering substantially all its employees. Employee contributions are voluntary. Employer contributions are based on a percentage (10% - 15% depending on length of service) of salary. The Plan was effective April 11, 1979. Pension expense was \$2,566,460 for the year ended September 30, 2014.

World Education, Inc. (Affiliate) provides retirement benefits to substantially all employees under a plan. World Education, Inc.'s contributions of 7 percent of employee salaries are used to purchase individual annuities. Additional voluntary contributions may be made by the employees. Participants of the plan are fully and immediately vested when contributions are made. Pension costs incurred by World Education, Inc. were \$331,738 in the year ended September 30, 2014.

**NOTE 19 – COMMITMENTS**

**Operating Leases**

The JSI Research and Training Institute, Inc. leases space for general offices under operating leases expiring from 2014 through 2018. The leases contain renewal options for periods of up to 5 years.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 19 – COMMITMENTS - continued**

**Operating Leases - continued**

During the year ended September 30, 2014, rentals under long-term lease obligations were \$527,209. Future obligations over the primary terms of the Company's long-term leases as of September 30, 2014 are:

<u>Year Ended September 30,</u>		
2015	\$	469,786
2016		384,243
2017		258,901
2018		170,468
Thereafter		<u>-</u>
	<b>\$</b>	<b><u>1,283,398</u></b>

World Education, Inc. (Affiliate) leases space for general offices on a year-to-year basis. Rent expense for the year ended September 30, 2014 was \$694,897.

**NOTE 20 – CONCENTRATION OF FUNDING**

The Organization receives a majority of its funding through contracts and grants with various departments and agencies of the Federal government.

The Organization received 10% or more of its revenues and support from the following sources for the year ended September 30, 2014:

	<u>Income Received</u>	<u>% of Total Income</u>
U.S. Agency for International Development	\$ 108,805,271	46.56%
Partnership for Supply Chain Management, Inc.	<u>55,743,613</u>	<u>23.86%</u>
	<b><u>\$ 164,548,884</u></b>	<b><u>70.42%</u></b>

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2014**

**NOTE 21 – IN KIND PROJECT CONTRIBUTIONS**

The Organization receives donated materials and services consisting of commodities, facilities and equipment, and services for use in its programs from overseas collaborative private voluntary organizations and from foundations providing grants directly to a project. Donated materials and services totaled \$7,244,720 for the year ended September 30, 2014, and are reflected as In Kind Project Contributions on the Consolidated Statement of Activities and In Kind Project Expenses on the Consolidated Statement of Functional Expenses.

These contributions satisfy part of the matching requirements needed to obtain full funding on certain U.S. Agency for International Development grants. During the year ended September 30, 2014, the following donated materials and services received by the Organization have been used to fulfill matching requirements on active grants:

36521	Uganda STAR-EC	\$ 3,323,453
36528	Nigeria Tship	(10)
36620	Africa FHI NID	195,684
36662	Madagascar CBIHP	3,040,202
36883	Social ACO's	33,672
36895	Mozambique M-SIP	820
63068	Benin	340
63092	Mali/Walaikim	123,802
63101	Senegal/Journalism	62,274
63104	AED/Senegal/PGP	27,028
63114	Uganda	88,079
64024	Tanzania	180,756
64026	Uganda	116
64057	Zimbabwe	168,504
		<u>\$ 7,244,720</u>

**NOTE 22 – SUBSEQUENT EVENTS**

The Organization has evaluated subsequent events through February 12, 2015, the date on which the consolidated financial statements were available to be issued. During this period, there were no subsequent events that require adjustment to the consolidated financial statements.

**Supplementary Information**

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT</b>			
<b>Direct Grants:</b>			
36359 - Nepal Family Health Program II	367-A-00-08-00001-00	98.001	\$ (1,051)
36514 - Liberia RBHS	669-A-00-09-00001-00	98.001	8,626,055
36521 - Uganda HIV/AIDS/TB	617-A-00-09-00007-00	98.001	8,647,008
36528 - Nigeria TSHIP	620-A-00-09-00014-00	98.001	16,701,004
36529 - Ghana Focus	641-A-00-09-00030-00	98.001	3,317,858
36532 - Turkmenistan YC	120-A-00-09-00029-00	98.001	277,655
36648 - Pakistan TAUH	391-A-00-11-01214-00	98.001	(22,171)
36662 - Madagascar CBIHP	687-A-00-11-00013-00	98.001	8,601,160
36697 - SPRING	AID-OAA-A-11-00031	98.001	15,677,524
36702 - Nepal CHX Cord Care	AID-OAA-A-11-00073	98.001	491,614
36747 - Ukraine HWUP	AID-121-A-11-00003	98.001	1,561,345
36800 - Advancing Partners	AID-OAA-A-12-00047	98.001	15,640,709
36807 - Live Learn & Play	AID-OAA-L-12-00003	98.001	140,027
36845 - Pakistan HSSP	AID-391-A-13-00002	98.001	3,413,097
36895 - Mozambique M-SIP	AID-656-A-13-00006	98.001	1,028,594
36932 - Senegal LLP	AID-685-A-14-00001	98.001	269,622
36991 - AIDSFREE	AID-OAA-A-14-00046	98.001	172,613
<b>Total Direct Grants</b>			<b><u>84,542,663</u></b>
<b>Pass-through Grants:</b>			
Passed through Partnership for Supply Chain Management, Inc. (PSCM):			
36344/36524 - Supply Chain Management System	GPO-I-00-05-00032-00	98.001	53,204,470
Passed through World Education:			
36591 - Tanzania OVC	621-A-00-10-00024-00	98.001	23,975
36840 - Zimbabwe - Vanc. Bantwana	64053-0556-1001	98.001	246,231
Passed through Family Health International (FHI):			
36620 - Africa FHI Neglected Tropical Disease	OAA-A-10-00050	98.001	329,480
Passed through International Business Initiatives, Corporation (IBI):			
36826 - Liberia Governance and Economic Management Support Program	669-C-00-11-00050-00	98.001	186,595
<b>Total Pass-through Grants</b>			<b><u>53,990,751</u></b>
<b>Total - CFDA #98.001 - USAID Foreign Assistance for Programs Overseas</b>			<b><u>138,533,414</u></b>
<b>Sub-Total</b>			<b><u>138,533,414</u></b>

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT - CONTINUED</b>			
Sub-Total from previous page			\$ 138,533,414
<b>Direct Grant:</b>			
36098 - Pakistan MNH Prog. Paiman	391-A-00-05-01037-00	98.004	(55,253)
Total - CFDA #98.004 - Non-Governmental Organization Strengthening (NGO)			<u>(55,253)</u>
<b>TOTAL - U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT</b>			<b>\$ <u>138,478,161</u></b>
 <b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>			
<b>Pass-through Grants:</b>			
Passed through NACCHO:			
36689 - NH MRC Conferences	2011-041218	93.008	\$ 1
36773 - NH MRC Conferences	2012-041010	93.008	6,411
Total CFDA #93.008 - Medical Reserve Corps Small Grant Program			<u>6,412</u>
<b>Direct Grant:</b>			
36612 - Project HOPE	MPPWH100030	93.015	23,967
Total CFDA #93.015 - HIV Prevention Programs For Women			<u>23,967</u>
<b>Pass-through Grant:</b>			
Passed through State of New Hampshire:			
36741 - Injury Prevention	1022534	93.043	103
Total CFDA #93.043 - Special Programs for the Aging - Title VII, Chapter 2			<u>103</u>
<b>Pass-through Grant:</b>			
Passed through Harvard School of Public Health:			
36936 - HSPH Evaluation	Agreement @ 2-21-14	93.061	1,760
Total CFDA #93.061 - Innovations in Applied Public Health Research			<u>1,760</u>
<b>Sub-Total</b>			<b><u>32,242</u></b>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
Sub-Total from previous page			\$ 32,242
<b>Direct Grants:</b>			
36537 - CDC - Botswana IS	5U2GPS001958-04	93.067	22,776
36538 - CDC - Botswana IS	5U2GPS001958-05	93.067	150,095
36901 - CDC - Strategic Assessments for Strategic Action in India	1U2GGH001132-01	93.067	<u>450,567</u>
<b>Total CFDA #93.067 - Global AIDS</b>			<u><b>623,438</b></u>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.069	83,077
36880 - Public Health Program Services Support	PO# 1031592	93.069	16,571
Passed through Goodwin Community Health:			
36943 - Strafford City Data	Agreement @ 3-14-14	93.069	<u>3,977</u>
<b>Total CFDA #93.069 - Public Health Emergency Preparedness</b>			<u><b>103,625</b></u>
<b>Pass-through Grants:</b>			
Passed through State of Vermont:			
36847 - Asthma Control Program	23940	93.070	38,653
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.070	28,887
36880 - Public Health Program Services Support	PO# 1031592	93.070	<u>2,607</u>
<b>Total CFDA #93.070 - Environmental Public Health and Emergency Response</b>			<u><b>70,147</b></u>
<b>Pass-through Grants:</b>			
Passed through Puerto Rico Academy of Medical Directors, Inc.:			
36871 - Cuidate TDF Training	Agreement @ 7-2-13	93.092	7,898
36948 - Cuidate TDF Training	Agreement @ 4-1-14	93.092	<u>5,441</u>
<b>Total CFDA #93.092 - Affordable Care Act Personal Responsibility Education Program</b>			<u><b>13,339</b></u>
<b>Pass-through Grant:</b>			
Passed through State of Vermont:			
36959 - Wise Woman Evaluation	26288	93.094	\$ <u>11,505</u>
<b>Total CFDA #93.094 - Well-Integrated Screening and Evaluation for Women Across the Nation</b>			<u><b>11,505</b></u>
Sub-Total			<u><b>854,296</b></u>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
<b>Sub-Total from previous page</b>			<b>\$ 854,296</b>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36501 - Epidemiology/Public Health Data	3160295	93.110	268
36879 - Public Health Program Services Support	PO# 1031592	93.110	33,114
36880 - Public Health Program Services Support	PO# 1031592	93.110	3,879
<b>Total CFDA #93.110 - Maternal and Child Health Federal Consolidated Programs</b>			<b>37,261</b>
<b>Pass-through Grant:</b>			
Passed through State of Vermont:			
36877 - VT ORHPC TA	24572	93.130	688
<b>Total CFDA #93.130 - Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices</b>			<b>688</b>
<b>Pass-through Grant:</b>			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.136	32,268
<b>Total CFDA #93.136 - Injury Prevention and Control Research and State and Community Based Programs</b>			<b>32,268</b>
<b>Pass-through Grants:</b>			
Passed through Health Research, Inc.:			
36886 - National Quality Center Evaluation Activities	4538-02	93.145	182,549
36989 - National Quality Center Evaluation Consultation Services	4538-03	93.145	17,466
<b>Direct Grant:</b>			
36904 - Ryan White ACE	UF2HA26520	93.145	1,880,060
<b>Total CFDA #93.145 - AIDS Education and Training Centers</b>			<b>2,080,075</b>
<b>Sub-Total</b>			<b>3,004,588</b>

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
Sub-Total from previous page			\$ 3,004,588
<b>Pass-through Grants:</b>			
Passed through Action for Boston Community Development, Inc.:			
36834 - FamPlan Data Systems		93.217	17,042
36935 - FamPlan Data Systems		93.217	25,078
Passed through State of New Hampshire:			
36834 - FamPlan Data Systems	PO# 1031566	93.217	4,748
36935 - FamPlan Data Systems	PO# 1039867	93.217	2,550
Passed through State of Rhode Island:			
36834 - FamPlan Data Systems	PO# 3307663	93.217	15,556
36935 - FamPlan Data Systems	PO# 3307663	93.217	9,766
Passed through Planned Parenthood of Southern New England:			
36834 - FamPlan Data Systems		93.217	22,280
36935 - FamPlan Data Systems		93.217	32,785
Passed through Planned Parenthood of Northern New England:			
36834 - FamPlan Data Systems		93.217	10,160
36935 - FamPlan Data Systems		93.217	14,951
Passed through Health Imperatives, Inc.:			
36834 - FamPlan Data Systems		93.217	7,195
36935 - FamPlan Data Systems		93.217	10,588
Passed through Planned Parenthood League of Massachusetts:			
36834 - FamPlan Data Systems		93.217	2,643
36935 - FamPlan Data Systems		93.217	3,889
Passed through Health Quarters, Inc.:			
36834 - FamPlan Data Systems		93.217	5,124
36935 - FamPlan Data Systems		93.217	7,540
Passed through Tapestry Health Systems:			
36834 - FamPlan Data Systems		93.217	5,187
36935 - FamPlan Data Systems		93.217	7,633
Passed through Family Planning Association of Maine:			
36834 - FamPlan Data Systems		93.217	13,598
36935 - FamPlan Data Systems		93.217	20,011
<b>Total CFDA #93.217 - Family Planning Services</b>			<b><u>238,324</u></b>
<b>Sub-Total</b>			<b><u>3,242,912</u></b>

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
Sub-Total from previous page			<b>\$ 3,242,912</b>
<b>Pass-through Grants:</b>			
Passed through First Nations Community Healthsource:			
36856 - Readiness Assessment	Agreement @ 5-3-13	93.224	4,937
37000 - NCQA PCMH Recognition Technical Assistance	Agreement @ 6-13-14	93.224	<u>531</u>
<b>Total CFDA #93.224 - Consolidated Health Centers</b>			<b><u>5,468</u></b>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36875 - NH Center for Excellence - Drug and Alcohol	1025785	93.243	288,727
Passed through County of Cheshire, New Hampshire:			
36889 - Drug Court Program	Agreement @ 8-19-13	93.243	48,054
Passed through Institute for Health & Recovery:			
36619 - IHR - RENW Eval	Agreement @ 10-27-10	93.243	23,127
Passed through Action for Boston Community Development, Inc.:			
36806 - Entre Nosotras II	Agreement @ 12-2-12	93.243	823
36903 - Entre Nosotras FY14	Agreement @ 10-19-13	93.243	20,151
36913 - ABCD SIS Evaluation	PO# 71039	93.243	6,890
Passed through City of Dover, New Hampshire:			
36837 - Dover STOP Act Grant Evaluation	PO# 201307604	93.243	2,262
Passed through Buildings Bright Futures State Advisory Council, Inc:			
36850 - Vermont L.A.U.N.C.H. Project	13/7	93.243	<u>69,803</u>
<b>Total CFDA #93.243 - Substance Abuse and Mental Health Services Projects of Regional and National Significance</b>			<b><u>459,837</u></b>
<b>Pass-through Grant:</b>			
Passed through The Dartmouth Institute for Health Policy and Clinical Practice:			
36861 - Community Health Assessment and Improvement Process	Agreement @ 3-22-13	93.249	<u>13,152</u>
<b>Total - CFDA #93.249 - Public Health Training Centers Program</b>			<b><u>13,152</u></b>
Sub-Total			<b><u>3,721,369</u></b>

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
Sub-Total from previous page			\$ 3,721,369
<b>Direct Grants:</b>			
36777 - National Training Center - Quality Assurance, Quality Improvement, Evaluation	FPTPA006025	93.260	725,366
36787 - Reproductive Health Prevention Training and Technical Assistance	FPTPA006015	93.260	197,555
36792 - National Training Center for Management and Systems Improvement	FPTPA006023	93.260	923,279
36794 - Region VIII Sexual Health	FPTPA006016	93.260	167,107
<b>Total - CFDA #93.260 - Family Planning - Personnel Training</b>			<b><u>2,013,307</u></b>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.268	85,173
36880 - Public Health Program Services Support	PO# 1031592	93.268	10,640
<b>Total CFDA #93.268 - Immunization Cooperative Agreements</b>			<b><u>95,813</u></b>
<b>Pass-through Grants:</b>			
Passed through Merrimack, New Hampshire School District:			
36915 - Evaluation Services	PO# 1499031	93.276	9,606
Passed through Community Action Partnership for Strafford County, New Hampshire:			
36920 - Bridging the Gap Evaluation Services	Agreement @ 12-9-13	93.276	7,961
Passed through United Way of Greater Nashua:			
36937 - Nashua DFC Evaluation	Agreement @ 3-5-14	93.276	5,883
<b>Total CFDA #93.276 - Drug-free Communities Support Program Grants</b>			<b><u>23,450</u></b>
Sub-Total			<b><u>5,853,939</u></b>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
<b>Sub-Total from previous page</b>			<b>\$ 5,853,939</b>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36843 - Tobacco Helpline	1028499	93.283	247,002
36880 - Public Health Program Services Support	PO# 1031592	93.283	11,416
36906 - NH Top QL Partnership	Agreement @ 9-14-13	93.283	63,942
Passed through City of Manchester, New Hampshire Health Department:			
36955 - NH Tobacco Helpline	Agreement @ 3-25-14	93.283	14,095
36964 - NH Tobacco Helpline	Agreement @ 5-27-14	93.283	4,757
Passed through Community Health Access Network:			
36909 - NH Asthma Aware FY14	13-14:01	93.283	2,499
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.283	33,183
36849 - Smoker's Helpline - Quitline Tobacco Cessation	3320510	93.283	157,635
Passed through Commonwealth of Massachusetts Department of Public Health:			
36157 - HIV/AIDS Research, Training and Support	INTF-2915M04900315005	93.283	53,606
<b>Total - CFDA #93.283 - Centers for Disease Control and Prevention - Investigations and Technical Assistance</b>			<b><u>588,135</u></b>
<b>Direct Grant:</b>			
36891 - PPHF 2013 - OSTLTS Partnerships	1U38OT000188	93.292	109,528
<b>Total - CFDA #93.292 - National Public Health Improvement Initiative</b>			<b><u>109,528</u></b>
<b>Pass-through Grants:</b>			
Passed through Black Ministerial Alliance of Greater Boston, Inc.:			
36664 - Healthy Futures	Agreement @ 6-1-11	93.297	175,458
36750 - Healthy Futures Health Education	Agreement @ 4-20-12	93.297	19,449
36848 - Teen Pregnancy Prevention Initiative	Agreement @ 5-1-13	93.297	7,357
Passed through Touchstone Behavioral Health:			
36912 - Ciudadate - Training of Trainers	Agreement @ 10-17-13	93.297	4,686
<b>Total - CFDA #93.297 - Teenage Pregnancy Prevention Program</b>			<b><u>206,950</u></b>
<b>Sub-Total</b>			<b><u>6,758,552</u></b>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
Sub-Total from previous page			\$ 6,758,552
<b>Pass-through Grant:</b>			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.448	<u>1,224</u>
<b>Total - CFDA #93.448 - Food Safety and Security Monitoring Project</b>			<u>1,224</u>
<b>Pass-through Grant:</b>			
Passed through State of Vermont:			
36853 - Maternal, Infant, and Early Childhood Home Visitation Program	24086	93.505	<u>45,835</u>
<b>Total - CFDA #93.505 - Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program</b>			<u>45,835</u>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.507	13,367
36880 - Public Health Program Services Support	PO# 1031592	93.507	<u>2,827</u>
<b>Total - CFDA #93.507 - PPHF 2012 National Public Health Improvement Initiative</b>			<u>16,194</u>
<b>Pass-through Grant:</b>			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.525	<u>6,812</u>
<b>Total - CFDA #93.525 - State Planning and Establishment Grants for the Affordable Care Act (ACA)'s Exchanges</b>			<u>6,812</u>
<b>Pass-through Grants:</b>			
Passed through Town of Hudson, Massachusetts:			
36754 - MetroWest Moves	Agreement @ 5-9-12	93.531	77,531
Passed through State of Vermont:			
36930 - Vermont Oral Health Coalition	25965	93.531	<u>10,153</u>
<b>Total - CFDA #93.531 - PPHF 2012 - Community Transition Grants</b>			<u>87,684</u>
<b>Pass-through Grant:</b>			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.538	<u>49,200</u>
<b>Total - CFDA #93.538 - Affordable Care Act - Nat'l Environmental Public Health Tracking Program</b>			<u>49,200</u>
Sub-Total			<u>6,965,501</u>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
Sub-Total from previous page			\$ 6,965,501
<b>Pass-through Grant:</b>			
Passed through Dartmouth College:			
36970 - TDI Q1 Research	Agreement @ 5-1-14	93.542	<u>13,887</u>
<b>Total - CFDA #93.542 - Health Promotion and Disease Prevention</b>			
<b>Research Centers: PPHF - Affordable Care Act Projects</b>			<u>13,887</u>
<b>Pass-through Grant:</b>			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.548	<u>6,744</u>
<b>Total - CFDA #93.548 - PPHF: State Nutrition, Physical Activity, and Obesity Programs</b>			<u>6,744</u>
<b>Pass-through Grants:</b>			
Passed through Commonwealth of Massachusetts Department of Public Health:			
Ensuring Quitline Capacity	INTF-2915-M04900315005	93.735	381,685
Passed through State of New Hampshire:			
36843 - Tobacco Helpline	1028499	93.735	<u>83,012</u>
<b>Total - CFDA #93.735 - State Public Health Approaches for Ensuring Quitline Capacity</b>			<u>464,697</u>
<b>Pass-through Grant:</b>			
Passed through Ozarks Regional YMCA:			
36835 - Transformation Engagement Project	Agreement @ 2-28-13	93.737	126,165
36929 - Ozarks Regional Food Policy Council	Agreement @ 1-12-14	93.737	<u>14,454</u>
<b>Total - CFDA #93.737 - Community Transformation Grants</b>			<u>140,619</u>
<b>Pass-through Grant:</b>			
Passed through state of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.758	<u>2,535</u>
<b>Total - CFDA #93.758 - Preventive Health and Health Services Block Grant Funded Solely with Prevention and Public Health Funds (PPHF)</b>			<u>2,535</u>
Sub-Total			<u>7,593,983</u>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
Sub-Total from previous page			\$ 7,593,983
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.889	153,399
36880 - Public Health Program Services Support	PO# 1031592	93.889	<u>45,281</u>
<b>Total - CFDA #93.889 - National Bioterrorism Hospital Preparedness Program</b>			<u><b>198,680</b></u>
<b>Pass-through Grants:</b>			
Passed through Mid-State Health Center:			
36953 - PATT Evaluation	MS1415-1	93.912	1,775
Passed through Plains Medical Center:			
36872 - ECHO Evaluation	Agreement @ 6-24-13	93.912	750
36882 - ECHO Project	Agreement @ 7-1-13	93.912	<u>3,303</u>
<b>Total - CFDA #93.912 - Rural Health Care Services Outreach</b>			<u><b>5,828</b></u>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36623 - Rural Health and Primary Care	PO# 1011440	93.913	8,457
36879 - Public Health Program Services Support	PO# 1031592	93.913	34,162
36880 - Public Health Program Services Support	PO# 1031592	93.913	386
36988 - Rural Health and Primary Care	PO# 1038916	93.913	<u>1,787</u>
<b>Total - CFDA #93.913 - Grants to States for Operation of Offices of Rural Health</b>			<u><b>44,792</b></u>
<b>Pass-through Grant:</b>			
Passed through Boston Public Health Commission:			
36453 - BPHC Quality Management	6307A	93.914	<u>158,303</u>
<b>Total - CFDA #93.914 - HIV Emergency Relief Project Grants</b>			<u><b>158,303</b></u>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.917	59,657
36880 - Public Health Program Services Support	PO# 1031592	93.917	11,072
Passed through Commonwealth of Massachusetts Department of Public Health:			
36157 - HIV Care	INTF-4971-M04603614082	93.917	<u>420,297</u>
<b>Total - CFDA #93.917 - HIV Care Formula Grants</b>			<u><b>491,026</b></u>
Sub-Total			<u><b>8,492,612</b></u>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
Sub-Total from previous page			\$ 8,492,612
<b>Direct Grant:</b>			
36967 - Healthy Start Performance Project	UF5MC26845	93.926	153,686
<b>Total - CFDA #93.926 - Healthy Start Initiative</b>			<b>153,686</b>
<b>Pass-through Grant:</b>			
Passed through Commonwealth of Massachusetts Department of Public Health:			
Special Projects of National Significance	INTF-4971-M04603614082	93.928	47,825
<b>Total - CFDA #93.928 - Special Projects of National Significance</b>			<b>47,825</b>
<b>Direct Grant:</b>			
36487 - CDC CBA Project	U65PS001661	93.939	520,793
36945 - CDC CBA FY13 - FY19	U65PS004406	93.939	318,514
<b>Total - CFDA #93.939 - HIV Prevention Activities - NGO Based</b>			<b>839,307</b>
<b>Pass-through Grants:</b>			
Passed through Commonwealth of Massachusetts Department of Public Health:			
36157 - HIV Prevention Activities	INTF-4971-M04603614082	93.940	49,114
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.940	39,771
36880 - Public Health Program Services Support	PO# 1031592	93.940	7,381
<b>Total - CFDA #93.940 - HIV Prevention Activities - Health Department Based</b>			<b>96,266</b>
<b>Pass-through Grant:</b>			
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV/AIDS Surveillance	INTF-4971-M04603614082	93.944	14,106
<b>Total - CFDA #93.944 - HIV/AIDS Surveillance</b>			<b>14,106</b>
<b>Direct Grant:</b>			
36615 - CDC Teen Pregnancy	U58DP002906	93.946	295,496
<b>Total - CFDA #93.946 - Cooperative Agreements to Support State-Based Safe Motherhood and Infant Initiative Programs</b>			<b>295,496</b>
<b>Sub-Total</b>			<b>9,939,298</b>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
Sub-Total from previous page			\$ 9,939,298
<b>Pass-through Grant:</b>			
Passed through State of Rhode Island:			
36801 - Prevention Resource Center	3316844	93.959	<u>200,861</u>
<b>Total - CFDA #93.959 - Block Grants for Prevention and Treatment of Substance Abuse</b>			<u>200,861</u>
<b>Pass-through Grants:</b>			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.994	9,478
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.994	1,617
36889 - Public Health Program Services Support	PO# 1031592	93.994	<u>575</u>
<b>Total - CFDA #93.994 - Maternal &amp; Child Health Services Block Grant to the States</b>			<u>11,670</u>
<b>TOTAL - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>			<u>\$ 10,151,829</u>

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HOMELAND SECURITY</b>			
<b>Pass-through Grant:</b>			
Passed through State of New Hampshire:			
36854 - Supplemental Oxygen Exercises	1029685	97.067	\$ <u>82,886</u>
<b>Total CFDA #97.067 - Homeland Security Grant Program</b>			<u><b>82,886</b></u>
<b>Direct Grants:</b>			
United States Coast Guard -			
36757 - Nat'l. Estimate of Life Jacket Wear Rate	3311FAN1202.03	97.012	(1,888)
36857 - Nat'l. Estimate of Life Jacket Wear Rate	3313FAN1302.15	97.012	68,221
36958 - WA Parks Lifejackets	315-126	97.012	28,597
36969 - Nat'l. Estimate of Life Jacket Wear Rate	3314FAN1402.09	97.012	<u>162,511</u>
<b>Total CFDA #97.012 - Boating Safety Financial Assistance</b>			<u><b>257,441</b></u>
<b>TOTAL - U.S. DEPARTMENT OF HOMELAND SECURITY</b>			<u><b>\$ 340,327</b></u>
 <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>			
<b>Direct Grant:</b>			
36789 - Reducing Asthma Disparities Through Adult Basic Education			
	96161301	66.034	\$ <u>29,162</u>
<b>Total CFDA #66.034 - Surveys Studies Research Investigations, Demonstrations and Special Purpose Activities Relating to the Clean Air Act</b>			<u><b>29,162</b></u>
<b>Pass-through Grant:</b>			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	66.472	<u>18,094</u>
<b>Total CFDA #66.472 - Beach Monitoring and Notification Program Implementation Grants</b>			<u><b>18,094</b></u>
<b>Direct Grant:</b>			
36788 - Latino Youth Environment Awareness and Action			
	96159901	66.604	<u>4,425</u>
<b>Total CFDA #66.604 - Environmental Justice Small Grant Program</b>			<u><b>4,425</b></u>
<b>Sub-Total</b>			<u><b>51,681</b></u>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. ENVIRONMENTAL PROTECTION AGENCY - CONTINUED</b>			
<b>Sub-Total from previous page</b>			<b>\$ 51,681</b>
<b>Direct Grant:</b>			
36698 - Children's Health	CH-83510601	66.609	4,592
<b>Total CFDA #66.609 - Protection of Children From Environmental Health Risks</b>			<b>4,592</b>
<b>Pass-through Grant:</b>			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	66.707	14,788
<b>Total CFDA #66.707 - TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professional</b>			<b>14,788</b>
<b>TOTAL - U.S. ENVIRONMENTAL PROTECTION AGENCY</b>			<b>\$ 71,061</b>
 <b>U.S. DEPARTMENT OF JUSTICE</b>			
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36838 - Court Diversion	Agreement @ 2-1-13	16.540	28,704
36931 - Court Diversion	Pending @ 2-21-14	16.540	58,450
<b>Total - CFDA #16.540 - Juvenile Justice and Delinquency Prevention - Allocation to States</b>			<b>87,154</b>
<b>Pass-through Grant:</b>			
Passed through County of Cheshire, New Hampshire:			
36902 - Cheshire County Drug Court	Agreement @ 9-20-13	16.858	16,053
<b>Total - CFDA #16.858 - Department of Justice, Bureau of Justice Assistance Grant</b>			<b>16,053</b>
<b>TOTAL U.S. DEPARTMENT OF JUSTICE</b>			<b>\$ 103,207</b>

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2014**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF STATE</b>			
<b>Direct Grant:</b>			
36796 - Pakistan - PRM	S-PRMCO-12-CA-1067	19.519	\$ <u>71,503</u>
<b>Total - CFDA #19.519 - Overseas Refugee Assistance Program for Near East and South Asia</b>			<u>71,503</u>
<b>TOTAL U.S. DEPARTMENT OF STATE</b>			<b>\$ <u>71,503</u></b>
 <b>TOTAL FEDERAL AWARDS</b>			 <b>\$ <u>149,216,088</u></b>

**JSI Research and Training Institute, Inc.**  
**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
September 30, 2014

**NOTE 1 – BASIS OF PRESENTATION**

JSI Research and Training Institute, Inc. is the sole member of World Education, Inc. (the affiliate).

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of JSI Research and Training Institute, Inc. under programs of the federal government for the year ended September 30, 2014. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the Schedule presents only a selected portion of the operations of JSI Research and Training Institute, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of JSI Research and Training Institute, Inc.

The Schedule does not include the federal grant activity of World Education, Inc. (the affiliate). World Education, Inc. maintains a different fiscal year end (June 30) and has its own stand alone audit performed in accordance with the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, which includes its own separate schedule of expenditures of federal awards. However, the consolidated financial statements contain the combined activity of JSI Research and Training, Institute and World Education, Inc.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

- (1) Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, *Cost Principles for Non-Profit Organizations*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Catalog of Federal Domestic Assistance (CFDA) numbers are presented when available.

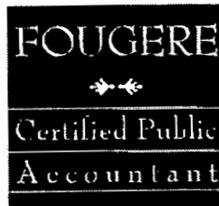
**JSI Research and Training Institute, Inc.**  
**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
September 30, 2014

**NOTE 3 – SUBRECIPIENTS**

Of the federal expenditures presented in the schedule, JSI Research and Training Institute, Inc. provided federal awards to subrecipients as follows:

<u>Program</u>	<u>CFDA Number</u>	<u>Amount Provided to Subrecipients</u>
Juvenile Justice and Delinquency Prevention	16.540	\$ 20,378
Overseas Refugee Assistance Program for Near East and South Asia	19.519	23,747
Environmental Justice Small Grant Program	66.604	4,375
Protection of Children from Environmental Health Risks	66.609	2,771
Environmental Public Health and Emergency Response	93.070	4,707
AIDS Education and Training Centers	93.145	393,299
Family Planning Services	93.217	43,731
Substance Abuse and Mental Health Services - Projects of Regional and National Significance	93.243	106,539
Family Planning - Personnel Training	93.260	9,750
Centers for Disease Control and Prevention - Investigations and Technical Assistance	93.283/93.917/93.940/93.941	337,504
National Public Health Improvement Initiative	93.292	49,000
ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	93.624	30,486
Centers for Medicare and Medicaid Services Research, Demonstrations and Evaluations	93.779	22,650
Grants to States for Operation of Offices of Rural Health	93.913/93.283/93.236/93.130	29,248
HIV Care Formula Grants	93.917	5,521
Healthy Start Initiative	93.926	3,804
Assistance Programs for Chronic Disease Prevention and Control	93.945	11,440
RI Prevent Resource Center	93.959	450
Homeland Security Grant Program	97.067	26,159
USAID Foreign Assistance for Program Overseas	98.001	<u>31,001,970</u>
Total Federal Awards Provided to Subrecipients		\$ 32,127,529
Non-Federal Awards Provided to Subrecipients		<u>3,264,101</u>
		<u>\$ 35,391,630</u>

The federal expenditures provided to subrecipients are reflected in the sub-contracts line item of the schedule of functional expenses.



**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER  
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS  
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED  
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors  
JSI Research and Training Institute, Inc. and Affiliate

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate ("Organization"), which comprise the consolidated statement of financial position as of September 30, 2014, and the related consolidated statements of activities, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated February 12, 2015.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of JSI Research and Training Institute, Inc. and its affiliates' s internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

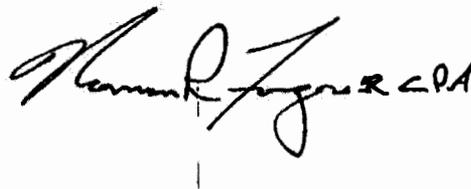
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether JSI Research and Training Institute, Inc. and its affiliate's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

This purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink, reading "Samuel J. Jones CPA". The signature is written in a cursive style with a vertical line underneath the name.

Duxbury, Massachusetts  
February 12, 2015



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR  
PROGRAM AND ON INTERNAL CONTROL  
OVER COMPLIANCE IN REQUIRED BY OMB CIRCULAR A-133**

To the Board of Directors  
JSI Research and Training Institute, Inc. and Affiliate

**Report on Compliance for Each Major Federal Program**

We have audited JSI Research and Training Institute, Inc.'s compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of JSI Research and Training Institute, Inc.'s major federal programs for the year ended September 30, 2014. JSI Research and Training Institute, Inc.'s major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

***Auditor's Responsibility***

Our responsibility is to express an opinion on compliance for each of JSI Research and Training Institute, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about JSI Research and Training Institute, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of JSI Research and Training Institute, Inc.'s compliance.

### ***Opinion on Each Major Federal Program***

In our opinion, JSI Research and Training Institute, Inc. complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2014.

### **Report on Internal Control Over Compliance**

Management of JSI Research and Training Institute, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered JSI Research and Training Institute, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of JSI Research and Training Institute, Inc.'s internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

World Education, Inc. (Affiliate) maintains a different fiscal year (June 30) and has its own stand alone audit performed in accordance with the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. However, the

consolidated financial statements contain the combined activity of JSI Research and Training, Institute and World Education, Inc.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Handwritten signature of Thomas J. Ziegler, with the initials "TJZ" written to the right of the signature.

Duxbury, Massachusetts  
February 12, 2015

**JSI Research and Training Institute, Inc. and Affiliate**  
**SCHEDULE OF FINDINGS AND QUESTIONED COSTS**  
September 30, 2014

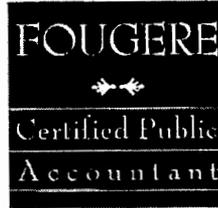
**A. SUMMARY OF AUDIT RESULTS**

1. The auditors' report expresses an unqualified opinion on the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate.
2. No significant deficiencies were disclosed during the audit of the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate.
3. No instances of noncompliance material to the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate were disclosed during the audit.
4. No significant deficiencies in internal control were disclosed during the audit of the major federal award programs of JSI Research and Training Institute, Inc.
5. The auditors' report on compliance for the major federal award programs for JSI Research and Training Institute, Inc. expresses an unqualified opinion on all major federal programs.
6. There are no audit findings that are required to be reported in this schedule in accordance with Sec. 510 (a) of OMB Circular A-133.
7. The programs tested as major programs included:

<u>Agency</u>	<u>Program Title</u>	<u>C.F.D.A. #</u>
Agency for International Development	USAID Foreign Assistance for Programs Overseas	98.001 (Cluster)

8. The threshold for distinguishing Types A and B programs was \$3,000,000.
9. JSI Research and Training Institute, Inc. was determined to be a low-risk auditee.

NORMAN R. FOUGERE, JR. CPA  
99 HERITAGE LANE  
DUXBURY, MA 02332-4334



PHONE: 781-934-0460  
FAX: 781-934-0606

## **STATUS OF PRIOR YEAR'S FINDINGS AND QUESTIONED COSTS**

**There were no reportable findings or questioned costs for the year ended September 30, 2013.**



**JSI Research & Training Institute, Inc.**  
**d.b.a Community Health Institute**

501

South Street

Second Floor

Bow

New Hampshire

03304



Voice: 603.573.3300



Fax: 603.573.3301



A Division of

JSI Research & Training

Institute, Inc.

A Nonprofit Organization

**Officers**

<b><u>Name</u></b>	<b><u>Title</u></b>	<b><u>Term</u></b>
Joel H. Lamstein	President	2015 - 2016
Joel H. Lamstein	Treasurer	2015 - 2016
Patricia Fairchild	Clerk	2015 - 2016
Joanne McDade	Assistant Clerk	2015 - 2016

**Board of Directors**

<b><u>Name</u></b>	<b><u>Term</u></b>
Joel H. Lamstein	2015 - 2016
Patricia Fairchild	2015 - 2016
Herbert S. Urbach	2015 - 2016
Norbert Hirschhorn	2015 - 2016



**New Hampshire's Public Health Institute**

# ERIC TURER

JSI/CHI, 501 South Street, Bow, New Hampshire 03304 (603) 573-3300

eturer@jsi.com

## EDUCATION

UNION COLLEGE, SCHENECTADY, NEW YORK  
*M.B.A., Health Care Administration, 1989*  
*B.S., Biology, 1989 (Five-year combined degree)*

## EXPERIENCE

**JSI/Community Health Institute, Bow, New Hampshire**  
*Senior Consultant, June 1994 to present*

Mr. Turer is an experienced project director, a skilled analyst, and an expert in issues pertaining to access to care, including rural health care delivery systems, community health centers, integrated delivery systems, and workforce adequacy. He has worked at all levels of the medical care system, with a particular focus on safety net providers and primary care access. His clients range from the key federal and state agencies responsible for medical access nationally, to individual providers and community organizations in underserved areas throughout the country. His projects cover a wide variety of services including policy development, community-based planning, health care needs assessment, program evaluation, operational improvement, and health services research. He possesses a strong mix of quantitative skills, including database analysis and design, statistical analysis, GIS (mapping), survey research, and pro-forma modeling, complimented by extensive experience using qualitative data collection methods. A sample of his key projects includes:

### **Bureau of Health Workforce (BHW); Washington, D.C.**

*(Oct. 2008 to March 2015, various contracts)*

Project Director and Lead Analyst for a key HRSA regulatory initiative to revise the rules by which federal provider shortage and medical underservice designations are evaluated (including HPSAs, MUAs, & MUPs). In the decades since they were created, these designations have become the foundation upon which nearly every component of the federal health care safety net system now rests to some degree. Under a series of separately awarded contracts, Mr. Turer and his team have worked closely with a national stakeholder committee, and the leaders of HRSA and it's key Bureaus, to explore a wide range of policy options and to produce detailed impact models of different proposed approaches to revised designation methods. Mr. Turer had the lead role in working with the committees, presenting summaries to frame the issues under consideration, and leading the extensive analysis in support of the factors being considered for inclusion and approaches to scoring and combining them, setting thresholds, and ultimately for evaluating the likely impact of the changes adopted on the nation overall, and on the existing safety net infrastructure. The project also involved development of regulatory language and plans to assist states with the roll-out when new rules are published. This involved analyzing and integrating a wide variety of workforce, demographic, health, and capacity data into a flexible GIS-linked platform capable of rapidly responding to changing requests. As low income access is a key component, JSI also worked with CMS to define and obtain claims-based data by provider, and used this to estimate access and provider capacity for this population. The models developed showed the detailed impact on communities, providers, and current resource recipients nationally and at the local level. Outputs included custom impact analysis reports and a web-based interactive GIS mapping interface to explore results. Under Mr. Turer's direction, JSI most recently worked to support internal governmental review of the updated regulations, and to develop plans for the roll out of the new rules with Primary Care Offices and other stakeholders needing to understand the local impacts and the drivers of changes in designation when the rule is published and implemented nationally.

### **Bureau of Primary Health Care; Washington, D.C.**

*(2000 to present)*

Project Director for the nationwide collection 'Uniform Data System' (UDS) data from all BPHC affiliated grantees across the country from 2000-2004; Senior UDS Analyst from 2004 to present. Directed the transition of the UDS to a software based system. Integrally involved in the design of systems for collection, processing, editing, and reporting of the UDS data, as well as the design of the nationwide UDS training program. Mr. Turer also developed the UDS Comparison Report which used the data collected to provide benchmarking and performance improvement statistics back to the reporting centers. Mr. Turer was responsible for the development of the FQHC Service Area/Overlap (SAO) Analysis, including developing grantee reporting specifications,

designing the data analysis, and development of a GIS driven mapping tool to allow BPHC staff to analyze the impact of the program nationwide, as well as to study unmet need and the impact of BPHC resources at a very detailed geographic level. These results have been made available publicly through the web-based UDS Mapper, and JSI is frequently asked to run analyses in support grant reviews and resource allocation decisions by BPHC senior staff. He designed and implemented the update of the Service Area Analysis to include a breakdown by insurance, in order to permit analysis of the impact of the Affordable Care Act on health center utilization and access nationally, and within each health center's local service area. Mr. Turer is also responsible for similar analytic need for the UDS reported by the FQHC Look-Alike program and the Urban Indian Health program, and for the National Health Service Corps when that program collected similar data.

#### **Bureau of Health Professions / National Center for Health Workforce Analysis Washington, D.C.**

*(Sept. 2012 to August 2013)*

Project Director for a HRSA initiative to develop a detailed nationwide community-level estimate of the impact of the expansion of health insurance coverage under the Affordable Care Act, in terms of increased demand for primary care services and provider workforce adequacy. The project produced detailed geographic and demographic estimates of the increase in primary care demand resulting from ACA related coverage gains, compared to 'baseline' community level demand in the absence of the ACA in the years from 2014 to 2020. Baseline and incremental ACA related demand were then compared to the existing and projected supply of primary care providers to examine potential provider surpluses/deficits and the relationship of these to the ACA insurance expansion. These estimates were made nationally within key areas of interest to the agency, such as existing HPSA and MUA/MUP designation areas, Health Center service areas, and a nationwide definition of Primary Care Service Areas (PCSAs) covering all communities. The project was a partnership between JSI and the Urban Institute in which they modeled the population transitioning from uninsurance to various forms of coverage in each year following ACA implementation based on an updated version of their highly regarded Health Insurance Policy Simulation Model (HIPSM). JSI then developed and applied estimates of the resulting changes in demand for primary care services, based on analysis of the Medical Expenditure Panel Survey, and applied small area estimation methods to examine discrete service areas nationally. The results of the project were summarized in an extensive report which highlights the overall impact of the ACA on primary care supply and demand, and also documented the differential impact that expanded coverage will have in areas already designated as having provider shortages or issues of medical underservice.

#### **Bureau of Primary Health Care; Washington, D.C.;**

*(2015 to present)*

The BPHC awarded JSI a National Cooperative Agreement to work with Health Centers and related organizational groups (Primary Care Associations, Health Center Controlled Networks, etc.) to enhance the use and utility of Electronic Medical Record systems and related technology, to improve quality and increase participation in Meaningful Use and other initiatives. Mr. Turer is the lead data analyst for the project, responsible for analytic assessment of the obstacles to EMR implementation and use and assessment of the relationship between the adoption of this technology and the ability to report and improve clinical outcomes. Mr. Turer and his team have consolidate and analyzed multiple years of UDS and related external data, producing clear findings regarding the implications and barriers to clinical system implementation. He will also work to disseminate these findings to a broader audience and apply these results, combined with experience with health center data operations, to develop resources and a toolkit that centers can use to identify and correct issues in their data systems leading to decreased results following EHR implementation.

#### **Bureau of Primary Health Care / Association of Clinicians for the Underserved; Washington DC**

*(July 2014 to present)*

JSI is assisting the Association of Clinicians for the Underserved (ACU) to implement a cooperative agreement from HRSA to develop a primary care provider recruitment and retention training and technical assistance center (TTAC) for providers in underserved communities, with a particular focus on community health centers. JSI is responsible for: creating health center and community profiles; developing the self-assessment tool; customizing and implementing TA tracking database, revising or developing recruitment & retention toolkits, and; conducting trainings. Mr. Turer serves several roles in the project. He had primary responsibility for developing the health center / community profiles, which combine data from a wide variety of sources to create a customized assessment of potential recruitment & retention related issues for each of over 1,300 health centers nationally, based on evaluation of dozens of parameters about each organization and the areas it serves. This data was also summarized to develop state-level recruitment and retention profiles, and to conduct national baseline and monitoring data for the many parameters that impact workforce. He was also part of the team developing the

tracking system for technical assistance requests coming into the center and will continue to contribute to the content of materials developed as the TAC is implemented.

**NH Department of Health and Human Services, Primary Care Office, State Office of Rural Health; Concord, NH**

*(1999 to present)*

Project Director for a long running series of contracts to support functions of the NH Primary Care Office. Mr. Turer has provided technical assistance on a wide variety of rural health issues and initiatives in the state for over a decade. Roles include evaluating and processing all New Hampshire applications for federal provider shortage designations, which includes gathering and analyzing all provider data in the state. Mr. Turer also served the lead analyst and author of the NH Rural Health Analysis; a comprehensive study of available state data designed to highlight and quantify rural health disparities in the state. Mr. Turer also worked with the NH Board of Medicine and the Governor's office to implement the first statewide survey of physicians to better estimate provider capacity and community-level access. JSI's current contract expands our role to include development and analysis of ongoing electronic provider licensing surveys for Physicians and Physician Assistants, and development of a statewide Primary Care Assessment focusing on areas facing various types of barriers to accessing primary care services.

**MA Department of Public Health; Primary Care Office; Boston, MA**

*(2012 to present)*

Project Director for a statewide effort to support the MA Primary Care Office in evaluating, obtaining, and maintaining primary care access designations (HPSA & MUA/P). In addition to gathering and organizing provider licensure data, Mr. Turer worked directly with the state Medicaid office to develop queries to permit Medicaid capacity to be evaluated using primary care, dental, and psychiatry claims. JSI has developed the query logic and CPT coding groups, and integrated the results with the CMS National Provider Identifier (NPI) file to extract the claims of interest. The results were geocoded and incorporated into an integrated GIS-based project to rapidly assess designation potential. JSI is also assisting in developing a statewide plan for workforce needs assessment and capacity analysis as a means of proactively monitoring access and identifying gaps. An integrated GIS project, combining the population, provider, claims, and federal program data, was developed for this work, and a copy was delivered to the MA DPH for use internally.

**Rhode Island Department of Public Health; Primary Care Office; Providence, RI**

*(July 2015 to Present)*

Project Director for a needs assessment and capacity development project to assist the state Primary Care Office to effectively conduct shortage and underservice designations. As an initial step, JSI conducted a comprehensive needs and resource assessment of the various areas of the RI Department of Health with relevance to the designation process. The project will then involve developing and implementing a plan to integrate the various state data resources and develop staff skills to optimize the state's ability to obtain and renew designations and identify gaps in access.

**Central New York Care Collaborative DSRIP, Syracuse NY**

*(January 2015 to present)*

JSI has been contracted to support the Implementation Phase of the DSRIP Program for the Central New York Care Collaborative (CNYCC). An umbrella project encompassing 4 separate networks coming together, the project is focused on implementation of an integrated delivery system including over 200 partners to develop specific tasks and timeline for the coordinated roll-out of these projects. Mr. Turer is the JSI provider workforce lead, working with the separately contracted AHEC in the area to plan for the workforce transition. He is responsible for connecting the staffing targets to hiring/training to the patient engagement and outcome goals of the project, and to relate these project-wide activities to individual partners as they come on board with the implementation effort.

**Bureau of Primary Health Care; Washington, D.C.**

*(2012, 2014 Updates)*

Mr. Turer served as a key analyst for a project to evaluate and revise the criteria and scoring of the BPHC's Need For Assistance (NFA) worksheet, which forms the basis for objectively ranking need across communities and organizations applying for new resources. JSI reviewed the current data elements used for relevance, availability, and scoring, as well as developing new and additional metrics that would improve the results. In addition, Mr. Turer also had a lead role in developing impact analyses showing how the proposed revisions would affect the

scoring and the ability to differentiate need. He also helped analyze and revise approaches to BPHC priority scoring criteria and continues to play a role in evaluating new and expanded access proposals submitted in response to each round of funding by BPHC.

**NH Department of Health and Human Services, Primary Care Office, State Office of Rural Health; Concord, NH**

*(March 2015 to present)*

JSI, in partnership with the University of New Hampshire Institute for Health Policy and Practice, has been contracted to establish a Technical Assistance Network for Rural Health Clinics in the state, with a particular emphasis on the reporting of clinical quality data and related quality improvement efforts. Mr. Turer's role in the project involves the establishment of clinical reporting systems to obtain and integrate the data being reported by the individual RHCs.

**Health Resources and Services Administration, Office of Health Information Technology and Quality (OHITQ – formerly CQ); Washington, D.C.**

*(2007–2010)*

Mr. Turer played a key role in this two-part project to evaluate the concept of conducting clinical quality data collection and analysis across all of HRSA's Bureaus and Programs. In the first phase, Mr. Turer served as Grantee Liaison for a feasibility study to assess the capacity of grantees within a range of HRSA programs to collect and report on a core set of clinical measures. Mr. Turer had lead responsibility for grantees in the FQHC program, and for developing the data collection/analysis tools used throughout the project. Mr. Turer was also responsible for developing a variety of policy level decision points for HRSA senior staff to consider, as well as a series of options for the roll out of clinical data reporting. In the second phase, under a separately awarded contract, Mr. Turer served as Clinical Quality Measures analyst to align a set of core clinical measures established by HRSA across the Bureaus and Programs within the agency, as well as to devise strategies for collecting and integrating the data and developing quality messages based on the information. Mr. Turer was responsible for assessing measure alignment within the Bureau of Primary Health Care, the Bureau of Health Professions, the Health Disparities Collaboratives, and several programs under the Office of Rural Health Policy, as well as for developing strategies for enhancing the feasibility of data collection and analysis.

**Healthy New Hampshire Foundation; Concord, NH**

*(Sept 2013, May–August 2014)*

Lead data analyst for an initiative to provide data on the location, quantity, and characteristics of the population eligible for various insurance coverage options under the Affordable Care Act. The analyses informed a statewide effort to target and coordinate outreach and enrollment efforts in the state. Through a sub-contract with the Urban Institute, JSI obtained model output describing the population eligible for Medicaid, subsidized Exchange coverage, and the small employer options within 11 PUMA regions statewide. Mr. Turer and his team then used demographic sub-groups to allocate the data down to the Census Tract level and to develop analyses comparing the current and planned Health Navigator and Assister capacity with the expected need at a local community level. The data were combined to produce a Gap Analysis that was used to allocate awarded resources to local agencies in areas showing a deficit in capacity. JSI also produced on-line maps to help ACA Assisters target potential enrollees, and to help the uninsured find help in getting enrolled. The project involved collaboration with the state insurance commission and a diverse group of statewide stakeholder groups. Under a subsequent related engagement, Mr. Turer used the enrollment data from Anthem, the only insurer to offer coverage in the first round of enrollment, to revise estimates of the quantity and location of remaining uninsured to target the outreach efforts for the subsequent round of enrollment.

**Bi-State Primary Care Association (NH/VT); Concord, NH**

*(January–July 2010)*

Project Director for simultaneous statewide surveys of the Dentists and Dental Hygienists licensed in New Hampshire, and development of analyses and presentations based on the findings. The surveys were intended to describe the current provider pool in the state, and examine factors that influence current capacity and the future supply of dental providers. The analysis also involved a crosswalk analysis of the current state provider licensing lists in comparison to the lists from several years earlier, to identify trends in dental providers entering and leaving the state. The project highlighted significant differences between the profile of dentists and dental hygienists in the state, as well as projecting significant changes in the size and makeup of the state's dental workforce in the coming decade. The project was a collaboration between the Bi-State Primary Care Association, the NH Dental

Society, and the NH Department of Health and Human Services, with provider lists coming from the NH Board of Dental Examiners licensure list.

### **New England Rural Health Roundtable; Starksboro, VT**

*(March 2014 to Oct. 2015)*

Project Director for a wide-ranging analysis of health and health related data for the 6-state New England region to identify and quantify disparities between rural and metro areas of the region, and also to examine differences between communities with differing levels of remoteness within the rural areas. A wide range of over 260 socio-economic, demographic, and health status, outcomes, and behavioral health measures were collected for the region and aggregated according to a uniquely developed RUCA-based rural definition tailored to reflect the rural nature of New England. This project is partially an update and enhancement to a similar report produced by JSI for the NERHRT in 2007. As such, the results also include trends from the prior report and comparisons to national data were also added. The results were formatted for print publication and presented at the fall Symposium in October 2014.

## **PRIOR EXPERIENCE**

### **Medical Information Technology, Inc. (Meditech), Westwood, Massachusetts**

*Applications Consultant, September 1990 to March 1994*

Actively contributed to development of current and future software; coordinated production and presentation of an advanced workshop to teach new technology to users; prepared and delivered seminars, training's, and system audit visits; met the daily support needs of hospitals with active clinical information systems; worked with staff from all areas of the company to provide system-wide integration of software modules.

### **Risk Management Department, Orange County, New York**

*Independent Consultant to the Risk Manager, December 1989 to June 1990*

Developed administrative procedures for self-insured exposures; created a computerized Risk Analysis/Data Management System; analyzed the county's loss history to reduce future losses.

### **Healthsource (Medicaid H.M.O.), White Plains, New York**

*MBA Intern. June–August 1988*

Recalculated 1988–89 premium rates for services; developed 1989 Operating Proposal; prepared the plan's first six-month Operating Report to the New York State Department of Health.

## **SELECTED BOARDS | AFFILIATIONS**

New England Rural Health Roundtable,

*Board Member 2000 to present*

*President Elect*

*Policy Committee (Former Chair)*

# DIANE LEWIS

JSI/CHI, 501 South Street, Bow, New Hampshire 03304, 603-573-3309

diane\_lewis@jsi.com

## EDUCATION

KEENE STATE COLLEGE, KEENE, NEW HAMPSHIRE

*Bachelor of Science, Occupational Safety, Minor in Management, Cum Laude, 1996*

## EXPERIENCE

JSI, Bow, New Hampshire

*Project Manager/Data Analyst, January 2000 to present*

Diane is highly experienced in data management and project management. She has been responsible for data management in many of JSI's largest information oriented projects, including both technical and organizational aspects of the work. She is a skilled user of analytic tools including spreadsheets, databases, statistical packages, and ArcGIS mapping software. She is also trained in the development of federal shortage designations and survey research techniques. *Selected projects:*

### **Health Resources and Services Administration, Bureau of Primary Health Care (BPHC)**

Project Manager, Trainer, and Reviewer for a major initiative to collect Uniform Data System (UDS) information from all BPHC Section 330-funded grantees, Look-alikes, and Bureau of Health Workforce programs across the country. Responsibilities include training health centers across the U.S. on the reporting requirements, use of tools, and resources available. Review of over 50 health center reports from three states/territories, provide technical assistance, interpret data, and provide recommendations for identified data reporting issues. Oversee ongoing operational aspects of the UDS collection cycle. Monitor progress of key deliverables as well as coordination with contractors and BPHC staff around structural and contextual tasks such as the health center reporting lists, training materials for in-person, webinar, and pre-recorded on-line training modules; reference and reporting materials development; respond to reporting questions; identify online reporting system enhancements and modifications, negotiate timeline and deliverables with BPHC staff and contractors; develop comprehensive reports to provide feedback and reference for BPHC staff on data submitted; conduct extensive data analysis using submitted data and responding to emerging data needs from the BPHC, including service area overlap and new access point requests. The service area analysis uses a comprehensive GIS mapping tool to evaluate service areas, target populations, unserved populations, and dominance for over 1,400 programs.

### **Health Resources and Services Administration, National Center for Health Workforce Analysis**

Data Analyst for an initiative to estimate the impact of the expansion of health insurance coverage on primary care practitioner shortages through 2020. Assess provider capacity, including management and integration of the workforce licensure and national physician identifier databases (Physicians, PA, NP, and CNMs), review of the Clinician Supply Model (CSM) to obtain and apply baseline and growth projections, and apply discount factors based on validated local supply data. Analysis supports development of primary care provider supply modeling and local supply estimates.

### **Health Resources and Services Administration, Bureau of Health Professions, Shortage Designation Branch**

Data Analyst for a major initiative to revise and consolidate the rules by which federal shortage area designations are evaluated (including Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs), and Medically Underserved Populations (MUPs)). Conduct extensive analysis of U.S. census and provider level data, both in support of factors considered for inclusion in the rules, and for evaluating their likely impact on the national safety net. Review, document, and determine provider capacity, based on national licensure lists and national provider identifier (NPI) downloadable file, used for review of provider-to-population ratios. This analysis uses comprehensive database and GIS mapping tools to evaluate shortage areas, target populations, and provider capacity nationally.

### **New Hampshire Department of Health and Human Services, Rural Health and Primary Care Section**

Analyst for the healthcare workforce shortage designation process for the state of New Hampshire (NH). Identify areas meeting the federal criteria for Healthcare Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps). Develop the GIS mapping and data structure that drives the evaluation of shortage designations, including data linkage to the HRSA Geospatial Data Warehouse, integration of other data sources, and geocoding of provider lists. Develop rational service areas using current definitions, compile provider lists using licensure lists and Medicaid claim data, locally assess capacity by connecting with area experts and surveying providers, and submit designation applications using the secure online Shortage Designation Management System (SDMS). Develop online survey tools for evaluating the statewide health care workforce. Develop and compile data used for evaluation of an overall statewide primary care assessment identifying communities with the greatest unmet health care needs, disparities, health workforce shortages, and key barriers to access health care for NH communities.

### **Massachusetts Department of Public Health, Primary Care Office (PCO)**

Analyst for the Primary Care HPSA Designation process for the state of Massachusetts. Responsibilities include evaluation and development of service areas (use of American Community Survey (ACS) 5-year estimates, current licensure lists, and Medicaid claims data are applied), local capacity assessment, and use of shortage designation's online system (SDMS) for designation applications. Performed a preliminary "feasibility" analysis to identify new dental, mental health and/or primary care HPSA potential and where HPSAs already exist. Creation of GIS mapping layers demonstrating designations, target areas, demographic and low income statistics for evaluation. Assist with work plan and time line to identify and quantify the time and resources necessary to complete the entire proposed designation process from initial analysis through application submitted to the designation bureau. Provide input to inform needs assessment activities supporting compliance with federal grant.

### **Rhode Island Department of Health, Office of Primary Care and Rural Health**

Analyst for assessing the overall designation capacity within the state of Rhode Island (RI) as they relate to designation work, and provide technical analysis services and training related to the HPSA and MUA/P process in RI. Conduct needs assessment of the data and personnel resources available to the department. Collect, organize, and analyze data sets (including population demographics (using ACS, 5-Year estimates), licensure, Medicaid claims, state-wide survey data, including out-of-state care and transportation and service patterns. Develop training on shortage designation process and use of SDMS. Process, review, and submit designations for primary care, mental health, and dental HPSAs.

### **Health Resources and Services Administration, Division of Services for Children with Special Health Needs**

Data Analyst for an effort to review performance measures against the experience and capabilities of grantees and propose a set of performance measures for the Division. The proposed measures will reflect grantee capabilities, align with measures from existing initiatives and assure sufficient breadth and depth to enable the Division to evaluate success in achieving program goals (e.g., indicators of a comprehensive statewide system of services for Children and Youth with Special Health Care Needs (CYSHCN)). Responsibilities include conducting a comprehensive review of existing performance measures; identifying potential measures to report, including new measures, through a series of data collection forms that will ultimately provide an annual state level status on activities performed to strengthen the system of services for CYSHCN; interviewing grantees on the feasibility of collecting and reporting; and preparing reports that documents the measures, recommendations, current data and evaluation capabilities of the grantees.

### **Maine Quality Counts**

Provider Data Analyst for an initiative to improve population health outcomes for patients with hypertension and diabetes. The activities and strategies used to support the implementation of quality improvement (QI) processes include data gathering, processing, and development of a database that provides an understanding of the breadth of primary care practices available throughout Maine and of their readiness and current participation in various QI initiatives.

## **COMPUTER SKILLS**

Proficient in Microsoft Office and ArcGIS Desktop

## **TRAINING | PRESENTATION SKILLS**

- ♦ Bureau of Primary Health Care (BPHC) Uniform Data System (UDS) trainings; throughout the United States, including U.S. territories.
- ♦ Analyzing your Service Area Using GIS: UDS Grantee Service Area Data; National Harbor, Maryland, *June 23, 2008*
- ♦ Wyman Way Co-op; Keene, New Hampshire, *March and April 1996*
  - Hazardous Communication
  - Fire Extinguishers

## **AWARDS | CERTIFICATIONS**

First Aid and CPR trained  
Hazardous Materials Awareness, Level, *December 1993*  
Hazardous Materials Operations, Level, *May 1996*  
Dean's List, *Fall 1993 through Spring 1996*



# STEVE SCHAFFER

JSI, 44 Farnsworth Street, Boston, Massachusetts 02210 (617) 482-9485

sschaffer@jsi.com

## EDUCATION

UNIVERSITY OF FLORIDA, GAINESVILLE, FLORIDA  
*Masters work in Geography (All but Thesis)*

MARY WASHINGTON UNIVERSITY, FREDERICKSBURG, VIRGINIA  
*BA, Political Science, 1996*

## EXPERIENCE

JSI, Boston, Massachusetts  
*Lead GIS Analyst, 2010*

### **UDS Service Area Mapping & Analysis**

Creation of service area and penetration mapping for the Uniform Data System (UDS) project. This included creating service areas, mapping and applying the results to analyze the effectiveness and rationality of service areas. GIS methods include spatial overlay geo-tagging linking zip codes with Zip Code Tabulation Areas (ZCTA), make table queries to create grantee specific overlapping service areas from non-unique grantee by ZCTA tables, minimum bounding envelopes to identify irrational service areas and data-driven pages that focus on one grantee's patient origin service area at a time.

### **HPSA/MUA/P Shortage Designation**

GIS lead for mapping and analysis for the project included: Gathering Census demographic and health access related data at multiple geographic levels and mapping the results, conducting a small area analysis to provide model testing inputs at any geographic area, building impact testing models, linked in GIS to maps, that provided detailed indicators on the impact of designation method changes, designed interactive web mapping of model test results, conducted network and other spatial analysis to identify rational service areas and analyzed, in GIS, the relationship between current federal resources and new impact testing designation areas. Coordinated with HRSA staff on the building, results and analysis of impact testing models.

### **Primary care Utilization Surge from Affordable care Act**

Mapping and analysis support for the project included: Spatial Analysis to estimate the Primary care utilization increase expected from full implementation of the Affordable Care Act. This included integrating demographic data and predictive model output at the local level and presenting results in detailed maps. Conducted a small area analysis to spread expected coverage gainers from Census PUMA5 areas to small local geographies based on age and income factors.

### **Geographic Analysis of Claims/patient Origin Data**

Examined travel patterns and geographic accessibility using all payer claims (APCD) and Medicaid databases for projects in NH, FL and MD. This process involves: developing network based origin/destination drive-time matrices, creating natural or claims -based, service areas and assessing the population demand for services against provider supply.

### **Interactive Web Mapping**

Created interactive web mapping applications that allow clients and the public to explore mapped information, search by addresses or postal codes, pan, zoom and identify on map features. A web map for New Hampshire Affordable Care Act implementation (<http://nhaca.jsi.com/webmap.html>) thematically displayed eligibility across insurance types and locations of assisters and brokers. Other developed web applications include primary care locations in Maine, Drug and Alcohol Treatment services in NH (<http://nhtreatment.org/>) and federally supported Healthy Start Service sites nationwide.

### **Needs Assessments**

Mapping and geo-spatial analysis in support of health center needs analysis for regional health systems and individual

clinics and hospitals. Including mapping of income, race/ethnicity, age, gender and social determinate demographics; mapping of health status, vital statistics and preventable indicators; geo-location of service sites and patient based and drive-time accessibility based service area analysis.

#### **Hazard Mitigation Mapping**

Geocoded facilities and hazards to assist in public health mitigation strategies for natural and man-made disasters. This included: mapping and analysis of floodplains, hazardous material sites, utilities, government and community support facilities, large gathering places, identification of possible shelters, special needs populations and potential evacuation routes.

**Nashua Regional Planning Commission, Merrimack, New Hampshire**  
*GIS Manager, 2004*

Manage the GIS program for the agency. Write reports and handle technical analysis. Responsible for the day-to-day operation of the GIS section, Project Management, GIS database management, map creation and analysis, and hiring, supervising, and evaluating of staff.

**University of Florida College of Health Professions, Gainesville, Florida**  
*GIS Consultant, 2002*

Conducted health related service area spatial analysis of Medicaid providers to identify gaps in medical coverage. Analyzed Census Demographic data to create a risk of no insurance atlas for the Florida KidCare Program.

### **Adjunct Academic Appointments**

**Plymouth State University, Plymouth, New Hampshire**  
*Adjunct Professor of Geography, 20013–2014*

### **SKILLS**

- ArcGIS and extensions
- ArcGIS Online and Google Maps API
- Focus on demographic and Spatial Accessibility Analysis
- Comprehensive knowledge of Census data including American Community Survey
- Transportation and land use modeling
- Spatial statistical analysis

# LISA M. BRYSON

CHI/JSI, 501 South Street, Bow, New Hampshire 03304 (603) 573-3359

[lisa\\_bryson@jsi.com](mailto:lisa_bryson@jsi.com)

## EDUCATION

PLYMOUTH STATE UNIVERSITY, PLYMOUTH, NEW HAMPSHIRE  
*Bachelor of Art, Concentrations in Graphic Design and Printmaking, 1998*

## EXPERIENCE

### CHI/JSI, Bow, New Hampshire

*Staff Associate, November 2013 to present*

Supports a variety of on-going public health projects in regards to design, formatting and layout of reports and literature as well as administrative assistance. JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

#### *Current Projects:*

##### **New Hampshire Center for Excellence**

Support staff for the NH Center for Excellence, a state-wide technical assistance and resource center for the implementation of evidence-based interventions in alcohol and other drug prevention, intervention, treatment and recover services. Primary role responsibilities include supporting the operational functions of the center, preparing literature reviews, presentation and other materials, and providing other technical assistance needs.

**Maternal and Child Health Bureau (MCHB), Division of Healthy Start and Perinatal Services (DHSPS), Washington, DC.** Assisted in the design and rebranding as the Healthy Start EPIC Center to provide capacity building assistance to approximately 100 Healthy Start grantees to ensure program effectiveness in achieving the goals to reduce infant mortality, reduce health disparities and improve perinatal health outcomes. Capacity Building Assistance (CBA) incorporates technical assistance, training, technology transfer and information transfer and dissemination.

##### **Prediabetes Media Development and Placement Services**

Responsible for a statewide media campaign that will target adults at high risk of developing prediabetes including quantitative research of the target audience, message themes and draft material.

#### *Past or Completed Projects:*

##### **Poison Control Innovation/Transformation Project**

Develop and implement multi-pronged market research protocol to inform the development of a three-year innovation/transformation plan for the American Association for Poison Control Centers. Served as administrative and research assistant.

##### **Bureau of Primary Health Care (BPHC)**

Data Coordinator for the Uniform Data System, an initiative that collects information from the BPHC-funded practice sites throughout the country. The data collected provides insight for the financial and operational parameters of the health centers and informs decisions made by legislature. Primary role responsibilities include technical phone assistance for health centers and consultants, software validation testing, resource development, and data management.

##### **Manchester Department of Public Health, Manchester Neighborhood Health Improvement Strategy**

Provide project support and final report design to Manchester Department of Public Health in six community forums with community stakeholders and leaders in creation of a Neighborhood Health Improvement Strategy (NHIS).

##### **Arsenic in Private Well Water**

Worked with the Dartmouth Toxic Metals Superfund Research Program to create intervention material to increase home owners' readiness to voluntarily test their well water for arsenic. Developed message themes and conducted end user testing to identify factors influencing home owners' interest in testing.

**Granite State Management & Resources, Concord, New Hampshire**

*Graphic Designer, 2003–2013*

Designed and revamped a multitude of print-ready projects including but not limited to corporate identity, brochures, newsletters, reports, posters and booklets. Worked with Marketing Director as well as several internal customers on concept, design and coordination of projects from start to finish.

**COMPUTER SKILLS**

Microsoft Office

Adobe InDesign

Adobe Photoshop

Adobe Illustrator

Adobe Lightroom

Social Media

Email Marketing Platform (Constant Contact)

**CREATIVE SKILLS**

Photography

Color Matching

Drawing

# KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

**Contractor Name:** JSI Research and Training Institute, Inc., dba Community Health Institute

**Name of Bureau/Section:** NH Health Workforce and Primary Care Access Data

BUDGET PERIOD		SFY 17		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Eric Turer	Project Director	\$118,008	8.61%	\$10,161.80
Diane Lewis	Project Manager	\$73,500	5.75%	\$4,226.25
Steve Schaffer	GIS Analyst	\$89,103	2.22%	\$1,980.07
Lisa Bryson	Project Assistant	\$40,000	2.79%	\$1,116.67
		\$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>\$17,484.78</b>

BUDGET PERIOD		SFY 18		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Eric Turer	Project Director	\$121,548	8.33%	\$10,129.02
Diane Lewis	Project Manager	\$75,705	5.63%	\$4,258.41
Steve Schaffer	GIS Analyst	\$91,776	2.22%	\$2,039.47
Lisa Bryson	Project Assistant	\$41,200	2.56%	\$1,052.89
		\$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>\$17,479.78</b>

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✓



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527  
603-271-5934 1-800-852-3345 Ext. 5934  
Fax: 603-271-4506 TDD Access: 1-800-735-2964



Nicholas A. Toumpas  
Commissioner

José Thier Montero  
Director

G&C APPROVED  
Date: 7/16/14  
Item # 8

June 25, 2014

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

28% Federal Fund  
72% General Fund

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into an agreement with JSI Research and Training Institute, Inc. dba Community Health Institute, Vendor #161611-B001, 501 South Street, Bow, NH 03304, in an amount not to exceed \$71,260, to conduct an overall statewide primary care assessment, to be effective date of Governor and Council approval through June 30, 2016.

Funds are available in the following account for SFY 2015, and are anticipated to be available in SFY 2016 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2015	102-500731	Contracts for Prog Svc	90073000	10,000
SFY 2015	102-500731	Contracts for Prog Svc	90072009	29,380
			Sub Total	\$39,380
SFY 2016	102-500731	Contracts for Prog Svc	90073000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90072009	21,880
			Sub Total	\$31,880
			Total	\$71,260

**EXPLANATION**

Funds in this agreement will be used to conduct an overall statewide primary care assessment that identifies communities with the greatest unmet health care needs, disparities, and health workforce shortages, and also identify key barriers to access to health care for these communities.

The contractor will 1) identify areas of the State that meet the federal criteria for Health Professional Shortage Areas, Mental Health Professional Shortage Areas, Dental Health Professional Shortage Areas, Medically Underserved Areas/Populations, and Governor's Exceptional Medically Underserved Population Areas; 2) organize and prioritize designation and re-designation process, and prepare the shortage designation applications for review and signature by identified staff; 3) assist with the development and implementation of the Health Professions Workforce Data Center, which will capture the supply and capacity of licensed healthcare providers in the State; and 4) conduct an overall primary care needs assessment annually that will include identifying geographic areas and populations at county and sub-county levels.

The identification and processing of shortage designations will benefit communities in New Hampshire that face barriers to accessing primary care, especially rural, the low income, uninsured, and Medicaid and Medicare populations. Collecting primary care workforce data will support an analysis of primary care capacity that could lead to shortage designations and strengthen recruitment/retention initiatives including scholarships; the J-1 Visa Waiver Program; and the NH State Loan Repayment Program. Health workforce data will help target finite public resources, inform educational program capacity expansion and employment training programs, and help New Hampshire prepare for, and respond to, emergency and disaster situations.

Should Governor and Executive Council not authorize this Request, the State of New Hampshire would not have the ability to identify areas of the state where there are shortages of primary care providers, or collect information on whether people are able to access primary care services.

JSI Research and Training Institute, Inc. dba Community Health Institute was selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' website from April 16, 2014 through May 28, 2014.

One proposal was received in response to the Request for Proposals. Four reviewers reviewed the proposals. The reviewers represent seasoned public health administrators and managers who have between one to 34 years' experience managing agreements with vendors for various public health programs. Each reviewer was selected for the specific skill set they possess and their experience. Their decision followed a thorough discussion of the strengths and weaknesses to the proposals. The final decision was made by taking an average of all reviewers' scores. The Bid Summary is attached.

As referenced in the Request for Proposals, this competitively procured Agreement has the option to extend for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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

- Conduct an overall statewide primary care needs assessment.
- Complete designations and re-designations, as appropriate, by a given federal deadline.
- Provide an analysis of demographic data and renewal dates to determine other areas for designation or re-designation.

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
June 25, 2014  
Page 3

- Develop recurrent health workforce surveys for the Health Professions Workforce Data Center.
- Upload accurate Health Professions Workforce Data Center data into the Health Resources and Services Administration Shortage Designation Management System by the given federal deadline.

Area served: statewide.

Source of Funds: 28% Federal Funds from Health Resources and Services Administration, and 72% General Funds.

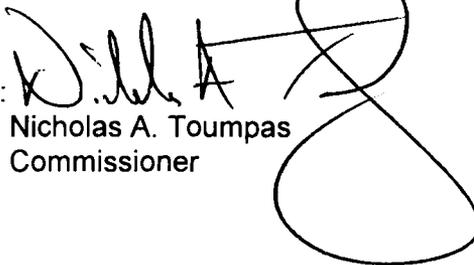
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD, MHCDS  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner



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

**NH Health Workforce and Primary Care  
Access Data**

RFP Name

**15-DHHS-DPHS-RHPC-01**

RFP Number

Reviewer Names

**Bidder Name**

1. JSI Research and Training Institute, Inc. dba  
Community Health Institute
- 2.

Pass/Fail	Maximum Points	Actual Points
Pass	175	167

1. Danielle Weiss, Hlth Promotion Advisor, 1 Years Experience
2. Alisa Druzba, Administrator, 9 Years Experience
3. Dolores Cooper, Financial Manager, 34 Years Experience
4. Shelley Swanson, Administrator, 21 Years Experience

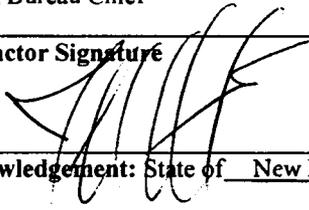
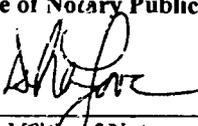
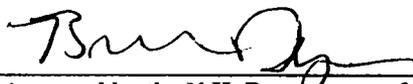
Subject: NH Health Workforce and Primary Care Access Data

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

<b>1.1 State Agency Name</b> NH Department of Health and Human Services Division of Public Health Services		<b>1.2 State Agency Address</b> 29 Hazen Drive Concord, NH 03301-6504	
<b>1.3 Contractor Name</b> JSI Research and Training Institute, Inc. dba Community Health Institute		<b>1.4 Contractor Address</b> 501 South Street Bow, NH 03304	
<b>1.5 Contractor Phone Number</b> 603-573-3300	<b>1.6 Account Number</b> 05-95-90-7965-901010-102-500731	<b>1.7 Completion Date</b> 06/30/2016	<b>1.8 Price Limitation</b> \$71,260
<b>1.9 Contracting Officer for State Agency</b> Brook Dupee, Bureau Chief		<b>1.10 State Agency Telephone Number</b> 603-271-4501	
<b>1.11 Contractor Signature</b> 		<b>1.12 Name and Title of Contractor Signatory</b> Jonathan Stewart, Director	
<b>1.13 Acknowledgement:</b> State of <u>New Hampshire</u> , County of <u>Merrimack</u> On <u>6/25/14</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
<b>1.13.1 Signature of Notary Public or Justice of the Peace</b> [Seal] 			
<b>1.13.2 Name and Title of Notary or Justice of the Peace</b> DEBRA L. LOVE, Notary Public My Commission Expires October 16, 2018			
<b>1.14 State Agency Signature</b> 		<b>1.15 Name and Title of State Agency Signatory</b> Brook Dupee, Bureau Chief	
<b>1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)</b> By: _____ Director, On: _____			
<b>1.17 Approval by the Attorney General (Form, Substance and Execution)</b> By:  On: <u>6-30-14</u>			
<b>1.18 Approval by the Governor and Executive Council</b> By: _____ On: _____			



## Exhibit A

### SCOPE OF SERVICES

#### 1. Covered Populations and Services

- 1.1. The Contractor will conduct an overall statewide primary care assessment that identifies communities with the greatest unmet health care needs, disparities, and health workforce shortages, and also identifies key barriers to access to health care for these communities. The overall needs assessment will include identifying geographic areas and populations at county and sub-county levels that:
  - Lack access to preventive and primary care services;
  - Experience shortages of primary care, mental health, and dental providers;
  - Experience key barriers to access to health care (i.e. waiting time, travel time);
  - Demonstrate the highest need for health services (using indicators of poverty, infant mortality, low-birth weight, life expectancy, percent or number unserved and underserved, and designation as a Medically Underserved Area/Population (MUA/P) or Health Professional Shortage Area (HPSA).
- 1.2. The Contractor will utilize electronic application systems (i.e. Uniform Data System (UDS)), All Payor Claims Database (APCD), Behavioral Risk Factor Surveillance System (BRFSS), Hospital Discharge data, WISDOM (DPHS Information Technology system to store and analyze public health data), NH TEMSIS (Trauma Emergency Medical Services Information System), and vital records) and issue targeted-area surveys to collect and analyze data as part of the needs assessment.
- 1.3. The Contractor will assist with the development of either Primary Care Service Areas (PCSAs) or Predetermined Rational Service Areas (PRSAs) that could be the basis for shortage designation applications submitted to the Health Resources and Services Administration (HRSA). The timeframe for the development of a PRSA plan will be in the first project year. The Primary Care Office (PCO) will meet with the Primary Care Association (PCA) and other entities on a regular basis to review and update the assessment.

#### 2. Minimum Required Services

The contract shall:

- 2.1. Consult with the Rural Health and Primary Care Section (RHPC) to coordinate and prioritize new shortage area designation requests, and re-designations.
- 2.2. Assist in the development of a four-year HPSA Update Plan to be submitted to the Shortage Designation Branch (SDB) at a date determined by HRSA.
- 2.3. Prepare all necessary documentation, using the HRSA SDB Application Submission and Processing System (ASAPS) and its replacement system, to take effect in fall 2014, the Shortage Designation Management System (SDMS), to support designation

JS  
Date 6-25-14



## Exhibit A

- and re-designation requests to HRSA, for approval by, and signature of, a designated representative of NH DHHS.
- 2.4. Issue targeted-area surveys to collect provider full-time equivalent (FTE) data to upload in the SDMS for designation purposes.
  - 2.5. Produce colored GIS-type maps noting shortage areas, at the town level, and list towns, hospitals, health centers, and other health facilities within each type of shortage area. Maps must be compatible with Microsoft and PDF formats.
  - 2.6. Provide information, assistance or updates to interested parties in areas under review for shortage designations. Notify all known interested parties following the (HPSA and MUA/P) determined designation. Be available for follow-up questions or inquiries regarding a completed shortage designation application.
  - 2.7. Submit all data and FTEs associated with an update cycle prior to the cycle opening date determined by the SDB.
  - 2.8. Assist the PCO with the Mental Health Catchment Area (MHCA) Plans update, due to the SDB by July 30, 2014 (or other date determined by HRSA), and in submitting a rationale for Mental Health HPSA requests not reflected in the MHCA Plan.
  - 2.9. Analyze annual physician workforce survey data collected by the Health Professions Workforce Data Center (HPWDC) and enter data into HRSA's Shortage Designation Management System (SDMS) to determine NH shortage areas;
  - 2.10. Assist the Primary Care Workforce Program Manager with annual health professions workforce issue briefs.
  - 2.11. Work with DPHS and the NH health professions licensing boards, as appropriate, and develop recurrent health workforce surveys of licensed, primary care providers in NH.
  - 2.12. Work with DPHS to obtain Medicaid Claims data in order to determine FTEs to enter into the SDMS and to cross-reference with the HPWDC data for accuracy.
  - 2.13. Upload National Provider Identification (NPI) data into the HPWDC, if appropriate, to pre-populate data fields.
  - 2.14. Participate in other health workforce activities as determined in conjunction with DPHS.
  - 2.15. Conduct an overall statewide primary care assessment that identifies communities with the greatest unmet health care needs, disparities, and health workforce shortages, and also identifies key barriers to access health care for these communities. Using available databases and through additional data analysis, the assessment will identify geographic areas and populations at county and sub-county levels that: Lack access to preventive and primary care services;
  - 2.16. Experience major health disparities (i.e., diabetes, asthma, depression);
  - 2.17. Experience shortage of primary care providers and other staff;
  - 2.18. Experience a high rate of provider turnover;
  - 2.19. Would benefit from NHSC providers, loan repayors, scholars, and/or other recruitment assistance;
  - 2.20. Experience key barriers to access to health care (i.e. waiting time, travel time);



## Exhibit A

- 2.21. Demonstrate the highest need for health services, such as levels of poverty, infant mortality, low-birth weights, life expectancy, percent or number unserved and underserved, designation as a medically underserved area or population (MUA/P) or health professional shortage area (HPSA);
- 2.22. Have a high number of individuals with special needs (e.g., homeless persons, public housing residents, low-income school children); or
- 2.23. May qualify for a HPSA or MUA/P designation but currently have none.

### 3. Compliance

The Contractor is required to:

- 3.1. Attend meetings with representatives from Rural Health and Primary Care and/or other state officials to report on program progress and financial accountability;
- 3.2. Provide a written progress report on a semi-annual and annual basis, as well as at the end of the contract. The report should outline progress on all deliverables, goals, objectives, and performance measures, and define any problems with attaining desired results.

### 4. Work Plan

- 4.1. The Contractor shall provide a work plan that demonstrates their plan for the required activities and a timeline with clearly identified target dates for each year. The work plan must be submitted within 30 days of the effective date of the contract. The work plan will be used to assure progress towards meeting the performance measures and the overall program objectives and goals. At intervals specified by DHHS, the Contractor will report on their progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the contract.

### 5. Performance Indicators/Measures

- 5.1. Conduct an overall statewide primary care needs assessment.
- 5.2. Complete designations and re-designations, as appropriate, by a given federal deadline.
- 5.3. Provide an analysis of demographic data and renewal dates to determine other areas for designation or re-designation.
- 5.4. Develop recurrent health workforce surveys for the HPWDC.
- 5.5. Upload accurate HPWDC data into the SDMS by the given federal deadline.



## Exhibit A

### 6. Staffing

The Contractor is required to provide staffing to fulfill the roles and responsibilities to support activities of this project. The Contractor shall address the details to the following requirements to ensure adequate staffing is provided.

- 6.1. Provide sufficient staff to perform all tasks specified in this contract. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.
- 6.2. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 6.3. The Contractor shall develop a Staffing Contingency Plan including but not limited to:
  - a. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
  - b. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
  - c. Discussion of time frames necessary for obtaining replacements;
  - d. Contractor's capabilities to provide, in a timely manner, replacement staff with comparable experience; and
  - e. The method of bringing replacement staff up-to-date regarding the activities of this project.
- 6.4. Include staffing models that will be used by the subcontractors, if applicable.



**Exhibit B**

**Method and Conditions Precedent to Payment**

1) Funding Sources:

a. \$39,380 = 25% federal funds from the Health Resources and Services Administration (HRSA), CFDA #93.913, Federal Award Identification Number (FAIN), H95RH00149, and 75% General Funds, SFY 2015.

b. \$31,880 = 31% federal funds from the Health Resources and Services Administration (HRSA), CFDA #93.913, Federal Award Identification Number (FAIN), H95RH00149 and 69% General Funds, SFY 2016.

\$71,260

2) The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

a. Payment for said services shall be made as follows:

The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The final invoice shall be due to the State no later than thirty (30) days after the contract Completion Date.

b. The invoice must be submitted to:

Department of Health and Human Services  
Division of Public Health Services  
Email address: DPHScontractbilling@dhhs.state.nh.us

3) The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in Exhibit B-1 – SFY 2015 and Exhibit B-1 – SFY 2016 Budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State. DHHS funding may not be used to replace funding for a program already funded from another source.

4) This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the previous month.

Exhibit B – Methods and Conditions Precedent to Payment\_Contractor Initials 



**Exhibit B**

---

- 5) Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred upon compliance with reporting requirements and performance and utilization review. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
- 6) Contractors are accountable to meet the scope of services. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization shall prepare progress reports, as required.
- 7) The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.
- 8) Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B – Methods and Conditions Precedent to Payment\_Contractor Initials AS



**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 fundors 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 fundors, 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.



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. **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

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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:

- 16.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 16.2. 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
- 16.3. Monitor the subcontractor's performance on an ongoing basis
- 16.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 16.5. 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.



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. **CONDITIONAL NATURE OF AGREEMENT.**

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

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

- 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
- 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
- 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
- 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
- 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

This agreement has the option for a potential extension of up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

4. Insurance

Subparagraph 14.1.1 of the General Provisions of this contract is deleted and the following subparagraph is added:

14.1.1 Comprehensive general liability against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence and umbrella excess liability coverage in the amount of \$1,000,000 per occurrence.

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6.25.14



**CERTIFICATION REGARDING**  
**THE AMERICANS WITH DISABILITIES ACT COMPLIANCE**

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 make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

Contractor Name: JSI Research & Training Institute, Inc.  
d/b/a Community Health Institute

6.25.14  
Date

  
Name: Jonathan Stewart  
Title: Director