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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

March 24, 2014

Sole Source
Retroactive

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

4% federal funds
96% General funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise a contract amendment with Child Health Services., Purchase Order # 1024237, Vendor # 177266-B002, 1245 Elm Street, Manchester, New Hampshire 03101, by increasing the total price limitation by $366,596 from $424,616 to $791,212 to provide pediatric primary care and adolescent health care services. This amount includes a request to **retroactively** enter into a **sole-source** amendment in an amount of $48,483, effective **retroactive** to July 1, 2013 through June 30, 2014 and exercise a one-year renewal option in an amount of $318,113, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. This agreement was originally approved by Governor and Executive Council on June 20, 2012, Item #115, and amended April 17, 2013, Item #46.

Funds are available in the following account for SFY 2014 and SFY 2015 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.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Prog Svc	90080000	112,308	0	112,308
SFY 2014	102-500731	Contracts for Prog Svc	90080000	162,308	0	162,308
SFY 2015	102-500731	Contracts for Prog Svc	90080000	0	243,113	243,113
			Total	$274,616	$243,113	$517,729

05-95-90-902010-5194 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, CHILD HEALTH SERVICES

Fiscal Year	Class Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Prog Svc	90004014	75,000	0	75,000
SFY 2014	102-500731	Contracts for Prog Svc	90004014	75,000	0	75,000
SFY 2015	102-500731	Contracts for Prog Svc	90004014	0	75,000	75,000
			Total	$150,000	$75,000	$225,000

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Prog Svc	90080400	0	0	0
SFY 2014	102-500731	Contracts for Prog Svc	90080400	0	48,483	48,483
SFY 2015	102-500731	Contracts for Prog Svc	90080400	0	0	0
			Total	$0	$48,483	$48,483
			TOTAL	$424,616	$366,596	$791,212

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendment is **sole source** because it exceeds more than 10% of the original contract amount.

Pediatric primary health care services include preventive and episodic health care for acute and chronic health conditions for children and adolescents birth through 21 years. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Should Governor and Executive Council not authorize this Request, a minimum of 4,000 low-income children and adolescents from the Greater Manchester area including the towns of Auburn, Bedford, Candia, Goffstown, Hooksett, Manchester, and New Boston may not have adequate access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

Child Health Services was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 13, 2012 through February 16, 2012. In addition, a bidder's conference call was held on January 19, 2012 to alert agencies to this bid.

One proposal was received in response to the posting. The proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. The reviewers have five to twenty years' experience managing agreements or contracts with vendors for various public health or community programs. Areas of specific expertise include maternal and child health; preventive health and healthy home screening, and pediatric health care delivery projects. The

reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There was no competing application. Scores were averaged and the proposal was recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. The Department is exercising one year of this renewal option.

This community health agency has demonstrated success in meeting the unique health care needs of the vulnerable, low-income children and adolescents in the Greater Manchester area. The Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Department wishes to continue working with the vendor for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is Greater Manchester area including the towns of Auburn, Bedford, Candia, Goffstown, Hooksett, Manchester and New Boston.

Source of Funds: 4.44% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Federal Award Identification Number B04MC23394, and 95.56% 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

Program Name: Maternal and Child Health
Contract Purpose: Pediatric Primary Care
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Child Health Services, 1245 Elm St., Manchester, NH 03101							
Agy Capacity	30	25.00							
Program Structure	50	39.00							
Budget & Justification	15	12.00							
Format	5	4.00							
Total	100	80.00							

BUDGET REQUEST									
Year 01		$187,308.00	-	-	-	-	-	-	-
Year 02		$187,308.00	-	-	-	-	-	-	-
Year 03		$0.00	-	-	-	-	-	-	-
TOTAL BUDGET REQUEST		$374,616.00	-	-	-	-	-	-	-
BUDGET AWARDED									
Year 01		$187,308.00	-	-	-	-	-	-	-
Year 02		$187,308.00	-	-	-	-	-	-	-
Year 03		$0.00	-	-	-	-	-	-	-
TOTAL BUDGET AWARDED		$374,616.00	-	-	-	-	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Patti Baum	Program Officer for Children's Health	Healthy NH Foundation	The reviewers represent a pediatric health-focused public health manager, and a pediatric nurse consultant from the Division of Public Health, and a program officer from an exteranal not-for-profit organization with a mission to improve health and health care delivery in New Hampshire. All reviewers have experience in contract and vendor management, and expertise in diverse aspects of pediatric primary care clinical management, including preventive health screenings and access to acute care, oral and behavioral health services and referrals, age-appropriate anticipatory guidance and nutrition and psychosocial support.
2	Laura Vincent Ford	Program Manager	NHDHHS Healthy Homes/Environments	
3	Audrey Knight	Child Health Nurse Consultant	NHDHHS, Maternal & Child Health Section	

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

This 2nd Amendment to the Child Health Services contract (hereinafter referred to as "Amendment Two") dated this 13th day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Child Health Services (hereinafter referred to as "the Contractor"), a corporation with a place of business at 1245 Elm Street, Manchester, New Hampshire 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, and amended on April 17, 2013 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 Department desires to provide additional pediatric primary care and adolescent health care services for preventive and episodic health care for acute and chronic health conditions for children birth through eighteen and adolescents eleven through 21.

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:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $791,212

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 2

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $48,483 for SFY 2014 and $318,113 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $48,483 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $243,113 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: [signature]
Date: 3/13/14

- $75,000 from 05-95-90-902010-5194-102-500731, 100% General Funds

  Add Paragraph 8
  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.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 2,
  Exhibit B-1 (2015) - Amendment 2

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials: KM
Date: 3/13/14

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

4/2/14
Date

Brook Dupee
Bureau Chief

Child Health Services

3/13/14
Date

Name: Lisa DiBrigida, MD
Title: Medical Director

Acknowledgement:

State of New Hampshire, County of Hillsborough on 3/13/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

CATHERYN BURCHETT, Notary Public
My Commission Expires August 19, 2014

Name and Title of Notary or Justice of the Peace

Contractor Initials: RAD
Date: 3/13/14

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

OFFICE OF THE ATTORNEY GENERAL

4-3-14
Date

Name: Rosemary Wiant
Title: Asst. Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: RAD
Date: 3/3/14

Exhibit A – Amendment #2

Scope of Services

The Department desires to provide additional pediatric primary care and adolescent health care services for preventive and episodic health care for acute and chronic health conditions for children birth through eighteen and adolescents eleven through 21.

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Office-based primary care services will be provided to children and adolescents, ages birth through 21 years, of low income families, (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire.

2. For children and adolescents on Medicaid, this grant may be used to pay for services not billable as described in Section II. A. of this Exhibit.

3. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new clients, or maintains a wait list for new clients, or any other mechanism is used that limits access for new clients for more than a one month period.

4. The Contractor shall document annually, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete with the client the most recent version of the DFA 800 form.

5. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income clients. Signage must state that no client will be denied services for inability to pay.

    a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS prior to implementation.

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, and Medicaid, for all reimbursable services rendered. For children and adolescents covered under Medicaid, this includes Health Care Support and Care Coordination Services.

B) Numbers Served

1. Not applicable

C) Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.

2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

3. Provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.

4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) State and Federal Laws

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, effective 01/05.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults, RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated there under.

E) Relevant Policies and Guidelines

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

2. Pediatric and Adolescent Primary Care funds shall be targeted to populations in need. Populations in need are defined as follows:

   a) uninsured;

   b) under-insured;

   c) families and individuals with significant psychosocial and economic risk, including low income status;

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), or Community Health Accreditation Program (CHAP).

4. The Contractor shall have an agency emergency preparedness and response plan in accordance with HRSA Health Center Emergency Management Program Expectations, Document #2007-15 or most recent version. Such plan shall also include a Continuity of Operations plan.

5. The Contractor shall carry out the work as described in the performance Workplan submitted with the proposal and approved by the Maternal and Child Health Section (MCHS), and the Rural Health and Primary Care Section (RHPCS).

F) Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, electronic) produced, reproduced, or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14).

G) Subcontractors

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.
2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

II. Minimal Standards of Core Services

A) Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that:

a) Facilitates partnerships between individual clients and their personal physicians, and when appropriate, the patient's family.

b) Provides care facilitated by registries, information technology, health information exchange, and other means to assure that clients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

2. Pediatric and Adolescent Primary Care Services

The Contractor shall provide office-based pediatric and adolescent primary care services to populations in need who reside in the contractor's service area and shall include:

a) At a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent; Recommendations of the U.S. Preventive Services Task Force; the Society for Adolescent Health and Medicine; and/or other nationally recognized standards. Services shall include prevention and early treatment, psychosocial support services, and health promotion programs.

b) Health care provided by a New Hampshire licensed MD, DO, APRN, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, oral health and behavioral health specialty providers.

c) The World Health Organization (WHO) growth charts shall be used to monitor growth for infants and children birth up to age 2 years. The Centers for Disease Control and Prevention (CDC) growth charts shall be used for children age 2 years and older.

d) Referral to the WIC Nutrition Program for all eligible infants and children.

e) Blood lead testing in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, 2009 or subsequent revisions.

f) All children enrolled in either Medicaid, Head Start, or the Women, Infant, and Children (WIC) Program and/or who are $\leq$ 185%_poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a blood lead test performed.

g) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

h) Age-appropriate anticipatory guidance, dietary guidance, and feeding practice counseling for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. Starting at age 6

months, it is recommended that all children and adolescents receive an oral health assessment at every well child visit and a referral for the child's first visit to the dentist by age one as recommended by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.

i) An adolescent-focused health risk assessment shall be completed annually on all adolescent clients as soon after entry into care as possible. This assessment shall include, at a minimum, the following topics: psychosocial and emotional development; physical development and fitness; relationships and sexuality; family functioning; physical, sexual and emotional abuse; school performance; dietary habits, including eating disorder and obesity; intentional and unintentional injury; alcohol and substance use screening; tobacco use; and community involvement.

j) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child and adolescent's drinking water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.

k) For infants enrolled in the WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.

l) In-hospital care for conditions within the scope of pediatric/adolescent/family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

m) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

n) Assessment of psychosocial risk for all clients at least annually and for children and adolescents at scheduled preventive care visits, including, at a minimum, age appropriate assessment of safety in the home, domestic violence, adequacy of food and housing, care and welfare of children and adolescents, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

o) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

p) Nutrition assessment for all clients as part of the health maintenance visit. Therapeutic nutrition services shall be provided as indicated directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

q) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

r) Home health care directly or by referral to an agency or provider with a sliding fee scale if indicated.

s) Home visits in lieu of office visits. Home visits may be conducted in lieu of an office visit or based on need.

t) Diagnosis and management of pediatric and adolescent clients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.

3. Reproductive Health Services

a) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, or the USDHHS Centers for Disease Control (CDC) current guidelines.

b) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

4. Sexually Transmitted Infections

Pediatric and Adolescent Primary Care Services shall provide age appropriate screening and treatment of sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010 or subsequent revisions.

b) All clients, as appropriate, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any client found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

5. Substance Use Services

   a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling or other substance abuse intervention, treatment, or recovery services by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.

   b) All clients, including pregnant women, identified as smokers shall receive counseling using the 5A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline as cited in the US Public Health Services report "Tobacco Use and Dependence", 2008, or "Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking", American College of Obstetricians and Gynecologists, 2011. With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).

6. Immunizations

   The Contractor shall administer vaccines according to the most current version of the "Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", the "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States", and the "Recommended Adult Immunization Schedule – United States" (for persons aged 19 and older), approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program (for clients through eighteen years of age).

7. Additional Requirements

   a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed, and dated annually, and updated as indicated.

   b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

   c) The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.

d) The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.

B) Staffing Provisions

The Contractor shall have, at minimum, the following staff positions:

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist (on site or by referral)

g) social worker

Staff positions required to provide direct services on-site include:

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse

1. A registered nurse licensed in the state of New Hampshire, Bachelor's degree preferred. Minimum of one-year experience in a community health setting.

b) Nutritionists:

1. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.

2. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:

1. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.

2. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:

1. A registered nurse (RN), physician, physician assistant, or nurse practitioner with a license to practice in New Hampshire.
2. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.
3 The coordinator may be responsible for more than one MCH funded program.

e) Home Visitors:

1. A high school diploma or general equivalency diploma.

2. Have 2 years' experience working with families in a health care support capacity.

3. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses, Advance Practice Registered Nurses, licensed clinical social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or 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.

3. Vacancies

   a) The Contractor must notify the MCHS 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. This may be done through a budget revision.

   b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) Coordination of Services

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall participate in activities in the Public Health Region in which they provide services as appropriate. These activities enhance the integration of community-based public health prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

3. The Contractor agrees to participate in and coordinate public health activities as requested by the Division of Public Health Services during any disease outbreak and/or emergency, natural or man-made, affecting the public's health.

4. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

5. The Contractor shall assure that appropriate, responsive, and timely referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) Meetings and Trainings

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings
2. Child Health Coordinators' meetings
3. MCHS Agency Medical Services Directors' meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.
2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.
4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by MCHS. MCHS will provide the contractor with reasonable notice of such changes.
5. Agencies contracting for Pediatric and Adolescent Primary Care Services must submit the workplans for Child Health Services.

B) Additional Reporting requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS the following data and information listed below which are used to monitor program performance:

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.

5. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) **On-site reviews**

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.

2. Review shall include client record reviews to measure compliance with this exhibit.

3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.

4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), Accreditation Association for Ambulatory Healthcare (AAAHC), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

EXHIBIT A– AMENDMENT 2 - PERFORMANCE MEASURES

PEDIATRIC AND ADOLESCENT PRIMARY CARE PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Please note, for all measures, the following should be used **unless otherwise indicated:**

- Less than 22 years of age
- Served within the scope of this MCH contract during State Fiscal Year 2015 (July 1, 2014 – June 30, 2015)
- Each client can only be counted once (unduplicated)

Pediatric and Adolescent Primary Care Performance Measure #1

Measure: 92% *of eligible children and adolescents will be enrolled in Medicaid

Goal: To increase access to health care for children *and adolescents* through the provision of health insurance

Definition: **Numerator-**
Of those in the denominator, the number of children *and adolescents* enrolled in Medicaid.

Denominator-
Number of children *and adolescents* who meet all of the following criteria:

- Less than 22 years of age
- Had 3 or more visits/encounters** during the reporting period
- As of the last visit during the reporting period were eligible for Medicaid

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.
**An encounter is face to face contact between a user and a provider who exercises independent judgment in the provision of services to the individual (UDS Table Definition).

PEDIATRIC AND ADOLESCENT PRIMARY CARE PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Pediatric and Adolescent Primary Care Performance Measure #2

Measure: 85%* of at-risk** children will be screened for blood lead between 18 and 30 months of age

Goal: To prevent childhood lead poisoning through early identification of lead exposure

Definition: **Numerator-**
Of those in the denominator, number of children screened for blood lead by capillary or venous on or after their 18-month birthday and prior to their 30-month birthday

Denominator-
Number of at-risk* children who reached age 30 months during the reporting period. If discharged prior to 30 months, do not include in denominator.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.

**At risk = During the reporting period, the children were 18-29 months of age, and fit at least one of the following criteria:

- "Low income" (less than 185% poverty guidelines)
- Over 185% and resided in a town considered needing "Universal" screening per NH Childhood Lead Poisoning Prevention Program
- Over 185%, resided in a town considered "Target" and had a positive response to the risk questionnaire
- Refugee children -A refugee is defined as a person outside of his or her country of nationality who is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion (U.S. Citizenship and Immigration Services definition).

PEDIATRIC AND ADOLESCENT PRIMARY CARE PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Pediatric and Adolescent Primary Care Performance Measure #3

Measure: 71%* of children and adolescents age two through 21 years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85%ile will have a documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks

Goal: To increase the percent of children *and adolescents* receiving primary care preventive health services who have an elevated BMI percentile who receive guidance about promoting a healthier lifestyle

Definition:

Numerator-
Of those in the denominator, the number of children and adolescents who had documentation in their medical record of there being discussion at least once during the reporting period of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Denominator-
Number of children and adolescents who turned twenty-four months during or before the reporting period, up to the age of twenty two years, with one or more well child visit after their twenty-fourth month of age within the reporting year, and had an age and gender appropriate BMI percentile greater than or equal to the 85 % percentile at least once during the reporting period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

Rationale:

Children between the 85th – 94th percentiles BMI are encouraged to have 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks. (Discussion of the importance of family meal time, limiting eating out, consuming a healthy breakfast, preparing own foods, and promotion of breastfeeding is also encouraged.) American Academy of Pediatrics' guidance for Prevention and Treatment of Childhood Overweight and Obesity, (http://www.aap.org/obesity/health_professionals.html), from AAP Policy Statement: Prevention of Pediatric Overweight and Obesity and the AAP endorsed Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Children and Adolescent Overweight and Obesity, 2007.

* Target based on 2012 & 2013 Data Trend Table averages.

PEDIATRIC AND ADOLESCENT PRIMARY CARE PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Pediatric and Adolescent Primary Care Performance Measure #4

Measure: 75%* of eligible** infants and children will have client record documentation of enrollment in WIC

Goal: To increase access to nutrition education, breastfeeding support, and healthy food through enrollment in the WIC Nutrition Program

Definition: **Numerator -**
Of those in the denominator, the number of infants and children who, as of the last well child visit during the reporting period, had client record documentation that infant or child was enrolled in WIC.

Denominator -
Unduplicated number of infants and children less than 5 years of age, enrolled in the agency, during the reporting period, who were eligible** for WIC.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012and 2013 Data Trend Table averages.
**WIC Eligibility Requirements:

- Infants, and children up to their fifth birthday
- Must be income eligible (income guidelines are up to 185% of federal gross income, and are based on family size)

PEDIATRIC AND ADOLESCENT PRIMARY CARE PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Pediatric and Adolescent Primary Care Performance Measure #5

Measure: 23%* of infants will be exclusively** breastfed for the first three months, at their four month well baby visit

Goal: To provide optimum nutrition to infants in their first three months of life

Definition: **Numerator -**
Of those in the denominator, the number of infants who had client record documentation that the infant had been exclusively breastfed for their first three months when checked at their four month well baby visit.

Denominator -
Number of infants who received one or more visits during or before the reporting period and were seen for a four-month well baby visit during the reporting period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

Benchmarks: 2011 PedNSS (WIC) exclusive at 3 months: NH 22.9%, National (2010) 10.7%
2013 CDC Report Card (NIS, provisional 2010 births): NH 49.5%, National 37.7%
Healthy People 2020 goal: 44%

Rationale: The AAP recommends exclusive breastfeeding for about 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant, a recommendation concurred to by the World Health Organization and the Institute of Medicine. (American Academy of Pediatrics Policy Statement on Breastfeeding and the Use of Human Milk, 2012)

* Target based on 2012 & 2013 Data Trend Table averages.
**Exclusive means breast milk only, no supplemental formula, cereal/baby food, or water/fluids.

PEDIATRIC AND ADOLESCENT PRIMARY CARE PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Pediatric and Adolescent Primary Care Performance Measure #6

Measure: 61%* of adolescents age 11 through 21 will have an annual health maintenance visit in the past 12 months

Goal: To enhance adolescent health by assuring annual, recommended adolescent well -visits

Definition:

Numerator –
Number of those in the denominator who received an annual health maintenance visit during the reporting year.

Denominator –
Total number of adolescents age 11 through 21 who were enrolled as primary care clients during the reporting year period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.

PEDIATRIC AND ADOLESCENT PRIMARY CARE
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Pediatric and Adolescent Primary Care Performance Measure #7

Measure:	96%* of adolescents age 11 through 21 identified as tobacco users will receive counseling and referral for tobacco use cessation
Goal:	To reduce smoking by adolescents age 11 through 21 through focused smoking cessation activities
Definition:	**Numerator –** Number of those in the denominator who received counseling and referral for tobacco cessation using the 2As intervention model, "Ask, Advise and Refer". **Denominator –** Total number of adolescents age 11 through 21 identified as tobacco users that were enrolled as primary care clients during the reporting year period.
Data Source:	Chart audit or query of 100% of the **total** population of patients as described in the denominator.

* Target based on MCH agency Data Trend Table averages.

PEDIATRIC AND ADOLESCENT PRIMARY CARE PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Pediatric and Adolescent Primary Care Performance Measure #8

Measure:	90%* of adolescents age 11 through 21 will be screened for suicide risk using a validated tool
Goal:	To identify and appropriately refer adolescents age 11 through 21 at high risk for intentional injury, through systematic screening and referral
Definition:	**Numerator –** Number of those in the denominator who were screened for suicide risk using a validated screening tool. **Denominator –** Total number of adolescents age 11 through 21 who were enrolled as primary care clients during the reporting year period.
Data Source:	Chart audit or query of 100% of the **total** population of patients as described in the denominator.

* Target based on MCH agency Data Trend Table averages.

Exhibit B-1 (2014) -Amendment 2

Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Child Health Services

Budget Request for: MCH Primary Care
(Name of RFP)

Budget Period: SFY 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 48,483.00	$ -	$ 48,483.00	No indirect fixed allocated
2. Employee Benefits	$ -	$ -	$ -	
3. Consultants	$ -	$ -	$ -	
4. Equipment:	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	
Educational	$ -	$ -	$ -	
Lab	$ -	$ -	$ -	
Pharmacy	$ -	$ -	$ -	
Medical	$ -	$ -	$ -	
Office	$ -	$ -	$ -	
6. Travel	$ -	$ -	$ -	
7. Occupancy	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	
Telephone	$ -	$ -	$ -	
Postage	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	
Insurance	$ -	$ -	$ -	
Board Expenses	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	
10. Marketing/Communications	$ -	$ -	$ -	
11. Staff Education and Training	$ -	$ -	$ -	
12. Subcontracts/Agreements	$ -	$ -	$ -	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 48,483.00**	**$ -**	**$ 48,483.00**	

Indirect As A Percent of Direct 0.0%

Contractor Initials: MAP

Date: 3/13/14

Exhibit B-1 (2015) -Amendment 2
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Child Health Services

Budget Request for: MCH Primary Care - CHS
(Name of RFP)

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 318,113.00	$ -	$ 318,113.00	No indirect fixed allocated
2. Employee Benefits	$ -	$ -	$ -	0
3. Consultants	$ -	$ -	$ -	0
4. Equipment:	$ -	$ -	$ -	0
Rental	$ -	$ -	$ -	0
Repair and Maintenance	$ -	$ -	$ -	0
Purchase/Depreciation	$ -	$ -	$ -	0
5. Supplies:	$ -	$ -	$ -	0
Educational	$ -	$ -	$ -	0
Lab	$ -	$ -	$ -	0
Pharmacy	$ -	$ -	$ -	0
Medical	$ -	$ -	$ -	0
Office	$ -	$ -	$ -	0
6. Travel	$ -	$ -	$ -	0
7. Occupancy	$ -	$ -	$ -	0
8. Current Expenses	$ -	$ -	$ -	0
Telephone	$ -	$ -	$ -	0
Postage	$ -	$ -	$ -	0
Subscriptions	$ -	$ -	$ -	0
Audit and Legal	$ -	$ -	$ -	0
Insurance	$ -	$ -	$ -	0
Board Expenses	$ -	$ -	$ -	0
9. Software	$ -	$ -	$ -	0
10. Marketing/Communications	$ -	$ -	$ -	0
11. Staff Education and Training	$ -	$ -	$ -	0
12. Subcontracts/Agreements	$ -	$ -	$ -	0
13. Other (specific details mandatory):	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
	$ -	$ -	$ -	0
TOTAL	**$ 318,113.00**	**$ -**	**$ 318,113.00**	0

Indirect As A Percent of Direct 0.0%

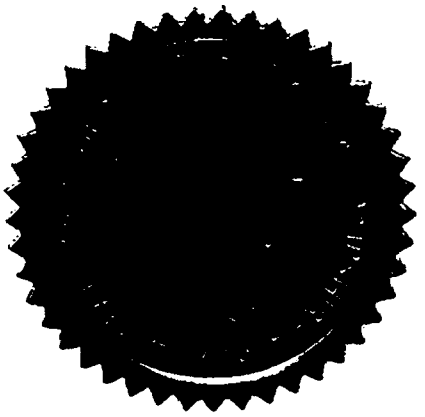
Contractor Initials: _____

Date: 3/13/14

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 Child Health Services is a New Hampshire nonprofit corporation formed July 23, 1979. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and 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 12th day of March A.D. 2014

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Laurie Glaude, Board Clerk of Child Health Services, do hereby certify that:

1. I am the duly elected Board Clerk of Child Health Services;

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Child Health Services, duly held on April 30, 2013.

   RESOLVED: That this Corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services, for the provision of Pediatric Primary Care services.

   RESOLVED: That the Medical Director is hereby authorized on behalf of this Corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate. Lisa DiBrigida, MD is the Medical Director of the Corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of March 13, 2014.

IN WITNESS WHEREOF, I have hereunto set my hand as the Board Clerk of Child Health Services this 13th day of March 2014.

Laurie Glaude, Board Clerk

STATE OF NH

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 13th day of March, 2014 by Laurie Glaude in his/her capacity as Board Clerk of Child Health Services, on behalf of said entity.

Notary Public/Justice of the Peace

My Commission Expires: _____

CATHERYN BURCHETT, Notary Public
My Commission Expires August 19, 2014

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/13/2014

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

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

PRODUCER	CONTACT NAME: Kari Reeves
FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: kreeves@crossagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Maryland Casualty Co	19356
INSURER B: AmTrust Financial Services,	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Child Health Services 1245 Elm Street Manchester NH 03101

COVERAGES **CERTIFICATE NUMBER:** 13-14 GL, WC & UMB **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			PAS00105207	9/7/2013	9/7/2014	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
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			PAS000105207	9/7/2013	9/7/2014	EACH OCCURRENCE	$ 2,000,000
							AGGREGATE	$ 2,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC3377378	9/7/2013	9/7/2014	WC STATU-TORY LIMITS / OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER

DHHS
Contractors and Procurement Unit
129 Pleasant St
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Kari Reeves/KAS Kari A. Reeves

HOWE RILEY+ HOWE
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Child Health Services
Manchester, New Hampshire

Report on the Financial Statements

We have audited the accompanying financial statements of **Child Health Services** (a New Hampshire nonprofit corporation), which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these 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 financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Child Health Services as of June 30, 2013 and 2012 and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, for the year ended June 30, 2013, as required by 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 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 21, 2014, on our consideration of Child Health Services' internal control over financial reporting and our tests of its 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 Child Health Services' internal control over financial reporting and compliance.

Howe, Riley & Howe, PLLC

Manchester, New Hampshire

January 21, 2014

CHILD HEALTH SERVICES
Statements of Financial Position
June 30, 2013 and 2012

ASSETS

	2013	2012
Cash and cash equivalents	460,372	133,439
Accounts receivable (net of valuation allowance of $164,839 in 2013 and $143,441 in 2012)	243,453	278,427
Contributions receivable	122,357	122,718
Investments	2,036,134	1,951,639
Prepaid expenses and deposits	21,549	24,038
Cash restricted for the acquisition of property and equipment	67,441	71,670
Contributions receivable restricted for long-term purposes	5,000	10,000
Property and equipment, net of accumulated depreciation	346,162	404,893
Total assets	$ 3,302,468	$ 2,996,824

LIABILITIES AND NET ASSETS

LIABILITIES		
Line of credit	145,000	117,000
Notes payable	99,000	20,000
Accounts payable	82,903	104,732
Other accrued expenses	47,438	51,285
Accrued payroll and related expenses	53,588	58,926
Accrued annual leave	64,088	94,385
Refundable advances	7,941	7,941
Total liabilities	499,958	454,269
NET ASSETS (DEFICIT)		
Unrestricted:		
Board designated	24,047	22,420
Undesignated	213,905	(28,606)
Total unrestricted	237,952	(6,186)
Temporarily restricted net assets	575,613	565,385
Permanently restricted net assets	1,988,945	1,983,356
Total net assets	2,802,510	2,542,555
Total liabilities and net assets	$ 3,302,468	$ 2,996,824

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

CHILD HEALTH SERVICES
Statement of Activities
For the Year Ended June 30, 2013

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
PUBLIC SUPPORT				
Received directly:				
Contributions	192,937	21,033	5,589	219,559
Special events	56,937	-	-	56,937
Received indirectly:				
Allocations by the United Way	23,810	114,000	-	137,810
Total public support	273,684	135,033	5,589	414,306
GRANTS	1,940,266	-	-	1,940,266
OTHER REVENUE				
Program fees	511,175	80,134	-	591,309
In-kind donations	33,622	-	-	33,622
Net investment income	1,774	183,231	-	185,005
Miscellaneous revenue	20,755	-	-	20,755
Total other revenue	567,326	263,365	-	830,691
NET ASSETS RELEASED FROM RESTRICTIONS				
Expiration of time restriction -				
United Way and advocate	159,201	(159,201)	-	-
Restrictions satisfied by payments for specified purposes	223,969	(223,969)	-	-
Total net assets released from restrictions	383,170	(383,170)	-	-
Total public support and revenue	3,164,446	15,228	5,589	3,185,263
EXPENSES				
Program services:				
Clinical services	856,317	-	-	856,317
Special medical services and ISG	1,269,494	-	-	1,269,494
Teen Health Clinic	355,027	-	-	355,027
Special projects, advocacy and other	13,074	-	-	13,074
Total program services	2,493,912	-	-	2,493,912

(Continued)

CHILD HEALTH SERVICES
Statement of Activities
For the Year Ended June 30, 2013

(Continued)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Supporting services:				
Management and general	341,324	-	-	341,324
Fundraising	90,072	-	-	90,072
Total supporting services	431,396	-	-	431,396
Total expenses	2,925,308	-	-	2,925,308
CHANGES IN NET ASSETS, before net assets released from restrictions for capital expenditures	239,138	15,228	5,589	259,955
Net assets released from restrictions upon satisfaction of restriction for capital expenditures	5,000	(5,000)	-	-
CHANGES IN NET ASSETS	244,138	10,228	5,589	259,955
NET ASSETS (DEFICIT) - beginning of year	(6,186)	565,385	1,983,356	2,542,555
NET ASSETS - end of year	$ 237,952	$ 575,613	$ 1,988,945	$ 2,802,510

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

CHILD HEALTH SERVICES
Statement of Activities
For the Year Ended June 30, 2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
PUBLIC SUPPORT				
Received directly:				
Contributions	327,082	39,597	4,473	371,152
Special events	53,359	-	-	53,359
Received indirectly:				
Allocations by the United Way	33,453	130,000	-	163,453
Total public support	413,894	169,597	4,473	587,964
GRANTS	1,621,047	-	-	1,621,047
OTHER REVENUE				
Program fees	541,678	215,279	-	756,957
In-kind donations	29,310	-	-	29,310
Net investment income (loss)	(253)	(8,655)	-	(8,908)
Miscellaneous revenue	13,459	-	-	13,459
Total other revenue	584,194	206,624	-	790,818
NET ASSETS RELEASED FROM RESTRICTIONS				
Expiration of time restriction -				
United Way and advocate	164,649	(164,649)	-	-
Restrictions satisfied by payments for specified purposes	284,148	(284,148)	-	-
Total net assets released from restrictions	448,797	(448,797)	-	-
Total public support and revenue	3,067,932	(72,576)	4,473	2,999,829
EXPENSES				
Program services:				
Clinical services	1,278,133	-	-	1,278,133
Special medical services and ISG	1,250,389	-	-	1,250,389
Teen Health Clinic	224,885	-	-	224,885
Special projects, advocacy and other	26,277	-	-	26,277
Total program services	2,779,684	-	-	2,779,684

(Continued)

CHILD HEALTH SERVICES
Statement of Activities
For the Year Ended June 30, 2012

(Continued)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Supporting services:				
Management and general	414,751	-	-	414,751
Fundraising	148,883	-	-	148,883
Total supporting services	563,634	-	-	563,634
Total expenses	3,343,318	-	-	3,343,318
CHANGES IN NET ASSETS, before net assets released from restrictions for capital expenditures	(275,386)	(72,576)	4,473	(343,489)
Net assets released from restrictions upon satisfaction of restriction for capital expenditures	5,000	(5,000)	-	-
CHANGES IN NET ASSETS	(270,386)	(77,576)	4,473	(343,489)
NET ASSETS - beginning of year	264,200	642,961	1,978,883	2,886,044
NET ASSETS (DEFICIT) - end of year	$ (6,186)	$ 565,385	$ 1,983,356	$ 2,542,555

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

CHILD HEALTH SERVICES
Statement of Functional Expenses
For the Year Ended June 30, 2013

	Clinical Services	Special Medical Services and ISG	Teen Health Clinic	Special Projects, Advocacy and Other	Total Program Services	Management and General	Fundraising	Total Supporting Services	Total
Salaries	625,068	474,969	220,462	6,494	1,326,993	61,689	46,920	108,609	1,435,602
Payroll taxes	61,155	51,526	20,804	518	134,003	6,243	4,825	11,068	145,071
Employee benefits	124,276	79,883	45,453	846	250,458	12,765	6,523	19,288	269,746
Audit fees	-	-	-	-	-	26,700	-	26,700	26,700
Consulting fees:									
Clinical	15,022	561,039	20,436	-	596,497	-	-	-	596,497
Legal	-	-	-	-	-	16,533	-	16,533	16,533
Administrative	-	-	-	-	-	-	2,051	2,051	2,051
Secretarial	-	12,166	-	-	12,166	-	-	-	12,166
Other	264	-	-	-	264	-	780	780	1,044
Interpretation services	43,194	8,277	1,955	-	53,426	-	-	-	53,426
Payroll processing	-	-	-	-	-	10,454	-	10,454	10,454
Financial service fees	-	-	-	-	-	58,765	-	58,765	58,765
Insurance	(121,646)	3,742	-	-	(117,904)	7,835	-	7,835	(110,069)
Development and fundraising costs	-	8	14,398	-	14,406	-	11,126	11,126	25,532
Program supplies	10,087	1,876	7,405	-	19,368	-	-	-	19,368
Office supplies	1,071	7,395	2,188	-	10,654	5,362	462	5,824	16,478
Printing	133	-	133	-	266	148	1,327	1,475	1,741
Minor equipment purchases and leases	1,837	6,735	-	-	8,572	6,481	-	6,481	15,053
Occupancy costs	19,011	9,707	5,873	2,701	37,292	14,352	1,099	15,451	52,743
Telephone	155	2,989	-	-	3,144	30,427	-	30,427	33,571
Parking costs	1,800	-	-	-	1,800	-	-	-	1,800
Information systems expense	4,821	6,556	318	-	11,695	2,059	1,026	3,085	14,780
Employee related costs:									
Auto mileage	437	14,864	-	-	15,301	116	-	116	15,417
Recruitment fees	5,000	-	-	-	5,000	-	-	-	5,000
Staff development	384	15,236	2,717	-	18,337	1,574	-	1,574	19,911
Vehicle costs	9,192	-	-	-	9,192	-	-	-	9,192
Special assistance to clients	5,734	1,138	1,162	-	8,034	-	-	-	8,034
Client transportation	23,018	-	1,331	-	24,349	-	-	-	24,349
Postage	-	154	-	-	154	6,513	-	6,513	6,667
Repairs and maintenance	238	-	138	-	376	7,018	2,752	9,770	10,146
Permits, licenses and fees	113	-	6	-	119	6,258	-	6,258	6,377
Miscellaneous	1,810	1,319	3,511	-	6,640	8,513	326	8,839	15,479
Interest expense	-	-	-	-	-	10,302	-	10,302	10,302
Total before depreciation and in-kind expenses	832,174	1,259,579	348,290	10,559	2,450,602	300,107	79,217	379,324	2,829,926
Depreciation	19,918	9,915	6,607	2,515	38,955	16,205	6,600	22,805	61,760
In-kind expenses	4,225	-	130	-	4,355	25,012	4,255	29,267	33,622
Total expenses	$ 856,317	$ 1,269,494	$ 355,027	$ 13,074	$ 2,493,912	$ 341,324	$ 90,072	$ 431,396	$ 2,925,308

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

CHILD HEALTH SERVICES
Statement of Functional Expenses
For the Year Ended June 30, 2012

	Clinical Services	Special Medical Services and ISG	Teen Health Clinic	Special Projects, Advocacy and Other	Total Program Services	Management and General	Fundraising	Total Supporting Services	Total
Salaries	807,447	471,346	140,002	17,644	1,436,439	132,450	89,649	222,099	1,658,538
Payroll taxes	82,391	52,011	13,978	1,472	149,852	12,904	8,127	21,031	170,883
Employee benefits	152,588	74,830	23,493	1,685	252,596	22,992	14,250	37,242	289,838
Audit fees	-	-	-	-	-	26,600	-	26,600	26,600
Consulting fees:									
Clinical	14,096	556,830	9,054	-	579,980	-	-	-	579,980
Administrative	-	3,523	-	-	3,523	-	1,022	1,022	4,545
Development	-	-	-	-	-	-	-	-	-
Secretarial	-	14,106	-	-	14,106	-	-	-	14,106
Other	2,524	-	-	-	2,524	-	1,141	1,141	3,665
Interpretation services	54,685	5,665	788	-	61,138	-	-	-	61,138
Payroll processing	-	-	-	-	-	9,983	-	9,983	9,983
Financial service fees	-	-	-	-	-	58,100	-	58,100	58,100
Insurance	29,984	3,775	88	-	33,847	7,686	-	7,686	41,533
Development and fundraising costs	-	-	152	-	152	-	22,293	22,293	22,445
Program supplies	9,561	1,742	8,703	-	20,006	-	-	-	20,006
Office supplies	1,632	6,940	809	-	9,381	5,649	1,006	6,655	16,036
Printing	85	-	-	-	85	120	329	449	534
Minor equipment purchases and leases	1,584	6,396	-	-	7,980	11,724	1,624	13,348	21,328
Occupancy costs	21,452	10,682	6,490	2,989	41,613	15,878	1,216	17,094	58,707
Telephone	324	2,065	-	-	2,389	28,642	-	28,642	31,031
Parking costs	450	-	-	-	450	1,350	-	1,350	1,800
Information systems expense	7,034	11,081	-	-	18,115	4,813	1,131	5,944	24,059
Employee related costs:									
Auto mileage	512	15,702	-	-	16,214	258	-	258	16,472
Recruitment fees	4,438	-	-	-	4,438	273	-	273	4,711
Staff development	375	1,393	5,100	-	6,868	8,002	326	8,328	15,196
Vehicle costs	7,757	-	-	-	7,757	-	-	-	7,757
Special assistance to clients	14,046	227	1,685	-	15,958	-	-	-	15,958
Client transportation	36,865	-	-	-	36,865	-	-	-	36,865
Postage	25	27	-	-	52	6,454	310	6,764	6,816
Repairs and maintenance	47	-	-	-	47	9,942	2,671	12,613	12,660
Permits, licenses and fees	616	24	75	-	715	8,074	-	8,074	8,789
Miscellaneous	1,131	484	6,134	-	7,749	9,104	95	9,199	16,948
Interest expense	-	-	-	-	-	131	-	131	131
Total before loss on fixed asset disposal, depreciation and in-kind expenses	1,251,649	1,238,849	216,551	23,790	2,730,839	381,129	145,190	526,319	3,257,158
Loss on fixed asset disposal	15	9	330	-	354	2	2	4	358
Depreciation	21,896	11,209	8,004	2,487	43,596	17,705	1,691	19,396	62,992
In-kind expenses	4,573	322	-	-	4,895	15,915	2,000	17,915	22,810
Total expenses	$ 1,278,133	$ 1,250,389	$ 224,885	$ 26,277	$ 2,779,684	$ 414,751	$ 148,883	$ 563,634	$ 3,343,318

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

CHILD HEALTH SERVICES
Statements of Cash Flows
For the Years Ended June 30, 2013 and 2012

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES:		
Changes in net assets	259,955	(343,489)
Adjustments to reconcile changes in net assets to net cash provided by (used for) operating activities:		
Depreciation and amortization	61,760	62,992
Contributions of marketable securities	-	(25,236)
Loss on fixed asset disposal	-	358
In-kind donation of fixed asset	-	(6,500)
Contributions restricted for long-term purposes	(5,589)	(4,473)
Realized and unrealized (gain) loss on investments	(156,232)	42,119
Investment income reinvested	(46,150)	(50,010)
Decrease (increase) in:		
Accounts receivable	34,974	(93,541)
Prepaid expenses and deposits	2,489	(1,085)
Contributions receivable	361	(5,265)
Increase (decrease) in:		
Accounts payable	(21,829)	17,123
Accrued expenses	(3,847)	(8,217)
Accrued payroll and related expenses	(5,338)	21,121
Accrued annual leave	(30,297)	20,356
Net cash provided by (used for) operating activities	90,257	(373,747)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Proceeds from sale of investments	738,044	576,509
Acquisition of investments	(620,157)	(465,437)
Decrease in cash restricted for the acquisition of property and equipment, net	4,229	5,393
Additions to property and equipment	(3,029)	(8,888)
Net cash provided by investing activities	119,087	107,577
CASH FLOWS FROM FINANCING ACTIVITIES:		
Borrowings on line of credit, net	28,000	117,000
Payments received on contributions restricted for long-term purposes	-	6,342
Repayment to note payable	(90,000)	(5,000)
Borrowing on note payable	174,000	
Contributions restricted for long-term purposes	5,589	4,473
Net cash provided by financing activities	117,589	122,815

(Continued)

CHILD HEALTH SERVICES
Statements of Cash Flows
For the Years Ended June 30, 2013 and 2012

(Continued)

	2013	2012
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	326,933	(143,355)
CASH AND CASH EQUIVALENTS - beginning of year	133,439	276,794
CASH AND CASH EQUIVALENTS - end of year	$ 460,372	$ 133,439

SUPPLEMENTAL INFORMATION:

Interest paid on short-term borrowings	$ 10,302	$ 131

NON-CASH INVESTING AND FINANCING ACTIVITIES:

The Organization received donations of stock valued at $25,236 during the 2012 fiscal year.

During the 2013 and 2012 fiscal years, the Organization's note payable was reduced by $5,000 each year for the portion forgiven (Note 14).

During 2012, the Organization received a fixed asset donation valued at $6,500.

At June 30, 2012, $5,000 of fixed asset additions were payable to vendors.

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

Child Health Services

Mission Statement

Established in 1980, Child Health Services is dedicated to improving the health and well being of at risk children and adolescents in the Greater Manchester area. A fully integrated system of bio-psychosocial health care, social services, nutrition services and behavioral and mental health services, CHS is a medical home designed to help children and families function to their full capacity.

CHILD HEALTH SERVICES

Board Of Directors *2013-2014*

Andrea G. Chatfield, Esq.
*11/2013***
Committee(s): Human Resources

Kathleen A. Davidson, Esq.
11/2013
Committee(s): Development

CHS - Secretary
Laurie Glaude, PHR
*11/2013***
Committee(s): Human Resources, Executive

CHS - Treasurer
Ted Krantz
*11/2013***
Committee(s): Finance, Executive

Gary Lindner, DMD
*11/2015***
Committee(s): Development, Executive

Robert MacPherson
11/2013
Committee(s): Human Resources

Christine Madden
*11/2013***
Committee(s): Finance

CHS – Vice-President
Denise McDonough
11/2013
Committee(s): Development, Executive

Brian McLaughlin
*11/2015***
Committee(s): Development

John M. Mercier
11/2013
Committee(s): Development

CHS President
Steven Paris, MD
1/2016
Committee(s): Professional Advisory, Executive

Timothy Riley
*11/2014***
Committee(s): Development, Executive

Norm Turcotte
*11/2013***
Committee(s): Development, Executive

REV January 2013 Child Health Services' by-laws limit Board members to six consecutive year of service. Terms of office are for three years.
** Denotes that a board member is serving a second term.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Child Health Services

Name of Bureau/Section: MCH Primary Care

BUDGET PERIOD: SFY 14

Program Area: MCH Primary Care

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Lisa DiBrigida, MD	Medical Director	$96,459	0.00%	$0.00
Kristin Migliori, APRN	Nurse Practitioner	$66,560	73.00%	$48,483.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$48,483.00**

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Child Health Services

Name of Bureau/Section: MCH Primary Care

BUDGET PERIOD: SFY 15

Program Area: MCH Primary Care Services

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Lisa DiBrigida, MD	Medical Director	$96,459	66.00%	$64,000.00
Kristin Migliori, APRN	Nurse Practitioner	$66,560	75.00%	$49,920.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$113,920.00**

Program Area: MCH Primary Care/CHS

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Lisa DiBrigida, MD	Medical Director	$96,459	0.00%	$0.00
Kristin Migliori, APRN	Nurse Practitioner	$66,560	0.00%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$0.00**

LISA ALLARD DIBRIGIDA, MS, MD

EMPLOYMENT EXPERIENCE

MEDICAL

Medical Director, Manchester, NH April 2008 to Present
Child Health Services

Pediatrician, Manchester, NH
Child Health Services April 2003 to Present
Serve as a member of a primary health care team of professionals who provide a medical home for children and adolescents who have special needs: including those with developmental disabilities, those from low income homes and frequently those who are in families who have recently immigrated to the US.

Assistant Professor, Manchester, NH
Massachusetts School of Pharmacy October 2000 to 2004
Teacher in the Physician's Assistant Program

- Newborn and Two Week Exam Class
- Adolescents I and II
- Physical Exam Skills Assessment

Pediatric Supervisor and Preceptor April 2003 to Present

Pediatrician, Manchester, NH September 1993 to February 1999
The Dartmouth Hitchcock Clinic

- Managed and provided care for children from infancy to adolescence
- Emphasized and specialized in, care for children with special needs, chronic healthcare conditions, and adolescent care
- Advocated for holistic family centered care for all children.

Hospital Staff, Manchester, NHSeptember 1993 to September 1999
Elliot Hospital/Optima Healthcare, Catholic Medical Center, and Optima Healthcare.

CONSULTANT

Community Advocate, NH

Early Learning NH 2006-2007

Lead Poisoning Prevention Advisory Group 2007-2009

Asthma Advisory Group 2005-2008

Child Care Consultant, Manchester, NH August 2001-2003

- Medical consultant on Comprehensive team that includes educator and mental health providers
- Consultant to three Child Care facilities in the city of Manchester
- Observation of children within their child care environment
- Recommend improvements
- Aide in the implementation of plans to help children with optimal growth and development

Child Care Consultant Trainer, Concord, NH November 1999 to 2001

- Team member with NH DHHS training participants to become Child Care Consultants
- Providing ongoing support and technical assistance to Day Care Centers in Manchester

EDUCATOR

Kindergarten Teacher, Bedford, NH — September 2000, Dec 2000 to January 2001
Bedford Village Morning School
Substitute in classroom of 12 children

- Afternoon daily school program
- Classroom of 18-22 children - Fridays

Assistant Kindergarten Teacher, Manchester, NH — 1984-1985
Greater Manchester Child Care Center

VOLUNTEER EXPERIENCE

VNA of Manchester, Board Member — 2008-Present

YMCA, Board Member — 2006-Present
Executive Advisory Board — 2007- Present

The Bean Foundation, Trustee — 2004-2010
Chairman — 2007-2009

Easter Seal Society, Board Member — 1995 -2000
Chairman of the Board — 2001- 2002

Child & Family Services, Board Member — 1993-1996

EDUCATION

Dartmouth Medical School, Hanover, NH — MD June 1990

Wheelock College, Boston, MA — MS in Early Intervention, August 1986
Dartmouth College, Hanover, NH — BA in Psychology, June 1984
Third Honors Group, 1984

Phillips Exeter Academy, Exeter, NH — Graduated with Honors, June 1980

TRAINING

Internship and Residency, Dartmouth/Hitchcock Medical Center, 1990-1993

AFFILIATIONS

Manchester Healthy Leadership Council
Multidisciplinary Advisory Group meeting monthly, coordinated by the Manchester Health Department

New Hampshire Pediatric Society
Treasurer, 1999-2002
Chairman of Child Health Month Committee
Member of Executive Committee, 1994- 2004

PUBLICATIONS

AL Olson and LA DiBrigida
Depressive symptoms and work role satisfaction in mothers of toddlers.
Pediatrics, 1994 94:363-367

Kristin Migliori, RN, MSN, APRN-BC

EDUCATION

Boston College, Chestnut Hill, MA May 2013
MSN, Pediatric Nurse Practitioner, Master's Entry Program *GPA: 3.92*
Sigma Theta Tau (2013), Dean's Award (2011-2013)
Colgate University, Hamilton, NY May 2011
Bachelor of Arts, High Honors in Cellular Neuroscience *GPA: 3.85, Summa Cum Laude*
Phi Beta Kappa (2011), Psi Chi (2010), Phi Eta Sigma (2008), Dean's Academic Excellence (2007-2011)

LICENSURE AND CERTIFICATIONS

- Pediatric Primary Care Nurse Practitioner, Board Certified by PNCB (June 2013)
- Licensed APRN, New Hampshire (067122-23)
- Registered Nurse, Massachusetts (RN2280802) and New Hampshire (067122-21)
- American Red Cross, CPR/AED for the Professional Rescuer and Healthcare Provider

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PEDIATRIC NURSE PRACTITIONER STUDENT CLINICAL ROTATIONS

Child Health Services, Manchester NH Dec. '12 -present
- Performed routine well child and acute visits for newborns through adolescents in a nurse practitioner role. Conducted in-depth assessments of social, family, and medical history for all patients and collaborated with nutritionists and social workers to provide holistic care.

General Pediatrics, Tufts Floating Hospital for Children Sept. '12- May '13
- Performed routine well child visits for newborns through adolescents. Diagnosed and treated patients with a variety of acute illnesses. Managed patients with chronic health care conditions in collaboration with social workers, nutritionists, and specialists.
- Initiated a quality care improvement project on guidelines for lipid assessment in pediatrics. Implementing an education program about lipid screening for health care providers.

Joslin Diabetes Center, Pediatric and Adolescent Unit Sept. '12- Dec. '12
- Assessed and adjusted individualized diabetes management of children with type 1 and type 2 diabetes, with a focus on the patient's developmental stage and opportunities for behavior change to maximize compliance with the regimen.

Elliot Pediatric Health Associates, Manchester NH Jan. '12-May '13

- Performed routine well child and acute visits in a nurse practitioner role.
- Gained experience in specialty clinics at New Hampshire's Hospital for Children: nephrology, neurology, gastroenterology, pulmonary, developmental/behavioral health, and integrative medicine.

Pediatric Dermatology, MassGeneral Hospital for Children Jan '12- May '13

- Collaborated with the medical team to provide consults and treatment plans for a variety of dermatological conditions, including: acne, atopic dermatitis, molluscum, and warts.

RELEVANT EXPERIENCE

- Nursing Student Experience in Pediatrics, *Boston Children's Hospital* (Spring & Summer '12)
- Autism Para-Professional, *Hooksett School District/ Camp Allen* (Summer '10 & '11)
- Research Assistant, *NH-Dartmouth Family Residency Program* (Summer '09): A Multi-Faceted

Educational Intervention to Improve Appropriate Inter-Pregnancy Intervals: A Pre-Post Study

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 15, 2012

APPROVED F/C
DATE
APPROVED G&C # 115
DATE 6/20/12
NOT APPROVED

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to enter into an agreement with Child Health Services (Vendor #177266-B002), 1245 Elm Street, Manchester, New Hampshire 03101, in an amount not to exceed $374,616.00, to provide pediatric primary care services, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$112,308
SFY 2014	102-500731	Contracts for Program Services	90080000	$112,308
			Sub-Total	$224,616

05-95-90-902010-5194 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, CHILD HEALTH SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90004014	$75,000
SFY 2014	102-500731	Contracts for Program Services	90004014	$75,000
			Sub-Total	$150,000
			Total	$374,616

EXPLANATION

Funds in this agreement will be used to provide office-based pediatric primary care services for low-income and uninsured children. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Pediatric primary health care services include preventive and episodic health care for acute and chronic health conditions for children birth through eighteen with priority to children birth through ten. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved families who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health agencies are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months served received the appropriate schedule of immunizations.
- 82% of at-risk children 18 -30 months served were screened for blood lead.

Should Governor and Executive Council not authorize this Request, a minimum of 4,000 low-income children from the Greater Manchester area including the towns of Auburn, Bedford, Candia, Goffstown, Hooksett, Manchester, and New Boston may not have access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

Child Health Services was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 13, 2012 through February 16, 2012. In addition, a bidder's conference call was held on January 19, 2012 to alert agencies to this bid.

One proposal was received in response to the posting. The proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. The reviewers have five to twenty years experience managing agreements or contracts with vendors for various public health or community programs. Areas of specific expertise include maternal and child health; preventive health and healthy home screening, and pediatric health care delivery projects. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There was no competing application. Scores were averaged and the proposal was recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $626,192. This represents a decrease of $251,576. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Greater Manchester area including the towns of Auburn, Bedford, Candia, Goffstown, Hooksett, Manchester, and New Boston.

Source of Funds: 11.96% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 88.04% 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
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Child Health Direct (CH – D) Performance Measure #1

Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Current Ratio

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 . 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for a

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

April 1, 2013

APPROVED F/C_____
DATE_____
APPROVED G&C # 46
DATE 4/17/13
NOT APPROVED_____

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, Bureau of Population Health and Community Services, Maternal and Child Health Section to exercise a sole source amendment to an agreement with Child Health Services Purchase Order #1024237 (Vendor #177266-B002), 1245 Elm Street, Manchester, New Hampshire 03101, by increasing the Price Limitation by $50,000.00 from $374,616.00 to $424,616.00 to provide adolescent health services, effective July 1, 2013 or the date of Governor and Executive Council approval, whichever is later. This agreement was originally approved by Governor and Executive Council on June 20, 2012 item #115. Funds are anticipated to be available in the following accounts for SFY 2014 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.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Prog Svc	90080000	$112,308	$0	$112,308
SFY 2014	102-500731	Contracts for Prog Svc	90080000	$112,308	$50,000	$162,308
			Sub-Total	$224,616	$50,000	$274,616

05-95-90-902010-5194 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, CHILD HEALTH SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Prog Svc	90004014	$75,000	$0	$75,000
SFY 2014	102-500731	Contracts for Prog Svc	90004014	$75,000	$0	$75,000
			Sub-Total	$150,000	$0	$150,000
			Total	$374,616	$50,000	$424,616

EXPLANATION

Funds in this agreement will be used to amend the current Pediatric Primary Care contract with Child Health Services. Pediatric Primary Care provides comprehensive clinical and preventive health services for low-income children in the greater Manchester area. Additional funds are added to this scope of services through a one-year, sole source agreement for adolescent health services to provide enhanced, specific, comprehensive Adolescent Health Services. Special emphasis for both Pediatric Primary Care and Adolescent Health Services is placed on those from low-income families and on racial and ethnic minorities. This request has a sole source component because the funds for Adolescent Health Services were not bid competitively for SFY14, as they have been in the past. However, these funds are now included as part of an amendment to this agreement to provide Pediatric Primary Care in an effort to consolidate services, which will allow the Division to efficiently align these services under one contract. Child Health Services has bid successfully to provide both Pediatric Primary Care and the Adolescent Health since the inception of these programs in the 1990's

Community health agencies like Child Health Services have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months served received the appropriate schedule of immunizations.
- 82% of at-risk children 18 -30 months served were screened for blood lead.
- 74% of adolescents received annual health maintenance visits in the past 12 months.
- 100% of adolescents identified as tobacco users who received counseling and referral for tobacco use cessation.
- 97% of adolescents screened for suicide risk using a validated tool.
- 81% of adolescents aged 11-21 with documented second Measles Mumps Rubella (MMR), three Hepatitis B immunizations, documented Tdap, and documented meningococcal conjugate vaccine (MCV).
- 79% of adolescents identified as overweight that received anticipatory guidance from the health care provider in order to develop a comprehensive healthy lifestyle plan.

Should Governor and Executive Council not authorize this Request, a minimum of 4,000 low-income children from the Greater Manchester area including the towns of Auburn, Bedford, Candia, Goffstown, Hooksett, Manchester, and New Boston may not have access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

Adolescent Health Services were contracted previously with this agency in SFY 2013 in the amount of $50,000. . That contract expires on June 30, 2013. This agreement represents an increase of $50,000. The increase is due to the sole source addition of the Adolescent Health services funding into the current Pediatric Primary Care services grant. In SFY 2015 and SFY 2016, Pediatric Primary Care Services and Adolescent Health Services will be competitively bid under one Request for Proposals.

Child Health Services met the pediatric and adolescent performance targets in SFY 12, and are on track to meet the targets in SFY 13. The following performance measures will be used to measure the effectiveness of this agreement in SFY 14:

- 93% of eligible children and adolescents will be enrolled in Medicaid
- 82% of at-risk children will be screened for blood lead between 18 and 30 months of age

- 67% of children and adolescents age two through 21 years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85%ile will have a documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.
- 64% of eligible infants and children will have client record documentation of enrollment in WIC
- 26% of infants will be exclusively breastfed for the first three months, at their four month well baby visit
- 65% of adolescents age 11 through 21 will have an annual health maintenance visit in the past 12 months.
- 96% of adolescents age 11 through 21 identified as tobacco users will receive counseling and referral for tobacco use cessation.
- 90% of adolescents age 11 through 21 will be screened for suicide risk using a validated tool.

Area served: Greater Manchester area including the towns of Auburn, Bedford, Candia, Goffstown, Hooksett, Manchester and New Boston.

Source of Funds: 10% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 90% 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
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/AK/PT/sc

AMENDMENT ONE

This agreement (hereinafter called the "Amendment One") dated this 6th day of February, 2013 is by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the Child Health Services, Purchase Order Number 1024237, a corporation organized under the laws of the State of New Hampshire, with a place of business at 1245 Elm Street, Manchester, New Hampshire 03101 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated June 20, 2012, Item #115, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Executive Council;

WHEREAS, the Contractor and the Division have agreed to amend the Agreement in certain respects;

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

1. **Amendment and Modification of Agreement:**

The Agreement is hereby amended as follows:

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by $50,000 from $374,616 to $424,616.

Exhibit A – Scope of Services

The attached Exhibit A-1 revokes and replaces the original Exhibit A.

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

Contractor Initials: _____
Date: 2/6/13

The contract price shall increase by $50,000 for SFY 2014. The contract shall total $424,616 for the contract term.

Funding in the amount of $50,000 is available from 010-090-5190-102-0731, 10% Federal Funds from the United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau CFDA #93.994, and 90% General Funds.

2. **Effective Date of Amendment:**

This Amendment shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.

3. **Continuance of Agreement:**

Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

The remainder of this page is intentionally left blank.

Contractor Initials: DVP
Date: 2/6/13

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

STATE OF NEW HAMPSHIRE
Division of Public Health Services

By: _____ 3/15/13
Lisa L. Bujno, APRN — Date
Bureau Chief

By: _____ 2/6/13
Lisa DiBrigida, MS, MD, Medical Director — Date

Child Health Services
Legal Name of Agency

STATE OF NEW HAMPSHIRE
COUNTY OF Hillsborough

On this the 6 day of February 2013, before me, Catheryn Burchett (name of notary) the undersigned officer, Lisa DiBrigida (contract signatory) personally appeared who acknowledged him/herself to be the Medical Director (signatory's title) of the Child Health Services (legal name of agency), a corporation, and that he/she, as such Medical Director (signatory's title), being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by him/herself as Medical Director (signatory's title) of the Child Health Services (legal name of agency)

In witness whereof I hereunto set my hand and official seal.

Catheryn Burchett
Notary Public/Justice of the Peace

My Commission expires:

CATHERYN BURCHETT, Notary Public
My Commission Expires August 19, 2014

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: [signature]
~~Assistant Attorney General~~
Jeanne P. Herrick

Date: 25 Mar. 2013

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of New Hampshire at the Meeting on: _____

OFFICE OF THE SECRETARY OF STATE

By: _____

Title: _____

Exhibit A-1
Scope of Services

Pediatric Primary Care Services – Greater Manchester Area

CONTRACT PERIOD: July 1, 2013 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: Child Health Services

ADDRESS: 1245 Elm Street
Manchester, New Hampshire 03101
Medical Director: Lisa DiBrigida, MS, MD
TELEPHONE: 603-668-6629

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Office-based primary care services will be provided to children *and adolescents, ages birth through 21 years,* of low income families, (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire.

2. For children *and adolescents* on Medicaid, this grant may be used to pay for services not billable as described in Section II. A. of this Exhibit.

3. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new clients, or maintains a wait list for new clients, or any other mechanism is used that limits access for new clients for more than a one month period.

4. The Contractor shall document annually, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete with the client the most recent version of the *DFA 800 form.*

5. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income clients. Signage must state that no client will be denied services for inability to pay.

   a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS prior to implementation.

*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

Contractor Initials: AHO
Date: 2/6/13

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, and Medicaid, for all reimbursable services rendered. For children *and adolescents* covered under Medicaid, this includes Health Care Support and Care Coordination Services.

B) **Numbers Served**

1. Not applicable

C) **Culturally and Linguistically Appropriate Standards of Care**

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.

2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

3. *Provide* clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.

4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) **State and Federal Laws**

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, effective 01/05.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults, RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated there under.

E) Relevant Policies and Guidelines

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

2. Pediatric *and Adolescent* Primary Care funds shall be targeted to populations in need. Populations in need are defined as follows:

   a) uninsured;

   b) under-insured;

   c) families and individuals with significant psychosocial and economic risk, including low income status;

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), or Community Health Accreditation Program (CHAP).

4. The Contractor shall have an agency emergency preparedness and response plan in accordance with HRSA Health Center Emergency Management Program Expectations, Document #2007-15 or most recent version. Such plan shall also include a Continuity of Operations plan.

5. The Contractor shall carry out the work as described in the performance Workplan submitted with the proposal and approved by the Maternal and Child Health Section (MCHS), and the Rural Health and Primary Care Section (RHPCS).

F) **Publications Funded Under Contract**

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, *electronic*) produced, reproduced, or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14).

G) Subcontractors

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.

2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

Contractor Initials: KAP
Date: 9/6/13

II. Minimal Standards of Core Services

A) Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that:

a) Facilitates partnerships between individual clients and their personal physicians, and when appropriate, the patient's family.

b) Provides care facilitated by registries, information technology, health information exchange, and other means to assure that clients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

2. Pediatric *and Adolescent* Primary Care Services

The Contractor shall provide office-based pediatric *and adolescent* primary care services to populations in need who reside in the contractor's service area and shall include:

a) *At a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent; Recommendations of the U.S. Preventive Services Task Force; the Society for Adolescent Health and Medicine; and/or other nationally recognized standards. Services shall include prevention and early treatment, psychosocial support services, and health promotion programs.*

b) Health care provided by a New Hampshire licensed MD, DO, APRN, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, oral health and behavioral health specialty providers.

c) Referral to the WIC Nutrition Program for all eligible infants and children.

d) Blood lead testing in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, 2009 or subsequent revisions.

e) All children enrolled in either *Medicaid* or the Women, Infant, and Children (WIC) Program and/or who are ≤ 185% poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a capillary or venous blood lead test performed.

f) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

Contractor Initials: _____
Date: 2/6/13

g) Age-appropriate anticipatory guidance, dietary guidance, and feeding practice counseling for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. *Starting at age 6 months, it is recommended that all children and adolescents receive an oral health assessment at every well child visit.*

h) *An adolescent-focused health risk assessment shall be completed annually on all adolescent clients as soon after entry into care as possible. This assessment shall include, at a minimum, the following topics: psychosocial and emotional development; physical development and fitness; relationships and sexuality; family functioning; physical, sexual and emotional abuse; school performance; dietary habits, including eating disorder and obesity; intentional and unintentional injury; alcohol and substance use screening; tobacco use; and community involvement.*

i) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child *and adolescent's* drinking water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.

j) For infants enrolled in the WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.

k) In-hospital care for conditions within the scope of pediatric*/adolescent/*family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

l) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

m) Assessment of psychosocial risk for all clients at least annually and for children *and adolescents* at scheduled preventive care visits, including, at a minimum, age appropriate assessment of safety in the home, domestic violence, adequacy of food and housing, care and welfare of children *and adolescents*, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

n) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

o) Nutrition assessment for all clients as part of the health maintenance visit. Therapeutic nutrition services shall be provided as indicated directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

p) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

q) Home health care directly or by referral to an agency or provider with a sliding fee scale if indicated.

r) Home visits in lieu of office visits. Home visits may be conducted in lieu of an office visit or based on need.

s) Diagnosis and management of pediatric *and adolescent* clients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.

3. Reproductive Health Services

a) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, or the USDHHS Centers for Disease Control (CDC) current guidelines.

b) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

4. Sexually Transmitted Infections

Pediatric *and Adolescent* Primary Care Services shall provide age appropriate screening and treatment of sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010 or subsequent revisions.

b) All clients, as appropriate, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any client found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

5. Substance Use Services

a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling or other substance abuse intervention, treatment, or recovery services by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.

b) All clients, including pregnant women, identified as smokers shall receive counseling using the 5A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline as cited in the US Public Health Services report "Tobacco Use and Dependence", 2008, or "Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking", American College of Obstetricians and Gynecologists, 2011. With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).

6. Immunizations

The Contractor shall administer vaccines according to the most current version of the "Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", the "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United *States", and the "Recommended Adult Immunization Schedule – United States" (for persons aged 19 and older)*; approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program *(for clients through eighteen years of age)*.

7. Additional Requirements

a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed, and dated annually, and updated as indicated.

b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

c) The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.

d) The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.

B) Staffing Provisions

The Contractor shall have, at minimum, the following staff positions:

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

Contractor Initials: LAD
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f) nutritionist (on site or by referral)

g) social worker

Staff positions required to provide direct services on-site include:

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse

1. A registered nurse licensed in the state of New Hampshire, Bachelor's degree preferred. Minimum of one-year experience in a community health setting.

b) Nutritionists:

1. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.

2. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:

1. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.

2. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:

1. A registered nurse (RN), physician, physician assistant, or nurse practitioner with a license to practice in New Hampshire.

2. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.

3 The coordinator may be responsible for more than one MCH funded program.

e) Home Visitors:

1. A high school diploma or general equivalency diploma
2. Have 2 years' experience working with families in a health care support capacity
3. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses, Advance Practice Registered Nurses, licensed clinical social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or 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.

3. Vacancies

a) The Contractor must notify the MCHS 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. This may be done through a budget revision.

b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) **Coordination of Services**

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall participate in activities in the Public Health Region in which they provide services as appropriate. These activities enhance the integration of community-based public health prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

3. The Contractor agrees to participate in and coordinate public health activities as requested by the Division of Public Health Services during any disease outbreak and/or emergency, natural or man made, affecting the public's health.

4. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

***Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements**

Contractor Initials: _____
Date: 2/6/13

5. The Contractor shall assure that appropriate, responsive, and timely referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) Meetings and Trainings

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings
2. Child Health Coordinators' meetings
3. MCHS Agency Medical Services Directors' meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.
2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.
4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by MCHS. MCHS will provide the contractor with reasonable notice of such changes.
5. Agencies contracting for Pediatric *and Adolescent* Primary Care Services must submit the workplans for Child Health Services.

B) Additional Reporting requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS the following data and information listed below which are used to monitor program performance:

***Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements**

Contractor Initials: DAO
Date: 2/6/13

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.

5. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) **On-site reviews**

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this exhibit.
3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), Accreditation Association for Ambulatory Healthcare (AAAHC), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

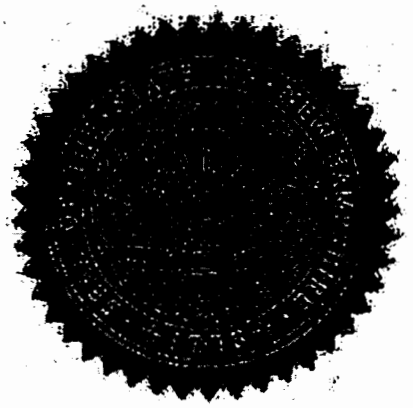
*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

Contractor Initials: LAP
Date: 2/6/13

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 Child Health Services is a New Hampshire nonprofit corporation formed July 23, 1979. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and 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 1st day of April A.D. 2013

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Laurie Glaude, Board Clerk of Child Health Services, do hereby certify that:

1. I am the duly elected Board Clerk of Child Health Services;

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Child Health Services, duly held on February 6, 2013.

   RESOLVED: That this Corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services, for the provision of Pediatric Primary Care.

   RESOLVED: That the Medical Director is hereby authorized on behalf of this Corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate. Lisa DiBrigida, MD is the Medical Director of the Corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of February 6, 2013.

IN WITNESS WHEREOF, I have hereunto set my hand as the Board Clerk of Child Health Services this 6th day of February 2013.

Laurie Glaude, Board Clerk

STATE OF NH

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 6th day of February, 2013 by Laurie Glaude in his/her capacity as Board Clerk of Child Health Services, on behalf of said entity.

Catheryn Burchett

Notary Public/Justice of the Peace

My Commission Expires: CATHERYN BURCHETT, Notary Public My Commission Expires August 19, 2014

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/5/2013

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

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

PRODUCER	CONTACT NAME: Kari Reeves
FIAI/Cross Ins-Manchester 1100 Elm Street Manchester NH 03101	PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: kreeves@crossagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Maryland Casualty Co	19356
INSURER B: Maine Employers Mutual Ins Co.	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED	
CHILD HEALTH SERVICES, INC. 1245 ELM ST MANCHESTER NH 03101	

COVERAGES **CERTIFICATE NUMBER:CL1292072344** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			PAS000105207	9/7/2012	9/7/2013	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		3102801035 (3a.) NH All officers included	9/7/2012	9/7/2013	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Refer to policy for exclusionary endorsements and special provisions. 10 Day Cancellation for Non-Payment of Premium

CERTIFICATE HOLDER

NH Department of Health & Human Services
29 Hazen Drive
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Kari Reeves/KAS Kari A. Reeves