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

April 3, 2014

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 3 vendors by increasing the total price limitation by $319,787 from $356,000 to $675,787 to provide primary care services for individuals experiencing homelessness. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $53,170, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 3 vendors in an amount of $266,617, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Two of these agreements were originally approved by Governor and Council on June 6, 2012, Item numbers 68 and 69, and one agreement was originally approved by Governor and Council on June 20, 2012, Item number 124.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Families First of Greater Seacoast	Rockingham County	17,194	86,219	103,413
Harbor Homes	Southern Hillsborough	17,706	88,787	106,493
Manchester Health Dept.	Greater Manchester	18,270	91,611	109,881
TOTAL		**53,170**	**266,617**	**319,787**

Funds to support this request are available in the following accounts 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

See attachment for financial details

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 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 3 amendments to continue office-based and mobile primary care services for individuals experiencing homelessness. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services for the homeless include preventive and episodic health care for acute and chronic health conditions for adults. Community health agencies provide primary health care, substance abuse referral, intervention and counseling and social services at locations accessible to people who are homeless. They provide emergency care with referrals to hospitals for inpatient services and/or other needed services. Community health agencies engage in outreach activities to assist difficult-to-reach homeless persons in accessing care and provide assistance in establishing eligibility for entitlement programs and housing.

Community health agencies that receive support through the Division of Public Health Services deliver primary health care services for the homeless specialize in serving people who face barriers to accessing health care, due to issues such as extreme poverty, a lack of insurance, language barriers, behavioral and mental health diagnoses, 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. Racial and ethnic minorities and immigrants experience homelessness at a rate far disproportionate to that of the general population. Community health agencies demonstrate competencies in engaging these individuals by not only addressing their specific linguistic and cultural needs, but also their unique vulnerabilities and situations. The services provided help individuals overcome barriers to getting the care they need and achieving their optimal health.

Should Governor and Executive Council not authorize this Request, homeless individuals in Rockingham and Hillsborough counties 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.

Contracts were awarded to Community Health Agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 3, 2012 through March 8, 2012 soliciting proposals to cover all of Rockingham and Hillsborough counties. In addition, a bidder's conference, conference call, and web conference were held on February 9, 2012 to alert agencies to this bid.

Three proposals were received in response to the posting. There were no competing applications for the Rockingham and Hillsborough counties solicited in the Requests for Proposals. Three professionals, who work internal and external to the Department of Health and Human Services, scored each proposal. All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless services; quality assurance and performance improvement; chronic and communicable diseases; and public health

infrastructure. 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. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have 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 Council. The Department is exercising one year of this renewal option.

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. All Primary Health Care for the Homeless vendors are making adequate progress in meeting clinical performance measures and the Department wishes to continue working with the vendors 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 Hillsborough and Rockingham counties.

Source of Funds: 5.59% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 94.41% 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

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FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care - Homeless

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
100% General Funds

Families First of the Greater Seacoast Vendor # 166629-B001 PO # 1024338

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	17,194	17,194
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$17,194	$17,194

Harbor Homes Vendor # 155358-B001 PO # 1024345

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	17,706	17,706
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$17,706	$17,706

Manchester Health Department, Vendor # 177433-B009 PO # 1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	18,270	18,270
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$18,270	$18,270
			SUB TOTAL	**$0**	**$53,170**	**$53,170**

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
6.7% Federal Funds and 93.3% General Funds - Federal Award Identification Number: B04MC26681 •

Families First of the Greater Seacoast Vendor # 166629-B001 PO # 1024338

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	57,562	-	57,562
SFY 2014	102/500731	Contracts for Program Svcs	90080000	57,562	-	57,562
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	86,219	86,219
			Sub-Total	$115,124	$86,219	$201,343

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FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care - Homeless

Harbor Homes Vendor # 155358-B001 PO # 1024345

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	59,276	-	59,276
SFY 2014	102/500731	Contracts for Program Svcs	90080000	59,276	-	59,276
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	88,787	88,787
			Sub-Total	$118,552	$88,787	$207,339

Manchester Health Department, Vendor # 177433-B009 PO # 1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	61,162	-	61,162
SFY 2014	102/500731	Contracts for Program Svcs	90080000	61,162	-	61,162
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	91,611	91,611
			Sub-Total	$122,324	$91,611	$213,935
			SUB TOTAL	**$356,000**	**$266,617**	**$622,617**
			TOTAL	**$356,000**	**$319,787**	**$675,787**

Program Name DPHS MCH Primary Care
Contract Purpose Primary Care for the Homeless Services
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Manchester Health Department, 1528 Elm St., Manchester, NH 03101	Families First of the Greater Seacoast, 100 Campus Dr., Suite 12, Portsmouth, NH 03801	Harbor Homes, Inc., 45 High St., Nashua, NH 03060	0	0	0	0	0
Agy Capacity	30	28.00	29.00	29.00	0.00	0.00	0.00	0.00	0.00
Program Structure	50	49.00	49.00	49.00	0.00	0.00	0.00	0.00	0.00
Budget & Justification	15	15.00	15.00	15.00	0.00	0.00	0.00	0.00	0.00
Format	5	4.00	5.00	5.00	0.00	0.00	0.00	0.00	0.00
Total	100	96.00	98.00	98.00	0.00	0.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$61,162.00	$57,562.00	$60,000.00	-	-	-	-	-
Year 02		$61,162.00	$57,562.00	$60,000.00	-	-	-	-	-
Year 03		$0.00	$0.00	$0.00	-	-	-	-	-
TOTAL BUDGET REQUEST		$122,324.00	$115,124.00	$120,000.00	-	-	-	-	-
BUDGET AWARDED									
Year 01		$61,162.00	$57,562.00	$59,276.00	-	-	-	-	-
Year 02		$61,162.00	$57,562.00	$59,276.00	-	-	-	-	-
Year 03		$0.00	$0.00	$0.00	-	-	-	-	-
TOTAL BUDGET AWARDED		$122,324.00	$115,124.00	$118,552.00	-	-	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Trini Tellez	Director	Office of Minority Health	All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs Areas of specific expertise include maternal and child health homeless sevcies; quality assurance and performance unporvement; chronic and communicable diseases; and public health infrastructure
2	Michael Lawless	Program Specialist	Bureau of Drug & Alcohol Services	
3	Bobbie Bagley	Chief Public Health Nurse	Rivier College, Nursing	

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Manchester Health Department

This 1st Amendment to the Manchester Health Department contract (hereinafter referred to as "Amendment One") dated this 3rd day of April, 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 Manchester Health Department (hereinafter referred to as "the Contractor"), a corporation with a place of business at 1528 Elm Street, Manchester, New Hampshire 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 primary health care services for the homeless, preventive and episodic health care for acute and chronic health conditions for people of all ages.

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: $232,205

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

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

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $18,270 for SFY 2014 and $91,611 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $18,270 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $91,611 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: J. G
Date: 4/3/14

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 1,
  Exhibit B-1 (2015) - Amendment 1

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

Contractor Initials: J. G.
Date: 4/3/14

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

4/11/14
Date

Brook Dupee
Bureau Chief

Manchester Health Department

4/3/14
Date

Name: Ted Gatsas
Title: Mayor

Acknowledgement:

State of New Hampshire, County of Hillsborough on 4/3/2014, 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.

Victoria L. Ferraro
Signature of Notary Public or Justice of the Peace

Victoria L. Ferraro, Constituent Service Rep.
Name and Title of Notary or Justice of the Peace

VICTORIA L. FERRARO, Notary Public
My Commission Expires April 28, 2015

Contractor Initials: T. G.
Date: 4/3/14

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

OFFICE OF THE ATTORNEY GENERAL

4/17/14
Date

Name: Amanda C. Goddeau-Ski
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: J.G.
Date: 4/3/14

Scope of Services

The Department desires to provide additional primary health care services for the homeless, preventive and episodic health care for acute and chronic health conditions for people of all ages.

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Primary care services will be provided to homeless, low-income individuals and 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. Using flexible hours and minimal use of appointment systems, services may be provided in:
   - Permanent office based locations
   - Mobile or temporary delivery locations
2. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new or existing patients for more than a one month period.
3. The Contractor shall document, 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 the most recent version of the 800P form with the client.
4. 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 patients. 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.
5. 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, Medicare, and Medicaid for all reimbursable services rendered.

B) **Numbers Served**

1. The contract funds shall be expended to provide the above services to a minimum of 1,000 users with 3,000 medical encounters, as defined in the Data and Reporting Requirements for State Fiscal Year FY15. Clinical service reimbursements shall not exceed the Medicare rate.

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.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. 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. When feasible and appropriate, 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 provide 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, adopted 6/3/08.

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 thereunder.

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. Primary Care for the Homeless funds shall be targeted to homeless populations in need. Homeless populations are defined as follows:

   - Individuals who lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations

   - Individuals who are residents in transitional housing.

   - Individuals who are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members may be considered homeless.

   - Individuals who are to be released from a prison or a hospital may also be considered homeless if they do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

   - Individuals may continue receiving primary care services for one year following placement in permanent housing.

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), Community Health Accreditation Program (CHAP) or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

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

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 (14.1).

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 patients 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 patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

2. Primary Care Services

The Contractor shall provide primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, ARNP, 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.

b) Referral to WIC Nutrition Program for all eligible pregnant women, infants, and children.

c) In-hospital care for conditions within the scope of 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.

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

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

f Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatric Society.

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

h) 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.

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

j) Assisted living and skilled nursing facility care by referral.

k) Oral screening, as part of the annual health maintenance visit, for all clients 21 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.

l) Diagnosis and management of pediatric and adult patients 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

The Contractor shall provide or arrange referral for prenatal, internatal and preconception medical care, social services, nutrition services, education and nursing care to all women of childbearing age. Preconceptional care includes the preconception, internatal and postpartum periods in women's health. It is recommended that preconceptional and internatal care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor, a formal Memorandum of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) If provided directly, prenatal care shall, at minimum, be in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists (ACOG), and /or the Centers for Disease Control.

c) Genetic Screening:

i. A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

ii. All pregnant women entering care prior to 20 weeks gestation shall be offered voluntary genetic screening for fetal chromosomal abnormalities following the recommendations found in the ACOG Compendium of Selected Publications (2006) or more recent supplements. The Contractor shall be responsible for referral to appropriate genetic testing and counseling services for any woman found to have a positive screening test.

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

e) Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate. Rationale for birth intervals of 18-24 months shall be presented.

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

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent 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. Children and adolescent visits shall include:

a) 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.

b) Blood lead testing shall be performed 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.

c) All children enrolled in either Medicaid, Head Start, 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 blood lead test performed.

d) 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)".

e) 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 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.

f) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child'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.

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

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment for 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, including women, 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 woman found to screen positive.

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

6. 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 5 A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline as cited in the U.S. Public Health Service 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).

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Immunization Schedule for Adults (19 years and older) by Age and Medical Condition - United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) 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", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States" 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.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. 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 positions:
a) executive director

b) financial director

c) registered nurse

d) clinical coordinator

e) medical service director (or by contract)

f) nutritionist (on site or by referral)

g) social worker

Agencies are required to provide direct services by the following professionals:

a) physician, advanced registered nurse practitioner, or physician's assistant

b) registered nurse

c) clinical coordinator

d) 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

a. 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:

a. 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.

b. 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:

a. 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.

b. 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:

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

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

c. Coordinator may be responsible for more than one MCH funded program.

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 engage in outreach activities to identify homeless individuals and educate them about the availability of primary care services. This should be done in coordination with other service providers, when appropriate.

3. 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.

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

5. 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.

6. 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. MCHS Agency Medical 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 RHPCS and 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 RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.

5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care Clinical and Financial, Child Health, and Prenatal Care.

B) Additional Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS and 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. If prenatal care is provided, Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. 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.
6. 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), or Accreditation Association for Ambulatory Healthcare (AAAHC). 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.

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Indicator #1

Measure: Patient Payor Mix

Goal: To allow monitoring of payment method trends at State funded primary care sites for the homeless.

Definition: Patients enrolled in Medicare, Medicaid, Commercial insurance, or uninsured that have had at least one visit/encounter during the last reporting period.

Data Source: Provided by agency

Note: 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).

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #1

Measure: Percent of clients who received at least one formal, validated depression screening annually while enrolled in the program.

Goal: All clients enrolled in the Homeless program will receive formal, validated screening for depression and supports in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients in the denominator who received a formal, validated depression screening at least quarterly while enrolled in the program.

Denominator-
Total number of client encounters.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #2

Measure: Percent of clients who had positive screening results and were further evaluated for depression.

Goal: All clients enrolled in the Homeless program will receive formal, validated screening for depression and supports in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients in the denominator who received further evaluation for depression.

Denominator-
Total number of clients served in the past fiscal year that required further evaluation for depression as indicated by a formal, validated depression screening instrument.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #3

Measure: Percent of adult client encounters with blood pressure recorded.

Goal: All clients enrolled in the Primacy Care for the Homeless program will receive consistent, high quality care for hypertension.

Definition: **Numerator-**
The number of adult clients in the denominator who have their blood pressure documented at each encounter.

Denominator-
Total number of adult clients served in the past fiscal year.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #4

Measure:* 58%** of adult patients 18 – 85 years of age diagnosed with hypertension will have a blood pressure measurement less than 140/90 mm at the time of their last measurement.

Goal: To ensure patients diagnosed with hypertension are adequately controlled.

Definition: **Numerator-**
Number of patients from the denominator with blood pressure measurement less than 140/90 mm at the time of their last measurement.

Denominator-
Number of patients age 18 – 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

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

*Measure based on the National Quality Forum 0018

**2020 National Target 61.2%

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #5

Measure: Percent of adult clients with a documented formal, validated screening for alcohol or other substance abuse annually while enrolled in the program.

Goal: All clients enrolled in the Primacy Care for the Homeless program will receive formal, validated screening for alcohol and substance abuse in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients in the denominator who received a formal, validated screening for alcohol or other drug substance abuse at least annually while enrolled in the program.

Denominator-
Total number of clients served in the past fiscal year.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #6

Measure: Percent of adult clients who had positive screening results and received treatment for alcohol or substance abuse.

Goal: All clients enrolled in the Primacy Care for the Homeless program will receive formal, validated screening for alcohol and substance abuse in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients who received treatment, directly by the agency or through referral, for treatment of alcohol or other substance abuse.

Denominator-
Total number of clients identified with an alcohol or other substance abuse problem.

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

Exhibit B-1 (2014) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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	$ -	$ -	$ -	
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	$ 18,270.00	$ -	$ 18,270.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 18,270.00**	**$ -**	**$ 18,270.00**	

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: _____

J.G. 4/3/14

Exhibit B-1 (2015) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ -	$ -	$ -	
2. Employee Benefits	$ -	$ -	$ -	
3. Consultants	$ -	$ -	$ -	
4. Equipment:	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	
Educational	$ -	$ -	$ -	
Lab	$ -	$ -	$ -	
Pharmacy	$ -	$ -	$ -	
Medical	$ -	$ -	$ -	
Office	$ -	$ -	$ -	
6. Travel	$ -	$ -	$ -	
7. Occupancy	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	
Telephone	$ -	$ -	$ -	
Postage	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	
Insurance	$ -	$ -	$ -	
Board Expenses	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	
10. Marketing/Communications	$ -	$ -	$ -	
11. Staff Education and Training	$ -	$ -	$ -	
12. Subcontracts/Agreements	$ 91,611.00	$ -	$ 91,611.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 91,611.00**	**$ -**	**$ 91,611.00**	

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: _____

J.G. 4/3/15

CERTIFICATE OF VOTE

I, Matthew Normand, do hereby certify that:
(Name of the City Clerk of the Municipality)

1. I am duly elected City Clerk of the City of Manchester

2. The following is a true copy of an action duly adopted at a meeting of the Board of Mayor and Aldermen duly held on April 1, 2014,

RESOLVED: That this Municipality enter into a contract amendment with the State of New Hampshire, acting through its Department of Health and Human Services – Primary Care for the Homeless.

RESOLVED: That Theodore Gatsas,
(Mayor of the City of Manchester)
hereby is authorized on behalf of this municipality to enter into the said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate.

3. The foregoing action on has not been amended or revoked and remains in full force and effect as of April 13 MN, 2014.

4. Theodore Gatsas (is/are) the duly elected Mayor of the City of Manchester.

(Signature of the Clerk of the Municipality)

State of New Hampshire
County of Hillsborough

The foregoing instrument was acknowledge before me this 3rd day of April, 2014 by Matthew Normand.
(Name of Person Signing Above)

(NOTARY SEAL)

(Name of Notary Public)

Title: Notary Public/Justice of the Peace
Commission Expires: [illegible]

City of Manchester
Office of Risk Management

One City Hall Plaza
Manchester, New Hampshire 03101
(603) 624-6503 Fax (603) 624-6528
TTY: 1-800-735-2964

CERTIFICATE OF COVERAGE

DIRECTOR OF PUBLIC HEALTH SERVICES
NEW HAMPSHIRE DHHS
29 Hazen Drive
Concord, New Hampshire 03301-6504

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage within the financial limits of RSA 507-B as follows:

	Limits of Liability (in thousands 000)	
GENERAL LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
AUTOMOBILE LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
WORKER'S COMPENSATION	Statutory Limits	

The City of Manchester, New Hampshire maintains a Self-Insured, Self-Funded Program and retains outside claim service administration. All coverages are continuous until otherwise notified. Effective on the date Certificate issued and expiring upon completion of contract. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the limits described herein is subject to all the terms, exclusions and conditions of RSA 507-B.

DESCRIPTION OF OPERATIONS/LOCATION/CONTRACT PERIOD
For the City of Manchester Health Department to provide Primary Care Services for the Homeless as awarded in the new grant by the NHDHHS.

Issued the 10th day of April 2014.

Safety Manager

CITY OF MANCHESTER, NEW HAMPSHIRE

FEDERAL SINGLE AUDIT REPORT
For the Year Ended June 30, 2013

McGladrey

REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; REPORT ON INTERNAL CONTROL OVER COMPLIANCE; AND REPORT ON SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS REQUIRED BY OMB CIRCULAR A-133

INDEPENDENT AUDITOR'S REPORT

To the Honorable Board of Mayor and Aldermen
City of Manchester, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited the City of Manchester, New Hampshire's (the "City") compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of the City's major federal programs for the year ended June 30, 2013. The City's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

The City of Manchester, New Hampshire's basic financial statements include the operations of the Manchester Transit Authority and the Manchester School District, component units of the City, which received $22,064,125 in federal awards which is not included in the schedule during the year ended June 30, 2013. Our audit described below did not include the operations of the Manchester Transit Authority or the Manchester School District as these component units engaged other auditors to perform procedures in accordance with OMB Circular A-133.

Management's Responsibility

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

Auditor's Responsibility

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

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the City's compliance.

Opinion on Each Major Federal Program

In our opinion, the City complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2013.

Report on Internal Control Over Compliance

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

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

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

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

Report on Schedule of Expenditures of Federal Awards Required by OMB Circular A-133

We have audited the financial statements of the governmental activities, the business-type activities, the discretely component units, each major fund and the aggregate remaining fund information of the City of Manchester, New Hampshire, as of and for the year ended June 30, 2013, and the related notes to the financial statements, which collectively comprise the City of Manchester, New Hampshire's basic financial statements. We issued our report thereon dated March 27, 2014, which contained unmodified opinions on those financial statements. Our report included a reference to other auditors. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by OMB Circular A-133 and is not a required part of the basic 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 basic 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 basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the basic financial statements as a whole.

McGladrey LLP

New Haven, Connecticut
March 31, 2014, except for the Schedule of Expenditures of Federal Awards as to which date is March 27, 2014

CITY OF MANCHESTER, NEW HAMPSHIRE

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
For the Year Ended June 30, 2013

Federal Grantor Pass-Through Grantor Program Title	Catalog of Federal Domestic Assistance Number	Federal Expenditures
Department of Health and Human Services:		
Direct Programs:		
Consolidated Health Centers	93.224	$ 564,061
Passed Through the State of New Hampshire Department of Health and Human Services:		
Immunization Cluster:		
Childhood Immunization Grants	93.268	87,778
Total Immunization Cluster		87,778
Medical Reserve Corps Small Grant Program	93.008	805
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	33,170
Childhood Lead Poisoning Prevention Projects - State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	29,985
Centers for Disease Control & Prevention-Investigation and Technical Assistance	93.283	422,094
Refugee and Entrant Assistance - Discretionary Grants	93.576	18,392
Block Grants for Prevention and Treatment of Substance Abuse	93.959	54,831
Preventative Health Services-Sexually Transmitted Diseases Control Grants	93.977	68,456
Preventative Health & Health Services Block Grant	93.991	45,532
		761,043
Total Department of Health and Human Services		1,325,104
Department of Justice:		
Direct Programs:		
Juvenile Justice and Delinquency Prevention	16.540	2,731
Project Safe Neighborhoods	16.609	29,387
ARRA-Public Safety Partnership & Community Policing Grants	16.710	747,616
Equitable Sharing Program	16.922	282,268
JAG Program Cluster:		
Edward Byrne Memorial Justice Assistance Grant Program	16.738	226,770
ARRA-Edward Byrne Memorial Justice Assistance Grant Program/ Grants to Unite Local Governments	16.804	171,536
Total JAG Program Cluster		398,306
		1,460,308
Passed Through State of New Hampshire Office of the Attorney General:		
Sexual Assault Services Formula Program	16.017	4,318
ARRA-Violence Against Women Formula Grants	16.588	145,886
Enforcing Underage Drinking Laws Program	16.727	20,411
		170,615
Total Department of Justice		1,630,923

See Notes to Schedule of Expenditures of Federal Awards

(Continued)

CITY OF MANCHESTER, NEW HAMPSHIRE

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS, Continued
For the Year Ended June 30, 2013

Federal Grantor Pass-Through Grantor Program Title	Catalog of Federal Domestic Assistance Number	Federal Expenditures
Department of Homeland Security:		
Direct Programs:		
Emergency Operations Center	97.052	44,377
		44,377
Passed Through State of New Hampshire Department of Safety:		
Emergency Management Performance Grants	97.042	1,461
Homeland Security Grant Program	97.067	99,702
State Homeland Security Program (SHSP)	97.073	661,019
		762,182
Total Department of Homeland Security		806,559
Department of Transportation:		
Direct Programs:		
Airport Improvement Program	20.106	7,935,876
Passed Through State of New Hampshire Department of Transportation:		
Highway Planning and Construction Cluster:		
Highway Planning & Construction	20.205	4,272
Total Highway Planning and Construction Cluster		4,272
State and Community Highway Safety	20.600	36,253
Alcohol Impaired Driving Countermeasures	20.601	26,713
		67,238
Total Department of Transportation		8,003,114
Department of Housing and Urban Development:		
Direct Programs:		
Community Development Block Grant Cluster:		
Community Development Block Grants/Entitlement Grants	14.218	1,912,789
State-Administered Community Development Block Grant Cluster:		
Community Development Block Grants/State's program and Non-Entitlement Grants in Hawaii	14.228	1,601,186
HOME Investment Partnerships Program	14.239	404,866
Emergency Shelter Grant Program	14.231	148,000
Lead Hazard Reduction Demonstration Grant Program	14.905	598,840
Total Department of Housing and Urban Development		4,665,681

See Notes to Schedule of Expenditures of Federal Awards

(Continued)

CITY OF MANCHESTER, NEW HAMPSHIRE

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS, Continued
For the Year Ended June 30, 2013

Federal Grantor Pass-Through Grantor Program Title	Catalog of Federal Domestic Assistance Number	Federal Expenditures
Department of Economic Development Agency:		
Direct Programs:		
Economic Development Technical Assistance	11.303	43,080
Environmental Protection Agency:		
Direct Programs:		
Healthy Communities Grant Program	66.110	15,053
Congressionally Mandated Projects	66.202	134,683
Brownfields Training, Research, and Technical Assistance Grants	66.818	39,516
Total Environmental Protection Agency		189,252
Department of Energy:		
Direct Programs:		
ARRA-Energy Efficiency and Conservation Block Grant Program (EECBG)	81.128	44,996
Total Expenditures of Federal Awards		$ 16,708,709

See Notes to Schedule of Expenditures of Federal Awards

Timothy M. Soucy, MPH, REHS
Public Health Director

Anna J. Thomas, MPH
Deputy Public Health Director

CITY OF MANCHESTER
Health Department

BOARD OF HEALTH

Rosemary M. Caron, PhD, MPH
09/06/2011-07/01/2014
1st Term
Union Representative

Robert A. Duhaime, RN, MBA, MSN
Chair
2/17/2009-7/01/2016
2nd term
Nursing Representative

Fernando Ferrucci, MD
Clerk
7/01/10-7/01/16
2nd term
Physician Representative

Elaine M. Michaud, Esquire
07/17/2012-07/01/2015
1st term
Lay Representative

Christopher N. Skaperdas, DMD
07/17/12 -07/01/2015
1st term
Dental Representative

1528 Elm Street • Manchester, New Hampshire 03101 • (603) 624-6466
Administrative Fax: (603) 624-6584, Community Health Fax: (603) 665-6894
Environmental Health & School Health Fax: (603) 628-6004
E-mail: health@manchesternh.gov • Website: www.manchesternh.gov/health

Timothy M. Soucy, MPH, REHS
Public Health Director

Anna J. Thomas, MPH
Deputy Public Health Director

CITY OF MANCHESTER
Health Department

MISSION STATEMENT

To improve the health of individuals, families, and the community through disease prevention, health promotion, and protection from environmental threats.

VISION STATEMENT

To be a healthy community where the public can enjoy a high qualify of health in a clean environment, enjoy protection from public health threats, and can access high quality health care.

1528 Elm Street • Manchester, New Hampshire 03101 • (603) 624-6466
Administrative Fax: (603) 624-6584, Community Health Fax: (603) 665-6894
Environmental Health & School Health Fax: (603) 628-6004
E-mail: health@manchesternh.gov • Website: www.manchesternh.gov/health

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Manchester Health Department

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
Timothy M. Soucy	Public Health Director	$134,207	0.00%	$0.00
Anna M. Thomas	Deputy Public Health Director	$106,678	0.00%	$0.00
Gabriela M. Walder	Business Services Officer	$90,948	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)				$0.00

BUDGET PERIOD: SFY 15

Program Area: MCH Primary Care

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Timothy M. Soucy	Public Health Director	$139,333	0.00%	$0.00
Anna M. Thomas	Deputy Public Health Director	$109,734	0.00%	$0.00
Gabriela M. Walder	Business Services Officer	$93,761	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)				$0.00

TIMOTHY M. SOUCY, MPH, REHS

SUMMARY OF QUALIFICATIONS

- 24-Year Manchester Health Department Employee, 20-Year Senior Manager
- Recognized Public Health Leader in City of Manchester and State of New Hampshire
- Experienced in Managing Employees and Budgets
- Lifelong Manchester, New Hampshire Resident

EDUCATION

- Master of Public Health Degree May 1998 Boston University School of Public Health, Boston, Massachusetts
  Concentration: Environmental Health
- Bachelor of Science Degree May 1989 University of Vermont, Burlington, Vermont
  Major: Biology

PROFESSIONAL PUBLIC HEALTH EXPERIENCE

02/90 – Present: Manchester Health Department

12/06 – Present: Public Health Director

As the Chief Administrative Officer provides administrative oversight to all operations and activities of the Manchester Health Department including exclusive personnel responsibility, supervisory authority and budgetary authority. The Manchester Healt Department routinely assesses the health of the community and recommends appropriate policies, ordinances and programs tc improve the health of the community. The Department investigates and controls communicable diseases, completes environmental inspections and investigations necessary to protect the public health and is also responsible for the provision of school health services for Manchester school children. The Public Health Director also serves as the Executive Director of the Health Care for the Homeless Program (330-h) and has overseen the AmeriCorps VISTA Program and Weed & Seed Strategy.

11/02 – 06/06: Public Health Preparedness Administrator

Carried out all functions of Chief of Environmental Health. In addition, planned, directed and supervised all activities to assure local readiness, interagency collaboration, and preparedness for bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies. Secured over two million dollars ($2,000,000) in federal public health preparedness funding for the City of Manchester since 2002. Experienced in Manchester Emergency Operations Center (EOC) operations.

08/94 – 11/02: Chief, Division of Environmental Health

Planned, directed and supervised all environmental health activities carried out within the City of Manchester. Evaluated and recommended public health standards, ordinances and legislation. Advised governmental leaders, community representatives, a the general public on environmental health issues. Planned and conducted professional public health training programs. Coordinated epidemiological investigations for specific disease outbreaks. Supervised division staff and evaluated personnel performance.

02/90 - 08/94: Environmental Health Specialist / Sanitarian

Performed duties related to a comprehensive environmental health program, including, but not limited to inspection of food service facilities, investigation of foodborne illnesses, inspection of institutional facilities, swimming pool inspections, indoor ai quality investigations, inspections of septic systems, investigation of public health nuisances, and investigation of childhood lea poisoning cases.

PROFESSIONAL CERTIFICATIONS

- Registered Environmental Health Specialist, National Environmental Health Association, Number 85241 (Inactive)
- Designer of Subsurface Sewage Disposal Systems, State of New Hampshire, Permit number 1273 (Active)
- ServSafe Food Protection Manager Certification Course, National Restaurant Association, 1998 (Inactive)

(W) MANCHESTER HEALTH DEPARTMENT, 1528 ELM STREET
MANCHESTER, NEW HAMPSHIRE 03101
PHONE (W): (603) 624-6466 X301 FAX (W): (603) 628-6004
E-MAIL (W): TSOUCY@MANCHESTERNH.GOV

PROFESSIONAL ORGANIZATIONS

- Member, National Association of County & City Health Officials (NACCHO)
- Member, American Public Health Association (APHA)
- Member, National Environmental Health Association, (NEHA)
- Member, New Hampshire Public Health Association (NHPHA)
- Member, New Hampshire Health Officer Association (NHHOA)

HONORS AND RECOGNITIONS

- Presenter, NACCHO Leadership Graduation, 2013
- Appointee, New Hampshire Health Exchange Advisory Board, 2012 - Present
- Poster Session, NACCHO Annual Conference, 2010
- Presenter, NALBOH Annual Conference, 2009
- Presented with Key to the City, Honorable Mayor Frank C Guinta, 2009
- Vice-Chair, Survive & Thrive Workgroup, National Association of County & City Health Officials 2009 – 2013
- Fellow, Survive & Thrive, National Association of County & City Health Officials 2008 – 2009
- Guest Lecturer, University of New Hampshire, MPH, MPA and Undergraduate Programs 2006- Present
- Associate, Leadership New Hampshire, Class of 2005
- 40 Under Forty, The Union Leader & Business and Industry Association of New Hampshire, Class of 2004
- Appointee, Legislative Study Committee for Public Health and the Environment, 2000-2003
- Inductee, Delta Omega, Public Health Honor Society, Boston University School of Public Health 1998

CONTINUING EDUCATION

- Reasonable Suspicion Supervisory Training, City of Manchester Human Resources, 2010
- New Hampshire Department of Environmental Services, Subsurface Bureau Educational Seminars, 2010 & 2012
- ICS 300, MGT 313, Incident Management/Unified Command, Texas A&M, 2008
- MGT -100 WMD Incident Management/Unified Command Concept, Texas A&M, 2008
- ICS 100, ICS 200, US Department of Homeland Security, 2008
- Bi-State Primary Care Association, Primary Care Conference, 2007
- Public Health Preparedness Summit, National Association of City & County Health Officials, 2006
- National Incident Management Systems (NIMS), US Department of Homeland Security, 2005
- Healthcare Leadership & Administrative Decision-Making in Response to Weapons of Mass Destruction (WMD) Incider US Federal Emergency Management Agency, 2004
- Forensic Epidemiology, US Department of Justice & US Centers for Disease Control & Prevention, 2003
- BioDefense Mobilization Conference, University of Washington, School of Public Health, 2002
- Emergency Response to Domestic Biological Incidents, US Department of Justice & LSU, 2001
- Financial Skills for Non-Financial Managers, University of New Hampshire, 2001
- National Environmental Health Association Annual Education Conference, NEHA, 2000
- Management Perspectives for Public Health Practitioners, US Centers for Disease Control & Prevention, 2000
- Investigating Foodborne Illnesses, US Food & Drug Administration, 1999
- Environmental Health Risks to Children, US Environmental Protection Agency, 1998
- Food Microbiological Control, US Food & Drug Administration, 1998
- Computer Assisted Modeling for Emergency Operations (CAMEO), Harvard School of Public Health, 1997
- Local Radon Coordinators Network Training, National Association of City & County Health Officials, 1996
- Introduction to Indoor Air Quality, US Environmental Protection Agency & Harvard University, 1995
- Hazard Analysis & Critical Control Point (HACCP), US Food & Drug Administration, 1995
- Safety Measurement, Bloodborne Pathogens, Confined Space Entry, University of New Hampshire, 1994
- Environmental Health Sciences, US Centers for Disease Control & Prevention, 1992
- Field Description of Soils, University of New Hampshire, 1992
- Kentucky Lead Training Workshop, Jefferson County Health Department, 1991
- Foodborne Disease Control, US Centers for Disease Control & Prevention, 1991
- Lead Paint Inspectors Course, PCG PRO-Tech Services, Massachusetts, 1990

COMMUNITY ACTIVITIES

- Member, Manchester Community Health Center CEO Search Committee, 2012-2013
- Member, Management Team, Manchester Homeless Day Center 2012 - Present
- Member, Board of Directors, Families in Transition, Housing Benefits, Inc., 2010 – Present
- Member, Board of Directors, Mental Health Center of Greater Manchester, 2008 – Present (Board Chair 2012 – Present)
- Leadership Greater Manchester Steering Committee, Greater Manchester Chamber of Commerce, 2008 – Present
- Volunteer, Dance Visions Network, 2007 - Present
- Member, Seniors Count Collaborating Council, Easter Seals of New Hampshire, 2006 - Present
- Member, Board of Directors, New Horizons for New Hampshire, 2004 – 2010 (Board President 2007-2009)
- Coach, Parker Varney Girls Basketball Team, 2004-2005
- Assistant Coach, Rising Stars Recreation Soccer League, 2002
- Assistant Coach, Manchester Angels Recreation Soccer League, 2001-2003
- Member, Advisory Council, Endowment for Health, Inc. 2000-2003
- Assistant Coach, Manchester West Junior Soccer League, 2000-2003
- Assistant Coach, Manchester West Junior Deb Softball League, 2000
- Member, Allocations Committee, United Way of Greater Manchester, 1998-2003
- Health Department Campaign Coordinator, Granite United Way, 1996, 2008 - 2013

CITY OF MANCHESTER ACTIVITIES

- Appointee, City of Manchester Ambulance Review Committee, 2013 - Present
- Appointee, City of Manchester Enterprise Resource Planning Committee, 2012 – Present
- Appointee, City of Manchester Labor / Management Committee, 2011 – Present
- Appointee, City of Manchester Local Emergency Planning Committee, 2011 – Present
- Appointee, City of Manchester Refugee and Immigrant Integration Task Force, 2010 - Present
- Appointee, City of Manchester 10-Year Plan to End Homelessness, 2010 - Present
- Appointee, City of Manchester Quality Council, 2008 – Present
- Appointee, City of Manchester AFSCME Sick Leave Bank, 2006- Present

Anna J. Thomas athomas@manchesternh.gov *(603) 396-4432 (Cell)*

1528 Elm Street, Manchester, New Hampshire 03101 *(603) 624-6466 ext. 341 (Business)*

PHILOSOPHY

Results Oriented Leader Pursuing Innovative Approaches to Measurably Improve the Health and Quality of Life of Communities.
Strong Interpersonal Skills Combined with Independence, Adaptability and Ability to Make and Implement Difficult Decisions.

HONORS AND INTERESTS

Nominated 2013 White House Champion of Change for Public Health and Prevention
Awarded 2009 Key to the City of Manchester, Presented by Mayor Frank C. Guinta
Awarded 2008 University of New Hampshire Department of Health Management and Policy Alumni Award
Awarded 2006 "Top Forty Under Forty in NH", The Union Leader and the Business and Industry Association of NH
Awarded 1998 Most Valuable Officer, Medical Command, New Hampshire Army National Guard
Awarded 1997 Smoke Free New Hampshire Alliance Award of Merit
Awarded 1995 Employee of the Year, City of Manchester Department of Health
Adjunct Instructor, Dartmouth College, Dartmouth Medical School
Guest Lecturer, University of New Hampshire, School of Health and Human Services
Instructor, New Hampshire Institute for Local Public Health Practice

EDUCATION

Master of Public Health	Dartmouth Medical School, Center for Clinical and Evaluative Sciences, Hanover, NH	2005
Graduate Certificate in Public Health	Johns Hopkins Bloomberg School of Public Health, Baltimore, MD - ***CDC Scholarship Recipient***	2001
Principles of Epidemiology	Harvard School of Public Health, Cambridge, MA	1996
B.S. Health Management and Policy	University of New Hampshire, Durham, NH - ***U.S. Army Scholarship Recipient***	1989

CONTINUING EDUCATION

Not on My Watch/Creating Child Safe Environments	Diocese of Manchester, Manchester, NH	2013
Reasonable Suspicion Training for Supervisors	City of Manchester Human Resources Department, NH	2010
WMD Incident Management/Unified Command	Domestic Preparedness Campus, Texas A & M University	2008
National Incident Management System Introduction	Emergency Management Institute, Emmitsburg, MD	2008
Introduction to the Incident Command System	Emergency Management Institute, Emmitsburg, MD	2008
ICS for Single Resources and Initial Action Incidents	Emergency Management Institute, Emmitsburg, MD	2008
Introduction to GIS for Public Health Applications	CDC/National Center for Health Statistics, Washington, DC	1998
Introduction to Public Health Surveillance	CDC/Emory University, Atlanta, GA	1997
Measuring the Healthy People 2000 Objectives	CDC/National Center for Health Statistics, Washington, DC	1995
HIV/AIDS Counselor Partner Notification	NH Department of Health and Human Services, Concord, NH	1995

CERTIFICATIONS

Adult CPR/AED, Pediatric CPR and First Aid	City of Manchester Health Department, Manchester, NH	2013
Basic Emergency Medical Technician	National Registry of EMT's, Parkland Medical Center, Derry, NH	1995
Aerobic/Fitness Instructor	SANTE, Dover, NH	1988

LEADERSHIP

Granite United Way	Board of Directors, Community Impact Health Committee Co-Chair, Manchester, NH	2008-Present
Media Power Youth	Board of Directors, Manchester, NH	2007-Present
Mary Gale Foundation	Trustee, Manchester, NH	2007-Present
Manchester Weed and Seed Strategy	Planning/Steering Committee, Manchester, NH	2000-Present
Greater Manchester Association of Social Service Agencies	Executive Board, Manchester NH	1997-Present
Healthy Manchester Leadership Council	Member, Manchester, NH	1995-2012
Mayor's Study Committee on Sex Offenders	Member, Manchester, NH	2008-2009
Mental Health Center of Greater Manchester	Board of Directors, Manchester, NH	2002-2008
Leadership New Hampshire	Associate, Concord, NH	2006-2007
Seniors Count Initiative	Member, Manchester, NH	2004-2006
New Hampshire Public Health Association	Board of Directors, Concord, NH	1999-2003
Cultural Diversity Taskforce	Founding Taskforce Member, Manchester, NH	1994-1996

PROFESSIONAL EXPERIENCE

CITY OF MANCHESTER HEALTH DEPARTMENT **Manchester, NH** **1994 - Present**

Deputy Public Health Director **05/07 - Present**

Provide Management, Supervisory and Technical Expertise Related to the Functions of a Multidisciplinary Local Public Health Department

Direct Complex Public Health Assessment Activities and Design Community Intervention Strategies for Public Health Concerns

Coordinate the Administration of Multiple Grant Programs and Participate in Resource Development for the Department and the Community

Assume Duties of Public Health Director as Needed

Public Health Administrator **06/06 – 05/07**

Headed the Community Epidemiology and Disease Prevention Division and Provided Operational Support to Communicable Disease Control Functions

Provided Federal and State Grant Coordination and Leadership to Community Health Improvement Initiatives

Assumed Duties of Public Health Director as Needed

Community Epidemiologist/Health Alert Network Coordinator **11/02 – 06/06**

Headed the Public Health Assessment and Planning Division and the Health Alert Network of Greater Manchester Including Supervision of Staff

Provided Oversight to Outside Funded Projects and Staff Including the U.S. Department of Justice Weed & Seed Strategy as well as the CDC Racial and Ethnic Approaches to Community Health 2010 Initiative

Analyzed Population-Based Health Statistics and Provided Recommendations for Action in the Community for Public Health Improvement and Performance Measurement

Public Health Epidemiologist **06/96 – 11/02**

Defined Key Public Health Indicators and Conducted Ongoing Assessment of Community Health Status

Provided Continuous Analysis of Priority Areas as Identified by the Community to Help Shape Local and State Policies and Direction for Implementation of Effective Public Health Models

Local Partnership Member in the Kellogg and Robert Wood Johnson Foundations' National Turning Point Initiative, "Collaborating for a New Century in Public Health"

Tobacco Prevention Coalition Coordinator **11/95 - 12/96**

Mobilized the Community Through Youth Driven Initiatives

Addressed Youth Access to Tobacco Products

Prevented the Initiation of Tobacco Use by Children and Teens

Community Health Coordinator **11/94 - 12/96**

Analyzed and Addressed Public Health Needs of Low-Income and Underserved Populations

Coordinated Public Health Services with Community Health and Social Service Providers

Project Coordinator for "Our Public Health" Monthly Cable TV Program with 50,000 Household Viewership

Editor and Layout Designer for Quarterly Newsletter Sent to 400 Community, Health and Social Services Agencies

COMMUNITY HEALTH IMPROVEMENT REPORTS

- City of Manchester Health Department, *"City of Manchester Blueprint for Violence Prevention"*, 2011 http://www.manchesternh.gov/website/LinkClick.aspx?fileticket=cAl7w3w66tI%3d&tabid=3187
- Healthy Manchester Leadership Council Report, *"Believe in a Healthy Community: Greater Manchester Community Needs Assessment"*, 2009 http://www.manchesternh.gov/website/Departments/Health/DataandReports/tabid/700/Default.aspx
- Manchester Sustainable Access Project Report, *"Manchester's Health Care Safety Net – Intact But Endangered: A Call to Action"*, 2008 http://www.manchesternh.gov/website/Departments/Health/DataandReports/tabid/700/Default.aspx
- Seniors Count Initiative, *"Aging in the City of Manchester: Profile of Senior Health and Well-Being"*, 2006
- City of Manchester Health Department, *"Public Health Report Cards"*, 2005 http://www.manchesternh.gov/website/Departments/Health/PublicHealthData/ArchivedHealthData/tabid/1696/Default.aspx
- City of Manchester Health Department, *"Health Disparities Among Maternal and Child Health Populations in the City of Manchester Data Report"*, 2000
- Healthy Manchester Leadership Council Report, *"The Oral Health Status of the City of Manchester, Action Speaks Louder Than Words"*, 1999
- Healthy Manchester Leadership Council Report, *"Taking a Tough Look at Adolescent Pregnancy Prevention in the City of Manchester"*, 1998
- United Way Compass Steering Committee, *"Community Needs Assessment of Greater Manchester Data Report"*, 1997
- City of Manchester Health Department, *"Public Health Report Cards"*, Recognized in the National Directory of Community Health Report Cards, UCLA Center for Children, Families & Communities, 1996

PROFESSIONAL EXPERIENCE (CONTINUED)

JENNY CRAIG INTERNATIONAL **Del Mar, CA** **1989-1994**

Corporate Operational Systems Trainer **11/91 - 10/94**

Traveled Internationally to Conduct Training Seminars for 500 Corporate Owned and Franchisee Centers
Sold and Provided Operational Systems and Services to Franchisee Centers in U.S., Canada, Puerto Rico and Mexico
Installation Setup Training Utilized Spanish Language Software Implementation Support
Developed Training Manuals, Seminar Handouts, Guides and Outlines
Audited Individual Centers Overall Management Performance and Adherence to Information System Procedures

Regional Assistant, Greater Boston Market **09/89 - 11/91**

Opened the First 24 Weight Management Centers in the Northeast
Provided Operational and Logistical Support including the Hiring and Training of New Employees
Acquired, Summarized and Analyzed Performance Data from Centers
Provided Corporate Office with Weekly Marketing Analysis

GOLD'S GYM AND FITNESS **Dover, NH** **1988-1989**

Director of Aerobics and Fitness Instructor

Counseled Members on Self-Improvement Motivation in Nutrition, Fitness and Cardiovascular Programs

MILITARY SERVICE

U.S. ARMY MEDICAL SERVICE CORPS, Commissioned Officer, Major **1989-2005**

New Hampshire Army National Guard **VA Hospital, Manchester, NH** **1997-2005**

Responsible for Operationally Supporting the Medical and Dental Readiness of Nearly 1800 NHARNG Soldiers
Developed and Secured Funding for the Healthy NHARNG 2010 Wellness Initiative Designed to Improve Soldier Medical and Dental Readiness with a Special Emphasis on Individuals with Elevated Risk Factors for Poor Health Outcomes
Presented on the Health Status of the NHARNG at the New England State Surgeons' Conference and the New Hampshire Senior NCO and Commanders' Conferences
Served in the New Hampshire Army National Guard Counter Drug Task Force

Massachusetts Army Reserve **Fort Devens, Devens, MA** **1989-1997**

Recipient of the U.S. Army Commendation Medal Awarded for Heroism, Meritorious Achievement and Service
Directed 50 - 150 Troops Training and Discipline Including Team, Platoon and Detachment Leadership
Developed Motivational Skills to Inspire Troops with High Fatigue Levels Under Stressful Conditions

MILITARY TRAINING

AMEDD Officer Advanced Course Preventive Medicine Combat Health Services Planning and Estimation Nuclear, Biological and Chemical Threat	**Academy of Health Sciences, Fort Sam Houston, TX**	**1996**
Observer / Controller Qualification	**78th Division, 3/310th Infantry Regiment, MA**	**1995**
AMEDD Officer Basic Course	**Academy of Health Sciences, Fort Sam Houston, TX**	**1990**
Army Reserve Officers Training Course Distinguished Military Graduate Top 20% of 9,000 Nationally Directed 60 Cadets Training and Discipline	**University of New Hampshire, Durham, NH**	**1989**
Advanced Camp Training	**Fort Bragg, NC**	**1988**
Voluntary Officer Leadership Program	**10th Mountain Division, Fort Drum, NY**	**1988**

Gabriela Walder
1528 Elm Street
Manchester, NH 03101
(603) 628-6003, ext 334
gwalder@manchesternh.gov

Objective: To find a Business Services Officer position with a progressive, innovative organization that will utilize the skills my educational and work experiences have provided me.

Education: State of NH Certified Public Management Program – Completed 2009

State of NH Certified Public Supervisor Program – Completed 2004

Southern New Hampshire University – Graduated May 2001
Master of Science in Accounting
Undertook and completed all coursework while employed full time

Southern New Hampshire University – Graduated May 1993
Bachelors in Business Administration – Major in Human Resources
Undertook and completed all coursework while employed full time

Manchester Central High School – Graduated June 1987
Excelled in advanced courses

11/04 to Present City of Manchester Health Dept/Business Svcs Officer

* Administer & manage fiscal operations for Health Dept
* Advise dept head & supervisory personnel on fiscal matters
* Maintain and reconciles over 20 State and federally funded grants
* Assist in the preparation of annual budget
* Provide Human Resource support for all new hires and current employees
* Process Accounts payable, payroll, & accounts receivables
* Monitor & review general ledger, accounts receivable, payroll, purchasing, accounts payable, cash flow, budget, and other related reports as needed
* Perform other directly related duties consistent the classification

7/98 to 11/04 City of Manchester HR/Compensation Mgr

- Process payroll for the City of Manchester
- Prepare reports in Cognos for departments as needed
- Prepare annual budgets for salary and benefits for entire City
- Prepare 941 and State Unemployment Rpt on quarterly basis
- Analyze and reconcile salary and benefit accounts
- Assisted in financial software conversion for entire City
- Supervise three employees
- Extensive knowledge of Federal & State labor laws

11/97 to 7/98 Manchester School District Account Clerk

- Processed payables for School department
- Prepared purchase orders as required by departments
- Analyzed and reconciled various accounts
- Prepared financial queries and reports as requested by Administrator

Gabriela Walder
1528 Elm Street
Manchester, NH 03101
(603) 628-6003, ext 334
gwalder@manchesternh.gov

4/97 to 11/97 **Digital Equipment Corporation** **CIP Accountant**

- Maintained CIP balances and capitalized fixed assets
- Responsible for month end interplant processing and reconciliations
- Processed journal entries for CIP
- Processed paperwork for asset transfers and write-offs

11/95 to 4/97 **Digital Equipment Corporation** **Lead Accountant**

- Responsible for processing invoices for US and Canada
- Resolved problems/issues with vendors and buyers
- Reconciled several ledger accounts
- Prepared various monthly reports for management

4/94 to 11/95 **Moore Business Forms** **Cost Accountant**

- Assisted in preparation of quarterly and annual budgets
- Prepared normal hour rates, job costs, and accounting cost reports
- Assisted with weekly payroll processing
- Worked with monthly financial statements
- Performed other duties as requested by Accountant and Controller

8/90 to 4/94 **Moore Business Forms** **Senior Accountant**

- Reconciled several ledger accounts and worked with Financial Statements
- Approved the payment of invoices
- Controlled capital expenses and maintained fixed asset files
- Assisted with payroll and provided complete coverage when needed

3/89 to 8/90 **Moore Business Forms** **Accounts Payable Clerk**

- Processed invoices for payment and resolved problems as needed
- Verified information on invoices and matched to pertaining orders
- Maintained vendor files

5/88 to 3/89 **Moore Business Forms** **Purchasing Clerk**

- Contacted vendors regarding past due orders
- Responsible for special order materials
- Assisted the Purchasing Agent and the Accounts Payable Clerk

Technical Skills: Proficient in Microsoft Word, Excel, PowerPoint, Cognos, HTE, AS-400 Query, type over 65 w.p.m., fluent in writing and speaking Spanish.

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

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 14, 2012

APPROVED G&C #124
DATE 6/20/12

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 Manchester Health Department (Vendor #177433-B009), 1528 Elm Street, Manchester, New Hampshire 03101, in an amount not to exceed $122,324.00, to provide primary care services for individuals experiencing homelessness, to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2014. Funds are available in the following account for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budget.

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	$61,162
SFY 2014	102-500731	Contracts for Program Services	90080000	$61,162
			Sub-Total	$122,324

EXPLANATION

Funds in this agreement will be used to provide outreach and case management services, primary medical and dental care, 24-hour emergency services, mental health and substance abuse counseling and treatment to people who are experiencing homelessness. 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.

Community health agencies deliver primary and preventive health care services to underserved people who face barriers to accessing health care, such as a lack of insurance, inability to pay, cultural and ethnic issues, and geographic isolation. However, there are people whose needs have not been fully met in traditional office-based health care centers. In particular, the needs of homeless individuals and families are far more complex than the general population. People who are homeless suffer from health care problems at more than double the rate of individuals with stable housing. Homeless individuals also experience barriers trying to access mainstream health care often due to a lack of transportation and the limited hours of service available at most community health agencies.

In New Hampshire, 4,979 individuals were sheltered in one of the State-Funded Shelters across the state in State Fiscal Year 2011. [1] Of those who received services, 3,311 were single adults, 691 adults were in 528 families with 940 children; 634 were victims of domestic violence.[2] An additional 728 individuals were the "hidden homeless," those persons who are temporarily doubled up, "couch surfing," or living precariously in overcrowded or unsafe conditions.[3]

Homeless individuals are burdened with additional needs including mental illness, substance abuse and chronic health conditions such as HIV/AIDS. Nationally, health conditions such as hypertension, diabetes, depression and alcohol and substance abuse rank among the highest diagnoses.[4]

This funding will support a multidisciplinary approach to delivering care to individuals experiencing homelessness, combining aggressive street outreach with an integrated system of primary care, mental health and substance abuse services, case management, and client advocacy. Particular emphasis is placed on coordinating efforts with other community providers and social service agencies.

Should Governor and Executive Council not authorize this Request, a minimum of 2,000 low-income homeless individuals from the Greater Manchester area of Hillsborough County 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.

Manchester Health Department was selected for this project to serve the Greater Manchester area of Hillsborough County through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 3, 2012 through March 8, 2012 soliciting proposals to cover all of Rockingham and Hillsborough counties. In addition, a bidder's conference, conference call, and web conference were held on February 9, 2012 to alert agencies to this bid.

Three proposals were received in response to the posting. There were no competing applications for the Rockingham and Hillsborough counties solicited in the Requests for Proposals. Three professionals, who work internal and external to the Department of Health and Human Services, scored each proposal. All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless services; quality assurance and performance improvement; chronic and communicable diseases; and public health infrastructure. 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. Scores were averaged and all proposals were recommended for funding. 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,

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[1] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[2] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[3] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[4] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

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 $198,184. This represents a decrease of $75,860. 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 of Hillsborough County.

Source of Funds: 19.95% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 80.05% 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/JF/PT/sc

Primary Care for the Homeless Performance Measures

Primary Care for the Homeless Performance Measure #1

Patient Payor Mix

Primary Care for the Homeless Performance Measure #2

Percent of clients who received at least one formal, validated depression screening annually while enrolled in the program.

Primary Care for the Homeless Performance Measure #3

Percent of clients identified that received further evaluation for depression.

Primary Care for the Homeless Performance Measure #4

Percent of adult client encounters with blood pressure recorded.

Primary Care for the Homeless Performance Measure #5

Percent of adult client encounters where either the systolic blood pressure $\geq$ 140mmHg or diastolic blood pressure is $\geq$ 90mmHg, with a documented plan of care for hypertension.

Primary Care for the Homeless Performance Measure #6

Percent of adult clients with a documented formal, validated screening for alcohol or other substance abuse annually while enrolled in the program.

Primary Care for the Homeless Performance Measure #7

Percent of adult clients identified that received treatment for alcohol or substance abuse.

Subject: Primary Care Services for the Homeless

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Manchester Health Department		**1.4 Contractor Address** 1528 Elm Street Manchester, New Hampshire 03101	
1.5 Contractor Phone Number 603-624-6466	**1.6 Account Number** 010-090-5190-102-500731	**1.7 Completion Date** June 30, 2014	**1.8 Price Limitation** $122,324
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		**1.10 State Agency Telephone Number** 603-271-4501	
1.11 Contractor Signature Theodore Gatsas Mayor		**1.12 Name and Title of Contractor Signatory** Theodore Gatsas, Mayor	

1.13 Acknowledgement: State of NH, County of Hillsborough

On 5/9/12 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal] Victoria L. Ferraro

1.13.2 Name and Title of Notary or Justice of the Peace

VICTORIA L. FERRARO, Notary Public
My Commission Expires April 28, 2015

1.14 State Agency Signature Joan H. Ascheim	**1.15 Name and Title of State Agency Signatory** Joan H. Ascheim, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel ***(if applicable)*** By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Joanne P. Herrick, Attorney	On: 29 May 2012
1.18 Approval by the Governor and Executive Council By:	On:

NH Department of Health and Human Services

Exhibit A

Scope of Services

Primary Care Services for the Homeless

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: Manchester Health Department

ADDRESS: 1528 Elm Street
Manchester, New Hampshire 03101
Public Health Director: Timothy Soucy
TELEPHONE: 603-624-6466

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Primary care services will be provided to homeless, low-income individuals and 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. Using flexible hours and minimal use of appointment systems, services may be provided in:
   - Permanent office based locations
   - Mobile or temporary delivery locations

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

3. The Contractor shall document, 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 the most recent version of the 800P form with the client.

4. 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 patients. *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.

5. 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, Medicare, and Medicaid for all reimbursable services rendered.

Contractor Initials: J.G.
Date: 5/9/12

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 1000 users with 3000 medical encounters, as defined in the Data and Reporting Requirements for State Fiscal Year 2013. Clinical service reimbursements shall not exceed the Medicare rate.

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.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. 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. When feasible and appropriate, 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 provide 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 30*1, adopted 6/3/08.

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 thereunder.

Contractor Initials: J.G.
Date: 5/9/12

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. Primary Care for the Homeless funds shall be targeted to homeless populations in need. Homeless populations are defined as follows:

   - Individuals who lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations

   - Individuals who are residents in transitional housing.

   - Individuals who are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members may be considered homeless.

   - Individuals who are to be released from a prison or a hospital may also be considered homeless if they do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

   - Individuals may continue receiving primary care services for one year following placement in permanent housing.

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), Community Health Accreditation Program (CHAP) or the *Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.*

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

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 (14.1).

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.

Contractor Initials: JG.

Date: 5/9/12

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 patients 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 patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.*

2. Primary Care Services

The Contractor shall provide primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, ARNP, 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.

b) Referral to WIC Nutrition Program for all eligible pregnant women, infants, and children.

c) In-hospital care for conditions within the scope of 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.

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

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

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatric Society.

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

h) *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.

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

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j) Assisted living and skilled nursing facility care by referral.

k) Oral screening, as part of the annual health maintenance visit, for all clients 19 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health. as part of the health maintenance visit.

l) Diagnosis and management of pediatric and adult patients 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

The Contractor shall provide or arrange referral for prenatal, internatal and preconception medical care, social services, nutrition services, education and nursing care to all women of childbearing age. Preconceptional care includes the preconception, internatal and postpartum periods in women's health. It is recommended that preconceptional and internatal care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor, a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) If provided directly, prenatal care shall, at minimum, be in accordance with the *Guidelines for Perinatal Care, sixth* or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists (ACOG), and /or the Centers for Disease Control.

c) Genetic Screening:
   i. A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.
   ii. All pregnant women entering care prior to 20 weeks gestation shall be offered voluntary genetic screening for fetal chromosomal abnormalities following the recommendations found in the ACOG Compendium of Selected Publications (2006) or more recent supplements. The Contractor shall be responsible for referral to appropriate genetic testing and counseling services for any woman found to have a positive screening test.

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

e) Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother *at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate.* Rationale for birth intervals of 18-24 months shall be presented.

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

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4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent 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. Children and adolescent visits shall include:

a) Blood lead testing shall be performed 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.

b) All children enrolled in either Healthy Kids-Gold 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.

c) 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)".

d) 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 receive an oral health assessment at every well child visit.

e) *Supplemental* fluoride shall be prescribed as needed based upon the fluoride levels in the child'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.*

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

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment for 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, including women, 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 woman found to screen positive.

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

Contractor Initials: J. G.

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6. 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 5 A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline* as cited in the U.S. Public Health Service 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).*

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) 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", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States"* 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.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. 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.

Contractor Initials: J.S.

Date: 5/9/12

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 positions:

a) executive director

b) financial director

c) registered nurse

d) clinical coordinator

e) medical *service* director (or by contract)

f) nutritionist (on site or by referral)

g) social worker

Agencies are required to provide direct services by the following professionals:

a) physician, advanced registered nurse practitioner, or physician's assistant

b) registered nurse

c) clinical coordinator

d) 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
   a. 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:
   a. 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.

   b. 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:

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Date: 5/9/12

a. 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.

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

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

   c. Coordinator may be responsible for more than one MCH funded program.

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 engage in outreach activities to identify homeless individuals and educate them about the availability of primary care services. This should be done in coordination with other service providers, when appropriate.

3. 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.

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

Contractor Initials: JG

Date: 5/9/12

5. 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.

6. 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. MCHS Agency Medical 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 RHPCS and 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 RHPCS and MCHS. *MCHS* will provide the contractor with reasonable notice of such changes.

5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care *Clinical and Financial,* Child Health, and Prenatal Care.

B) Additional Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS and 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

Contractor Initials: J.G.

Date: 5/9/12

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. If prenatal care is provided, Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. 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.

6. 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), or Accreditation Association for Ambulatory Healthcare (AAAHC). 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.

Contractor Initials: J. G.

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NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Primary Care Services for the Homeless

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: **Manchester Health Department**

ADDRESS: **1528 Elm Street**
Manchester, New Hampshire 03101
Public Health Director: **Timothy Soucy**
TELEPHONE: **603-624-6466**

Vendor #177433-B009 Job #90080000 Appropriation #010-090-51900000-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

   $122,324 for Primary Care Services for the Homeless, funded from 19.95% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (CFDA #93.994) and 80.05% general funds.

TOTAL: $122,324

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.

3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the month up to an amount not greater than one-twelfth of the contract amount. Reimbursement greater than one-twelfth of the contract amount in any month shall require prior, written permission from the State.

4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.

5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.

6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.

Contractor Initials: T. G.
Date: 5/9/12

7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars ($300) and with a useful life beyond one year.

The remainder of this page is intentionally left blank.

Contractor Initials: J.G.

Date: 5/9/12

CERTIFICATE OF VOTE

I, Matthew Normand, do hereby certify that:
(Name of the City Clerk of the Municipality)

1. I am duly elected City Clerk of the City of Manchester

2. The following is a true copy of an action duly adopted at a meeting of the Board of Mayor and Aldermen duly held on May 1, 2012.

RESOLVED: That this Municipality enter into a contract with the State of New Hampshire, acting through its Division of Public Health Services of the Department of Health and Human Services – Primary Care Services for the Homeless.

RESOLVED: That Theodore Gatsas,
(Mayor of the City of Manchester)
hereby is authorized on behalf of this municipality to enter into the said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate.

3. The foregoing action on has not been amended or revoked and remains in full force and effect as of May 1 2012, 2012.

4. Theodore Gatsas (is/are) the duly elected Mayor of the City of Manchester.

Matthew Normand
(Signature of the Clerk of the Municipality)

State of New Hampshire
County of Hillsborough

The foregoing instrument was acknowledge before me this 10th day of May, 2012 by Matthew Normand.
(Name of Person Signing Above)

(NOTARY SEAL)

Victoria L. Ferraro
(Name of Notary Public)

Title: Notary Public/Justice of the Peace
Commission Expires: 4/28/2015

VICTORIA L. FERRARO, Notary Public
My Commission Expires April 28, 2015

City of Manchester
Office of Risk Management

One City Hall Plaza
Manchester, New Hampshire 03101
(603) 624-6503 Fax (603) 624-6528
TTY: 1-800-735-2964

Harry G. Ntapalis
Risk Manager

CERTIFICATE OF COVERAGE

DIRECTOR OF PUBLIC HEALTHE SERVICES
NEW HAMPSHIRE DHHS
29 Hazen Drive
Concord, New Hampshire 03301-6504

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage within the financial limits of RSA 507-B as follows:

	Limits of Liability (in thousands 000)	
GENERAL LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
AUTOMOBILE LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
WORKER'S COMPENSATION	Statutory Limits	

The City of Manchester, New Hampshire maintains a Self-Insured, Self-Funded Program and retains outside claim service administration. All coverages are continuous until otherwise notified. Effective on the date Certificate issued and expiring upon completion of contract. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the limits described herein is subject to all the terms, exclusions and conditions of RSA 507-B.

DESCRIPTION OF OPERATIONS/LOCATION/CONTRACT PERIOD
For the City of Manchester Health Department to provide Primary Care Services for the Homeless as awarded in the new grant by the NHDHHS.

Issued the 5th day of April 2012.

Harry G. Ntapalis
Risk Manager

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Families First of the Greater Seacoast

This 1st Amendment to the Families First of the Greater Seacoast contract (hereinafter referred to as "Amendment One") dated this 17th 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 Families First of the Greater Seacoast (hereinafter referred to as "the Contractor"), a corporation with a place of business at 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03801.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012, 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 primary health care services for the homeless, preventive and episodic health care for acute and chronic health conditions for people of all ages.

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: $218,537

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

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

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $17,194 for SFY 2014 and $86,219 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $17,194 from 05-95-90-902010-5190-102-500731, 100% General Funds;

Contractor Initials: [illegible]
Date: 3/17/14

- $86,219 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;

  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 1,
  Exhibit B-1 (2015) - Amendment 1

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

Contractor Initials: [illegible]
Date: 3/17/14

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

4/9/14
Date

Brook Dupee
Bureau Chief

Families First of the Greater Seacoast

3/17/14
Date

Name: Helen B. Taft
Title: Executive Director / President

Acknowledgement:

State of NH, County of Rockingham on 3/17/14, 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.

Nancy Casko
Signature of Notary Public or Justice of the Peace

Nancy Casko Notary
Name and Title of Notary or Justice of the Peace

My Commission Expires March 7, 2017

Contractor Initials: HBT
Date: 3/17/14

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

OFFICE OF THE ATTORNEY GENERAL

4/17/14
Date

Name: Amanda C. Goodnow
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: LVBJ
Date: 3/17/14

Scope of Services

The Department desires to provide additional primary health care services for the homeless, preventive and episodic health care for acute and chronic health conditions for people of all ages.

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Primary care services will be provided to homeless, low-income individuals and 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. Using flexible hours and minimal use of appointment systems, services may be provided in:
   - Permanent office based locations
   - Mobile or temporary delivery locations

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

3. The Contractor shall document, 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 the most recent version of the 800P form with the client.

4. 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 patients. 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.

5. 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, Medicare, and Medicaid for all reimbursable services rendered.

B) **Numbers Served**

1. The contract funds shall be expended to provide the above services to a minimum of 770 users with 2400 medical encounters, as defined in the Data and Reporting Requirements for State Fiscal Year 2013. Clinical service reimbursements shall not exceed the Medicare rate.

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.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. 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. When feasible and appropriate, 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 provide 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, adopted 6/3/08.

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 thereunder.

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. Primary Care for the Homeless funds shall be targeted to homeless populations in need. Homeless populations are defined as follows:

   - Individuals who lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations

   - Individuals who are residents in transitional housing.

   - Individuals who are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members may be considered homeless.

   - Individuals who are to be released from a prison or a hospital may also be considered homeless if they do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

   - Individuals may continue receiving primary care services for one year following placement in permanent housing.

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), Community Health Accreditation Program (CHAP) or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

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

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 (14.1).

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 patients 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 patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

2. Primary Care Services

The Contractor shall provide primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, ARNP, 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.

b) Referral to WIC Nutrition Program for all eligible pregnant women, infants, and children.

c) In-hospital care for conditions within the scope of 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.

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

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

f Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatric Society.

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

h) 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.

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

j) Assisted living and skilled nursing facility care by referral.

k) Oral screening, as part of the annual health maintenance visit, for all clients 21 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.

l) Diagnosis and management of pediatric and adult patients 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

The Contractor shall provide or arrange referral for prenatal, internatal and preconception medical care, social services, nutrition services, education and nursing care to all women of childbearing age. Preconceptional care includes the preconception, internatal and postpartum periods in women's health. It is recommended that preconceptional and internatal care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor, a formal Memorandum of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) If provided directly, prenatal care shall, at minimum, be in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists (ACOG), and /or the Centers for Disease Control.

c) Genetic Screening:

i. A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

ii. All pregnant women entering care prior to 20 weeks gestation shall be offered voluntary genetic screening for fetal chromosomal abnormalities following the recommendations found in the ACOG Compendium of Selected Publications (2006) or more recent supplements. The Contractor shall be responsible for referral to appropriate genetic testing and counseling services for any woman found to have a positive screening test.

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

e) Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate. Rationale for birth intervals of 18-24 months shall be presented.

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

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent 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. Children and adolescent visits shall include:

a) 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.

b) Blood lead testing shall be performed 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.

c) All children enrolled in either Medicaid, Head Start, 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 blood lead test performed.

d) 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)".

e) 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 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.

f) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child'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.

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

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment for 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, including women, 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 woman found to screen positive.

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

6. 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 5 A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline as cited in the U.S. Public Health Service 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).

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Immunization Schedule for Adults (19 years and older) by Age and Medical Condition - United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) 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", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States" 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.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. 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 positions:
a) executive director

b) financial director

c) registered nurse

d) clinical coordinator

e) medical service director (or by contract)

f) nutritionist (on site or by referral)

g) social worker

Agencies are required to provide direct services by the following professionals:

a) physician, advanced registered nurse practitioner, or physician's assistant

b) registered nurse

c) clinical coordinator

d) 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

   a. 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:

   a. 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.

   b. 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:

a. 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.

b. 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:

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

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

c. Coordinator may be responsible for more than one MCH funded program.

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 engage in outreach activities to identify homeless individuals and educate them about the availability of primary care services. This should be done in coordination with other service providers, when appropriate.

3. 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.

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

5. 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.

6. 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. MCHS Agency Medical 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 RHPCS and 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 RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.

5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care Clinical and Financial, Child Health, and Prenatal Care.

B) Additional Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS and 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. If prenatal care is provided, Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. 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.
6. 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), or Accreditation Association for Ambulatory Healthcare (AAAHC). 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.

PRIMARY CARE FOR THE HOMELESS
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care for the Homeless Performance Indicator #1

Measure: Patient Payor Mix

Goal: To allow monitoring of payment method trends at State funded primary care sites for the homeless.

Definition: Patients enrolled in Medicare, Medicaid, Commercial insurance, or uninsured that have had at least one visit/encounter during the last reporting period.

Data Source: Provided by agency

Note: 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).

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #1

Measure: Percent of clients who received at least one formal, validated depression screening annually while enrolled in the program.

Goal: All clients enrolled in the Homeless program will receive formal, validated screening for depression and supports in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients in the denominator who received a formal, validated depression screening at least quarterly while enrolled in the program.

Denominator-
Total number of client encounters.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #2

Measure: Percent of clients who had positive screening results and were further evaluated for depression.

Goal: All clients enrolled in the Homeless program will receive formal, validated screening for depression and supports in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients in the denominator who received further evaluation for depression.

Denominator-
Total number of clients served in the past fiscal year that required further evaluation for depression as indicated by a formal, validated depression screening instrument.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #3

Measure: Percent of adult client encounters with blood pressure recorded.

Goal: All clients enrolled in the Primacy Care for the Homeless program will receive consistent, high quality care for hypertension.

Definition: **Numerator-**
The number of adult clients in the denominator who have their blood pressure documented at each encounter.

Denominator-
Total number of adult clients served in the past fiscal year.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #4

Measure:* 58%** of adult patients 18 – 85 years of age diagnosed with hypertension will have a blood pressure measurement less than 140/90 mm at the time of their last measurement.

Goal: To ensure patients diagnosed with hypertension are adequately controlled.

Definition: **Numerator-**
Number of patients from the denominator with blood pressure measurement less than 140/90 mm at the time of their last measurement.

Denominator-
Number of patients age 18 – 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

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

*Measure based on the National Quality Forum 0018

**2020 National Target 61.2%

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #5

Measure: Percent of adult clients with a documented formal, validated screening for alcohol or other substance abuse annually while enrolled in the program.

Goal: All clients enrolled in the Primacy Care for the Homeless program will receive formal, validated screening for alcohol and substance abuse in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients in the denominator who received a formal, validated screening for alcohol or other drug substance abuse at least annually while enrolled in the program.

Denominator-
Total number of clients served in the past fiscal year.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #6

Measure: Percent of adult clients who had positive screening results and received treatment for alcohol or substance abuse.

Goal: All clients enrolled in the Primacy Care for the Homeless program will receive formal, validated screening for alcohol and substance abuse in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients who received treatment, directly by the agency or through referral, for treatment of alcohol or other substance abuse.

Denominator-
Total number of clients identified with an alcohol or other substance abuse problem.

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

Exhibit B-1 (2014) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Families First of the Greater Seacoast

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

Budget Period: SFY 2014

Line Item			
1. Total Salary/Wages	$ 17,194.00	$ -	$ 17,194.00
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	**$ 17,194.00**	**$ -**	**$ 17,194.00**

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 3/17/14

Exhibit B-1 (2015) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Families First of the Greater Seacoast

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

Budget Period: SFY 2015

Line Item	[illegible]	[illegible]	[illegible]
1. Total Salary/Wages	$ 78,058.00	$ -	$ 78,058.00
2. Employee Benefits	$ 8,161.00	$ -	$ 8,161.00
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	**$ 86,219.00**	**$ -**	**$ 86,219.00**

Indirect As A Percent of Direct 0.0%

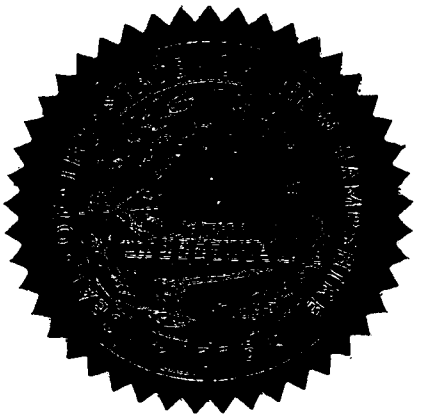
Contractor Initials: [illegible]

Date: 3/17/14

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 FAMILIES FIRST OF THE GREATER SEACOAST is a New Hampshire nonprofit corporation formed August 28, 1986. 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, Linda Sanborn of Families First of the Greater Seacoast, do hereby certify that:

1. I am the duly elected Treasurer of Families First of the Greater Seacoast;

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Families First of the Greater Seacoast, duly held on March 12, 2014;

   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.

   RESOLVED: That the Executive Director/President 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. Helen B. Taft is the duly elected Executive Director/President of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of March 17, 2014.

IN WITNESS WHEREOF, I have hereunto set my hand as the Treasurer of Families First of the Greater Seacoast this 17th day of March 2014.

Linda Sanborn, Treasurer

STATE OF NH

COUNTY OF ROCKINGHAM

The foregoing instrument was acknowledged before me this 17th day of March 2014 by Linda Sanborn.

Notary Public/Justice of the Peace
My Commission Expires: My Commission Expires March 7, 2017

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/27/2014

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: Jennifer Reckmeyer
Tobey & Merrill Insurance 20 High Street Hampton NH 03842-2214	PHONE (A/C, No, Ext): (603) 926-7655 FAX (A/C, No): (603) 926-2135 E-MAIL ADDRESS: jennifer@tobeymerrill.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Peerless Indemnity	18333
INSURER B: Peerless Insurance Company	24198
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Families First of the Greater Seacoast
100 Campus Dr Ste 12
Suite 12
Portsmouth NH 03801

COVERAGES CERTIFICATE NUMBER: CL141302577 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			BOP8358757	12/29/2013	12/29/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 50,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			BA5375202	12/29/2013	12/29/2014	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
B	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			CU8353458	12/29/2013	12/29/2014	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
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		WC5055429	12/29/2013	12/29/2014	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

CERTIFICATE HOLDER

DHHS
Contracts 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

B Lizotte CIC/DEB Barbara R Lizotte CIC

Families First of the Greater Seacoast

Financial Report

June 30, 2013

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Independent Auditors' Report

To the Board of Directors
Families First of the Greater Seacoast
Portsmouth, New Hampshire

Report on the Financial Statements

We have audited the accompanying financial statements of Families First of the Greater Seacoast (a nonprofit organization) 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 audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Macpage LLC
30 Long Creek Drive, South Portland, ME 04106-2437 | 207-774-5701 | 207-774-7835 fax | cpa@macpage.com
One Market Square, Augusta, ME 04330-4637 | 207-622-4766 | 207-622-6545 fax
macpage.com

To the Board of Directors
Families First of the Greater Seacoast

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Families First of the Greater Seacoast 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.

Macpage

Augusta, Maine
November 5, 2013

Statements of Financial Position

June 30,

	2013	2012
ASSETS		
Current Assets		
Cash (note 2)	$ 74,547	$ 401,496
Cash, fiscal agent (note 9)	195	3,195
Grants receivable (note 3)	67,300	60,265
Accounts receivable, net (notes 1 and 4)	131,560	134,102
Current portion of pledges receivable (notes 1 and 5)	336,748	199,012
Other receivables (note 6)	26,620	52,998
Prepaid expenses	15,133	20,149
Total Current Assets	652,103	871,217
Non-Current Assets		
Pledges receivable, net of current (notes 1 and 5)		108,301
Property and Equipment, Net (Notes 1 and 7)	247,992	336,726
Investments		
Endowment (notes 8 and 19)	1,392,530	1,267,448
Board designated	66,360	62,409
Total Investments	1,458,890	1,329,857
Total Assets	$ 2,358,985	$ 2,646,101
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	$ 85,519	$ 63,918
Accrued expenses	287,904	224,664
Amount due, fiscal agent (note 9)	195	3,195
Deferred revenue	24,476	113,574
Total Current Liabilities	398,094	405,351
Net Assets		
Unrestricted	177,628	622,628
Temporarily restricted (notes 8 and 12)	583,076	417,935
Permanently restricted (notes 8 and 13)	1,200,187	1,200,187
Total Net Assets	1,960,891	2,240,750
Total Liabilities and Net Assets	$ 2,358,985	$ 2,646,101

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

Statements of Activities

Year ended June 30,

	2013			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
PUBLIC SUPPORT AND REVENUES:				
Public Support				
Contributions	$ 1,404,161	$ 640,797		$ 2,044,958
Grants and contracts	940,575			940,575
Total public support	2,344,736	640,797		2,985,533
Revenues				
Patient service revenue (note 11)	1,577,353			1,577,353
Provision for bad debt	(43,860)			(43,860)
Net patient service revenue	1,533,493			1,533,493
Investment income - endowment (note 8)		42,953		42,953
Investment income - board designated	2,322			2,322
Unrealized gain on investments - endowment (note 8)		135,824		135,824
Unrealized gain on investments - board designated	1,630			1,630
Miscellaneous	82,505			82,505
Total revenue	1,619,950	178,777		1,798,727
Public support and revenues	3,964,686	819,574		4,784,260
Net Assets Released from Restrictions	654,433	(654,433)		
TOTAL PUBLIC SUPPORT AND REVENUES	4,619,119	165,141		4,784,260
EXPENSES				
Program services	4,365,565			4,365,565
Management and general	540,959			540,959
Fundraising	157,595			157,595
Total expenses	5,064,119			5,064,119
CHANGE IN NET ASSETS	(445,000)	165,141		(279,859)
NET ASSETS, BEGINNING OF YEAR	622,628	417,935	$ 1,200,187	2,240,750
NET ASSETS, END OF YEAR	$ 177,628	$ 583,076	$ 1,200,187	$ 1,960,891

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

Statements of Activities - Continued

Year ended June 30,

	2012			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
PUBLIC SUPPORT AND REVENUES:				
Public Support				
Contributions	$ 1,216,970	$ 713,725		$ 1,930,695
Grants and contracts	1,012,307			1,012,307
Total public support	2,229,277	713,725		2,943,002
Revenues				
Patient service revenue (note 11)	1,656,550			1,656,550
Provision for bad debt	(46,017)			(46,017)
Net patient service revenue	1,610,533			1,610,533
Investment income - endowment (note 8)		36,260		36,260
Investment income - board designated	2,046			2,046
Unrealized gain on investments - endowment (note 8)		(56,885)		(56,885)
Unrealized gain on investments - board designated	174			174
Miscellaneous	54,135			54,135
Total revenue	1,666,888	(20,625)		1,646,263
Public support and revenues	3,896,165	693,100		4,589,265
Net Assets Released from Restrictions	707,148	(707,148)		
TOTAL PUBLIC SUPPORT AND REVENUES	4,603,313	(14,048)		4,589,265
EXPENSES				
Program services	3,944,736			3,944,736
Management and general	518,091			518,091
Fundraising	157,111			157,111
Total expenses	4,619,938			4,619,938
CHANGE IN NET ASSETS	(16,625)	(14,048)		(30,673)
NET ASSETS, BEGINNING OF YEAR	639,253	431,983	$ 1,200,187	2,271,423
NET ASSETS, END OF YEAR	$ 622,628	$ 417,935	$ 1,200,187	$ 2,240,750

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

Statements of Cash Flows

Years ended June 30,

	2013	2012
Cash flows from operating activities		
Change in net assets	$ (279,859)	$ (30,673)
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation expense	98,920	108,863
Unrealized (gain) loss on investments	(137,454)	56,711
Provision for bad debt	43,860	46,017
(Increase) decrease in operating assets:		
Cash, fiscal agent	3,000	850
Grants receivable	(7,035)	22,587
Accounts receivable	(41,318)	(29,206)
Pledges receivable	(29,435)	(28,379)
Other receivable	26,378	(48,074)
Prepaid expenses	5,016	17,957
Increase (decrease) in operating liabilities:		
Accounts payable	21,602	17,103
Accrued expenses	63,240	6,714
Amount due, fiscal agent	(3,000)	(850)
Deferred revenue	(89,098)	63,574
Total adjustments	(45,324)	233,867
Net cash flows from operating activities	(325,183)	203,194
Cash flows from investing activities:		
Purchase of property and equipment	(10,186)	(72,899)
Net (purchase) proceeds from sale of investments	8,420	(6)
Net cash flows from investing activities	(1,766)	(72,905)
Net change in cash and cash equivalents	(326,949)	130,289
Cash and cash equivalents at beginning of year	401,496	271,207
Cash and cash equivalents at end of year	$ 74,547	$ 401,496

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

Statements of Functional Expenses

Year ended June 30, 2013

	Health Services		
	Primary Care	Dental	Homeless
Salaries	$ 1,443,761	$ 482,291	$ 405,383
Payroll taxes/benefits	261,220	83,963	53,403
Professional fees/contract labor	223,716	17,482	73,160
Medical/laboratory costs	25,630	70,854	15,655
Physicians/dentists	170,970	28,710	33,538
Office	15,862	8,210	55,195
Miscellaneous	10,242	1,979	272
Travel	3,107	608	21,655
Conferences	10,587	924	883
Dues/publications	5,322	2,370	1,605
Depreciation	8,458	25,453	17,212
Rent (note 15)	63,613	9,424	3,534
Telephone	4,456	650	811
Postage	436	6	3
Insurance	38,883	8,058	5,665
Printing	3,274	480	405
Computer operations	58,889	14,049	14,701
Flexible funds			
Program expenses	49,054	5,949	6,361
	$ 2,397,480	$ 761,460	$ 709,441

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

Statements of Functional Expenses - Continued

Year ended June 30, 2013

	Family Services	Total Program	Management & General	Fundraising	Total
Salaries	$ 278,483	$ 2,609,918	$ 318,984	$ 121,609	$ 3,050,511
Payroll taxes/benefits	51,340	449,926	52,532	17,925	520,383
Professional fees/contract labor	40,185	354,543	33,968		388,511
Medical/laboratory costs		112,139			112,139
Physicians/dentists		233,218			233,218
Office	14,135	93,402	20,110	2,641	116,153
Miscellaneous	505	12,998	25,577	638	39,213
Travel	14,135	39,505	2,394	316	42,215
Conferences	1,607	14,001	994	2,893	17,888
Dues/publications	380	9,677	8,556	1,065	19,298
Depreciation	436	51,559	47,361		98,920
Rent (note 15)	41,231	117,802			117,802
Telephone	3,363	9,280	766		10,046
Postage	11	456	18,126	1,138	19,720
Insurance	6,523	59,129	7,099		66,228
Printing	860	5,019	1,206	7,639	13,864
Computer operations	13,109	100,748	2,907	727	104,382
Flexible funds	25,756	25,756			25,756
Program expenses	5,125	66,489	379	1,004	67,872
	$ 497,184	$ 4,365,565	$ 540,959	$ 157,595	$ 5,064,119

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

Statements of Functional Expenses

Year ended June 30, 2012

	Health Services		
	Primary Care	Dental	Homeless
Salaries	$ 1,167,150	$ 442,369	$ 403,576
Payroll taxes/benefits	155,715	53,062	57,001
Professional fees/contract labor	194,149	22,420	66,153
Medical/laboratory costs	22,614	72,576	17,014
Physicians/dentists	292,487	27,903	26,198
Office	16,215	9,342	42,946
Miscellaneous	34,499	6,385	296
Travel	3,441	949	16,110
Conferences	9,177	2,398	3,341
Dues/publications	4,350	990	635
Depreciation	14,243	24,246	16,582
Rent (note 15)	60,456	8,956	3,359
Telephone	5,874	901	7,204
Postage	158	7	4
Insurance	22,173	6,252	2,988
Printing	2,519	380	178
Computer operations	54,442	10,873	4,975
Flexible funds			
Program expenses	32,676	6,310	3,964
	$ 2,092,338	$ 696,319	$ 672,524

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

Statements of Functional Expenses - Continued

Year ended June 30, 2012

	Family Services	Total Program	Management & General	Fundraising	Total
Salaries	$ 279,155	$ 2,292,250	$ 301,477	$ 118,836	$ 2,712,563
Payroll taxes/benefits	37,820	303,598	46,117	20,836	370,551
Professional fees/contract labor	54,367	337,089	29,750	2,665	369,504
Medical/laboratory costs		112,204			112,204
Physicians/dentists		346,588			346,588
Office	9,177	77,680	21,034	2,592	101,306
Miscellaneous	626	41,806	22,952	3,091	67,849
Travel	13,441	33,941	2,629	233	36,803
Conferences	1,990	16,906	693		17,599
Dues/publications	24	5,999	8,201	10	14,210
Depreciation	436	55,507	53,356		108,863
Rent (note 15)	39,185	111,956			111,956
Telephone	4,207	18,186	1,873		20,059
Postage	13	182	18,585	814	19,581
Insurance	4,164	35,577	6,189		41,766
Printing	721	3,798	415	7,103	11,316
Computer operations	11,393	81,683	2,990	498	85,171
Flexible funds	22,936	22,936			22,936
Program expenses	3,900	46,850	1,830	433	49,113
	$ 483,555	$ 3,944,736	$ 518,091	$ 157,111	$ 4,619,938

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

Families First

support for families...health care for all

Mission Statement

Families First Health and Support Center contributes to the health and well-being of the Seacoast community by providing a broad range of health and family services to all, regardless of ability to pay.

Vision Statement

We envision a strong community that provides fully for the health and well-being of all its members.

Guiding Principles

Families First will:

- offer a broad array of health and family services to meet evolving community needs;
- meet a standard of excellence in all services;
- ensure that no one is turned away due to inability to pay;
- treat clients respectfully and with concern for dignity;
- integrate services wherever possible;
- partner with other organizations to help realize our vision.

Families First

support for families...health care for all

Board of Directors

Director	Term Ending
Patricia Locuratolo, MD, **Chair**	2014
Mary Schleyer, **Vice Chair**	2015
Kristen Hanley, **Secretary**	2016
Linda Sanborn, **Treasurer**	2015
Karin Barndollar, **Director**	2015
Mike Burke, **Director**	2016
Marsha Filion **Director**	2015
Barbara Henry, **Director**	2015
Jack Jamison, **Director**	2015
Sarah Knowlton, **Director**	2016
Josephine Lamprey, **Director**	2014
Kathleen MacLeod, **Director**	2014
Ronda MacLeod, **Director**	2016
David McNicholas, **Director**	2016
Edna Mosher, **Director**	2016
Tom Newbold, **Director**	2016
John Pelletier, **Director**	2015
Donna Ryan, **Director**	2014
Daniel Schwarz, **Director**	2014
Richard Senger, **Director Emeritus**	

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Families First of the Greater Seacoast

3/6/2014

Name of Bureau/Section: MCH Primary Care for the Homeless

BUDGET PERIOD: SFY 14

Program Area: MCH Primary Care for the Homeless

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Helen B. Taft	Executive Director	$103,189	0.00%	$0.00
David C. Choate	Finance Director	$68,216	0.00%	$0.00
Susan Durkin	Homeless Health Care Project Director	$50,712	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)				**$0.00**

BUDGET PERIOD: SFY 15

Program Area: MCH Primary Care for the Homeless

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Helen B. Taft	Executive Director	$105,769	0.00%	$0.00
David C. Choate	Finance Director	$69,921	0.00%	$0.00
Susan Durkin	Homeless Health Care Project Director	$51,980	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)				**$0.00**

HELEN B. TAFT

Families First of the Greater Seacoast
100 Campus Drive, Suite 12
Portsmouth, NH 03801
603-422-8208
Email: htaft@familiesfirstseacoast.org

OBJECTIVE: A position as Administrator in the human services or health care fields.

PROFILE:

- Highly developed research and writing skills with emphasis on analysis and evaluation
- Excellent academic record
- Strong verbal communication and group discussion skills
- Experienced interpersonal skills
- Long-term commitment to community service

EDUCATION:

University of New Hampshire
Masters of Public Administration, 1989
Certificate of Paralegal Studies, 1982
Smith College
B.A. (Government) 1966

PROFESSIONAL EXPERIENCE:

FAMILIES FIRST OF THE GREATER SEACOAST, Portsmouth, NH
Executive Director Dec.1989 – Present
FOUNDATION FOR SEACOAST HEALTH, Portsmouth, N.H
Administrative Intern Jan. -June 1989
HARVEY AND MAHONEY LAW OFFICES, Manchester, NH
Paralegal 1982 -1988

VOLUNTEER LEADERSHIP EXPERIENCE:

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE 1972 –1992
President; First Vice-President; Board of Directors; Chair, Long ,Range Planning Committee; Chair, Advocacy Committee; President, Manchester Regional Executive Committee
UNITED WAY OF MANCHESTER 1985 -1988
Board of Directors; Chair, Campaign Phonothon; Venture Grant Committee
MANCHESTER LEAGUE OF WOMEN VOTERS 1973 -1978
President; Board of Directors
GREATER SEACOAST UNITED WAY 1997 -1999
Board of Directors

REFERENCES: Furnished upon request.

David C. Choate
Families First of the Greater Seacoast
100 Campus Drive, Suite 12
Portsmouth, NH 03801
603-422-8208
Email: dchoate@familiesfirstseacoast.org

PROFESSIONAL OBJECTIVE

A position in **Senior Financial Management** providing the opportunity to make a strong contribution to organizational goals though continued development of professional management and financial skills.

QUALIFICATIONS PROFILE

Experience/ Skills:

Chief Financial Officer: Assure the financial integrity of the agency.
Related skills and practices include:

- Preparing and monitoring required financial statements and reports
- Developing and revising comprehensive annual agency budgets
- Developing and updating the Administrative and Fiscal Internal Control Policies and Procedures Manual
- Supervising support staff which includes: payroll, accounts payable, accounts receivable, finance clerk, network administrator, receptionist and building maintenance
- Advising agency management and the Board of Directors in regards to fiscal planning, cost analysis auditing systems and financial reporting requirements
- Acting as the lead administrative staff for banking and investment functions, grant management and auditing functions; i.e. external and funding sources
- Reviewing and analyzing plant and equipment needs and negotiating the purchase of major equipment and financing

Computers:

- Windows-based PC's with various accounting software including Microsoft Great Plains Solomon
- Equation Solvers: Microsoft Office: Word, Excel and Outlook

Administration:

- Ensuring compliance with all applicable laws, standards, and reporting requirements of funding sources
- Preparing grant financial reports and documentations

Education:

Master Degree in Business Administration, 1989
Southern New Hampshire University – Manchester, New Hampshire

Bachelor of Science Degree in Business Administration-Accounting, 1974
Thomas College – Waterville, Maine

Accomplishments/Strengths:

- Extensive accounting, auditing and management consulting skills
- Excellent troubleshooting and analytical skills
- Well organized and proficient with details
- Excellent interpersonal and team skills

PROFESSIONAL EXPERIENCE

January 2008 to present

FAMILIES FIRST OF THE GREATER SEACOAST, Portsmouth, NH

Finance Director

July 2000 to June 2007

INDEPENDENCE ASSOCIATION, INC, Brunswick, Maine

Director of Finance & Administration

An agency that provides residential housing and day programs to adults and children with disabilities.

Accomplishments:

- Streamlined and updated audit procedures to assure successful audits
- Responsible for smooth computer conversion to Great Plains Solomon accounting software
- Maintained and increased profits from services

November 1995 to July 2000

METHODIST CONFERENCE HOME, INC, Rockland, Maine

Finance Manager

A senior housing agency with programs such as housing services, housing management, senior citizen meals and regional transportation.

Accomplishments:

- Involved in obtaining finance and operating funds to build an upscale senior housing facility
- Instituted financial administrative policies
- Obtained line of credit for operations.
- Computerized the accounting systems

May 1988 to November 1995

PROFESSIONAL MANAGEMENT ASSOCIATES, Portland, Maine

Partner and Management Consultant

A business offering a wide range of management and accounting services to professionals and small to medium-sized business, both non-profit and for profit.

Clientele:

- Small to mid-size business, i.e. food industry and pharmacies
- Health care providers; i.e. physicians, dentists, chiropractors, hospitals and veterinarians.

Accomplishments:

- Increased profits for companies through new financial management policies and procedures.

— Excellent references are available upon request —

Susan Stewart Durkin, RN, AE-C

Families First of the Greater Seacoast
100 Campus Drive, Suite 12
Portsmouth, NH 03801
603-422-8208
Email: sdurkin@familiesfirstseacoast.org

Education:

Rivier College--St. Joseph's School of Nursing 9/95—5/97
AD. Nursing: GPA 4.0
College of the Holy Cross 9/87—5/91
B.A. Sociology: GPA 3.2

Certifications:

Registered Nurse 5/97 - Present
Certified Asthma Educator 6/06 - Present

Experience:

Families First Health and Support Center
Homeless Health Care Project Director 5/2011—Present
Provide overall organization, management and delivery of patient care services for the project. Oversees staff and participates on the Management Team. Oversees quality improvement, reporting and systems management.
Homeless Health Care Nurse 9/05—5/2011
Provide primary nursing care to homeless patients in a mobile health setting.
Quality Improvement Director 6/01—Present
Responsible for all quality assurance and improvement activities for the agency. Participates on the Quality Improvement Committee of the Board of Directors.
Clinical Operations Director 9/98—6/01
Provide oversight of clinical operations for community health center. Responsible for development and implementation of quality assurance plan. Assist in the development of grant proposals and assure health center compliance with requirements. Responsible for clinical staffing and supervision.

Wentworth-Douglas Hospital--Dunaway North/Pediatrics 6/97--4/99
Staff Nurse/Charge Nurse/Per Diem Nurse
Provided primary nursing care to pediatric, adolescent, and adult patients. Performed or assisted in outpatient procedures. Assumed Charge Nurse responsibilities as of 11/97.

Developmental Services of Strafford County 3/98--9/98
Infant —Toddler Program Nurse
Perform developmental assessments. Provide staff and families with education and consultation regarding medical issues. Provide developmental stimulation to children within a transdisciplinary model.

Partners in Health Project 9/94--3/98
Family Support Coordinator
Provided resource coordination, education, advocacy, and support to families of children with chronic illnesses. Coordinated activities of leadership council. Prepared and held community presentations. Organized community initiatives. Directed program development.

United Cerebral Palsy of Washington and Northern Virginia 12/92--8/94 *Coordinator of Family Support Services*
Provided the overall coordination and supervision of the Family Support Department, including seven separate programs. Directed quality assurance activities. Developed training curriculum and public education materials. Coordinated three-year research project. Maintained services within budgetary limits. Initiated and directed department expansion.

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

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 8, 2012

APPROVED BY: _____
DATE _____
APPROVED G&C #69
DATE 6/6/12
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 Families First of the Greater Seacoast (Vendor #166629-B001), 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03801, in an amount not to exceed $115,124.00, to provide primary care services for individuals experiencing homelessness, to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2014. Funds are available in the following account for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budget.

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	$57,562
SFY 2014	102-500731	Contracts for Program Services	90080000	$57,562
			Sub-Total	$115,124

EXPLANATION

Funds in this agreement will be used to provide outreach and case management services, primary medical and dental care, 24-hour emergency services, mental health and substance abuse counseling and treatment to people who are experiencing homelessness.

Community health agencies deliver primary and preventive health care services to underserved people who face barriers to accessing health care, such as a lack of insurance, inability to pay, cultural and ethnic issues, and geographic isolation. However, there are people whose needs have not been fully met in traditional office-based health care centers. In particular, the needs of homeless individuals and families are far more complex than the general population. People who are homeless suffer from health care problems at more than double the rate of individuals with stable housing. Homeless individuals also experience barriers trying to access mainstream health care often due to a lack of transportation and the limited hours of service available at most community health agencies.

In New Hampshire, 4,942 individuals were sheltered in one of the State-Funded Shelters across the state in State Fiscal Year 2011.[1] Of those who received services, 3,311 were single adults, 691 adults were in 528 families with 940 children; 634 were victims of domestic violence.[2] An additional 728 individuals were the "hidden homeless," those persons who are temporarily doubled up, "couch surfing," or living precariously in overcrowded or unsafe conditions.[3]

Homeless individuals are burdened with additional needs including mental illness, substance abuse and chronic health conditions such as HIV/AIDS. Nationally, health conditions such as hypertension, diabetes, depression and alcohol and substance abuse rank among the highest diagnoses.[4]

This funding will support a multidisciplinary approach to delivering care to individuals experiencing homelessness, combining aggressive street outreach with an integrated system of primary care, mental health and substance abuse services, case management, and client advocacy. Particular emphasis is placed on coordinating efforts with other community providers and social service agencies.

Should Governor and Executive Council not authorize this Request, a minimum of 1,540 low-income homeless individuals from the Rockingham area 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.

Families First of the Greater Seacoast was selected for this project to serve the Rockingham area through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 3, 2012 through March 8, 2012 soliciting proposals to cover all of Rockingham and Hillsborough counties. In addition, a bidder's conference, conference call, and web conference were held on February 9, 2012 to alert agencies to this bid.

Three proposals were received in response to the posting. There were no competing applications for the Rockingham and Hillsborough counties solicited in the Requests for Proposals. Three professionals, who work internal and external to the Department of Health and Human Services, scored each proposal. All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless services; quality assurance and performance improvement; chronic and communicable diseases; and public health infrastructure. 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. Scores were averaged and all proposals were recommended for funding. 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,

[1] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[2] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[3] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[4] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

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 $204,880. This represents a decrease of $89,756. The decrease is due to budget reductions.

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

Area served: Rockingham County.

Source of Funds: 19.95% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 80.05% 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/JF/PT/sc

Primary Care for the Homeless Performance Measures

Primary Care for the Homeless Performance Measure #1

Patient Payor Mix

Primary Care for the Homeless Performance Measure #2

Percent of clients who received at least one formal, validated depression screening annually while enrolled in the program.

Primary Care for the Homeless Performance Measure #3

Percent of clients identified that received further evaluation for depression.

Primary Care for the Homeless Performance Measure #4

Percent of adult client encounters with blood pressure recorded.

Primary Care for the Homeless Performance Measure #5

Percent of adult client encounters where either the systolic blood pressure $\geq$ 140mmHg or diastolic blood pressure is $\geq$ 90mmHg, with a documented plan of care for hypertension.

Primary Care for the Homeless Performance Measure #6

Percent of adult clients with a documented formal, validated screening for alcohol or other substance abuse annually while enrolled in the program.

Primary Care for the Homeless Performance Measure #7

Percent of adult clients identified that received treatment for alcohol or substance abuse.

Subject: Primary Care Services for the Homeless

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services	**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504
1.3 Contractor Name Families First of the Greater Seacoast	**1.4 Contractor Address** 100 Campus Drive, Suite 12 Portsmouth, New Hampshire 03801
1.5 Contractor Phone Number 603-422-8208	**1.6 Account Number** 010-090-5190-102-500731
1.7 Completion Date June 30, 2014	**1.8 Price Limitation** $115,124
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief	**1.10 State Agency Telephone Number** 603-271-4501
1.11 Contractor Signature Helen B. Taft	**1.12 Name and Title of Contractor Signatory** Helen B. Taft, Executive Director / President

1.13 Acknowledgement: State of NH, County of Rockingham

On 4/4/12, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

My Commission Expires March 7, 2017

[Seal] Nancy Casko

1.13.2 Name and Title of Notary or Justice of the Peace

NANCY CASKO, NOTARY

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory** Brat S Dupee ~~Joan H. Ascheim~~, Bureau Chief

1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)*

By: Director, On:

1.17 Approval by the Attorney General (Form, Substance and Execution)

By: Kenneth E. Merrick, Attorney On: 15 May 2012

1.18 Approval by the Governor and Executive Council

By: On:

NH Department of Health and Human Services

Exhibit A

Scope of Services

Primary Care Services for the Homeless

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: Families First of the Greater Seacoast

ADDRESS: 100 Campus Drive, Suite 12
Portsmouth, New Hampshire 03801
Executive Director: Helen Taft
TELEPHONE: 603-422-8208

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Primary care services will be provided to homeless, low-income individuals and 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. Using flexible hours and minimal use of appointment systems, services may be provided in:
   - Permanent office based locations
   - Mobile or temporary delivery locations

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

3. The Contractor shall document, 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 the most recent version of the 800P form with the client.

4. 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 patients. *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.

5. 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, Medicare, and Medicaid for all reimbursable services rendered.

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B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 770 users with 2400 medical encounters, as defined in the Data and Reporting Requirements for State Fiscal Year 2013. Clinical service reimbursements shall not exceed the Medicare rate.

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.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. 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. When feasible and appropriate, 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 provide 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 30*1, adopted 6/3/08.

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 thereunder.

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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. Primary Care for the Homeless funds shall be targeted to homeless populations in need. Homeless populations are defined as follows:

   - Individuals who lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations

   - Individuals who are residents in transitional housing.

   - Individuals who are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members may be considered homeless.

   - Individuals who are to be released from a prison or a hospital may also be considered homeless if they do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

   - Individuals may continue receiving primary care services for one year following placement in permanent housing.

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), Community Health Accreditation Program (CHAP) or the *Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.*

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

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 (14.1).

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.

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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 patients 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 patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.*

2. Primary Care Services

The Contractor shall provide primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, ARNP, 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.

b) Referral to WIC Nutrition Program for all eligible pregnant women, infants, and children.

c) In-hospital care for conditions within the scope of 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.

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

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

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatric Society.

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

h) *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.

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

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j) Assisted living and skilled nursing facility care by referral.

k) Oral screening, as part of the annual health maintenance visit, for all clients 19 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health. as part of the health maintenance visit.

l) Diagnosis and management of pediatric and adult patients 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

The Contractor shall provide or arrange referral for prenatal, internatal and preconception medical care, social services, nutrition services, education and nursing care to all women of childbearing age. Preconceptional care includes the preconception, internatal and postpartum periods in women's health. It is recommended that preconceptional and internatal care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor, a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) If provided directly, prenatal care shall, at minimum, be in accordance with the *Guidelines for Perinatal Care, sixth* or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists (ACOG), and /or the Centers for Disease Control.

c) Genetic Screening:
   i. A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.
   ii. All pregnant women entering care prior to 20 weeks gestation shall be offered voluntary genetic screening for fetal chromosomal abnormalities following the recommendations found in the ACOG Compendium of Selected Publications (2006) or more recent supplements. The Contractor shall be responsible for referral to appropriate genetic testing and counseling services for any woman found to have a positive screening test.

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

e) Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother *at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate.* Rationale for birth intervals of 18-24 months shall be presented.

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

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent 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. Children and adolescent visits shall include:

a) Blood lead testing shall be performed 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.

b) All children enrolled in either Healthy Kids-Gold 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.

c) 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)".

d) 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 receive an oral health assessment at every well child visit.

e) *Supplemental* fluoride shall be prescribed as needed based upon the fluoride levels in the child'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.*

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

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment for 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, including women, 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 woman found to screen positive.

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

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6. 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 5 A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline* as cited in the U.S. Public Health Service 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).*

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) 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", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States"* 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.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. 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.

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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 positions:

a) executive director

b) financial director

c) registered nurse

d) clinical coordinator

e) medical *service* director (or by contract)

f) nutritionist (on site or by referral)

g) social worker

Agencies are required to provide direct services by the following professionals:

a) physician, advanced registered nurse practitioner, or physician's assistant

b) registered nurse

c) clinical coordinator

d) 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
   a. 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:
   a. 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.

   b. 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:

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Date 9/9/12

a. 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.

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

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

   c. Coordinator may be responsible for more than one MCH funded program.

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 engage in outreach activities to identify homeless individuals and educate them about the availability of primary care services. This should be done in coordination with other service providers, when appropriate.

3. 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.

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

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5. 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.

6. 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. MCHS Agency Medical 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 RHPCS and 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 RHPCS and MCHS. *MCHS* will provide the contractor with reasonable notice of such changes.

5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care *Clinical and Financial*, Child Health, and Prenatal Care.

B) Additional Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS and 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

Contractor Initials: [illegible]

Date: 4/4/12

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. If prenatal care is provided, Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. 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.

6. 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), or Accreditation Association for Ambulatory Healthcare (AAAHC). 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.

Contractor Initials: _____

Date: 4/7/12

NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Primary Care Services for the Homeless

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: **Families First of the Greater Seacoast**

ADDRESS: **100 Campus Drive, Suite 12**
Portsmouth, New Hampshire 03801
Executive Director: **Helen Taft**
TELEPHONE: **603-422-8208**

Vendor #166629-B001 Job #90080000 Appropriation #010-090-51900000-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

   $115,124 for Primary Care Services for the Homeless, funded from 19.95% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (CFDA #93.994) and 80.05% general funds.

TOTAL: $115,124

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.

3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the month up to an amount not greater than one-twelfth of the contract amount. Reimbursement greater than one-twelfth of the contract amount in any month shall require prior, written permission from the State.

4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.

5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.

6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.

Contractor Initials: _____

Date. 7/4/12

7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars ($300) and with a useful life beyond one year.

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Contractor Initials: [illegible]

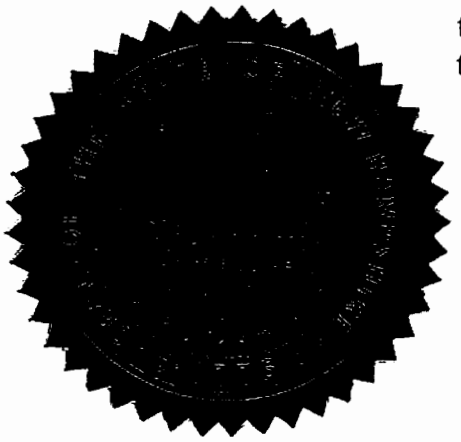
Date: 4/4/12

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 FAMILIES FIRST OF THE GREATER SEACOAST is a New Hampshire nonprofit corporation formed August 28, 1986. 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 2nd day of April A.D. 2012



William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Kathleen MacLeod, of the Families First of the Greater Seacoast, do hereby certify that:

1. I am the duly elected Chair of the Families First of the Greater Seacoast;

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, held on April 4, 2012.

   RESOLVED: That this Corporation may enter into contracts with the State of New Hampshire, acting through its Department of Health and Human Services;

   RESOLVED: That the Executive Director/President of the Families First of the Greater Seacoast has the authority 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. Helen B. Taft is the duly appointed Executive Director/President of the Families First of the Greater Seacoast.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of April 4, 2012.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Families First of the Greater Seacoast this 4th day of April 2012.

K MacLeod

Kathleen MacLeod, Chair

STATE OF NEW HAMPSHIRE
COUNTY OF ROCKINGHAM

The foregoing instrument was acknowledged before me this 4th day of April, 2012 by Kathleen MacLeod.

Nancy Caskin

Notary Public/Justice of the Peace

My Commission Expires: My Commission Expires March 7, 2017

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/23/2012

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: Tamie Rhodes CIC CISR	
Tobey & Merrill Insurance 20 High Street Hampton NH 03842-2214	PHONE (A/C, No, Ext): (603) 926-7655	FAX (A/C, No): (603) 926-2135
	E-MAIL ADDRESS: tamie@tobeymerrill.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Peerless Indemnity	18333
INSURED	INSURER B : Peerless Insurance	24198
FAMILIES FIRST OF THE GREATER SEACOAST 100 CAMPUS DR STE 12 Suite 12 PORTSMOUTH NH 03801	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL121900825 **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			BOP8358757	12/29/2011	12/29/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 50,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS			BA5375202	12/29/2011	12/29/2012	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
B	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			CU8353458	12/29/2011	12/29/2012	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
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		WC5055429	12/29/2011	12/29/2012	WC STATU-TORY LIMITS [X] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

CERTIFICATE HOLDER

The Director, Div. of Public Health Svcs
NH DHHS
29 Hazen Drive
Concord, NH 03301-6504

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

T Rhodes CIC CISR/TLR Tamie L. Rhodes

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Harbor Homes, Inc.

This 1st Amendment to the Harbor Homes, Inc., contract (hereinafter referred to as "Amendment One") dated this 18th 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 Harbor Homes, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 45 High Street, Nashua, New Hampshire 03060.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012, 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 primary health care services for the homeless, preventive and episodic health care for acute and chronic health conditions for people of all ages.

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: $225,045

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

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

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $17,706 for SFY 2014 and $88,787 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $17,706 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $88,787 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: PV
Date: 3/18/14

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 1,
  Exhibit B-1 (2015) - Amendment 1

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

Contractor Initials: PV
Date: 3/18/14

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

4/9/14
Date

Brook Dupee
Bureau Chief

Harbor Home, Inc.

3/18/14
Date

Name: Peter Kelleher
Title: President & CEO

Acknowledgement:

State of New Hampshire, County of Hillsborough on 3/18/14, 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

Laurel Lefavor Notary
Name and Title of Notary or Justice of the Peace

LAUREL A. LEFAVOR, Notary Public
My Commission Expires September 22, 2015

Contractor Initials: PK
Date: 3/18/14

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

OFFICE OF THE ATTORNEY GENERAL

4/17/14
Date

Name: Amanda C. Goodenough
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

_____
Date

Name:
Title:

Contractor Initials: PC
Date: 3/18/14

Scope of Services

The Department desires to provide additional primary health care services for the homeless, preventive and episodic health care for acute and chronic health conditions for people of all ages.

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Primary care services will be provided to homeless, low-income individuals and 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. Using flexible hours and minimal use of appointment systems, services may be provided in:
   - Permanent office based locations
   - Mobile or temporary delivery locations

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

3. The Contractor shall document, 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 the most recent version of the 800P form with the client.

4. 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 patients. 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.

5. 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, Medicare, and Medicaid for all reimbursable services rendered.

B) **Numbers Served**

1. The contract funds shall be expended to provide the above services to a minimum of 560 users with 1,776 medical encounters, as defined in the Data and Reporting Requirements for State Fiscal Year 2014. Clinical service reimbursements shall not exceed the Medicare rate.

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.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. 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. When feasible and appropriate, 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 provide 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, adopted 6/3/08.

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 thereunder.

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. Primary Care for the Homeless funds shall be targeted to homeless populations in need. Homeless populations are defined as follows:

   - Individuals who lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations

   - Individuals who are residents in transitional housing.

   - Individuals who are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members may be considered homeless.

   - Individuals who are to be released from a prison or a hospital may also be considered homeless if they do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

   - Individuals may continue receiving primary care services for one year following placement in permanent housing.

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), Community Health Accreditation Program (CHAP) or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

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

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 (14.1).

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 patients 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 patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

2. Primary Care Services

The Contractor shall provide primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, ARNP, 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.

b) Referral to WIC Nutrition Program for all eligible pregnant women, infants, and children.

c) In-hospital care for conditions within the scope of 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.

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

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

f Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatric Society.

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

h) 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.

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

j) Assisted living and skilled nursing facility care by referral.

k) Oral screening, as part of the annual health maintenance visit, for all clients 21 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.

l) Diagnosis and management of pediatric and adult patients 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

The Contractor shall provide or arrange referral for prenatal, internatal and preconception medical care, social services, nutrition services, education and nursing care to all women of childbearing age. Preconceptional care includes the preconception, internatal and postpartum periods in women's health. It is recommended that preconceptional and internatal care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor, a formal Memorandum of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) If provided directly, prenatal care shall, at minimum, be in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists (ACOG), and /or the Centers for Disease Control.

c) Genetic Screening:

i. A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

ii. All pregnant women entering care prior to 20 weeks gestation shall be offered voluntary genetic screening for fetal chromosomal abnormalities following the recommendations found in the ACOG Compendium of Selected Publications (2006) or more recent supplements. The Contractor shall be responsible for referral to appropriate genetic testing and counseling services for any woman found to have a positive screening test.

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

e) Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate. Rationale for birth intervals of 18-24 months shall be presented.

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

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent 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. Children and adolescent visits shall include:

a) 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.

b) Blood lead testing shall be performed 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.

c) All children enrolled in either Medicaid, Head Start, 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 blood lead test performed.

d) 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)".

e) 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 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.

f) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child'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.

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

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment for 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, including women, 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 woman found to screen positive.

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

6. 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 5 A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline as cited in the U.S. Public Health Service 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).

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Immunization Schedule for Adults (19 years and older) by Age and Medical Condition - United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) 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", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States" 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.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. 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 positions:

a) executive director

b) financial director

c) registered nurse

d) clinical coordinator

e) medical service director (or by contract)

f) nutritionist (on site or by referral)

g) social worker

Agencies are required to provide direct services by the following professionals:

a) physician, advanced registered nurse practitioner, or physician's assistant

b) registered nurse

c) clinical coordinator

d) 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

   a. 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:

   a. 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.

   b. 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:

a. 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.

b. 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:

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

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

c. Coordinator may be responsible for more than one MCH funded program.

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 engage in outreach activities to identify homeless individuals and educate them about the availability of primary care services. This should be done in coordination with other service providers, when appropriate.

3. 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.

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

5. 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.

6. 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. MCHS Agency Medical 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 RHPCS and 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 RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.

5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care Clinical and Financial, Child Health, and Prenatal Care.

B) Additional Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS and 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. If prenatal care is provided, Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. 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.
6. 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), or Accreditation Association for Ambulatory Healthcare (AAAHC). 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.

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Indicator #1

Measure: Patient Payor Mix

Goal: To allow monitoring of payment method trends at State funded primary care sites for the homeless.

Definition: Patients enrolled in Medicare, Medicaid, Commercial insurance, or uninsured that have had at least one visit/encounter during the last reporting period.

Data Source: Provided by agency

Note: 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).

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #1

Measure: Percent of clients who received at least one formal, validated depression screening annually while enrolled in the program.

Goal: All clients enrolled in the Homeless program will receive formal, validated screening for depression and supports in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients in the denominator who received a formal, validated depression screening at least quarterly while enrolled in the program.

Denominator-
Total number of client encounters.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #2

Measure: Percent of clients who had positive screening results and were further evaluated for depression.

Goal: All clients enrolled in the Homeless program will receive formal, validated screening for depression and supports in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients in the denominator who received further evaluation for depression.

Denominator-
Total number of clients served in the past fiscal year that required further evaluation for depression as indicated by a formal, validated depression screening instrument.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #3

Measure: Percent of adult client encounters with blood pressure recorded.

Goal: All clients enrolled in the Primacy Care for the Homeless program will receive consistent, high quality care for hypertension.

Definition: **Numerator-**
The number of adult clients in the denominator who have their blood pressure documented at each encounter.

Denominator-
Total number of adult clients served in the past fiscal year.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #4

Measure:* 58%** of adult patients 18 – 85 years of age diagnosed with hypertension will have a blood pressure measurement less than 140/90 mm at the time of their last measurement.

Goal: To ensure patients diagnosed with hypertension are adequately controlled.

Definition: **Numerator-**
Number of patients from the denominator with blood pressure measurement less than 140/90 mm at the time of their last measurement.

Denominator-
Number of patients age 18 – 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

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

*Measure based on the National Quality Forum 0018

**2020 National Target 61.2%

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #5

Measure: Percent of adult clients with a documented formal, validated screening for alcohol or other substance abuse annually while enrolled in the program.

Goal: All clients enrolled in the Primacy Care for the Homeless program will receive formal, validated screening for alcohol and substance abuse in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients in the denominator who received a formal, validated screening for alcohol or other drug substance abuse at least annually while enrolled in the program.

Denominator-
Total number of clients served in the past fiscal year.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #6

Measure: Percent of adult clients who had positive screening results and received treatment for alcohol or substance abuse.

Goal: All clients enrolled in the Primacy Care for the Homeless program will receive formal, validated screening for alcohol and substance abuse in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients who received treatment, directly by the agency or through referral, for treatment of alcohol or other substance abuse.

Denominator-
Total number of clients identified with an alcohol or other substance abuse problem.

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

Exhibit B-1 (2014) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Harbor Homes, Inc.

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

Budget Period: SFY 2014

1. Total Salary/Wages	$ 12,700.00	$ -	$ 12,700.00
2. Employee Benefits	$ 4,064.00	$ -	$ 4,064.00
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	$ 942.00	$ -	$ 942.00
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	**$ 17,706.00**	**$ -**	**$ 17,706.00**

Indirect As A Percent of Direct 0.0%

Contractor Initials: KJ

Date: 3/15/14

Exhibit B-1 (2015) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Harbor Homes, Inc.

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

Budget Period: SFY 2015

1. Total Salary/Wages	$ 59,739.00	$ -	$ 59,739.00
2. Employee Benefits	$ 19,116.00	$ -	$ 19,116.00
3. Consultants	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ 3,000.00	$ -	$ 3,000.00
Office	$ 120.00	$ -	$ 120.00
6. Travel	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone	$ 1,112.00	$ -	$ 1,112.00
Postage	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance	$ 2,500.00	$ -	$ 2,500.00
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 3,200.00	$ -	$ 3,200.00
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	**$ 88,787.00**	**$ -**	**$ 88,787.00**

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 3/18/14

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 HARBOR HOMES, INC. is a New Hampshire nonprofit corporation formed February 15, 1980. 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 11th day of March A.D. 2014

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Laurie Goguen of Harbor Homes Inc., do hereby certify that:

1. I am the duly elected Secretary of Harbor Homes Inc.;

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, duly held on March 12, 2014;

   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.

   RESOLVED: That the President 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. Peter Kelleher is the duly elected President & CEO of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of March 18, 2014.

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the corporation this 18th day of March, 2014.

Laurie Goguen, Secretary

STATE OF NH

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 18th day of March, 2014 by Laurie Goguen.

Notary Public/Justice of the Peace

My Commission Expires:

LAUREL A. LEFAVOR, Notary Public
My Commission Expires September 22, 2015

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/5/2014

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: Tara Dean, CIC
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: tdean@crossagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Citizens Ins Co of America	31534
INSURER B: Hanover Ins Co.	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Harbor Homes, Inc. 45 High Street Nashua NH 03060

COVERAGES **CERTIFICATE NUMBER:** CL1371889450 **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			ZBV970714700	7/1/2013	7/1/2014	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 $ 3,000,000 $ 3,000,000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS [X] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			AHV970600300	7/1/2013	7/1/2014	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured motorist combined	$ 1,000,000 $ $ $ $ 1,000,000
B	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			UHV970913300	7/1/2013	7/1/2014	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
	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					WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	Professional Liability			ZBV970714700 excl Harbor Homes clinic	7/1/2013	7/1/2014	1,000,000 Ea Wrongful Act 3,000,000 Aggregate	

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

Department of Health and Human Services
Attn: Contracts and Procurement Unit
129 Pleasant Street
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

Tara Dean, CIC/TXD Tara C. Dean

Client#: 496014 HARBOHOM

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/04/2014

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:	
USI Insurance Services LLC PO Box 6360 Manchester, NH 03108-6360 603 625-1100	PHONE (A/C, No, Ext): 603 625-1100	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : QBE Insurance Corporation	39217
INSURED Harbor Homes, Inc. 45 High Street Nashua, NH 03064	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		QWC3000056	11/26/2013	11/26/2014	☐ 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)

** Supplemental Name **

Harbor Homes II, Inc.

Harbor Homes III, Inc.

Welcoming Light, Inc.

Healthy At Home, Inc.

(See Attached Descriptions)

CERTIFICATE HOLDER

DHHS
Contracts and Procurement Unit
129 Pleasant Street
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

E. Gould Lunn

BXFCA

HARBOR HOMES, INC.

Financial Statements

For the Year Ended June 30, 2013

(With Independent Auditors' Report Thereon)

MH&Co
MELANSON HEATH & COMPANY, PC
CERTIFIED PUBLIC ACCOUNTANTS
MANAGEMENT ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Harbor Homes, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of Harbor Homes, Inc., which comprise the statement of financial position as of June 30, 2013, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our 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 Harbor Homes, Inc. as of June 30, 2013, and the changes in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Activities by Cost Center and the Schedule of Expenses are presented for purposes of additional analysis and are 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 December 9, 2013 on our consideration of the Harbor Homes, Inc.'s internal control over financial reporting and on 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 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 Harbor Homes Inc.'s internal control over financial reporting and compliance.

Melanson, Heath + Company P.C.

Nashua, New Hampshire
December 9, 2013

HARBOR HOMES, INC.

Statement of Financial Position

June 30, 2013

	HUD I Program	HUD VI Program	Program Operations	Total
ASSETS				
Current Assets:				
Cash and cash equivalents	$ 4,325	$ 716	$ 435,481	$ 440,522
Accounts receivable, net of allowance for uncollectible accounts	201	1,352	693,720	695,273
Promises to give	-	-	50,000	50,000
Due from HUD Programs	-	-	6,177	6,177
Due from related organizations	-	-	79,954	79,954
Prepaid expenses	-	-	27,203	27,203
Total Current Assets	4,526	2,068	1,292,535	1,299,129
Property and Equipment, net of accumulated depreciation	85,214	300,707	15,951,685	16,337,606
Non-current Assets:				
Restricted deposits and funded reserves	54,647	16,430	128,629	199,706
Due from HUD Programs	-	-	33,292	33,292
Due from related organizations	-	-	227,592	227,592
Promises to give	-	-	50,000	50,000
Beneficial interest	-	-	128,237	128,237
Other assets	-	-	29,446	29,446
Total Non-current Assets	54,647	16,430	597,196	668,273
Total Assets	$ 144,387	$ 319,205	$ 17,841,416	$ 18,305,008
LIABILITIES AND NET ASSETS				
Current Liabilities:				
Accounts payable	$ 1,279	$ 1,202	$ 242,237	$ 244,718
Accrued and other liabilities	1,361	1,416	494,759	497,536
Due to program operations	6,177	-	-	6,177
Due to related organizations	-	-	76,521	76,521
Other liabilities	4,248	-	-	4,248
Line of credit	-	-	807,868	807,868
Deferred revenue	-	-	63,657	63,657
Current portion of mortgages payable	12,818	4,191	210,418	227,427
Total Current Liabilities	25,883	6,809	1,895,460	1,928,152
Long Term Liabilities:				
Due to program operations	-	33,292	-	33,292
Due to related organizations	-	-	75,000	75,000
Security deposits	2,327	906	34,189	37,422
Other liabilities	-	-	29,446	29,446
Mortgages payable, tax credits	-	-	163,453	163,453
Mortgages payable, net of current portion	163,624	234,615	6,915,304	7,313,543
Mortgages payable, deferred	-	-	5,242,834	5,242,834
Total Long Term Liabilities	165,951	268,813	12,460,226	12,894,990
Total Liabilities	191,834	275,622	14,355,686	14,823,142
Unrestricted Net Assets (Deficit):				
HUD programs	(47,447)	43,583	-	(3,864)
Program operations	-	-	3,262,622	3,262,622
Temporarily Restricted Net Assets	-	-	223,108	223,108
Total Net Assets (Deficit)	(47,447)	43,583	3,485,730	3,481,866
Total Liabilities and Net Assets	$ 144,387	$ 319,205	$ 17,841,416	$ 18,305,008

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

HARBOR HOMES, INC.

Statement of Activities

For the Year Ended June 30, 2013

	Unrestricted Net Assets			Temporarily Restricted Net Assets	Total
	HUD I Program	HUD VI Program	Program Operations		
Public Support and Revenue:					
Public Support:					
Federal grants	$ -	$ -	$ 1,768,749	$ -	$ 1,768,749
State, local, and other grants	-	-	815,730	-	815,730
Donations	-	-	186,200	265,000	451,200
Donations in-kind	-	-	61,023	-	61,023
Net assets released from restriction	-	-	66,302	(66,302)	-
Total Public Support	-	-	2,898,004	198,698	3,096,702
Revenue:					
Department of Housing and Urban Development	39,623	50,959	2,469,804	-	2,560,386
Veterans Administrative grants	-	-	1,852,023	-	1,852,023
Medicaid - Federal and State	-	-	765,847	-	765,847
Rent and service charges, net	25,129	22,212	464,986	-	512,327
Contracted services	-	-	357,845	-	357,845
Outside rent	-	-	165,216	-	165,216
Miscellaneous	2,387	310	94,280	-	96,977
Employment projects	-	-	63,792	-	63,792
Food and common area fees	-	-	61,643	-	61,643
Management fees	-	-	34,425	-	34,425
Medicare revenue	-	-	25,818	-	25,818
Unrealized gain/(loss)	-	-	12,269	-	12,269
Interest	28	30	279	-	337
Loss on disposal of fixed assets	-	-	(1,580)	-	(1,580)
Sliding fee and free care	-	-	(23,456)	-	(23,456)
Bad debts	(34)	(7,238)	(26,792)	-	(34,064)
Total Revenue	67,133	66,273	6,316,399	-	6,449,805
Total Public Support and Revenue	67,133	66,273	9,214,403	198,698	9,546,507
Expenses:					
Program	81,065	76,279	7,795,538	-	7,952,882
Administration	20,019	9,365	1,424,791	-	1,454,175
Fundraising	-	-	193,625	-	193,625
Total Expenses	101,084	85,644	9,413,954	-	9,600,682
Change in net assets	(33,951)	(19,371)	(199,551)	198,698	(54,175)
Net Assets (Deficit), Beginning of Year	(13,496)	62,954	3,462,173	24,410	3,536,041
Net Assets (Deficit), End of Year	$ (47,447)	$ 43,583	$ 3,262,622	$ 223,108	$ 3,481,866

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

HARBOR HOMES, INC.

Statement of Functional Expenses

For the Year Ended June 30, 2013

	Program	Administration	Fundraising	Total
Expenses:				
Accounting fees	$ -	$ 45,200	$ -	$ 45,200
Advertising and printing	28,553	657	-	29,210
Client services and assistance	28,395	-	-	28,395
Client transportation	10,212	-	-	10,212
Conference and conventions	37,124	190	-	37,314
Contract labor	155,287	16,525	-	171,812
Employee benefits	487,077	183,542	24,441	695,060
Enabling services	139	-	-	139
Equipment rental	1,396	7,644	-	9,040
Food	50,373	102	-	50,475
Fundraising expenses	-	-	4,843	4,843
Garbage and trash removal	12,462	7,271	62	19,795
Grants	225,293	-	-	225,293
Information technology	125,977	25,923	3	151,903
Interest expense - mortgage	307,793	20,500	368	328,661
Interest expense - other	-	37,772	-	37,772
Journals and publications	1,078	75	-	1,153
Legal fees	47,104	20,051	-	67,155
Management fees	-	11,169	-	11,169
Medical and clothing	68,605	-	-	68,605
Dues and subscriptions	3,652	3,695	-	7,347
Office supplies	31,846	10,486	335	42,667
Operating and maintenance	103,256	31,281	169	134,706
Operational supplies	54,845	7,974	71	62,890
Other expenditures	5,237	23,746	110	29,093
Payroll taxes	277,011	63,085	13,519	353,615
Postage/shipping	3,416	4,492	497	8,405
Professional fees	116,132	4,797	-	120,929
Property and liability insurance	100,841	16,578	290	117,709
Property taxes	14,198	-	-	14,198
Rent expense	1,991,130	-	-	1,991,130
Salary and wages	2,771,920	746,870	146,992	3,665,782
Security deposits	38,063	-	-	38,063
Snow removal	32,080	8,493	56	40,629
Staff development	9,141	367	25	9,533
Staff expense	18,066	7,405	102	25,573
Staff transportation	42,943	24,038	859	67,840
Telephone/communications	36,248	31,021	60	67,329
Utilities	194,001	49,933	254	244,188
Vehicle expenses	23,696	-	-	23,696
Total Expenses Before Depreciation	7,454,590	1,410,882	193,056	9,058,528
Depreciation	498,292	43,293	569	542,154
Total functional expenses	$ 7,952,882	$ 1,454,175	$ 193,625	$ 9,600,682

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

HARBOR HOMES, INC.

Statement of Cash Flows

For the Year Ended June 30, 2013

Cash Flows From Operating Activities:	
Change in net assets	$ (54,175)
Adjustments to reconcile change in net assets to net cash from operating activities:	
Depreciation	542,154
Loss on disposal of fixed assets	1,580
Gain on beneficial interest	(12,062)
(Increase) Decrease In:	
Accounts receivable	51,068
Promises to give	(75,000)
Prepaid expenses	(22,364)
Other assets	(29,446)
Increase (Decrease) In:	
Accounts payable	(45,594)
Accrued and other liabilities	119,341
Deferred revenue	63,657
Other liabilities	33,694
Net Cash Provided by Operating Activities	572,853
Cash Flows From Investing Activities:	
Restricted deposits and funded reserves	76,421
Security deposits	(3,143)
Purchase of fixed assets	(817,241)
Net Cash Used by Investing Activities	(743,963)
Cash Flows From Financing Activities:	
Payments on line of credit	(2,131)
Payments on long term borrowings	(302,284)
Net change in due to/from related organizations	126,467
Net Cash Used by Financing Activities	(177,948)
Net Decrease	(349,058)
Cash and Cash Equivalents, Beginning of Year	789,580
Cash and Cash Equivalents, End of Year	$ 440,522
Supplemental disclosures of cash flow information:	
Interest paid	$ 377,285
Non-cash financing activities	$ 2,584,700

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

Web-Library

An Internal Employee Resource Center

Home

Harbor Homes, Inc.

Mission Statement

To create and provide quality residential and supportive services for persons (and their families) challenged by mental illness and homelessness.

Overview

- **A private, nonprofit agency, Harbor Homes is a beacon for people challenged by mental illness and/or homelessness or chronic homelessness.**
- **Built upon a core belief that individuality, dignity, self-respect and a safe place to live are key to a person's ability to contribute to society. more**

Harbor Homes, Inc

5 Year Goals and Objectives

Back to Mission Statement and Overviews

HARBOR HOMES, INC. AND AFFILIATES BOARD OF DIRECTORS

(Harbor Homes, Inc., HH Ownership, Inc., Welcoming Light, Inc., Healthy At Home, Inc., Milford Regional Counseling Services, Inc. Greater Nashua Council on Alcoholism, Inc., Southern NH HIV Task Force)

David Aponovich - (6/16) — **Treasurer**
(2nd term +)

Vincent Chamberlain - (6/15) — **Vice Chair**
(1st term)

Pastor Geoff DeFranca - [redacted] — (Resource/Development/
(1st term)

Laurie Des Rochers - (6-15) — (Facilities Committee)
(1st term) (Resource/Development/
Planning Committee)

Robert Fischer - [redacted] — **Chair of the Board**
(2nd term +) (Resource/Development/
Planning Committee)
(HCC Oversight Committee)

Laurie Goguen - (6-16) — **Secretary**
(2nd term) (Governance Committee)
(HCC Oversight Committee)
(Executive Committee)

Nathan Goodwin - (6-16)
(1st term)

Alphonse Haettenschwiller - (6/15) — (Finance Committee)
(2nd term) (HCC Oversight Committee, Chair)

Robert Kelliher - [redacted] — (Chair, Facilities Committee)
(2nd term)
(Governance Committee)

Lynn King - (6-16) — (Resource/Development/
(1st term) Planning Committee)
(Chair, Governance Committee)

Captain James Lima - (6/15) — (Governance Committee)
(1st term) (Facilities Committee)

Naomi Moody - (6/16) — (Committee Assignment-Pending)
(1st term)

Dan Sallet - [redacted] — (Finance Committee)
(1st term)

Trent Smith - [redacted] — (Chair, Executive Committee)
(2nd term) (HCC Oversight Committee)

Revised 1/14

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Harbor Homes, Inc.

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
Peter Kelleher	President & CEO	$119,336	0.00%	$0.00
Gerardo Zayas	Program Manager	$75,000	10.00%	$7,500.00
Graciela S. Sironich-Kalkan	MD, Medical Director	$208,000	2.50%	$5,200.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$12,700.00**

BUDGET PERIOD: SFY 15

Program Area: MCH Primary Care

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Peter Kelleher	President & CEO	$119,336	0.00%	$0.00
Gerardo Zayas	Program Manager	$75,000	10.00%	$7,500.00
Graciela S. Sironich-Kalkan	MD	$208,000	5.00%	$10,400.00
		$0	0.00%	$0.00
		$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$17,900.00**

PETER J. KELLEHER, CCSW, LICSW
45 High Street
Nashua, NH 03060
Telephone: (603) 882-3616
Fax: (603) 595-7414
E-mail: p.kelleher@nhpartnership.org

PROFESSIONAL EXPERIENCE

2006-Present **President & CEO, Southern NH HIV Task Force**
2002-Present **President & CEO, GNCA, Inc. Nashua, NH**
1997-Present **President & CEO, Healthy At Home, Inc., Nashua, NH**
1995-Present **President & CEO, Milford Regional Counseling Services, Inc., Milford, NH**
1995-Present **President & CEO, Welcoming Light, Inc., Nashua, NH**
1982-Present **President & CEO, Harbor Homes, Inc., Nashua, NH**
Currently employed as chief executive officer of six nonprofit corporations (Partnership for Successful Living) creating and providing residential and supportive services, mental health care, primary/preventive health care, substance use disorder treatment and prevention services, supported employment and workforce development, professional training, and in-home health care to individuals and families who are homeless, living with disabilities, and/or are underserved/members of vulnerable populations. Responsible for initiation, development, and oversight of more than 50 programs comprising a $13,000,000 operating budget; proposal development resulting in more than $6,000,000 in grants annually; oversight of 250+ management and direct care professionals.

2003-2006 **Consultant**
Providing consultation and technical assistance throughout the State to aid service and mental health organizations

1980 - 1982 **Real Estate Broker, LeVaux Realty, Cambridge, MA**
Successful sales and property management specialist.

1979 - 1980 **Clinical Coordinator, Task Oriented Communities, Waltham, MA**
Established and provided comprehensive rehabilitation services to approximately 70 mentally ill/ mentally retarded clients. Hired, directly supervised, and trained a full-time staff of 20 residential coordinators. Developed community residences for the above clients in three Boston suburbs. Provided emergency consultation on a 24-hour basis to staff dealing with crisis management in six group homes and one sheltered workshop. Administrative responsibilities included some financial management, quality assurance, and other accountability to state authorities.

1978 - 1979 **Faculty, Middlesex Community College, Bedford, MA**
Instructor for an introductory group psychotherapy course offered through the Social Work Department.

1977 - 1979 **Senior Social Worker/Assistant Director, Massachusetts Tuberculosis Treatment Center II, a unit of Middlesex County Hospital, Waltham, MA**
Functioned as second in command and chief clinical supervisor for eight interdisciplinary team members, and implemented a six-month residential program for individuals afflicted with recurring tuberculosis and alcoholism. Provided group and individual therapy, relaxation training.

1976 **Social Worker, Massachusetts Institute of Technology, Out-Patient Psychiatry, Cambridge, MA**
Employed in full-time summer position providing out patient counseling to individuals and groups of the MIT community.

1971 - 1976 **Program Counselor/Supervisor, Massachusetts Institute of Technology, MIT/Wellesley College Upward Bound Program, Cambridge and Wellesley, MA**
Major responsibilities consisted of psycho educational counseling of Upward Bound students, supervision of tutoring staff, teaching, conducting evaluative research for program policy development.

EDUCATIONAL EXPERIENCE

1975 - 1977 Simmons College School of Social Work, Boston, MA
Cambridge-Somerville Community Mental Health Program, MSW

1971 - 1975 Clark University, Worcester, MA. Received Bachelor of Arts Degree in Psychology

LICENSES AND CERTIFICATIONS

1979 Licensed Real Estate Broker – Massachusetts

1989 Academy of Certified Social Workers – NASW

1990 Licensed Independent Clinical Social Worker - Massachusetts

1994 State of New Hampshire Certified Clinical Social Worker, MA LICSW

PLACEMENTS

1976 - 1977 Cambridge Hospital, In-Patient Psychiatry, Cambridge, MA
Individual, group, and family counseling to hospitalized patients.

1975 - 1976 Massachusetts Institute of Technology, Social Service Department, Cambridge, MA
Similar to above.

FIELD SUPERVISION

1983 - 1984 Antioch/New England Graduate School, Department of Professional Psychology, Keene, NH
1983 - 1984 Rivier College, Department of Psychology, Nashua, NH
1990 – 1991 Rivier College, Department of Psychology, Nashua, NH
1978 - 1979 Middlesex Community College, Social Work Associates Program, Bedford, MA

AWARDS

- High School Valedictorian Award
- National Institute of Mental Health Traineeship in Social Work
- University of New Hampshire Community Development 2003 Community Leader of the Year
- NAMI NH 2007 Annual Award for Systems Change
- Peter Medoff AIDS Housing Award 2007
- The Walter J. Dunfey Corporate Fund Award for Excellence in Non Profit Management 2009
- Business Excellence Award 2010

MEMBERSHIPS

- Member of the National Healthcare for the Homeless Board of Directors
- Former Chair, Governor's State Interagency Council on Homelessness/New Hampshire Policy Academy
- Former Chair, Greater Nashua Continuum of Care
- National Association of Social Workers
- Former Board Member, Greater Nashua Housing & Development Foundation, Inc.
- Former Board Member, New Futures, Concord, NH
- Former Member, Rotary Club, Nashua, NH

Gerardo Zayas Jr. MBA
45 High Street
Nashua, NH 03060
g.zayas@harborhormes.org
(603) 821 – 7788

PROFESSIONAL SUMMARY

An experienced leader with the ability to design and implement a work environment resulting in outstanding client-centered services. An accomplished track-record of leading innovative programs by successfully performing client need assessments, developing employee performance standards and creating effective action plans resulting with the increase of client participation and satisfaction ratings.

EDUCATION

MBA concentration in Healthcare Administration, Plymouth State University, Plymouth, NH **2009**
BS in Criminal Justice, Northeastern University, Boston, MA **2003**

PROFESSIONAL EMPLOYMENT

Director of Clinical Administration
Harbor Homes Inc.
Harbor Care Health & Wellness **2013 - present**
Responsible for managing the medical care and administrative support provided within HCHWC. This includes a combination of administrative and medical practice responsibilities, which are related to the supervision of clinic personnel, policies, procedures, and practice.

PROJECT LIAISON

State of New Hampshire, Office of Minority Health & Refugee Affairs
Health Profession Opportunity Project **2013**
Responsible to strengthen relationships between NH HPOP, NH Employment Program and community colleges in the form of facilitating advisory groups, build and strengthen collaborative approach to reach targeted populations across 4 scattered sites (Nashua, Manchester, Concord and Seacoast). Work with community colleges and the NH University system to increase accessibility of post-secondary education and training in healthcare. Evaluate operations management process and recommend how to best remove barriers to client-centered services. Perform information sessions to recruit clients and community stakeholders to engage in regional advisory boards and councils.

PROGRAM ADMINISTRATOR

Dana Farber Cancer Institute, Boston MA **2011 – 2012**
Implemented and managed The Center for Cancer Genetics and Prevention (CCGP) with 30 employees, providing clinical services and research studies for individuals and families. Responsible for: finance, personnel and other administrative activities including personnel-related administrative processes, recruitment, orientation and training of clinical and administrative staff.

- Developed a three-tiered service delivery model for patients to easily access services from CCGP.
- Increased exam room utilization rate from 60% to above 85% (standard rate is 70%).
- Implemented 24-hour patient issues resolution practice, addressing concerns from 3 days to 24 hours.

COMMUNITY SUPPORT SERVICES PROGRAM DIRECTOR / AREA HEALTH EDUCATION CENTER (CSS/AHEC) (PROMOTED)

Greater Lawrence Family Health Center, Lawrence MA **2004 - 2011**
Spearheaded best standards care practices and staffing plans for 50 employees consisting of medical (licensed) and administrative support professionals among 7 scattered sites responsible for infectious disease prevention, education, testing, HIV and STI care and all social service needs among 40,000 patients accessing services.
Ensured CSS Program was providing patient care within the medical home model of care and retained responsibilities listed in the CSS/AHEC Associate Director responsibilities.

Implemented the HIV Continuous Quality Improvement Committee and established and led performance measures to capture healthier living outcomes for HIV positive clients.
Analyzed market analysis data and determined what services were provided among 7 scattered sites.
Served as the technical expert in the development and implementation of over 8 start-up programs in less than 7 years.
Created solutions resulting in the enhancement of client service delivery – decreased individual re-assessment times from over 2 hours to less than 45 minutes.

CSS ASSOCIATE DIRECTOR / AHEC ASSOCIATE DIRECTOR (2007 -2010) **(PROMOTED)**
Managed department managers and supervisors paid by Ryan White Care Act Part A, B, C and D contracts, general social service staff. Also led program development and growth with the first strategic plan creating effective action plans to successfully accomplish expected program goals and outcome measures. Administered fiscal management included budget development, signature authority, monitored appropriate disbursement, report analysis and expense monitoring. As part of my promotion, I continued to manage Community Based Programs.

- Led program recruitment and hiring efforts for all 50 positions throughout CSS.
- Created program wide annual training programs for CSS staff members.
- Established and facilitated the Northeast Service Coordinating Collaborative.
- Designed and led quarterly progress venues to ensure performance objectives were charted and met.
- Developed and implemented a new quarterly fiscal reconciliation venue resulting in 100% compliance.
- Expanded HIV testing site to Integrated Counseling and testing site for various STI's, Hepatitis A&B immunizations and Hepatitis C screenings.

CSS COMMUNITY BASED PROGRAM MANAGER (2004 – 2007)
Performed programmatic and fiscal administration of community based programs consisting of Ryan White Part A,B and C contracts to provide services to individuals infected and affected by HIV/AIDS, Youth Prevention Program and STI screening and treatment services. Projected number of clients to be served based on customized SQL server reports and my own designed service delivery forms. Planned and promoted outreach and information sessions to targeted populations, community members and stakeholders at large.

- Established and administered bi-annual client need assessments resulting in systemizing client grievance procedure and resolution.
- Conceived and launched curriculums for all Sexually Transmitted Infection Group Level Interventions.
- Created standard supervision tools resulting in best supervision practices.
- Prepared and spearheaded marketing campaigns for Community Based Programs.

EMERGENCY REGISTRATION SUPERVISOR
Lahey Clinic, Burlington, MA **2002 - 2003**
Managed the day-to-day 24-hour operations of the emergency room registration staff by supervising approximately 30 staff members to ensure staff practices were compliant with the Lahey Clinics mission to provide "superior healthcare."

- Reorganized staff structure resulting in the creation of Team Leader positions creating opportunities for employees' professional development and career growth.
- Resolved delayed billing submissions from over 5 to less than 2 days.
- Trained over 30 registrars to use the newly implemented Meditech Patient Registration System.

HOUSING SERVICES PROGRAM MANAGER
Cambridge Care About AIDS Inc., Boston, MA **1998 - 2002**
Managed 9 staff members to provide housing services to HIV positive clients accessing housing services and kept the program budget balanced in accordance with agency, State and Federal regulations. Oversaw contractual compliance and led grant writing processes for HOPWA and Ryan White Part A grants.

Graciela Silvia Sironich-Kalkan MD.

Present Mailing Address
45 High Street
Nashua, NH 03060
Telephone 603-821-7788

Medical Education

Universidad de Buenos Aires
Ciudad Autónoma de Buenos Aires
Argentina
MD, 12/21/1979

School Awards & Membership in Honorary/ Professional Societies

Cardiology Argentine Society: 1982-1986 associated member
Azcuenaga 980, Ciudad Autonoma de Buenos Aires, Argentina.
Intensive Care Argentine Society: 1985-1992 associated member 1992-1997Board's Member
Cnel. Niceto Vega 4617, Ciudad Autónoma de Buenos Aires, Argentina.
Argentine Association of Enteral and Parenteral Nutrition: 1983-1997, Founder and Board's Member
Lavalle 3643 3F Ciudad Autónoma de Buenos Aires, Argentina.
Biologic's Security Committee Navy Hospital: 1985-1997 Board's Member 1986-1997
Patricias Argentinas 351, Ciudad Autónoma de Buenos Aires, Argentina.

Certifications / Licensure

NPI: 1760751531
State of New Hampshire Full License 2/1/2012 to 6/30/2016 # 15553
DEA Registration: FS 2954851
State of New Hampshire Temporary License Date 11/02/2011 to 5/12/2012 #T0566
State of Massachusetts Limited License #222359 Exp. Date 06/30/2005
DEA Registration#AS4148501E136, Exp. Date 06/2005
ACLS Certification Exp. Date March 2015
U.S.M.L.E/ E.C.F.M.G: 08/27/2001

Argentina:

Pan-American & Iberic Federation of Intensive Care Medicine. Degree of Certification in Critical Care Medicine. Diploma of Accreditation, Lisbon, Portugal 1995.
National Academy of Medicine, Ciudad Autónoma de Buenos Aires, Argentina. Certification of Professional Physicians as Critical Care Specialist. 1993.
Certificate of Specialist Argentine Society of Critical Care, Ciudad Autónoma de Buenos Aires, Argentina. 1993
Specialist in Critical Care, Ministry of Health and Social Security, Federal District, Ciudad Autonoma de Buenos Aires, Argentina. 1991.
National License: #58049 October Active1980-March 1997 Book 17, Page 18
Province of Buenos Aires School 2nd District: #28446 08/1980 Book XI page192
Avellaneda, Province of Buenos Aires, Argentina.

Work Experience:

Harbor Care Health and Wellness Center
45 High Street, Nashua, NH 03060
General Practice, August 2012 to present.

The Doctor's office:
102 Bay Street, Manchester, NH 03104
General Practice, November 2011-present.

American Red Cross Massachusetts Bay Chapter:
139 Main St Cambridge, MA 02142-1530
Health and Safety: Part Time Instructor in English and Spanish in CPR/AED Adults, Children, Infants and First Aid. 06/2011–12/2012

The Doctor's Office:
102 Bay Street, Manchester, NH 03104
First Line Theraphy Lifestyle Educator, Coach. 05/2011-present.

Caritas Saint Elizabeth's Medical Center.
736 Cambridge Street, Brighton, MA.02135
Department of Internal Medicine: Observer 03/2003- 12/2003

Laurence General Hospital,
1 General Street, Lawrence, MA. 01842
Observer, shadowing an Attending Neurologist 11/2002- 03/2003

Hewlett Packard, Medical Division
3000 Minuteman Rd, Andover MA. 01810
Medical Consultant for Latin America Field Operations 09/1997-12/1999

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

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 10, 2012

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

APPROVED F/C _____
DATE _____
APPROVED G&C #68
DATE 6/6/12
NOT APPROVED _____

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 Harbor Homes, Inc. (Vendor #155358-B001), 45 High Street, Nashua, New Hampshire 03060, in an amount not to exceed $118,552.00, to provide primary care services for individuals experiencing homelessness, to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2014. Funds are available in the following account for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budget.

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	$59,276
SFY 2014	102-500731	Contracts for Program Services	90080000	$59,276
			Sub-Total	$118,552

EXPLANATION

Funds in this agreement will be used to provide outreach and case management services, primary medical and dental care, 24-hour emergency services, mental health and substance abuse counseling and treatment to people who are experiencing homelessness.

Typically, community health agencies deliver primary and preventive health care services to underserved people who face barriers to accessing health care, such as a lack of insurance, inability to pay, cultural and ethnic issues, and geographic isolation. However, there are populations whose needs are not traditionally fully met in an office-based health care center. In particular, homeless individuals and families needs are far more complex. People who are homeless suffer from health care problems at more than double the rate of individuals with stable

housing. Homeless individuals also experience barriers trying to access mainstream health care often due to a lack of transportation and the limited hours of service available at most community health agencies.

In New Hampshire, 4,942 individuals were sheltered in one of the State-Funded Shelters across the state in State Fiscal Year 2011. [1] Of those who received services, 3,311 were single adults, 691 adults were in 528 families with 940 children; 634 were victims of domestic violence.[2] An additional 728 individuals were the "hidden homeless," those persons who are temporarily doubled up, "couch surfing," or living precariously in overcrowded or unsafe conditions.[3]

The goals of this funding include a multidisciplinary approach to delivering care to individuals experiencing homelessness, combining aggressive street outreach with an integrated system of primary care, mental health and substance abuse services, case management, and client advocacy. Particular emphasis is placed on coordinating efforts with other community providers and social service agencies.

Should Governor and Executive Council not authorize this Request, a minimum of 2,004 low-income homeless individuals from the Southern Hillsborough County area 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.

Harbor Homes, Inc. 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 February 3, 2012 through March 8, 2012 soliciting proposals to cover all of Rockingham and Hillsborough counties. In addition, a bidder's conference, conference call, and web conference were held on February 9, 2012 to alert agencies to this bid.

Three proposals were received in response to the posting. There were no competing applications for the Rockingham and Hillsborough counties solicited in the Requests for Proposals. Three professionals, who work internal and external to the Department of Health and Human Services, scored each proposal. All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless services; quality assurance and performance improvement; chronic and communicable diseases; and public health infrastructure. 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. Scores were averaged and all proposals were recommended for funding. 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. This is the initial agreement with this Contractor for these services.

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

[1] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[2] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[3] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

Area served: Southern Hillsborough County.

Source of Funds: 19.95% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 80.05% 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/JF/PT/sc

Primary Care for the Homeless Performance Measures

Primary Care for the Homeless Performance Measure #1

Patient Payor Mix

Primary Care for the Homeless Performance Measure #2

Percent of clients who received at least one formal, validated depression screening annually while enrolled in the program.

Primary Care for the Homeless Performance Measure #3

Percent of clients identified that received further evaluation for depression.

Primary Care for the Homeless Performance Measure #4

Percent of adult client encounters with blood pressure recorded.

Primary Care for the Homeless Performance Measure #5

Percent of adult client encounters where either the systolic blood pressure $\geq$ 140mmHg or diastolic blood pressure is $\geq$ 90mmHg, with a documented plan of care for hypertension.

Primary Care for the Homeless Performance Measure #6

Percent of adult clients with a documented formal, validated screening for alcohol or other substance abuse annually while enrolled in the program.

Primary Care for the Homeless Performance Measure #7

Percent of adult clients identified that received treatment for alcohol or substance abuse.

Subject: Primary Care Services for the Homeless

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services	**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504
1.3 Contractor Name Harbor Homes, Inc.	**1.4 Contractor Address** 45 High Street Nashua, New Hampshire 03060
1.5 Contractor Phone Number 603-882-3616	**1.6 Account Number** 010-090-5190-102-500731
1.7 Completion Date June 30, 2014	**1.8 Price Limitation** $118,552
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief	**1.10 State Agency Telephone Number** 603-271-4501
1.11 Contractor Signature Peter Kelleher	**1.12 Name and Title of Contractor Signatory** Peter Kelleher, President & CEO

1.13 Acknowledgement: State of NH. County of Hillsborough

On 4/9/12 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal] Laurel Lefavor

LAUREL A. LEFAVOR, Notary Public
My Commission Expires September 22, 2015

1.13.2 Name and Title of Notary or Justice of the Peace

Laurel Lefavor Notary

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory** Brook S. Dupee ~~Joan H. Ascheim~~, Bureau Chief

1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)*

By: Director, On:

1.17 Approval by the Attorney General (Form, Substance and Execution)

By: Jeanne P. Herrick, Attorney On: 15 May 2012

1.18 Approval by the Governor and Executive Council

By: On:

NH Department of Health and Human Services

Exhibit A

Scope of Services

Primary Care Services for the Homeless

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: **Harbor Homes, Inc.**

ADDRESS: **45 High Street**
Nashua, New Hampshire 03060
President and Chief Executive Officer: **Peter Kelleher**
TELEPHONE: **603-882-3616**

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Primary care services will be provided to homeless, low-income individuals and 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. Using flexible hours and minimal use of appointment systems, services may be provided in:
   - Permanent office based locations
   - Mobile or temporary delivery locations

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

3. The Contractor shall document, 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 the most recent version of the 800P form with the client.

4. 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 patients. *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.

5. 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, Medicare, and Medicaid for all reimbursable services rendered.

Contractor Initials: PW

Date: 4/9/12

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 1,002 users with 1,002 medical encounters, as defined in the Data and Reporting Requirements for State Fiscal Year 2013. Clinical service reimbursements shall not exceed the Medicare rate.

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.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. 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. When feasible and appropriate, 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 provide 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*, adopted 6/3/08.

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 thereunder.

Contractor Initials: _____

Date 4/19/12

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. Primary Care for the Homeless funds shall be targeted to homeless populations in need. Homeless populations are defined as follows:

   - Individuals who lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations

   - Individuals who are residents in transitional housing.

   - Individuals who are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members may be considered homeless.

   - Individuals who are to be released from a prison or a hospital may also be considered homeless if they do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

   - Individuals may continue receiving primary care services for one year following placement in permanent housing.

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), Community Health Accreditation Program (CHAP) or the *Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.*

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

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 (14.1).

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.

Contractor Initials: JW

Date: 4/9/12

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 patients 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 patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.*

2. Primary Care Services

The Contractor shall provide primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, ARNP, 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.

b) Referral to WIC Nutrition Program for all eligible pregnant women, infants, and children.

c) In-hospital care for conditions within the scope of 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.

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

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

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatric Society.

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

h) *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.

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

Contractor Initials: PV

Date: 4/9/12

j) Assisted living and skilled nursing facility care by referral.

k) Oral screening, as part of the annual health maintenance visit, for all clients 19 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health. as part of the health maintenance visit.

l) Diagnosis and management of pediatric and adult patients 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

The Contractor shall provide or arrange referral for prenatal, internatal and preconception medical care, social services, nutrition services, education and nursing care to all women of childbearing age. Preconceptional care includes the preconception, internatal and postpartum periods in women's health. It is recommended that preconceptional and internatal care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor, a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) If provided directly, prenatal care shall, at minimum, be in accordance with the *Guidelines for Perinatal Care, sixth* or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists (ACOG), and /or the Centers for Disease Control.

c) Genetic Screening:
   i. A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.
   ii. All pregnant women entering care prior to 20 weeks gestation shall be offered voluntary genetic screening for fetal chromosomal abnormalities following the recommendations found in the ACOG Compendium of Selected Publications (2006) or more recent supplements. The Contractor shall be responsible for referral to appropriate genetic testing and counseling services for any woman found to have a positive screening test.

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

e) Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother *at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate.* Rationale for birth intervals of 18-24 months shall be presented.

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

Contractor Initials: RK

Date 4/9/12

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent 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. Children and adolescent visits shall include:

a) Blood lead testing shall be performed 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.

b) All children enrolled in either Healthy Kids-Gold 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.

c) 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)".

d) 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 receive an oral health assessment at every well child visit.

e) *Supplemental* fluoride shall be prescribed as needed based upon the fluoride levels in the child'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.*

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

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment for 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, including women, 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 woman found to screen positive.

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

Contractor Initials: [illegible]

Date: 4/9/12

6. 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 5 A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline* as cited in the U.S. Public Health Service 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).*

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) 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", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States"* 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.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. 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.

Contractor Initials: PK

Date: 4/9/12

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 positions:

a) executive director

b) financial director

c) registered nurse

d) clinical coordinator

e) medical ***service*** director (or by contract)

f) nutritionist (on site or by referral)

g) social worker

Agencies are required to provide direct services by the following professionals:

a) physician, advanced registered nurse practitioner, or physician's assistant

b) registered nurse

c) clinical coordinator

d) 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
   a. 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:
   a. 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.

   b. 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:

Contractor Initials: PW

Date: 4/9/12

a. 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.

b. 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:

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

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

c. Coordinator may be responsible for more than one MCH funded program.

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 engage in outreach activities to identify homeless individuals and educate them about the availability of primary care services. This should be done in coordination with other service providers, when appropriate.

3. 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.

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

Contractor Initials: [illegible]

Date 4/9/12

5. 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.

6. 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. MCHS Agency Medical 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 RHPCS and 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 RHPCS and MCHS. *MCHS* will provide the contractor with reasonable notice of such changes.

5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care *Clinical and Financial*, Child Health, and Prenatal Care.

B) Additional Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS and 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

Contractor Initials: [illegible]

Date: 4/4/12

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. If prenatal care is provided, Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. 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.

6. 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), or Accreditation Association for Ambulatory Healthcare (AAAHC). 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.

Contractor Initials: _____

Date: 4/9/12

NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Primary Care Services for the Homeless

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: **Harbor Homes, Inc.**

ADDRESS: **45 High Street**
Nashua, New Hampshire 03060
President and Chief Executive Officer: **Peter Kelleher**
TELEPHONE: **603-882-3616**

Vendor #155358-B001 Job #90080000 Appropriation #010090-51900000-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

   $118,552 for Primary Care Services for the Homeless, funded from 19.95% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (CFDA #93.994) and 80.05% general funds.

TOTAL: $118,552

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.

3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the month up to an amount not greater than one-twelfth of the contract amount. Reimbursement greater than one-twelfth of the contract amount in any month shall require prior, written permission from the State.

4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.

5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.

6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.

Contractor Initials: [signature]
Date: 4/9/12

7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars ($300) and with a useful life beyond one year.

The remainder of this page is intentionally left blank.

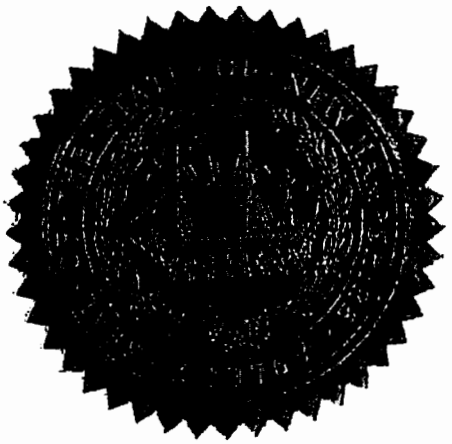
Contractor Initials: [signature]

Date: 4/9/12

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 HARBOR HOMES, INC. is a New Hampshire nonprofit corporation formed February 15, 1980. 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 11th day of April A.D. 2012

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, **Laurie Goguen**, of Harbor Homes Inc., do hereby certify that:

1. I am the duly elected Board Secretary of **Harbor Homes, Inc.**

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on **April 9, 2012**.

   RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services;

   RESOLVED: That the **President and CEO** of Harbor Homes Inc. has the authority to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as (s)he may deem necessary, desirable or appropriate. **Peter Kelleher** is the duly appointed **President and CEO** of **Harbor Homes Inc.**

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of **April 9th, 2012**.

IN WITNESS WHEREOF, I have hereunto set my hand as the **Secretary** of **Harbor Homes Inc**. this **9th** day of **April, 2012**

Laurie Goguen
(Laurie Goguen, Board Secretary)

State of **New Hampshire**
County of **Hillsborough**

The foregoing instrument was acknowledged before me this **9th** day of **April, 2012** by **Laurie Goguen**

Laurel Lefavor
Name: **Laurel Lefavor**
Title: Notary Public/Justice of the Peace

(Seal)
(Notary Public)

Commission Expires: LAUREL A. LEFAVOR, Notary Public
My Commission Expires September 22, 2015

Client#: 23665 HARHO1

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/06/2012

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: Tara Dean
THE SADLER INSURANCE AGENCY 24 Railroad Square P.O. Box 2021 Nashua, NH 03061	PHONE (A/C, No, Ext): 603 883-0511 FAX (A/C, No): (603) 883-6046 E-MAIL ADDRESS: tdean@sadlerinsurance.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Harbor Homes, Inc. 45 High Street Nashua, NH 03060	INSURER A: General Insurance Co of America	
	INSURER B: American States Ins Co	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			24CC13471550	07/01/2011	07/01/2012	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$3,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC							$
B	AUTOMOBILE LIABILITY			01CH15882150	07/01/2011	07/01/2012	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS [X] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
B	[X] UMBRELLA LIAB [ ] OCCUR			01SU38350150	07/01/2011	07/01/2012	EACH OCCURRENCE	$2,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$2,000,000
	[ ] DED [X] RETENTION $10000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ]	N/A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Professional Liab			HLP7742518D	07/01/2011	07/01/2012	$1,000,000	

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

CERTIFICATE HOLDER	CANCELLATION
Director, Div. of Public Health Serv, NH DHHD 29 Hazen Drive Concord, NH 03301-6504	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 Tara C. Dean

MBE

Client#: 496014 HARBOHOM

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/09/2012

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
USI Insurance Svcs of NE, Inc.
PO Box 6360
Manchester, NH 03108-6360
603 625-1100

CONTACT NAME:
PHONE (A/C, No, Ext): 603 625-1100 FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : QBE Insurance Corporation	39217
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Harbor Homes, Inc.
45 High Street
Nashua, NH 03064

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		QWC3000056	11/26/2011	11/26/2012	X WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)						E.L. EACH ACCIDENT	$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
** Supplemental Name **
Harbor Homes II, Inc.
Harbor Homes III, Inc.
Welcoming Light, Inc.
Healthy At Home, Inc.
(See Attached Descriptions)

CERTIFICATE HOLDER
Director, Div of Public Health Serv
NH DHHD
29 Hazen Drive
Concord, NH 03301-6504

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
E. Arnold Lawrence