



59 MOT

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF ELDERLY & ADULT SERVICES

Nicholas A. Toumpas
 Commissioner

Diane Langley, Director
 Sheri Rockburn, Director

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-9203 1-800-351-1888
 Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

May 6, 2014

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

REQUESTED ACTION

100% Federal funds

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into Amendments with four ServiceLink Resource Center vendors to provide information and access to long-term supports and services to all citizens in New Hampshire by increasing the price limitation by \$110,586, from \$4,665,594 to \$4,776,180 in the aggregate, effective upon approval of Governor and Executive Council through June 30, 2015.

Summary of contracted amounts by vendor:

Vendor	Current Budget	Increase/Decrease Amount	Revised Modified Budget
Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners of Strafford County	\$ 347,772	\$ 26,543	\$ 374,315
Community Action Program Belknap and Merrimack Counties, Inc.	\$ 486,527	\$ 30,000	\$ 516,527
Crotched Mountain Community Care, Inc.	\$ 824,191	\$ 0	\$ 824,191
Easter Seals of New Hampshire, Inc.	\$ 655,047	\$ 42,500	\$ 697,547
Grafton County Senior Citizens Council, Inc.	\$ 486,063	\$ 0	\$ 486,063
Lakes Region Partnership for Public Health, Inc.	\$ 701,558	\$ 0	\$ 701,558
Monadnock Collaborative	\$ 871,286	\$ 11,543	\$ 882,829
Tri County Community Action Program, Inc.	\$ 293,150	\$ 0	\$ 293,150
Total	\$4,665,594	\$110,586	\$4,776,180

Funds to support this request are available in the following accounts in State Fiscal Years 2014 and 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.

Please see attachment for fiscal details

EXPLANATION

This requested action seeks approval of four (4) amendments that represent the \$110,586 total anticipated to be spent in specific geographic locations of the state, by adding the Medicare Improvements for Patients and Providers Act and/or the Veterans Directed Home and Community Based Program scope of work. These amendments will expand the services to geographic areas of the state that are currently not available to citizens of New Hampshire, and subsequently allow these two services to be offered statewide.

The original agreements were approved by Governor and Executive Council on December 20, 2013, item #62, as a result of a procurement process. On February 28, 2014, item #35, amendments were completed for six of the eight of the ServiceLink contractors to expand services to specific geographic regions of the state by offering Evidenced Based Care Transitions, State Health Insurance Program Trainer, Medicare Improvements for Patients and Providers Act and/or the Veterans Directed Home and Community Based Program.

Medicare Improvements for Patients and Providers Act

This service enhances counseling to Medicare Beneficiaries by directly working with low income individuals to help them reduce their cost share portion of healthcare premiums and to assist them in enrolling in these cost savings Medicare programs. This service will be offered to citizens located in the geographic regions of Merrimack, Strafford, and Hillsborough, Sullivan, and Cheshire Counties. Four contractors were selected (see Summary of Applicants) that represent \$60,586.

Veterans Directed Home and Community Based Program

This service expands the service coordination offered to Veterans and their families to find respite and supplemental services to help them stay in the community. The ServiceLink Contracts will develop and implement this program for Veterans residing in Merrimack, Strafford, and Hillsborough Counties. This service is currently slated to start in Rockingham County in SFY 15 and is operational in Belknap, Carroll, Coos, Grafton, Sullivan Counties and the Monadnock Region. Three contractors were selected (see Summary of Applicants) that represent \$50,000.

Performance Measures

The additional services described above expand upon the existing scope of services included in the current ServiceLink contracts. Performance will be measured by the following:

- Contractor shall track and report to Department on the number of people they serve in the different age groups, with different types of disabilities and to show that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS.
- Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance;
- The number of individuals diverted from nursing home/institutional settings;
- The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 6, 2014
Page 3

Should Governor and Executive Council decide not to authorize this request, New Hampshire citizens who utilize services at ServiceLink Resource Centers may not be able to access these specialized services that support them remaining in the community and assist them in reducing their healthcare costs under Medicare. Additionally, it is likely that readmissions to hospitals may increase and could consequently increase financial costs to hospitals for preventable readmissions. This decision would also increase County budgets to provide for those low income individuals who will depend on Medicaid for their nursing home care.

These contractors were selected through a Request for Application. The Department issued a Request for Applications on April 8, and April 17, 2014, for the Veterans Directed Home and Community Based Services and Medicare Improvements for Patients and Providers Act, respectively, to seek ServiceLink Resource Center contractors to provide these services in the geographic regions not currently receiving these services. (See Summary of Applicants)

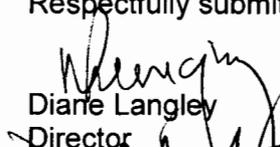
The contracts include an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

Area Served: See attached Bid Summary.

Source of Funds: 100% Federal funds.

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

Respectfully submitted,


Diane Langley
Director

Approved by:


Nicholas A. Toumpas
Commissioner

New Hampshire DHHS Contract Unit

REQUEST FOR APPLICATIONS (RFA)

#14-DHHS-DCBCS-BEAS-RFA-01
Veterans Directed Home and Community Based Care Services

And

#14-DHHS-DCBCS-BEAS-RFA-02
Medicare Improvements for Patients and Providers Act

Summary of Applicants
DHHS selected all applications for contract

Veterans Directed Home and Community Based Care Services			
	Bidder	Geographic Area to be Served	Department Selection
1.	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	Strafford	Selected
2.	Community Action Program Belknap and Merrimack Counties, Inc.	Merrimack County	Selected
3.	Easter Seals New Hampshire Inc.	Hillsborough County, excluding the western Hillsborough County defined as the cities and towns of: Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor.	Selected

Medicare Improvements for Patients and Providers Act			
	Applicants	Geographic Area to be Served	Department Selection
1.	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	Strafford County	Selected
2.	Community Action Program Belknap and Merrimack Counties, Inc.	Merrimack County	Selected
3.	Easter Seals New Hampshire Inc.	Hillsborough County, excluding the western Hillsborough County defined as the cities and towns of: Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor.	Selected
4.	Monadnock Collaborative	Monadnock Region defined as Cheshire County, western Hillsborough County (defined as the cities and towns of: Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor), and Sullivan County (excluding Plainfield and Grantham).	Selected

FINANCIAL DETAIL ATTACHMENT SHEET

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

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$45,560.23	\$0.00	\$45,560.23
102-500734	Contracts for Program Services	2015	\$73,886.01	\$0.00	\$73,886.01
		Subtotal	\$119,446.24	\$0.00	\$119,446.24

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$26,543.55	\$0.00	\$26,543.55
102-500734	Contracts for Program Services	2015	\$50,596.11	\$0.00	\$50,596.11
		Subtotal	\$77,139.66	\$0.00	\$77,139.66

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$47,773.71	\$0.00	\$47,773.71
102-500734	Contracts for Program Services	2015	\$113,874.54	\$0.00	\$113,874.54
		Subtotal	\$161,648.25	\$0.00	\$161,648.25

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$43,850.80	\$0.00	\$43,850.80
102-500734	Contracts for Program Services	2015	\$85,235.23	\$0.00	\$85,235.23
		Subtotal	\$129,086.03	\$0.00	\$129,086.03

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$4,461.39	\$0.00	\$4,461.39
102-500734	Contracts for Program Services	2015	\$8,452.96	\$0.00	\$8,452.96
		Subtotal	\$12,914.35	\$0.00	\$12,914.35

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$29,413.08	\$0.00	\$29,413.08
102-500734	Contracts for Program Services	2015	\$68,229.34	\$0.00	\$68,229.34
		Subtotal	\$97,642.42	\$0.00	\$97,642.42

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$36,812.08	\$0.00	\$36,812.08
102-500734	Contracts for Program Services	2015	\$77,025.44	\$0.00	\$77,025.44
		Subtotal	\$113,837.52	\$0.00	\$113,837.52

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

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$18,583.97	\$0.00	\$18,583.97
102-500734	Contracts for Program Services	2015	\$28,700.70	\$0.00	\$28,700.70
		Subtotal	\$47,284.67	\$0.00	\$47,284.67

Total 9565	\$758,999.14	\$0.00	\$758,999.14
-------------------	---------------------	---------------	---------------------

\$758,999.14

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

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$52,108.03	\$0.00	\$52,108.03
550-500398	Assessment & Counseling	2015	\$102,351.27	\$0.00	\$102,351.27
		Subtotal	\$154,459.30	\$0.00	\$154,459.30

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$43,781.78	\$0.00	\$43,781.78
550-500398	Assessment & Counseling	2015	\$96,117.28	\$0.00	\$96,117.28
		Subtotal	\$139,899.06	\$0.00	\$139,899.06

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$103,489.90	\$0.00	\$103,489.90
550-500398	Assessment & Counseling	2015	\$293,917.84	\$0.00	\$293,917.84
		Subtotal	\$397,407.74	\$0.00	\$397,407.74

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$94,992.73	\$0.00	\$94,992.73
550-500398	Assessment & Counseling	2015	\$219,997.83	\$0.00	\$219,997.83
		Subtotal	\$314,990.56	\$0.00	\$314,990.56

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$70,670.65	\$0.00	\$70,670.65
550-500398	Assessment & Counseling	2015	\$187,172.17	\$0.00	\$187,172.17
		Subtotal	\$257,842.82	\$0.00	\$257,842.82

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$72,396.82	\$0.00	\$72,396.82
550-500398	Assessment & Counseling	2015	\$117,724.75	\$0.00	\$117,724.75
		Subtotal	\$190,121.57	\$0.00	\$190,121.57

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$79,026.42	\$0.00	\$79,026.42
550-500398	Assessment & Counseling	2015	\$159,456.44	\$0.00	\$159,456.44
		Subtotal	\$238,482.86	\$0.00	\$238,482.86

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

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$39,245.63	\$0.00	\$39,245.63
550-500398	Assessment & Counseling	2015	\$86,664.22	\$0.00	\$86,664.22
		Subtotal	\$125,909.85	\$0.00	\$125,909.85

Total 6180	\$1,819,113.76	\$0.00	\$1,819,113.76
-------------------	-----------------------	---------------	-----------------------

\$1,819,113.76

05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT (44.31% Federal Funds; 55.69% General Funds)

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$14,601.06	\$0.00	\$14,601.06
545-500387	I & R Contracts	2015	\$21,531.35	\$0.00	\$21,531.35
		Subtotal	\$36,132.41	\$0.00	\$36,132.41

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$8,506.63	\$0.00	\$8,506.63
545-500387	I & R Contracts	2015	\$14,744.37	\$0.00	\$14,744.37
		Subtotal	\$23,251.00	\$0.00	\$23,251.00

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$15,310.44	\$0.00	\$15,310.44
545-500387	I & R Contracts	2015	\$33,184.53	\$0.00	\$33,184.53
		Subtotal	\$48,494.97	\$0.00	\$48,494.97

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$14,053.23	\$0.00	\$14,053.23
545-500387	I & R Contracts	2015	\$24,838.66	\$0.00	\$24,838.66
		Subtotal	\$38,891.89	\$0.00	\$38,891.89

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$1,429.78	\$0.00	\$1,429.78
545-500387	I & R Contracts	2015	\$2,463.30	\$0.00	\$2,463.30
		Subtotal	\$3,893.08	\$0.00	\$3,893.08

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$9,426.25	\$0.00	\$9,426.25
545-500387	I & R Contracts	2015	\$19,882.92	\$0.00	\$19,882.92
		Subtotal	\$29,309.17	\$0.00	\$29,309.17

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$11,797.47	\$0.00	\$11,797.47
545-500387	I & R Contracts	2015	\$22,446.22	\$0.00	\$22,446.22
		Subtotal	\$34,243.69	\$0.00	\$34,243.69

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

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$5,955.76	\$0.00	\$5,955.76
545-500387	I & R Contracts	2015	\$8,363.76	\$0.00	\$8,363.76
		Subtotal	\$14,319.52	\$0.00	\$14,319.52

Total 9255	\$228,535.73	\$0.00	\$228,535.73
-------------------	---------------------	---------------	---------------------

\$228,535.73

05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS (92% Federal Funds; 8% General Funds)

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$8,673.63	\$2,142.86	\$10,816.49
570-500928	Family Caregiver	2014	\$22,651.86	\$0.00	\$22,651.86
072-500575	Grants - Federal	2015	\$6,024.62	\$12,857.14	\$18,881.76
570-500928	Family Caregiver	2015	\$41,218.00	\$0.00	\$41,218.00
		Subtotal	\$78,568.11	\$15,000.00	\$93,568.11

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$12,668.04	\$0.00	\$12,668.04
570-500928	Family Caregiver	2014	\$8,750.00	\$0.00	\$8,750.00
072-500575	Grants - Federal	2015	\$7,542.24	\$15,000.00	\$22,542.24
570-500928	Family Caregiver	2015	\$16,500.00	\$0.00	\$16,500.00
		Subtotal	\$45,460.28	\$15,000.00	\$60,460.28

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$36,806.11	\$0.00	\$36,806.11
570-500928	Family Caregiver	2014	\$13,380.27	\$0.00	\$13,380.27
072-500575	Grants - Federal	2015	\$49,423.99	\$0.00	\$49,423.99
570-500928	Family Caregiver	2015	\$40,961.98	\$0.00	\$40,961.98
		Subtotal	\$140,572.35	\$0.00	\$140,572.35

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$33,783.79	\$0.00	\$33,783.79
570-500928	Family Caregiver	2014	\$19,587.04	\$0.00	\$19,587.04
072-500575	Grants - Federal	2015	\$20,329.29	\$20,000.00	\$40,329.29
570-500928	Family Caregiver	2015	\$38,621.06	\$0.00	\$38,621.06
		Subtotal	\$112,321.18	\$20,000.00	\$132,321.18

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$52,886.87	\$0.00	\$52,886.87
570-500928	Family Caregiver	2014	\$22,447.49	\$0.00	\$22,447.49
072-500575	Grants - Federal	2015	\$23,721.48	\$0.00	\$23,721.48
570-500928	Family Caregiver	2015	\$47,532.85	\$0.00	\$47,532.85
		Subtotal	\$146,588.69	\$0.00	\$146,588.69

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$54,447.85	\$0.00	\$54,447.85
570-500928	Family Caregiver	2014	\$38,988.00	\$0.00	\$38,988.00
072-500575	Grants - Federal	2015	\$73,936.99	\$0.00	\$73,936.99
570-500928	Family Caregiver	2015	\$78,360.00	\$0.00	\$78,360.00
		Subtotal	\$245,732.84	\$0.00	\$245,732.84

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$65,650.64	\$0.00	\$65,650.64
570-500928	Family Caregiver	2014	\$34,453.80	\$0.00	\$34,453.80
072-500575	Grants - Federal	2015	\$127,429.70	\$0.00	\$127,429.70
570-500928	Family Caregiver	2015	\$70,338.63	\$0.00	\$70,338.63
		Subtotal	\$297,872.77	\$0.00	\$297,872.77

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

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$16,843.26	\$0.00	\$16,843.26
570-500928	Family Caregiver	2014	\$11,902.00	\$0.00	\$11,902.00
072-500575	Grants - Federal	2015	\$8,497.43	\$0.00	\$8,497.43
570-500928	Family Caregiver	2015	\$23,410.00	\$0.00	\$23,410.00
		Subtotal	\$60,652.69	\$0.00	\$60,652.69

SFY14
SFY15

Total 7872	\$1,127,768.91	\$50,000.00	\$1,177,768.91
-------------------	-----------------------	--------------------	-----------------------

\$1,177,768.91

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

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$14,389.94	\$0.00	\$14,389.94
102-500731	Contracts for Program Services	2015	\$26,288.00	\$0.00	\$26,288.00
		Subtotal	\$40,677.94	\$0.00	\$40,677.94

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$10,913.00	\$0.00	\$10,913.00
102-500731	Contracts for Program Services	2015	\$17,986.00	\$0.00	\$17,986.00
		Subtotal	\$28,899.00	\$0.00	\$28,899.00

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$8,270.59	\$0.00	\$8,270.59
102-500731	Contracts for Program Services	2015	\$19,861.16	\$0.00	\$19,861.16
		Subtotal	\$28,131.75	\$0.00	\$28,131.75

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$14,911.91	\$0.00	\$14,911.91
102-500731	Contracts for Program Services	2015	\$25,948.65	\$0.00	\$25,948.65
		Subtotal	\$40,860.56	\$0.00	\$40,860.56

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$11,052.67	\$0.00	\$11,052.67
102-500731	Contracts for Program Services	2015	\$21,519.85	\$0.00	\$21,519.85
		Subtotal	\$32,572.52	\$0.00	\$32,572.52

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$21,164.00	\$0.00	\$21,164.00
102-500731	Contracts for Program Services	2015	\$46,976.00	\$0.00	\$46,976.00
		Subtotal	\$68,140.00	\$0.00	\$68,140.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$42,112.84	\$0.00	\$42,112.84
102-500731	Contracts for Program Services	2015	\$79,020.32	\$0.00	\$79,020.32
		Subtotal	\$121,133.16	\$0.00	\$121,133.16

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

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$6,371.15	\$0.00	\$6,371.15
102-500731	Contracts for Program Services	2015	\$11,087.20	\$0.00	\$11,087.20
		Subtotal	\$17,458.35	\$0.00	\$17,458.35

Total 8925	\$377,873.28	\$0.00	\$377,873.28
-------------------	---------------------	---------------	---------------------

\$377,873.28

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

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$17,946.00	\$0.00	\$17,946.00
102-500731	Contracts for Program Services	2015	\$39,297.00	\$0.00	\$39,297.00
		Subtotal	\$57,243.00	\$0.00	\$57,243.00

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$10,813.00	\$0.00	\$10,813.00
102-500731	Contracts for Program Services	2015	\$22,310.00	\$0.00	\$22,310.00
		Subtotal	\$33,123.00	\$0.00	\$33,123.00

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$11,573.94	\$0.00	\$11,573.94
102-500731	Contracts for Program Services	2015	\$28,381.00	\$0.00	\$28,381.00
		Subtotal	\$39,954.94	\$0.00	\$39,954.94

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$8,499.81	\$0.00	\$8,499.81
102-500731	Contracts for Program Services	2015	\$10,396.97	\$0.00	\$10,396.97
		Subtotal	\$18,896.78	\$0.00	\$18,896.78

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$9,460.04	\$0.00	\$9,460.04
102-500731	Contracts for Program Services	2015	\$12,173.50	\$0.00	\$12,173.50
		Subtotal	\$21,633.54	\$0.00	\$21,633.54

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$16,869.00	\$0.00	\$16,869.00
102-500731	Contracts for Program Services	2015	\$42,224.00	\$0.00	\$42,224.00
		Subtotal	\$59,093.00	\$0.00	\$59,093.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$21,800.22	\$0.00	\$21,800.22
102-500731	Contracts for Program Services	2015	\$43,915.78	\$0.00	\$43,915.78
		Subtotal	\$65,716.00	\$0.00	\$65,716.00

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

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$9,688.86	\$0.00	\$9,688.86
102-500731	Contracts for Program Services	2015	\$12,026.06	\$0.00	\$12,026.06
		Subtotal	\$21,714.92	\$0.00	\$21,714.92

Total 3317	\$317,375.18	\$0.00	\$317,375.18
-------------------	---------------------	---------------	---------------------

\$317,375.18

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

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$10,000.00	\$10,000.00
102-500731	Contracts for Program Services	2015	\$0.00	\$5,000.00	\$5,000.00
		Subtotal	\$0.00	\$15,000.00	\$15,000.00

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$7,226.00	\$7,226.00
102-500731	Contracts for Program Services	2015	\$0.00	\$4,317.00	\$4,317.00
		Subtotal	\$0.00	\$11,543.00	\$11,543.00

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$5,652.00	\$0.00	\$5,652.00
102-500731	Contracts for Program Services	2015	\$2,329.00	\$0.00	\$2,329.00
		Subtotal	\$7,981.00	\$0.00	\$7,981.00

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$13,500.00	\$13,500.00
102-500731	Contracts for Program Services	2015	\$0.00	\$9,000.00	\$9,000.00
		Subtotal	\$0.00	\$22,500.00	\$22,500.00

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

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$7,964.00	\$0.00	\$7,964.00
102-500731	Contracts for Program Services	2015	\$2,654.00	\$0.00	\$2,654.00
		Subtotal	\$10,618.00	\$0.00	\$10,618.00

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$6,603.00	\$0.00	\$6,603.00
102-500731	Contracts for Program Services	2015	\$4,916.00	\$0.00	\$4,916.00
		Subtotal	\$11,519.00	\$0.00	\$11,519.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$7,226.00	\$7,226.00
102-500731	Contracts for Program Services	2015	\$0.00	\$4,317.00	\$4,317.00
		Subtotal	\$0.00	\$11,543.00	\$11,543.00

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

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$4,343.00	\$0.00	\$4,343.00
102-500731	Contracts for Program Services	2015	\$1,467.00	\$0.00	\$1,467.00
		Subtotal	\$5,810.00	\$0.00	\$5,810.00

Total 8888	\$35,928.00	\$60,586.00	\$96,514.00
-------------------	--------------------	--------------------	--------------------

\$96,514.00

Summary by Vendor by Year

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

	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
	2014	\$175,930.75	\$12,142.86	\$188,073.61
	2015	\$310,596.25	\$17,857.14	\$328,453.39
	Subtotal	\$486,527.00	\$30,000.00	\$516,527.00

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

	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
	2014	\$121,976.00	\$7,226.00	\$129,202.00
	2015	\$225,796.00	\$19,317.00	\$245,113.00
	Subtotal	\$347,772.00	\$26,543.00	\$374,315.00

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

	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
	2014	\$242,256.96	\$0.00	\$242,256.96
	2015	\$581,934.04	\$0.00	\$581,934.04
	Subtotal	\$824,191.00	\$0.00	\$824,191.00

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

	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
	2014	\$229,679.31	\$13,500.00	\$243,179.31
	2015	\$425,367.69	\$29,000.00	\$454,367.69
	Subtotal	\$655,047.00	\$42,500.00	\$697,547.00

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

	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
	2014	\$180,372.89	\$0.00	\$180,372.89
	2015	\$305,690.11	\$0.00	\$305,690.11
	Subtotal	\$486,063.00	\$0.00	\$486,063.00

Lakes Region Partnership for Public Health (Vendor # 165635)

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
		2014	\$249,308.00	\$0.00	\$249,308.00
		2015	\$452,250.00	\$0.00	\$452,250.00
		Subtotal	\$701,558.00	\$0.00	\$701,558.00

Monadnock Collaborative (Vendor # 159303)

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
		2014	\$291,653.47	\$7,226.00	\$298,879.47
		2015	\$579,632.53	\$4,317.00	\$583,949.53
		Subtotal	\$871,286.00	\$11,543.00	\$882,829.00

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

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
		2014	\$112,933.63	\$0.00	\$112,933.63
		2015	\$180,216.37	\$0.00	\$180,216.37
		Subtotal	\$293,150.00	\$0.00	\$293,150.00

Grand Total SFY14		\$1,604,111.01	\$40,094.86	\$1,644,205.87
Grand Total SFY15		\$3,061,482.99	\$70,491.14	\$3,131,974.13
Total Contract		\$4,665,594.00	\$110,586.00	\$4,776,180.00

Account Name	Account #	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
ServiceLink	9565	\$758,999.14	\$0.00	\$758,999.14
Assessment and Counseling	6180	\$1,819,113.76	\$0.00	\$1,819,113.76
Social Services Block Grant: Information and Referral	9255	\$228,535.73	\$0.00	\$228,535.73
Caregiver and ADRC	7872	\$1,127,768.91	\$50,000.00	\$1,177,768.91
Medical Service Grant: SHIP	8925	\$377,873.28	\$0.00	\$377,873.28
Admin on Aging Service Grant: SMPP	3317	\$317,375.18	\$0.00	\$317,375.18
Admin on Aging Service Grant: MIPPA	8888	\$35,928.00	\$60,586.00	\$96,514.00
Summary of Totals		\$4,665,594.00	\$110,586.00	\$4,776,180.00



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

This 2nd Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment #2") dated this 1st day of May 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 Monadnock Collaborative (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 105 Castle Street, Keene, New Hampshire 03431.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, and amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014, 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 amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement";
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$882,829.
- 2) Amendment and modification of Exhibit A-1.
 - a. Adding Section 3
- 3) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B Amendment #1 and replacing with Exhibit B Amendment #2.
- 4) Adding Exhibits B-14 and B-15.

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



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

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

5/9/14
Date

State of New Hampshire
Department of Health and Human Services
[Signature]
Name
Title

5/8/14
Date

Monadnock Collaborative
[Signature]
NAME Executive Director
TITLE

Acknowledgement:
State of New Hampshire, County of Cheshire on May 8, 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.
Signature of Notary Public or Justice of the Peace

Wendy Preston
Name and Title of Notary or Justice of the Peace

WENDY PRESTON
Notary Public, State of New Hampshire
My Commission Expires October 17, 2017



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

OFFICE OF THE ATTORNEY GENERAL

5-14-14
Date

Rosemary Wiant
Name: *Rosemary Wiant*
Title: *Assistant Attorney General*

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: *MLM*
Date: *5/28/14*



Scope of Services

3. The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA) services as follows:
 - 3.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 3.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 3.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 3.2. Promote the Medicare programs described in Section 2.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 3.2.1. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 3.2.2. Complete an analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.
 - 3.2.3. Assess current and past partnerships with other agencies and community services.
 - 3.3. The Department will review the contractor's results of the assessment and analysis described in Section 2.2 and will determine the best outreach approaches, target population and geographic area for the contractor to conduct outreach, education and assistance to meet the goals in Section 2.7 Performance Measures. Outreach and education consists of the following, but not limited to:
 - 3.3.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 3.3.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 3.3.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 2.1



Exhibit A-1

- 3.3.4. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 2.1.
- 3.3.5. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 2.1.
- 3.3.6. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
- 3.3.7. The contractor will be responsible for purchasing the media in their local area.
- 3.4. Insure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 3.5. Complying with procedures for reporting requirements defined by DHHS.
- 3.6. Provide service to individuals located in the cities and towns in the geographic area of Monadnock Region defined as Cheshire County, Western Hillsborough County (defined as the towns of Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor), and Sullivan County (excluding Plainfield and Grantham).
- 3.7. Performance Measures :
 The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D: Monadnock Region/Cheshire County: 136 Sullivan County: 121	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS



Exhibit B Amendment #2

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMANDR, IX0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301
5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B15. Each budget is specific to a time period



Exhibit B Amendment #2

as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.

6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-15 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.
16. Evidenced Based Care Transitions: The funding is from the effective date of Amendment #1 to June 30, 2015.



Exhibit B Amendment #2

17. Veterans Directed Home and Community Based Program: The funding is from the effective date of Amendment #1 through June 30, 2014, for the purposes of developing and implementing the program. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 2.4 of Exhibit A-1, without funding from the Department.

**Exhibit B-14
Amendment #2**

BUDGET FORM

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

Applicant Name: Monadnock Collaborative

Budget Request for: Medicare Improvements for Patients and Providers Act
(MIPPA) Services
(Name of RFA)

Budget Period: Effective date of contract through June 30, 2014

Line Item	Direct		Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
	Incremental				
1. Total Salary/Wages	\$ 2,792.12	\$ 296.00	\$	\$ 3,088.12	
2. Employee Benefits	\$ 756.96	\$ 80.00	\$	\$ 836.96	
3. Consultants	\$ -	\$ -	\$	\$ -	
4. Equipment:	\$ -	\$ -	\$	\$ -	
Rental	\$ -	\$ -	\$	\$ -	
Repair and Maintenance	\$ -	\$ -	\$	\$ -	
Purchase/Depreciation	\$ 1,124.00	\$ -	\$	\$ 1,124.00	
5. Supplies:	\$ -	\$ -	\$	\$ -	
Educational	\$ -	\$ -	\$	\$ -	
Lab	\$ -	\$ -	\$	\$ -	
Pharmacy	\$ -	\$ -	\$	\$ -	
Medical	\$ -	\$ -	\$	\$ -	
Office	\$ 500.00	\$ -	\$	\$ 500.00	
6. Travel	\$ -	\$ -	\$	\$ -	
7. Occupancy	\$ -	\$ -	\$	\$ -	
8. Current Expenses	\$ -	\$ -	\$	\$ -	
Telephone	\$ -	\$ -	\$	\$ -	
Postage	\$ -	\$ -	\$	\$ -	
Subscriptions	\$ -	\$ -	\$	\$ -	
Audit and Legal	\$ -	\$ -	\$	\$ -	
Insurance	\$ -	\$ -	\$	\$ -	
Board Expenses	\$ -	\$ -	\$	\$ -	
9. Software	\$ -	\$ -	\$	\$ -	
10. Marketing/Communications	\$ 1,676.92	\$ -	\$	\$ 1,676.92	
11. Staff Education and Training	\$ -	\$ -	\$	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$	\$ -	
	\$ -	\$ -	\$	\$ -	
	\$ -	\$ -	\$	\$ -	
	\$ -	\$ -	\$	\$ -	
TOTAL	\$ 6,850.00	\$ 376.00	\$	\$ 7,226.00	

Indirect As A Percent of Direct

5.5%

**Exhibit B-15
Amendment #2**

BUDGET FORM

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

Bidder Name: Monadnock Collaborative

Medicare Improvements for Patients and Providers Act
Budget Request for: (MIPPA) Services
(Name of RFA)

Budget Period: 7/1/14 through September 29, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,792.12	\$ 296.00	\$ 3,088.12	
2. Employee Benefits	\$ 756.96	\$ 80.00	\$ 836.96	
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	\$ 391.92	\$ -	\$ 391.92	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 3,941.00	\$ 376.00	\$ 4,317.00	

Indirect As A Percent of Direct

9.5%

ABSTRACT OF CORPORATE MINUTES

The following is a true abstract from minutes of meeting

of Board of Directors of Monadnock Collaborative
(Name of Governing Board) (Name of Corporation)

on October 17, 2005 which was duly called at which a quorum was present:

“On motion duly made and seconded, it was voted to authorize

the Executive Director, to accept grants and awards and enter into contracts, and contract amendments from time to time with the New Hampshire Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services, to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the Bureau of Elderly and Adult Services; this authorization to continue until revoked by vote of this governing board.

I certify the foregoing vote is still in effect and has not been revoked, rescinded or modified.

I further certify that (Name of corporate official signing the acceptance or contract) Melinda Feola-Mahar is the duly elected (Title) Executive Director of this corporation and is still qualified and serving in such capacity.

May 8, 2014
(Date)

Jane Warner
Board Representative

(Imprint seal of corporation. If none, write: “No corporate seal.”

NO CORPORATE SEAL

STATE OF NEW HAMPSHIRE

COUNTY OF Cheshire

On May 8, 2014, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me (or satisfactorily proven) to be the Clerk/Secretary of the corporation identified in the foregoing certificate, and acknowledged that Jane Warner he executed the foregoing certificate.

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

Wendy Preston
Notary Public/~~Justice of the Peace~~

My commission expires:

WENDY PRESTON
Notary Public, State of New Hampshire
My Commission Expires October 17, 2017

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 Monadnock Collaborative is a New Hampshire nonprofit corporation formed June 6, 2001. 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 28th day of April A.D. 2014

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

William M. Gardner
Secretary of State



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Easter Seals of New Hampshire Inc. Contract**

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment #1") dated this 1st day of May 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 Easter Seals of New Hampshire, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 55 Auburn Street, Manchester, NH 03103.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement":
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$697,547.
- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contract shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.
- 3) Adding Exhibit A-1.
- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.
- 5) Adding Exhibits B-11 through B-13.



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

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

State of New Hampshire
Department of Health and Human Services

5/7/14
Date

[Signature]
NAME
TITLE

Easter Seals of New Hampshire, Inc.

5/6/2014
Date

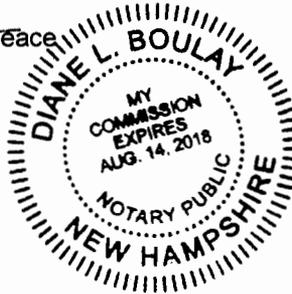
[Signature]
NAME Elin Treano
TITLE CFO

Acknowledgement:

State of New Hampshire, County of Hillsborough on 5/6/2014, 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.

Signature of Notary Public or ~~Justice of the Peace~~

Diane L Boulay
Name and Title of Notary or ~~Justice of the Peace~~



Contractor Initials: ET
Date: 5/6/2014



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

OFFICE OF THE ATTORNEY GENERAL

5-14-14
Date

Rosemary Wiant
Name: *Rosemary Wiant*
Title: *Assistant Attorney General*

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services

1. The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities.
 - 1.1. Develop and implement a VDHCBS program to provide the services described in paragraph 1.2, in the following ways:
 - 1.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC. The agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the Agreement, the contractor shall be responsible for service coordination in paragraph 1.2.
 - 1.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 1.1.3. Establish a budget for the costs to develop and implement the program. The Department provides funding for the development and implementation limited to the following:
 - 1.1.3.1. Staff development and training: This includes costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 1.1.3.2. Travel costs associated with capacity building: Staff mileage to training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, and development and implementation of the advisory committee.
 - 1.1.3.3. Development and implementation of business processes related to the VD-HCBS Program: computer equipment, telephone expenses, and office furniture for new staff.
 - 1.1.3.4. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in paragraph 1.2.
 - 1.1.4. Provide or contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 1.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 1.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors have been trained to provide initial start-up and collaborative support for the program.
 - 1.1.7. Within ninety (90) days from the effective date of the contract, the contractor will complete a Program orientation and participate in a readiness review by the Department, in accordance with the Program/Policy Guide.
 - 1.1.8. Reviews will be conducted by monthly face to face meetings, conference calls and webinars.



Exhibit A-1

- 1.2. Have the program infrastructure in place within ninety (90) days from the effective date of the contract and is actively providing options counseling and assisting Veterans in arranging consumer directed services by:
 - 1.2.1. Maintain the provider agreement in paragraph 1.1 and the contractor shall be responsible for service coordination for the Veteran by:
 - 1.2.1.1. Accept referrals of eligible Veterans from at least one of the VAMC in paragraph 1.1. The Veterans Administration is responsible for determining the eligibility of Veterans for the program and for authorizing a budget to buy long term supports and services for the Veteran. The Veterans Administration will refer eligible Veterans with an authorized flexible service budget to the contractor.
 - 1.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plans of care with types of services to the VAMC for approval before the Veteran receives services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.
 - 1.2.1.3. Provide or maintain the contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 1.2.1.4. Seek reimbursements for service coordination through the VAMC. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
 - 1.2.2. Assure the following:
 - 1.2.2.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 1.2.2.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 1.2.2.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 1.2.2.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
 - 1.2.3. Comply with procedures for reporting requirements defined by DHHS.
 - 1.2.4. Provide this service to individuals located in the cities and towns in the geographic area of Hillsborough (excluding the towns of Western Hillsborough defined as: Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor).
 - 1.2.5. Enter contact data into the Refer 7 data base to increase the amount of resources available within a geographic area in Section 1.2.4 to serve Veterans.
 - 1.2.6. Assure that documentation required by both the Department and the VAMC is kept current and submitted according to the program and policy guide.
- 1.3. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending monthly meetings, trainings, and conference calls.

ET

5/6/2014



2. The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA) services as follows:
 - 2.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 2.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 2.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 2.2. Promote the Medicare programs described in Section 2.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 2.2.1. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 2.2.2. Complete an analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.
 - 2.2.3. Assess current and past partnerships with other agencies and community services.
 - 2.3. The Department will review the contractor's results of the assessment and analysis described in Section 2.2 and will determine the best outreach approaches, target population and geographic area for the contractor to conduct outreach, education and assistance to meet the goals in Section 2.7 Performance Measures. Outreach and education consists of the following, but not limited to:
 - 2.3.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 2.3.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 2.3.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 2.1
 - 2.3.4. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority



Exhibit A-1

- Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 2.1.
- 2.3.5. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 2.1.
 - 2.3.6. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
 - 2.3.7. The contractor will be responsible for purchasing the media in their local area.
 - 2.4. Insure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
 - 2.5. Complying with procedures for reporting requirements defined by DHHS.
 - 2.6. Provide service to individuals located in the cities and towns in the geographic area of Hillsborough (excluding the towns of Western Hillsborough defined as: Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor).
 - 2.7. Performance Measures :
 The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D: Hillsborough County: 159	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS

ET

5/6/2014



Exhibit B Amendment #1

Method and Conditions Precedent to Payment

- The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
- Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMAADR, IX0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

- Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731

- Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301
- Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B13. Each budget is specific to a time period

Contractor Initials: *ET*
 Date: 5/6/14



Exhibit B Amendment #1

- as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
 7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
 8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
 9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
 10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-13 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
 11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
 12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
 13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
 14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
 15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.
 16. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to June 30, 2015 for the purposes of developing and implementing the program as defined in Section 1.1 and 1.3 of Exhibit A-1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 1.2 of Exhibit A-1, without funding from the Department.

**Exhibit B-11
Amendment #1**

BUDGET FORM

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

Bidder Name: Easter Seals New Hampshire, Inc.

Budget Request for: Veterans Directed Home and Community Based Services
(Name of RFP)

Budget Period: 7/1/14 through June 30, 2015

	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Budget Cost
1. Total Salary/Wages	\$ 10,296.50	\$ 1,029.65	\$ 11,326.15	
2. Employee Benefits	\$ 2,924.20	\$ 292.42	\$ 3,216.62	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 1,336.77	\$ 133.68	\$ 1,470.45	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 50.00	\$ 5.00	\$ 55.00	
6. Travel	\$ 1,060.80	\$ 106.08	\$ 1,166.88	
7. Occupancy		\$ -	\$ -	
8. Current Expenses		\$ -	\$ -	
Telephone	\$ 413.06	\$ 41.30	\$ 454.36	
Postage	\$ 187.50	\$ 18.75	\$ 206.25	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,000.00	\$ 100.00	\$ 1,100.00	
11. Staff Education and Training	\$ 337.50	\$ 33.75	\$ 371.25	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Printing	\$ 575.49	\$ 57.55	\$ 633.04	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 18,181.82	\$ 1,818.18	\$ 20,000.00	

Indirect As A Percent of Direct

10.0%

**Exhibit B-12
Amendment #1**

BUDGET FORM

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

Applicant Name: Easter Seals New Hampshire, Inc.

Medicare Improvements for Patients and Providers Act
Budget Request for: (MIPPA) Services
(Name of RFA)

Budget Period: Effective date of contract through June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Base Cost
1. Total Salary/Wages	\$ 1,585.83	\$ 158.58	\$ 1,744.41	
2. Employee Benefits	\$ 450.38	\$ 45.04	\$ 495.42	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 2,000.00	\$ 200.00	\$ 2,200.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 1,035.00	\$ 103.50	\$ 1,138.50	
6. Travel	\$ 104.00	\$ 10.40	\$ 114.40	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ 147.52	\$ 14.75	\$ 162.27	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 5,250.00	\$ 525.00	\$ 5,775.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Outreach meetings	\$ 1,200.00	\$ 120.00	\$ 1,320.00	
Printing	\$ 500.00	\$ 50.00	\$ 550.00	
	\$ -	\$ -	\$ -	
TOTAL	\$ 12,272.73	\$ 1,227.27	\$ 13,500.00	

Indirect As A Percent of Direct

10.0%

**Exhibit B-13
Amendment #1**

BUDGET FORM

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

Bidder Name: Easter Seals New Hampshire, Inc.

Medicare Improvements for Patients and Providers Act
Budget Request for: (MIPPA) Services
(Name of RFA)

Budget Period: 7/1/14 through September 29, 2014

Line Item	Direct	Indirect	Total	Allocation Method for Indirect Cost
	Incremental	Fixed		
1. Total Salary/Wages	\$ 4,833.00	\$ 483.30	\$ 5,316.30	
2. Employee Benefits	\$ 1,372.57	\$ 137.26	\$ 1,509.83	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 70.25	\$ 7.02	\$ 77.27	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ 450.00	\$ 45.00	\$ 495.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,006.00	\$ 100.60	\$ 1,106.60	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Outreach meetings	\$ 450.00	\$ 45.00	\$ 495.00	
Printing	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 8,181.82	\$ 818.18	\$ 9,000.00	

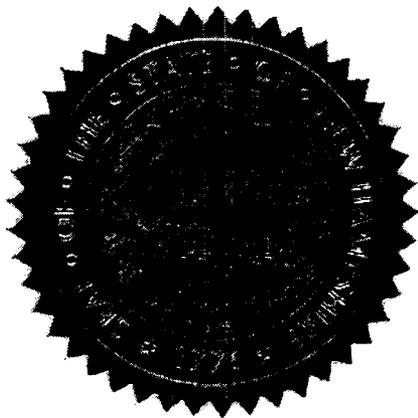
Indirect As A Percent of Direct

10.0%

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 Easter Seals New Hampshire, Inc. is a New Hampshire nonprofit corporation formed November 6, 1967. 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 10th day of April A.D. 2014

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE
(Corporation with Seal)

I, BETTY BURKE, ASSISTANT SECRETARY of the
(Corporation Representative Name) (Corporation Representative Title)

EASTER SEALS NEW HAMPSHIRE, do hereby certify that:
(Corporation Name)

(1) I am the duly elected and acting ASSISTANT SECRETARY of the
(Corporation Representative Title)

EASTERSEALS NEW HAMPSHIRE, a NEW HAMPSHIRE corporation (the
"Corporation");
(Corporation Name) (State of Incorporation)

(2) I maintain and have custody of and am familiar with the Seal and minute books of the Corporation;

(3) I am duly authorized to issue certificates;

(4) the following are true, accurate and complete copies of the resolutions adopted by the Board of Directors of the Corporation at a meeting of the said Board of Directors held on the

22 day of MAY, 2013, which meeting was duly held in accordance with

NEW HAMPSHIRE law and the by-laws of the Corporation:
(State of Incorporation)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting by and through the Department of Health and Human Services, providing for the performance by the Corporation of certain SERVICELINK services, and that the President (any Vice President) (and the Treasurer) (or any of them acting singly) be and hereby (is) (are) authorized and directed for and on behalf of this Corporation to enter into the said contract with the State and to take any and all such actions and to execute, seal, acknowledge and deliver for and on behalf of this Corporation any and all documents, agreements and other instruments (and any amendments, revisions or modifications thereto) as (she) (he) (any of them) may deem necessary, desirable or appropriate to accomplish the same;

RESOLVED: That the signature of any officer of this Corporation affixed to any instrument or document described in or contemplated by these resolutions shall be conclusive evidence of the authority of said officer to bind this Corporation thereby;

The forgoing resolutions have not been revoked, annulled or amended in any manner whatsoever, and remain in full force and effect as of the date hereof; and the following person(s) (has) (have) been duly elected and now occupy the office(s) indicated below

LARRY GAMMON President Name
ELIN TREANDR COO/CFD Vice-President Name

Treasurer Name



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Community Action Program Belknap and Merrimack Counties, Inc. Contract**

This 2nd Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment #2") dated this 1st day of May 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 Community Action Program Belknap and Merrimack Counties, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 2 Industrial Park Drive, Concord, NH 03302.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, and amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014, 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 amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed.

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

- 1) Amendment and modification of P-37 "Agreement";
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$516,527.
- 2) Amendment and modification of Exhibit A-1.
 - a. Adding Section 2
 - b. Adding Section 3
- 3) Amendment and modification of Exhibit B:
 - a. Deleting and Replacing with Exhibit B Amendment #2
- 4) Adding Exhibits B-13, B-14, B-15 and B-16.

IN WITNESS WHEREOF, I have hereunto set my hand as the ASSISTANT SECRETARY
(Title)

of the Corporation and have affixed its corporate seal this 6th day of MAY, 2014.

Betty Burke
(Title) ASSISTANT SECRETARY

(Seal)

STATE OF New Hampshire

COUNTY OF Hillsborough

On this the 6th day of May, 2014, before me, Diane Boulay, the undersigned officer,

personally appeared Betty Burke, who acknowledge her/himself to be the

Assistant Secretary, of Easter Seals New Hampshire, a corporation, and that

she/he, as
(Title)

(Name of Corporation)

such Assistant Secretary being authorized to do so, executed the foregoing instrument for the
(Title)

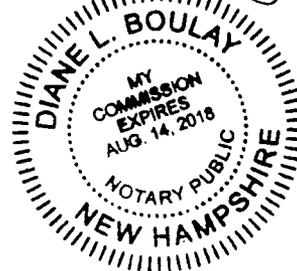
purposes therein contained, by signing the name of the corporation by her/himself as

Assistant Secretary.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Diane L. Boulay
Notary Public/Justice of the Peace

My Commission expires: 8/14/18



New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



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

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

State of New Hampshire
Department of Health and Human Services

5/7/14
Date

[Signature]
Name
Title

Community Action Program Belknap and Merrimack
Counties, Inc.

May 5, 2014
Date

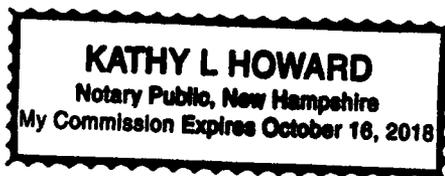
[Signature]
NAME Ralph Littlefield
TITLE Executive Director

Acknowledgement:

State of New Hampshire, County of Merrimack on May 5, 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.

Signature of Notary Public or Justice of the Peace

[Signature]
Kathy L. Howard, Notary Public
Name and Title of Notary or Justice of the Peace



IN WITNESS WHEREOF, I have hereunto set my hand as the ASSISTANT SECRETARY
(Title)

of the Corporation and have affixed its corporate seal this 6th day of MAY, 2014.

Betty Burke
(Title) ASSISTANT SECRETARY

(Seal)

STATE OF New Hampshire

COUNTY OF Hillsborough

On this the 6th day of May, 2014, before me, Diane Boulay, the undersigned officer,

personally appeared Betty Burke, who acknowledge her/himself to be the

Assistant Secretary, of Easter Seals New Hampshire, a corporation, and that

she/he, as
(Title)

(Name of Corporation)

such Assistant Secretary being authorized to do so, executed the foregoing instrument for the
(Title)

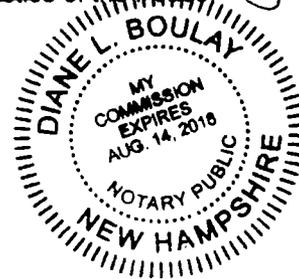
purposes therein contained, by signing the name of the corporation by her/himself as

Assistant Secretary.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Diane L Boulay
Notary Public/Justice of the Peace

My Commission expires: 8/14/18



DESCRIPTIONS (Continued from Page 1)

a written contract or written agreement between the named insured and the certificate holder that requires such status, and only with regard to the above referenced on behalf of the named insured. The General Liability policy contains a special endorsement with "Primary and Non-Contributory" wording.

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



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

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

State of New Hampshire
Department of Health and Human Services

5/7/14
Date

[Signature]
Name
Title

Community Action Program Belknap and Merrimack
Counties, Inc.

May 5, 2014
Date

[Signature]
NAME Ralph Littlefield
TITLE Executive Director

Acknowledgement:

State of New Hampshire, County of Merrimack on May 5, 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.

Signature of Notary Public or Justice of the Peace

[Signature]
Kathy L. Howard, Notary Public
Name and Title of Notary or Justice of the Peace





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

OFFICE OF THE ATTORNEY GENERAL

5-14-14
Date

Rosemary Wiant
Name: *Rosemary Wiant*
Title: *Assistant Attorney General*

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services

2. The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities.
 - 2.1. Develop and implement a VDHCBS program to provide the services described in paragraph 2.2, in the following ways:
 - 2.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC). The agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the Agreement, the contractor shall be responsible for service coordination in paragraph 2.2.
 - 2.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 2.1.3. Establish a budget for the costs to develop and implement the program. The Department provides funding for the development and implementation limited to the following:
 - 2.1.3.1. Staff development and training: This includes costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 2.1.3.2. Travel costs associated with capacity building: Staff mileage to training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, and development and implementation of the advisory committee.
 - 2.1.3.3. Development and implementation of business processes related to the VD-HCBS Program: computer equipment, telephone expenses, and office furniture for new staff.
 - 2.1.3.4. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in paragraph 2.2).
 - 2.1.4. Provide or contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 2.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 2.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors have been trained to provide initial start-up and collaborative support for the program.
 - 2.1.7. Within ninety (90) days from the effective date of the contract, the contractor will complete a Program orientation and participate in a readiness review by the Department, in accordance with the Program/Policy Guide. Reviews will be conducted by monthly face to face meetings, conference calls and webinars.

RJ
5/5/14



Exhibit A-1

-
- 2.2. Have the program infrastructure in place within ninety (90) days from the effective date of the contract and is actively providing options counseling and assisting Veterans in arranging consumer directed services by:
- 2.2.1. Maintain the provider agreement in paragraph 1.2 and the contractor shall be responsible for service coordination for the Veteran by:
- 2.2.1.1. Accept referrals of eligible Veterans from at least one of the VAMC in paragraph 2.1. The Veterans Administration is responsible for determining the eligibility of Veterans for the program and for authorizing a budget to buy long term supports and services for the Veteran. The Veterans Administration will refer eligible Veterans with an authorized flexible service budget to the contractor.
- 2.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plans of care with types of services to the VAMC for approval before the Veteran receives services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.
- 2.2.1.3. Provide or maintain the contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
- 2.2.1.4. Seek reimbursements for service coordination through the VAMC. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
- 2.2.2. Assure the following:
- 2.2.2.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
- 2.2.2.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
- 2.2.2.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
- 2.2.2.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
- 2.2.3. Comply with procedures for reporting requirements defined by DHHS.
- 2.2.4. Provide this service to individuals located in the cities and towns in the geographic area of Merrimack County.
- 2.2.5. Enter contact data into the Refer 7 data base to increase the amount of resources available within a geographic area in Section 2.2.4 to serve Veterans.
- 2.2.6. Assure that documentation required by both the Department and the VAMC is kept current and submitted according to the program and policy guide.
- 2.3. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending monthly meetings, trainings, and conference calls.

R-E

5/5/14



3. The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA) services as follows:
 - 3.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 3.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 3.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 3.2. Promote the Medicare programs described in Section 3.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 3.2.1. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 3.2.2. Complete an analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.
 - 3.2.3. Assess current and past partnerships with other agencies and community services.
 - 3.3. The Department will review the contractor's results of the assessment and analysis described in Section 3.2 and will determine the best outreach approaches, target population and geographic area for the contractor to conduct outreach, education and assistance to meet the goals in Section 3.7 Performance Measures. Outreach and education consists of the following, but not limited to:
 - 3.3.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 3.3.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 3.3.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 3.1
 - 3.3.4. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives.

RQ
9/5/14



Exhibit A-1

The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 3.1.

- 3.3.5. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 3.1.
- 3.3.6. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
- 3.3.7. The contractor will be responsible for purchasing the media in their local area.
- 3.4. Insure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 3.5. Complying with procedures for reporting requirements defined by DHHS.
- 3.6. Provide service to individuals located in the cities and towns in the geographic area of Merrimack County.
- 3.7. Performance Measures :

The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D: Merrimack County: 121	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS

RG
 5/5/14



Exhibit B Amendment #2

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMANDR, IX0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301

Contractor Initials: *AD*
 Date: *5/5/19*



Exhibit B Amendment #2

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B16. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-16 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.



Exhibit B Amendment #2

16. Veterans Directed Home and Community Based Program: The funding is from the effective Date of Amendment #2 through June 30, 2015 for the purposes of developing and implementing the program as defined in Section 2.1 and 2.3 of Exhibit A-1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 2.2 of Exhibit A-1, without funding from the Department.

Contractor Initials: RR
Date: 5/5/14

**Exhibit B-13
Amendment #2**

BUDGET FORM

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

Applicant Name: Community Action Program Belknap-Merrimack Counties

Budget Request for: Veterans Directed Home and Community Based Services
(Name of RFP)

Budget Period: Effective date of contract through June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 1,677.04	\$ -	\$ 1,677.04	
2. Employee Benefits	\$ 465.96	\$ -	\$ 465.96	
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):	\$ -	\$ -	\$ -	
Outside Printing	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 2,143.00	\$ -	\$ 2,143.00	

Indirect As A Percent of Direct

0.0%

**Exhibit B-14
Amendment #2**

BUDGET FORM

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

Bidder Name: Community Action Program Belknap-Merrimack Counties

**Budget Request for: Veterans Directed Home and Community Based Services
(Name of RFP)**

Budget Period: 7/1/14 through June 30, 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 8,278.96	\$ -	\$ 8,278.96	
2. Employee Benefits	\$ 3,578.04	\$ -	\$ 3,578.04	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 1,000.00	\$ -	\$ 1,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 12,857.00	\$ -	\$ 12,857.00	

Indirect As A Percent of Direct

0.0%

Contractors Initials: 
Date: 5/5/04

**Exhibit B-15
Amendment #2**

BUDGET FORM

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

Applicant Name: Community Action Program Belknap-Merrimack Counties

Budget Request for: Medicare Improvements for Patients and Providers Act
(MIPPA) Services
(Name of RFA)

Budget Period: Effective date of contract through June 30, 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	\$ 9,000.00	\$ -	\$ 9,000.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Outside Printing	\$ 1,000.00	\$ -	\$ 1,000.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 10,000.00	\$ -	\$ 10,000.00	

Indirect As A Percent of Direct

0.0%

**Exhibit B-16
Amendment #2**

BUDGET FORM

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

Bidder Name: Community Action Program Belknap-Merrimack Counties, Inc.

Medicare Improvements for Patients and Providers Act
Budget Request for: (MIPPA) Services
(Name of RFA)

Budget Period: 7/1/14 through September 29, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 4,297.00	\$ -	\$ 4,297.00	
2. Employee Benefits	\$ 703.00	\$ -	\$ 703.00	
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	\$ 5,000.00	\$ -	\$ 5,000.00	

Indirect As A Percent of Direct

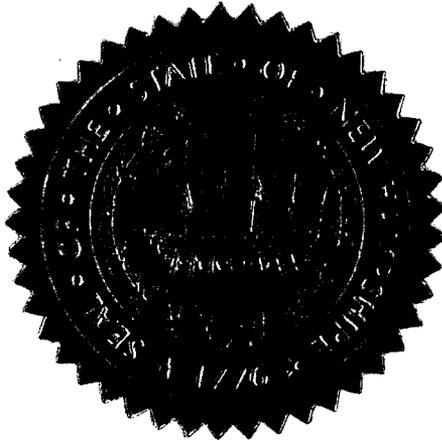
0.0%

R.P.
5/21/14

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 COMMUNITY ACTION PROGRAM BELKNAP AND MERRIMACK COUNTIES, INC. is a New Hampshire nonprofit corporation formed May 28, 1965. 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 10th day of April A.D. 2014

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

William M. Gardner
Secretary of State

Community Action Program Belknap-Merrimack Counties, Inc.

CERTIFICATE OF VOTE

I, Dennis T. Martino, Secretary-Clerk of Community Action Program Belknap-Merrimack Counties, Inc. (hereinafter the "Corporation"), a New Hampshire corporation, hereby certify that: (1) I am the duly elected and acting Secretary-Clerk of the Corporation; (2) I maintain and have custody and am familiar with the minute books of the Corporation; (3) I am duly authorized to issue certificates with respect to the contents of such books; (4) that the Board of Directors of the Corporation have authorized, on 12/12/13, such authority to be in force and effect until 06/30/15 (contract termination date). (see attached)

The person(s) holding the below listed position(s) are authorized to execute and deliver on behalf of the Corporation any contract or other instrument for the sale of products and services:

Ralph Littlefield, Executive Director

(5) The meeting of the Board of Directors was held in accordance with New Hampshire, (state of incorporation) law and the by-laws of the Corporation; and (6) said authorization has not been modified, amended or rescinded and continues in full force and effect as of the date hereof. Excerpt of dated minutes or copy of article or section of authorizing by-law must be attached.

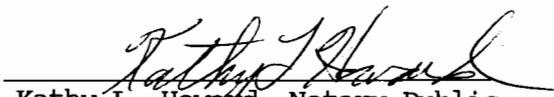
IN WITNESS WHEREOF, I have hereunto set my hand as the Clerk/Secretary of the corporation this 5th day of May, 2014.


Secretary-Clerk

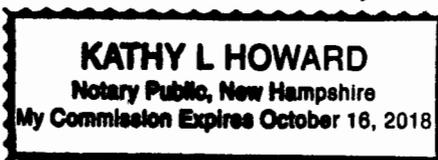
STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

On this 5th day of May, 2014, before me, Kathy L. Howard the undersigned Officer, personally appeared Dennis T. Martino who acknowledged her/himself to be the Secretary-Clerk of Community Action Program Belknap-Merrimack Counties, Inc., a corporation and that she/he as such Secretary-Clerk being authorized to do so, executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.


Kathy L. Howard, Notary Public
Notary Public/Justice of the Peace

Commission Expiration Date:



COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.

CORPORATE RESOLUTION

The Board of Directors of Community Action Program Belknap-Merrimack Counties, Inc. authorizes the Executive Director, Deputy Director, Chief Accountant, President, Vice-President(s) or Treasurer of the Agency to sign contracts and reports with the State of New Hampshire, Departments of the Federal Government, which include all federal #269 and #272 Forms, and public or private nonprofit agencies *including, but not limited to, the following:*

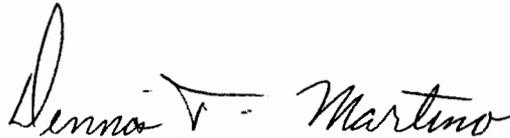
- Department of Administrative Services for food distribution programs
- Department of Education for nutrition programs
- Department of Health and Human Services
 - Bureau of Elderly and Adult Services for elderly programs
 - Bureau of Homeless and Housing Services for homeless/housing programs
 - Division of Children, Youth, and Families for child care programs
 - Division of Family Assistance for Community Services Block Grant
 - Division of Public Health Services for public health programs
- Department of Justice for child advocacy/therapy programs
- Department of Transportation-Public Transportation Bureau for transportation programs
- Public Utilities Commission for utility assistance programs
- Workforce Opportunity Council for employment and job training programs
- Department of Resources and Economic Development
- Governor's Office of Energy and Planning for Head Start, Low Income Energy Assistance, Weatherization and Block Grant programs
- New Hampshire Community Development Finance Authority
- New Hampshire Housing Finance Authority
- New Hampshire Secretary of State
- U. S. Department of Housing and Urban Development
- U. S. Department of the Treasury – Internal Revenue Service
- and other departments and divisions as required

This Resolution authorizes the signing of all supplementary and subsidiary documents necessary to executing the authorized contracts as well as any modifications or amendments relative to said contracts or agreements.

This Resolution was approved by the Board of Directors of Community Action Program Belknap-Merrimack Counties, Inc. on December 12, 2013, and has not been amended or revoked and remains in effect as of the date listed below.

May 5, 2014

Date



Dennis T. Martino
Secretary/Clerk

SEAL



3.2.6.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/3/2014

PRODUCER (603)669-3218 FAX: (603)645-4331

Cross Insurance

Laura Perrin

1100 Elm Street

Manchester NH 03101

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 AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Community Action Program

Belknap-Merrimack Counties Inc.

P.O. Box 1016

Concord NH 03302

INSURER A: Arch Insurance Company

INSURER B: QBE

INSURER C: Hanover Insurance Co

18058

INSURER D: N.H.M.M. JUA

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY	NCPKG02266000	6/17/2013	6/17/2014	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC				
A		AUTOMOBILE LIABILITY	NCAUT0226600	6/17/2013	6/17/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
A		EXCESS / UMBRELLA LIABILITY	NCUMB02266000	6/17/2013	6/17/2014	EACH OCCURRENCE \$ 5,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 5,000,000
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	QWC3000372 (3a.) NH All officers included	6/17/2013	6/17/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ 500,000
		Y/N <input checked="" type="checkbox"/> N				E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
A		OTHER Directors & Officers	PHSD727025	4/1/2014	4/1/2015	\$1,000,000
C		Blanket Crime	BDV1649128	3/27/2014	3/27/2015	500,000
D		Professional	NHJUA11882	12/30/2013	12/30/2014	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER

Department of Health & Human Services
Contracts and Procurement Unit
129 Pleasant St, Brown Bldg
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Laura Perrin/KS5

Laura Perrin

ACORD 25 (2009/01)

INS025 (200901)

© 1988-2009 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a
Community Partners of Strafford County Contract**

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment #1") dated this 1st day of May 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 Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners of Strafford County (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 113 Crosby Road, Dover, NH 03820.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement":
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$374,315.
- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contract shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.
- 3) Adding Exhibit A-1.
- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.
- 5) Adding Exhibits B-11, B-12 and B-13.

New Hampshire Department of Health and Humans Services
New Hampshire ServiceLink Program



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

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

State of New Hampshire
Department of Health and Human Services

5/7/14
Date

[Signature]
NAME
TITLE

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

5-6-14
Date

[Signature]
NAME Brian Collins
TITLE Executive Director

Acknowledgement:

State of New Hampshire County of Strafford on 5/6/14, 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

[Signature]
Name and Title of Notary or Justice of the Peace

MARTHA J. GREEN
Notary Public - New Hampshire
My Commission Expires January 29, 2019

Contractor Initials [Signature]
Date: 5/6/14



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

OFFICE OF THE ATTORNEY GENERAL

5-14-14
Date

Rosemary Wiant
Name: Rosemary Wiant
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: BIC
Date: 5/16/14



Scope of Services

1. The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities.
 - 1.1. Develop and implement a VDHCBS program to provide the services described in paragraph 1.2, in the following ways:
 - 1.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC). The agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the Agreement, the contractor shall be responsible for service coordination in paragraph 1.2.
 - 1.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 1.1.3. Establish a budget for the costs to develop and implement the program. The Department provides funding for the development and implementation limited to the following:
 - 1.1.3.1. Staff development and training: This includes costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 1.1.3.2. Travel costs associated with capacity building: Staff mileage to training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, and development and implementation of the advisory committee.
 - 1.1.3.3. Development and implementation of business processes related to the VD-HCBS Program: computer equipment, telephone expenses, and office furniture for new staff.
 - 1.1.3.4. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in paragraph 1.2).
 - 1.1.4. Provide or contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 1.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 1.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors have been trained to provide initial start-up and collaborative support for the program.
 - 1.1.7. Within ninety (90) days from the effective date of the contract, the contractor will complete a Program orientation and participate in a readiness review by the Department, in accordance with the Program/Policy Guide. Reviews will be conducted by monthly face to face meetings, conference calls and webinars.

BK
5/10/14



Exhibit A-1

- 1.2. Have the program infrastructure in place within ninety (90) days from the effective date of the contract and is actively providing options counseling and assisting Veterans in arranging consumer directed services by:
 - 1.2.1. Maintain the provider agreement in paragraph 1.2 and the contractor shall be responsible for service coordination for the Veteran by:
 - 1.2.1.1. Accept referrals of eligible Veterans from at least one of the VAMC in paragraph 1.1. The Veterans Administration is responsible for determining the eligibility of Veterans for the program and for authorizing a budget to buy long term supports and services for the Veteran. The Veterans Administration will refer eligible Veterans with an authorized flexible service budget to the contractor.
 - 1.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plans of care with types of services to the VAMC for approval before the Veteran receives services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.
 - 1.2.1.3. Provide or maintain the contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 1.2.1.4. Seek reimbursements for service coordination through the VAMC. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
 - 1.2.2. Assure the following:
 - 1.2.2.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 1.2.2.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 1.2.2.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 1.2.2.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
 - 1.2.3. Comply with procedures for reporting requirements defined by DHHS.
 - 1.2.4. Provide this service to individuals located in the cities and towns in the geographic area of Strafford County.
 - 1.2.5. Enter contact data into the Refer 7 data base to increase the amount of resources available within a geographic area in Section 1.2.4 to serve Veterans.
 - 1.2.6. Assure that documentation required by both the Department and the VAMC is kept current and submitted according to the program and policy guide.
- 1.3. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending monthly meetings, trainings, and conference calls.

B/C
Date 5/6/14



Exhibit A-1

2. The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA) services as follows:
 - 2.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 2.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 2.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 2.2. Promote the Medicare programs described in Section 2.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 2.2.1. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 2.2.2. Complete an analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.
 - 2.2.3. Assess current and past partnerships with other agencies and community services.
 - 2.3. The Department will review the contractor's results of the assessment and analysis described in Section 2.2 and will determine the best outreach approaches, target population and geographic area for the contractor to conduct outreach, education and assistance to meet the goals in Section 2.7 Performance Measures. Outreach and education consists of the following, but not limited to:
 - 2.3.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 2.3.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 2.3.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 2.1
 - 2.3.4. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives.

RJC



Exhibit A-1

The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 2.1.

- 2.3.5. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 2.1.
- 2.3.6. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
- 2.3.7. The contractor will be responsible for purchasing the media in their local area.
- 2.4. Insure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 2.5. Complying with procedures for reporting requirements defined by DHHS.
- 2.6. Provide service to individuals located in the cities and towns in the geographic area of Strafford County.
- 2.7. Performance Measures :

The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D: Strafford County: 214	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS

BK
5/20/14



Exhibit B Amendment #1

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1NOCMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMAADR, IX0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B13. Each budget is specific to a time period

Contractor Initials: *[Signature]*
 Date: 5/6/14



Exhibit B Amendment #1

as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.

6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-13 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.
16. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to June 30, 2015 for the purposes of developing and implementing the program as defined in Section 1.1 and 1.3 of Exhibit A-1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 1.2 of Exhibit A-1, without funding from the Department.

**Exhibit B-11
Amendment #1**

BUDGET FORM

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

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

Budget Request for: Veterans Directed Home and Community Based Services
(Name of RFP)

Budget Period: 7/1/14 through June 30, 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 5,500.00	\$ -	\$ 5,500.00	
2. Employee Benefits	\$ 2,640.00	\$ -	\$ 2,640.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 3,000.00	\$ -	\$ 3,000.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 1,000.00	\$ -	\$ 1,000.00	
7. Occupancy	\$ 1,000.00	\$ -	\$ 1,000.00	
8. Current Expenses	\$ 60.00	\$ -	\$ 60.00	
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):	\$ -	\$ -	\$ -	
12% GM	\$ -	\$ 1,800.00	\$ 1,800.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 13,200.00	\$ 1,800.00	\$ 15,000.00	

Indirect As A Percent of Direct

13.6%

EC
3/16/14

**Exhibit B-12
Amendment #1**

BUDGET FORM

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

Behavioral Health & Developmental Services of Strafford

Applicant Name: County, Inc. d/b/a Community Partners

Medicare Improvements for Patients and Providers Act

Budget Request for: (MIPPA) Services

(Name of RFA)

Budget Period: Effective date of contract through June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 1,400.00	\$ -	\$ 1,400.00	
2. Employee Benefits	\$ 672.00	\$ -	\$ 672.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ 47.00	\$ -	\$ 47.00	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 1,300.00	\$ -	\$ 1,300.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 500.00	\$ -	\$ 500.00	
7. Occupancy	\$ 200.00	\$ -	\$ 200.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 100.00	\$ -	\$ 100.00	
Postage	\$ 50.00	\$ -	\$ 50.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 50.00	\$ -	\$ 50.00	
Insurance	\$ 40.00	\$ -	\$ 40.00	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,500.00	\$ -	\$ 1,500.00	
11. Staff Education and Training	\$ 500.00	\$ -	\$ 500.00	
12. Subcontracts/Agreements	\$ -	\$ 867.00	\$ 867.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Outside Printing	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 6,359.00	\$ 867.00	\$ 7,226.00	

Indirect As A Percent of Direct

13.6%

**Exhibit B-13
Amendment #1**

BUDGET FORM

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

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

**Medicare Improvements for Patients and Providers Act
Budget Request for: (MIPPA) Services
(Name of RFA)**

Budget Period: 7/1/14 through September 29, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 1,500.00	\$ -	\$ 1,500.00	
2. Employee Benefits	\$ 720.00	\$ -	\$ 720.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 975.00	\$ -	\$ 975.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 150.00	\$ -	\$ 150.00	
Postage	\$ 75.00	\$ -	\$ 75.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 200.00	\$ -	\$ 200.00	
11. Staff Education and Training	\$ 179.00	\$ -	\$ 179.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ 518.00	\$ 518.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 3,799.00	\$ 518.00	\$ 4,317.00	

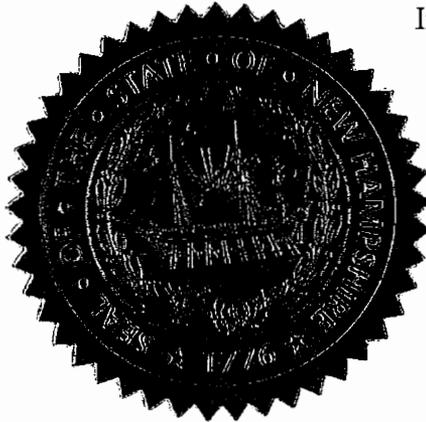
Indirect As A Percent of Direct

13.6%

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. is a New Hampshire nonprofit corporation formed September 24, 1982. 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 3rd day of April A.D. 2014

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

William M. Gardner
Secretary of State

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COMMUNITY PARTNERS OF STRAFFORD COUNTY is a New Hampshire trade name registered on October 23, 2003 and that BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 3rd day of April, A.D. 2014

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

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

1. I am a duly elected Officer of Behavioral Health & Development Services of Strafford County, Inc. DBA Community Partners of Strafford County
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on May 6, 2014
(Date)

RESOLVED: That the Brian Collins
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 6th day of May, 2014.
(Date Contract Signed)

4. Brian Collins is the duly elected Executive Director
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

[Signature]
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Strafford

The forgoing instrument was acknowledged before me this 6th day of May, 2014.

By Christopher Rounly
(Name of Elected Officer of the Agency)

[Signature]
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: 1/29/19

MARTHA J. GREEN
Notary Public - New Hampshire
My Commission Expires January 29, 2019

35 MJT



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

DIVISION OF COMMUNITY BASED CARE SERVICES

Nicholas A. Toumpas
Commissioner

BUREAU OF ELDERLY & ADULT SERVICES

Diane Langley, Director
Sheri Rockburn, Director

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9203 1-800-351-1888
Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

February 11, 2013

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

REQUESTED ACTION

100% Federal funds

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into **retroactive** amendments with six of the eight ServiceLink contractors by increasing the price limitation by \$330,999 in aggregate from \$4,334,595 to \$4,665,594 in aggregate in order for the contractors to provide information and access to long-term supports and services to all citizens in New Hampshire. The Department is requesting that these amendments be effective retroactive to January 1, 2014 upon approval of Governor and Executive Council through June 30, 2015.

Summary of contracted amounts by vendor:

Vendor	Current Budget	Increase/Decrease Amount	Revised Modified Budget
Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	\$347,772	\$0	\$347,772
Community Action Program Belknap and Merrimack Counties, Inc.	\$478,594	\$7,933	\$486,527
Crotched Mountain Community Care, Inc.	\$791,127	\$33,064	\$824,191
Easter Seals of NH, Inc.	\$655,047	\$0	\$655,047
Grafton County Senior Citizens Council, Inc.	\$460,601	\$25,462	\$486,063
Lakes Region Partnership for Public Health, Inc.	\$597,849	\$103,709	\$701,558
Monadnock Collaborative	\$719,365	\$151,921	\$871,286
Tri-County Community Action Program, Inc.	\$284,240	\$8,910	\$293,150
Total	\$4,334,595	\$330,999	\$4,665,594

Funds to support this request are available in the following accounts in State Fiscal Years 2014 and 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.

Please see attachment for fiscal details

EXPLANATION

The Department is requesting that the Governor and Executive Council approve these (6) amendments retroactively to January 1, 2014. The Department requests that these amendments be retroactive because the Department's limited staffing resources lead to additional time being needed to review proposals and scores to make a selection and process contract amendments before these services could be added to the ServiceLink contractors' Agreements.

This requested action seeks approval of six (6) amendments that represent the \$330,999 total anticipated to be spent in specific geographic locations of the state. The original agreements were approved by Governor and Executive Council on December 20, 2013, item #62, as a result of a procurement process. Additional services in the requested action were part of the original procurement. The Department selected these six (6) ServiceLink contracts to provide expanded services to the community. These services are intended to support the Department's No Wrong Door model by serving as a single access point for all citizens seeking a full range of information and assistance about long term care services and supports.

Evidenced Based Care Transitions

This service increases the options counseling and person centered transitions support services by directly working with individuals who are in hospitals and to assist them in transitioning from the hospital setting back into the community. The Service Link Contractors will continue developing and implementing this service that they have been working with under another grant project, separate from this procurement. This service would be offered to citizens located in the geographic regions of Belknap, Carroll, and Sullivan, Cheshire, and western Hillsborough County. Two Contractors with the highest scores were selected (see Bid Summary) that represent \$230,828.

Medicare Improvements for Patients and Providers Act

This service enhances counseling to Medicare Beneficiaries by directly working with low income individuals to help them reduce their cost share portion of healthcare premiums and to assist them in enrolling in these cost savings Medicare programs. This service would be offered to citizens located in the geographic regions of Rockingham, Grafton and Sullivan Counties, as well as Belknap, Carroll, and Coos counties. Four Contractors were selected (see Bid Summary) that represent \$35,928.

Veterans Directed Home and Community Based Program

This service expands the service coordination offered to Veterans and their families to find respite and supplemental services to help them stay in the community. The ServiceLink Contracts will develop and implement this program for Veterans residing in Rockingham, Carroll, Grafton, Sullivan, Cheshire, western Hillsborough and Coos Counties. This service is currently operational in Belknap County. Five contractors were selected (see Bid Summary) that represent \$53,491.

State Health Insurance Program Trainer

The Contractor will provide ongoing training to increase the education and training of the all New Hampshire ServiceLink contractors' staff and volunteers who counsel Medicare beneficiaries. This training includes topics from Medicare eligibility, types of long-term care insurances to health care fraud and prevention. One contractor was selected that represents \$7,933. (See Bid Summary).

Medicare Supplement Insurance Comparison

The Contractor will collect accurate and timely information about Medicare Supplemental Insurance cost information for Medicare beneficiaries and provide this cost information to the Department and to all the New Hampshire ServiceLink contractors who counsel and assist individuals in making decisions about Medicare programs and health plans. One contractor was selected that represents \$2,819. (See Bid Summary).

Performance Measures

The additional services described above expand upon the existing scope of services included in the current ServiceLink contracts. Performance will be measured by the following:

- Contractor shall track and report to Department on the number of people they serve in the different age groups, with different types of disabilities and to show that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS.
- Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance;
- The number of individuals diverted from nursing home/institutional settings;
- The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

Should Governor and Executive Council decide not to authorize this request, New Hampshire citizens who utilize services at ServiceLink may not be able to access these specialized services that support them remaining in the community and assist them in reducing their healthcare costs under Medicare. Additionally, it is likely that readmissions to hospitals may increase and could consequently increase financial costs to hospitals for preventable readmissions. This decision would also increase County budgets to provide for those low income individuals who will depend on Medicaid for their nursing home care.

These contractors were selected through a competitive bid process. The Department issued a Request for Proposal published on the Department's website October 18, 2013. The Department received eight (8) proposals representing some or all these additional services. The evaluation committee recommended awarding agreements to six (6) Contractors. (See Bid Summary).

The proposal was evaluated and scored using a consensus model. Four Department staff evaluated the proposals on its technical merits consistent with the criteria for evaluation of Technical Proposal as specified in the Request for Proposals. These staffs' experiences included quality management, operational management and strategic planning over client services, and social work. Two Department staff, with over twenty years' experience as certificated accountants, evaluated the proposal's cost. (See Bid Summary)

The proposal and subsequently the contracts include an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of work, and subsequent approval by the Governor and Executive Council.

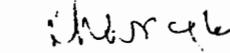
Area Served: See attached Bid Summary.

Source of Funds: 100% Federal funds.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
February 11, 2014
Page 4

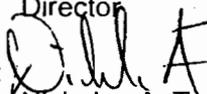
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Diane Langley
Director

Approved by:



Nicholas A. Toumpas
Commissioner

New Hampshire DHHS Contract Unit

ServiceLink Program RFP #14-DHHS-DCBCS-BEAS-03 Bid Summary

Evidenced Based Care Transitions				
	Bidder	Total Score (Max = 120.87)	Geographic Area to be Served	Department Selection
1	Lakes Region Partnership for Public Health, Inc.	110.5	Belknap and Carroll	Selected
2	Monadnock Collaborative	108	Cheshire County , 12 Cities and towns in Western Hillsborough County (Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor) and all of Sullivan County (excluding two towns: Grantham and Plainfield)	Selected
3	Grafton County Senior Citizens Council, Inc.	105.5	Grafton County and Grantham and Plainfield in Sullivan County	Not selected
4	Crotched Mountain Community Care, Inc.	101.5	Rockingham* County	Not selected
5	Easter Seals New Hampshire, Inc.	100	Hillsborough County (excluding 12 cities and town in western part of the county: Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor)	Not selected
6	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	96	Strafford County	Not selected
7	Tri-County Community Action Program, Inc.	89	Coos County	Not selected
8	Community Action Program Belknap and Merrimack Counties, Inc.	15	Merrimack County	Not selected

New Hampshire DHHS Contract Unit

Medicare Improvements for Patients and Providers Act				
	Bidder	Total Score (Max = 141.6)	Geographic Area to be Served	Department Selection
1	Grafton County Senior Citizens Council, Inc.	118	Grafton County and Grantham and Plainfield in Sullivan County	Selected
2	Tri-County Community Action Program, Inc.	108	Coos County	Selected
3	Lakes Region Partnership for Public Health, Inc.	106	Belknap and Carroll	Selected
4	Crotched Mountain Community Care, Inc.	103	Rockingham County	Selected
5	Community Action Program Belknap and Merrimack Counties, Inc.	90	Merrimack County	Not selected
6	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	0	Strafford County	Not selected

New Hampshire DHHS Contract Unit

Veterans Directed				
	Bidder	Total Score (Max. = 141.6)	Geographic Area to be Served	Department Selection
1	Grafton County Senior Citizens Council, Inc.	129.5	Grafton County and Grantham and Plainfield Sullivan County	Selected
2	Crotched Mountain Community Care, Inc.	122	Rockingham County	Selected
3	Monadnock Collaborative	121	Did not provide when asked for clarification Cheshire County , 12 Cities and towns in Western Hillsborough County (Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor) and all of Sullivan County (excluding two towns: Grantham and Plainfield)	Selected
4	Tri-County Community Action Program, Inc.	103	Coos	Selected
5	Community Action Program Belknap and Merrimack Counties, Inc.	90	Merrimack County	Not Selected
6	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	90	Strafford	Not Selected
7	Lakes Region Partnership for Public Health, Inc.	75	Belknap and Carroll (Note: score reflects technical component only as the cost component was not applicable).	Selected

New Hampshire DHHS Contract Unit

Medicare Supplemental Comparison (Statewide)			
	Bidder	Total Score (Max. = 112.5)	Department Selection
1	Crotched Mountain Community Care, Inc.	106	Selected
2	Easter Seals New Hampshire, Inc.	95	Not Selected
3	Community Action Program Belknap and Merrimack Counties, Inc.	76	Not Selected

SHIP Trainer			
	Bidder	Total Score (Max. 112.5)	Department Selection
1	Community Action Program Belknap and Merrimack Counties, Inc.	76	Selected

Technical Proposal Evaluation Team:

Carol Sideris, Director of Client Services

Michael Kelly, Division of Community Based Care, Program Specialist – Quality Management Review

Denise Pliska, Bureau of Elderly and Adult Services, District Office Supervisor of Adult Protection Services

Patricia Jackson, Bureau of Homeless and Housing, Program Planning and Review Specialist

Cost Proposal Team:

Ann Driscoll, Bureau of Elderly and Adult Services, Administrator and Certified Public Accountant

Donna Ferland, New Hampshire Hospital, Financial Manager and Certified Public Accountant



62

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF ELDERLY & ADULT SERVICES

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate
Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9203 1-800-351-1888
Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 5, 2013

12/29/13
62

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 Community Based Care Services, Bureau of Elderly and Adult Services to enter into Agreements with vendors to have ServiceLink Resource Centers in designated communities serving as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and ServiceLink Resource Centers also function as a single point of entry for access to Medicaid long-term support programs and benefits, with a price limitation of \$4,334,595 to be effective January 1, 2014 or upon the date of Governor and Executive Council approval, whichever is later through June 30, 2015.

Summary of contracted amounts by vendor:

Vendor	Amount
Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	\$347,772
Community Action Program Belknap and Merrimack Counties, Inc.	\$478,594
Crotched Mountain Community Care, Inc.	\$791,127
Easter Seals New Hampshire, Inc.	\$655,047
Grafton County Senior Citizens Council, Inc.	\$460,601
Lakes Region Partnership for Public Health, Inc.	\$597,849
Monadnock Collaborative	\$719,365
Tri-County Community Action Program, Inc.	\$284,240
Total	\$4,334,595

Funds to support this request are anticipated to be available in the following accounts in State Fiscal Year 2014 and 2015 and are subject to the availability of the federal funding to the Department, 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.

Please see attachment for fiscal details.

EXPLANATION

The Department is requesting that the Governor and Executive Council approve eight (8) Agreements that represent \$4,334,595 total anticipated to be spent statewide to provide the ServiceLink Resource Center Program in New Hampshire. As a group, these Contractors will provide statewide coverage to people in New Hampshire and to their out-of-state friend and family members by providing the following services as part of the ServiceLink Program: Information, Referral and Assistance, Options Counseling and Person Centered Transition Support, Family Caregiver Supports and Services, Counseling for Medicare Beneficiaries, and Senior Medicare Patrol.

Populations Served:

The populations served under these contracts are:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about Long Term Services and Supports;
- Individuals with intellectual, physical, and developmental disabilities;
- Veterans; and
- People of all ages, income levels and disabilities.

The ServiceLink Resource Center Contractors will:

- Serve as a highly visible and trusted place for people of all ages to turn to for objective and unbiased information on the full range of long term care supports and services
- Promote awareness of the various options available to people in their community
- Link individuals with needed services
- Provide person-centered one-on-one assistance and decision support to individuals
- Serve as a full service access point to all long-term supports and services
- Create formal relationships between and among the major pathways people travel while transitioning from one setting of care to another
- Ensure services adhere to the highest standards and produce measureable results

No Wrong Door for Citizens of New Hampshire

The ServiceLink Resource Center contractors will operate as a full service single access point for individuals to inquire about community long term supports and services. Individuals shall experience a streamlined eligibility determination, options counseling and enrollment process through standardized processes specified by the State of NH DHHS. The Aging and Disability Resource Centers will follow standardized processes established by NH DHHS for providing information, referrals and eligibility determinations so that individuals accessing the system at different locations experience a similar process and are provided a consistent core set of information about community Long Term Services and Supports options in the state. The Aging and Disability Resource Centers will assist and support an individual's applications for financial and functional assessments for public programs. The goal is that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

Contractors shall support the No Wrong Door by the following criteria:

- Coordinate with existing community long term support and service (LTSS) counseling entities and initiatives;

- Have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance;
- Ensure that a consistent experience and core set of information is provided to all individuals;
- Coordinate both the financial and functional assessment and eligibility determination process from start to finish, utilizing a single contact for the individual;

Performance Measures

- Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS.
- Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance;
- The number of individuals diverted from nursing home/institutional settings;
- The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

Should Governor and Executive Council decide not to authorize this request, the Department would have to design and implement an alternative method of complying with RSA 151-E:5, which mandates that it establish a system of community based information and referral services for elderly and chronically ill adults. This has the potential of incurring additional State funds for additional positions to take on the roles, responsibilities, and activities described above. The Department would be vulnerable to losing federal discretionary funds through the Balancing Incentive Program and the State Innovation Model Program, which both rely on the ServiceLink network as the platform for implementing the No Wrong Door model and Options Counseling Model. It is likely that admissions to nursing homes and hospitals would increase because there would be no statewide mechanism in the community to advise people of home and community based options and assist them to access these options. The unintended consequences would increase the State's Medicaid expenditures.

These contractors were selected through a competitive bid process. The Department issued a Request for Proposal published on the Department's website October 18, 2013, and notified potential bidders. The Department received eight (8) proposals. The evaluation committee recommended awarding agreements to all eight (8) Contractors. (See Bid Summary).

The proposal was evaluated and scored using a consensus model. Four Department staff evaluated the proposals on its technical merits consistent with the criteria for evaluation of Technical Proposal as specified in the Request for Proposals. These staffs' experiences included quality management, operational management and strategic planning over client services, and social work. Two Department staff, with over twenty years' experience as certificated accountants, evaluated the proposal's cost. (See Bid Summary)

The proposal and subsequently the contracts include an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of work, and subsequent approval by the Governor and Executive Council.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
December 5, 2013
Page 4

Area Served: Statewide

Source of Funds: 54% Federal funds and 46% 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,


Sheri L. Rockburn
Acting Associate Commissioner

Approved by:


Nicholas A. Toumpas
Commissioner

New Hampshire DHHS Contract Unit
 New Hampshire ServiceLink Program
 RFP 14-DHHS-DCBCS-BEAS-03
 Bid Summary

	Core Services	Maximum Possible Score	Technical Score	Cost Score	Total Score	Geographic Area to be Served
	Bidder		1250	104.35	1354.35	
1	Community Action Program Belknap and Merrimack Counties, Inc.		940	78	1018	Merrimack County
2	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners		1158	80	1238	Strafford County
3	Crotched Mountain Community Care, Inc.		1090	82.5	1172.5	Rockingham County
4	Easter Seals New Hampshire, Inc.		955	76	1031	Hillsborough County (excluding: 12 Cities and Towns in Western part of the County: Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor)
5	Grafton County Senior Citizens Council, Inc.		1125	78.5	1203.5	Grafton County, and two towns in Sullivan County (Grantham and Plainfield)
6	Lakes Region Partnership for Public Health, Inc.		1005	77.5	1082.5	Belknap and Carroll County
7	Monadnock Collaborative		1088	90	1178	Cheshire County, 12 Cities and towns in Western Hillsborough County (Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor) and all of Sullivan County (excluding two towns: Grantham and Plainfield)
8	Tri-County Community Action Program, Inc.		940	74	1014	Coos County

Technical Proposal Evaluation Team:

Carol Sideris, Director of Client Services
 Michael Kelly, Division of Community Based Care, Program Specialist – Quality Management Review
 Denise Pliska, Bureau of Elderly and Adult Services, District Office Supervisor of Adult Protection Services
 Patricia Jackson, Bureau of Homeless and Housing, Program Planning and Review Specialist

Cost Proposal Team:

Ann Driscoll, Bureau of Elderly and Adult Services, Administrator and Certified Public Accountant
 Donna Ferland, New Hampshire Hospital, Financial Manager and Certified Public Accountant



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Community Action Program Belknap Merrimack Counties, Inc. Contract**

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment 1") dated this 5th day of February 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 Community Action Program Belknap Merrimack Counties, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 2 Industrial Park Drive, Concord, NH 03302.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed.

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

- 1) Amendment and modification of P-37 "Agreement";
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$486,527.
- 2) Amendment and modification of Exhibit A
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contractor shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.
- 3) Adding Exhibit A-1.
- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.
- 5) Adding Exhibits B-11 through B-12.

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



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

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

State of New Hampshire
Department of Health and Human Services

2/10/14
Date
Name
Title

[Signature]

Community Action Program Belknap and Merrimack
Counties, Inc.

February 10, 2014
Date

[Signature]
NAME Ralph Littlefield
TITLE Executive Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 2/10/14, 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

[Signature]
James W. Sudak, Justice of the Peace
Name and Title of Notary or Justice of the Peace

JAMES W. SUDAK, Justice of the Peace
My Commission Expires February 2, 2016

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



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

OFFICE OF THE ATTORNEY GENERAL

2-10-14
Date Name: _____

Resenta Adit
Title: *Assistant Attorney General*

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

OFFICE OF THE SECRETARY OF STATE

Date Name:

Title:



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Crotched Mountain Community Care, Inc. Contract

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment 1") dated this 5th day of February 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 Crotched Mountain Community Care, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 186 Granite Street, Suite 3C, Manchester, New Hampshire 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement":
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$824,191.
- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contractor shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.
- 3) Adding Exhibit A-1.
- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.
- 5) Adding Exhibit B-11 through B-15.

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



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

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

2/10/14 (w)
Date

State of New Hampshire
Department of Health and Human Services
[Signature]
Name
Title

2/10/14
Date

Crotched Mountain Community Care, Inc.
Margaret Aris
NAME
TITLE VP Community Services
Crotched Mtn

Acknowledgement:

State of NH, County of Merrimack on 2/10/14, 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

Sarah Dixon, Notary Public
Name and Title of Notary or Justice of the Peace



New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



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

OFFICE OF THE ATTORNEY GENERAL

2-11-14
Date

Rosemary Wiens
Name: *Rosemary Wiens*
Title: *Assistant Attorney General*

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Grafton County Senior Citizens Council, Inc. Contract**

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment 1") dated this 5th day of February 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 Grafton County Senior Citizens Council, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 10 Campbell Street, Lebanon, New Hampshire 03766.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement":
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$486,063.

- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contractor shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.

- 3) Adding Exhibit A-1.

- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.

- 5) Adding Exhibits B-11 through B-13.



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

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

2/10/14
Date

State of New Hampshire
Department of Health and Human Services
[Signature]
Name
Title

2-10-14
Date

Grafton County Senior Citizens Council, Inc.
Robuta J. Bunn, Executive Director
NAME
TITLE

Acknowledgement:
State of New Hampshire County of Grafton on 2-10-14, 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

[Signature: Victoria Weeks]
Name and Title of Notary or Justice of the Peace

VICTORIA M. WEEKS
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My commission expires June 19, 2016

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



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

OFFICE OF THE ATTORNEY GENERAL

2-11-14
Date

Rosemary Wiant
Name: *Rosemary Wiant*
Title: *Assistant Attorney General*

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Lakes Region Partnership for Public Health, Inc. Contract

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment 1") dated this 5th day of February 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 Lakes Region Partnership for Public Health, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 67 Water Street, Suite 105, Laconia, NH 03246.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement":
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$701,558.
- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contractor shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.
- 3) Adding Exhibit A-1.
- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.
- 5) Adding Exhibits B-11 through B-14.

SM
2.7.14

New Hampshire Department of Health and Humans Services
New Hampshire ServiceLink Program



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

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

2/10/14
Date

State of New Hampshire
Department of Health and Human Services

NAME
TITLE

[Handwritten Signature]

Lakes Region Partnership for Public Health, Inc.

2.7.14
Date

NAME Sally Minkow
TITLE President, Board of Directors

Acknowledgement:

State of NH, County of Belknap on Feb 7, 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.

Signature of Notary Public or Justice of the Peace

Colleen A. Drouin Notary
Name and Title of Notary or Justice of the Peace





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

OFFICE OF THE ATTORNEY GENERAL

2-11-14
Date Name: _____

Rosemary Wiant
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date Name: _____

Title: _____



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Monadnock Collaborative Contract

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment 1") dated this 5th day of February 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 Monadnock Collaborative (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 105 Castle Street, Keene, New Hampshire 03431.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement";
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$871,286.

- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contract shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.

- 3) Adding Exhibit A-1.

- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.

- 5) Adding Exhibit B-11 through B-13.

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



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

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

State of New Hampshire
Department of Health and Human Services

2/11/14
Date

[Signature]
Name
Title

Monadnock Collaborative

2/10/14
Date

[Signature]
NAME Melinda S. Feola-Mahar
TITLE Executive Director

Acknowledgement:
State of NH, County of Cheshire on 2/10/14, 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

Wendy Preston
Name and Title of Notary or Justice of the Peace

WENDY PRESTON
Notary Public, State of New Hampshire
My Commission Expires October 17, 2017



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

OFFICE OF THE ATTORNEY GENERAL

2-11-14
Date

Rosemary Wiant
Name: Rosemary Wiant
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Tri-County Community Action Program, Inc. Contract

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment 1") dated this 5th day of February 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 Tri-County Community Action Program, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 30 Exchange Street, Berlin, New Hampshire 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement";
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$293,150.
- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contract shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.
- 3) Adding Exhibit A-1.
- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.
- 5) Adding Exhibits B-11 through B-13.



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

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

State of New Hampshire
Department of Health and Human Services

2/10/14
Date

[Signature]
Name
Title

Tri County Community Action Program, Inc.

2/7/2014
Date

[Signature]
NAME Michael Coughlin
TITLE Chief Executive

Acknowledgement:
State of NH, County of Coos on 2-7-14, 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

[Signature]
Name and Title of Notary or Justice of the Peace

SUZANNE C. FRENCH
Notary Public - New Hampshire
My Commission Expires June 19, 2018

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



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

OFFICE OF THE ATTORNEY GENERAL

2-11-14
Date

Rosemary Wiant
Name: Rosemary Wiant
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Community Action Program Belknap and Merrimack Counties, Inc.		1.4 Contractor Address PO Box 1016 2 Industrial Park Drive Concord, NH 03302-1016	
1.5 Contractor Phone Number (603) 225-3295	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$478,594.
1.9 Contracting Officer for State Agency <i>Mary Magguncalda</i>		1.10 State Agency Telephone Number <i>603-271-9096</i>	
1.11 Contractor Signature <i>Ralph Littlefield</i>		1.12 Name and Title of Contractor Signatory Ralph Littlefield, Executive Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>12/4/13</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] <i>Kathy L Howard</i>			
1.13.2 Name and Title of Notary or Justice of the Peace Kathy L. Howard, Notary Public		<div style="border: 2px solid black; padding: 5px; text-align: center;"> KATHY L HOWARD Notary Public, New Hampshire My Commission Expires October 16, 2018 </div>	
1.14 State Agency Signature <i>Sheri L Rockburn</i>		1.15 Name and Title of State Agency Signatory <i>Sheri L Rockburn Acting Associate Commissioner</i>	
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: <i>Rosemary Skoch</i> On: <i>12-4-13</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

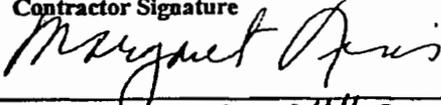
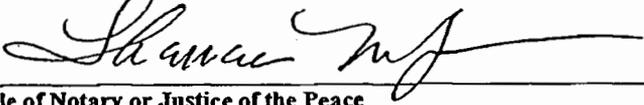
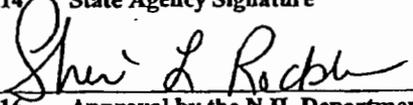
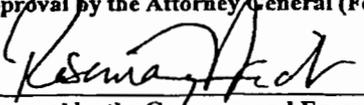
Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Crotched Mountain Community Care, Inc.		1.4 Contractor Address 186 Granite Street, STE 3C Manchester, NH 03101	
1.5 Contractor Phone Number (603) 622-5900	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$791,127.
1.9 Contracting Officer for State Agency Mary Maggioncalda, Administrator		1.10 State Agency Telephone Number 603-271-9096	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Margaret Lewis, VP Community Based Services	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>MERRIMACK</u> On <u>12/5/2013</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace THERESA M. JONES, Notary Public My Commission Expires September 19, 2017			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Sheri L. Rockburn, ^{Assoc Acting} Associate Commissioner	
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:  On: <u>12-5-13</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

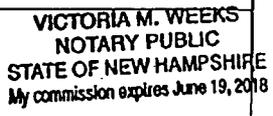
Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

I. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Grafton County Senior Citizens Council, Inc.		1.4 Contractor Address 10 Campbell Street PO Box 433 Lebanon, NH 03766	
1.5 Contractor Phone Number (603) 448-4897	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$460,601.
1.9 Contracting Officer for State Agency <i>Mary Magguncella</i>		1.10 State Agency Telephone Number <i>603-271-9096</i>	
1.11 Contractor Signature <i>Roberta J. Berner</i>		1.12 Name and Title of Contractor Signatory <i>Roberta J. Berner Executive Director</i>	
1.13 Acknowledgement: State of <i>NH</i> , County of <i>Grafton</i> On <i>12-4-13</i> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal]		 <i>Victoria Weeks</i>	
1.13.2 Name and Title of Notary or Justice of the Peace <i>Victoria Weeks, Notary</i>			
1.14 State Agency Signature <i>Sheri L. Rockburn</i>		1.15 Name and Title of State Agency Signatory <i>Sheri L. Rockburn Acting Associate Commissioner</i>	
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: <i>Rosemary [Signature]</i> On: <i>12-4-13</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Lakes Region Partnership for Public Health, Inc.		1.4 Contractor Address 67 Water Street, STE 105 Laconia, NH 03246	
1.5 Contractor Phone Number (603) 528-2145	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$597,849.
1.9 Contracting Officer for State Agency MARY Maggioncalda		1.10 State Agency Telephone Number 271-9096	
1.11 Contractor Signature <i>Sally Minkow</i>		1.12 Name and Title of Contractor Signatory SALLY MINKOW President, Board of Directors	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Belknap</u> On <u>12/3/13</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <i>J. Boisselle</i>		[Seal]	
1.13.2 Name and Title of Notary or Justice of the Peace JULIE BOISSELLE		JULIE BOISSELLE, Notary Public My Commission Expires <u>6/9/2015</u>	
1.14 State Agency Signature <i>Shirley Rockland</i>		1.15 Name and Title of State Agency Signatory Shirley Rockland Acting Associate Commissioner	
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: <i>Rosemary Heath</i> On: <u>12-4-13 RW</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Monadnock Collaborative		1.4 Contractor Address 105 Castle Street Keene, NH 03431	
1.5 Contractor Phone Number (603) 357-1922, x 104	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$719,365.
1.9 Contracting Officer for State Agency <i>Mary Maggioncalda</i>		1.10 State Agency Telephone Number <i>603-271-9096</i>	
1.11 Contractor Signature <i>[Signature]</i>		1.12 Name and Title of Contractor Signatory <i>Melinda S. Feola-Mahar, Executive Dir.</i>	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Cheshire</u> On <u>12/4/13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] <i>Wendy Preston</i>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> WENDY PRESTON Notary Public, State of New Hampshire My Commission Expires October 17, 2017 </div>	
1.13.2 Name and Title of Notary or Justice of the Peace <i>Wendy Preston office mgr/HR</i>			
1.14 State Agency Signature <i>Sheri Rockburn</i>		1.15 Name and Title of State Agency Signatory <i>Sheri Rockburn Acting Associate Commissioner</i>	
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: <i>Rosemary Nadeau</i> On: <i>12-4-13</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Tri-County Community Action Program, Inc.		1.4 Contractor Address 30 Exchange Street Berlin, NH 03570	
1.5 Contractor Phone Number (603) 752-7001	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$284,240.
1.9 Contracting Officer for State Agency Mary Maggioncalda, Administrator		1.10 State Agency Telephone Number 603-271-9096	
1.11 Contractor Signature <i>Michael Coughlin</i>		1.12 Name and Title of Contractor Signatory Michael Coughlin, Chief Executive Officer	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>COOS</u> On <u>12/4/13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <i>Suzanne C. French</i> [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace Suzanne C. French, Notary		SUZANNE C. FRENCH Notary Public - New Hampshire My Commission Expires June 19, 2018	
1.14 State Agency Signature <i>Shari L. Rockben</i>		1.15 Name and Title of State Agency Signatory <i>Shari L. Rockben Acting Assoc. Commissioner</i>	
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: <i>Rosmary Had</i> On: <u>12-5-13</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners of Strafford County		1.4 Contractor Address 113 Crosby Road Dover, NH 03820	
1.5 Contractor Phone Number (603) 516-9300	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$347,772.
1.9 Contracting Officer for State Agency <i>Mary Maggioncalda</i>		1.10 State Agency Telephone Number <i>603-271-9096</i>	
1.11 Contractor Signature <i>Brian Collins</i>		1.12 Name and Title of Contractor Signatory <i>Brian Collins, Executive Director</i>	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Strafford</u> On <u>12/3/13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <i>Martha J. Green</i> [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace <i>Martha J. Green, Notary</i>		MARTHA J. GREEN Notary Public - New Hampshire My Commission Expires March 4, 2014	
1.14 State Agency Signature <i>Sh R Rockburn</i>		1.15 Name and Title of State Agency Signatory <i>Sheri Rockburn Acting Assoc. Commissioner</i>	
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: <i>Rosemary Aid</i> On: <i>12-4-13</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

Subject: New Hampshire ServiceLink Resource Centers Program**AGREEMENT**

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Easter Seals New Hampshire, Inc.		1.4 Contractor Address 55 Auburn Street Manchester, NH 03103-4800	
1.5 Contractor Phone Number (603) 623-8863	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$655,047.
1.9 Contracting Officer for State Agency <i>Mary Maggioncalda</i>		1.10 State Agency Telephone Number 271-9096	
1.11 Contractor Signature <i>Elin Treanor</i>		1.12 Name and Title of Contractor Signatory <i>Elin Treanor, CFO</i>	
1.13 Acknowledgement: State of <u>NH</u>, County of <u>Hillsborough</u> On <u>12/3/13</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] <i>Wendy M. Boelee</i>			
1.13.2 Name and Title of Notary or Justice of the Peace WENDY M. BOELEE, Notary Public My Commission Expires: Oct. 21, 2014			
1.14 State Agency Signature <i>Sh L Rock</i>		1.15 Name and Title of State Agency Signatory <i>Sheri L. Rockburn Acting Associate Commissioner</i>	
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: <i>Rosemary Frost</i> On: <u>12-4-13 PW</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			