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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

March 13, 2013

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

REQUESTED ACTION

1) Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into an amendment to an existing Agreement (Purchase Order #1023676) with Rochester Rural District Visiting Nurse Association, Rochester, New Hampshire (Vendor #154189) to provide Adult Medical Day, Adult In-Home Care, Homemaker, and Health Screening services, by changing Contractor Name from Rochester Rural District Visiting Nurse Association to CornerStone VNA, terminating scope of services for Adult Medical Day services, and decreasing the price limitation by \$12,186.00 from \$275,581.00 to \$263,395.00, effective upon Governor and Executive Council approval. The original Agreement, ending June 30, 2013, was approved by Governor and Executive Council on June 22, 2011 (Item #226). Funding is available in the following accounts for State Fiscal Year 2013, with the authority to transfer service units within the scope of services that are funded within the same account number and within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

48.33% FLD 51.68% GEN

2) Contingent upon approval of Requested Action #1, authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into an amendment to an existing Agreement (Purchase Order #1023681) with The Homemakers Health Services, Rochester, New Hampshire (Vendor #154849) to provide Adult Medical Day, Adult In-Home Care, Home Health Aide, Homemaker, Nursing and Transportation services by increasing the number of Adult Medical Day units by transferring units from CornerStone VNA, transferring Transportation Demand Route units to Transportation Medical Trip units, and increasing the price limitation by \$10,155.00 from \$1,913,960.00 to \$1,924,115.00, effective upon Governor and Executive Council approval. The original Agreement, ending June 30, 2013, was approved by Governor and Executive Council on June 22, 2011 (Item #215). Funding is available in the following accounts for State Fiscal Year 2013, with the authority to transfer service units within the scope of services that are funded within the same account number and within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

49.95% FLD 50.05% GEN

The following tables are relative to Requested Action #1, Rochester Rural District Visiting Nurse Association.
Funds are available in the following accounts in State Fiscal Year 2013.

05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS

State Fiscal Year	Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2012	540-500382	Social Services	\$ 2,190.50	\$0.00	\$ 2,190.50
2013	540-500382	Social Services	\$ 2,190.50	\$0.00	\$ 2,190.50
Sub-Total			\$ 4,381.00	\$0.00	\$ 4,381.00

05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICES BLOCK GRANT

State Fiscal Year	Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2012	542-500384	Homemaker	\$ 44,760.00	\$0.00	\$ 44,760.00
2012	543-500385	Adult In Home Care	\$ 70,530.00	\$0.00	\$ 70,530.00
2012	566-500918	Adult Group Day Care	\$ 20,310.00	\$0.00	\$ 20,310.00
2013	542-500384	Homemaker	\$ 44,760.00	\$0.00	\$ 44,760.00
2013	543-500385	Adult In Home Care	\$ 70,530.00	\$0.00	\$ 70,530.00
2013	566-500918	Adult Group Day Care	\$ 20,310.00	(\$12,186.00)	\$ 8,124.00
Sub-Total			\$ 271,200.00	(\$12,186.00)	\$ 259,014.00
Total			\$ 275,581.00	(\$12,186.00)	\$ 263,395.00

The following tables are relative to Requested Action #2, The Homemakers Health Services.
Funds are available in the following accounts in State Fiscal Years 2012 and 2013.

05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:
ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS

State Fiscal Year	Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2012	512-500352	Transportation	\$130,993.00	\$0.00	\$130,993.00
2012	540-500382	Social Services	\$ 49,239.30	\$0.00	\$ 49,239.30
2013	512-500352	Transportation	\$130,993.00	\$0.00	\$130,993.00
2013	540-500382	Social Services	\$ 49,239.30	\$0.00	\$ 49,239.30
Sub-Total			\$360,464.60	\$0.00	\$360,464.60

05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES,
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICES BLOCK GRANT

State Fiscal Year	Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2012	542-500384	Homemaker	\$268,560.00	\$0.00	\$268,560.00
2012	543-500385	Adult In Home Care	\$464,182.70	\$0.00	\$464,182.70
2012	566-500918	Adult Group Day Care	\$ 44,005.00	\$0.00	\$ 44,005.00
2013	542-500384	Homemaker	\$268,560.00	\$0.00	\$268,560.00
2013	543-500385	Adult In Home Care	\$464,182.70	\$0.00	\$464,182.70
2013	566-500918	Adult Group Day Care	\$ 44,005.00	\$10,155.00	\$ 54,160.00
Sub-Total			\$1,553,495.40	\$10,155.00	1,563,650.40
Total			\$1,913,960.00	\$10,155.00	\$1,924,115.00

EXPLANATION

Relative to Requested Action #1, Rochester Rural District Visiting Nurse Association.

The purpose of this Requested Action is to amend an existing Agreement with Rochester Rural District Visiting Nurse Association to change the Contractor Name to CornerStone VNA, to terminate scope of services for Adult Medical Day due to closure of the program on March 6, 2013, and based on this closure decrease units of services for Adult Medical Day through June 30, 2013. CornerStone VNA notified the Bureau of Elderly and Adult Services, in an email dated December 21, 2012 that the agency would be closing their Adult Day Center on March 6, 2013, and would no longer provide Adult Medical Day services to the two (2) clients being served under this contract. These clients are being transitioned to The Homemakers Health Services to continue receiving Adult Medical Day services through June 30, 2013. These direct care social services will allow the elderly and disabled adults to secure and maintain maximum independence, health, and quality of life. As a result of this action, the Bureau of Elderly and Adult Services is submitting for Governor and Executive Council approval, a contract amendment with The Homemakers Health Services in Rochester to serve these clients in Strafford County (see Requested Action #2).

Should the Governor and Executive Council determine to not authorize this contract amendment, funding for Requested Action #2 will not be available and the Adult Medical Day services provided to these elderly and/or disabled clients will be reduced, or eliminated, to a level that could jeopardize their ability to remain in their home within the community. Low-income elderly and/or disabled clients are likely to become eligible for more costly long-term care services in traditional nursing homes or other community based care programs.

Rochester Rural District Visiting Nurse Association's original contract, approved by Governor and Executive Council on June 22, 2011 (item #226), was awarded based on a competitive bid process. A Request for Proposals for social services funded by Bureau of Elderly and Adult Services was posted on Department of Health and Human Services' web site beginning February 25, 2011 in order to procure direct care services from community vendors. The bid summary for Rochester Rural District Visiting Nurse Association is attached (See Attachment #1).

Bureau of Elderly and Adult Services established performance measures to determine that services purchased by the State and delivered by the contractor were beneficial to the State and the client by enabling the

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
March 13, 2013
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client to remain in their home and community and to remain independent based on the federal sourcing requirements. Data from various sources including, but not limited to, contractor reporting, site reviews, and data available through information technology are utilized to determine if the contractor is meeting the performance measures. The Bureau has determined that the Contractor has performed satisfactorily.

Area served: See Attachment #3 for the list of towns/cities served.

Sources of Funds: 48.32% Federal (Administration on Aging and Social Services Block Grant) and 51.68% General Funds.

Relative to Requested Action #2, The Homemakers Health Services.

The purpose of Requested Action #2 is to increase Adult Medical Day units to provide services to two (2) clients transferring from Rochester Rural District Visiting Nurse Association, as identified above. With an immediate need to find another provider pending closure of their Adult Day Center, Rochester Rural District Visiting Nurse Association approached The Homemaker Health Services to continue to provide Adult Medical Day services to these two clients in Strafford County. The Homemaker Health Services agreed to provide services to these clients during a transitional period through June 30, 2013, contingent upon availability of additional funding from the Bureau of Elderly and Adult Services.

Additionally, this Requested Action is to transfer transportation- demand route units to transportation - medical trip units within the funding contracted for these services due to an increase in client requests for medical trip transportation and a decrease in demand response transportation requests. The contractor does not anticipate that overall client usage will be impacted by this redistribution of transportation services.

Should the Governor and Executive Council determine to not authorize to amend this existing Agreement, the social services provided to these elderly and/or disabled clients will be reduced, or eliminated, to a level that could jeopardize their ability to remain in their home. Adult Medical Day is a community-based service that supports an elderly and/or disabled adult's ability to maintain him/herself in his/her community. Transportation services allow the elderly and disabled adults to secure and maintain maximum independence, health, and quality of life that support a goal of the Division of Community Based Care Services to keep individuals in the community.

The Homemakers Health Services' original contract, approved by Governor and Executive Council on June 22, 2011 (item #215), was awarded based on a competitive bid process. A Request for Proposals for social services funded by Bureau of Elderly and Adult Services was posted on Department of Health and Human Services' web site beginning February 25, 2011 in order to procure direct care services from community vendors. The bid summary for The Homemakers Health Services is attached (See Attachment #2).

Bureau of Elderly and Adult Services established performance measures to determine that services purchased by the State and delivered by the contractor were beneficial to the State and the client by enabling the client to remain in their home and community and to remain independent based on the federal sourcing requirements. Data from various sources including, but not limited to, contractor reporting, site reviews, and data available through information technology are utilized to determine if the contractor is meeting the performance measures. The Bureau has determined that the Contractor has performed satisfactorily.

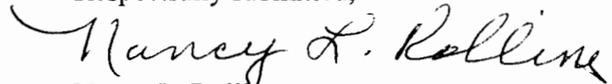
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
March 13, 2013
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Area served: See Attachment #4 for the list of towns/cities served.

Sources of Funds: 49.95% Federal (Administration on Aging and Social Services Block Grant) and 50.05% General Funds.

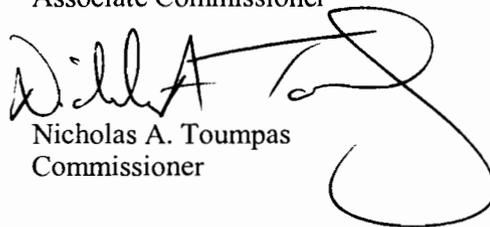
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

Request for Proposals Social Services for SFY's 2012 and 2013
RFP #12-DCBCS-BEAS-SS-01

Agency Name:	Rochester District Visiting Nurses Association
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RFP Criteria	Max. Pts.	RFP Reviewers			Total
		1	2	3	
		Bruce Angus	Sally Varney	Joan Marcoux	
Agency Capacity	35	32	33	34	33.0
Response to Scope of Services	40	37	37	37	37.0
Budget & Justification	20	18	16	14	16.0
Format	5	5	5	5	5.0
Total	100	92	91	90	91.0

Reviewers Information:

Job Title	Adult Protective Worker III	Program Planning and Review Specialist	Program Specialist IV
Dept/Agency	DHHS/DCBCS/BEAS	DHHS, DCBCS	DHHS, DCBCS, BEAS
Qualifications	Social worker with DHHS for 11 years. Interacted with numerous agencies providing services to our clients.	Division of Community Based Care Service since June 2006, responsible for and performing various quality management activities among the division's Bureaus and programs.	26 years experience with Dept. of Education and DHHS. Extensive experience in working with contracted providers to provide vocational and communication access services for the clients.

Request for Proposals Social Services for SFY's 2012 and 2013
 RFP #12-DCBCS-BEAS-SS-01

Agency Name: **The Homemakers Health Services**

RFP Criteria	RFP Reviewers			Total
	1	2	3	
Max. Pts.	Patrick Herlihy	Rachel Lakin	Jonathan McCosh	30.7
Agency Capacity	35	35	25	30.7
Response to Scope of Services	40	40	34	38.0
Budget & Justification	20	20	18	18.7
Format	5	5	5	4.7
Total	100	100	82	92.0

Reviewers Information:

Job Title	Administrator II	Administrator Adult Protective Service Program Operations	Rate Setting and Audit Manager
Dept/Agency	Human Services, Division of Family Assistance	DHHS/DCBCS/BEAS	DHHS/DCBCS/BEAS
Qualifications	DHHS' Transportation Coordinator with 25 years experience in state government with emphasis on community development & human services	12 Years Social Work and Program Development APS	25+ years experience working with long-term care. 10 years with DHHS BEAS. Prior experience working for social service providers within the State of New Hampshire.

SERVICE CATCHMENT AREA

Name of Service	County/Counties	Towns/Cities where Services will be offered
Health Screening	Strafford	Rochester
		Somersworth
		Farmington
Adult-in-home	Strafford	All
	Rockingham	Northwood
		Nottingham
	Carroll	Brookfield
		Wakefield
		Alton
Homemaking	Strafford	All
	Carroll	Brookfield
		Wakefield
		Alton

AMENDMENT #1

This Agreement (hereinafter called the "Amendment") dated this 27th day of February 2013, by and between the State of New Hampshire, acting by and through its Division of Community Based Care Services, Bureau of Elderly and Adult Services of the Department of Health and Human Services (hereinafter referred to as the "Bureau") and Rochester District Visiting Nurse Association (now CornerStone VNA), a corporation organized under the laws of the State of New Hampshire, with a place of business at 178 Farmington Road, Rochester, NH 03867 (hereinafter referred to as the "Provider").

WHEREAS, pursuant to an Agreement (hereinafter called the "Agreement") dated May 9, 2011, and approved by the Governor and Executive Council on June 22, 2011 (Item #226), the Provider agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Bureau of certain sums as specified therein; and

WHEREAS, pursuant to the provisions of Section 18 of the Agreement, the Agreement may be amended, waived or discharged only by a written instrument executed by the parties thereto; and

WHEREAS, the Provider and the Bureau have agreed to amend the Agreement in certain respects;

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

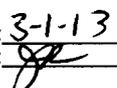
1. Amendment and Modification of Agreement:

The Agreement is hereby amended as follows:

To Amend Contractor Name section 1.3 by deleting Rochester District Visiting Nurse Association and replacing with CornerStone VNA based on an agency name change as referenced in an Affidavit of Amendment filed with the New Hampshire Secretary of State on August 17, 2012.

To Amend Price Limitation section 1.8 by decreasing the amount by \$12,186.00 from \$275,581.00 to \$263,395.00.

To Amend Exhibit A Scope of Services by deleting Section II. Adult Medical Day Services upon closure of the Adult Medical Day Services program on March 6, 2013.

Contractor Initials: 3-1-13
Date: 

State of New Hampshire
 Department of Health and Human Services
 Amendment # 1 for Rochester District Visiting Nurse Association

To Amend Exhibit B Purchase of Services as follows:

Delete Exhibit B Paragraph # 1 existing table and replace with the following:

Service	SFY 2012-2013 Unit Type	SFY 2012-2013 Rate Per Unit	Original SFY 2012 Units	Original SFY 2013 Units	Revised SFY 2013 Units
Funding: AoA Title IIIB					
Health Screening	Per half hour	\$16.85	130	130	130
Funding: Title XX					
Homemaker	Per half hour	\$ 7.46	6,000	6,000	6,000
Adult In Home Care	Per hour	\$13.67	4,000	4,000	4,000
Adult In Home Care-APS	Per hour	\$15.85	1,000	1,000	1,000
Adult Day Services	Per hour maximum of 6 hours per day	\$ 6.77	3,000	3,000	1,200

Delete Exhibit B Paragraph # 2 and replace with the following:

- It is understood that in no event shall the payments made by the Bureau of Elderly and Adult Services under this Agreement for services provided by the Contractor in SFY 2012 and SFY 2013 exceed the sum of \$137,790.50 and \$125,604.50, respectively, for a grand total of \$263,395.00.

Paragraph #3 is amended by deleting the Service, Funding Name, Funding Source, CFDA #, and State of NH Account Number for Adult Medical Day Services upon closure of the Adult Medical Day Services program on March 6, 2013 as follows:

- The Agreement (P-37) Section 1.6 Account Numbers for funding under this contract including identification of the funding source (name of Grantor and Catalog of Federal Domestic Assistance (CFDA) number) are as follows:

Service	Funding Name	Funding Source	CFDA #	State of NH Account Number
Social Services	Special Programs for the Aging- Title IIIB	Administration on Aging	93.044	05-95-48-481010-78720000-540-500382
Adult In Home Care	Social Services Block Grant- Title XX	U.S. Dept of Health & Human Services	93.667	05-95-48-481010-92550000-543-500385
Homemaker	Social Services Block Grant- Title XX	U.S. Dept of Health & Human Services	93.667	05-95-48-481010-92550000-542-500384

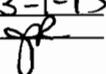
Contractor Initials: 3-1-13
 Date: JR

State of New Hampshire
Department of Health and Human Services
Amendment # 1 for Rochester District Visiting Nurse Association

Add Exhibit B Paragraph #13 as follows:

Notwithstanding paragraph 18 of the P-37 and Exhibit A, Section V, Paragraph 15, an amendment limited to the terms of Exhibit B, Paragraph #1 Table, to transfer the amount of units from one service to another that are funded within the same account number identified in Exhibit B paragraph 3 and within the price limitation, can be made by written agreement of both parties and may be made without first obtaining approval of Governor and Executive Council.

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Contractor Initials: 3-1-13
Date: 

State of New Hampshire
Department of Health and Human Services
Amendment # 1 for Rochester District Visiting Nurse Association

2. Effective Date of Amendment:

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

3. Continuance of Agreement:

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

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

THE STATE OF NEW HAMPSHIRE
Department of Health and Human Services

3/22/13
Date

Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

CornerStone VNA

3-1-13
Date

Julie A. Reynolds RN CEO
Name/Title

STATE OF New Hampshire
COUNTY OF Strafford

On this the 1st day of March, 2013, before me, Loretta S. McQuill the undersigned officer, personally appeared Julie A. Reynolds who acknowledged himself/herself to be the CEO of Cornerstone VNA, a corporation, and that he/she, as such CEO being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as CEO.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.
Loretta S. McQuill
Notary Public/~~Justice of the Peace~~

My commission expires:
2/14/15

Contractor Initials: JR
Date: 3-1-13

State of New Hampshire
Department of Health and Human Services
Amendment # 1 for Rochester District Visiting Nurse Association

Approved by Attorney General this 27 day of Mar., 2013.

By *Jeanne P. Herick*
OFFICE OF THE ATTORNEY GENERAL
Jeanne P. Herick, Attorney

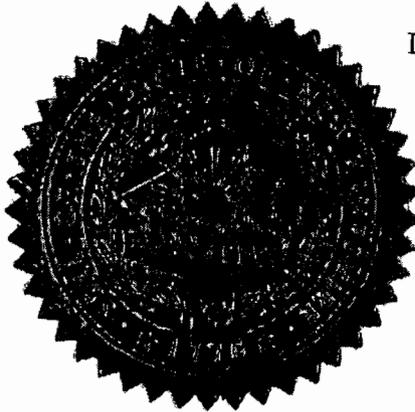
Approved by Governor and Executive Council this _____ day of _____, 20____.

Contractor Initials: *GR*
Date: *3-1-13*

State of New Hampshire
Department of State

CERTIFICATE

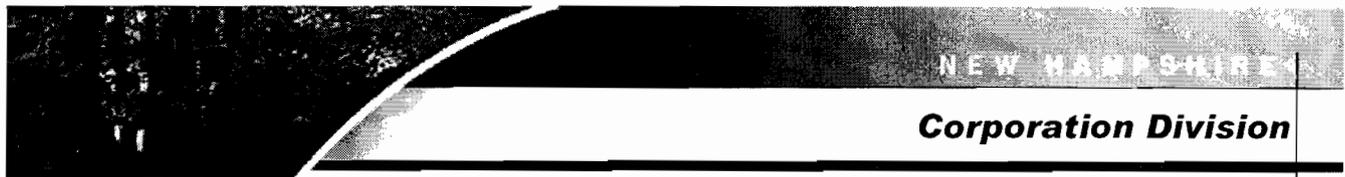
I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CornerStone VNA is a New Hampshire nonprofit corporation formed January 4, 1967. Further, that the name was changed from Rochester District Visiting Nurse Association to CornerStone VNA on August 17, 2012 I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 11th day of September A.D. 2012

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

William M. Gardner
Secretary of State



[Search](#)
[By Business Name](#)
[By Business ID](#)
[By Registered Agent](#)
[Annual Report](#)
[File Online](#)

Date: 1/23/2013 **Filed Documents**
 (Annual Report History, View Images, etc.)

Business Name History

Name	Name Type
CornerStone VNA	Legal
Rochester District Visiting Nurse Association	Prev Legal
Rochester District Visiting Nurse Association	Prev Legal
Rochester Visiting Nurse Association	Prev Legal
Rochester/Rural District Visiting Nurse Association & Hospice	Prev Legal
Rochester/Rural District Visiting Nurse Services & Hospice	Prev Legal

Non-Profit Corporation - Domestic - Information

Business ID: 64220
Status: Good Standing
Entity Creation Date: 1/4/1967
Principal Office Address: 178 Farmington Rd
 Rochester NH 03867
Principal Mailing Address: 178 Farmington Rd
 Rochester NH 03867
Expiration Date: Perpetual
Last Annual Report Filed Date: 4/1/2010
Last Annual Report Filed: 2010

Registered Agent

Agent Name:
Office Address: No Address
Mailing Address: No Address

Important Note: The status reflected for each entity on this website only refers to the status of the entity's filing requirements with this office. It does not necessarily reflect the disciplinary status of the entity with any state agency. Requests for disciplinary information should be directed to agencies with licensing or other regulatory authority over the entity.

Cornerstone VNA

ABSTRACT OF CORPORATE MINUTES

The following is a true abstract from minutes of meeting

of Board of Directors of Cornerstone VNA
(Name of Governing Board) (Name of Corporation)

on March 24, 2011 which was duly called at which a quorum was

present:

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

the Chief Executive Officer, 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)
Julie Reynolds is the duly elected (Title) Chief Executive Officer
of this corporation and is still qualified and serving in such capacity

3-1-13
(Date)

[Signature]
Secretary

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

No Corporate Seal

STATE OF NEW HAMPSHIRE

COUNTY OF Strafford

On 3/1/2013, 2013, 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 he executed the foregoing certificate.

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

[Signature]
Notary Public/~~Justice of the Peace~~

My commission expires: 7/14/2015



ROCHDIS-01

DDUPOIS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2013

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

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

PRODUCER USI Insurance Services LLC PO Box 406 Portland, ME 04112	CONTACT NAME: Danielle Dupuis	FAX (A/C, No): (877) 775-0110
	PHONE (A/C, No, Ext): (800) 723-2877	E-MAIL ADDRESS: Danielle.Dupuis@usi.biz
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Philadelphia Indemnity Insurance Company		18058
INSURED ComerStone VNA 178 Farmington Road Rochester, NH 03867	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			PHPK886532	7/1/2012	7/1/2013	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> EBL \$1M/\$1M						PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 3,000,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$
<input type="checkbox"/> SCHEDULED AUTOS								\$
<input type="checkbox"/> NON-OWNED AUTOS								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			PHUB387748	7/1/2012	7/1/2013	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE							\$
DED <input checked="" type="checkbox"/> RETENTION \$ 10,000								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU-TORY LIMITS	OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
Y/N <input type="checkbox"/> N/A							E.L. DISEASE - POLICY LIMIT	\$
A	Prof Liability			PHPK886532	7/1/2012	7/1/2013	Each Incident	1,000,000
A	Prof Liability			PHPK886532	7/1/2012	7/1/2013	Aggregate	3,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Department of Health & Human Services of NH
129 Pleasant Street
Concord, NH 03301

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

AUTHORIZED REPRESENTATIVE

USI Insurance
Services LLC

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CERTIFICATE OF LIABILITY INSURANCE

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

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

PRODUCER USI Insurance Svcs of NE, Inc. PO Box 6360 Manchester, NH 03108-6360 603 625-1100	CONTACT NAME: PHONE (A/C, No, Ext): 603 625-1100 FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A : Atlantic Charter Insurance Co.	NAIC # 44326
INSURED Cornerstone VNA 178 Farmington Road Rochester, NH 03867	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

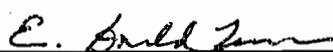
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCA00539901	07/01/2012	07/01/2013	X	WC STATUTORY LIMITS	
								E.L. EACH ACCIDENT	\$1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$1,000,000
								E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

CERTIFICATE HOLDER CANCELLATION

Department of Health & Human Services of NH 129 Pleasant Street Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CORNERSTONE VNA
HOME • HEALTH • HOSPICE

Trusted Care since 1913

Mission Statement: *To promote the optimum level of well-being, independence and dignity of those living in the community by providing trusted, compassionate and expert health care.*

Vision Statement: *We aspire to be the preferred provider of home, health and hospice care in every community we serve.*

Core Values: **Trust – Respect – Understand – Support – Teach**

Operating Principles:

To act with Integrity

To serve with Passion

To think Innovatively

To engage Collaboratively

To be Accountable

To inspire Excellence

Code of Ethics:

I will be loyal to the mission, vision & values of Cornerstone VNA.

I will respect the Patient Bill of Rights and Responsibilities.

I will comply with regulations governing the organization.

I will exercise due diligence in seeking to prevent and detect wrongful conduct.

I will report any deviation from compliance with laws governing the organization.

I will abide by the professional standards of practice.

I will comply with organizational policies and procedures.

I will present an honest representation of services.

BRAD BORBIDGE, P.A.

CERTIFIED PUBLIC ACCOUNTANTS
197 LOUDON ROAD, SUITE 350
CONCORD, NEW HAMPSHIRE 03301

TELEPHONE 603/224-0849
TELEFAX 603/224-2397

INDEPENDENT AUDITOR'S REPORT ON FINANCIAL STATEMENTS

Board of Directors
Rochester District Visiting
Nurse Association
d/b/a Your VNA
Rochester, New Hampshire

We have audited the accompanying balance sheets of Rochester District Visiting Nurse Association, d/b/a Your VNA, as of December 31, 2011 and 2010, and the related statements of operations, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards in the United States of America. These standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Rochester District Visiting Nurse Association, d/b/a Your VNA, at December 31, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended in conformity with generally accepted accounting principles in the United States of America.



Concord, New Hampshire
March 15, 2012

ROCHESTER DISTRICT VISITING NURSE ASSOCIATION
D/B/A YOUR VNA
BALANCE SHEETS

ASSETS

	2011	2010
Current Assets		
Cash and cash equivalents	\$ 1,040,451	\$ 1,019,214
Temporary investments	556,168	710,410
Patient accounts receivable less allowance for uncollectible accounts of \$61,836 and \$73,765 for December 31, 2011 and 2010, respectively	932,178	868,980
Other receivables	39,459	22,209
Prepaid expenses	72,405	83,994
Total Current Assets	2,640,661	2,704,807
Assets Limited As To Use	793,044	773,453
Beneficial Interest In Perpetual Trust	677,990	718,213
Property And Equipment, Net	866,015	886,581
TOTAL ASSETS	\$ 4,977,710	\$ 5,083,054

LIABILITIES AND NET ASSETS

Current Liabilities		
Accounts payable	\$ 50,597	\$ 78,480
Accrued payroll and related expenses	436,090	378,765
Deferred revenue	331,088	311,488
Current maturities of long-term debt	25,044	23,486
Total Current Liabilities	842,819	792,219
Long-term Debt, Less Current Maturities	286,839	310,435
Total Liabilities	1,129,658	1,102,654
Net Assets		
Unrestricted	3,170,062	3,262,187
Permanently restricted	677,990	718,213
Total Net Assets	3,848,052	3,980,400
TOTAL LIABILITIES AND NET ASSETS	\$ 4,977,710	\$ 5,083,054

(See accompanying notes to these financial statements)

ROCHESTER DISTRICT VISITING NURSE ASSOCIATION
D/B/A YOUR VNA

STATEMENTS OF OPERATIONS

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
Operating Revenue		
Net patient service revenue	\$ 5,803,179	\$ 5,271,792
Grants	91,375	119,509
Municipal appropriations	70,360	78,898
United Way	7,969	10,214
Other revenue	1,500	5,750
Total Operating Revenue	5,974,383	5,486,163
Operating Expenses		
Salaries and benefits	5,096,421	4,431,157
Professional fees and contract services	92,425	136,913
Transportation	192,501	158,654
Program supplies and expense	198,891	100,577
Occupancy	38,115	39,939
Depreciation	176,909	135,772
Interest expense	20,578	21,684
Bad debt expense	7,999	11,012
Other operating expenses	359,256	363,767
Total Operating Expenses	6,183,095	5,399,475
OPERATING (LOSS) INCOME	(208,712)	86,688
Other Revenue and Gains		
Contributions	60,647	52,811
Investment income	60,524	55,678
Recognized (loss) gain in fair value of instruments	(23,584)	54,528
Gain on disposal of fixed assets	19,000	800
Total Other Revenue and Gains, Net	116,587	163,817
(DEFICIT) EXCESS OF REVENUE OVER EXPENSES	\$ (92,125)	\$ 250,505

(See accompanying notes to these financial statements)

ROCHESTER DISTRICT VISITING NURSE ASSOCIATION
D/B/A YOUR VNA

STATEMENTS OF CHANGES IN NET ASSETS

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
Unrestricted Net Assets:		
(Deficit) Excess of revenue over expenses	\$ (92,125)	\$ 250,505
Permanently Restricted Net Assets:		
Change in market value in beneficial interest in perpetual trust held by others	(40,223)	57,249
Change in Permanently Restricted Net Assets	(40,223)	57,249
Change in Net Assets	(132,348)	307,754
Net assets, beginning of year	3,980,400	3,672,646
NET ASSETS, END OF YEAR	\$ 3,848,052	\$ 3,980,400

(See accompanying notes to these financial statements)

**CORNERSTONE VNA
BOARD OF DIRECTORS
2013**

TOWN MEMBER	OCCUPATION
BARRINGTON 03825	
Susan Y. Gaudiello	Retired, HCANH
Ruth Henderson, Sec	Registered Nurse
DOVER 03820	
Carol Lefoley	Administrator - Colonial Hill
FARMINGTON 03835	
Lorraine Meyer	Business Owner
Sharla Rollins	VP - TD Bank
MIDDLETON 03887	
MILTON 03851	
Tim Richards	Asst. Project Super PN Shipyard
NEW DURHAM 03855	
NORTHWOOD 03261	
Priscilla Merrill	Nurse Practitioner
NOTTINGHAM 03290	
ROCHESTER 03867	
Jean Corvinus, V.P.	Performance Improvement Dir., FMH
Glenn Lepene	Certified Financial Planner
SOMERSWORTH 03878	
Frank Smart, President	Business Manager, Dead River
AT-LARGE	
Dave Keefe, Treasurer	V. P. Federal Savings Bank

JULIE REYNOLDS

PROFESSIONAL EXPERIENCE:

Cornerstone VNA (formerly Rochester District VNA) 2013 – Present

Chief Executive Officer – Responsible for Board Relations, Program Development, Staffing and Personnel, Fiscal Management, Community Relationships.

Rochester District Visiting Nurse Association dba Your VNA

Formerly Rural District VNA 1997 – 2013

RN, Chief Clinical Officer – Responsible for Clinical Administration and overall agency administrator in the absence of the Chief Executive Officer.

Responsible for the ongoing coordination, supervision of Team Managers, Support Service Manager, Rehab Manager, Social Work Manager and Nursing Specialty staff. Supervised and coordinated the Senior Companion Program/Volunteer Visitor Program through training and interacting with volunteers, companions and administration. Function as Agency liaison with other health care practitioners and represent the agency in community and state activities; especially with the Discharge Coordinators, Social Services at hospitals, physicians and other referral sources.

RN, Nursing Coordinator - 1994 - 1997

Supervision and coordination of the Home Care Program. Participated in all activities relevant to the professional services provided.

Home Health VNA 1988 – 1994

Staff Nurse and Team Leader

Hale Hospital 1987

Nurse Manager

Staff RN

1984 - 1987

Staff LPN

1978 – 1984.

EDUCATION:

2008 Master of Science - Management
New England College

2005 Bachelor Degree – Health Care Administration
Granite State College

Management Seminars

1993 Diabetic Educator Certificate Program
Dartmouth Hitchcock Medical Center

1984 Associate Degree in Science of Nursing
Northern Essex Community College

1978 Licensed Practical Nurse
Whittier Regional Vocational – Technical College

PROFESSIONAL AFFILIATIONS:

Home Care Association of New Hampshire
Rural Home Care Network

June T. Gallup, RN, MS, HCS-D

Education

Master of Science in Management

2008 New England College Henniker, NH

Bachelor of Science in Applied technology with an option In Allied Health Services

2006 Granite State College Rochester, NH

1983-present

- Over 50 contact hours of education every year attending professional in-services, conferences, and training sessions to maintain current knowledge base of healthcare regulation, policy and comprehensive health related topics.

Home Care Coding Specialist-Diagnosis certification

2004- present

1988-1989 Bunker Hill Comm. College Charlestown, MA

8 Credit Hours

- Developmental Psychology
- United States History

1983-1986 Anna Maria College Paxton, MA

54 college level credits

- Contracted college program that coincided with nursing education. Completed all 54 available credits.

1983-1986 Malden Hospital School of Nursing Malden, MA

Professional experience

1999-present Rochester District VNA Rochester, NH

Quality improvement Director

- Administer, manage and provide comprehensive oversight of the agency's Quality Improvement Program.
- Develop and implement systems, policies and procedures for the identification, collection and analysis of performance improvement data.
- Educate and train the leadership, staff, and business associates in the Quality Improvement planning and management, focusing on their responsibilities in the day to day operations of the program.

- Lead, facilitate and advise Quality Improvement teams.
- Analyze customer satisfaction data to identify opportunities for improvement, and present findings to appropriate departments.
- Facilitate and lead agency committees such as: Quality Improvement, Professional Advisory, Utilization Review, Infection Control and Safety.
- Responsible for the implementation and training of the Clinical Informatics system, utilizing In-Sync software from Patient Care Technologies (Meditech for the business office operations and PtCT for the clinical point of care operations.)
- Train all professional staff on the use of the Fujitsu Life book and appropriate software on utilizing point of care technology and maintaining a paperless medical record.
- HIPAA Privacy Officer: - Responsible for the development of policy and procedure to maintain compliance with federal HIPAA regulations.
- Direct oversight of the Staff Development Program, Employees Health/Workman's Compensation, Community Clinics and building maintenance.

1997-1999

Hitchcock Clinic

Concord, NH

Gastroenterology Nurse

- Triageing, scheduling and education of gastroenterology clients.
- Performed therapeutic phlebotomy.
- Administer vaccinations
- Patient education re care and treatment of hepatitis C.
- Assisted with flexible sigmoidoscopies.

1996-1997

Upper Connecticut
Valley Hospital

Colebrook, NH

Director of Medical Records, Medical Staff Coordinator, Quality Improvement Director, and perdiem Staff Nurse

- Responsible for the direct oversight of the Medical Records Department to ensure compliance with federal and state regulations to protect patient information, and facilitate treatment, payment and operations.
- Ensured complete and accurate documentation form providers, including Physicians and ancillary medical staff.
- Coding for diagnoses and treatments according to ICD and CPT conventions to ensure proper billing and third party reimbursement,
- Responsible for the direct oversight of the Hospital's Quality Assurance Program to ensure the hospital maintained compliance with all regulatory bodies and focused on providing quality care to the community.
- Responsible for the credentialing of all professional providers, verifying licensure and qualifications for position.

1995-1996 Rural District VNA Farmington, NH

Primary Staff Nurse

- Responsible for the coordination of patient care and services for the home based cline.
- Skilled nursing assessment, intervention, teaching, counseling, case management, patient advocacy and utilization review.
- Competent in intravenous therapy and phlebotomy.

1993-1995 Malden Hospital Malden, MA

Nursing Assistant

- Provided basic Nurse directed care to patients on a medical/surgical unit.

Staff Nurse

- Responsible fro providing and coordinating all aspects of care for the medical/surgical client.
- Charge/supervisory responsibilities for unit staffing and patient care.

Discharge Planner, QA/UR Coordinator, Nurse Auditor

- Developed and implemented the nurse audit format and guidelines for thorough record review and proper third party reimbursement.
- Performed concurrent review of in-patient census to determine medical necessity, punctual testing and treatment, accurate billing and appropriate utilization of support services to meet the patients' needs in a cost effective, outcome based manner,
- Coordinated with community resources for discharge planning to ensure patients safety and continuity of c are when discharged home.

Professional memberships

New Hampshire Infection Control and Epidemiology Professional

Member of the NH Home care Association- Legislative Committee

Member of Strafford Counties Community Health Coalitions.

Member of AHCC- Association Home Care Coders

JANICE M.R.HOWARD

OBJECTIVE

Support Services Manager & Adult Day Center, Program Manager

WORK EXPERIENCE

2005- Present RDVNA Rochester, NH

Support Services Manager & Adult Day Center, Program Manager

- Ensure quality and safe operations of the Adult Day Center, in compliance with Agency policy & procedures and state regulations
- Supervision, coordination and over sight of all aspects of care provided by Companions, Homemakers and Personal Care Service Providers.
- Supervision of Support Services employees & Scheduler
- Promote a positive work environment

2002-2004 RRDVNS & Hospice Rochester, NH

HMK Coordinator (HCA Coordinator as of 1/1/03).

- Supervise and Coordinate Homemaking staff
- Responsible for coordination of services, accepting referrals to department and supporting Home Care Aides/Homemakers in their roles.
- Case management for homemaking only clients.
- Complete Homemaker referral process and verify reimbursement documentation.
- Promote a positive work environment

2000-2002 RRDVNS & Hospice Rochester, NH

Medical Supply Coordinator

- Ordering of supplies.
- Inventory
- Supervise assistant supply coordinator
- Complete cost comparison two times per year.

1999-2002 RRDVNS & Hospice Rochester, NH

HCA/HMK Scheduler

- Schedule HMK and HCA's.
- Check day sheets for errors.

- Entered patient information into database, generate Pt. P.O.C.
- Schedule and coordinate HCA/HMK Introduction to services.
- Assisted supervisor with other office tasks as needed.

1988-2000 Rural District VNA Farmington, NH
Certified Nursing Assistant

- Assisted patients with ADL's and other tasks designated by the patient individual plan of care

EDUCATION

1989 Home Health Aide Certification Mark H. Wentworth Home
 Portsmouth, NH

1980-1981 Certified Nursing Assistant Program Rochester Manor, Inc.
 Rochester, NH

1974-1977 Farmington High School Farmington, NH
 College Preparatory Course of study.
 Media & Communications 1975-1977

SKILLS

Windows 95/98, Office 97.

Able to manage Excel spreadsheets.

I work and communicate well with others.

COMMITTEES

2001-2002 Ergonomics Team RRDVNS & Hospice

1994-1997 Professional Advisory Committee Rural District VNA

1995-1996 Safety Committee Rural District VNA



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

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-4680 1-800-351-1888
 Fax: 603-271-4643 TDD Access: 1-800-735-2964

Nancy L. Rollins
 Associate Commissioner

May 23, 2011

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into an agreement with Rochester District Visiting Nurse Association, Rochester, New Hampshire (Vendor #154189) to provide Adult Medical Day Services, Adult In-Home Care, Health Screening and Homemaker services, in an amount not to exceed \$275,581.00 effective July 1, 2011 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are anticipated to be available in the following accounts in State Fiscal Years 2012 and 2013 upon availability and continued appropriation of funds in the future operating budgets:

05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS

Fiscal Year	Class/Object	Class Title	Amounts
2012	540-500382	Social Services	\$2,190.50
2013	540-500382	Social Services	\$2,190.50
Subtotal			\$4,381.00

05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICES BLOCK GRANT

Fiscal Year	Class/Object	Class Title	Amounts
2012	542-500384	Homemaker	\$44,760.00
2012	543-500385	Adult In Home Care	\$70,530.00
2012	566-500918	Adult Group Day Care	\$20,310.00
2013	542-500384	Homemaker	\$44,760.00
2013	543-500385	Adult In Home Care	\$70,530.00
2013	566-500918	Adult Group Day Care	\$20,310.00
Sub-Total			\$271,200.00

Total	\$275,581.00
-------	--------------

EXPLANATION

The purpose of this Requested Action is to purchase direct care social services that allow the elderly and disabled adults to secure and maintain maximum independence and dignity. Participants receiving Adult Medical Day Services, Adult In-Home Care, Health Screening and Homemaker services will be able to remain in their homes and communities and maintain their independence.

A Request for Proposals for social services funded by Bureau of Elderly and Adult Services was posted on Department of Health and Human Services' web site beginning February 25, 2011 in order to procure direct care services from community vendors. In addition, a notice of the release of the Request for Proposals was sent to all existing Bureau of Elderly and Adult Services' contractors, all potential contract providers known by the Bureau, the Home Care Association of New Hampshire, New Hampshire Adult Day Services Association and the liaisons for the Regional Coordination Councils as part of the statewide Community Transportation Regional Coordination System.

Funding for this contract is based on Bureau of Elderly and Adult Services' review of statewide, provider documented client needs as evidenced by State Fiscal Year 2010 and year-to-date State Fiscal Year 2011 contract utilization, quarterly program service reports and information provided in the proposal. This agency submitted a bid to provide Adult Medical Day Services, Adult In-Home Care, Health Screening and Homemaker services to eligible individuals in the catchment area identified in this contract and was selected to receive funding for SFY 2012 and 2013 under this contract.

The Bureau of Elderly and Adult Services established a team of reviewers with program and/or financial experience from throughout the Department to review the proposal. See attached Scoring Detail for Criteria, Scores and Reviewers Information.

Should the Governor and Executive Council determine to not authorize this contract, the social services provided to these elderly and/or disabled clients will be reduced, or eliminated, to a level that could jeopardize their ability to remain in their home. Low-income elderly and/or disabled clients are likely to become eligible for more costly long-term care services in traditional nursing homes or community based care programs.

Bureau of Elderly and Adult Services established performance measures to determine that services purchased by the State and delivered by the contractor were beneficial to the State and the client by enabling the client to remain in their home and community and to remain independent based on the federal sourcing requirements. Data from various sources including, but not limited to, contractor reporting, site reviews, and data available through information technology will be utilized to determine if the contractor is meeting the performance measures. Bureau of Elderly and Adult Services expects one hundred percent compliance.

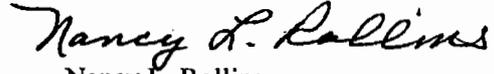
Area served: See attached list of towns/cities served.

Sources of Funds: 48.32% Federal (Administration on Aging and Social Services Block Grant) and 51.68% General Funds.

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

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 23, 2011
Page 3

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

AMENDMENT #1

This Agreement (hereinafter called the "Amendment") dated this 27th day of February 2013, by and between the State of New Hampshire, acting by and through its Division of Community Based Care Services, Bureau of Elderly and Adult Services of the Department of Health and Human Services (hereinafter referred to as the "Bureau") and The Homemakers Health Services, a corporation organized under the laws of the State of New Hampshire, with a place of business at 215 Rochester Hill Road, Rochester, NH 03867 (hereinafter referred to as the "Provider").

WHEREAS, pursuant to an Agreement (hereinafter called the "Agreement") dated May 9, 2011, and approved by the Governor and Executive Council on June 22, 2011 (Item #215), the Provider agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Bureau of certain sums as specified therein; and

WHEREAS, pursuant to the provisions of Section 18 of the Agreement, the Agreement may be amended, waived or discharged only by a written instrument executed by the parties thereto; and

WHEREAS, the Provider and the Bureau have agreed to amend the Agreement in certain respects;

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

1. Amendment and Modification of Agreement:

The Agreement is hereby amended as follows:

To Amend Price Limitation section 1.8 by increasing the amount by \$10,155.00 from \$1,913,960.00 to \$1,924,115.00.

Contractor Initials:

Date:

ME
2/28/13

To Amend Exhibit B Purchase of Services as follows:

Delete Exhibit B Paragraph # 1 existing table and replace with the following:

<u>Service</u>	<u>SFY 2012-2013 Unit Type</u>	<u>SFY 2012-2013 Rate Per Unit</u>	<u>Original SFY 2012 Units</u>	<u>Original SFY 2013 Units</u>	<u>Revised SFY 2013 Units</u>
Funding: AoA Title IIIB					
Transportation-Demand Route	Per one way trip	\$ 5.74	22,350	22,350	21,784
Transportation-Medical Trip	Per medical trip	\$54.08	50	50	110
Adult In Home Care-APS	Per hour	\$15.85	2,192	2,192	2,192
Home Health Aide Services	Per half hour	\$11.65	1,077	1,077	1,077
Nursing	Per half hour	\$22.93	85	85	85
Funding: Title XX					
Homemaker	Per half hour	\$ 7.46	36,000	36,000	36,000
Adult In Home Care	Per hour	\$13.67	26,000	26,000	26,000
Adult In Home Care-APS	Per hour	\$15.85	6,862	6,862	6,862
Adult Day Services	Per hour maximum of 6 hours per day	\$ 6.77	6,500	6,500	8,000

Delete Exhibit B Paragraph # 2 and replace with the following:

- It is understood that in no event shall the payments made by the Bureau of Elderly and Adult Services under this Agreement for services provided by the Contractor in SFY 2012 and SFY 2013 exceed the sum of \$956,980.00 and \$967,135.00, respectively, for a grand total of \$1,924,115.00.

Add Exhibit B Paragraph #13 as follows:

Notwithstanding paragraph 18 of the P-37 and Exhibit A, Section VII, Paragraph 15, an amendment limited to the terms of Exhibit B, Paragraph #1 Table, to transfer the amount of units from one service to another that are funded within the same account number identified in Exhibit B paragraph 3 and within the price limitation, can be made by written agreement of both parties and may be made without first obtaining approval of Governor and Executive Council.

Remainder of Page Left Intentionally Blank

Contractor Initials: ME
 Date: 2/20/13

2. Effective Date of Amendment:

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

3. Continuance of Agreement:

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

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

THE STATE OF NEW HAMPSHIRE
Department of Health and Human Services

3/22/13
Date

Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

The Homemakers Health Services

2/28/13
Date

Myles O. England
Name/Title Vice-President

STATE OF New Hampshire
COUNTY OF Strafford

On this the 28th day of February, 2013, before me, Lori Carver the undersigned officer, personally appeared Myles England who acknowledged himself/herself to be the Vice President of The Homemakers Health Services a corporation, and that he/she, as such Vice President being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as Vice President.

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

Lori Carver
Notary Public/Justice of the Peace

My commission expires:

Lorraine Carver
Notary Public State of New Hampshire
My Commissions Expires May 9, 2017

Contractor Initials: ME
Date: 2/28/13

State of New Hampshire
Department of Health and Human Services
Amendment # 1 for The Homemakers Health Services

Approved by Attorney General this 27 day of Mar., 20 13.

By Jeanne P. Herrick
OFFICE OF THE ATTORNEY GENERAL
Jeanne P. Herrick, Attorney

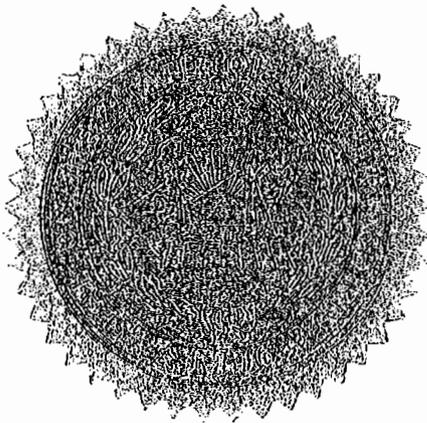
Approved by Governor and Executive Council this _____ day of _____, 20____.

Contractor Initials: ME
Date: 2/28/13

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that The Homemakers Health Services is a New Hampshire nonprofit corporation formed March 29, 1974. 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 7th day of April A.D. 2011

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

William M. Gardner
Secretary of State



[Search](#)
[By Business Name](#)
[By Business ID](#)
[By Registered Agent](#)
[Annual Report](#)
[File Online](#)

Date: 1/23/2013 **Filed Documents**
 (Annual Report History, View Images, etc.)

Business Name History

Name	Name Type
The Homemakers Health Services	Legal
THE HOMEMAKERS OF STRAFFORD COUNTY	Prev Legal
STRAFFORD COUNTY HOMEMAKER HOME HEALTH AIDE ASSOCIATION, INC.	Prev Legal

Non-Profit Corporation - Domestic - Information

Business ID: 65585
Status: Good Standing
Entity Creation Date: 3/29/1974
Principal Office Address: 215 Rochester Hill Road
 Rochester NH 03867
Principal Mailing Address: 215 Rochester Hill Road
 Rochester NH 03867
Expiration Date: Perpetual
Last Annual Report Filed Date: 3/28/1995
Last Annual Report Filed: 2011

Registered Agent

Agent Name:
Office Address: No Address
Mailing Address: No Address

Important Note: The status reflected for each entity on this website only refers to the status of the entity's filing requirements with this office. It does not necessarily reflect the disciplinary status of the entity with any state agency. Requests for disciplinary information should be directed to agencies with licensing or other regulatory authority over the entity.



The
Homemakers
Health Services

nursing • home support • adult day care

ABSTRACT OF CORPORATE MINUTES

The following is a true abstract from minutes of a meeting of the Board of Directors of The Homemakers Health Services on July 28, 2009, which was duly called and at which a quorum was present:

On motion duly made and seconded, it was voted "to authorize the President or in his/her absence the Vice-President of the Board of Directors of The Homemakers of Health Services to **accept grants and awards and enter into contracts, and contract amendments from time to time with State and Federal Agencies and/or Departments to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the State and Federal Agencies and/or Departments; 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 Myles O. England is duly elected Vice-President of this corporation and is still qualified and serving in such capacity.

2/28/13
(Date)

Myles O. England
Secretary

NO CORPORATE SEAL

STATE OF NEW HAMPSHIRE
COUNTY OF STRAFFORD

On February 28th, 2013, before the undersigned officer personally appeared the person identified in the corporation identified in the foregoing certificate, known to me (or satisfactorily proven) to be the Secretary of the corporation identified in the foregoing certificate, and acknowledged that he executed the foregoing certificate.

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

Lorraine Carver
Notary

My Commission Expires: _____

Lorraine Carver
Notary Public State of New Hampshire
My Commissions Expires May 9, 2017

215 Rochester Hill Road Rochester, NH 03867-1701

(603) 335-1770 (800) 660-1770 fax(603) 335-1771 info@thehomemakers.org www.thehomemakers.org

Mission Statement

The mission of The Homemakers Health Services is to provide safe, comprehensive, reliable and professional home healthcare, home support, and adult medical day care services to those adults of Strafford County who need them in order to maintain independence and quality of life in the home; and to prevent, if possible, unnecessary hospitalization or nursing home placement.

PEACH & MCPHERSON
CERTIFIED PUBLIC ACCOUNTANTS
110 WASHINGTON AVENUE
NORTH HAVEN, CONNECTICUT 06473
TELEPHONE (203)234-9426
FACSIMILE (203)234-1548

INDEPENDENT AUDITOR'S REPORT

Board of Directors
The Homemakers Health Services, Inc.
Rochester, New Hampshire

We have audited the accompanying balance sheets of The Homemakers Health Services, Inc. as of June 30, 2012 and 2011 and the related statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the management of The Homemakers Health Services, Inc. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Homemakers Health Services, Inc. as of June 30, 2012 and 2011, and the results of its operations, changes in net assets and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued a report dated September 25, 2012, on our consideration of The Homemakers Health Services, Inc.'s internal control over financial reporting and our test of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.



North Haven, Connecticut
September 25, 2012

THE HOMEMAKERS HEALTH SERVICES, INC.
Rochester, New Hampshire

BALANCE SHEETS

June 30, 2012 and 2011

ASSETS

	<u>2012</u>	<u>2011</u>
Current Assets:		
Cash and Cash Equivalents	\$ 968,798	\$ 800,373
Investments	25,448	19,366
Accounts Receivable, Net of Allowance for Doubtful Accounts of \$32,000 in 2012 and \$51,000 in 2011.	116,527	110,537
Grants Receivable	77,701	22,115
Accounts Receivable - Other	12,321	14,775
Prepaid Expenses	<u>49,941</u>	<u>19,026</u>
Total Current Assets	1,250,736	986,192
Property and Equipment, Net	<u>1,169,871</u>	<u>1,199,470</u>
Total	<u>\$2,420,607</u>	<u>\$2,185,662</u>

LIABILITIES AND NET ASSETS

Current Liabilities:		
Current Portion of Long-Term Debt	\$ 10,007	\$ 9,681
Accounts Payable and Accrued Expenses	58,606	72,350
Accrued Payroll and Related Withholdings	66,258	126,958
Estimated Third-Party Payor Reserves	<u>29,318</u>	<u>29,318</u>
Total Current Liabilities	164,189	238,307
Long-Term Debt, Net of Current Portion	<u>180,979</u>	<u>190,987</u>
Total Liabilities	345,168	429,294
Net Assets:		
Unrestricted	<u>2,075,439</u>	<u>1,756,368</u>
Total	<u>\$2,420,607</u>	<u>\$2,185,662</u>

See accompanying notes to financial statements.

THE HOMEMAKERS HEALTH SERVICES, INC.
Rochester, New Hampshire

STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

For the Years Ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Unrestricted Revenue, Gains and Other Support:		
Net Patient Service Revenue	\$1,433,970	\$1,606,813
Contributions, Bequests, Memorials and Fund Raising	130,732	134,751
Grant Revenue	919,381	799,119
Other Revenue	10,111	16,746
Interest Income	<u>2,022</u>	<u>1,431</u>
Total Revenue, Gains and Other Support	<u>2,496,216</u>	<u>2,558,860</u>
Expenses:		
Salaries and Related Expenses	1,877,421	2,029,248
Professional Fees and Contracted Services	151,668	60,107
Transportation	114,234	116,314
Space Occupancy	65,782	50,805
Other	277,534	308,745
Interest	6,727	7,072
Bad Debts	16,306	31,889
Depreciation	<u>54,604</u>	<u>48,759</u>
Total Expenses	<u>2,564,276</u>	<u>2,652,939</u>
Loss From Operations	(68,060)	(94,079)
Other Income:		
Gain on Sale of Assets	<u>333,844</u>	<u>98,395</u>
Excess of Revenue Over Expenses	265,784	4,316
Grant for Capital Acquisition	47,205	44,752
Net Appreciation on Investments	<u>6,082</u>	<u>7,359</u>
Increase in Unrestricted Net Assets	319,071	56,427
Net Assets, Beginning of Year	<u>1,756,368</u>	<u>1,699,941</u>
Net Assets, End of Year	<u>\$2,075,439</u>	<u>\$1,756,368</u>

See accompanying notes to financial statements.

THE HOMEMAKERS HEALTH SERVICES, INC.
Rochester, New Hampshire

STATEMENTS OF CASH FLOWS

For the Years Ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Cash Flows From Operating Activities:		
Cash Received From Patients and Third-Party Payors	\$1,411,674	\$1,605,403
Cash Received From Contributions, Bequests, Memorials and Fund Raising	130,732	134,751
Cash Received From Grants	863,795	832,527
Cash Received From Other Revenue	10,111	16,746
Cash Received From Interest Income	2,022	1,431
Cash Paid to Employees and Suppliers	(2,589,544)	(2,557,200)
Interest Paid	(6,727)	(7,072)
Net Cash Provided (Used) by Operating Activities	<u>(177,937)</u>	<u>26,586</u>
Cash Flows From Investing Activities:		
Purchase of Property and Equipment	(49,005)	(58,469)
Proceeds Received From Sale of Assets	357,843	122,394
Grant for Capital Acquisition	<u>47,205</u>	<u>44,752</u>
Net Cash Provided From Investing Activities	<u>356,043</u>	<u>108,677</u>
Cash Flows From Financing Activities:		
Payments on Long-Term Debt	(9,681)	(9,368)
Net Increase in Cash and Cash Equivalents	168,425	125,895
Cash and Cash Equivalents at Beginning of Year	<u>800,373</u>	<u>674,478</u>
Cash and Cash Equivalents at End of Year	<u>\$ 968,798</u>	<u>\$ 800,373</u>

See accompanying notes to financial statements.

**The Homemakers Health Services
Board of Directors 2012/13**

President: Susan Reid
Vice President: Myles England
Treasurer: Peter Lester
Secretary: William Hartley

**Board of Directors – Terms
One Year Term:**

Susan Reid, Physician Geriatric Psychiatry, Retired
Durham, NH

Derek Peters, Manager, Kittery Point Construction and Development
Rochester, NH

Nancy R. Boyle, Former Exec. Dir. Squamscott Visiting Nurse & Hospice
Dover, NH

Two Year Term:

Myles England, Liberty
Rochester, NH

William Hartley, Esq., Attorney
Hampton, NH

Peter M. Lester, Senior Grant and Contract Administer, UNH
Dover, NH

Three Year Term:

Jeff Taylor, COO, Eastern Propane Gas
East Rochester, NH

William Colbath, WC Colbath Electrical Contractors
Dover, NH

Robert May
Rochester, NH

Salud Mendoza, MD – Frisbie Memorial Hospital
Rochester, NH

Personnel Form - Program Personnel Costs Budget By Service	
Agency Name	The Homemakers Health Services
Program Service Name	Adult Day Care

Position Title	SFY 2012 7/1/11 - 6/30/12			SFY 2013 7/1/12 - 6/30/13		
	FTE for Program	Total Annual Salary	Salary Allocated To Program	FTE for Program	Total Annual Salary	Salary Allocated To Program
Key Administrative Staff						
CEO	0.20	\$ 85,000	\$ 17,000	0.20	\$ 85,000	\$ 17,000
CFO	0.20	\$ 58,323	\$ 11,665	0.20	\$ 58,323	\$ 11,665
Clinical Director	0.05	\$ 20,280	\$ 2,028	0.05	\$ 20,280	\$ 2,028
Homemaker Coordinator	0.00	\$ 27,040	\$ -	0.00	\$ 27,040	\$ -
In Home Care Coordinator	0.00	\$ 24,274	\$ -	0.00	\$ 24,274	\$ -
Adult Day Care Director	1.00	\$ 40,569	\$ 40,569	1.00	\$ 40,569	\$ 40,569
Direct Care Staff						
Nursing	0.00	\$ 263,460	\$ -	0.00	\$ 263,460	\$ -
Home Health Aides	0.00	\$ 101,504	\$ -	0.00	\$ 101,504	\$ -
Homemaker	0.00	\$ 275,000	\$ -	0.00	\$ 275,000	\$ -
In Home Provider	0.00	\$ 302,858	\$ -	0.00	\$ 302,858	\$ -
Adult Daycare Aide	5.50	\$ 140,145	\$ 140,145	5.50	\$ 140,145	\$ 140,145
Adult Daycare Driver	2.80	\$ 55,846	\$ 55,846	2.80	\$ 55,846	\$ 55,846
Adult Daycare Cook	0.80	\$ 23,260	\$ 23,260	0.80	\$ 23,260	\$ 23,260
Adult Daycare Nurse	1.10	\$ 51,289	\$ 51,289	1.10	\$ 51,289	\$ 51,289
MSW	0.10	\$ 12,360	\$ 4,120	0.10	\$ 12,360	\$ 4,120
Non Key Admin. Staff						
Scheduler	0.20	\$ 35,446	\$ 3,418	0.20	\$ 35,446	\$ 3,418
Accounting & Billing	0.40	\$ 76,035	\$ 12,104	0.40	\$ 76,035	\$ 12,104
Administrative	0.70	\$ 125,086	\$ 27,356	0.70	\$ 125,086	\$ 27,356
Clerical	0.30	\$ 70,755	\$ 16,793	0.30	\$ 70,755	\$ 16,793
Quality Assurance	0.25	\$ 63,000	\$ 6,753	0.25	\$ 63,000	\$ 6,753
Maintenance	0.50	\$ 45,400	\$ 18,630	0.50	\$ 45,400	\$ 18,630
Total Personnel Costs	14.10	\$ 1,896,930	\$ 430,976	14.10	\$ 1,896,930	\$ 430,976

Personnel Form - Program Personnel Costs Budget By Service	
Agency Name	The Homemakers Health Services
Program Service Name	IIIB Transportation

Position Title	SFY 2012				SFY 2013			
	7/1/11 - 6/30/12		7/1/12 - 6/30/13		7/1/12 - 6/30/13		7/1/12 - 6/30/13	
	FTE for Program	Total Annual Salary	Salary Allocated To Program	Salary Allocated To BEAS	FTE for Program	Total Annual Salary	Salary Allocated To Program	Salary Allocated to BEAS
Key Administrative Staff								
CEO	0.05	\$ 85,000	\$ 4,250	\$ 4,250	0.05	\$ 85,000	\$ 4,250	\$ 4,250
CFO	0.10	\$ 58,323	\$ 5,832	\$ 5,832	0.10	\$ 58,323	\$ 5,832	\$ 5,832
Clinical Director	0.00	\$ 20,280	\$ -	\$ -	0.00	\$ 20,280	\$ -	\$ -
Homemaker Coordinator	0.00	\$ 27,040	\$ -	\$ -	0.00	\$ 27,040	\$ -	\$ -
In Home Care Coordinator	0.00	\$ 24,274	\$ -	\$ -	0.00	\$ 24,274	\$ -	\$ -
Adult Day Care Director	0.00	\$ 40,569	\$ -	\$ -	0.00	\$ 40,569	\$ -	\$ -
Direct Care Staff								
Nursing	0.00	\$ 263,460	\$ -	\$ -	0.00	\$ 263,460	\$ -	\$ -
Home Health Aides	0.00	\$ 101,504	\$ -	\$ -	0.00	\$ 101,504	\$ -	\$ -
Homemaker	0.00	\$ 275,000	\$ -	\$ -	0.00	\$ 275,000	\$ -	\$ -
In Home Provider	0.00	\$ 302,858	\$ -	\$ -	0.00	\$ 302,858	\$ -	\$ -
Adult Daycare Aide	0.00	\$ 140,145	\$ -	\$ -	0.00	\$ 140,145	\$ -	\$ -
Adult Daycare Driver	0.00	\$ 55,846	\$ -	\$ -	0.00	\$ 55,846	\$ -	\$ -
Adult Daycare Cook	0.00	\$ 23,260	\$ -	\$ -	0.00	\$ 23,260	\$ -	\$ -
Adult Daycare Nurse	0.00	\$ 51,289	\$ -	\$ -	0.00	\$ 51,289	\$ -	\$ -
MSW	0.00	\$ 12,360	\$ -	\$ -	0.00	\$ 12,360	\$ -	\$ -
Non Key Admin. Staff								
Scheduler	0.00	\$ 35,446	\$ -	\$ -	0.00	\$ 35,446	\$ -	\$ -
Accounting & Billing	0.10	\$ 76,035	\$ 800	\$ 800	0.10	\$ 76,035	\$ 800	\$ 800
Administrative	0.05	\$ 125,086	\$ 600	\$ 600	0.05	\$ 125,086	\$ 600	\$ 600
Clerical	0.05	\$ 70,755	\$ 500	\$ 500	0.05	\$ 70,755	\$ 500	\$ 500
Quality Assurance	0.05	\$ 63,000	\$ 500	\$ 500	0.05	\$ 63,000	\$ 500	\$ 500
Maintenance	0.00	\$ 45,400	\$ -	\$ -	0.00	\$ 45,400	\$ -	\$ -
Total Personnel Costs	0.40	\$ 1,896,930	\$ 12,482	\$ 12,482	0.40	\$ 1,896,930	\$ 12,482	\$ 12,482

Linda Howard

Objective To effectively administrate comprehensive Home Health Care Agency

Experience **July 1, 2011 to Present The Homemakers Health Services**
(Formerly The Homemakers of Strafford Cty.)

Chief Executive Officer

Responsible for overall operation of The Homemakers Health Services. Establishes current and long range goals, objectives, plans and policies, subject to approval by the Board of Directors.

Interim Chief Executive Officer

January 15, 2011 to June 30, 2011 **The Homemakers Health Services** (Formerly The Homemakers of Strafford Cty.)

October 1992 to Present The Homemakers Health Services
(Formerly The Homemakers of Strafford Cty.)

Day Out Adult Day Care Director

Responsible for overall operation of Adult Group Day Care program with average daily census of 35 people, including supervision of activity aides, and transportation team, facility operations. Prepare grant requests, annual reviews and reports

January 1985 – October 1992 The Homemakers of Strafford County

Home Care Coordinator

Coordinate all public assistance programs in the area for elderly, handicapped and youth of Strafford County. Assess needs of clients and assist in formulating care plans, Responsible for the supervision and effective performance of 20 homemakers/home health aides.

August 1975 – January 1985 The Homemakers of Strafford County

Homemaker/Home Health Aides

Provide in-home certified nurses' aide and homemaker's services, and Alzheimer's respite care to older and disabled residents in Strafford County.

1972 – 1975 Frisbie Memorial Hospital

Nurse's Aide

Provide certified nurse's aide services to hospital patients

Education

- B.S., Social Services, New England College
- AS, Business Management, McIntosh College.
- Commercial Drivers License, State of NH
- Certified in Passenger Assistance Techniques Training Course

Professional

- Emergency Evacuation of Vehicle
- Defensive Driving
- Caregivers of the Elderly
- Family Dynamics/Elderly Abuse – Dealing with the Difficult Client

Volunteer

- How to Care for a Person With Alzheimer's disease
- Vice- President of Adult Day Care Providers of NH 2002- 2006
- Member of Adult Day Care Providers of NH 1991 - present
- Member of NH Transit Association 2006 – present
- Executive Board of Transportation & Consolidation Committee 2009 - present
- Transportation Coordination and Consolidation Committee 2007 - present
- Member at Large of NH Quality Assurance for Medicaid 2007 - 2008
- Secretary/Board Member for Rest In Peace Foundation 2007 - 2009

Lori Carver

CFO / CONTROLLER SENIOR FINANCE & ACCOUNTING MANAGER

Aligning Financial Resources with Business Strategies to Grow Profits and Maximize ROI

CORE COMPETENCIES

- International Finance & Accounting
- Sarbaunes-Oxley (SOX 404)
- Fixed Asset Administration
- Subsidiary Accounting
- Contract Law and legal research
- All Business Insurance Products / Risk
- Employee Benefit Administration
- Business Controls & Internal Audit
- Business Taxes (SUT, VAT, PPT)
- Disbursements Management/ERP

SELECT ACHIEVEMENTS

- 25 years in Finance with consistent career growth.
- Recipient of "Digital Worldwide Financial Excellence Award" for collapsing multiple international financial operations into a single North American Service Center.
- Led transparent relocation of accounting operations with no decrease in customer service.
- Reduced annual shipping costs by \$500K.
- Budget development to \$1.6B.
- Consolidated 85 weekly reports to 1 summary invoice reducing paperwork & increasing tracking efficiency.
- Knowledgeable of State Tax Laws revising compliance policies that saved the company \$100+K/year.
- Strong problem analysis skills proven under high-pressure environments with critical deadlines.

EDUCATION

M.B.A., International Finance 1997
Regis University, Colorado Springs
B.S., Accounting 1993
Regis University, Colorado Springs

COMPUTER EXPERIENCE

Languages: Basic, DOS, Cobol, VMS.
Software/Applications: Accounting, Financial, Workflow, Flowcharting, Data Warehousing, Tax & Legal, VAX/VMS, Microsoft Office Suite, Millenium, GEAC, ADP, Peachtree, Extensity, Ross, SAP(R3), Computron, BEST/FAS/SAGE, BNA, BT, Gelco, Allscripts, other.

PROFESSIONAL EXPERIENCE

The Homemakers Health Services 2007-Current
CFO/Controller 501(c)(3) Non-Profit Corporation
HR, IT, Accounting, Budgeting, Payroll,
Treasury, Insurance (benefits, W/C & Business),
Federal & State Reporting, Compliance & Government Contracts

California Casualty Mgmt Co. 1996-2006
Asst VP, Finance & Administration
Sr. Accounting Manager
◦ Moved financial operations from San Francisco to Colorado.
◦ Designed implementation of workflow & imaging solutions.
◦ Disbursements management.
◦ Risk & cost management (ERM)
◦ Key resource to the Directors of Tax, HR, Operations & Budgets.
◦ Divested core brokerage and investment companies.

Digital Equipment Corporation 1983-1996
Worldwide Telecommunications & Engineering
Senior Finance Analyst
◦ Financial support for worldwide projects and assets for 36 centers of control with annual budget of \$1.6B.
◦ Resolved foreign tax and currency issues.
◦ Managed/turned around costs/expenses, consolidated internal reporting of 2 international and 1 domestic location.

International Corporate Staff Auditor
◦ Audit of Internal and Business Controls & regulatory compliance.
◦ Discovered major finding on first assignment.
◦ Interviewed employees and managers to ensure compliance.
◦ Detail-oriented in planning & preparation for International audits.

International Finance & Accounting Manager
◦ Position eliminated and promoted internally.
◦ Key member of department planning team during downsizing.
◦ Management interface at all levels.
◦ Integrated operations and converted to new accounting system.

Domestic General Ledger Manager
◦ Managed trial balancing for 3 manufacturing sites (CO, AZ, CA).
◦ Inter-company reconciliations, business controls, data warehousing system design and implementation.
◦ Managed Sr. Analyst & 6 Data Entry direct reports.

Administrative Assistant/Financial Analyst
◦ Brought order to engineering & advanced development project managers having no financial expertise.
◦ Full budget support for 13 engineering managers and their staff.
◦ Drafted the "Engineering Managers guide to Financial Reports" later adopted company-wide.

Cynthia J. Cooke
BSN, RN, LNC, COS-C, HCS-D

Qualifications Summary

Dedicated and competent with a long history in management of clinical staff and highest quality patient care consistent with best practice standards. Organizational and communication skills which foster effective professional relationships and team building. Clear and current understanding of processes required to direct a clinical team while concurrently evaluating and improving staff proficiency. A skillful professional prepared to assume the responsibilities required to oversee clinical practices.

Professional History

Director of Performance Improvement, The Homemakers Health Services, Rochester, NH — 2008 to present

Comprehensively evaluated and assured the quality, accuracy and integrity of all clinical documentation, including OASIS and coding, for conformance with highest standards of practice. Evaluated statistical data incorporating outcome measures and customer satisfaction reports, and implemented revised clinical practice interventions, policies and procedures to enhance the delivery of efficient, coordinated, appropriate patient care. Developed educational programs which addressed the evolving needs of all levels of clinical staff, as well as entire agency staff. Implemented cost effective measures involving clinical intake protocols and telephony program for non-skilled service division.

Director of Clinical Services, The Homemakers Health Services, Rochester, NH — 2006 to 2008

Direction and oversight of the operation and management of all clinical services and programs. Assured highest quality patient care through the empowerment of accountability and the development of clinical expertise. Defined and ensured adherence to appropriate standards of care and job performance. Established comprehensive policies/procedures and organized and developed clinical services which promoted coordinated patient care. Monitored and evaluated compliance of clinical activities to regulatory guidelines. Evaluated and selected skilled division employees. Promoted public health education and awareness to community groups.

Nursing Supervisor, Dominican Sisters Family Health Service, Hampton Bays, NY — 1994 to 2006

Clinically and administratively supervised professional nursing and paraprofessional staff at a JCAHO accredited home health agency. Delegated appropriate assignments, schedules, and planned team coverage. Coordinated intake/referral process. Evaluated organizational policies and procedures. Hired and performed field evaluations of clinical staff. Worked closely with clinical education instructor to implement best practice standards. Assured adherence to clinical practice standards through participation in utilization review and performance improvement committees, OASIS, coding and plan of care review. Resolved patient/staff issues. Provided routine weekend 24 hour administrative call for three branch offices.

Nursing Supervisor, Staff Builders, Centereach, NY — 1992 to 1994

Performed all responsibilities directly above as well as developed clinical orientation program and participated in Professional Advisory Committee.

**Visiting Nurse, St. Vincent's Catholic Medical Center Home Health Agency, Rego Park, NY
— 1988 to 2006**

Provided home health care to adult, primarily geriatric population, and intravenous therapy patients. Focused on patient/family instruction, skilled assessments, OASIS documentation, chronic disease management.

**Various Registered Nurse Positions, New York University Medical Center, New York, NY
— 1980 to 1990**

Held staff nurse position in GYN/Med-Surg unit, Assistant Head nurse position in OB/GYN department, Nurse/Sr. Nurse Clinician position in Post Anesthesia Recovery/Open Heart Recovery Unit. Also held temporary position of Medical Software System Instructor familiarizing interdepartmental employees with a new hospital computer documentation system.

Education

City College of the City University of New York, BSN, cum laude 1980

Certificate courses in Intravenous Therapy (1992), NY State PRI/Screening (1993), Case Management (1997)

Certificate Course, Legal Nurse Consultant (2000)

The OASIS Certificate and Competency Board, Certificate for OASIS Specialist-Clinical, COS-C 2008

Board of Medical Specialty Coding, Home Care Coding Specialist-Diagnosis, HCS-D 2008

Member: Sigma Theta Tau, National Honor Society of Nursing 1980 to present

Theresa A. Syvinski

OBJECTIVE

Compassionate service professional seeking the Home Support Manager position where my exceptional customer service skills, management, leadership and In Home Provider-Nurses Aide skills and experience can further contribute to the growth and success of the Agency.

PROFESSIONAL EXPERIENCE

3/30/2009-Present

Home Support Manager

The Homemakers Health Services

- Administer and monitor appropriate utilization of funding sources.
- Manage and monitor monthly income and expenses.
- Oversee and conduct client Intakes, Re-determinations and 502 requirement processes.
- Assist in establishing client care plans and monitor adherence to client care plans.
- Maximize ability to provide service by working with other entities when appropriate.
- Consult and work with State Social workers. Oversee and monitor scheduling of client services
- Supervise field staff and office staff.
- Coach, empower and monitor staff to provide efficient and compassionate services to clients.
- Create and implement staff training.
- Increased client communications via phone and field visits.
- Conduct interviewing, hiring, performance management and termination when necessary.

11/21/2008-3/27/2009

In Home Provider

The Homemakers Health Services

- Provide clients with in home assistance as deemed necessary by the agency and care plan.
- Offer emotional support to clients and family members.
- Observe and render appropriate recommendations to reduce safety risk factors.
- Encourage and empower clients to participate in healthy activities to increase their self-esteem, self-confidence and overall well being.
- Maintain professionalism and confidentiality at all times.

5/2006-11/2007

Customer Service Manager

Liberty Mutual

- Manage staff and work flows in multiple locations.
- Coach and empower staff to provide effective and timely excellent customer service.
- Enhance first call resolution maximizing service level results.
- Reduced call rollover by 5.37% within 6 months.
- Improved staff time service results to achieve objective of 93% within 0-1 days.
- Increased Life leads obtained by 104% resulting in a 175% increase of Command Life policy sales.
- Coach and motivate Service staff on benefits of cross selling, resulting in a 10% increase of additional

lines written.

- Interviewing, hiring, performance management and termination when necessary.

6/2004-5/2006

Assistant Customer Service Manager

Liberty Mutual

- Assist with the daily operations of a multiple office Command.
- Mentor and coach staff on service and sales issues, contributing to the Dover office earning 'Office of the Year Award'.
- Conduct customer call observations; coaching staff members on results.
- Compile and present interim and annual performance reviews.

10/2000-6/2004

Trainer

Liberty Mutual

- Develop and implement Training plans and materials for staff members of all experience levels.
- Deliver technical system billing and customer service Training. Monitor staff development through staff assessments.
- Conduct one-on-one and group training.
- Create and update department Procedure and Training Manuals.
- Go to person and first line of supervision.

EDUCATION

Hesser College	Portsmouth NH	Associate Degree-Business Administration
Hesser College	Portsmouth NH	Associate Degree-Paralegal Studies
Hesser College	Portsmouth NH	Bachelor Degree-Business Administration

Courses:

Alzheimer's Seminar; Developing Effective Listening Skills; MAGIC-Customer Service Skills; QSS-Quality Service Skills; Time Management; Communication Workshop; Providing Extraordinary Customer Service; CNA-Certified Nurses Aide; First Aide.

SUMMARY OF QUALIFICATIONS

- Exceptional Customer Service skills and experience.
- Management and supervisory skills and experience.
- Leadership skills.
- Nurses' aide and In Home Provider experience.
- Good written and verbal communication skills.
- Analytical and problem solving skills.
- Attention to detail.
- Training and presentation skills.
- Excel, Word, PowerPoint and typing skills.



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

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-4680 1-800-351-1888
 Fax: 603-271-4643 TDD Access: 1-800-735-2964

Nancy L. Rollins
 Associate Commissioner

May 23, 2011

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into an agreement with The Homemakers Health Services, Rochester, New Hampshire (Vendor #154849) to provide Adult Medical Day Services, Adult In-Home Care, Home Health Aide Services, Homemaker, Nursing and Transportation services in an amount not to exceed \$1,913,960.00 effective July 1, 2011 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are anticipated to be available in the following accounts in State Fiscal Years 2012 and 2013 upon availability and continued appropriation of funds in the future operating budgets:

05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS

Fiscal Year	Class/Object	Class Title	Amounts
2012	512-500352	Transportation	\$130,993.00
2012	540-500382	Social Services	\$49,239.30
2013	512-500352	Transportation	\$130,993.00
2013	540-500382	Social Services	\$49,239.30
Sub-Total			\$360,464.60

05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICES BLOCK GRANT

Fiscal Year	Class/Object	Class Title	Amounts
2012	542-500384	Homemaker	\$268,560.00
2012	543-500385	Adult In Home Car	\$464,182.70
2013	542-500384	Homemaker	\$268,560.00
2013	543-500385	Adult In Home Car	\$464,182.70
Sub-Total			\$1,465,485.40

05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICES BLOCK GRANT

Fiscal Year	Class/Object	Class Title	Amounts
2012	566-500918	Adult Group Day Care	\$44,005.00
2013	566-500918	Adult Group Day Care	\$44,005.00
Sub-Total			\$88,010.00

Total			\$1,913,960.00
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EXPLANATION

The purpose of this Requested Action is to purchase direct care social services that allow the elderly and disabled adults to secure and maintain maximum independence and dignity. Participants receiving Adult Medical Day Services, Adult In-Home Care, Home Health Aide Services, Homemaker, Nursing and Transportation services will be able to remain in their homes and communities and maintain their independence.

A Request for Proposals for social services funded by Bureau of Elderly and Adult Services was posted on Department of Health and Human Services' web site beginning February 25, 2011 in order to procure direct care services from community vendors. In addition, a notice of the release of the Request for Proposals was sent to all existing Bureau of Elderly and Adult Services' contractors, all potential contract providers known by the Bureau, the Home Care Association of New Hampshire, New Hampshire Adult Day Services Association and the liaisons for the Regional Coordination Councils as part of the statewide Community Transportation Regional Coordination System.

Funding for this contract is based on Bureau of Elderly and Adult Services' review of statewide, provider documented client needs as evidenced by State Fiscal Year 2010 and year-to-date State Fiscal Year 2011 contract utilization, quarterly program service reports and information provided in the proposal. This agency submitted a bid to provide Adult Medical Day Services, Adult In-Home Care, Home Health Aide, Homemaker, Nursing and Transportation services to eligible individuals in the catchment area identified in this contract and was selected to receive funding for SFY 2012 and 2013 under this contract.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 23, 2011
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The Bureau of Elderly and Adult Services established a team of reviewers with program and/or financial experience from throughout the Department to review the proposal. See attached Scoring Detail for Criteria, Scores and Reviewers Information.

Should the Governor and Executive Council determine to not authorize this contract, the social services provided to these elderly and/or disabled clients will be reduced, or eliminated, to a level that could jeopardize their ability to remain in their home. Low-income elderly and/or disabled clients are likely to become eligible for more costly long-term care services in traditional nursing homes or community based care programs.

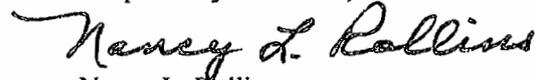
Bureau of Elderly and Adult Services established performance measures to determine that services purchased by the State and delivered by the contractor were beneficial to the State and the client by enabling the client to remain in their home and community and to remain independent based on the federal sourcing requirements. Data from various sources including, but not limited to, contractor reporting, site reviews, and data available through information technology will be utilized to determine if the contractor is meeting the performance measures. Bureau of Elderly and Adult Services expects one hundred percent compliance.

Area served: See attached list of towns/cities served.

Sources of Funds: 49.95% Federal (Administration on Aging and Social Services Block Grant) and 50.05% General Funds.

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

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner